

GLOBAL ACTION PLAN

FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

2013-2020



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FOREWORD

Noncommunicable diseases (NCDs)—mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes—are the world’s biggest killers. More than 36 million people die annually from NCDs (63% of global deaths), including more than 14 million people who die too young between the ages of 30 and 70. Low- and middle-income countries already bear 86% of the burden of these premature deaths, resulting in cumulative economic losses of US\$7 trillion over the next 15 years and millions of people trapped in poverty.

Most of these premature deaths from NCDs are largely preventable by enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs, and influencing public policies in sectors outside health that tackle shared risk factors—namely tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol.

NCDs are now well-studied and understood, and this gives all Member States an immediate advantage to take action. The Moscow Declaration on NCDs, endorsed by Ministers of Health in May 2011, and the UN Political Declaration on NCDs, endorsed by Heads of State and Government in September 2011, recognized the vast body of knowledge and experience regarding the preventability of NCDs and immense opportunities for global action to control them. Therefore, Heads of State and Government committed themselves in the UN Political Declaration on NCDs to establish and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs, and consider the development of national targets and indicators based on national situations.

To realize these commitments, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. The Global Action Plan provides Member States, international partners and WHO with a road map and menu of policy options which, when implemented collectively between 2013 and 2020, will contribute to progress on 9 global NCD targets to be attained in 2025, including a 25% relative reduction in premature mortality from NCDs by 2025. Appendix 3 of the Global Action Plan is a gold mine of current scientific knowledge and available evidence based on a review of international experience.

WHO’s global monitoring framework on NCDs will start tracking implementation of the Global Action Plan through monitoring and reporting on the attainment of the 9 global targets for NCDs, by 2015, against a baseline in 2010. Accordingly, governments are urged to (i) set national NCD targets for 2025 based on national circumstances; (ii) develop multisectoral national NCD plans to reduce exposure to risk factors and enable health systems to respond in order to reach these national targets in 2025; and (iii) measure results, taking into account the Global Action Plan.

WHO and other UN Organizations will support national efforts with upstream policy advice and sophisticated technical assistance, ranging from helping governments to set national targets to implement even relatively simple steps which can make a huge difference, such as raising tobacco taxes, reducing the amount of salt in foods and improving access to inexpensive drugs to prevent heart attacks and strokes.

As the United Nations gears up to support national efforts to address NCDs, it is also time to spread a broader awareness that NCDs constitute one of the major challenges for development in the 21st century—and of the new opportunities of making global progress in the post-2015 development agenda.

We are looking forward to working with countries to save lives, improve the health and wellbeing of present and future generations and ensure that the human, social and financial burden of NCDs does not undermine the development gains of past years.



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OVERVIEW

VISION:

A world free of the avoidable burden of noncommunicable diseases.

GOAL:

To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

OVERARCHING PRINCIPLES:

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

OBJECTIVES

VOLUNTARY GLOBAL TARGETS

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

-  A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
-  At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.
-  A **10%** relative reduction in prevalence of insufficient physical activity.
-  A **30%** relative reduction in mean population intake of salt/sodium.
-  A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.
-  A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
-  **Halt the rise** in diabetes and obesity.
-  At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
-  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.



ACTION PLAN

BACKGROUND

- ¹ The global burden and threat of noncommunicable diseases constitutes a major public health challenge that undermines social and economic development throughout the world, and inter alia has the effect of increasing inequalities between countries and within populations. Strong leadership and urgent action are required at the global, regional and national levels to mitigate inequality.
- ² An estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to noncommunicable diseases, comprising mainly cardiovascular diseases (48% of noncommunicable diseases), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%).^{1,2} These major noncommunicable diseases share four behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In 2008, 80% of all deaths (29 million) from noncommunicable diseases occurred in low- and middle-income countries, and a higher proportion (48%) of the deaths in the latter countries are premature (under the age of 70) compared to high income countries (26%). Although morbidity and mortality from noncommunicable diseases mainly occur in adulthood, exposure to risk factors begins in early life. Chil-

dren can die from treatable noncommunicable diseases (such as rheumatic heart disease, type 1 diabetes, asthma and leukaemia) if health promotion, disease prevention and comprehensive care are not provided. According to WHO's projections, the total annual number of deaths from noncommunicable diseases will increase to 55 million by 2030 if "business as usual" continues. Scientific knowledge demonstrates that the noncommunicable disease burden can be greatly reduced if cost-effective preventive and curative actions, along with interventions for prevention and control of noncommunicable diseases already available, are implemented in an effective and balanced manner.

AIM

- ³ As requested by the World Health Assembly in resolution WHA64.11, the Secretariat has developed a draft global action plan for the prevention and control of noncommunicable diseases for the period 2013–2020, building on what has already been achieved through the implementation of the 2008–2013 action plan. Its aim is to operationalize the commitments of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases.³

¹ http://www.who.int/healthinfo/global_burden_disease/cod_2008_sources_methods.pdf.

² Global Status Report on noncommunicable diseases 2010, Geneva, World Health Organization, 2010.

³ United Nations General Assembly resolution 66/2 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf).

PROCESS

4. The global and regional consultation process to develop the action plan engaged WHO Member States, relevant United Nations system agencies, funds and programmes, international financial institutions, development banks and other key international organizations, health professionals, academia, civil society and the private sector through regional meetings organized by the six WHO regional offices, four web consultations which received 325 written submissions, three informal consultations with Member States and two informal dialogues with relevant nongovernmental organizations and selected private sector entities.

SCOPE

5. The action plan provides a road map and a menu of policy options for all Member States and other stakeholders, to take coordinated and coherent action, at all levels, local to global, to attain the nine voluntary global targets, including that of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.

6. The main focus of this action plan is on four types of noncommunicable disease—cardiovascular diseases, cancer, chronic respiratory diseases and diabetes—which make the largest contribution to morbidity and mortality due to noncommunicable diseases, and on four shared behavioural risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. It recognizes that the conditions in which people live and work and their lifestyles influence their health and quality of life. There are many other conditions of public health importance that are closely associated with the four major noncommunicable diseases. They include:

- i. other noncommunicable diseases (renal, endocrine, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders);
- ii. mental disorders;
- iii. disabilities, including blindness and deafness; and
- iv. violence and injuries (Appendix 1).

Noncommunicable diseases and their risk factors also have strategic links to health systems and universal health coverage, environmental, occupational and social determinants of health, communicable diseases, maternal, child and adolescent health, reproductive health and ageing. Despite the close links, one action plan to address all of them in equal detail would be unwieldy. Further, some of these conditions are the subject of other WHO strategies and action plans or Health Assembly resolutions. Appendix 1 outlines potential synergies and linkages between major noncommunicable diseases and lists some of the interrelated conditions, to emphasize opportunities for collaboration so as to maximize efficiencies for mutual benefit. Linking the action plan in this manner also reflects WHO's responsiveness to the organization's reform agenda as it relates to working in a more cohesive and integrated manner.

7. Using current scientific knowledge, available evidence and a review of experience on prevention and control of noncommunicable diseases, the action plan proposes a menu of policy options for Member States, international partners and the Secretariat, under six interconnected and mutually reinforcing objectives involving:
- i. international cooperation and advocacy;
 - ii. country-led multisectoral response;
 - iii. risk factors and determinants;

- iv. health systems and universal health coverage;
- v. research, development and innovation; and
- vi. surveillance and monitoring.

MONITORING OF THE ACTION PLAN

8. The global monitoring framework, including 25 indicators and a set of nine voluntary global targets (see Appendix 2), will track the implementation of the action plan through monitoring and reporting on the attainment of the voluntary global targets in 2015 and 2020. The action plan is not limited in scope to the global monitoring framework. The indicators of the global monitoring framework and the voluntary global targets provide overall direction and the action plan provides a road map for reaching the targets.

RELATIONSHIP TO THE CALLS MADE UPON WHO & ITS EXISTING STRATEGIES, REFORM & PLANS

9. Since the adoption of the global strategy for the prevention and control of noncommunicable diseases in 2000, several Health Assembly resolutions have been adopted or endorsed in support of the key components of the global strategy. This action plan builds on the implementation of those resolutions, mutually reinforcing them. They include the WHO Framework Convention on Tobacco Control (WHO FCTC) (resolution WHA56.1), the Global strategy on diet, physical activity and health (resolution WHA57.17), the Global strategy

to reduce the harmful use of alcohol (resolution WHA63.13), Sustainable health financing structures and universal coverage (resolution WHA64.9) and the Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA61.21). Also relevant are the Outcome of the World Conference on Social Determinants of Health (resolution WHA65.8) and the Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (resolution WHA64.11). The action plan also provides a framework to support and strengthen implementation of existing regional resolutions, frameworks, strategies and plans on prevention and control of noncommunicable diseases including AFR/RC62/WP/7, CSP28, R13, EMR/C59/R2, EUR/RC61/R3, SEA/RC65/R5, WPR/RC62.R2. It has close conceptual and strategic links to the comprehensive mental health action plan 2013–2020¹ and the action plan for the prevention of avoidable blindness and visual impairment 2014–2019,² which will be considered by the Sixty-sixth World Health Assembly. The action plan will also be guided by WHO's twelfth general programme of work (2014–2019).³

10. The action plan is consistent with WHO's reform agenda, which requires the Organization to engage an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector, in work related to the prevention and control of noncommunicable diseases. The roles and responsibilities of the three levels of the Secretariat—country offices, regional offices and headquarters—in the implementation of the action plan will be reflected in the organization-wide workplans to be set out in WHO programme budgets.

¹ http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_8-en.pdf.

² http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_9-en.pdf.

³ http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf.

¹¹ Over the 2013–2020 time period other plans with close linkages to noncommunicable diseases (such as the action plan on disability called for in resolution EB132.R5) may be developed and will need to be synchronized with this action plan. Further, flexibility is required for updating Appendix 3 of this action plan periodically in light of new scientific evidence and reorienting parts of the action plan, as appropriate, in response to the post-2015 development agenda.

COST OF ACTION VERSUS INACTION

¹² For all countries, the cost of inaction far outweighs the cost of taking action on noncommunicable diseases as recommended in this action plan. There are interventions for prevention and control of noncommunicable diseases that are affordable for all countries and give a good return on investment, generating one year of healthy life for a cost that falls below the gross domestic product (GDP) per¹ person and are affordable for all countries (see Appendix 3). The total cost of implementing a combination of very cost-effective population-wide and individual interventions, in terms of current health spending, amounts to 4% in low-income countries, 2% in lower middle-income countries and less than 1% in upper middle-income and high-income countries. The cost of implementing the action plan by the Secretar-

is estimated to be US\$ 47 trillion. This loss represents 75% of global GDP in 2010 (US\$ 63 trillion).² This action plan should thus be seen as an investment prospect, because it provides direction and opportunities for all countries to:

- i. safeguard the health and productivity of populations and economies;
- ii. create win-win situations that influence the choice of purchasing decisions related inter alia to food, media, information and communication technology, sports and health insurance; and
- iii. identify the potential for new, replicable and scalable innovations that can be applied globally to reduce burgeoning health care costs in all countries.

ADAPTATION OF FRAMEWORK TO REGIONAL & NATIONAL CONTEXTS

¹³ The framework provided in this action plan needs to be adapted at the regional and national levels, taking into account region-specific situations and in accordance with national legislation and priorities and specific national circumstances. There is no single formulation of an action plan that fits all countries, as they are at different points in their progress in the

would enable all countries to make significant progress in attaining the nine voluntary global targets by 2025 (Appendix 2). The exact manner in which sustainable national scale-up can be undertaken varies by country, being affected by each country's level of socioeconomic development, degree of enabling political and legal climate, characteristics of the noncommunicable disease burden, competing national public health priorities, budgetary allocations for prevention and control of noncommunicable diseases, degree of universality of health coverage and health system strengthening, type of health system (e.g. centralized or decentralized) and national capacity.

GLOBAL COORDINATION MECHANISM

¹⁴ The Political Declaration reaffirms the leadership and coordination role of the World Health Organization in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant United Nations system agencies, development banks and other regional and international organizations. In consultation with Member States, the Secretariat plans to develop a global mechanism to coordinate the activities of the United Nations system and promote engagement, international cooperation, collaboration and accountability among all stakeholders.

¹⁵ The purpose of the proposed global mechanism is to improve coordination of activities which address functional gaps that are barriers to the prevention and control of noncom-

municable diseases. The global coordination mechanism is to be developed based on the following parameters:

- The mechanism shall be convened, hosted and led by WHO and report to the WHO governing bodies.
- The primary role and responsibility for preventing and controlling noncommunicable diseases lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.
- The global mechanism will facilitate engagement among Member States,¹ United Nations funds, programmes and agencies, and other international partners,² and non-State actors,³ while safeguarding WHO and public health from any form of real, perceived or potential conflicts of interest.
- The engagement with non-State Actors³ will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly.

¹ And, where applicable, regional economic integration organizations.

² Without prejudice to ongoing discussions on WHO engagement with non-State actors, international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations including other United Nations organizations and global health initiatives, international financial institutions including the World Bank, foundations, and nongovernmental organizations.

³ Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

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