

Advancing the
global agenda on
**prevention and control of
noncommunicable
diseases**
2000 to 2020

Looking forwards to 2030



World Health
Organization

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This publication contains the report of the third meeting of the WHO Technical Advisory Group on Diabetes and does not necessarily represent the decisions or policies of WHO.

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Abbreviations

AARR	annual average rate of reduction
COPD	chronic obstructive pulmonary disease
CVD	cardiovascular disease
ECOSOC	United Nations Economic and Social Council
LMIC	low- and middle-income country
NCD	noncommunicable disease
PHC	primary health care
SDG	sustainable development goal
UHC	universal health coverage
UN	United Nations
UNGA	United Nations General Assembly
UNIATF	United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
WHA	World Health Assembly
WHO	World Health Organization

Introduction

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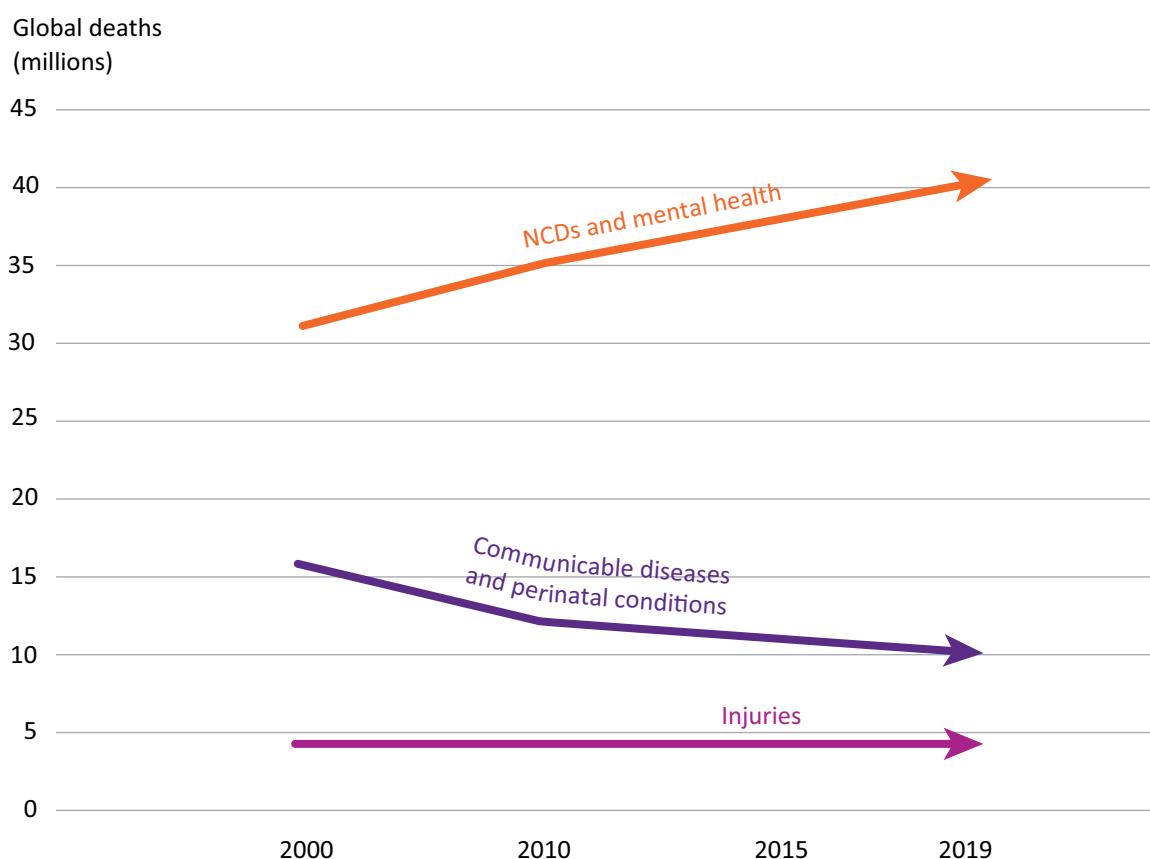
This document highlights landmarks and key milestones in the development and implementation of the global agenda for noncommunicable diseases (NCDs) over the last two decades. It summarizes where the world was in 2000, where it is in 2022, and where the world wants to be in terms of NCD prevention and control by 2030. It recalls the commitments made by heads of state and governments, and outlines the technical guidance provided by the World Health Organization (WHO) in support of national efforts to achieve the internationally agreed NCD targets for 2025 and 2030.

NCDs: where the world stands today

2.1 The growing global burden of NCDs

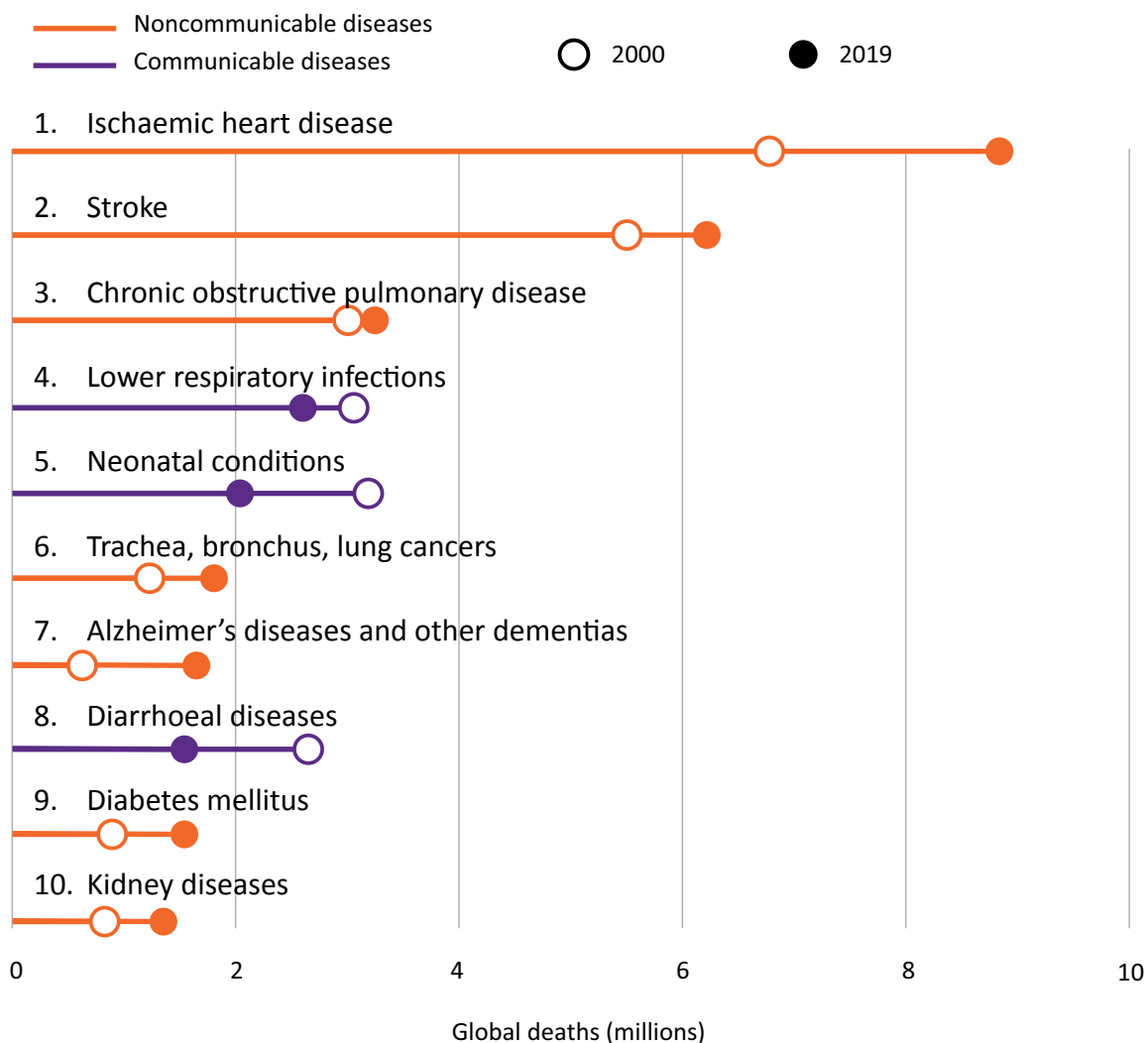
Tackling the rapidly growing global burden of NCDs constitutes one of the major challenges for development in the 21st century. During the first two decades of the century, while global deaths due to communicable diseases declined those due to NCDs and mental health rapidly increased (Fig. 1). The global share of NCD deaths among all deaths increased from 61% in 2000 to 74% in 2019 (6).

Fig. 1. Increase in global deaths due to NCDs and mental health (2000–2019)



Source: Global Health Estimates 2000–2019. Geneva: World Health Organization (<https://www.who.int/data/global-health-estimates>).

Fig. 2. Leading causes of death (2000 and 2019)



Source: The top 10 causes of death. Geneva: World Health Organization; 2020.

At a global level, seven of the 10 leading causes of deaths in 2019 were NCDs (Fig. 2) (2). People are at their most economically productive between the ages of 30 and 70, and the death of people in that age group caused by NCDs (considered “premature deaths”) is rapidly increasing (Table 1, Fig. 3) (3). Cardiovascular diseases continue to be the NCDs that claim the largest number of lives among people in that age group (4). The majority of premature deaths from NCDs (85%) in 2019 occurred in low- and middle-income countries (LMICs) (3).

Table 1. Deaths from NCDs by age group

NCD deaths (age)	2000 (millions)	2010 (millions)	2015 (millions)	2019 (millions)
>70 years	16.8	19.9	21.8	23.8
30–70 years	12.7	13.7	14.7	15.7
<30 years	1.7	1.5	1.4	1.4
Total deaths	31.2	35.1	37.9	40.9

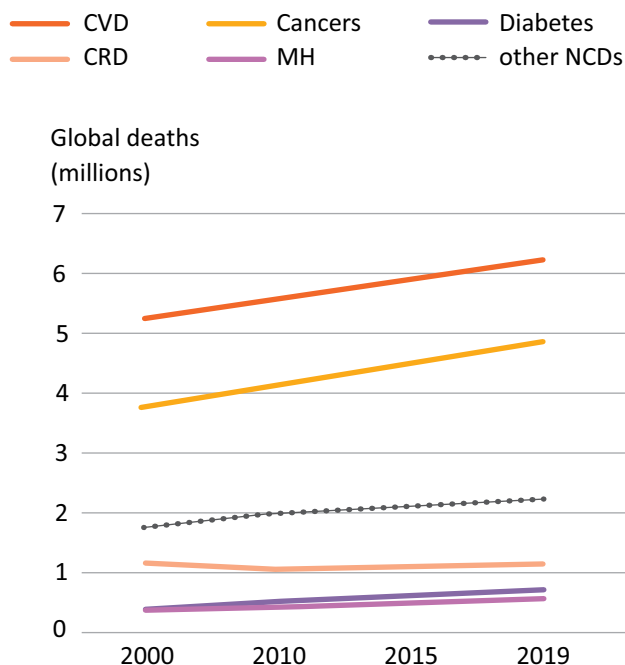
Source: SDG Target 3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being [website]. Geneva: World Health Organization.

Fig. 3. Deaths from NCDs in those aged 30–70 years

Most NCD deaths between the ages of 30 and 70 are caused by:

- **cardiovascular diseases (40%)**
- **cancers (31%)**
- **chronic respiratory diseases (7%)**
- **diabetes (4%)**
- **mental health and neurological conditions (4%)**

Most of these deaths are preventable.

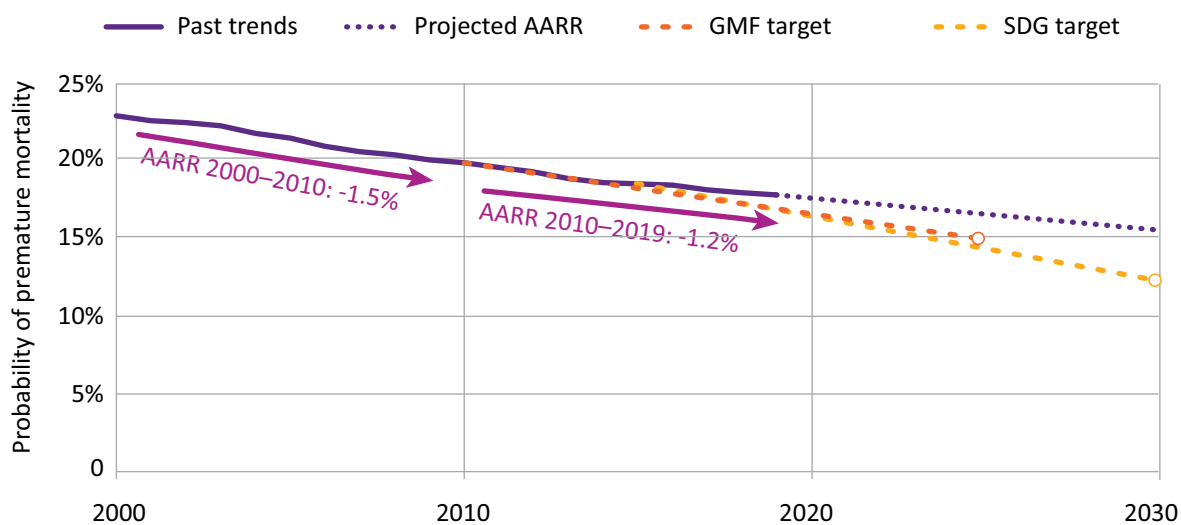


Source: SDG Target 3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being [website]. Geneva: World Health Organization.

2.2 Risk of premature death from NCDs

Although the risk of dying between the ages of 30 and 70 years from NCDs (cardiovascular disease, cancer, diabetes and chronic respiratory disease) diminished at the start of the century (5), this rate of progress has not been sustained (Fig. 4). The global annual average rate of reduction (AARR) in premature NCD mortality has declined by 30% since 2015, to just below 1% (from the 1.4% observed in 2000 to 2015) (6). WHO regions that had already achieved relatively low premature NCD mortality by 2019 show the fastest decline in the annualized rate of reduction since 2015. The decline was up to 40% in the WHO Region of the Americas and the WHO Western Pacific Region, and up to 30% in the WHO European Region.

Fig. 4. The risk of dying from a major NCD aged 30–70 years (2000–2019)



Source: Baselines and projections of GPW13 indicators: technical note. Geneva: World Health Organization; 2021.

Premature mortality from NCDs parallels, and can partly be attributed to, a lack of success in addressing many NCD risk factors. Although tobacco use is steadily declining, the prevalence of obesity is on the rise. Reduction in harmful alcohol consumption has stagnated globally (4) and is increasing in the Region of the Americas, the South-East Asia Region and the Western Pacific Region (4).

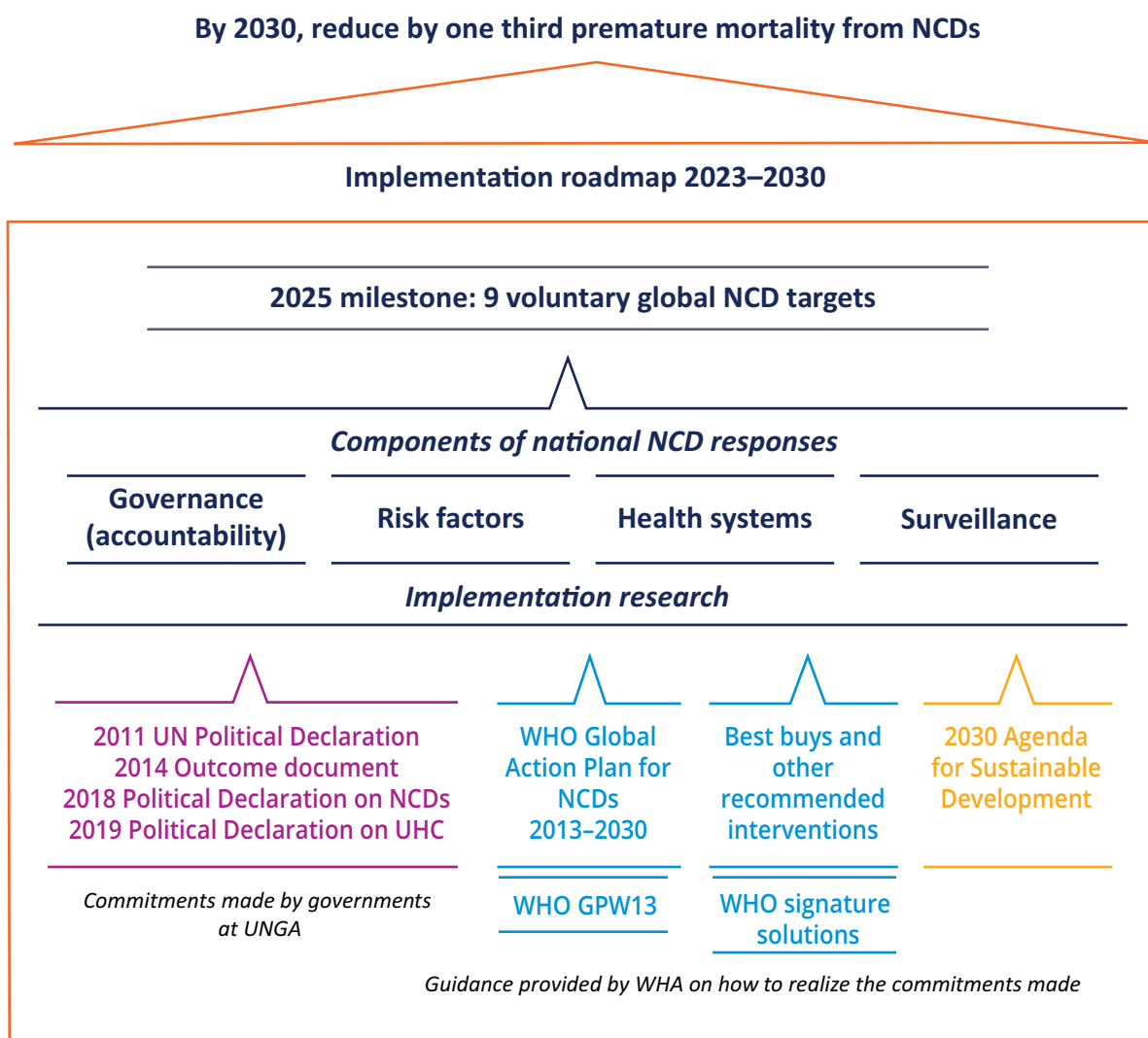
Where does the world want to be by 2030?

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Currently, the world is striving to reduce premature mortality due to NCDs by one third by 2030 (Sustainable Development Goal (SDG) target 3.4.1) (7). Global voluntary NCD targets have also been set to reduce tobacco use, harmful use of alcohol, and physical inactivity, halt the rise of obesity and diabetes, reduce the prevalence of hypertension (including through reduction of population salt intake), prevent heart attacks and strokes using a total risk approach to control hypertension and diabetes, and improve access to basic technologies and essential medicines. Despite scores of commitments made by heads of state and governments, the progress in attaining these targets during the last two decades has been insufficient and uneven. Since 2020, the complexities of addressing the COVID-19 pandemic and disruptions in NCD services related to screening, prevention, treatment and rehabilitation (8) have further undermined the advancement of the NCD action agenda (Fig. 5) throughout the world. Although 136 countries reported that NCD services have been disrupted during the COVID-19 pandemic, only 107 have included NCDs in national COVID-19 recovery plans.

The challenge of reaching SDG target 3.4.1 on NCDs was already significant even before the COVID-19 pandemic emerged, due to multiple obstacles outlined in many reports of the WHO (9) and the UN General Assembly (10). Key obstacles include weak policy support, inadequate capacity of ministries of health to address commercial determinants of health and implement tax-related measures, industry interference in attempts to reduce risk factors, the difficulties of scaling up NCD care due to weak capacity of health systems, and lack of interest in increasing international finance and domestic resources.

Fig. 5. The NCD framework



Source: Department of Noncommunicable Diseases, WHO.

Steps taken to date

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4.1 2000: the global strategy for prevention and control of NCDs

In May 2000, the World Health Assembly (WHA) endorsed a global strategy for the prevention and control of NCDs (resolution WHA53.17) (11) in order to provide guidance to Member States, international partners and WHO on how to tackle NCDs in a sustainable manner. The strategy presented countries with a pragmatic public health approach for addressing NCDs by focusing on four major NCDs (cancer, cardiovascular disease, chronic respiratory disease and diabetes) that can be prevented by mitigating four modifiable risk behaviours (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet), which they share: the 4 x 4 NCD framework. The global NCD strategy recognizes that the NCD burden cannot be addressed in a sustainable manner by focusing on a single disease or a single risk factor. It also reiterates the critical need for a synergistic combination of population-level policy approaches and interventions at the level of the health system to prevent and control NCDs. Further, the strategy emphasizes the importance of social determinants of health and the potential for preventing NCDs by reducing the exposure of populations to lifestyle and environmental risk factors throughout the life-course.

4.2 2001–2010: the first 10 years of the strategy

The 10 years that followed the endorsement of the global NCD strategy witnessed major policy developments and strategic initiatives that further supported Member States in tackling the NCD epidemic. They include:

- the WHO framework convention on tobacco control (WHO FCTC), adopted by the World Health Assembly (WHA) in 2003 (12);
- the global strategy on diet, physical activity and health, endorsed by the WHA in 2004 (13);
- the global strategy for the prevention and control of NCDs, endorsed by the WHA in 2008 (14) and published as the *2008–2013 action plan for the global strategy for the prevention and control of NCDs* (15);
- the global strategy to reduce the harmful use of alcohol, adopted by the WHA in 2010 (16); and
- the UN General Assembly resolution on the prevention and control of NCDs, adopted in 2010 (17), calling for a high-level meeting of the General Assembly in September 2011, with the participation of heads of state and government (18).

In addition, in *The world health report 2002*, WHO drew the attention of the world to the results of one of the largest research projects ever undertaken by WHO on risks to health (19). The report quantifies the disease, disability and death that can be attributed to selected risk factors: tobacco, high blood pressure, high blood cholesterol, excessive alcohol consumption, obesity,

physical inactivity, underweight, unsafe water, poor sanitation and hygiene, unsafe sex, iron deficiency and indoor smoke from solid fuels. Results showed how disease prevention, including NCD prevention, can best be achieved through concerted efforts to identify and reduce common major risks in an integrated fashion and by taking advantage of the prevention opportunities they present. The report put forward the best available evidence on costs and effectiveness of interventions to reduce these risks, and demonstrated how tackling major risks could improve global health much more than is generally realized.

The report showed that, at the individual level, targeting interventions for people with a combination of risk factors – such as smoking, overweight, hypertension and diabetes, which often occur as comorbidities – is more cost effective than treating risk factors such as hypertension and high cholesterol one by one. In order to enable all countries to apply the absolute risk approach to reduce the incidence of heart attacks and strokes, using hypertension and diabetes as entry points, WHO developed cardiovascular risk prediction charts (20). These risk charts have been recently updated to improve accuracy of risk assessment (21), and are used in the WHO package of essential noncommunicable (PEN) disease interventions (22) and HEARTs primary health care technical packages (23) (see section 9.1) in order to operationalize the health system best buy intervention (see Table 12).

As summarized in WHO global reports on NCDs published in 2005 (24), 2010 (25) and 2014 (26), a growing body of evidence demonstrates that specific intervention strategies can effectively address NCDs and their underlying risk factors. Population-level interventions include measures to encourage reduced consumption of tobacco, alcohol, salt, fat and sugar and increased physical activity. Interventions aimed at individuals include the prevention and management of heart disease, strokes, diabetes and chronic obstructive lung disease, and the early detection and treatment of cancer. The combined cost of implementing these population- and individual-based measures, however, was not well established by 2010. This information gap impeded the mobilization of necessary resources and planning at global and national levels.

To inform international policy dialogue and the UN high-level meeting on NCDs in 2011, analyses were conducted for the first time to fill information gaps on what specific impact NCDs might have on economic growth and the global price tag for mitigating this impact. Two studies were done. They shed light on:

- the size of the problem – economic analysis by the World Economic Forum and the Harvard School of Public Health identified the sizeable economic burden of NCDs on societies (27); and
- possible solutions and their cost – analysis by WHO identified a set of affordable, feasible and cost-effective intervention strategies (NCD “best buys”) and estimated a global price tag for implementing them (28).

The findings were brought together in a report to equip decision-makers in government, civil society and the private sector at the time of the first UN high-level meeting with key economic insights needed to help reduce the growing burden of NCDs (29).

Based on these studies, under a “business as usual” scenario in which intervention efforts remain static and rates of NCDs continue to increase as populations grow and age, cumulative economic

losses to low- and middle-income countries from the four major NCDs are estimated to surpass US\$7 trillion over the period 2011 to 2025 (an average of nearly US\$500 billion per year). On a per-person basis, the annual losses amount to an average of US\$25 in low-income countries, US\$50 in lower middle-income countries and US\$139 in upper middle-income countries.

By contrast, findings from the WHO study indicate that the price tag for scaled-up implementation of a core set of NCD “best buy” intervention strategies is comparatively low. Population-based measures for reducing tobacco and harmful alcohol use, unhealthy diet and physical inactivity, are estimated to cost US\$2 billion per year for all low- and middle-income countries (LMICs) – less than US\$0.40 per person. Individual-based NCD “best buy” interventions – which range from counselling and drug therapy for cardiovascular disease to measures to prevent cervical cancer – bring the total annual cost to US\$11.4 billion. On a per-person basis, the annual investment ranges from under US\$1 in low-income countries to US\$3 in upper-middle-income countries. In health terms, the return on this investment will be many millions of avoided premature deaths. In economic terms, the return will be many billions of dollars of additional output. This work has subsequently been expanded in more recent analyses (30), (31).

4.3 2011: a significant start in the fight against NCDs

In September 2011, at the UN high-level meeting of the General Assembly on the prevention and control of NCDs, heads of state and governments acknowledged that NCDs undermine social and economic development throughout the world and recognized the primary role and responsibility of governments in responding to the challenge by engaging all sectors of society (32). It was a significant beginning in the fight against NCDs and provided the impetus for placing NCDs high on the global political, health and development agendas.

The political declaration of the high-level meeting called upon WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts.

4.4 2011–2021: a decade of action

After the political declaration was endorsed in 2011, governments, ministries of health, international agencies and civil society organizations rallied behind the commitments made by the heads of state and governments. In the outcome document of the UN Conference on Sustainable Development, *The future we want*, the UN General Assembly also acknowledged that the global burden of NCDs constitutes one of the major challenges for development in the 21st century (33). In July 2012, the first report of the UN System Task Team on the Post-2015 Development Agenda identified addressing NCDs as a priority for social development and investments in people in the post-2015 development agenda (34). In May 2013, *A new global partnership*, the report of the high-level panel of eminent persons on the post-2015 development agenda, included an illustrative target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority NCDs (35). The panel chose

to focus on health outcomes in this goal, recognizing that the achievement of the outcomes requires universal access to basic health care. In July 2013, *A life of dignity for all*, a report of the Secretary-General on advancing the UN development agenda beyond 2015, noted that bringing this vision to life in the post-2015 era will require a number of bold and transformative actions in all countries to reduce the burden of NCDs (36).

In January 2012, the WHO Executive Board adopted resolution EB130.R7 on prevention and control of NCDs (37). It requested that the Director-General develop a WHO action plan for the prevention and control of NCDs for 2013–2020, building on lessons learnt from the 2008–2013 action plan and taking into account the outcomes of the 2011 UN high-level meeting (32), the Moscow Declaration on Healthy Lifestyles and NCD Control (38), the Rio Declaration on Social Determinants of Health (39), and WHO’s existing strategies and tools on tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

4.4.1 Global action plan for the prevention and control of NCDs 2013–2020

In 2013, the Sixty-sixth World Health Assembly, in resolution WHA66.10 (40), endorsed the Global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Executive Board adopted decision EB132(1) (41), in which it decided to endorse the comprehensive global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of NCDs (42). The global target on reducing premature mortality had been adopted by the WHA a year earlier. The global monitoring framework was endorsed by the Sixty-sixth World Health Assembly (A66/8), together with the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (43). The *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* (44) has six objectives (Table 2). It provides Member States, international partners and WHO with a roadmap and menu of policy options to be implemented collectively between 2013 and 2020, to contribute to progress on nine voluntary global NCD targets to be attained in 2025, including a 25% relative reduction in premature mortality from NCDs by 2025 (Table 3).










Table 2. Global action plan 2013–2020: six objectives

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
Objective 2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases
Objective 3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments
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
Objective 5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases
Objective 6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

WHO's regional committees for Africa, the Americas, Europe, Eastern Mediterranean, South-East Asia, and Western Pacific have adopted regional policy frameworks consistent with the NCD global action plan to further advance ongoing NCD work (45), (46), (47), (48), (49), (50).

The global monitoring framework for the prevention and control of NCDs adopted by the WHA in 2013 outlined a set of targets and indicators to be used in the monitoring of trends and assessment of progress made in the implementation of national strategies and plans on NCDs. The monitoring framework has 25 indicators which focus on the key NCD outcomes, risk factor exposures and national health systems response needed to prevent and control NCDs. Nine areas were selected from the 25 indicators in the global monitoring framework to be the nine NCD voluntary targets (Table 3). In calculating these targets, the historical performance of the top-ranked 10th percentile of countries was assessed to help set the level of achievement considered possible. Targets were set for 2025, with a baseline of 2010.

Table 3. Nine voluntary global NCD targets

1.		A 25% relative reduction in the overall mortality from cardiovascular disease (CVD), cancer, diabetes or chronic respiratory disease ^a
2.		At least 10% relative reduction in the harmful use of alcohol ^a
3.		A 10% relative reduction in prevalence of insufficient physical activity ^a
4.		A 30% relative reduction in mean population intake of salt/sodium
5.		A 30% relative reduction in prevalence of current tobacco use
6.		A 25% relative reduction in the prevalence of raised blood pressure or to contain the prevalence of raised blood pressure
7.		Halt the rise in diabetes and obesity
8.		At least 50% of eligible people (aged 40 years and older with a 10-year cardiovascular risk $\geq 20\%$) including those with CVD to receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
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

^a Global targets 1, 2 and 3 have been recently updated, see Table 6.

The global status report on prevention and control of NCDs (2014) (26), is framed around the nine voluntary global targets. The report provides data on the 2014 situation, identifying bottlenecks as well as opportunities and priority actions for attaining the targets. The report also provided the 2010 baseline estimates on NCD mortality and risk factors so that countries can report on progress, starting in 2015.

4.4.2 UN high-level meetings on NCDs

In July 2014, a second UN high-level meeting of the General Assembly on NCDs took stock of the progress made in implementing the commitments set out in the political declaration of the first UN high-level meeting on NCDs in 2011. The outcome document noted the progress achieved at the national level since September 2011, including an increase in the number of countries that had an operational national NCD policy with a budget for implementation, from 32% of countries in 2010 to 50% of countries in 2013 (51).

Recognizing the need to accelerate progress in implementing the commitments of the UN political declaration, heads of state collectively committed to prioritizing four time-bound national actions:

- by 2015, to consider setting national NCD targets for 2025;
- by 2015, to consider developing national multisectoral policies and plans to achieve the national targets by 2025;
- by 2016, to reduce risk factors for NCDs, building on guidance set out in the WHO Global action plan for the prevention and control of NCDs 2013–2020; and
- by 2016, to strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in the global action plan.

The third UN high-level meeting of the General Assembly on NCDs was held in October 2018 (52). It welcomed the report of the WHO Independent High-level Commission on NCDs, and took note of its recommendations (53). Heads of state and government reaffirmed the primary role and responsibility of governments at all levels in responding to the challenge of NCDs by developing adequate national multisectoral responses for their prevention and control, and underscored the importance of pursuing whole-of-government and whole-of-society approaches, as well as health-in-all-policies, equity-based and life-course approaches.

It was recognized that action to realize the commitments made to the prevention and control of NCDs was inadequate, that the level of progress and investment to date was insufficient to meet target 3.4 of the Sustainable Development Goals (SDGs), and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from NCDs. Further commitments were made to scale up national NCD action. It is significant that during the three UN high-level meetings, in 2011, 2014 and 2018, heads of state and government made 63 commitments to accelerate national action for prevention and control of NCDs. However, these have not been operationalized in a timely manner to meet time-bound SDG and NCD targets.

4.4.3 The SDGs and NCDs: where do we stand?

In 2015, the UN General Assembly adopted the Agenda 2030 for Sustainable Development to present an integrated and coordinated approach that balanced the economic, social and environmental dimensions of sustainable development. It includes 17 SDGs and, related to them, 169 individual targets (54).

SDG 3.4.1 is defined as:

By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being. This target of a 33.3% relative reduction in the probability of dying from the four main NCDs was aligned to the NCD mortality target within the GMF and is measured against 2015 as the common baseline set for all SDGs (55).

In 2020, only 17 countries were on track to meet SDG target 3.4 for their women and 15 for men.

SDG target 3.5 is to strengthen the prevention and treatment of substance abuse, including the harmful use of alcohol. Over the last decade little progress has been made in reducing the harmful use of alcohol and the implementation of effective alcohol control measures has been uneven between countries (56).

SDG target 3.8 is to achieve universal health coverage (UHC). High-, middle- and low-income country groups have demonstrated almost no progress since 2000 in expanding UHC service capacity and access to the prevention, screening, early diagnosis and appropriate treatment of NCDs (57).

SDG target 3.a is on strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). The age-standardized tobacco use prevalence rates are declining in all WHO regions. In 2000, the South-East Asian Region had the highest total tobacco use rates at around 47% and the African Region had the lowest average rate, estimated to be 18.5%. The South-East Asian Region is tracking towards an average prevalence rate of 25.1% and the African Region is tracking towards 11.2% by 2025. The only WHO region expected to achieve a 30% relative reduction in prevalence of current tobacco use by 2025 is the WHO Region of the Americas, assuming tobacco control efforts in the region's countries are maintained at current levels. The Western Pacific and European regions are expected to experience relative reductions of around 12% and 18% respectively between 2010 and 2025 (58).

SDG target 11.6 is on improving air quality. In 2016, nine out of ten people breathed air that did not meet the WHO air-quality guidelines, and more than half of the world's population was exposed to air pollution levels at least 2.5 times above the safety standard set by WHO (59).

Multisectoral action is central to prevention and control of NCDs and the SDG agenda because of the range of determinants impacting people's health, such as social, environmental and commercial determinants. Since most of these determinants lie outside the health sector, to make progress in attaining SDG and NCD targets, countries need to engage the whole of society and sectors beyond health by adopting a "whole-of-government", "whole-of-society" and "health-in-all-policies" approach. This approach takes into account the health implications of public policies in order to avoid harmful health impacts and to improve population health and health equity. It calls upon the health sector to work collaboratively with other sectors to see policy change for better health and development. The related concept of "one-health" aims to transform governance of human health, animal health and environment issues by better aligning policies for all relevant sectors and disciplines, and building the necessary systems, services and workforce capacities (60).

Table 4 provides examples of linkages between SDGs, NCDs and the mutual gain from policies that

align health goals and those of other sectors. A combination of factors is necessary to operationalize health-in-all-policies, including good governance, sound partnerships based on co-design, dedicated capacity and resources and use of evidence and evaluation (61).

Table 4. Examples of opportunities for leveraging intersectoral actions to improve health and achieve other SDG and NCD targets

Exposure	Key health outcomes	Intersectoral action: examples of key sectors beyond the health sector	SDG targets
Poverty and food insecurity	Under-five child deaths, stunting and wasting	Social welfare cash transfer programmes to reduce poverty and improve child nutrition and use of preventive health services	1.1; 1.2; 1.3; 2.1; 2.2; 10.4
Air pollution	Cardiovascular diseases (CVDs), chronic obstructive pulmonary disease (COPD), respiratory infections and lung cancer	City governments, the energy, industry and transport sectors addressing urban design and transport systems result in multiple health and environmental benefits	7.1; 7.2; 9.1; 11.2; 11.6; 13.1
Substandard and unsafe housing and unsafe communities	Asthma, CVDs, injuries and violent deaths	Housing and urban planning sectors ensure housing standards that reduce homelessness, promote health and address sources of air pollution	1.4; 5.2; 7.1; 7.2; 9.1; 11.1; 11.6; 16.1
Hazardous, unsafe and poor work environments	COPD, CVDs, lung cancer, leukaemia, hearing loss, back pain, injuries, depression, among others	The labour sector promotes occupational standards and workers' rights to protect worker health and safety across different industries (including the informal economy)	8.5; 8.8; 12.6; 13.1; 16.10
Exposure to carcinogens through unsafe chemicals and foods	Cancers, neurological disorders	Sound management of chemicals and food across the food industry, agriculture sector and different areas of industrial production	6.3; 12.3; 12.4
Unhealthy food consumption and lack of physical activity	Obesity, CVDs, diabetes, cancers and dental caries	Improving product standards and public spaces, and using information and financial incentives involves the education, agriculture, trade, transport and urban planning sectors with benefits for social inclusion and the environment	2.2; 2.3; 4.1; 9.1; 12.6

Source: World health statistics 2017: monitoring health for the SDGs.

4.4.4 Primary health care, universal health coverage and NCDs

NCD management requires assessment of risk factors, early detection of high-risk status or disease, a combination of behavioural and pharmacological treatment, long-term follow-up with regular monitoring and promotion of adherence to treatment that requires a comprehensive primary health care (PHC) approach.

As highlighted in the Declaration of Astana, PHC is the most effective, efficient and equitable way to improve health (62). It provides the foundation for universal health coverage (UHC). UHC is a priority objective of WHO and is a specific target within SDG 3 (target 3.8). UHC is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (63).

In 2012, the Sixty-seventh session of the UN General Assembly recommended that consideration be given to including UHC in the discussions on the post-2015 development agenda and recognized that the provision of UHC mutually reinforces the implementation of the political declaration on NCDs (64). Governments gathered at the Seventy-second World Health Assembly in 2019 agreed on two resolutions related to UHC, addressing PHC (65) (A72.2) and the role of community health workers in delivering PHC and achieving UHC (66) (A72.3). They urged countries to implement the Declaration of Astana, adopted at the 2018 Global Conference on Primary Health Care, and recognize the key role that PHC plays in ensuring the full range of health services a person needs throughout their life.

In October 2019, the UN General Assembly adopted the political declaration of the high-level meeting on universal health coverage (67). Commitments were made to further strengthen efforts to address NCDs as part of UHC by implementing the most cost-effective, high-impact and evidence-based interventions to meet the health needs of all throughout the life course, ensuring universal access to nationally determined sets of integrated, quality health services at all levels of care for prevention, diagnosis, treatment and care in a timely manner.

Multiple approaches are required for achieving UHC, including a PHC approach and life course approach. A PHC approach focuses on organizing and strengthening health systems so that people can access health services based on their needs and in their everyday environments in a timely fashion. PHC requires three synergistic components: comprehensive integrated health services that embrace primary care as well as public health goods and functions; multi-sectoral policies to address the upstream determinants of health; and engaged and empowered individuals, families and communities demonstrating increased social participation and enhanced self-care and self-reliance in health.

- The *Operational framework for primary health care* (68) provides detailed guidance for countries on strengthening PHC systems through intersectoral actions, empowered people and communities. The WHO package of essential noncommunicable (PEN) disease interventions (69) is available as the Pen App, providing a package for primary care as an easy-access digital solution (70). Countries can accelerate NCD control by making it an integral component of PHC.

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- The WHO UHC compendium provides a set of interventions, including those for NCDs, which can be used to develop national UHC benefit packages (71). UHC is not comprehensive and universal until essential NCD packages that embrace very cost-effective high-impact NCD interventions are included and scaled up.

4.4.5 Contribution of non-State actors and the private sector

At the third UN high-level meeting on NCDs in 2018, it was acknowledged that, in addition to governments, other stakeholders also share responsibility and can contribute to creating an environment conducive to preventing and controlling NCDs (51). The need to bring together civil society and the private sector to mobilize all their available resources, as appropriate, for the implementation of national responses for the prevention and control of NCDs was highlighted.

UN agencies and other multilateral organizations globally, regionally and nationally can contribute to the NCD agenda by engaging with aspects of the global action plan that require multisectoral engagement and may be beyond the mandate and reach of WHO (72).

Civil society organizations such as the NCD Alliance, philanthropic foundations such as the Bill and Melinda Gates Foundation and Bloomberg Philanthropies, academia and the NCD Countdown 2030 collaboration between WHO, NCD Alliance, Imperial College London and *The Lancet* have been engaged in holding governments to account and monitoring the implementation of commitments and policies at the national level through shadow reporting, benchmarking and producing NCD scorecards (73). The need for meaningful civil society engagement, and for the voices of those living with and affected by NCDs to be amplified, was recognized in the 2018 UN political declaration on NCDs (51). There is scope for greater engagement of civil society to ensure that the global action plan is implemented in ways that promote its key principles relating to human rights, equity and empowerment of people and communities. The lack of independent funding hampers stronger civil society action. Some funding sources, such as pharmaceutical companies and foundations, may present risks of conflicts of interest.

The contribution of the private sector to the global action plan has been mixed. There are some examples of effective collaboration, for example over reformulation of some food products. There are also many examples of industry interference, particularly relating to tobacco, alcohol, highly processed food and breast-milk substitutes. There is potential for greater and more effective collaboration with the private sector in many areas, including improving governance and support to Member States to ensure that commercial factors do not undermine public health policies.

Mid-point evaluation of the global action plan 2013–2020

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In accordance with paragraph 60 of the *Global action plan for the prevention and control of NCDs 2013–2020*, a mid-point evaluation of progress on the implementation of the action plan was conducted (74). The purpose of the mid-point evaluation was to assess the accomplishments of the six objectives of the action plan (Table 2), as well as the lessons learned through its implementation in Member States, by international partners and non-State actors, and at the three levels of WHO (country offices, regional offices and headquarters). The evaluation has drawn a number of conclusions and identified many lessons learned. These are summarized in the evaluation report and are the basis for a set of recommendations (Table 5).

Table 5. Recommendations of the mid-term evaluation of the *Global action plan for the prevention and control of NCDs 2013–2020*

R1. WHO Secretariat and Member States to find sustainable funding mechanisms to allow for a dramatic acceleration of NCD implementation.

WHO Secretariat to:

- develop proposals as to how NCD funding can be incorporated into plans to build back better;
- continue to work with the OECD to introduce a purpose code to track spending on NCDs within overseas development assistance (ODA); and
- introduce, with UN Interagency Task Force on NCDs (UNIATF) and international partners, a catalytic/multi-partner trust fund for NCDs.

R2. WHO Secretariat and Member States to consider how best to use limited financial resources available for NCDs by focusing on the most cost-effective options based on available evidence.

WHO Secretariat to:

- provide technical support to Member States to help focus domestic financial resources on those actions which will be most cost-effective;
 - update the best buys from a diverse range of regional and national settings and provide further guidance on total funding needed to implement them; and
 - work with Member States to collect and report in-country expenditure on NCDs.
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R3. WHO Secretariat and Member States to explore why progress seen in relation to addressing tobacco use has not yet been seen in relation to other risk factors.

WHO Secretariat to:

- explore why the progress seen in tobacco control is not being seen for other risk factors;
- explore why policies on harmful use of alcohol are not associated with implementation of identified cost-effective actions on harmful use of alcohol;
- explore what the barriers are to implementation of actions that are not showing a positive association with income group in high-income country; and
- review whether the range of cost-effective interventions for physical activity can be expanded.

R4. WHO Secretariat and Member States to do more to ensure those affected by NCDs are diagnosed, receiving treatment and having their condition controlled.

WHO Secretariat:

- together with Member States, to identify practical ways in which responses to NCDs can be better integrated into PHC and UHC;
- together with Member States, to improve monitoring of the number and proportion of people receiving essential medicines in PHC, particularly to reduce cardiovascular risk;
- together with Member States, international partners and non-State actors to recognize and emphasize that it is important not to focus solely on a single NCD; and
- to develop more concrete guidance on integrated NCD management in primary care.

R5. WHO Secretariat and Member States to determine how the priority of NCD research can best be raised.

WHO Secretariat:

- and Member States to determine if lack of sufficient funding or an efficient funding mechanism might be an underlying reason why little progress has been made on NCD research and if so how this can be resolved;
 - to develop a clear plan as to how it will support this area of work, including identifying current research priorities and needs and how these will be addressed;
 - to identify respective roles and responsibilities for this objective, particularly given the establishment of a Science Division; and
 - to identify ways in which WHO collaborating centres can contribute to this objective.
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R6. WHO Secretariat and Member States to consider ways in which the monitoring and surveillance of NCD responses can be further strengthened.

WHO Secretariat:

- and Member States to identify how to conduct risk factor surveys in a more cost-effective and sustainable manner that builds local capacity and is coherent with other national data systems;
- to ensure that future reporting to Member States on the action plan (AP) implementation indicator set includes the indicator on research (AP5);
- to revise and update the AP indicator definitions and to clarify the baseline year for progress reporting to the World Health Assembly, and then report on these to Member States;
- to make data more readily available publicly and to use the available data more, for example through in-house analysis in collaboration with partners;
- to brief Member States on what monitoring and reporting implications there are of extending the global action plan to 2030;
- Member States, international partners and non-State actors to develop metrics for actors other than Member States, that is WHO, international partners and non-State actors.
- and Member States to strengthen mechanisms for validation of country-reported data, for example through civil society and in-county verification.
- and Member States to ensure that the final evaluation of the global action plan is able to assess progress at the outcome level, as specified in the global monitoring framework.

R 7. WHO Secretariat to undertake a functional review to consider the extent to which its structure and capacity are optimal for providing technical support to NCD responses.

R8. WHO Secretariat and Member States to consider how they can more effectively promote and support multisectoral engagement on NCDs.

R9. Member States and WHO Secretariat to increase their focus on how NCDs differentially affect different groups including children, youth, disabled people, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons and migrants, as specified in the 2030 Agenda for Sustainable Development.

R10. There is a need to work out how including mental health and air pollution can be incorporated in practice into the global action plan.

R11. UNIATF and the UN Economic and Social Council (ECOSOC) to consider how they can provide further support to countries, promote joint activities between UN agencies and further build support for NCD responses among the senior leadership of UN agencies.

R12. WHO Secretariat and Member States to consider implementing the recommendations of the final evaluation of the global coordination mechanism on the prevention and control of NCDs (75).

The main focus of the global action plan is on four NCDs and four major behavioural risk factors. The 4 x 4 concept offers a pragmatic approach for operationalizing policy action and public health programming to act on modifiable risk factors and major NCDs amenable to treatment.

There are other NCDs (renal, endocrine, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders) and NCD conditions (mental disorders; disabilities, including those caused by blindness, deafness, violence and injuries). Despite the close links between all of them, one action plan to address all of them in equal detail would be unwieldy. Furthermore, some of these conditions are the subject of other WHO strategies and action plans.

Since 2018, there has been a shift to a “5 x 5 agenda”, broadening commitments to action on environmental risk factors such as air pollution, and on treatment of mental illnesses (51).

Extension of the global action plan to 2030

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The Seventy-second World Health Assembly extended the period of the global action plan to 2030, ensuring alignment with the 2030 Agenda for Sustainable Development and the SDGs (76). The *Global action plan for the prevention and control of noncommunicable diseases 2013–2030* (77), with six specific objectives (Table 2), will remain the principal guidance framework for the development and strengthening of countries' NCD response plans, underpinned by the nine voluntary global targets that were set to be achieved by 2025 against a 2010 baseline (Table 3). Three of them have been updated recently (Table 6).

All targets continue to be measured against the agreed 2010 baseline, except for the mortality target, which will be measured against the 2015 baseline. All indicators remain consistent, with the exception of the indicator for the target on prevention of heart attack and stroke, which is updated to reflect recently developed CVD risk prediction charts (21).

As part of the implementation of the roadmap, and in preparation for the UN high-level meeting in 2025, a review of progress against the targets will be undertaken in 2025 and further modifications will be considered, in consultation with Member States and non-State actors.

The extended global action plan will continue to be monitored against the existing nine voluntary global targets (baseline 2010), adapted to reflect the updated and extended targets for NCD mortality (SDG 3.4.1, baseline 2015) physical activity (baseline 2010) (78) and reducing harmful use of alcohol (79).

One decade after the first UN high-level meeting of the General Assembly on the prevention and control of NCD, in 2011, new data from WHO indicate that more Member States have the ability to report on progress in attaining the nine voluntary global NCD targets, using data from risk factor surveys and cause-specific mortality systems. WHO Progress Monitor, which tracks the performance of countries against an agreed set of markers, shows that 77 countries have fully achieved more indicators in 2022 (80) compared with 2020, when the previous monitoring report was published.

Table 6. Updated voluntary global NCD targets

Domain	Framework element	Original 2025 target	Baseline	Indicator	Updated status
Mortality and morbidity	Premature mortality from non-communicable disease	A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	2015	Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Target extended to a one third relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. This target is adapted as per the Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and with 2015 as the baseline and an extrapolation of the 25% relative reduction to 2030 making it 33.3% (75)
Behavioural risk factors	Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	2010	Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. Age-standardized prevalence of heavy episodic drinking Age-standardized alcohol-attributable deaths Age-standardized alcohol-attributable DALYs	Target extended to a 20% relative reduction in the harmful use of alcohol by 2030 (81)

Domain	Framework element	Original 2025 target	Baseline	Indicator	Updated status
	Physical inactivity	A 10% relative reduction in prevalence of insufficient physical activity	2010	Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)	Target extended to a 15% relative reduction in prevalence of insufficient physical activity by 2030 (82)
National systems response	Drug therapy to prevent heart attacks and strokes	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	2010	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	Target unchanged Indicator is updated to reflect new cardiovascular risk prediction charts: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 20\%$, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes (83)

Source: WHO NCD Accountability Framework (84)

Global accountability framework

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WHO is tracking the implementation of the global action plan across its six objectives.

In May 2014, the World Health Assembly adopted a set of nine action plan indicators to inform reporting on progress made in the implementation of the global action plan (85). These nine process monitoring indicators (Table 7) cover the six objectives of the global action plan and were considered feasible for use in all countries, and complementary to and consistent with the 25 outcome indicators in the global monitoring framework. The data for these indicators are collected through the WHO Country Capacity Survey, undertaken every two years (86). Ten “commitment fulfilment progress indicators” were established by the WHO Secretariat in response to requests from the World Health Assembly (Table 8) (87) and use the 25 indicators within the NCD global monitoring framework (88) as well as the WHO General Programme of Work and UHC frameworks.

WHO will report to the WHO Executive Board, the World Health Assembly and the UN General Assembly on achievement of the targets by 2025 and 2030, as mandated by the Member States. The methodology for monitoring the progress against each target is based on and aligned with the methods used for the projections of the WHO Thirteenth General Programme of Work indicators (89).

In May 2015, WHO published a technical note (90) on how it would report in 2017 to the UN General Assembly on progress achieved in the implementation of national commitments included in the 2011 UN political declaration (32) and the 2014 UN outcome document (50) on NCDs. The technical note was updated in September 2017. Progress monitors have been published in 2015 (91), 2017 (92), 2020 (85) and 2022 (78). The *Noncommunicable disease progress monitor 2022* provides data on the 19 indicators detailed in the technical note for all 194 WHO Member States. The indicators include setting time-bound targets to reduce NCD deaths; developing all-of-government policies to address NCDs; implementing key measures to reduce tobacco demand, measures to reduce harmful use of alcohol and unhealthy diets and to promote physical activity; and the strengthening of health systems through primary health care and universal health coverage.

Table 7. Global action plan indicators

1.	Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors in conformity with the global/regional NCD action plans
2.	Number of countries that have operational NCD unit(s)/branch(es)/department(s) within their ministry of health, or equivalent
3.	Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context
4.	Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity
5.	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
6.	Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets
7.	Number of countries that have evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
8.	Number of countries that have an operational national policy and plan on NCD-related research, including community-based research and evaluation of the impact of interventions and policies
9.	Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets

Table 8. Commitment fulfilment progress indicators

1.	Member State has set time-bound national targets based on WHO guidance
2.	Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
3.	Member State has a STEPS survey or a comprehensive health examination survey every five years
4.	Member State has an operational multisectoral national strategy/action plan that integrates the NCDs and their shared risk factors
5.	Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement:
a.	Reduce affordability by increasing excise taxes and prices on tobacco products
b.	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport
c.	Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
d.	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
e.	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

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- 6.** Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:
 - a.** Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
 - b.** Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
 - c.** Increase excise taxes on alcoholic beverages
 - 7.** Member State has implemented the following four measures to reduce unhealthy diets:
 - a.** Adopt national policies to reduce population salt/sodium consumption
 - b.** Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply
 - c.** WHO set of recommendations on marketing of foods and non-alcoholic beverages to children
 - d.** Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes
 - 8.** Member State has implemented at least one recent national public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change
 - 9.** Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
 - 10.** Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level
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There had been considerable improvement in some action plan (AP) implementation indicators in 2021 compared to 2013, for example in AP2 (NCD unit) and AP3a (NCD risk factor policies), as shown in Table 9. For AP1 (NCD policies, strategies and action plans), AP5 (research policies), AP6 (monitoring and surveillance systems) and APx (national coordination mechanisms), despite some progress, overall performance remained at a low level. There had been little progress in developing guidelines, protocols and standards for NCD management through a primary care approach (AP4).

Table 9. Percentage of countries implementing global action plan, 2013 compared with 2021

Indicator	2013*	2021*
AP1: National action plan	24%	55%
AP2: NCD unit	51%	74%
AP3a: Policy on harmful use of alcohol	48%	69%
AP3b: Policy on physical activity	52%	72%
AP3c: Tobacco policy	63%	80%
AP3d: Policy on healthy diet	55%	84%
AP4: Clinical guidelines	49%	58%
AP5: NCD research policy	n/a	28%
AP6: NCD surveillance system	23%	28%
APx: National coordination mechanism	n/a	46%

*Based on disaggregated data for 194 countries

The progress in achieving commitment fulfilment is shown in Table 10. While 14 indicators show improvement in terms of the percentage of countries fully achieving them between 2015 and 2021, the increases are modest and overall performance levels remain low. Fewer countries have fulfilled the commitments on risk factor surveys, salt policies, breast milk code and physical activity in 2021 compared to 2015.

Table 10. Percentage of countries in which commitment fulfilment progress (COM) indicators are fully achieved, 2015 compared with 2021

Indicator	2015	2021
COM1: National NCD targets	30%	56%
COM2: Mortality data	36%	42%
COM3: Risk factor surveys	28%	19%
COM4: National action plan	33%	55%
COM5a: Tobacco tax	2%	20%
COM5b: Smoke-free places	25%	34%
COM5c: Graphic warnings	22%	53%
COM5d: Tobacco advertising bans	15%	29%
COM5e: Tobacco mass media	n/a	23%
COM6a: Alcohol sales restrictions	15%	16%
COM6b: Alcohol advertising ban	20%	27%
COM6c: Alcohol tax	22%	24%
COM7a: Salt policies	32%	17%
COM7b: Fat policies	21%	28%
COM7c: Child food marketing	22%	38%
COM7d: Breast milk code	37%	13%
COM8: Physical activity mass media	61%	42%
COM9: Clinical guidelines	26%	58%
COM10: Drug therapy and counselling	14%	36%

At the three UN high-level meetings on NCDs, in 2011, 2014 and 2018, WHO released country profiles that highlight the latest data on NCDs in each WHO Member State (93). They present key data on NCD mortality, risk factor prevalence, the capacity of national systems to prevent and control NCDs, and the existence of national targets based on the global monitoring framework. These profiles allow Member States to track their progress towards achieving the nine global targets to be attained by 2025.

Delivering on commitments

Encouraging the inclusion of NCD prevention and control as a priority on domestic, regional and global agendas has been an important component of WHO’s multilateral system, which seeks to contribute to the enjoyment of the highest attainable standard of health. WHO has played a key role in raising the profile of NCDs internationally and with Member States through global health diplomacy and various other mechanisms, including high-level meetings, the WHO Independent High-level Commission on NCDs and UNIATF. However, the raised profile given to NCDs internationally since 2013 has not yet translated into increased international funding. For example, in 2018, NCDs received only 2% of development assistance for health, despite representing almost two thirds (62%) of the global disease burden (94).

The progress made in NCD prevention and control in the last 10 years is captured in progress reports of the UN Secretary-General (four) and the WHO Director-General (eleven) (Table 11). The World Health Assembly, in decision WHA72(11) (2019) (75), requested the WHO Director-General consolidate reporting on the progress achieved in the prevention and control of NCDs and the promotion of mental health with an annual report, to be submitted to the World Health Assembly through the Executive Board from 2021 to 2031.

Table 11. Reports of progress made in prevention and control of NCDs 2010–2021

Reports of the UN Secretary-General on progress on prevention and control of NCDs	
2010	Note transmitting the report by the Director-General of the World Health Organization on the global status of non-communicable diseases, with a particular focus on the development challenges faced by developing countries (95) [https://digitallibrary.un.org/record/691392?ln=en]
2011	Prevention and control of non-communicable diseases (96) [https://digitallibrary.un.org/record/704820?ln=en]
2013	Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases (97) [https://digitallibrary.un.org/record/763111?ln=en]
2017	Progress on the prevention and control of non-communicable diseases (10) [https://digitallibrary.un.org/record/1474584?ln=en]

Reports of the WHO Director-General on the progress on prevention and control of NCDs

- 2011 Prevention and control of noncommunicable diseases. WHO's role in the preparation, implementation and follow-up to the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases (98)
[<https://apps.who.int/iris/handle/10665/3219>]
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- 2012 Prevention and control of noncommunicable diseases. Outcomes of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (99)
[<https://apps.who.int/iris/handle/10665/23733>]
-
- 2013 Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (40)
[<https://apps.who.int/iris/handle/10665/150207>]
-
- 2014 Prevention and control of noncommunicable diseases (83)
[<https://apps.who.int/iris/handle/10665/152571>]
-
- 2014 Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases (100)
[<https://apps.who.int/iris/handle/10665/252839>]
-
- 2016 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases in 2018 (101)
[<https://apps.who.int/iris/handle/10665/250788>]
-
- 2017 Preparation for the third high-level meeting of the general assembly on the prevention and control of non-communicable diseases, to be held in 2018 (102)
[<https://apps.who.int/iris/handle/10665/275670>]
-
- 2018 Preparation for the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, to be held in 2018 (103)
[<https://apps.who.int/iris/handle/10665/279458>]
-
- 2019 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: prevention and control of noncommunicable diseases (104)
[<https://apps.who.int/iris/handle/10665/328648>]
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- 2020 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (105)
[<https://apps.who.int/iris/handle/10665/355903>]
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- 2021 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (74)
[<https://apps.who.int/iris/handle/10665/359404>]
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To attain the overarching target on reducing premature mortality from NCD by one third and eight other targets of the Global action plan for the prevention and control of NCDs 2013–2030 (44), Member States need to accelerate delivery on the commitments that have been made on the prevention and control of NCDs and are included in the political declarations of the UN General Assembly on the prevention and control of NCDs in 2011 (32), 2014 (50), 2018 (51), the *Global action plan for the prevention and control of NCDs 2013–2020*, the political declaration on UHC of 2019 (66) and the 2030 Agenda for Sustainable Development (106).

These include:

- exercise strategic leadership of heads of state and government to address NCDs by promoting a whole-of-society response;
- scale up implementation of the commitments to address NCDs as part of the national response to the implementation of the 2030 Agenda for Sustainable Development;
- accelerate efforts towards the achievement of UHC by 2030 to ensure healthy lives and promote wellbeing for all throughout the life course;
- strengthen national multistakeholder dialogue mechanisms with accountability for the implementation of national multisectoral NCD action plans;
- implement policy, legislative, regulatory and fiscal measures to minimize exposure to behavioural risk factors; and
- prioritize and integrate the set of cost-effective, affordable and evidence-based NCD interventions (WHO best buys) to prevent and manage NCDs.

8.1 Challenges

At least half the world's population still does not have full coverage of essential health services for NCDs, and over 800 million people spend at least 10% of their household budget on paying for health (56). Many countries find it challenging to arrive at the right balance between expanding the scope of the nationally determined benefits package and progressively covering additional people with it in order to provide access to a set of integrated health services to all by 2030.

NCDs have a high prevalence, require lifelong treatment, and the NCD burden will continue to rise due to ageing populations and increasing prevalence of behavioural risk factors. Per capita spending on health is US\$40 (38–43) in low-income countries, US\$81 (74–89) in lower middle-income countries, US\$491 (461–524) in upper middle-income countries and US\$5252 (5184–5319) in high-income countries (107). Thus, NCD treatment initiatives, particularly in LMICs, need to be affordable and sustainable in the long-term. They are not viable if they depend on time-limited funding from external donors. Population-wide prevention programmes and initiatives to strengthen health systems in LMICs could be usefully supported through development assistance. Due to the devastating impact of the pandemic on economies, it is unrealistic to expect governments in LMICs to be able to increase spending on health, including that on NCDs, in the near future. A high priority will therefore have to be accorded to the implementation of high-impact NCD interventions with a good return (WHO “best buys”) (108), particularly in LMICs. WHO best buys provide a pragmatic and feasible path for LMICs to attain eight synergistic and complementary targets that together can reduce premature mortality from NCDs by one third by 2030. As there are vast differences in capacity and availability of resources between high-income countries and LMICs, there will be differences in the pathways they need to take to make progress towards NCD/SDG targets and UHC.

8.2 Giving priority to very cost-effective, high-impact NCD interventions

Almost 10 million premature deaths from NCDs can be avoided by 2025 if governments decide, today, to implement the WHO “best buys” for NCDs, endorsed by the World Health Assembly in 2017 (Table 12). Doing so will prevent 17 million strokes and heart attacks by 2030 in the poorest countries and generate US\$350 billion in economic growth. Every US\$1 invested in the proven interventions for NCDs will yield a return of at least US\$7 by 2030.

Table 12. NCD best buys

Risk factor / disease to be addressed	Interventions	Detailed description
Reduce tobacco use	Taxation	Increase excise taxes and prices on tobacco products
	Packaging	Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
	Advertising, promotion and sponsorship	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
	Smoke-free public policies	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport
	Health education	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke
Reduce harmful use of alcohol	Taxation	Increase excise taxes on alcoholic beverages
	Advertising	Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
	Availability	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
Risk factor / disease to be addressed	Interventions	Detailed description
Reduce unhealthy diet	Reformulate food	Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals Reduce salt intake through the implementation of front-of-pack labelling
	Supportive environment	Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
	Health education	Reduce salt intake through a behaviour change communication and mass media campaign
	Packaging	Reduce salt intake through the implementation of front-of-pack labelling

Risk factor / disease to be addressed	Interventions	Detailed description
Reduce physical inactivity	Health education	Implement community-wide public education and awareness campaigns for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels
Manage diabetes and cardiovascular disease including hypertension	Drug therapy and counselling	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 non-fatal cardiovascular event in the next 10 years
Cervical cancer	Vaccination screening	Vaccination against human papillomavirus (two doses) of 9–13 year old girls Prevention of cervical cancer by screening women aged 30–49, either through: <ul style="list-style-type: none"> — Visual inspection with acetic acid, linked with timely treatment of precancerous lesions; — Pap smear (cervical cytology) every 3–5 years, linked with timely treatment of precancerous lesions; or — Human papillomavirus test every 5 years linked with timely treatment of precancerous lesions

Source: Tackling NCDs: “best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017.

Note that, as of 2022, WHO best buys are being updated.

The *Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (40)*, and the actions that flowed from it in the last decade, have helped countries to make progress in addressing NCDs. Some mechanisms and global events that have contributed to this include:

- the adoption of commitments at the UN General Assembly on the prevention and control of NCDs in 2014, 2015, 2018 and 2019;
- the establishment of the UN Interagency Task Force on the Prevention and Control of NCDs (UNIATF) in 2014 for coordination of UN activities to support national NCD responses (109);
- the establishment of a global coordination mechanism on the prevention and control of NCDs by the World Health Assembly in 2014 (83);
- inclusion of NCDs in SDG target 3.4 (3);
- the Addis Ababa Action Agenda on Financing for Development in 2015 (110);
- the appointment of a Global Ambassador for NCDs and Injuries in 2016;

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- the establishment of an independent High-level Commission on NCDs by the WHO Director-General in 2017 (9); and
 - global conferences on NCDs (Montevideo, Uruguay, 2017 and Muscat, Oman, 2019).

The role of the UNIATF is to bring the UN system and other intergovernmental organizations together to support governments in meeting the NCD-related SDG targets, which includes mental health (107), and the high-level commitments made at the UN General Assembly and the World Health Assembly, including those incorporated in the *Global action plan for the prevention and control of noncommunicable diseases 2013–2030* (76). UNIATF was established by the UN Secretary-General in June 2013 and placed under the leadership of WHO. It reports each year to the UN Economic and Social Council (ECOSOC).

The Global Coordination Mechanism on the Prevention and Control of NCDs, established in 2014, is the WHO instrument aimed at facilitating multistakeholder engagement and cross-sectoral collaboration to prevent and control NCDs (111). It convenes and connects diverse stakeholders, comprising all WHO Member States, UN organizations and non-State actors, including relevant private sector entities, to address its five functions:

- advocating and raising awareness
- disseminating knowledge and information
- encouraging innovation and identifying barriers
- advancing multisectoral action
- advocating for the mobilization of resources.

In addition, two global health movements have shaped the pathways to prevention and control of NCDs and steered the associated political agenda. One is the focus on PHC and the other is the pursuit of UHC (61). They have steered countries towards seeking the right balance between progressively covering additional people with nationally determined sets of health services, including those for NCDs, while strengthening PHC as the foundation of a sustainable health system for UHC.

Moving towards 2030

9.1 The role of WHO and its technical assistance to support national efforts

In addition to raising the profile of NCDs, exercising its leadership and coordinating mandates, WHO has also worked successfully to integrate NCDs into the SDGs and other key development agendas, such as that for UHC. WHO provided technical input and guidance to the process of developing the SDGs (112), which recognized the importance of NCDs and UHC and was reflected in the inclusion of NCDs in SDG target 3.4, to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being by 2030.

In September 2019, at the UN high-level meeting on universal health coverage, a commitment was made to cover progressively 1 billion additional people with essential health services and medicines for the early detection, screening and appropriate treatment of NCDs and mental health conditions by 2023 (66).

Although much remains to be done, all six WHO regions have recorded progress in NCD prevention and control. The progress of regional NCD frameworks is summarized in the proceedings of the regional committee meetings in 2021: in Africa (113), the Americas (114), Eastern Mediterranean (115), Europe (116), South-East Asia (117, 118) and Western Pacific (119).

WHO continues to provide technical support tailored to country contexts, including support to develop NCD plans, policies and investment cases, financing mechanisms, regulatory approaches and multisector engagement, to carry out surveys of risk factors and to strengthen national capacity for strategic planning and resource mobilization. This support is provided through engagement of all levels of WHO: country offices, regional offices and headquarters, and through UNIATF. Policy advice is provided across the activities of the global action plan, for example through the identification and prioritization of very cost-effective and high-impact NCD interventions (WHO best buys), and through the development of packages for NCDs as a whole and for particular NCDs and risk factors. These and other WHO technical packages and reports present current best practice, evidence and knowledge in order to inform policy and programme development in population-wide prevention and individual management of NCDs. Key areas covered by some of the technical packages are listed in Table 13.

Table 13. WHO technical packages

NCD area	Resources/tools/technical packages
Integrated approach to detect and manage CVDs, including hypertension, diabetes, chronic obstructive pulmonary disease and cancer in primary care	WHO package for essential noncommunicable (PEN) interventions for primary health care (120)
CVD management in primary care (aligns with WHO package for essential noncommunicable (PEN) interventions for primary health care)	HEARTS technical package (21)
Tobacco control	WHO FCTC (12) MPOWER (121) WHO reports on the global tobacco epidemic (biennial) (122)
Reducing harmful use of alcohol	SAFER package and initiative (123)
Increasing physical activity	ACTIVE technical package (124)
Salt reduction	SHAKE technical package (125)
Replace trans-fat	REPLACE action plan (1266)
Partnership for healthy cities	Collaboration to support cities in NCD prevention (127)

9.2 Signature solutions

WHO is also developing a series of “signature solutions” and specific programmatic activities to support countries to achieve progress across SDG and UHC targets, to be attained by 2030, and WHO’s “Triple Billion” targets, to be reached by 2023 (87), in preparation for the fourth UN high-level meeting of the General Assembly on the prevention and control of NCDs in 2025. These are:

- a global HEARTS initiative to support governments in strengthening the prevention and control of cardiovascular diseases;
- a global initiative to eliminate cervical cancer, which kills more than 300 000 women every year;
- a global initiative on childhood cancer, which aims to improve survival for all children with cancer to at least 60% by 2030;
- a global compact to address diabetes, with a special focus on increasing access to insulin, in the face of predictions that more than half a billion people will be living with the condition by 2030;
- a project to integrate prevention and control of NCDs into the health systems of countries in Africa, the Caribbean and Pacific, supporting all 78 countries to progress towards universal health coverage;

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- a global breast cancer initiative to develop evidence-based, economically feasible and culturally appropriate intervention guidelines;
 - a global initiative to end childhood caries, which currently affects the primary teeth of more than 530 million children;
 - an NCD gateway, providing a one-stop-shop for data and strategic information on SDG 3.4, consistent across global and regional levels;
 - a guide to action on rehabilitation in health systems, of increased importance because approximately two thirds of rehabilitation services globally have been disrupted by the COVID-19 pandemic;
 - an initiative to ensure effective coverage of treatment for conditions affecting the sensory functions of hearing and sight, many of which can be prevented and treated effectively; and
 - a UN disability strategy, to better support the more than 1 billion people globally who live with a disability.

9.3 Implementation road map 2023–2030

In 2021, the Seventy-fourth World Health Assembly requested that WHO develop an implementation roadmap (128) to support the implementation of the *Global action plan for the prevention and control of noncommunicable diseases 2013–2030* in countries, based on the mid-point evaluation of the implementation of the global action plan (75) and the relatively slow progress in achieving the nine voluntary global targets on NCDs within the global monitoring framework.

An implementation roadmap is being developed to ensure the following:

- alignment with the 2030 Agenda for Sustainable Development (104) and other internationally agreed NCD targets;
- that the health care needs of the rapidly growing 30–70 years age group are addressed;
- identification of options for achieving NCD targets in every country;
- resilience of health systems to treat people living with NCDs during complex emergencies;
- that corrective actions are taken, based on the recommendations from the mid-point evaluation;
- use of COVID-19 as a new lens through which to see NCDs when building back better.

The roadmap will focus on three strategic directions: i) to understand the drivers and trajectories of the NCD burden across countries and epidemiological regions; ii) to scale up the implementation of the most impactful and feasible interventions in the national context; and iii) to ensure timely and reliable data on NCD risk factors, diseases and mortality for informed decision-making and accountability. The draft roadmap was submitted through the Executive Board at its 150th session, and through subsequent consultations with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly.

The NCD roadmap 2023–2030 will:

- highlight the barriers in implementing the global action plan 2013–2030 and provide evidence-based and cost-effective options to overcome them;
- promote a national, voluntary, collaborative and multisectoral process, which is supported by partners and relevant stakeholders, to advance NCD prevention and control and contribute to the SDG target on NCDs;
- identify pathways for achieving the targets on control of risk factors, diagnosis and management of disease, surveillance, intersectoral action, financing and other related areas, using the global monitoring framework extended to 2030;
- bring together the various initiatives and WHO technical packages for NCD prevention and control in a one-stop shop for easy access;
- support countries to prioritize interventions based on their NCD epidemiological profile, available resources and other considerations, using a simulation tool; and
- showcase country best practices and successes across NCD prevention and control interventions.

The roadmap will chart the course to reach the SDG target of reducing premature mortality from NCDs by one third by 2030, by identifying ways and means of overcoming barriers and accelerating progress in NCD prevention and control. With a pandemic that has brought devastating economic, social and health impacts looming over the world since 2020, implementing the roadmap remains a major challenge, particularly for LMICs. It will require resilient health systems, strong country capacities, a laser-focus on scaling up very cost-effective high-impact NCD interventions and close multisectoral and international collaboration.

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Department of
Noncommunicable Diseases
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

[https://www.who.int/teams/
noncommunicable-diseases](https://www.who.int/teams/noncommunicable-diseases)

