Regional Action Plan for Prevention and Control of Noncommunicable Diseases
Draft for Inputs

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Goal

25% reduction in premature mortality from noncommunicable diseases by 2025
“A goal without a plan is just a wish.”

— Antoine de Saint-Exupéry
“A goal without an action plan + accountability + resources is just a wish.”
To achieve the 25 by 25 goal

- Right actions
- Right targets
- Right resources
How will a national action plan help?

- Help to focus on a few key priorities
- Improve efficiency
- Assist in resource mobilization—domestically and internationally
Purpose of the Draft Regional Action Plan

To serve as a reference document for Member States the Region to develop national action plan and national indicators and targets

• Consistent with
  • Draft Global Action Plan, includes minimum set of actions
  • UN Political Declaration
  • FCTC, and other global policies and strategies
  • Recommendations of past regional consultations

Work in progress…..to be completed by 66th RC
Rationale

• High burden of NCDs and risk factors in SEA Region
• Environmental and social determinants driving NCDs
• Current health care system disproportionately skewed towards curative services
• Health care unaffordable to majority of the population
• Limited domestic spending on health
• External funding highly skewed towards communicable diseases and maternal and child health issues
Guiding Principles

Maximum good to maximum people with limited resources

- Addresses social determinants of health
- Life-course approach
- All-of-government and society approach
- Public health approach with emphasis on health promotion and prevention
- Reorientation of health systems…primary health care
- Evidence-based strategies
Major Components of Strategic Action Plan

1. **Vision**: What we wish for
2. **Goal**: What do we want to achieve to be successful
3. **Objective/desired outcome**: Specific measurable outcomes
4. **Priority actions/interventions**: Planned actions to achieve objectives
5. **Indicators/Targets**: Monitors of success level of performance

Social Determinants of Health
Vision

“All people of the South-East Asia Region enjoy the highest attainable status of health, well-being and productivity at every age, free of preventable noncommunicable diseases, avoidable disability and premature death”
Goal

• To reduce preventable morbidity, avoidable disability and premature mortality due to NCDs in the South-East Asia Region
Expected outcomes/objectives

- Demonstrable increase in political commitment
- Reduced tobacco use
- Reduced harmful use of alcohol
- Reduced population consumption of salt/sodium
- Elimination of transfat
- Reduced physical inactivity
- Reduced cardiometabolic risk for NCDs
  (Reduced hypertension and halt in obesity and diabetes)
Key expected outcomes (contd)

• Universal coverage and equitable access to prevention, early diagnosis and treatment of NCDs
• Increase in competent workforce
• Communities / patients empowered for self-care
• Relevant evidence generated and used for national policy and programme development
• Improved availability, reporting and use of information
Actions areas

• Action Area 1: Advocacy, Partnerships and Leadership
• Action Area 1: Health promotion and risk reduction (tobacco, alcohol, diet, physical activity, key settings)
• Action Area 3: Health System Strengthening (access, workforce, community)
• Action Area 4: Surveillance, Research, Monitoring
## Action Area 1.1: Advocacy

**Partners:** Ministries of Health, Finance, Trade, Education, Legal, Agriculture, Sports, Youth affairs, Information; Civil Society, NGOs, Media, Private sector

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicators</th>
<th>Actions by WHO</th>
<th>Recommendations for Actions by Member States</th>
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| Demonstrable increase in political commitment for health issues including NCDs | **Process indicators**  
- Per capita expenditure on prevention and control of NCDs/government expenditure on health as a percentage of total government expenditure  
- NCDs included in the national development plans and policies |  
- Strengthen advocacy to Heads of State, parliamentarians and policy makers to accord a high priority to NCDs  
- Offer technical support to integrate NCDs into national health-planning processes, development agenda and poverty-alleviation strategies  
- Facilitate dialogue on domestic resource mobilization and innovative financing  
- Support United Nations Country Team, to integrate NCDs into the United Nations Development Assistance Framework (UNDAF) processes |  
- Integrate NCDs into health-planning processes and development plans with special attention to social determinants of health  
- Generate and disseminate evidence on the relationship between NCDs and other development issues such as poverty alleviation, sustainable development, food security  
- Raise public and political awareness and understanding about NCDs by social marketing, mass-media and responsible media reporting  
- Provide adequate and sustained resources for NCDs by increased domestic budgetary allocations, innovative financing and other means  
- Mobilize the UN Country Teams and link NCDs into the UNDAF processes |
## 2.2 Reduce harmful use of alcohol

**Partners:** Ministries of Health, Finance, Trade, Education, Legal, Agriculture, information; Media; Civil Society-NGOs

<table>
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<tbody>
<tr>
<td>Harmful use of alcohol reduced</td>
<td><strong>Outcome indicators</strong></td>
<td>• Develop and disseminate model alcohol legislations</td>
<td>• Adopt and accelerate implementation of global strategy to reduce harmful use of alcohol</td>
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<td>• Total (recorded and unrecorded) alcohol per capita (15+ years old)</td>
<td>• Provide technical support to Member States for developing national alcohol legislations</td>
<td>• Develop and implement evidence-based and cost-effective national policies and programmes to reduce the harmful use of alcohol</td>
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<td>consumption within a calendar year in litres of pure alcohol as appropriate, within the national context</td>
<td>• Strengthen partnership and co-ordination among stakeholders</td>
<td>• Increase excise taxes on alcoholic beverages</td>
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<td>• Age-standardized prevalence of heavy episodic drinking among adolescents and adults as appropriate, within the national context</td>
<td>• Facilitate exchange of best practices for reducing harmful use of alcohol among Member States</td>
<td>• Develop and enact comprehensive restrictions and bans on alcohol advertising and promotion</td>
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<td><strong>Process indicators</strong></td>
<td></td>
<td>• Restrict availability of retailed alcohol</td>
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<td>• National legislations for reducing harmful use of alcohol enacted.</td>
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<td>• Strengthen drink-driving policies and countermeasures</td>
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<td>• Control availability of illicit and informally produced alcohol</td>
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<td>• Establish community-based services and facilities to reduce the negative consequences of drinking and alcohol intoxication</td>
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<td>• Strengthen surveillance systems to monitor harmful use of alcohol</td>
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• A total of 80 Priority Actions/interventions
  • Actions can be further elaborated into specific activities which can be budgeted
• A total of 40 indicators (including 25 global indicators)
Set of 9 voluntary global targets

- **Mortality and morbidity**
  - Premature mortality from NCDs 25% reduction

- **Risk factors**
  - Harmful use of alcohol 10% reduction
  - Physical inactivity 10% reduction
  - Salt/sodium intake 30% reduction
  - Tobacco use 30% reduction
  - Raised blood pressure 25% reduction
  - Diabetes/obesity 0% change

- **National systems response**
  - Drug therapy and counseling 50%
  - Medicines and technologies 80%
Regional Consultation in Yangon, Myanmar, April 2012 discussed NCD indicators and targets
Key discussion points on indicators and targets in Yangon

✓ Tobacco smoking should be changed to tobacco use
✓ Add a target on alcohol
✓ Add a target on diabetes
✓ Add a target on obesity
✓ Add target on essential medicines
✓ Include age disaggregated targets (children, adolescents)
X Indoor air pollution
✓ Build capacity of MS to collect and report on these targets

Concerns
• Target on salt and hypertension too ambitious
• No baseline data
“The experts recommended to set up a regional target of 10% relative reduction in population salt intake over the next five years and successive reductions subsequently with the aim of reaching 30% relative reduction in population sodium/salt intake by 2025.”
Proposed regional targets (11)

- **Mortality and morbidity**
  - Premature mortality from NCDs: 25% reduction

- **Risk factors**
  - Harmful use of alcohol: 10% reduction
  - Physical inactivity: 10% reduction
  - Salt/sodium intake: 30% reduction
  - Tobacco use: 30% reduction
  - Raised blood pressure: 25% reduction
  - Diabetes/obesity: 0% change

- **National systems response**
  - Drug therapy and counseling: 50%
  - Medicines and technologies: 80%
  - Cervical cancer screening: 50%
  - Virtual elimination of transfat
Group Work Guidelines
Distribution of work

• **Group 1**: Advocacy, Partnerships and Leadership (Areas 1.1, 1.2 and 1.3)

• **Group 2a**: Tobacco and Alcohol (Areas 2.1, 2.2)

• **Group 2b**: Diet, Physical Activity and Key Settings (Areas 2.3, 2.4 and 2.5)

• **Group 3**: Health System Strengthening (Areas 3.1, 3.2 and 3.3)

• **Group 4**: Surveillance, Research, Monitoring (Areas 4.1, 4.2 and 4.3)
Discussion Points

1. Overall comments on vision, goal
2. Suggested addition, deletion, modification of priority actions. Discuss process indicators to monitor priority actions
3. Discuss role of partners
4. Discussion on 11 regional targets (9 global + 2 additional targets
5. Any other
Targets

If you suggest any additional targets—

✅ High epidemiological and public health relevance
✅ Coherence with major strategies
✅ Evidence driven – availability of evidence-based and feasible public health interventions
✅ Evidence of achievability at country level
✅ Existence of unambiguous data collection instruments and potential to set a baseline and monitor change over time
Expected Outcome

The rapporteur is expected to make a 10 to 15 minute PowerPoint presentation to the plenary, summarizing the discussions and recommendations of the group.
Rooms for group work

- Group 1  Conference hall
- Group 2a  Thai Room (Second floor)
- Group 2b  Indonesia Room (First floor)
- Group 3  Sri Lanka Room (First floor)
- Group 4  Goa Room (Ground floor)