

## 32 The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030

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The WHO Global NCD Action Plan 2013–2030 (NCD GAP)<sup>1</sup> was developed in response to commitments made by Heads of State and Government in the Political Declaration at the first high-level meeting on NCDs at the UN General Assembly in 2011.<sup>2</sup> It is a successor to the WHO Global NCD Action Plan 2008–2013, which in turn stemmed from the WHO Global NCD Strategy 2000 (Chapter 30).<sup>3</sup> The NCD GAP was originally developed for 2013–2020 but in 2019 was extended to 2030<sup>4</sup> to align with the 2030 Sustainable Development Agenda.

The NCD GAP recognizes that four main NCDs (cardiovascular disease [CVD], cancer, chronic respiratory disease [CRD] and diabetes) are the main causes of mortality (including premature mortality i.e. deaths under the age of 70 years) and disease burden in the world (Chapter 1). These diseases are also largely preventable or can be delayed to later life by reducing a set of shared risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, although of course not all the four main risk factors are associated in equal measure with each of the four diseases (sometimes referred as the 4 x 4 approach). With regard to mental health, WHO adopted the Comprehensive Mental Health Action Plan in 2013;<sup>5</sup> mental health is therefore not part of the NCD GAP.

The NCD GAP focuses on the four major NCDs and their risk factors in order to emphasize common causes and highlights potential synergies in prevention and control. In 2018, air pollution was included as a fifth risk factor for the four main NCDs above.<sup>6</sup> The NCD GAP focuses on actions to prevent these NCDs at the population level, including multisectoral action to address social and commercial, including fiscal, legislative and regulatory measures. The NCD GAP also sets out actions that strengthen health systems to detect, diagnose and treat people with NCDs as well as those at greater risk of NCDs due to raised intermediate NCD risk factors (e.g. raised blood pressure, blood glucose, cholesterol, or increased body mass index) in order to reduce their risk of developing NCDs. The NCD GAP also provides actions to improve surveillance as well as the monitoring and evaluation of policies and programmes. The NCD GAP is based on scientific evidence and national and international experience accumulated over many years.

The WHO Secretariat provides reports to the World Health Assembly (WHA) on progress against the NCD GAP annually and has provided reports to the UN General Assembly in 2014, 2018 and will also do so in 2025. The UN Economic and Social Council (ECOSOC) is responsible for the ongoing monitoring and reviewing of progress on the 2030 Agenda, including the NCD-related SDG targets, in particular through the ECOSOC High-Level Political Forum (HLPF). Countries at national and sub-national levels are also encouraged by ECOSOC to undertake voluntary national reviews of progress at national and sub-national levels to HLPFs.<sup>7</sup>

## Objectives

The NCD GAP has six objectives to accelerate action on NCD prevention and control. These are presented in a simplified form in Box 32.1.

### **BOX 32.1 THE SIX OBJECTIVES OF THE NCD GAP**

1. *Advocacy*: to garner greater attention and cooperation for NCDs globally, regionally and nationally.
2. *Governance and partnerships*: to strengthen national capacity, leadership, governance, multisectoral action and partnerships for NCDs.
3. *Population-level prevention*: to reduce exposure to NCD risk factors and create health-promoting environments.
4. *Health system response*: to strengthen primary health care and promote universal health coverage in order to diagnose, manage and care for persons with NCDs and at risk of NCDs.
5. *Research and development*: to increase national capacity for high-quality research and development on NCDs.
6. *Monitoring and evaluation*: to monitor trends and determinants of NCDs, as well as the public health and health system response, and evaluate progress.

## Underlying principles

The NCD GAP relies on a set of nine overarching principles and approaches: (i) human rights approach; (ii) equity-based approach; (iii) national action, international cooperation and solidarity; (iv) multisectoral action; (v) life-course approach; (vi) empowerment of people and communities; (vii) evidence-based strategies; (viii) universal health coverage; and (ix) management of real, perceived or potential conflicts of interest.

### **Evidence-based effective and feasible interventions**

For Objectives 3 and 4 of the NCD GAP, a set of feasible and affordable interventions are described for each of the four diseases and the four risk factors. They were updated in 2017 and consist of:<sup>8</sup>

- 16 best buys: specific interventions with a cost-effective ratio <I\$ 100/DALY in low- and middle-income countries.
- 21 effective interventions: specific interventions with a cost-effective ratio >I\$ 100.
- 36 other recommended interventions: interventions where cost-effective analysis is not available.

The WHO best buys, effective interventions and other recommended interventions are set out in full in Chapter 34 on best buys and are also described in more detail in many of the other chapters in this compendium. They are currently being revised once again ahead of the WHA in 2023.

### **Policy options and enabling actions**

The NCD GAP also includes:

- 15 overarching/enabling actions to support the delivery of Objectives 3 and 4.
- 19 policy options to support Objectives 1, 2, 5 and 6.

Examples of policy options and enabling actions are:

- Strengthening leadership and political commitment (e.g. to address the harmful use of alcohol).
- Implementing broader strategic approaches (e.g. for the health system: training health workers, strengthening capacity and expanding the use of digital technologies to increase health service access).
- Prioritizing and increasing budgetary allocations.
- Establishing and/or strengthening a comprehensive NCD surveillance system.
- Strengthening research capacity.
- Implementing other relevant guidance (e.g. the Global strategy on diet, physical activity, WHO recommendations on the marketing of foods and non-alcoholic beverages to children, etc.).

Strategies, guidance, guidelines and toolkits have been developed (and continue to be developed) by WHO and other agencies to support countries across the six NCD GAP objectives. Many of these are described in chapters throughout the compendium.

## Targets and indicators

The NCD GAP includes:

- 25 indicators. These include two for *outcomes* (one for mortality and one for morbidity), 15 for modifiable *risk factors* (behavioural and biological), and eight for *national systems response*.
- Nine global voluntary targets. These include one for mortality, four for behavioural risk factors, two for biological risk factors and two for national systems response.

The full list of these nine targets and 25 indicators and further details are shown in Table 35.1 in the chapter on global accountability.

## Evaluation

An independent mid-point evaluation of the NCD GAP was undertaken in 2020 and the report was reviewed at the 2021 WHA.<sup>9</sup> The evaluation indicates that while there had been progress across all NCD GAP objectives, action needed to be scaled up considerably if the targets are to be met. A final evaluation is planned after 2030.

## How the NCD GAP should be used

The NCD GAP emphasizes the primary role and responsibility of governments in responding to the challenge of NCDs and the important role of international cooperation in supporting national efforts.

Each objective has: (i) specific policy options for WHO Member States; (ii) actions for the WHO Secretariat; and (iii) proposed actions for international partners and the private sector. This latter group covers: (a) international development agencies; (b) intergovernmental organizations, including the UN system; (c) foundations; (d) nongovernmental organizations; and (e) relevant private sector entities.

More details on these stakeholders and how they need to work together are provided in Section 6 of the compendium. Table 32.1 provides examples of actions across the three different groups for one of the NCD GAP objectives.

Most importantly, the NCD GAP can be used by governments and development agencies to develop their own NCD action strategies, plans and policies and national targets as well as those for more detailed ones, for example for individual risk factors or health systems specific improvement.

## Implementation road map 2023–2030

In 2022, the WHA adopted an implementation roadmap for 2023–2030 for the NCD GAP to accelerate action to meet global and national NCD targets.<sup>10</sup>

*Table 32.1* Examples of actions described in the WHO Global NCD Action Plan under Objective 1: raising the priority of NCDs in global, regional and national agendas through international cooperation and advocacy (simplified)

<i>Policy options for Member States</i>	<i>Actions for the WHO Secretariat</i>	<i>Proposed actions for international partners and the private sector</i>
<ul style="list-style-type: none"> <li>• Generate actionable evidence and disseminate information about the effectiveness of interventions or policies.</li> <li>• Integrate the prevention and control of NCDs into national health-planning processes and broader development agendas.</li> <li>• Forge multisectoral partnerships among governmental agencies, intergovernmental organizations, nongovernmental organizations, civil society and the private sector.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate coordination, collaboration and cooperation among the main stakeholders including Member States, UN funds, programmes and agencies, civil society and the private sector.</li> <li>• Offer technical assistance and strengthen global, regional and national capacity to raise public awareness about the links between NCDs and sustainable development.</li> <li>• Provision of policy advice and dialogue to increase revenues for prevention and control of NCDs through domestic resource mobilization, and improve budgetary allocations particularly for strengthening of primary health care systems.</li> <li>• Promote and facilitate international and intercountry collaboration for the exchange of best practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging the continued inclusion of NCDs in development agendas and initiatives.</li> <li>• Strengthening advocacy to sustain the interest of Heads of State and Government in the implementation of the commitments of the Political Declaration.</li> <li>• Support national efforts for prevention and control of NCDs, through the exchange of information on best practices and dissemination of research findings in the areas of health promotion, legislation, regulation, monitoring and evaluation and health systems strengthening.</li> <li>• Promote the development and dissemination of appropriate, affordable and sustainable transfer of technology.</li> </ul>

The roadmap has three strategic directions for implementing the NCD GAP: They are to: (i) accelerate national responses on the basis of epidemiology, risk factors, taking into account barriers and enablers; (ii) prioritize and scale up the implementation of the most impactful and feasible interventions in the national context; and (iii) ensuring timely, reliable and sustained national data on NCD risk factors, diseases and mortality to drive forward action and to strengthen accountability. The road map injects a new level of urgency into the NCD GAP, taking into account new developments since the publication of the NCD GAP in 2013. The road map includes the following actions for

WHO: (i) updating the set of best buys and other interventions; (ii) developing an NCD data portal to provide a visual summary of all NCD indicators; and (iii) develop heat maps for countries to identify specific NCDs and their contribution to the premature mortality.

## Notes

- 1 Global action plan for the prevention and control of noncommunicable diseases 2013–2020. WHO, 2013.
- 2 Political declaration of the high-level meeting of the general assembly on the prevention and control of non-communicable diseases. United Nations General Assembly, 2011.
- 3 Global strategy for the prevention and control of noncommunicable diseases. WHO, 2000.
- 4 Implementation of the 2030 agenda for sustainable development. Report by the Director-General. United Nations, 2019.
- 5 Comprehensive mental health action plan 2013–2030. WHO, 2013 (updated 2019).
- 6 Political declaration of the third high-level meeting of the general assembly on the prevention and control of non-communicable diseases. United Nations, 2018.
- 7 Voluntary national reviews. United Nations, Dept of Economic and Social Affairs, Sustainable Affairs Development Knowledge Platform. <https://sustainabledevelopment.un.org/vnrs/>
- 8 Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases. WHO, 2017.
- 9 Mid-point evaluation of the implementation of WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (Volume 1: Report). WHO, 2020.
- 10 Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. WHO, A75/10 Add.8, 2022.