REPORT OF THE GLOBAL SURVEY ON THE PROGRESS IN NATIONAL CHRONIC DISEASES PREVENTION AND CONTROL

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FOREWORD

The World Health Assembly (WHA) endorsed the Global Strategy for Prevention and Control of Noncommunicable Diseases (NCDs) in May 2000. In 2001 and as a follow-up to the Global Strategy, WHO conducted a survey to assess its Member States' capacity to respond to NCDs, and to learn how best to assist them. Since then, WHO has prompted actions targeted at NCDs, which culminated in a series of vital WHO documents. The World Health Report 2002, *Reducing Risk, Promoting Healthy Life,* raised awareness of risk factors. In 2003 and 2004, the WHA endorsed, respectively, the Framework Convention on Tobacco Control (FCTC) and the WHO Global Strategy on Diet, Physical Activity and Health (DPAS). In October 2005, the WHO Global Report on "Preventing chronic diseases: a vital investment" was launched. This report makes the case for urgent action to halt and turn back the growing threat of chronic diseases. WHO has at all times been actively supporting partnerships and networking among Member States committed to NCD prevention and control.

While the achievements made at country and global levels since 2000-2001 are encouraging, the NCD burden is predicted to grow unless more decisive action is taken. In this context, the Department of Chronic Diseases and Health Promotion at WHO Headquarters initiated a new wave of surveys whose instruments included quantitative and qualitative components. Thanks to the cooperation of the regional offices, all WHO regions were surveyed in 2005-2006 with the exception of the Western Pacific Region (WPR), where the Regional Office had conducted a similar survey in 2004. A quantitative questionnaire was mailed or emailed to Member States and responses were checked by WHO regional offices. Later, in all WHO regions except the European Region (EUR), key informant interviews were carried out aimed at collecting relevant qualitative

information from a total of 26 countries across low income, lower-middle income and upper-middle income classes.

The purpose of this report is to present the findings and conclusions of this survey, with special regard to the progress being made in national chronic diseases prevention and control by comparison with the previous one, and to examine the implications for future action.

I would like to take this opportunity to express my appreciation to the survey respondents from Member States, and to our colleagues at WHO representative offices, regional offices and Headquarters who kindly gave their time and assistance to this survey. The survey also benefited from the valuable contribution of the WHO Collaborating Centre on Chronic Diseases Policy at the Public Health Agency of Canada.

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Drs Robert Beaglehole and Colin Tukuitonga provided extensive comments and inputs to the questionnaires and to subsequent drafts of the report prepared by Drs Ruitai Shao and Bao Liu. Ms Barbara Legowski assisted in the finalization of the report. Dr Juan Zhang provided assistance in interviewing key informants, and Dr Lei Huang contributed to the drafts of the report. The support given by colleagues in the Departments of Chronic Diseases and Health Promotion, Mental Health and Substance Abuse, Nutrition for Health and Development, and Tobacco Free Initiatives is gratefully acknowledged. Invaluable secretarial assistance was provided throughout by Ms Hilda Muriuki. Ms Rebecca Harding was responsible for the cover and lay-out design.

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ABBREVIATIONS

AFR	African Region
AMR	American Region
CHP	Chronic diseases and health promotion
CVDs	Cardiovascular diseases
DPAS	Global strategy on diet, physical activity and health
EMR	Eastern Mediterranean Region
EUR	European Region
FCTC	Framework Convention on Tobacco Control
MOH	Ministry of Health
NCDs	Noncommunicable diseases
NCDPC	Noncommunicable diseases prevention and control
NGO	Non-governmental organization
PHC	Primary health care
SEAR	South-East Asia Region
WHO	World Health Organization
WHR	World Health Report
WPR	Western Pacific Region

EXECUTIVE SUMMARY

While achievements made at country and global levels since 2000-2001 are encouraging, the NCD burden is predicted to grow unless much more decisive action is taken. It is in this context that the Department of Chronic Diseases and Health Promotion at WHO Headquarters has conducted a new survey with the following objectives: to assess the capacity of national chronic disease prevention and control in development, implementation of national policy, and action plan and programmes; to promote sharing of information, experiences and best practices; to identify constraints and needs of technical assistance; and to assist national strategy and policy formulation, development, implementation and evaluation. This report contains the results of these inquiries.

The survey had quantitative and qualitative components: a self-administered questionnaire and key informant interviews. Five WHO regions were surveyed in 2005-2006; in the Western Pacific Region (WPR), a questionnaire similar to that administered in the other regions, was already completed in 2004 and was reinforced by interviews in 2006. The global questionnaire had an overall response rate of 69%, and was completed by 133 countries. A sub-set of 118 countries responded to both the first and later surveys, permitting an assessment of progress. Progress is also reported for a group of 97 countries; these do not include WPR because some questions were not in the WPR survey. In total, 26 key informants were interviewed from all regions except the European Region (EUR).

In the group of 97 countries that excludes WPR, progress since 2000-2001 is evident for a number of indicators: more countries have NCD units or departments in their ministries of health, more have budgets specific to NCD policies, and more have action plans for tobacco control, diabetes, heart disease and cancer. Across all

Regions, national policies and programmes are most common for tobacco control, followed by nutrition/diet, cancer and diabetes. Policies for other risk factors and diseases are in place in between 20% and 35% of countries, depending on the region. But despite the progress in policy development, key informants cautioned that simply having a policy may suggest that the issue has high priority when, in reality, implementation is often constrained by lack of financial resources.

As regards the FCTC and DPAS, 65% of respondents, excluding WPR, are contracting parties to the FCTC and 31% report a corresponding comprehensive action plan. In the same group of countries, only 29 reported implementing DPAS while 19 replied that they planned to do so.

Among all respondents, 85% have now introduced tobacco control legislation, an increase of 23% since 2000-2001. About 50% have no legislation for alcohol control. The proportion of countries with food and nutrition legislation has increased since 2000-2001, but it is unclear whether this concerns NCD prevention and control, as opposed to food safety.

Compared to 2000-2001, more countries now include NCD information in their annual health reporting systems but still only a small proportion (26%) include risk factor data in these systems. More countries take account of hypertension, diabetes and cancer in their surveillance systems but, again, risk factors are less often included. However, between 2000-2005, all responding countries carried out studies or surveys on risk factors, most often for tobacco use (82%), and between 60% and 70% for overweight and obesity, hypertension, diabetes, diet, physical activity and alcohol use. The frequency of these studies is not known. Training for surveillance remains a barrier according to key informants, and the challenge remains as to how to convert the available data into strategic information that can influence policies and mobilize resources for prevention.

On average, half of the 133 countries responding reported national targets for NCD prevention and control. About 60% of them said that ministries of health were involved in setting these targets, while some 40% of countries reported the additional involvement of WHO, disease-specific associations, medical/health professionals and academic institutions. Private citizens, community organizations, specific population groups and consumer organizations played a role in less than one-quarter of countries.

Across regions except WPR, almost half of the countries reported demonstration programmes that apply an integrated approach to NCD prevention and control, while 37% have such programmes specific to certain risk factors. In about 35% of countries, the projects target children aged under 15 and adults aged 25-64 years. Most common are projects in schools.

Countries have made progress since 2000-2001 in making available and using national protocols for dealing with hypertension, diabetes and cancer. Protocols

are less common for risk factors than for individual diseases, and they now exist most often for diet (in 38% of countries) and smoking cessation (in 33%).

With regard to the sources of financing for NCD prevention and control, about 32% of countries on average identified international financial aid. The proportion in EUR was lowest (16%). Very few countries reported taxation on tobacco, alcohol and unhealthy food as sources of funding. As for taxes on alcohol, the countries in EUR have the highest proportions (18%); while the countries in AMR have the highest proportions of taxation on cigarettes (26%).

Progress is apparent in the countries that responded to both surveys. However, there are a number of key areas for action that are similar to those reported in 2000-2001 and which re-emerge as priorities for WHO technical support to Member States. These areas include advocacy, continuing assistance to countries to strengthen surveillance systems, capacity building for the development, implementation and evaluation of policies, action plans and programmes, and the creation of more channels, platforms and other occasions for sharing information with best practice at different levels. In addition, regular global reviews should be encouraged in order to help WHO to measure the progress as well as to identify the Member States' needs for technical support.

INTRODUCTION

The Global Strategy and Resolution WHA 53.14 requested WHO to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective programmes and adapting their health systems to respond to the NCD epidemic. Following the adoption of the Resolution WHO conducted its first Global Survey on *Assessment of National Capacity for Noncommunicable Disease Prevention and Control: The Report of a Global Survey* (2001). The Survey was aimed at: assessing existing country capacity in health policy, programmes and infrastructure to prevent, control and treat NCD; identifying constraints and needs among Member States; setting priorities for WHO technical support to Member States; and assisting them in planning, implementing and evaluating their responses.

Since 2000, WHO has invoked various other instruments to prompt action on NCD prevention and control. The 2002 World Health Report *Reducing Risk, Promoting Healthy Life* focused on risk factors; in 2003, the World Health Assembly (WHA) endorsed the Framework Convention on Tobacco Control (FCTC); and in 2004 WHO released the Global Strategy on Diet, Physical activity and Health (DPAS). WHO has also supported partnerships and networking among Member States by convening four global forums on NCD prevention and control since 2001, encouraging the development of policy observatories, and supporting new and existing networks of national and demonstration level programmes aimed at preventing and controlling NCDs.

Despite global successes since 2000 such as the FCTC and individual country achievements, the risk factors and the NCD threat have been neglected in many parts of the world, and the NCD burden is growing. Out of a projected total of 58 million deaths from all causes in 2005, WHO estimates that 35 million were