WHO DISCUSSION PAPER FOR THE REGIONAL EXPERT CONSULTATIONS
(Version dated 20 August 2021)

DEVELOPMENT OF AN IMPLEMENTATION ROADMAP 2023–2030 FOR THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDS 2013–2030
Development of an implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

Resolutions

2013

WHA66.10 decided to “endorse the WHO Global Action Plan on NCDs” and to “adopt the set of nine voluntary global targets for achievement by 2025”.

2019

WHA72(11) confirmed “the objectives of the WHO Global Action Plan on NCDs as a contribution to SDG 3.4” and decided “to extend the period of the action plan to 2030 in order to ensure its alignment with the 2030 Agenda for Sustainable Development”

2021

WHA74(19) requests the DG to develop “an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030” (not: for SDG 3.4)
The report of the WHO Director-General to EB150 for agenda item 7 (NCDs) will include an Annex for each subitem


2. Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets

3. Draft global strategy on oral health

4. Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies

5. Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

6. Progress achieved in the prevention and control of noncommunicable diseases and mental health

7. Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage

8. Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority

9. Draft recommendations for the prevention and management of obesity over the life course, including potential targets

10. Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases
NCD Implementation roadmap 2023-2030

Process and timeline

June-August 21
- WHO regional technical expert consultations

3 Sep 21
- Information session for civil society, academic institutions, philanthropic foundations, and people living with or affected by noncommunicable diseases.

6-7 September 21
- The WHO Secretariat will convene an Open Discussion Forum on a draft implementation roadmap.

1 October 2021
- The Secretariat will submit a draft implementation roadmap for inclusion in the report to EB150 for agenda item 7 (NCDs)

May 2022
- Implementation supported with tools

January 2023
- Intercessional work if required

https://cms.who.int/teams/noncommunicable-diseases/governance#
WHO’s Global Health Estimates 2020 revealed that deaths from NCDs are on the rise. Globally, 7 of the top 10 causes of death in 2019 were noncommunicable disease, which is an increase from 4 of the top 10 causes in 2000.

In low- and middle-income countries, the premature death rate due to diabetes increased across both periods.

In February 2021, most countries reported disruptions in services related to mental health services (45%) and noncommunicable diseases (37%) as a result of the COVID 19 pandemic.
Despite the rapid progress made between 2000 and 2010 in reducing the risk of premature death from any one of the four main NCDs, the momentum of change has dwindled during 2010–2016, with annual reductions in premature mortality rates slowing for the main NCDs.
Progress in the components of the UHC service coverage index.

At least half of the world’s population still do not have full coverage of essential health services for NCDs, and over 800 million people spend at least 10 per cent of their household budgets to pay for health.
The NCD roadmap 2013-2030 will highlight the barriers in implementing the NCD GAP 2013-30 and provide evidence-based and cost-effective options to overcome them.

Using the NCD Global Monitoring Framework extended to 2030, identify pathways for achieving the targets on risk factor control, disease diagnosis and management, surveillance, intersectoral action, financing and other related areas.

Support countries to prioritize interventions based on their NCD epidemiological profile, available resources and other considerations, using a simulation tool.

The roadmap will promote a national, voluntary, collaborative and multisectoral process, which is supported by partners and relevant stakeholders, to advance NCD prevention and control and contribute to the SDG target on NCDs.

Bring together the various initiatives and technical packages for NCD prevention and control in a one-stop shop for easy access.

Showcase country best practices and successes across NCD prevention and control interventions.
• Overall, the NCD-GAP has contributed to raising the profile of NCDs internationally and in many countries
• Overall, progress in implementing the NCD-GAP has been slow and incremental rather than the kind of rapid acceleration to which the high-level processes associated with the NCD-GAP aspired
• Incremental progress has been made in addressing tobacco use but similar progress has not yet been seen with other risk factors
• UNIATF has effectively convened and supported coordination between United Nations agencies globally, regionally and in-country
More is needed to ensure NCDs are managed effectively through primary care so that people with NCDs, such as hypertension and diabetes, are diagnosed, treated and have their conditions controlled.

There is a need to ensure that vulnerable groups, different age groups and those in emergency settings are included in this provision.

Investment in and support for research has been suboptimal.

Data are reported regularly by almost all Member States but there is scope for much greater use and analysis of data.
Purpose of the implementation roadmap

The heterogeneity in the epidemiology, NCD risk factor and mortality risk profiles, as well as local socio-cultural and political contexts, suggests that countries might need to take appropriate domestic routes for action.

To encourage Member States to take, in 2023, measures to accelerate progress where actions have not been effective domestically, and to reorient and accelerate parts of their domestic action plans.

To serve as an overarching guide for countries, WHO and other UN System Organizations, and non-State actors to support the acceleration of ongoing national NCD responses, including through the multisectoral action plans for the period 2023 to 2030.
Roadmap will build on the guidance from WHO
CONTOURS OF THE ROADMAP
Strategic direction 1: To understand the drivers and trajectories of NCD burden across countries and epidemiological regions.

- Identifying barriers to implementing cost-effective interventions across NCD prevention and control.
- Evaluating progress in NCD targets.
- Impact of COVID-19 on NCDs.
Strategic direction 2: Scale-up the implementation of most impactful and feasible interventions in the national context

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<th>Engage</th>
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<td>• In country stakeholders</td>
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<td>• Private sector</td>
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<td>• PLWNCDs</td>
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<th>Accelerate</th>
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<td>• Web-tool</td>
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<td>• Accelerate ‘best-buys’</td>
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<td>• Include NCDs in PHC</td>
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<td>• NCDs in UHC benefit package</td>
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<td>• Sustainable financing</td>
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<td>• Build back better</td>
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<tr>
<td>• The Global Action Plan for Healthy Lives and Well-being for All</td>
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<td>• Mental health and wellbeing</td>
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<td>• Environmental pollution</td>
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<td>• Triple billion goals of GPW13</td>
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Alignment with UHC and PHC frameworks
Accelerator themes

1. Primary health care
2. Sustainable financing
3. Community and civil society engagement
4. Determinants of health
5. Fragile and vulnerable settings
6. Research and Development, Innovation and Access
7. Data and digital health
Proposal to develop a web tool based on the updated Appendix 3 and other NCD interventions

1. UHC Compendium
   - UHC compendium
   - NCD interventions

2. Appendix 3
   - Risk factor interventions
   - Clinical interventions
   - WHO guidelines
   - Technical packages
   - Additional interventions from technical units

3. Add policy-based interventions if not part of the compendium

4. NCD STAG meeting to review and endorse-cleared by WIN

5. WHO CHOICE modeling
   - Cost effectiveness and impact identified for short term up to 10 years and long term up to 25 years

6. Web tool for countries to assess the impact based on changing parameters
   - Identify priorities and get a generic costing

All interventions have to be placed in the compendium. Final list of interventions which are presented in the compendium are taken forward.
• Ensure timely and reliable data on NCD risk factors, diseases and mortality for informed decision making and accountability
NCD premature mortality target-SDG 3.4.1

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<tr>
<th>Domain</th>
<th>Outcome</th>
<th>Target 2025</th>
<th>Indicator</th>
<th>Extension to 2030</th>
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<tr>
<td>Mortality</td>
<td>Premature mortality from noncommunicable disease</td>
<td>A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</td>
<td>Target extended to a one third relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. This target is adapted as per the SDG target on NCDs and with 2015 as the baseline and an extrapolation of the 25% relative reduction to 2030 making it 33.3%.</td>
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<td>Behavioural risk factors</td>
<td>Harmful use of alcohol</td>
<td>At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context</td>
<td>Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context</td>
<td>Target extended to a 20% relative reduction in harmful use of alcohol. The proposed revision of the target is under the draft action plan on alcohol that will be considered by EB 150 and WHA75.</td>
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<td>Physical inactivity</td>
<td>A 10% relative reduction in prevalence of insufficient physical activity</td>
<td>Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)</td>
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<td>Target extended to a 15% relative reduction in prevalence of insufficient physical activity as part of the Global Action Plan on Physical Activity adopted by MS at WHA May 2018.</td>
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<td>Salt/sodium intake</td>
<td>A 30% relative reduction in mean population intake of salt/sodium</td>
<td>Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years</td>
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<td>Target extended to a 40% relative reduction in mean population intake of salt/sodium</td>
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<td>Tobacco use</td>
<td>A 30% relative reduction in prevalence of current tobacco use</td>
<td>Age-standardized prevalence of current tobacco use among persons aged 18+ years</td>
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<td>Target extended to a 40% relative reduction in prevalence of current tobacco use</td>
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<td>Biological risk</td>
<td>Raised blood pressure</td>
<td>A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances</td>
<td>Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure</td>
<td>Target extended to a 33% relative reduction in the prevalence of raised blood pressure</td>
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<td>Diabetes and obesity</td>
<td>Halt the rise in diabetes &amp; obesity</td>
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<td>Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose)</td>
<td>Halt the rise in diabetes and obesity (No change)</td>
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<td>Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity)</td>
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<td>National systems response</td>
<td>Drug therapy to prevent heart attacks and strokes</td>
<td>At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</td>
<td>Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</td>
<td>No change for this coverage target, however the indicator is updated to reflect new CVD risk projection charts: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥20%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</td>
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<td>Essential NCD medicines and basic technologies to treat major noncommunicable diseases</td>
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<td>An 80% availability of the affordable basic technologies and essential medicines, including generics required to treat major NCDs in both public and private facilities</td>
<td>Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities</td>
<td>No change for this coverage target.</td>
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Extending the nine voluntary global targets for 2025 to 2030

- Premature Mortality: 25% reduction (Baseline 2015) → 33.3% (2030)
- Tobacco Use: 30% reduction (2030)
- Salt/Sodium Intake: 30% reduction (2030)
- Harmful Use of Alcohol: 10% reduction (2030)
- Physical Inactivity: 10% reduction (2030) → 15% (2030)
- Raised Blood Pressure: 25% reduction (2030) → 33.3% (2030)
- Availability of Essential Medicines: 80% (2030)
- Diabetes/Obesity: 0% increase (2030)
- Drug Therapy and Counselling: 50% of eligible people (2030)
NCD country profiles (NCD4 and by diseases)

Trends in NCD premature mortality targets
NCD SDG
NCD GMF-premature mortality

GMF targets
8 targets

NCD country capacity surveys
CCS data

Global reports-living reports updated

Diabetes Cancer NCD Oral health

LINKS – DDI, PHC, UHC

NCD risk factors
- Tobacco
- Alcohol
- Unhealthy diet
- Physical inactivity

NCD data finder App
Potential risks and mitigation measures

- The impact of COVID 19 and other emergencies, on health systems and national resources.
- Inequity in prevention and access to health care
- Fragmented NCD narrative
- Climate change and NCDS and other synergies
- Decline in ODA for NCDs
Recommended actions for MS

a. Assess the current status of domestic NCD GAP implementation against the nine voluntary NCD global extended NCD targets and the SDG target on NCDs, identify high-impact interventions, and identify barriers to their implementation and opportunities for acceleration;

b. Strengthen national monitoring and surveillance systems for NCDs and their risk factors for reliable and timely data.
The recommended actions for international partners to be taken in 2022 include

• Assist and support WHO in the development and implementation of the roadmap 2013-2030.
The actions for the Secretariat to be taken in 2022 include:

- Complete the work on the development global implementation roadmap and publish the roadmap (as a technical product -WHO Public Health Good) before the end of 2022
  - Develop updates to the Appendix 3 of WHO’s global action plan for the prevention and control of NCDs 2013-2030
  - Propose updates to the new WHO Impact Framework that will assess the results of the Thirteenth General Programme of Work, 2019–2023
  - Scale up efforts to strengthen health information systems that include NCDs, and collect quality, timely and reliable data, including vital statistics, on NCDs
  - Develop an NCD dashboard for faster and easier monitoring
  - Ensure that the operational framework on strengthening primary health care includes NCD
  - Develop a simulation tool, before the end of 2022, using interventions for NCDs which are updated with the latest evidence and aligned to PHC and UHC frameworks
  - Support the health workforce needs of delivering NCD prevention and management
  - Support countries to foster research and innovations
  - Scale up strategic communication and partnerships to increase demand for NCDs
Building back the NCD agenda: differently but better

1. Include essential NCD services in PHC
2. Expand benefit packages for UHC to include NCDs
3. Implement 3 domestic regulatory/fiscal measures (tobacco, alcohol, sugar-sweetened beverages)
4. Secure seats for people living with NCDs at the decision-making tables of international financing mechanisms
5. Identify and implement a specific set of NCD best buys ("accelerators") to leapfrog progress towards SDG 3.4
6. Harvest digital technology to scale up screening, early diagnosis, and self-care for NCDs
7. Treat people living with NCDs during humanitarian emergencies
8. Establish treatment targets for hypertension and diabetes (similar to 90:90:90 target for HIV)
9. Establish meaningful and effective partnerships that contribute to SDG 3.4 on NCDs
10. Strengthen data and surveillance for the prevention and control of NCDs

Strengthen WHO’s business model to underpin these efforts through leadership, global goods, and country support.
Thank you