



Western Pacific Regional Action Plan
for the Prevention and Control
of **Noncommunicable Diseases**
(2014–2020)



**World Health
Organization**

Western Pacific Region

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ABBREVIATIONS

ADB	Asian Development Bank
APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
FCTC	Framework Convention on Tobacco Control
NCD	Noncommunicable disease
OECD	Organisation for Economic Co-operation and Development
PEN	Package of Essential Noncommunicable Disease Interventions
SPC	Secretariat of the Pacific Community
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD

The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) was developed in response to a resolution adopted at the sixty-second session of the WHO Regional Committee for the Western Pacific. The regional plan is fully harmonized with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)* while adding the value of actions that build on regional achievements, contexts, opportunities and perspective.

The regional plan calls for a systematic approach to NCD prevention and control. The plan provides a road map and a menu of very cost-effective interventions for all Member States and other stakeholders, to take coordinated and coherent action at all levels to attain the nine voluntary global targets by 2025. The plan emphasizes the control of NCD risk factors and promotes access to services in primary health-care facilities in a phased manner. The plan also recommends strengthening surveillance frameworks for NCDs.

We urgently need to expand and sustain multisectoral action in the fight against NCDs. The regional plan will guide Western Pacific Member States to prioritize cost-effective interventions and to set national targets aligned to the global targets.

WHO will work with governments and other partners to support the implementation of the action plan. Our collective efforts will help turn the tide of noncommunicable disease in the Region so that Member States can reach the set of global voluntary targets the set of global voluntary targets.

1. INTRODUCTION

The noncommunicable disease (NCD) epidemic is a serious threat to life, health and development in the Western Pacific Region. The major NCDs – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases – account for more than 80% of all deaths in the Region. NCDs account for 50% of all premature mortality (under 70 years of age) in low- and middle-income countries in the Region.

In the Region, the burden of morbidity and mortality from NCDs occurs against a complex backdrop of globalization, rapid economic growth, unplanned urbanization, environmental degradation, climate change and growing inequities within countries. Changing lifestyles and increased purchasing power in some populations have led to a reduction in breastfeeding, fewer meals prepared at home, and increasing consumption of fast food, tobacco and alcohol. The marketing and promotion of unhealthy foods are changing the diets of children. In addition, greater use of motorized transport and the lack of space for walking and biking have reduced physical activity for many people and worsened air quality. All of these factors point towards a dramatic increase in an already high NCD burden.

The main risk factors for NCDs – tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol – are avoidable. However, the prevalence of these risk factors in the Region is high, and in many countries these risk factors are on the rise. There are an estimated 430 million smokers in the Western Pacific Region, or about one third of the world's smokers.¹ Pacific island countries and areas have a very high prevalence of obesity, with adult prevalence as high as 75%. All countries in the Region report a prevalence of over 25% for high blood pressure.

Premature death and disability from NCDs pose heavy and often invisible burdens on families and communities. Among the poor and vulnerable, out-of-pocket expenditures for NCDs can be catastrophic. On top of direct health-care costs, the impact of premature death and disability on national economies is potentially devastating. A recent report from the World Economic Forum and the Harvard School of Public Health indicates that the cost attributable to cardiovascular disease alone in the Western Pacific in 2010 was US\$ 107.1 billion, of which the productivity cost component was US\$ 50.8 billion.²

Urbanization is occurring rapidly in the Region, bringing with it both threats and opportunities for NCD control. Well-designed food, water and sanitation systems and urban settlements can positively impact health. City governments have the potential to mitigate NCD risk factors and improve access to information, services and programmes. The social and cultural fabric of island communities provide a platform for promoting health. Settings

1. Tobacco Free Initiative [website]. Manila: WHO Regional Office for the Western Pacific; 2013 (<http://www.wpro.who.int/tobacco/en/index.html>).

2. Bloom DE, Cafiero ET, Jane-Llopis E, Abrahams-Gessel S, Bloom LR, Fathima S et al. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum; 2011. (http://www.hsph.harvard.edu/pgda/WorkingPapers/2012/PGDA_WP_87.pdf).

such as schools, workplaces and churches also have the potential to influence lifestyles and environments to address NCDs.

Beyond urban development and land use policies, policy considerations related to globalization and trade liberalization can play a role in addressing NCDs. Trade agreements should not hamper public health efforts to protect people from NCDs. Bilateral agreements on trade vis-à-vis the provisions of the WHO Framework Convention on Tobacco Control (FCTC) is a case in point. Political commitment at the highest level is needed to ensure effective communication, coordination and dialogue among the trade, health and finance sectors. International instruments such as the Codex Alimentarius can be used to address excess and harmful levels of fat, sugar and salt in imported foods.

To address the NCD crisis in the Pacific, the leaders of the 22 Pacific island countries and areas have registered their alarm over the crisis. While some parts of the Western Pacific Region have not felt the full impact of the NCD epidemic, these diseases already are leading to disastrous consequences for people and economies in the Pacific. The majority of NCD-related deaths in the Pacific are among those who are at an age when they should be economically productive. A large proportion of adults in the Pacific suffer the effects of NCD risk factors and NCD-related morbidities that undermine their capacity to be productive and contribute economic development. This creates serious social consequences for families and community life.

Fifty years ago, NCDs were not a major concern for people in the Pacific. Traditional diets were predominantly plant based, with vegetables such as yams and taro, and fish was the main protein source. People lived more active lifestyles. The introduction of cash economies in the Pacific changed the way people acquired and consumed food, tobacco and alcohol. Importation of food items that were cheaper – but were nutrient poor and high in fat, sugar and salt – became popular and convenient.

Families abandoned traditional diets and shifted to the consumption of white bread, white rice, canned goods, sugar and processed foods. Canned and highly processed meat products, including luncheon meats, corned beef and hot dogs, became regular fare. Sugar-sweetened beverages began to replace water. The production, availability and consumption of fruits and vegetables declined. In addition, the Pacific has high rates of tobacco use among both adult males and females, as well as high rates of tobacco use for both boys and girls. The harmful use of alcohol and binge drinking are serious public health problems.

Across the Pacific there is considerable variation in the experience of and response to NCDs. Micronesia and Polynesia are experiencing the full force of the obesity epidemic, while the problem is less severe in Melanesia. Awareness of the problem is high in Micronesia and Polynesia, but the response has been inadequate. In Melanesia, other practices, such as chewing betel nut along with tobacco, have led to very high rates of oral cancer. Pacific health leaders have articulated the importance of a vigorous response to the NCD crisis. The Healthy Islands vision for health protection and promotion, developed in 1995, is the main banner under which policy advocacy and social, political and community mobilization have been vigorously pursued. Research, programmes and action to address NCDs in the context of Healthy Islands has resulted in an increase in investments in fighting NCDs, such as the 2-1-22 Programme – two organizations, the Secretariat of the Pacific Community (SPC) and WHO; one team; and 22 Pacific island countries and areas. The programme has support from Australia and New Zealand.

2. RESPONDING TO THE CHALLENGE OF NCDs

Effective governance is needed to address social, political and economic pathways that lead to reduction of NCD risk factors and chronic NCD conditions. But political leaders will need information, data and evidence that show how policies impact health and how cost-effective interventions can deliver a higher and more valuable yield in terms of public health vis-à-vis short-sighted economic gains.

Annex 1 (Annex 3 in the Global Action Plan 2013–2020) provides a menu of policy options and cost-effective interventions for the prevention and control of major NCDs. These policy options and interventions can assist Member States in implementing — as appropriate in their national context and without prejudice to their sovereign right to determine taxation and other policies — measures to achieve nine voluntary global targets that have been established. It is recognized that countries vary in their infrastructure and in their capacity to implement all policy options and interventions. A set of very cost-effective interventions is summarized in Table 1.

Accelerated implementation of the WHO FCTC, the WHO *Global Strategy to Reduce Harmful Use of Alcohol*, the WHO *Global Strategy on Diet, Physical Activity and Health*, the WHO *Set of Recommendations on the Marketing of Food and Non-alcoholic Beverages to Children* and the WHO *Global Strategy for Infant and Young Child Feeding* can significantly contribute to the prevention and control of NCDs.

As outlined in the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*,³ Member States can promote NCD prevention and control within sexual and reproductive health and maternal and child health programmes, especially at the primary health-care level, as well as other programmes, as appropriate, and also integrate interventions in these areas into NCD prevention programmes. Recognition should also be given to health disparities that exist between indigenous and non-indigenous populations and in the incidence of NCDs and their common risk factors. Member States can also pursue and promote gender-based approaches for the prevention and control of NCDs founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from NCDs for women and men.

The use of mass media and social media, as well as traditional culture and art, can complement face-to-face interaction of health workers with people and can be optimized to educate the public and empower communities to take control over determinants of health.

3. Resolution 66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. New York: United Nations General Assembly; 2012 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf).

Table 1. Very cost-effective⁴ interventions for the prevention and control of NCDs⁵

Risk factor/disease	Policy options/interventions
Tobacco use	<ul style="list-style-type: none"> • Reduce affordability of tobacco products by increasing tobacco excise taxes. • Create by law completely smoke-free environments in all indoor workplaces, public places and public transport. • Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns. • Ban all forms of tobacco advertising, promotion and sponsorship.
Harmful use of alcohol	<ul style="list-style-type: none"> • Regulate commercial and public availability of alcohol. • Restrict or ban alcohol advertising and promotions. • Use pricing policies, such as excise tax increases, on alcoholic beverages.
Unhealthy diet	<ul style="list-style-type: none"> • Reduce salt intake⁶. • Replace trans fats with unsaturated fats. • Implement public awareness programmes on diet.
Physical inactivity	<ul style="list-style-type: none"> • Implement public awareness activities to promote the benefits of a physically active lifestyle.
Cardiovascular diseases and diabetes	<ul style="list-style-type: none"> • Drug therapy, including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach, for individuals who have had a heart attack or stroke and for people with high risk (30% or higher) of a fatal and nonfatal cardiovascular event in the next 10 years. • Acetylsalicylic acid for acute myocardial infarction.
Cancer	<ul style="list-style-type: none"> • Prevention of liver cancer through hepatitis B immunization. • Prevention of cervical cancer through screening, visual inspection with acetic acid [VIA] or Pap smear (cervical cytology) if very cost-effective, linked with timely treatment of pre-cancerous lesions.

4. That is it will generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person

5. Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020), Appendix 3. Geneva: World Health Organization; 2013.

6. And adjust the iodine content of iodized salt, when relevant

The WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings offers a set of interventions that can be adapted and scaled up in primary health care as part of the overall initiative to promote health throughout the life-course.⁷ Generic medicines and low-cost technologies are essential to address the needs of those who already have chronic conditions or early signs of illness. National protocols for managing NCDs are also needed to optimize care. Universal health coverage poses a golden opportunity to articulate a range of services that can be covered through insurance. Beyond this, universal health coverage can be a lever for a social movement for the prevention of risk factors and disease throughout the life-course.

A set of nine voluntary global targets to be achieved by 2025 will boost NCD prevention and control programmes in all countries and make governments more accountable. These targets underscore the critical importance of NCD surveillance systems that can track, monitor and interpret trends in risk factors, morbidity and mortality, as well as responsiveness to policies and public health interventions.

Investments in financial and human resources to combat NCDs will pay dividends in the long term. Conversely, if countries fail to invest and take little or no action, they can expect to face huge costs as premature deaths undermine the economic gains of recent years and late-stage cancer, cardiovascular diseases and amputations drain social health insurance systems. If breadwinners die prematurely from NCDs, families and communities will suffer.

The need for action to combat NCDs has been well articulated. Cost-effective interventions are available. A call for political action at the global level has triggered unprecedented awareness of the urgency of the NCD epidemic. Strategic and specific action that will result in effective policies, programmes and supportive environments is now of critical importance.

7. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings. Geneva: World Health Organization; 2010 (http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf).

3. DEVELOPMENT OF THE REGIONAL ACTION PLAN

The Regional Committee for the Western Pacific, in resolution WPR/RC62.R2, requested the Regional Director to develop a regional action plan to address NCDs, in consultation with Member States and in collaboration with partners and stakeholders. The *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* fulfils that mandate and is intended to guide the Region's governments in strengthening their response to the NCD epidemic. The regional action plan draws upon global commitments contained in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. The political declaration urges countries to integrate NCD prevention and control into their national health planning process and their development agenda by promoting, establishing or strengthening multisectoral national policies and plans for the prevention and control of NCDs.

The regional action plan also is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)*, which was endorsed by the World Health Assembly in May 2013 in resolution WHA66.10, thus ensuring consistency between global and regional efforts.

The regional action plan utilizes these global commitments as a platform to enable countries in the Western Pacific Region to develop a strategic and evidence-based NCD response. The regional action plan takes into account the global response but also recognizes the unique features and context of the NCD epidemic in Asia and the Pacific.

The *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* is envisioned as enabling guidance and is not intended to constrain Member States. In some countries, the NCD burden requires an even greater response than that of the regional action plan, which has the flexibility to accommodate a wide range of needs, capacities and governance frameworks.

Like other WHO regions, the Western Pacific Region has contributed to the growing body of knowledge of what works and what does not work — knowledge that is now embodied in the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)*. As the Western Pacific Region is one of the epicentres of the NCD epidemic, it is hoped that a spirit of innovation and community action will facilitate the sharing of experiences, dialogue and the fine-tuning of approaches in turning the tide against the NCD epidemic.

The regional action plan recognizes that many of the most effective actions necessary to tackle the NCD burden lie outside the health sector. Policies in sectors responsible for education, trade, food, alcohol and urban development need to be as much part of action on NCDs as the responses from the health sector. A health-in-all-policies approach will increasingly play an important role in rendering visibility to the need for dialogue and consensus on the impact of policies on health in general and the NCD epidemic in particular.

This document is the second NCD regional action plan for the Western Pacific. The previous plan, the *Western Pacific Regional Action Plan for Noncommunicable Diseases (2008–2013)*, has been reviewed and substantial progress has been noted (see Annex 2). Highlights since 2008 include progress in tobacco control and NCD surveillance, as well as the development of national NCD policies and plans. Constraints include limited capacity for multisectoral action and inadequate financial and human resources. Many countries have articulated challenges in prioritizing evidence-based interventions and setting targets amid competing priorities.

The diverse realities faced by governments in the Region are reflected in the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*. This diversity inevitably leads to very distinct manifestations of the NCD epidemic in different parts of the Region, and the need for a regional action plan that is adaptable to various contexts.

The bedrock of the Pacific approach to NCDs is the Healthy Islands vision that serves as a unifying theme for health protection and promotion and is strongly intersectoral. Public awareness about NCDs needs to be transformed into feasible action at the level of households, families and communities. Culturally appropriate measures need to be documented, shared and scaled up.

Pacific health ministers have repeatedly sought solutions to the negative impact of imported high-energy foods. Several policy imperatives, such as taxation, have been tried with varying degrees of success. Bans on specific food products, as well as comprehensive approaches to food security, have been tried. Evaluation and documentation of reasons for success and failure need to be undertaken in more systematic ways.

In Asia, with rapid economic growth and development, governments will need to find solutions to risk factors that are related to the new purchasing power of women and youth, as well as new patterns of consumption of food, tobacco and harmful use of alcohol. The tendency to invest in the treatment of NCDs, instead of prevention and the reduction of risk factors, will be a major challenge.

The NCD epidemic in Asian countries in the Western Pacific Region involves different elements than that of the Pacific. The long-term consequences, however, are no less profound. Although obesity and its consequences have not yet reached the extreme levels found in the Pacific island countries and areas, current trends are showing a rapid increase in obesity across Asia.

The Seoul Declaration⁸ and the Honiara Communiqué⁹ in 2011 emphasized the importance of a supportive multisectoral approach. The Apia Communiqué¹⁰ in 2013 reiterated the NCD crisis in the Pacific and adopted the Tobacco-Free Pacific Goal by 2025 with an adult tobacco use prevalence of less than 5% in each country in the Pacific. The Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN¹¹ called on ministers responsible for health and other relevant sectoral bodies to accelerate the adoption of Health in All Policies in tackling unhealthy lifestyles including risk behaviours for noncommunicable diseases. Innovation is widespread throughout the Region. Malaysia has pioneered effective cross-sectoral governance arrangements and has established a health promotion board that funds various community initiatives on health promotion. China is taking innovative approaches with its cities. Now in its second term, Healthy Japan 21 is a national campaign started in 2000 to promote health and well-being and build healthy environments by promoting national goals, such as extending healthy life expectancy and decreasing health disparities. Japan also has had decades of experience in effective salt-reduction strategies. The Republic of Korea has successfully banned marketing of specific types of food to children and is a leader in cancer surveillance, screening and referral systems. The Philippines has established an NCD coalition that is now the core force for establishment of a proposed national mechanism for NCD prevention. Australia started the first health promotion foundation, a concept that has since spread to Malaysia, Mongolia and Tonga, with the Lao People's Democratic Republic, Samoa, Solomon Islands, Vanuatu and Viet Nam all working toward autonomous infrastructure and financing for the promotion of health and prevention of disease. Australia, Hong Kong (China), New Zealand and Singapore continue to stand as global leaders in reducing tobacco use. Australia's national preventive health task force and agenda is a new model that can inform other countries.

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8. Seoul Declaration on Noncommunicable Disease Prevention and Control in the Western Pacific Region (http://www.wpro.who.int/noncommunicable_diseases/seoul_declaration.pdf).
 9. Honiara Communiqué on the Pacific Noncommunicable Disease Crisis (http://www.wpro.who.int/noncommunicable_diseases/honiara_communique.pdf).
 10. Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda (http://www.wpro.who.int/southpacific/pic_meeting/2013/meeting_outcomes/10th_PHMM_Apia_Communique.pdf).
 11. Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN. Brunei Darussalam: Association of Southeast Asian Nations, 2013 (<http://www.asean.org/images/archive/23rdASEANSummit/3.%20obsb%20declaration%20on%20ncd%20in%20asean-%20final-endorsed%2023%20september%202013.pdf>).

4. COMPREHENSIVE GLOBAL MONITORING FRAMEWORK FOR THE PREVENTION AND CONTROL OF NCDs

The comprehensive global monitoring framework, including 25 indicators and a set of nine voluntary global targets for the prevention and control of NCDs, was adopted by the World Health Assembly (WHA66.10) in May 2013 and is presented in Table 2. Countries can develop their national targets in alignment with the global targets. Reports on progress achieved in attaining the nine voluntary global targets will be made in 2016, 2021 and 2026.

Table 2. Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of NCDs

Framework element	Target	Indicator
Mortality and morbidity		
Premature mortality from noncommunicable disease	(1) A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	(1) Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
		<i>Additional indicator</i> (2) Cancer incidence, by type of cancer, per 100 000 population
Behavioural risk factors		
Harmful use of alcohol ^a	(2) At least 10% relative reduction in the harmful use of alcohol, ^b as appropriate, within the national context	(3) Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context (4) Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context (5) Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context
Physical inactivity	(3) A 10% relative reduction in prevalence of insufficient physical activity	(6) Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily

Framework element	Target	Indicator
Physical inactivity (continued)		(7) Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
Salt/sodium intake	(4) A 30% relative reduction in mean population intake of salt/sodium ^c	(8) Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Tobacco use	(5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	(9) Prevalence of current tobacco use among adolescents (10) Age-standardized prevalence of current tobacco use in persons aged 18+ years
Biological risk factors		
Raised blood pressure	(6) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances	(11) Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure
Diabetes and obesity ^d	(7) Halt the rise in diabetes and obesity	(12) Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) (13) Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex) (14) Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m ² for overweight and body mass index ≥ 30 kg/m ² for obesity) <i>Additional indicators</i> (15) Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years ^e (16) Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 g) of fruit and vegetables per day (17) Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration

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

- a. Countries will select indicator(s) of harmful use as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality, among others.
- b. In WHO's global strategy to reduce the harmful use of alcohol the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.
- c. WHO's recommendation is less than 5 grams of salt or 2 grams of sodium per person per day.
- d. Countries will select indicator(s) appropriate to national context.
- e. Individual fatty acids within the broad classification of saturated fatty acids have unique biological properties and health effects that can have relevance in developing dietary recommendations.

5. WESTERN PACIFIC REGIONAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs (2014–2020)

5.1 Overview

VISION Governments and societies sustain their political and financial commitments to prevent and control noncommunicable diseases (NCDs) so that these diseases are no longer a barrier to socioeconomic development.

MISSION To scale up effective interventions to prevent and control NCDs through health-promoting environments.

GOAL To reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs in the Western Pacific Region.

5.2 Overarching principles and approaches

Leadership and coordination

Prevention and control of NCDs need a “whole-of-government” and a “whole-of-society” approach. The health sector has to take the lead in evidence-based advocacy and monitoring. Beyond inclusion in national health plans, NCD prevention and control should be included in national development plans.

Human rights

NCD prevention and control strategies must be formulated and implemented in accordance with international human rights conventions and agreements.

Empowerment of people

Individuals, families, communities and societies should be empowered and involved in activities for the prevention and care of NCDs.

Evidence-based practice

Strategies for the prevention and control of NCDs need to be based on scientific evidence and public health principles.

Life-course approach

A life-course approach is key to the prevention and control of NCDs. The process starts with maternal health, including preconception, antenatal and postnatal care and maternal nutrition. In addition, proper infant feeding practices, including promotion of breastfeeding and health promotion of children, adolescents and youth, followed by promotion of a healthy working life, healthy ageing and care of NCDs for people in later life, are integral components of a life-course approach.

Multisectoral action

Effective NCD interventions require a number of combined elements including, as appropriate, meaningful community participation and engagement, supportive policy prioritization and settings, multisectoral collaboration, a health-in-all-policies approach and active partnerships among national authorities, nongovernmental organizations, academia and private sector.

Universal health coverage and equity

Good health is essential to sustained economic and social development and poverty reduction. Access to needed health services is crucial for maintaining and improving health. At the same time, people need protection from being pushed into poverty because of the cost of health care.

Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. Universal health coverage has therefore become a major goal for health reform in many countries and a priority objective of WHO.

All people should have full access to health care and opportunities for the prevention and control of NCDs based on need regardless of age, sex, social status, presence of disabilities and the ability to pay.

5.3 Objectives and actions for Member States and WHO

The objectives of the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* are aligned with *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)* for consistency and to help Member States adapt them to their national context. Recommended actions for Member States and WHO are provided by objectives.

In summary, the objectives are as follows:

- 1. To raise the priority** accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.
- 2. To strengthen national capacity,** leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.
- 3. To reduce modifiable risk factors** for noncommunicable diseases and underlying social determinants through creation of health-promoting environments..
- 4. To strengthen and orient health systems** to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.
- 5. To promote and support national capacity** for high-quality research and development for the prevention and control of noncommunicable diseases.
- 6. To monitor the trends and determinants** of noncommunicable diseases and evaluate progress in their prevention and control.

OBJECTIVE 1

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

Recommended actions for Member States

1. Strengthen advocacy for the implementation of the commitments of the Political Declaration of the High-level Meeting of the General Assembly on Non-communicable Disease Prevention and Control and secure sustained political commitment for action against NCDs.
2. Integrate NCDs into national strategic and development plans with special attention to social determinants of health and the health needs of vulnerable populations.
3. Promote universal health coverage as a means of prevention and control of NCDs.
4. Integrate prevention and control of NCDs into the United Nations Development Assistance Framework's design processes and implementation.
5. Advocate for adoption of the voluntary global NCD targets as national targets, as appropriate to the national context.

Recommended actions for WHO

1. Provide technical assistance to raise public awareness about the links between NCDs and sustainable development including integration of the prevention and control of NCDs into national health and development planning processes and the United Nations Development Assistance Framework.
2. Facilitate coordination, collaboration and cooperation among the main stakeholders including Member States; United Nations funds, programmes and agencies; civil society; and the private sector, as appropriate.
3. Strategically advocate for action on NCDs and adoption of global targets at the highest levels of political leadership in countries and among United Nations funds, programmes and agencies; development partners; donors; and regional bodies, such as the Association of Southeast Asian Nations (ASEAN), the Asian Development Bank (ADB), Asia-Pacific Economic Cooperation (APEC), the Organisation for Economic Co-operation and Development (OECD) and the Secretariat of the Pacific Community (SPC).

OBJECTIVE 2

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

Recommended actions for Member States

1. Develop or strengthen national multisectoral policies and plans for NCD prevention and control.
2. As appropriate to the national context, set up a national multisectoral mechanism, such as a high-level commission, agency or task force, for shared leadership, policy coherence (e.g. health and trade) and mutual accountability of different sectors of policy-making that have a bearing on NCDs.
3. Secure adequate, reliable and sustained resources for action against NCDs.

Recommended actions for WHO

1. Provide technical support for developing and strengthening national multisectoral policies (e.g. health and trade), plans and mechanisms for implementing programmes for the prevention and control of NCDs.
2. Provide technical support to assist Member States to identify, cost and prioritize an affordable package of NCD interventions appropriate to the national context, capacity and available resources.
3. Create opportunities for sharing of information, exchange of knowledge, best practices, tools and templates.
4. Provide technical support and guidance materials for advocacy, resource mobilization and implementation of very cost-effective interventions for the prevention and control of NCDs.

OBJECTIVE 3

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

Recommended actions for Member States

1. Tobacco control: Accelerate implementation of the WHO FCTC, prioritizing efforts to:
 - a. reduce the affordability of tobacco products by increasing tobacco excise taxes;
 - b. create by law completely smoke-free environments in all indoor workplaces, public places and public transport;
 - c. warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns; and
 - d. ban all forms of tobacco advertising, promotion and sponsorship.

2. Reduce harm from alcohol: Advance the implementation of the *WHO Global Strategy to Reduce the Harmful Use of Alcohol*, prioritizing efforts to:
 - a. regulate commercial and public availability of alcohol,
 - b. restrict or ban alcohol advertising and promotions,
 - c. use pricing policies such as excise taxes on alcoholic beverages,
 - d. strengthen drink-driving policies and countermeasures.

3. Promote a healthy diet.
 - a. Implement the *WHO Global Strategy on Diet, Physical Activity and Health*.
 - b. Strengthen national food and nutrition policies and action plans and implementation of related global strategies.
 - i Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
 - ii Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.
 - c. Develop guidelines, recommendations or policy measures that engage relevant sectors, such as food producers and processors and other commercial operators, to:
 - i reduce the level of salt/sodium in prepared or processed food;
 - ii increase availability, affordability and consumption of fruit and vegetables;
 - iii replace trans fats with unsaturated fats;
 - iv reduce saturated fatty acids in food and replace with unsaturated fatty acids;
 - v reduce free and added sugars in food and non-alcoholic beverages;

- vi reduce portion size and energy density of foods in order to limit calories; and
 - vii reduce the impact of marketing of foods and non-alcoholic beverages to children.
- d. Promote the provision and availability of healthy food in all public institutions including schools, other educational institutions and workplaces.
 - e. Promote nutrition labelling for all pre-packaged foods.
4. Promote physical activity.
 - a. Adopt and implement national guidelines on physical activity for health.
 - b. Develop policy measures to promote physical activity through activities of daily living, including through “active transport”, recreation, leisure and sport.
 - c. Conduct public campaigns through mass media, social media and at the community level and social marketing initiatives to inform and motivate adults and young people about the benefits of physical activity and to facilitate healthy behaviours.
 5. Create enabling environments through settings-based approaches.
 - a. Adopt settings-based approaches, such as cities, islands/villages, workplaces, schools, clinics and hospitals, to offer healthier dietary choices and to create enabling environments for physical activity, as well as make possible smoke-free environments.

Recommended actions for WHO

1. Provide technical assistance to reduce modifiable risk factors through implementing the WHO FCTC and its guidelines, the WHO global strategies for addressing modifiable risk factors and other health-promoting policy options, including healthy workplace initiatives, health-promoting schools and health-sensitive urban development.
2. Develop tools for advocacy and support policy and programme implementation, including skills and capacity-building.
3. Advocate for engagement with local governments and settings to implement NCD prevention and control interventions.
4. Identify models and guidance for best practices in collaboration with other sectors and support their wider implementation.
5. Develop guidance for engagement with the labour sector on health promotion in the workplace and workers health.
6. Develop guidance for engagement with trade, finance and other relevant sectors.

OBJECTIVE 4

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

Recommended actions for Member States

1. Highlight the importance of NCD prevention and control in universal health coverage.
2. Strengthen the role of primary and secondary health-care and referral systems in overall efforts to prevent, control and manage NCDs.
3. Enhance access to essential NCD interventions through a defined service package, such as adapting the WHO Package of Essential Noncommunicable Disease Interventions (PEN) in the primary health-care system, and through appropriate referrals, as part of universal health coverage:
 - a. scale up early detection and coverage and prioritize very cost-effective, high-impact interventions to address behavioural risk factors;
 - b. provide counselling and patient education, including the provision of brief advice for tobacco cessation and reducing harmful use of alcohol;
 - c. assess, manage and treat risk factors and link with family and community-based approaches for lifestyle modification;
 - d. refer people at high risk of disease and complications;
 - e. prevent liver cancer through hepatitis B immunization as part of the Expanded Programme on Immunization;
 - f. prevent cervical cancer through cost-effective screening methods, such as visual inspection with acetic acid [VIA] and/or Pap smear (cervical cytology), linked with timely treatment of pre-cancerous lesions;
 - g. secondary prevention of rheumatic fever and rheumatic heart disease;
 - h. provide multidrug therapy, including glycaemic control for diabetes mellitus for individuals who have had a heart attack or stroke, and to people at high risk (> 30%) of a cardiovascular event within 10 years; and
 - i. aspirin therapy for acute myocardial infarction.
4. Shift from reliance on user fees levied on ill people to the protection provided by pooling and prepayment, with inclusion of NCD services.
5. Strengthen health workforce and institutional capabilities for the implementation of NCD prevention and control through patient-centred service models, multidisciplinary teams, quality-assurance measures and continuing education.
6. Expand access to community-based rehabilitation.
7. Provide health-financing arrangements to cover NCD prevention, screening, management and control.
8. Improve access to palliative care and pain relief for patients with cancer and other life-threatening conditions as part of the continuum of care.

Recommended actions for WHO

1. Advocate for linkage of NCD prevention and control to universal health coverage.
2. Provide support, guidance and technical background to countries in integrating cost-effective interventions for NCDs and their risk factors into health systems, including essential primary health-care packages.
3. Encourage countries to improve access to essential medicines and medical technologies, as part of universal health coverage through development of models, tools, and training.
4. Support the development of health-financing schemes that cover NCD prevention, screening, management and control.
5. Provide guidance for planning and development of human resources for health to respond to the NCD epidemic.
6. Develop training packages for implementation of WHO PEN and support actions towards strengthening capacity at different levels for health financing, essential medicines and technologies, and human resources for health.
7. Assist countries to establish clinical-practice guidelines and develop the capacity to systematically assess new and emerging evidence.

OBJECTIVE 5

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

Recommended actions for Member States

1. Develop, implement and monitor a national NCD research agenda.
2. Undertake operational research to support, evaluate and assess relevant approaches for NCD prevention and control, particularly:
 - a. coverage and access by vulnerable populations to NCD prevention and control services;
 - b. costing and cost-effectiveness of NCD prevention and control; and
 - c. social and economic impact of NCD control policies.

Recommended actions for WHO

1. Provide technical assistance and opportunities for collaboration that will strengthen national capacity for NCD-related research.
2. Promote sharing of intercountry research expertise and experience.

OBJECTIVE 6

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

Recommended actions for Member States

1. Adapt the set of voluntary global targets and indicators for 2025 for the prevention and control of NCDs, as appropriate to the national context, with reporting at regular intervals.
2. Develop or strengthen a national mechanism to coordinate surveillance and use data for action at local and national levels for NCD prevention and control.
3. Develop or strengthen mortality registration with up-to-date International Classification of Disease guidelines to generate reliable NCD mortality data.
4. Conduct periodic surveys to measure population levels of risk factors in adults and children at least once in five years, reporting all data by gender where possible.
5. Establish or strengthen cancer registries.
6. Periodically assess health system capacity and national response to NCDs.
7. Monitor policies and other instruments for NCD prevention and control and their implementation.

Recommended actions for WHO

1. Provide technical support for developing/strengthening national NCD surveillance framework.
2. Provide guidance on definitions, as appropriate, and on how indicators should be measured, collected, aggregated and reported, as well as the health information system requirements at the national level.
3. Provide technical support to:
 - a. strengthen vital registration,
 - b. measure population levels of risk factors using WHO tools,
 - c. strengthen cancer registration.
4. Provide guidance and support for measuring population levels of salt consumption through appropriate tools and approaches.
5. Assist countries to conduct national capacity assessments for NCD prevention and control, through the provision of appropriate tools and training.
6. Assess regional progress in NCD prevention and control periodically.

5.4 Proposed actions for international partners

1. International cooperation and capacity strengthening:

- a. Encourage the mainstreaming of the prevention and control of NCDs in development–cooperation initiatives, internationally agreed development goals, economic development policies, sustainable development frameworks and poverty-reduction strategies.
- b. Support national authorities to create enabling environments for implementing evidence-based multisectoral action, in other words by reducing modifiable risk factors of NCDs through health-promoting policies in agriculture, education, labour, sports, food, trade, transport and urban planning, by implementing existing international conventions in the areas of environment and labour, and by strengthening health financing for universal health coverage.
- c. Strengthen international cooperation within the framework of North–South, South-South and triangular cooperation, in support of national, regional and global plans for the prevention and control of NCDs, and among other things through the exchange of best practices and research findings in the areas of health promotion, legislation, regulation, monitoring and evaluation and health systems strengthening, strengthening of institutional capacity, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, medical technologies and information and electronic communication technologies (eHealth) and the use of mobile and wireless devices (mHealth).
- d. Facilitate and support research, development and innovation, institutional capacity and training of researchers to strengthen national research capacity, including through the creation of research fellowships and scholarships for international study in disciplines and interdisciplinary fields pertinent to the prevention and control of NCDs.
- e. Support WHO in establishing the global coordination mechanism where stakeholders — including nongovernmental organizations, professional associations, academia, research institutions and private sector — can contribute and take concerted action against NCDs.
- f. Support the United Nations funds, programmes and agencies to collaborate through an agreed division of labour. A provisional list with examples of a collaborative division of tasks and responsibilities for United Nations funds, programmes and agencies is under development and will be appended to this action plan once finalized.

2. Resource mobilization for the prevention and control of NCDs:

- a. Facilitate the mobilization of adequate, predictable and sustained financial resources and the necessary human and technical resources.
- b. Support and be part of the social movement to support collaborative implementation of the global and regional action plans and to promote health and equity in relation to the prevention and control of NCDs.

5.5 Monitoring and reporting progress

Monitoring and reporting of the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* will be fully aligned with the proposed monitoring of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)* to harmonize the efforts (Annex 3). WHO is in the process of developing appropriate action plan indicators to monitor progress of implementation of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)*. These indicators, based on feasibility, current availability of data and capability of application across the six objectives of the global action plan, will be used to assess the progress made in 2016, 2018 and 2021.

Reports on progress achieved in attaining the nine global voluntary targets will be submitted in 2016, 2021 and 2026.

WHO will also update Appendix 3 (menu of policy options) of the global action plan, which appears as Annex 1 of the regional action plan, as appropriate, to be considered through the Executive Board, by the World Health Assembly, in the light of new scientific evidence.

6. SYNERGIES BETWEEN NCDs AND OTHER PROGRAMMES

There are many other conditions of public health importance that are associated with the four main NCDs – cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. The other conditions include:

1. other NCDs – renal, endocrinal, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases;
2. mental disorders;
3. disabilities, including blindness and deafness; and
4. violence and injuries.

Some of these conditions are the subject of other WHO strategies and World Health Assembly resolutions. NCDs and their risk factors are also linked to communicable diseases, maternal and child health, reproductive health, ageing, and social, environmental and occupational determinants of health. The *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* will explore potential synergies between NCDs and interrelated conditions to maximize opportunities and efficiencies for mutual benefit.

HEALTHY CITIES AND SETTINGS

Healthy Cities is a priority initiative of the Western Pacific Region. As one of the WHO regions with very rapid urbanization, cities in the Region offer a platform for NCD prevention and control.

City governments are well placed to provide multisectoral interventions. “Eat smart” restaurants and schools, environmentally sustainable and healthy urban transport, walking and cycling paths, healthier street foods and smoke-free cities are examples of innovative approaches for NCD prevention and control in cities of the Region. Healthy cities and settings, such as schools and workplaces, will have an emphasis on the implementation of the regional action plan.

Subnational focus is a related area and there will be new pathways to work at provincial and district levels.

HEALTHY ISLANDS

Healthy Islands is an ideal envisioned in 1995 at the first Meeting of the Ministers of Health for the Pacific Island Countries on Yanuca Island, Fiji. That vision has served as a unifying theme for health protection and health promotion in the Pacific and reflects the comprehensive and integrated approach to health that is a hallmark of WHO in the Western Pacific Region. One of the recurring themes within Healthy Islands is the predominant and growing burden of NCDs, which have become a crisis in the Pacific island countries and areas. Efforts for prevention and control will be enhanced accordingly to the local context.

HEALTHY AGEING

The Region is experiencing a rapid and profound demographic transition, whose successful management poses a significant challenge. With respect to NCDs and healthy ageing, prevention of NCDs will increase the number and proportion of people who experience healthy ageing, and avoid high health-care costs and even higher indirect costs in older age groups. Otherwise, health costs will outstrip pensions and cause financial catastrophe for a large segment of the population, especially older women, who face greater financial insecurity. The ageing and health agenda in the Region encompasses a range of actions, including promoting healthy ageing across the life-course, developing age-friendly health systems to address the health needs of older people, strengthening the evidence base, and promoting the right of older people to good health.

WOMEN'S AND CHILDREN'S HEALTH

The *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases* and the Regional Committee for the Western Pacific in resolution WPR/RC62.R2 state that women's and children's health is inextricably linked with NCDs and that the promotion of health through the life-course is important for both maternal and child health and NCDs. As mortality from infectious diseases and related to childbirth decrease, NCDs represent an increasing cause of death and disability among women and children. Cervical cancer, the second most common type of cancer among women, is rising, and 80% of cases occur in developing countries. Most deaths occur in the prime of life. NCDs can have an intergenerational effect as NCDs prior to and during pregnancy can result in suboptimal newborn health, including prematurity and low birth weight. In the long run, these are associated with increased NCDs. In particular, strengthening the implementation of the International Code of Marketing of Breast-milk Substitutes and the WHO *Global Strategy for Infant and Young Child Feeding* are important to promote, protect and support breastfeeding, including exclusive breastfeeding for six months, continued breastfeeding until two years and above, and complementary feeding from six months onwards. Breastfeeding not only reduces susceptibility to infections and the risk of undernutrition, but also reduces the risk of obesity and NCDs across the life-course.

MEN'S HEALTH

Globally, men are more affected than women by the impact of NCDs. Men consume more salt, alcohol and tobacco and have higher rates of morbidity and mortality for many of the most common NCDs. Men's health also has an impact on their families both economically and personally. In some age groups, men may be less likely than women to engage with the health system. Programmes and policies aimed at preventing and managing NCDs need to be relevant and engaging for both women and men. Targeted approaches should be developed and implemented if mainstream interventions are less effective with one gender.

WORKERS' HEALTH

Workers represent half of the world's population and are the major contributors to economic and social development. Their health is determined not only by workplace hazards but also by social and individual factors and access to health services. The Sixtieth World Health Assembly in 2007 (resolution WHA60.26) endorsed the *Global Plan of Action on Workers' Health (2008–2017)*. The set of actions proposed in the global plan can be used to prevent and control NCDs in workers. Workplaces offer a good setting for multiple interventions including tobacco control, reducing harm from alcohol, promotion of healthy diets and physical activity, screening and early detection and appropriate referrals. Workers' health is also an entry point for family health.

Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. The health of workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress-related disorders, communicable diseases and other issues. Selected occupational lung carcinogens, such as beryllium and silica, were estimated to cause 111 000 lung cancer deaths in 2004, while asbestos caused 59 000 deaths (from mesothelioma).

CO-MORBIDITIES

Major NCDs, being predominantly diseases of middle-aged and elderly people, often coexist with co-morbidities. Thus, co-morbidities play an integral role in the development, progression and response to treatment of major NCDs. Examples of co-morbidities include mental disorders, cognitive impairment and other NCDs, including renal, endocrine, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases, disabilities and genetic disorders. The co-morbidity burden is associated with higher rates of hospitalization and worsened health outcomes and need to be addressed through approaches that are integrated within NCD programmes.

MENTAL DISORDERS

Since mental disorders are an important cause of morbidity and contribute to the global NCD burden, equitable access to effective programmes and health-care interventions is needed. Mental disorders affect, and are affected by, other NCDs. Mental disorders can be a precursor or consequence of NCDs, or the result of interactive effects. For example, there is evidence that depression predisposes people to developing heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of NCDs, such as sedentary behaviour and the harmful use of alcohol, also link NCDs with mental disorders. Characteristics of economically underprivileged population segments, such as little schooling, lower social class and unemployment, are shared by mental disorders as well as NCDs. Despite these strong connections, evidence indicates that mental health disorders in patients with NCDs and NCDs in patients with mental disorders are often overlooked.

DISABILITIES AND REHABILITATION

Approximately 15% of the population experiences disability, and the increase in NCDs is having a profound effect on disability trends. For example, NCDs are estimated to account for about two thirds of all years lived with disability in low- and middle-income countries. NCD-related disability, such as amputation, blindness or paralysis, puts significant demands on social welfare and health systems, impacts productivity and impoverishes families. Rehabilitation needs to be a key health strategy in NCD programmes to address risk factors, for example obesity and physical inactivity, as well as loss of function due to NCDs, such as paralysis due to stroke or amputation due to diabetes. Access to rehabilitation services can decrease the effects and consequences of disease, hasten discharge from hospital and improve health and the quality of life.

Annexes

ANNEX 1

Menu of policy options and cost-effective interventions for prevention and control of major Noncommunicable Diseases

ANNEX 2

Review of implementation of the Western Pacific Regional Action Plan for Noncommunicable Diseases (2008–2013)

ANNEX 3

NCD action plan indicators

ANNEX 4

WPR/RC64.R6 NCD Resolution

ANNEX 1

Menu of policy options and cost-effective interventions for prevention and control of major noncommunicable diseases (NCDs)¹

To assist Member States in implementing, as appropriate, for national context, (without prejudice to the sovereign rights of nations to determine taxation among other policies), actions to achieve the nine voluntary global targets (Note: This annex needs to be updated as evidence and cost – effectiveness of interventions evolve with time).

The list is not exhaustive but is intended to provide information and guidance on effectiveness and cost-effectiveness of interventions based on current evidence^{2,3,4} and to act as the basis for future work to develop and expand the evidence base on policy measures and individual interventions. According to WHO estimates, policy interventions in objective 3 and individual interventions to be implemented in primary care settings in objective 4, listed in bold, are very cost-effective⁵ and affordable for all countries.^{2,3,4} However, they have not been assessed for specific contexts of individual countries. When selecting interventions for prevention and control of noncommunicable diseases, consideration should be given to effectiveness, cost-effectiveness, affordability, implementation capacity, feasibility, according to national circumstances, and impact on health equity of interventions, and to the need to implement a combination of population-wide policy interventions and individual interventions.

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1. Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020), Appendix 3. Geneva: World Health Organization; 2013.
 2. Scaling up action against noncommunicable diseases: How much will it cost? (http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf).
 3. WHO-CHOICE (<http://www.who.int/choice/en/>).
 4. Disease control priorities in developing countries (<http://www.dcp2.org/pubs/DCP>).
 5. Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
OBJECTIVE 1		
<ul style="list-style-type: none"> • Raise public and political awareness, understanding and practice about prevention and control of NCDs • Integrate NCDs into the social and development agenda and poverty alleviation strategies • Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices • Engage and mobilize civil society and the private sector as appropriate and strengthen international cooperation to support implementation of the action plan at global, regional and national levels • Implement other policy options in objective 1 (see paragraph 21)¹ 	Contribute to all 9 voluntary global targets	<ul style="list-style-type: none"> – WHO global status report on NCDs 2010 – WHO fact sheets – Global atlas on cardiovascular disease prevention and control 2011 – IARC GLOBOCAN 2008 – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
OBJECTIVE 2		
<ul style="list-style-type: none"> • Prioritize and increase, as needed, budgetary allocations for prevention and control of NCDs, without prejudice to the sovereign right of nations to determine taxation and other policies • Assess national capacity for prevention and control of NCDs • Develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multistakeholder engagement • Implement other policy options in objective 2 (see paragraph 30)¹ to strengthen national capacity including human and institutional capacity, leadership, governance, multisectoral action and partnerships for prevention and control of noncommunicable diseases 	Contribute to all 9 voluntary global targets	<ul style="list-style-type: none"> – UN Secretary-General's Note A/67/373 – NCD country capacity survey tool – NCCP Core Capacity Assessment tool – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
OBJECTIVE 3²		
TOBACCO USE³		
<ul style="list-style-type: none"> • Implement WHO FCTC (see paragraph 36)¹. Parties to the WHO FCTC are required to implement all obligations under the treaty in full; all Member States that are not Parties are encouraged to look to the WHO FCTC as the foundational instrument in global tobacco control • Reduce affordability of tobacco products by increasing tobacco excise taxes⁴ • Create by law completely smoke-free environments in all indoor workplaces, public places and public transport⁴ 	<p>A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</p> <p>A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</p>	<ul style="list-style-type: none"> – The WHO FCTC and its guidelines – MPOWER capacity-building modules to reduce demand for tobacco, in line with the WHO FCTC – WHO reports on the global tobacco epidemic – Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14)

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
<p>TOBACCO USE (continued)</p> <ul style="list-style-type: none"> • Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns⁴ • Ban all forms of tobacco advertising, promotion and sponsorship⁴ 		<ul style="list-style-type: none"> – Global strategy on diet, physical activity and health, (WHA57.17) – Global recommendations on physical activity for health
<p>HARMFUL USE OF ALCOHOL</p> <ul style="list-style-type: none"> • Implement the WHO global strategy to reduce harmful use of alcohol (see objective 3, paragraphs 42, 43)¹ through actions in the recommended target areas including: • Strengthening awareness of alcohol-attributable burden; leadership and political commitment to reduce the harmful use of alcohol • Providing prevention and treatment interventions for those at risk of or affected by alcohol use disorders and associated conditions • Supporting communities in adopting effective approaches and interventions to prevent and reduce the harmful use of alcohol • Implementing effective drink–driving policies and countermeasures • Regulating commercial and public availability of alcohol⁴ • Restricting or banning alcohol advertising and promotions⁴ • Using pricing policies such as excise tax increases on alcoholic beverages⁴ • Reducing the negative consequences of drinking and alcohol intoxication, including by regulating the drinking context and providing consumer information • Reducing the public health impact of illicit alcohol and informally produced alcohol by implementing efficient control and enforcement systems • Developing sustainable national monitoring and surveillance systems using indicators, definitions and data collection procedures compatible with WHO’s global and regional information systems on alcohol and health 	<p>At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context</p> <p>A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances</p> <p>A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</p>	<ul style="list-style-type: none"> – Global strategy to reduce the harmful use of alcohol (WHA63.13) – WHO global status reports on alcohol and health 2011, 2013 – WHO guidance on dietary salt and potassium – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
<p>UNHEALTHY DIET AND PHYSICAL INACTIVITY</p> <ul style="list-style-type: none"> • Implement the WHO Global Strategy on Diet, Physical Activity and Health (see Objective 3, paragraphs 40–41)¹ • Increase consumption of fruit and vegetables • To provide more convenient, safe and health-oriented environments for physical activity 	<p>A 10% relative reduction in prevalence of insufficient physical activity</p>	

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
<p><i>Unhealthy diet and physical inactivity (continued)</i></p> <ul style="list-style-type: none"> • Implement recommendations on the marketing of foods and non-alcoholic beverages to children (see objective 3, paragraph 38–39)¹ • Implement the WHO global strategy for infant and young child feeding • Reduce salt intake^{4,5} • Replace trans fats with unsaturated fats⁴ • Implement public awareness programmes on diet and physical activity⁴ • Replace saturated fat with unsaturated fat • Manage food taxes and subsidies to promote healthy diet • Implement other policy options listed in objective 3 for addressing unhealthy diet and physical inactivity 	<p>A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances</p> <p>Halt the rise in diabetes and obesity</p> <p>A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</p> <p>A 30% relative reduction in mean population intake of salt/sodium intake</p>	
OBJECTIVE 4		
<ul style="list-style-type: none"> • Integrate very cost-effective noncommunicable disease interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda • Explore viable health financing mechanisms and innovative economic tools supported by evidence • Scale up early detection and coverage, prioritizing very cost-effective high-impact interventions including cost-effective interventions to address behavioural risk factors • Train health workforce and strengthen capacity of health system particularly at primary care level to address the prevention and control of noncommunicable diseases • Improve availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities • Implement other cost-effective interventions and policy options in Objective 4 (see paragraph 48)¹ to strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centred primary health care and universal health coverage • Develop and implement a palliative care policy using cost-effective treatment modalities, including opioids analgesics for pain relief and training health workers 	<p>An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities</p> <p>A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</p>	<ul style="list-style-type: none"> – WHO World health reports 2010, 2011 – Prevention and control of noncommunicable diseases: Guidelines for primary health care in low-resource settings; diagnosis and management of type 2 diabetes and Management of asthma and chronic obstructive pulmonary disease 2012 – Guideline for cervical cancer: Use of cryotherapy for cervical intraepithelial neoplasia – Guideline for pharmacological treatment of persisting pain in children with medical illnesses – Scaling up NCD interventions, WHO 2011 – WHO CHOICE database – WHO Package of essential noncommunicable (PEN) disease interventions for primary health care including costing tool 2011

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
<p>CARDIOVASCULAR DISEASE AND DIABETES⁶</p> <ul style="list-style-type: none"> • Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and nonfatal cardiovascular event in the next 10 years⁴ • Acetylsalicylic acid for acute myocardial infarction⁴ • Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke, and to persons with moderate risk ($\geq 20\%$) of a fatal and nonfatal cardiovascular event in the next 10 years • Detection, treatment and control of hypertension and diabetes, using a total risk approach • Secondary prevention of rheumatic fever and rheumatic heart disease • Acetylsalicylic acid, atenolol and thrombolytic therapy (streptokinase) for acute myocardial infarction • Treatment of congestive cardiac failure with ACE inhibitor, beta-blocker and diuretic • Cardiac rehabilitation post myocardial infarction • Anticoagulation for medium- and high-risk non-valvular atrial fibrillation and for mitral stenosis with atrial fibrillation • Low-dose acetylsalicylic acid for ischemic stroke 	<p>At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</p> <p>A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances</p>	<ul style="list-style-type: none"> – Prevention of cardiovascular disease. Guidelines for assessment and management of cardiovascular risk 2007 – Integrated clinical protocols for primary health care and WHO ISH cardiovascular risk prediction charts 2012 – Affordable technology: Blood pressure measurement devices for low-resource settings 2007 – Indoor air quality guidelines – WHO air quality guidelines for particular matter, ozone, nitrogen, dioxide and sulphur dioxide, 2005 – Cancer control: Modules on prevention and palliative care – Essential Medicines List (2011) – OneHealth tool – Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
<p>DIABETES⁶</p> <ul style="list-style-type: none"> • Lifestyle interventions for preventing type 2 diabetes • Influenza vaccination for patients with diabetes • Preconception care among women of reproductive age including patient education and intensive glucose management • Detection of diabetic retinopathy by dilated eye examination followed by appropriate laser photocoagulation therapy to prevent blindness • Effective angiotensin-converting enzyme inhibitor drug therapy to prevent progression of renal disease • Care of acute stroke and rehabilitation in stroke units • Interventions for foot care: educational programmes, access to appropriate footwear; multidisciplinary clinics 		

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
<p>CANCER⁶</p> <ul style="list-style-type: none"> • Prevention of liver cancer through hepatitis B immunization⁴ • Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective),⁴ linked with timely treatment of pre-cancerous lesions⁴ • Vaccination against human papillomavirus, as appropriate if cost-effective and affordable, according to national programmes and policies • Population-based cervical cancer screening linked with timely treatment⁷ • Population-based breast cancer and mammography screening (50–70 years) linked with timely treatment⁷ • Population-based colorectal cancer screening, including through a fecal occult blood test, as appropriate, at age >50, linked with timely treatment⁷ • Oral cancer screening in high-risk groups (e.g. tobacco users, betel-nut chewers) linked with timely treatment⁷ <p>CHRONIC RESPIRATORY DISEASE⁶</p> <ul style="list-style-type: none"> • Access to improved stoves and cleaner fuels to reduce indoor air pollution • Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos • Treatment of asthma based on WHO guidelines • Influenza vaccination for patients with chronic obstructive pulmonary disease 		
OBJECTIVE 5		
<ul style="list-style-type: none"> • Develop and implement a prioritized national research agenda for noncommunicable diseases • Prioritize budgetary allocation for research on noncommunicable disease prevention and control • Strengthen human resources and institutional capacity for research • Strengthen research capacity through cooperation with foreign and domestic research institutes • Implement other policy options in objective 5 (see paragraph 53)¹ to promote and support national capacity for high-quality research, development and innovation 	Contribute to all 9 voluntary global targets	<ul style="list-style-type: none"> – Prioritized research agenda for the prevention and control of noncommunicable diseases 2011 – World Health Report 2013 – Global strategy and plan of action on public health, innovation and intellectual property (WHA61.21) – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees

MENU OF POLICY OPTIONS	VOLUNTARY GLOBAL TARGETS	WHO TOOLS
OBJECTIVE 6		
<ul style="list-style-type: none"> • Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plan • Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation • Establish and/or strengthen a comprehensive noncommunicable disease surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors, and monitoring national response • Integrate noncommunicable disease surveillance and monitoring into national health information systems • Implement other policy options in objective 6 (see paragraph 59)¹ to monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control 	<p>Contribute to all 9 voluntary global targets</p>	<ul style="list-style-type: none"> – Global monitoring framework – Verbal autopsy instrument – STEPwise approach to surveillance – Global Tobacco Surveillance System – Global Information System on Alcohol and Health – Global school-based student health survey, ICD-10 training tool – Service Availability and Readiness (SARA) assessment tool – IARC GLOBOCAN 2008 – Existing regional and national tools – Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees

1. Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020). Geneva: World Health Organization; 2013
2. In addressing each risk factor, Member States should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.
3. Tobacco use: Each of these measures reflects one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included in this Appendix are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria established in the chapeau paragraph of Appendix 3 for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral action, which are part of any comprehensive tobacco control programme.
Some interventions for management of noncommunicable diseases that are cost-effective in high-income settings, which assume a cost-effective infrastructure for diagnosis and referral and an adequate volume of cases, are not listed under objective 4, e.g. pacemaker implants for atrioventricular heart block, defibrillators in emergency vehicles, coronary revascularization procedures, and carotid endarterectomy.
4. Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.
5. And adjust the iodine content of iodized salt, when relevant.
6. Policy actions for prevention of major noncommunicable diseases are listed under objective 3.
7. Screening is meaningful only if associated with capacity for diagnosis, referral and treatment.

ANNEX 2

Review of implementation of the Western Pacific Regional Action Plan for Noncommunicable Diseases (2008–2013)

The regional action plan for noncommunicable diseases (NCDs), developed in 2008, will complete its implementation period in 2013. Major outcomes of the plan under the six objectives were:

OBJECTIVE 1

To raise the priority accorded to NCDs in development work at the global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.

Priority for NCDs has been raised at the global level through the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases in September 2011. Regional commitments, particularly the Seoul Declaration and the Honiara Communiqué on the Pacific Noncommunicable Disease Crisis, reflected the collective will to expand and intensify efforts for NCD prevention and control in the Region. The WHO Regional Committee for the Western Pacific discussed NCD prevention and control in its sixty-second session and endorsed a resolution to scale up NCD prevention and control in the Region. The sixty-third WHO Regional Committee for the Western Pacific has reviewed progress in NCD prevention and control.

OBJECTIVE 2

To establish and strengthen national policies and plans for the prevention and control of NCDs.

NCD prevention and control has progressed well during this period, with 20 countries in the Region having a unit with dedicated budget for NCDs. National multisectoral plans have been developed in five countries.

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.

There have been innovative actions in tobacco control in the Region, such as Australia's plain packaging law. Population-based reduction of NCD risk factors has been promoted, and 10 countries have initiated/strengthened salt reduction programmes. Promotion of physical activity was supported in eight countries, with some developing national physical activity guidelines. Marketing of foods and non-alcoholic beverages to children is being addressed in four countries. Some progress on excessive consumption of alcohol has been made through injury prevention and broader NCD programmes. Health system strengthening through primary health care is one of the areas supported, and 14 countries have partially adapted the WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings*.

OBJECTIVE 4

To promote research for the prevention and control of NCDs.

Operational research was carried out to study the pattern and density of advertising of foods and non-alcoholic beverages to children. Research was conducted on equity and NCDs in the Philippines. Research on tobacco advertising and sponsorship was carried out in Cambodia, the Lao People's Democratic Republic and Viet Nam. Research on tobacco point-of-sale advertising was completed in Guam.

OBJECTIVE 5

To promote partnerships for the prevention and control of NCDs.

Since 2000, the Western Pacific Declaration on Diabetes has been an ongoing collaboration of the International Diabetes Federation, the WHO Regional Office for the Western Pacific and the Secretariat for the Pacific Community. A joint programme of the International Atomic Energy Agency (IAEA) and WHO provided supported to Cambodia, Malaysia, Mongolia, the Philippines and Viet Nam.

OBJECTIVE 6

To monitor NCDs and their determinants and evaluate progress at the national, regional and global levels.

Surveillance of risk factors was supported, and 25 countries have completed or are conducting STEPwise approaches to surveillance (STEPS). Thirteen countries have carried out the Global School-based Student Health Survey (GSHS). Cancer registries are operational in 20 countries. Tobacco surveillance through the Global Adult Tobacco Survey (GATS) and Global Youth Tobacco Survey (GYTS) were also carried out.

WHO conducts regular surveys to assess country capacity for the prevention and control of NCDs. Table A2.1 presents the progress in NCD country capacity in the Region in 2004, 2010 and 2013. There is demonstrable progress in all domains. WHO will continue this global survey periodically to report the progress and will help to monitor the implementation of the action plan.

Table A2.1 Comparison of country capacity indicators, Western Pacific Region, 2004, 2010 and 2013

NCD COUNTRY CAPACITY INDICATORS	NUMBER OF COUNTRIES		
	2004 (n = 27)	2010 (n = 35)	2013 (n = 36)
Number of countries with national unit/branch/department in the ministry of health or equivalent with responsibility for NCDs	14	32	35
Number of countries with a national NCD policy, strategy, or action plan which integrates several NCDs and their risk factors	15	28	31
Number of countries with policy, strategy or action plan on reducing:			
Tobacco use	22	29	31
Unhealthy diet related to NCDs	17	23	25
Physical activity	9	21	22
Harmful use of alcohol	12	19	22
Number of countries with surveys on the following risk factors:			
Tobacco use	17	31	36
Harmful use of alcohol	13	29	34
Low fruit and vegetable consumption	12	30	35
Physical inactivity	12	27	36
Blood glucose/Diabetes	18	28	34
Raised blood pressure/Hypertension	17	29	34
Overweight and obesity	15	30	35
Raised total cholesterol	10	25	31
Number of countries with clinical protocols, guidelines, standards for the treatment/management of the following:			
Hypertension	16	32	NA
Diabetes	18	33	32
Cancer	12	NA	25

NA: Not available

ANNEX 3

NCD action plan indicators

The Executive Board, having considered the report of the Secretariat on the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,¹ endorsed² the nine action plan indicators contained in the report on the consultation with Member States to conclude the work on the limited set of action plan indicators for the WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020)*,³ recommending their adoption by the Sixty-seventh World Health Assembly.

Number	NCD action plan indicator ⁴
1	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 2013–2020.
2	Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent.
3a	Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context.
3b	Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity.
3c	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.
3d	Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets.
4	Number of countries that have evidence-based national guidelines/protocols/standards for the management of major noncommunicable diseases through a primary care approach, recognized/approved by government or competent authorities.
5	Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.
6	Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.

For each NCD action plan indicator, the definition and achievement criteria, denominator, baseline (2014), source of baseline, data collection tool, data validation process and expected frequency of data collection through the tool used by technical areas will be set out in a separate technical document, which will be elaborated by the WHO Secretariat.

1. Document EB134/14 (http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_14-en.pdf).
2. Document EB134/DIV./3 (http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_DIV3-en.pdf)
3. See document EB134/14 Annex 4 and appendix.
4. These indicators are intended to assess national-level capacity in response to noncommunicable diseases. If responsibilities for health are decentralized to subnational levels, these indicators can also be applied at subnational levels.

ANNEX 4

WPR/RC64.R6 NCD Resolution

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTÉ

R E S O L U T I O N

REGIONAL COMMITTEE FOR
THE WESTERN PACIFIC

COMITE RÉGIONAL DU
PACIFIQUE OCCIDENTAL

WPR/RC64.R6
24 October 2013

NONCOMMUNICABLE DISEASES

The Regional Committee,

Recognizing that noncommunicable diseases (NCDs) and their main risk factors are a serious threat to the health and equitable development of Member States in the Western Pacific Region;

Acknowledging the commitments made in the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* in 2011;

Reiterating the role of governments in ensuring political commitment and leadership, as well as human and financial resources, for NCD prevention and control;

Emphasizing the critical roles of development partners, social groups, civil society, professional organizations, academia, industry and the private sector in ensuring effective NCD prevention and control through multisectoral policies and plans;

Underscoring that the prevention and control of noncommunicable diseases requires not only strengthening of health systems towards universal health coverage, but also strong action from non-health sectors;

Recognizing that women and children's health is inextricably linked with NCDs, and life-course approaches to address NCDs should be integrated with the global maternal, neonatal and child health agenda;

Noting the comprehensive global monitoring framework, including indicators, and voluntary global targets for the prevention and control of NCDs;

Further noting the endorsement of the global action plan for NCD prevention and control (2013-2020) through resolution WHA66.10;

Recalling resolution WHA65.3 on strengthening noncommunicable disease policies to promote active ageing;

Acknowledging the progress in implementing the Western Pacific Regional Action Plan for Noncommunicable Diseases (2008–2013);

Noting the relevance of “Health in All Policies” and reaffirming the importance of health promotion and healthy settings, particularly Healthy Islands and Healthy Cities;

Recalling resolution WPR/RC62.R2 on Expanding and Intensifying Noncommunicable Disease Prevention and Control,

1. ENDORSES the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020)*;

2. URGES Member States:

(1) to implement the regional action plan as appropriate to the country context;

- (2) to develop national targets that are aligned with voluntary global targets for the prevention and control of noncommunicable diseases;
 - (3) to invest in strengthening health systems throughout the life course, and to work with non-health sectors, to promote health and to prevent and control NCDs;
3. REQUESTS the Regional Director:
- (1) to strengthen advocacy for investment in the prevention and control of NCDs, including as part of the development agenda;
 - (2) to extend technical support to Member States to strengthen evidence-based policy and prioritization, and to build capacity for sustainable NCD prevention and control programmes, including integration into the broader health system;
 - (3) to report periodically to the Regional Committee on the implementation of the action plan.

Seventh meeting, 24 October 2013



**World Health
Organization**

Western Pacific Region



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