



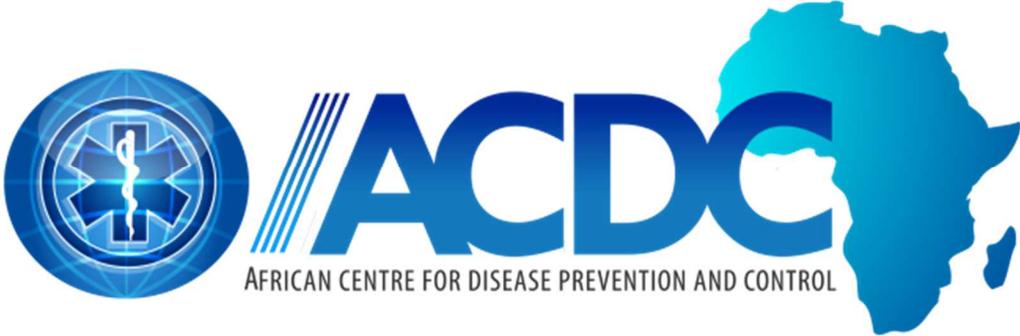
AFRICA HEALTH  
ORGANISATION

TACKLING NCDS

2030

AHO PLAN OF ACTION FOR THE  
PREVENTION AND CONTROL OF  
NON-COMMUNICABLE DISEASES

Partners



## **Preface**

Noncommunicable diseases are the leading cause of preventable and premature death and illness in Africa. Their substantial social and economic burdens, especially a steep rise in expenditures for treatment, harm the well-being of individuals and households and threaten to hobble social and economic development. While Member States in Africa are making significant advances in both preventing and controlling NCDs, these diseases continue to present significant challenges. Country policies and actions require renewed attention to implementing and scaling up effective, evidence-based and cost-effective NCD interventions, and developing and applying new knowledge

The AHO Strategy for the Prevention and Control of Noncommunicable Diseases for 2020-2030 has four strategic lines of action:2 multisectoral policies and partnerships for NCD prevention and control; NCD risk factors and protective factors; health system response to NCDs and risk factors; and NCD surveillance and research. This plan proposes actions at the regional and national levels that build on achievements and existing capacities in the Region related to these strategic lines of action. An emphasis on multisectoral initiatives and mechanisms to engage and coordinate stakeholders in the whole of society and the whole of government actions.

The proposed actions focus on the four NCDs accounting for the greatest burden of disease in the Region—cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases—and on their four common risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol; and the related biological risk factors raised blood pressure and raised blood glucose. At the same time, the plan recognizes significant co-morbidities: overweight and obesity; mental health conditions, especially depression and dementia; and oral and renal diseases. These further compromise qualities of life and increase the complexity of the problem that national responses must tackle.

The overall goal of the Strategy for the Prevention and Control of Noncommunicable Diseases and this plan of action is to reduce avoidable mortality and morbidity, minimize exposure to risk factors, increase exposure to protective factors, and reduce the socioeconomic burden of these diseases by taking multisectoral approaches that promote well-being and reduce inequity within and among Member States.



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## **Introduction**

1. This Plan of Action is being proposed for the period 2020–2030 and corresponds to Africa Health Organization (AHO) Strategy for the Prevention and Control of Noncommunicable Diseases for 2020–2050, endorsed in 2018 by AHO along with a regional framework for prevention and control of noncommunicable diseases (NCDs). It proposes actions on NCDs by AHO and by Member States that take into account regional and subregional initiatives, contexts, and achievements and follow the 2020–2030 timeline of the AHO Strategic Plan. At the same time it aligns with the World Health Organization (WHO) NCD Global Monitoring Framework and Global Action Plan 2013–2020.

## **Background**

2. Noncommunicable diseases are the leading cause of preventable and premature death and illness in Africa. Their substantial social and economic burdens, especially a steep rise in expenditures for treatment, harm the well-being of individuals and households and threaten to hobble social and economic development. While Member States in Africa are making significant advances in both preventing and controlling NCDs, these diseases continue to present significant challenges. Country policies and actions require renewed attention to implementing and scaling up effective, evidence-based and cost-effective NCD interventions, and developing and applying new knowledge.

3. The AHO Strategy for the Prevention and Control of Noncommunicable Diseases for 2020–2030 has four strategic lines of action:<sup>2</sup> multisectoral policies and partnerships for NCD prevention and control; NCD risk factors and protective factors; health system response to NCDs and risk factors; and NCD surveillance and research. This plan proposes actions at the regional and national levels that build on achievements and existing capacities in the Region related to these strategic lines of action. An emphasis on multisectoral initiatives and mechanisms to engage and coordinate stakeholders in the whole of society and the whole of government actions.

4. The proposed actions focus on the four NCDs accounting for the greatest burden of disease in the Region—cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases—and on their four common risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol; and the related biological risk factors raised blood pressure and raised blood glucose. At the same time, the plan recognizes significant comorbidities: overweight and obesity; mental health conditions, especially depression and dementia; and oral and renal diseases. These further compromise quality of life and increase the complexity of the problem that national responses must tackle.

5. For monitoring and evaluation of this Plan of Action,<sup>3</sup> two sets of indicators are proposed. One set is based on the WHO Global Monitoring Framework, (marked with asterisk) while the other set contains 12 indicators selected to account for regional specificities and advances, prioritized on the basis of other regional strategies and plans that address the risk factors, protective factors, and NCDs of main concern in the Strategy, as well as the burden of disease. Each indicator has a regional baseline<sup>4</sup> indicating the countries that have reported the indicator to date, and each has proposed targets for reporting, with 2020 and 2030 as end dates to reflect regional and global timelines respectively. Technical inputs to the Plan of Action include explanatory notes and definitions for the regional indicators<sup>4</sup> and a proposed menu of global and regional actions and

offer information and guidance to support the strategic lines of action in the plan. Recognizing that the list of global menu of actions is not exhaustive and has not been assessed for specific contexts of individual countries.

6. This Plan of Action also proposes that AHO work with countries to monitor progress in mitigating the negative impact of certain social determinants of health on NCDs, as well as the disproportionate burden on people living in vulnerable situations, considering the following or similar options: percentage of national gross domestic product invested by the public sector in NCD prevention; percentage of the population below the national poverty line that can afford to purchase a quality food basket; and percentage of households experiencing catastrophic health spending due to an NCD. The AHO NCD Think Tank report provides descriptions, guidance on methodologies, and possible sources of data. AHO will support a number of interested countries to create mechanisms for evaluation of the impact of social determinants of health on NCDs, to measure indicators and report on them, as part of the reporting of this NCD Plan of Action.

### **Situation Analysis**

7. Since the year 2000, resolutions and reports on NCDs and their risk factors have been prominent on global and regional agendas and have served as a base for the 2020 regional strategy and plan of action on NCDs. Since these were adopted, there have been important advances in regional NCD policies and actions in Africa, which are noted in the Strategy 2020-2030. A number of subregional political integration movements have made NCDs a priority; the majority of Member States have national NCD plans and program-related investments; 18 countries have implemented integrated primary care strategies; 29 of the 35 countries in the Region have ratified the WHO Framework Convention on Tobacco Control; 20 countries adopted the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the corresponding regional Plan of Action in 2011; 62 entities (governments, nongovernmental and professional organizations) endorsed the policy statement on Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide; some countries are advancing with regard to food labelling and are reducing the impact of marketing foods and beverages to children, as well as implementing measures related to pre-packaged foods high in saturated fats, sugars, and salt, plus limiting availability of these products in schools; and there have been significant improvements in collection of data on NCD risk factors. In addition, the African Conference on Obesity, with special attention to childhood obesity has held 3 regional high level, multisector conferences and led to the Call to Action on childhood obesity.

8. Nevertheless, the burden of NCDs is staggering. Macroeconomic estimates predict a cumulative global output loss of US\$ 46 trillion<sup>6</sup> over the next 20 years from CVDs, chronic respiratory disease, cancer, diabetes, and mental health disorders. In Africa, NCDs are responsible for three of every four deaths, and 34% of all NCD deaths correspond to premature mortality, occurring in people 30 to 69 years of age. Countries, particularly the low- and middle-income economies, face an NCD burden that strongly reflects socioeconomic inequities. For example, estimates show that almost 30% of premature deaths from CVDs are in the poorest 20% of the population of Africa, while only 13% of those premature deaths are in the richest 20%. Poor people may have fewer resources with which to make lifestyle changes; they may also have less access to quality health services that include interventions to prevent or eliminate exposure to risk factors as well as diagnostic services, treatment, and

essential drugs. Other health risks are related to environmental factors, rural-to-urban transitions, increased exposure to violence and injuries, persistent childhood diseases, disadvantages in early childhood development, and maternal health issues that over the life course are associated with NCDs.

9. Exposure to factors increasing or reducing the risk of NCDs and the burden of NCDs morbidity and mortality also varies by gender, race, and ethnicity, urban or rural location, occupation, and other socioeconomic characteristics. For example, in Africa 15% more men than women die prematurely from NCDs. The differences are due in part to environmental factors, both negative and positive, such as exposure to tobacco smoke, harmful use of alcohol, air pollution, workplace hazards, opportunities for physical activity, and access to and use of health services.

10. Effectively addressing prevention and control of NCDs necessitates a multisectoral approach in line with the 2011 political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, as well as the 2008 and 2011 findings of the WHO Commission on Social Determinants of Health.

11. Populations will benefit from continuous quality improvements in health systems aimed at offering the most effective, evidence-based and cost-effective interventions possible in country contexts, and emphasizing equitable distribution of services.

## **Proposed Plan of Action, 2013-2019**

### **Goal**

12. The overall goal of the Strategy for the Prevention and Control of Noncommunicable Diseases and this plan of action is to reduce avoidable mortality and morbidity, minimize exposure to risk factors, increase exposure to protective factors, and reduce the socioeconomic burden of these diseases by taking multisectoral approaches that promote well-being and reduce inequity within and among Member States.

### **Strategic Lines of Action**

13. This Plan of Action is based on the four strategic lines of action in the Strategy for the Prevention and Control of NCDs and it is congruent with the 25 indicators and 9 targets of the WHO Comprehensive Global Monitoring Framework:

(a) ***Multisectoral policies and partnerships for NCD prevention and control:*** Build and promote multisectoral action with relevant sectors of government and society, including integration into development, academic, and economic agendas.

(b) ***NCD risk factors and protective factors:*** Reduce the prevalence of the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and on populations in vulnerable situations; use evidence-based health promotion strategies and policy instruments, including regulation, monitoring, and voluntary measures; and address the social, economic, and environmental determinants of health.

(c) **Health system response to NCDs and risk factors:** Improve coverage, equitable access, and quality of care for the four main NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and others of national priority, with emphasis on primary health care that includes prevention and strengthened self-care.

(d) **NCD surveillance and research:** Strengthen country capacity for surveillance and research on NCDs, their risk factors, and their determinants, and utilize the results of research to support evidence-based policy, academic programs, and program development and implementation.

14. For each strategic line of action, the plan describes the regional context, proposes specific objectives, indicators and targets for monitoring progress, and proposes regional and national actions that Member States, AHO and intergovernmental partners and non-state actors can undertake to build on their achievements, in accordance with Member States' legislation, shared jurisdictional responsibilities for health, with subnational levels of government priorities and specific country circumstances.

### **Strategic Line of Action 1: Multisectoral policies and partnerships for NCD prevention and control**

15. A number of regional and subregional political declarations and resolutions have raised the profile of NCDs on social protection and economic development agendas. These include the AHO declaration on noncommunicable diseases (2017); the declaration from the High-level Consultation of Africa on Noncommunicable Diseases and Obesity (2018); the NCD Declaration from the Council of Ministers of Health of Africa (2016); and the Africa intergovernmental commission for NCD prevention and control (2018). Country based analyses of both the health care costs and the socioeconomic impacts of NCDs are demonstrating the burden and scale of these diseases, emphasizing the necessity of multisectoral actions and partnerships to tackle NCDs.

16. AHO has launched the African Forum for Action on NCDs (AFNCDs) as a platform for dialogue and to catalyze the implementation of multisectoral approaches aimed at promoting healthy lifestyles, protecting health, and preventing NCDs. AFNCDs has selected seven priority areas and is currently implementing two multistakeholder initiatives: the Women's Cancer Initiative, focused on cervical and breast cancers, and the Multi-stakeholder Consortium for Dietary Salt Reduction. The African Alliance for Nutrition and Development and the African Conference on Obesity are other Region-wide for a for multisectoral action aimed at addressing obesity, particularly in children, and NCDs.

**Specific Objective 1.1:** Promote integration of NCD prevention in sectors outside of health, at the government level, and conducted in partnership with a wide range of nonstate actors, as appropriate, such as agriculture, trade, education, labour, development, finance, urban planning, environment, and transportation.

*Indicator:*

1.1.1 Number of countries with multisectoral NCD prevention policies, frameworks and actions in at least three sectors outside the health sector at the government level and conducted in partnership with a wide range of non-state actors, as appropriate, (e.g. agriculture, trade, education, labor, development, finance, urban planning, environment and transportation).  
(Baseline is 5; target in 2025 is 16; target in 2030 is 26)

**Specific Objective 1.2:** Strengthen or develop national health plans based on multisectoral approaches, with specific actions, targets, and indicators geared to at least the four priority NCDs and the four main risk factors.

*Indicator:*

1.2.1 Number of countries implementing a national multisectoral plan and/or actions for NCD prevention and control.  
(Baseline is 15; target 2025 is 26, target 2030 is 35)

**Specific Objective 1.3:** Expand social protection policies in health to provide universal health coverage and more equitable access to promotive, preventative, curative, rehabilitative and palliative basic health services, and essential, safe, affordable, effective, quality medicines and technologies for NCDs.

*Indicator:*

1.3.1 Number of countries with national social protection health schemes that address universal and equitable access to NCD interventions.  
(Baseline is 7; target 2025 is 22; target 2030 is 30)

### **Actions for AHO**

- (a) Continue to promote, establish, support and strengthen engagement or collaborative partnerships that enable and leverage collaboration to catalyze multisectoral approaches at the regional, subregional, and national levels in a harmonized manner.
- (b) Catalyze the orientation of public and private sector policies, practices, services, and products to collectively promote and protect health and prevent NCDs across Africa.
- (c) Facilitate social mobilization by engaging and empowering a broad range of actors that can shape a systematic, society-wide national response to NCDs, their social, environmental, and economic determinants, and issues of health equity.
- (d) Provide policy advice and facilitate dialogue to strengthen governance and policy coherence and prevent undue influence from real or potential conflicts of interest in collaborative partnerships to implement the NCD Plan of Action.
- (e) Strengthen regional networks of national counterparts, such as the Collaborative Action for Risk Factor Prevention and Effective Management of NCDs, healthy municipalities and schools, and sub-regional inter-ministerial NCD commissions. This is to promote the exchange of information and experiences with multisectoral mechanisms and expand the pool of expertise related to whole-of-government and whole-of-society approaches,

including, as appropriate, evidence-based policy, legislation, regulation, training of professionals, and health system responses.

### ***Actions for Member States***

- (a) Establish or strengthen, as appropriate, national and subnational mechanisms, initiatives, actions and strategies, e.g., voluntary approaches, commissions or forums. This is to engage the multiple sectors within government and other public and private stakeholders more widely; to mobilize efforts to address a risk factor or risk factors; and/or participate in coordinated and concerted actions that create healthy local environments, using incentives and disincentives, regulatory and fiscal measures, laws and other policy options, and health education, as appropriate within the national context.
- (b) Establish or strengthen national NCD plans and programs, appropriate to country context and priorities, including needs assessment, planning, policy development, multisectoral action, engagement, collaborative partnerships, coordination, implementation, and monitoring and evaluation.
- (c) Ensure that social protection policies include the equitable safeguarding of health and access to health care for persons with NCDs.
- (d) Integrate prevention and control of NCDs in the national development agenda, where relevant, respecting the country context and priorities and emphasizing the link between NCDs and sustainable development.
- (e) Where relevant, mobilize United Nations country teams to integrate NCDs into implementation of the United Nations Development Assistance Framework for the country.
- (f) Actively participate in, and contribute to, subregional political and economic platforms, strengthening the coordinated response to NCDs and their risk factors.

### ***Actions for Intergovernmental Partners and Non-State Actors***

- (a) Continue advocacy initiatives to sustain public support and interest of Heads of State and Government in implementation of the commitments of the Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, as well as the global, regional and national political commitments on NCDs.
- (b) Support and partner with governments in the development and implementation of multisectoral action, NCD policies and/or plans.
- (c) Participate in the Pan American Forum for Action on NCDs, as the regional platform for dialogue, coordination and collaboration, which includes seven priority initiatives such as the Women's Cancer Initiative and the Salt Smart Consortium.

### **Strategic Line of Action 2: NCD risk factors and protective factors**

17. There is momentum in the Region with regard to addressing key risk factors and protective factors through effective, evidence-based and cost-effective, population-based interventions and instruments, with attention to children and people living in vulnerable situations. These actions include ratification and full implementation of the WHO

Framework Convention on Tobacco Control; restrictions on availability of retailed alcohol, with comprehensive restrictions and bans on alcohol advertising and promotion endorsed through adoption of the Global Strategy to Reduce the Harmful Use of Alcohol and a regional plan of action; replacement of trans fats with unsaturated fat, mass media campaigns on salt intake reduction and reduced salt content in pre-packaged or processed foods; and joining the network of free public places for walking and biking are building the evidence base on, and implementing, effective interventions to increase awareness of healthier choices and create environments that promote such choices. These include initiatives directed at lowering raised blood pressure through means such as population-wide sodium reduction, evidence-based initiatives to reduce harmful use of alcohol use, and initiatives directed at overweight and obesity, particularly among children, such as food labelling specifications and regulations and policies on foods and drinks permitted in schools and public institutions.

***Specific Objective 2.1:*** Reduce tobacco use and exposure to secondhand smoke.

*Indicator:*

2.1.1\* Number of countries that reduce prevalence of current tobacco use from the level established at national baseline to the level established for interim reporting for the WHO Global Monitoring Framework, and contributing to global target of 30% relative reduction in current tobacco smoking by 2025 measured by aged standardized prevalence of current tobacco use in the population 15 years and over.

(Baseline is 0; target 2025 is 15; target 2030 is 26)

***Specific Objective 2.2:*** Reduce the harmful use of alcohol.

*Indicator:*

2.2.1\* Number of countries that by 2019 achieve a reduction of harmful use of alcohol from the level established at national baseline to the level established for interim reporting for the WHO Global Monitoring Framework, thus contributing to the global target of 10% relative reduction by 2025.

(Baseline is 0; target 2025 is 10; target 2030 is 21)

***Specific Objective 2.3:*** Promote healthy eating for health and well-being.

*Indicators:*

2.3.1\* Number of countries with policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acid, free sugars and salt.

(Baseline is 2; target 2025 is 8; target 2030 is 15)

2.3.2\* Number of countries with adopted national policies to limit saturated fats and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate within national context and national programs.

(Baseline is 6; target 2025 is 12; target 2030 is 16)

2.3.3\* Number of countries that by 2019 reduce salt/sodium consumption from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, and contribute to the 2025 global target of 30% relative reduction in population-based intake of salt/sodium, measured by

age-standardized mean population intake of salt (sodium chloride) in grams per day in persons aged 18+ years.

(Baseline is 0; target 2025 is 10; target 2030 is 20)

***Specific Objective 2.4:*** Promote active living for health and well-being and to prevent obesity.

*Indicators:*

2.4.1\* Number of countries that by 2019 reduce prevalence of insufficient adult physical activity, to the level established from the national baseline to the level established for interim reporting for the WHO Global Monitoring Framework and contribute to the 2025 global target of at least 10% relative reduction, in prevalence of insufficiently physically active persons aged 18+ (defined as less than 150 minutes of moderate-intensity activity per week or equivalent).

(Baseline is 0; target 2025 is 8; target 2030 is 14)

2.4.2\* Number of countries that by 2025 reduce prevalence of insufficient physical activity among adolescents from the level established at the national baseline to the level established for interim reporting for the WHO Global Monitoring Framework and contribute to the 2030 global target of at least 10% relative reduction in prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate-to-vigorous-intensity activity daily in school aged children and adolescents).

(Baseline is 0; target 2019 is 5; target 2025 is 11)

### ***Actions for PASB***

(a) Provide technical cooperation to countries in prioritizing their interventions aimed at reducing or eliminating exposure to risk factors and strengthening protective factors, using the settings approach (schools, municipalities, workplaces). Assist the countries in developing corresponding policies, plans, and programs based on the best available evidence, taking into account their existing capacities and infrastructure.

(b) Provide and disseminate risk factor-specific technical guidelines and tools to facilitate implementation and evaluation of multisectoral interventions, in order to reduce the prevalence of tobacco use and the harmful use of alcohol and promote healthy eating and active living.

(c) Mobilize and strengthen existing multisectoral engagement, partnerships, and/or mechanisms and establish new ones, as appropriate, within a multisectoral approach to develop or strengthen effective policies and actions at regional and sub regional levels to prevent and control tobacco use and the harmful use of alcohol, promote healthy nutrition, and promote physical activity, using the best available knowledge.

(d) Lead and/or facilitate dialogues with international agencies and funds to secure their engagement in developing new or implementing best available evidence on prevention of risk factors and promotion of protective factors in a coordinated manner at country and sub-regional levels.

### ***Actions for Member States***

- (a) Mobilize financial and human resources and expertise sufficient to ensure that prioritized interventions on risk factors and protective factors result in measurable positive impacts on behaviours at the population level.
- (b) Fully implement the set of interventions in the WHO Framework Convention on Tobacco Control, and evaluate and monitor programs and changes in tobacco use among adolescents and adults.
- (c) Strengthen national policies, actions, and plans on alcohol use according to national contexts and priorities, guided by the Global Strategy and Regional Plan of Action to Reduce the Harmful Use of Alcohol, and monitor changes in alcohol use among adults and adolescents over time. To support this, increase the public health capacity for alcohol epidemiology.
- (d) Develop and/or strengthen national policies, actions, and plans on nutrition according to national contexts and priorities, implementing the WHO Global Strategy on Diet, Physical Activity and Health; the WHO Global Strategy for Infant and Young Child Feeding; the WHO set of recommendations on the marketing of food and non-alcoholic beverages to children; as well as the recommendations from a AHO expert consultation on the marketing of food and non-alcoholic beverages to children in the Americas; the commitments in Trans Fat Free Americas; and the policy statement on preventing cardiovascular disease in the Americas by reducing dietary salt intake population-wide.
- (e) Develop and/or strengthen national policies, actions, and plans on healthy living and healthy weights according to national contexts and priorities, implementing the WHO Global Strategy on Diet, Physical Activity and Health. Implement community-wide active living initiatives by, for example, joining the regional Ciclovía initiative; promoting development of evidence-guided wellness programs in schools and workplaces; promoting urban planning to facilitate walking, cycling, and use of public transport; and implementing evidence-based public campaigns and social marketing initiatives. Monitor programs and changes in physical activity habits, body mass index, and healthy eating among adolescents and adults over time.

#### ***Actions for Intergovernmental Partners and Non-State Actors***

- (a) Support advocacy, public education and social mobilization to sensitize the public and engage communities in healthy living and NCD risk factor reduction.
- (b) Facilitate the implementation of the WHO Framework Convention on Tobacco Control, the global strategy to reduce harmful use of alcohol, the global strategy on diet, physical activity and health, and WHO's recommendation on the marketing of foods and non-alcoholic beverages to children.

#### **Strategic Line of Action 3: Health system response to NCDs and risk factors**

18. The Progress Report on NCDs submitted to AHO indicated that many Member States have developed national NCD plans and made program-related investments. Eighteen countries report having implemented integrated primary health care strategies to improve the quality of care for persons living with NCDs, and 15 countries are applying the chronic care model.<sup>11</sup>

19. Nevertheless, in many countries in the Region health care services and systems

remain highly fragmented, with gaps in access to high-quality, effective health promotion and preventive services, early diagnosis, and timely treatment of NCDs. These gaps are very often associated with socioeconomic factors. Therefore, emphasis needs to be placed on improving accessibility, affordability, and quality in the broader health system, linking health promotion and NCD management.

***Specific Objective 3.1:*** Improve the quality of health services for NCD management.

*Indicator:*

3.1.1 Number of countries implementing a model of integrated management for NCDs (e.g. chronic care model with evidence-based guidelines, clinical information system, self-care, community support, multidisciplinary team-based care).

(Baseline is 9; target 2025 is 13; target 2030 is 17)

***Specific Objective 3.2:*** Increase access to and rational use of essential medicines and technologies for screening, diagnosis, treatment, control, rehabilitation, and palliative care of NCDs.

*Indicators:*

3.2.1\* Number of countries that by 2019 achieve the level of availability of affordable, basic technologies and essential medicines including generics required to treat the four main NCDs in both public and private facilities, established by the country for interim reporting to the WHO Global Monitoring Framework and contribute to the 2025 global target of 80% availability.

(Baseline is 7; target 2025 is 18; target 2030 is 22)

3.2.2 Number of countries that by 2025 improve access to palliative care assessed by increase in morphine equivalent consumption of opioid analgesics (excluding methadone) per death from cancer (based on 2010).

(Baseline is 0; target 2025 is 9; target for 2030 is 16)

3.2.3 Number of countries utilizing the AHO Strategic Fund and Revolving Fund and/or other cost-saving mechanisms to procure essential medicines and health technologies relevant to prevention, control and palliation for the four leading NCDs e.g., chemotherapy drugs, palliation medications, insulin, dialysis and hemodialysis, and hepatitis B and human papilloma virus (HPV) vaccines and medications for the treatment of hypertension and diabetes.

(Baseline is 0; target 2020 is 5; target 2030 is 10)

3.2.4 Number of countries with an official commission that selects, according to the best available evidence, and operating without conflicts of interest, NCD prevention and/or treatment and/or palliative care medicines and technologies for inclusion in/exclusion from public sector services.

(Baseline is 6; target 2025 is 13; target 2030 is 17)

3.2.5 Number of countries with a plan in place, as appropriate, to increase access to affordable treatment options for patients affected by CKD, particularly end stage renal disease.

(Baseline is 5; target 2025 is 9; target 2030 is 11)

***Specific Objective 3.3:*** Implement effective, evidence-based and cost-effective interventions for treatment and control of CVDs, hypertension, diabetes, cancers, and chronic respiratory diseases.

*Indicators:*

3.3.1\* Number of countries that by 2030 achieve the level set for raised blood glucose/diabetes from the national baseline to the level set for interim reporting to WHO Global Monitoring Framework, and contribute to the 2025 global target to halt the rise in diabetes assessed by age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years (defined as fasting plasma glucose value  $\geq 7.0$  mmol/L (126 mg/dl) or on medication for raised blood glucose).  
(Baseline is 1; target 2025 is 6; target 2030 is 11)

3.3.2\* Number of countries that by 2025 achieve the level set for adult obesity, from the national baseline to the level set, for interim reporting to WHO Global Monitoring Framework and contribute to the 2030 global target to halt the rise of adult obesity assessed through age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as BMI  $\geq 25$  kg/m<sup>2</sup> for overweight or  $\geq 30$  kg/m<sup>2</sup> for obesity).  
(Baseline is 0; target 2025 is 5; target 2030 is 10)

3.3.3\* Number of countries that by 2019 achieve the level set for adolescent overweight and obesity, from the national baseline, to the level set for interim reporting to the WHO Global Monitoring Framework and contribute to the 2025 global target to halt the rise of overweight and obesity, (defined according to the WHO growth reference for school-aged children and adolescents: overweight as one standard deviation BMI for age and sex; and obese as two standard deviations BMI for age and sex).  
(Baseline is 0; target 2025 is 6; target 2030 is 10)

3.3.4\* Number of countries that by 2019 achieve the level set from national baseline to the level set for interim reporting to the WHO Global Monitoring Framework and contribute to 2025 global target of at least 50% of eligible people to receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes; eligible people defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30% including those with existing CVD.  
(Baseline is 4; target 2025 is 6; target 2030 is 12)

3.3.5\* Number of countries that by 2019 reduce the level of prevalence of raised blood pressure from national baseline to the level set for interim reporting to WHO Global Monitoring Framework and contribute to the 2025 global goal of at least 25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure expressed by age-standardized prevalence of raised blood pressure among adults aged 18+ years (defined as systolic blood

pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg).  
(Baseline is 0; target 2025 is 12; target 2030 is 18)

3.3.6\* Number of countries that by 2030 achieve the cervical cancer screening coverage of 70% among women aged 30-49 years, at least once, or more often, and for lower or higher age groups according to national policies.  
(Baseline is 5; target 2025 is 15; target 2030 is 27)

3.3.7 Number of countries with at least 50% coverage of breast cancer screening in women aged 50–69 years (and other age groups according to national programs or policies) in a three-year period with all positive cases found during screening provided effective and timely treatment.  
(Baseline is 4; target 2025 is 9; target 2030 is 11)

3.3.8\* Number of countries that provide as appropriate cost-effective and affordable vaccines against human papilloma virus (HPV) according to national programs and policies.<sup>12</sup>  
(Baseline [2012] is 8; target 2025 is 18; target 2030 is 27)

#### ***Actions for AHO***

- (a) Position the response to NCDs at the forefront of efforts to strengthen health systems based on primary health care.
- (b) Provide technical cooperation to assist countries in integrating cost-effective interventions into their health care systems, including training and application of, inter alia, the Chronic Care Model, to strengthen competencies within health systems to prevent and/or eliminate exposure to risk factors, promote protective factors, and manage NCDs.
- (c) Provide policy guidance for application of existing global and regional strategies to advance the agenda of people-centered primary health care, universal health coverage, and equity in access to preventive health services.
- (d) Engage in the development of regional strategic frameworks and provide support to countries in development of national guidelines, norms, and standards to introduce or strengthen implementation of cost-effective, evidence-based interventions relevant to NCDs, taking into account existing capacities and infrastructure.

#### ***Actions for Member States***

- (a) As appropriate to national context, secure, allocate, and distribute financial and human resources within the health care system to ensure that all strata of the population have equitable access to quality preventive and curative health services.
- (b) Integrate NCD response in the national plans for improving health system performance, universal health coverage, and overall health system strengthening.
- (c) As appropriate to national context, use existing regional procurement mechanisms to secure essential and advanced technologies, medicines, and vaccines necessary for effective management of NCD and their risk factors.

(d) Strengthen the competencies and skills of health providers and public health professionals (whether for-profit or not-for-profit) in addressing NCD prevention and control; safeguarding consumer/patient protection; promoting integrated primary care approaches; and strengthening the potential of other services, such as rehabilitation, palliative care, and social services, to deal with NCDs and risk factors.

(e) Introduce quality assessment and improvement mechanisms for care delivery, set related process goals and targets specific to the country's health care system and context, and monitor progress over time.

#### ***Actions for Intergovernmental Partners and Non-State Actors***

(a) Support national authorities in strengthening health systems and expanding quality service coverage, especially through primary health care, to improve NCD prevention and control.

(b) Contribute to the efforts to improve access to affordable, safe, effective and quality medicines and diagnostics for NCDs.

#### **Strategic Line of Action 4: NCD surveillance and research**

20. Most countries in Africa have NCD mortality data in their health information systems, and 22 have data on levels of risk factors for adults. Data on tobacco prevalence among adolescents are available in all countries from the Global Youth Tobacco Surveys (GYTS) carried out since 2009. However, only 16 countries have data on adolescent alcohol consumption, diet, and mental health.

21. Health information systems must better integrate the collection of NCD and risk factor data from multiple sources and strengthen competences for analysis and use of the information. Surveillance itself requires ongoing commitments supported by adequate funding. In Africa, only 10 countries report having a budget allocated for NCD and risk factor surveillance, while 21 countries have personnel dedicated to this task. Only 16 countries report using their NCD data for evidence-based policy-making and planning.

***Specific Objective 4.1:*** Improve the quality and breadth of NCD and risk factor surveillance systems to include information on socioeconomic and occupational and/or employment status.

##### ***Indicators:***

4.1.1\* A 15% reduction in premature mortality from the four leading NCDs by 2025 and 25% reduction by 2030.

4.1.2 Number of countries with high-quality mortality data (based on international criteria for completeness and coverage and percentage of ill-defined or unknown causes of death) for the four main NCDs and other NCDs of national priority e.g. CKD.

(Baseline is 10; target 2025 is 15; target 2030 is 21)

4.1.3\* Number of countries with quality cancer incidence data, by type of cancer per 100,000 population.

(Baseline is 11; target 2025 is 16; target 2030 is 22)

4.1.4\* Number of countries with at least two nationally representative population surveys by 2025 of NCD risk factors and protective factors in adults and adolescents, in the last 10 years, that include:

- tobacco use - blood pressure - physical in activity
- alcohol use - fasting glucose and cholesterol - sodium intake
- anthropometry
- albumin
- fruit and vegetables intake
- creatinine
- disease prevalence
- sugar intake
- medication use

(Baseline is 7; target 2025 is 18; target 2030 is 32)

***Specific Objective 4.2:*** Improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of NCD-related policies and programs.

***Indicator:***

4.2.1 Number of countries that produce and disseminate regular reports with analysis on NCDs and risk factors, including demographic, socioeconomic and environmental determinants and their social distribution to contribute to global NCD monitoring process.

(Baseline is 9; target 2025 is 16; target 2030 is 20)

4.2.2 Number of countries that have research agendas that include operational research studies on NCDs and risk factors aiming to strengthen evidence-based policies, program development and implementation.

(Baseline is 9; target 2025 is 16; target 2030 is 20)

### ***Actions for PASB***

- (a) Continue technical cooperation to countries and subregions to strengthen surveillance systems on NCDs, risk factors, and protective factors, using standardized AHO/WHO instruments, and to integrate socioeconomic factors into surveys.
- (b) Provide technical cooperation to countries and subregions to undertake research individually or jointly to improve the knowledge base on the effectiveness of interventions dealing with risk factors, protective factors, management, treatment and control of NCDs, and socioeconomic determinants of health.
- (c) Provide guidance on definitions of how indicators should be measured, collected, aggregated, and reported, in support of global and regional NCD monitoring frameworks.
- (d) Disseminate, adapt, and develop, as needed, courses and tools to assist with research and its translation into evidence for policies and programs and to define further research.

- (e) Facilitate dissemination of research findings by leveraging existing resources and platforms and by integrating research into new platforms.
- (f) Support countries to use data originating from clinical systems in assessing quality of care, with the aim to improve the quality of chronic care.

### ***Actions for Member States***

- (a) Review existing health information systems, including disease registers and clinical systems, to ensure that the collection and quality of NCD and risk factor data from existing sources is sufficient to inform policy, planning, and surveillance, including but not limited to the indicators outlined in this document, and invest in further development as indicated.
- (b) Invest in the assessment and development of NCD workforce competencies, as needed, for the analysis and use of surveillance and research data.
- (c) Establish or enhance, as needed, ongoing mechanisms to determine national and subregional priorities for research on risk factors, protective factors, management of NCDs, and the socioeconomic determinants of health.
- (d) Establish or update, as appropriate, ongoing schedules of research to evaluate the impacts of policies, plans, and programs and supply feedback, ensuring that the best evidence is used to inform the development of policies and programs.
- (e) Allocate financial and human resources sufficient to maintain capacity and activities within national surveillance systems, including cancer registries, for monitoring, surveillance, and evaluation of NCDs.

### ***Actions for Intergovernmental Partners and Non-State Actors***

- (a) Support countries to improve the use of information and communication technologies for NCD monitoring, reporting and surveillance purposes.
- (b) Facilitate NCD and risk factor research to enhance the knowledge base of effective interventions; and to support translation of evidence into policies and programs.

### **Monitoring and Evaluation**

22. The proposed specific objectives provide the basis for indicators that will be monitored and reported for the period 2020-2030, with the baseline information used to benchmark progress. It is expected that these proposed indicators will serve as a stimulus for countries to begin collecting data where none currently exist, or improving data that they already collect, and that countries will regularly collect, analyze, and report their data. The indicators included with each specific objective will serve as the basis for this monitoring, assessment, and evaluation process.

23. Both a midterm (2025) and final evaluation (2030) will be conducted with a view to identifying strengths and weaknesses of the overall implementation, factors associated with successes and failures, and future actions.

## Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

**1. Agenda item: 5.10 - Plan of Action for the Prevention and Control of non-communicable diseases 2020-2030**

### **2. Financial implications:**

**a) Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):**

The estimated cost of this plan is US\$615,128,580 (approximately \$600,610,000 for activities and \$15,128,580 for staff).

**b) Estimated cost for the 2020-2021 biennium (including staff and activities):**

The estimated cost for the biennium is \$50,650,260 (approximately \$40,550,000 for activities and \$10,100,260 for staff).

**c) Of the estimated cost noted in *b*), what can be subsumed under existing programed activities?**

### **3. Administrative implications:**

**a) Indicate the levels of the Organization at which the work will be undertaken:**

The work will be carried out at the country, subregional, and regional levels.

**b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level

**c) Time frames (indicate broad time frames for the implementation and evaluation):**

The proposed plan will cover 2016-2021 and requires support from AHO, partnerships, and Member States. The final evaluation will be completed in 2031 and presented to the Governing Bodies in 2032.

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