

# Toolkit

## for developing a **multisectoral action plan for noncommunicable diseases**



Module 1.

## Conducting a comprehensive assessment



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# 1. Introduction

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Noncommunicable diseases (NCDs) are the leading cause of death globally, killing more people each year than all other causes combined. Contrary to common perceptions, available data show that nearly 80% of NCD-related deaths occur in low- and middle-income countries. Moreover, recent decades have witnessed a steady increase in such deaths, with vulnerable population groups often worst affected, and yet many of the dire human and social consequences could be prevented by implementing cost-effective and feasible interventions.

The *Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2011) (1)* recognizes the scale of the NCD crisis and the urgent need for action. The *Global action plan for the prevention and control of NCDs 2013–2020 (2)*, recently extended to 2030, provides a vision and a road map to scale up action for the prevention and control of NCDs.

The global epidemic of NCDs is widely acknowledged as a major challenge to development in the 21st century and is a significant threat to achieving the United Nations Sustainable Development Goals. In addition, globally, the main NCDs represent the greatest cause of death in people aged under 70 years, imposing years of disability on those affected and their families. The *Global status report on noncommunicable diseases 2014 (3)* highlights the need to intensify national multisectoral action to meet the global targets that governments have agreed upon and to protect people from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases.

Countries, including some that are low income, are showing that it is feasible to make progress and reduce premature deaths from NCDs. But that progress, particularly in low- and middle-income countries, is insufficient and uneven. The global status report of 2014 reveals a distressing gap in our ability to achieve Sustainable Development Goal target 3.4 of reducing, by one third, premature deaths from NCDs by 2030, and outlines the disparities in progress on preventing NCDs worldwide.

This toolkit is a “how to” guide for developing, implementing and evaluating a multisectoral action plan for prevention and control of NCDs. It is targeted at policy-makers, planners and programme managers, and is intended to help countries, provinces and cities meet the requirements for achieving global and national NCD targets and the Sustainable Development Goals.

The toolkit takes the user through a series of actions related to the development of a multisectoral action plan (“MSAP development actions”), and provides forms and a template framework for users to complete as they undertake these actions.

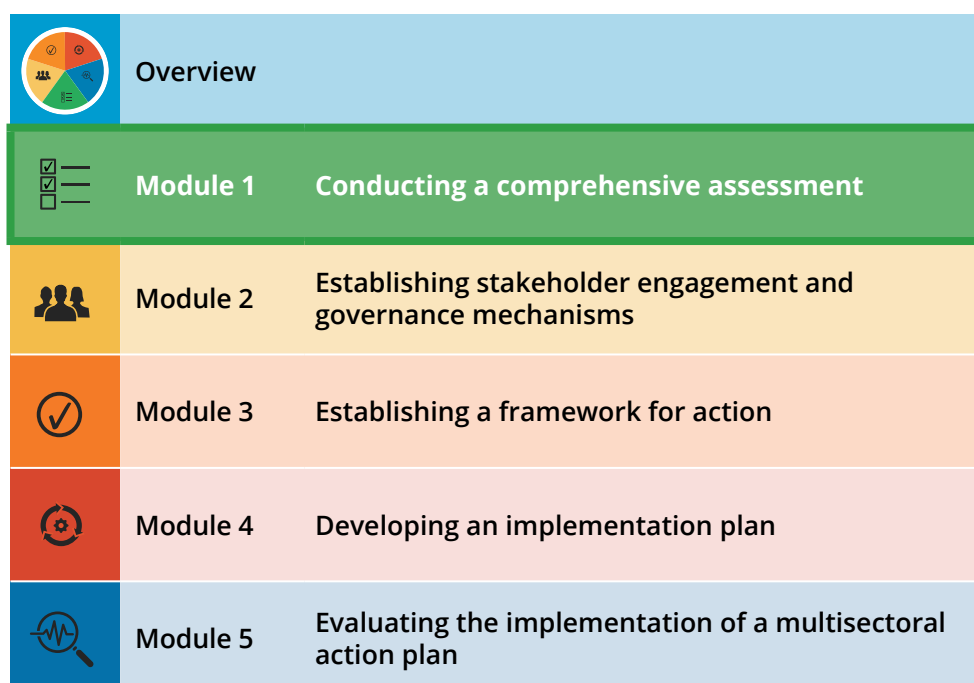
Developing a multisectoral action plan involves establishing health needs and engaging relevant stakeholders before determining the actions to take, identifying and prioritizing interventions, deciding on ways to address

NCDs while establishing support and resources for prevention and control, and evaluating progress in implementing the plan.

Using the toolkit is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to take. The toolkit focuses on the main NCDs and wider determinants of health and aims to reduce the premature mortality from NCDs and the negative impacts of these determinants on health and health inequalities.

This work entails an array of competencies, such as situation analysis, advocacy, planning, mobilizing, implementing interventions and evaluating them, and disseminating the results of the evaluation. Users can refer to programme theory and logic modelling to guide the development of their action plan. The structure of the toolkit is set out in Fig. 1.1.

**Fig. 1.1 Structure of the toolkit for developing a multisectoral action plan for noncommunicable diseases**



## 2. Conducting a comprehensive assessment

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One of the first steps in developing a multisectoral action plan (MSAP) is to use a situation analysis to provide a comprehensive assessment of the health needs, prevailing risks and the context of the area to which the plan will apply. This will help countries, regions, provinces or cities intending to create a multisectoral action plan to align with the global commitments on targeting the four major NCDs: cardiovascular disease, diabetes, cancer and chronic respiratory diseases.

A situation analysis is essentially an information-gathering process to understand the specifics of the NCD burden in a particular area, as well as the nature and extent of any activities that may be in place to deal with the problem. It is therefore a critical component of the development of any policy, plans and programmes designed to address NCD prevention and control.

A situation analysis guides the identification of priorities for an action plan and informs the subsequent steps in the planning process. It should therefore be conducted before developing an NCD strategy or plan. It seeks to establish a clear, detailed and realistic picture of the opportunities, resources, challenges and barriers regarding NCDs and their determinants.

A systematic situation analysis is an essential component of building the case; it is only through such an analysis that the needs, gaps and country capacity for, and response to, NCD prevention and control can be documented and understood. In addition, the results of the analysis provide the essential baseline data necessary for planning, monitoring and evaluating any policy or programme interventions.

The quality of the situation analysis will affect the success of the entire national effort for NCD prevention and control.

### 2.1 Sociodemographic and economic information

The epidemic of NCDs is being driven by powerful forces, including demographic ageing, rapid unplanned urbanization, and the globalization of unhealthy lifestyles. NCDs and their risk factors are unevenly distributed within populations, and these inequalities need to be considered to ensure an effective mix of policy solutions is selected.

#### *Population and health indicators*

Health indicators are quantifiable characteristics of a population. These include, but are not limited to, population growth, crude birth rates, age-adjusted death rates, maternal mortality ratios, female/male populations and infant mortality rates. Such basic information should be included when assessing the health status of a population.

## *Economic and health indicators*

Economic and health expenditure indicators include, but are not limited to, gross national income (GNI), inflation rate and health expenditure.

## *Social determinants of health*

The social determinants of health are the circumstances in which people are born, grow, live, work and age, and the systems put in place to deal with illness. These circumstances are, in turn, shaped by a wide set of forces that includes economics, social policies and politics. Better health contributes to increased well-being, education, social cohesion, environmental protection, increased productivity and economic development. A “virtuous circle” is thus possible whereby improvements in health and its determinants feed back into each other, providing mutual benefits.

NCDs cannot be addressed effectively without action on social determinants of health. For example, local transport and housing policies are needed, as are national fiscal, environmental, education and social policies, along with global financial, trade and agriculture policies. Understanding and modifying the social determinants of NCDs is crucial to addressing inequalities in NCDs and in health outcomes between different social groups.

Social determinants need to be routinely monitored and factored into policy-making in order to evaluate the impact of policies and change course when necessary.

## 2.2 Magnitude and trends of NCDs and risk factors

NCDs have been established as a clear threat, not only to human health, but also to development and economic growth. NCDs are the leading cause of death globally, responsible for more than 70% of all deaths. Almost three quarters of NCD deaths occur in low- and middle-income countries and, of these deaths, 85% are “premature”: of people aged between 30 and 69 years (4). The disability caused by chronic illness, and the lives lost, are endangering industrial competitiveness across borders.

The global response to NCDs has included the UN High-level meetings of 2011 and 2018 and the declarations resulting from them (1, 5). In addition, Sustainable Development Goal target 3.4 commits to reducing, by one third, premature deaths from NCDs by 2030.

To determine the magnitude of the NCD problem in each country, region, province or city, the following information is required:

- mortality rates attributable to each of the four leading NCDs: cardiovascular disease, diabetes, cancer, and chronic respiratory diseases;
- age-standardized rates and gender-specific data concerning mortality and morbidity;
- overall premature NCD mortality rates;

- prevalence of multiple risk factors in the population, such as unhealthy diets, harmful use of tobacco and lack of physical activity;
- further breakdown by ethnicity, income, education, geographical location (regional or local) to identify highly affected and vulnerable groups (if available);
- trends (if available); and
- overall impact of NCDs on development and social burdens.

### *Mortality*

Mortality data indicate the number of deaths by place, time and cause. The methodology used to measure mortality depends on the capacity of the country. Strengthening vital registration is essential to achieving quality mortality data. However, where vital registration is unavailable, or inadequate, from the perspective of coverage and/or quality, it is acceptable to use alternative methods, such as verbal autopsy.

### *Morbidity*

Morbidity data provide important information for the management of health care systems, in particular the planning and evaluation of service delivery. They are useful for the estimation of disease burden, gaps in health system capacity, and the identification of missed opportunities in prevention. They also provide critical information for the evaluation of quality of care, and the production of cost estimates of NCDs to the health system and individuals.

The principal methods for collecting morbidity data include population-based disease registries, hospital-based registries, cross-sectional surveys, cohort studies and technology that links records routinely collected by health and administrative data systems.

Cancer registries are important because cancer type and staging are critical in the planning of health care services, and to the quality of care assessment and prevention programmes. For this reason, cancer registration has been included in the global NCD monitoring framework. The inclusion of indicators of acute myocardial infarction, stroke, chronic obstructive pulmonary disease, asthma, diabetes, and kidney and liver disease will depend on a country's technical and economic capacity, as well as the priority assigned to these conditions. Surveys and/or hospital-based data are recommended for these morbidity indicators.

### *Data sources*

Disease incidence can be assessed through population-based disease registries and/or hospital-based registries, where feasible. Record linkage can be used to calculate incidence from routinely collected health and administrative data systems. Prevalence rates of the main NCD risk factors can be assessed through WHO STEPS surveys, tobacco surveys or similar health surveys representative of the national or sub-national levels. Case fatality and survival rates are derived from statistical analysis of disease registry and hospital-based data. (See Resources section.)

## *Risk and protective factors*

NCDs are complex and multifactorial. The main risk factors linked to the four most prevalent NCDs are:

- tobacco use
- unhealthy diet
- physical inactivity
- the harmful use of alcohol.

These risk factors have their roots in unhealthy patterns of living, and the environments where people live, play and work. It is recommended that the plan takes into account the prevalence of these risk factors.

## 2.3 Existing strategies, policies, plans and programmes

A critical component of a situation analysis is to gather as much relevant information as possible to establish a level of understanding of current activities being undertaken with respect to NCD prevention and control. Assessing the nature and extent of activities (or the lack thereof) across sectors is important for a national or regional situation analysis. The sections below describe the key elements to consider.

### 2.3.1 Interventions, experience and best practices

A desk review could be conducted to examine the best practices and experience in prevention and control of NCDs, consistent with the technical and financial capacity available. This review should seek to:

- assess the existing evidence-based interventions and experience in the prevention and control of NCDs, including community-based programmes;
- identify procedures and practices used to deliver health services;
- review the influence of NCDs on economic and social development;
- identify major issues and key gaps in knowledge, resources and management that need to be addressed to move forward the national NCD prevention and control agenda;
- provide information and guidance on developing, implementing and evaluating sustainable and effective national NCD prevention and control policies and programmes; and
- integrate NCDs and risk factors into master health plans and synchronize them with well-established programmes such as those addressing HIV/AIDS and tuberculosis (TB).

### 2.3.2 National NCD strategies, policies, programmes and plans

An important component of a situation analysis is an examination of the status of existing NCD-relevant policies, strategies, action plans, programmes and guidelines. This could include:

- legislation, regulations and ministerial decrees;
- overarching national health and development strategies;

- use of pre-existing and well-established plans on communicable diseases, such as HIV/AIDS and TB;
- policies, strategies, plans, programmes and guidelines formulated and implemented by the ministry of health in response to NCD prevention and control;
- use of a multisectoral action plan for NCDs in existing master or developmental plans, along with sustained national commitments;
- policies, strategies, plans and programmes originating in other government ministries, such as those involved in transportation, agriculture, education and finance that have significant impact (both negative and positive) on population health and NCDs; and
- technical guidelines.

### 2.3.3 Capacity of the health system for NCD prevention and control

#### *Health service*

An assessment of health sector capacity is key to determining its ability to tackle NCD prevention and control. It is important to consider the capacities of both the public and the private health sector in relation to NCD prevention and management. For both, the following components require assessment:

- physical and organizational infrastructure
- appropriate equipment, medicines and technology
- numbers and extent of training of appropriate personnel
- availability of practice guidelines for specific NCD conditions and risk factor management
- distribution of services and personnel
- access to services with regard to chronic conditions.

Assessment of primary care services is also required, in terms of:

- health promotion and primary prevention
- surveillance
- management of risk factors
- treatment of the main NCDs
- palliative care and home-based care
- patient education, self-care
- counselling.

#### *Health information systems*

A situation analysis is necessary to assess the extent to which health information systems can deliver quality data, applicable to the jurisdiction involved. An assessment of the capacity to use and analyse existing data is also an important element.

National health information comes principally from the following resources: a national health reporting system, a disease registry system,

regular or irregular surveys, and surveillance on mortality or morbidity of specific diseases or prevalence of risk factors.

### *Financial resources*

A situation analysis should consider the potential sources of financial resources to support NCD policies and programmes and the potential for financial and in-kind support from other sectors and stakeholders that have an interest in health, such as:

- government departments and agencies
- international and national NGOs
- national and international philanthropic organizations
- research funding agencies
- health charities
- private sector, e.g. insurance companies.

### *Research capacity*

A national NCD policy and a plan need to be informed by evidence. Addressing gaps in this evidence can be greatly assisted by applied, policy-driven research. A situation analysis should therefore include, as far as possible, an assessment of research capacity that could potentially be harnessed to support NCD prevention and control.

A situation analysis can include an assessment of basic clinical, epidemiological and implementation research, and can target particular population groups and settings. The analysis should also provide information on possible gaps in research training, methodology development and how research results are used and disseminated. In particular, research capacity includes research on methods and theories of implementation that can be applied to identify gaps in implementation of the existing evidence-based interventions, technical guidelines and barriers, and facilitators. Research can also help to develop implementation strategies to address these issues in order to improve the implementation.

### *Community capacity*

Assessment of community capacity includes the following areas:

- public awareness and health literacy with regard to NCD prevention and control;
- the existence of supportive networks, for example patient associations;
- the existence of supportive local environments, for example school programmes and municipal or local initiatives and facilities, including recreational facilities;
- a supply of supportive services, including water supply and sanitation;
- adequate safety measures in the local environment; and
- the existence of community leaders and champions to help motivate behavioural change.



### 2.3.4 Responses of non-health sectors

NCD prevention and control requires a range of actors for an effective response. At the national level, multi-stakeholder collaborations and partnerships are vital because in most national and local budgets resources for the prevention and control of NCDs are limited. An assessment of contributions by non-health sectors to NCD prevention and control include the following areas:

- the existence of partnerships or collaborations for implementing key NCD activities at the national level, such as advocacy and awareness-raising, financing and resource mobilization, capacity-building, and product development and innovation;
- existing mechanisms for cooperation and coordination among relevant sectors;
- descriptions of NGOs, private sectors, charitable organizations, foundations, etc., in terms of their networks, involvement, activities, contributions, interests and impacts.

## 2.4 Compiling a situation analysis

This situation analysis is paramount to the success of developing a plan as it underpins the stakeholders' assessment of the opportunities, resources, challenges and barriers regarding NCDs, and the relevance and importance of the available interventions. Furthermore, the situation analysis serves as a baseline when monitoring and evaluating the interventions implemented as a result of the plan.

Before embarking on the process of developing a multisectoral action plan, the responsible officer therefore needs to gather the necessary information and provide a summary of the situation – including the NCD burden, capacity, major socioeconomic policies and the addressing of health issues in a range of policies. This profile of the country/province/city should also identify weaknesses, strengths and challenges faced when reinforcing NCD prevention and control.

A more detailed analysis may be required for a specific programme, including epidemiological data and national capacity in the area of the specific programme, and social acceptability for the planned intervention. For example, in a national tobacco control programme, it is important to know the prevalence of current smokers in different population groups. This includes types of tobacco used; advertising and promotion restrictions; prices of various types of tobacco; existing legislations to control tobacco, including exposure to second-hand smoke and cessation practices; the burden of diseases related to tobacco; and national progress towards the implementation of the WHO Framework Convention on Tobacco Control (FCTC).



## **MSAP DEVELOPMENT ACTION 1: Prepare a situation analysis and summary**

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## Key messages

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- Teams developing a multisectoral action plan for NCDs should include the four main NCDs in their plan: CVD, diabetes, cancer, and chronic respiratory disease.
  - A situation analysis of the NCD burden and activities that may be in place to deal with the problem is a critical component of developing a country action plan.
  - Age- and sex-specific data concerning mortality and morbidity are the mainstay of information systems to determine the size of the NCD burden. Wherever possible, data should be analysed by socioeconomic status, ethnicity and other relevant variables to assess inequalities in NCDs.
  - The population prevalence of NCD risk factors, including unhealthy diets, use of tobacco, harmful use of alcohol and lack of physical activity, must be considered.
  - A critical component of a situation analysis is to gather information on current activities, master health plans, development plans, and individual health plans being undertaken, and to integrate NCDs and their risk factors into those ongoing responses.
  - In order to harness the collective capacity of all stakeholders who have an influence on a community's determinants of health, it is important to identify them.
  - A situation analysis provides essential baseline data necessary for the planning, monitoring and evaluation of any policy and programme intervention.
  - A situation analysis needs a summary of all information gathered.
-

## References

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1. Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. New York: United Nations; 2011 (A/RES/66/2; <https://digitallibrary.un.org/record/720106>, accessed 1 November 2021).
2. Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/94384>, accessed 1 November 2021).
3. Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014 (<http://apps.who.int/iris/handle/10665/148114/>, accessed 1 November 2021).
4. Noncommunicable diseases: key facts [website]. World Health Organization (<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>, accessed 1 November 2021).
5. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. New York: United Nations; 2018 (A/RES/73/2; <https://digitallibrary.un.org/record/1648984>, accessed 1 November 2021).

## Resources

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Blas E, Sivasankara Kurup A, editors (2010). Equity, social determinants and public health programmes. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/44289>).

Commission on Social Determinants of Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final report: executive summary. Geneva: World Health Organization (WHO/IER/CSDH/08.1; <https://apps.who.int/iris/handle/10665/69832>).

UN (2011). Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. New York: United Nations (A/RES/66/2; <https://digitallibrary.un.org/record/710899?ln=en>).

UN (2018). Political declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. New York: United Nations (A/RES/73/2; <https://digitallibrary.un.org/record/1648984?ln=en>).

WHO. Global Health Observatory (GHO) [online database]. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/noncommunicable-diseases>).

WHO. Health accounts [online resource]. Geneva: World Health Organization ([https://www.who.int/health-topics/health-accounts#tab=tab\\_1](https://www.who.int/health-topics/health-accounts#tab=tab_1)).

WHO. Social determinants of health [website]. Geneva: World Health Organization ([https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1), accessed 1 November 2021).

WHO. STEPwise approach to NCD risk factor surveillance (STEPS) [online tool] (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>).

WHO (2008). 2008–2013 Action plan for the global strategy for the prevention and control of noncommunicable diseases. Geneva: World Health Organization ([https://www.who.int/nmh/publications/ncd\\_action\\_plan\\_en.pdf](https://www.who.int/nmh/publications/ncd_action_plan_en.pdf)).

WHO (2013). Global action plan for the prevention and control of noncommunicable diseases 2013–20. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/94384>).

WHO (2018). Time to deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/272710>).

WHO (2019). Global health estimates [online database]. Geneva: World Health Organization (<https://www.who.int/data/global-health-estimates>).

# Annex. MSAP DEVELOPMENT ACTION

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❖ **Download the MSAP template and forms [here](#).**

## **ACTION 1: Prepare a situation analysis and summary**

❖ **Step 1: Gather the information you need for a situation analysis**

— Form 1.1 provides a structure for recording the information.

❖ **Step 2: Describe the status of NCDs within your remit and outline a suitable response**

— Identify challenges and opportunities to tackle the NCD epidemic.

— Write up your report. A suggested structure is outlined below.

### **Suggested structure for a situation analysis and summary**

#### *Profile of area*

— Describe the status of the population and provide the main health indicators.

— Describe the status of economic and health expenditure.

#### *Status and trends of NCDs and their determinants*

— Provide information on the status and trends of NCDs, including mortality and morbidity, and the prevalence of their risk factors.

— List the main NCDs and common risk factors.

— Provide the premature death rate (30 to 70 years old) from NCDs.

— List the social determinants for NCDs.

#### *Current responses and commitments*

— Put your MSAP in context by including reference to:

- global NCD strategies, targets, action plans, and monitoring frameworks;
- regional NCD action plan/framework;
- national efforts to tackle NCDs including NCD strategies, action plans, and programmes;
- health system readiness: the availability of health infrastructures related to NCDs, including public health institutes, health service delivery for NCDs, health information, financial resources and human health resources; and
- the response of the non-health-sector, private sector and NGOs to the NCD epidemic.

### *Summary of findings and proposals for action*

- Identify the most important risk factors.
- Describe barriers and challenges to tackling NCDs and their determinants.
- Identify key gaps in existing policies, actions and research for NCD prevention and control.
- Propose ways in which the MSAP could reduce premature mortality and result in a healthier population.

### CHECKLIST

❖ **Use the Checklist available [here](#) to make sure you have completed all the necessary steps before moving on to the next module.**

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