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STRATEGY AND PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Introduction

1. Noncommunicable diseases (NCDs), principally cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases, constitute the leading cause of mortality and of avoidable health care costs in the Region, with an estimated 4.45 million deaths in 2007 (1). NCDs are largely caused by common risk factors, namely tobacco use and exposure to secondhand smoke, unhealthy diet, physical inactivity, obesity, and harmful use of alcohol, among others. The NCD epidemic is driven by globalization, urbanization, and demographic and lifestyle changes. It is also strongly influenced by the social determinants of health, such as income, education, employment and working conditions, ethnicity, and gender (2). Private sector forces and culture also play major roles. Thus, NCDs are both a complex public health matter and an economic development challenge, requiring interventions by the health sector as well as other sectors of government, civil society, and the private sector (3-6).

2. This updated Regional Strategy and Plan of Action on NCDs was spurred by the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (UNHLM) (7). It follows five years of implementation of the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (2006) (8), on which a progress report was presented to the Directing Council in 2010. The present Strategy and Plan of Action is based on the World Health Organization (WHO) Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008-2013) (9), as well as the WHO Comprehensive Global Monitoring Framework and Voluntary Global Targets for the Prevention and Control of NCDs (2012) (10).

3. This Strategy and Plan of Action focuses on the four diseases, namely CVDs, cancer, diabetes, and chronic respiratory diseases, and four risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol, identified by WHO and the United Nations (UN) as those causing the greatest burden (7, 10). Obesity is also included, because it is a significant public health problem contributing to the burden of NCDs in the Region of the Americas, which has the greatest problem with obesity among the six WHO regions (2).

4. Other health issues, including mental health, oral health, ocular health, occupational health, and chronic kidney disease, are also recognized by the UNHLM as being closely related to NCDs (7). Addressing NCDs can promote synergies in addressing these other conditions, and vice versa. For example, depression is a risk factor for NCDs, and untreated depression in people with diabetes increases the risk of diabetes-related complications. The risk of dementia is increased in people with diabetes and hypertension. Periodontal diseases are linked with CVDs, respiratory diseases, and diabetes, and oral cancers are associated strongly with tobacco and alcohol use. With respect to work environments, occupational stress and occupational hazards are risk factors for a variety of NCDs. Some NCDs are linked to communicable diseases: for example, human papillomaviruses cause cervical cancer, and tuberculosis is linked to diabetes. Therefore, Member States in their national NCD plans should decide which health conditions and risks to address, based on their specific epidemiological situations and priorities. They should look for synergies and create strategies to address related communicable and noncommunicable diseases while still emphasizing the four main diseases and four main risk factors.

5. This revised Strategy, while building on previous strategies, places greater emphasis on raising the level of attention to NCDs in the development and economic agendas of Member States and the international community; on encouraging a multisector “all-of-society” approach (7), that includes government, the private sector, and civil society at the regional, subregional, and national levels; on interprogrammatic work within the Pan American Health Organization (PAHO) and WHO; on implementing the WHO “best buys” (11) and other cost-effective measures in a stepwise manner; and on making better use of communications using traditional and new social media. It also includes explicit outcome and exposure goals and targets for the Region, in alignment with the WHO global monitoring framework and targets (10).

Background

6. In the Region of the Americas, the past five to seven years have witnessed major new policy developments and strategic initiatives on NCDs at the national, subregional, and regional levels, many with the active participation and support of PAHO (12). Most notable are the Caribbean Community (CARICOM) Port-of-Spain Declaration on Noncommunicable Diseases (2007), the political declaration of the Regional High-Level

Consultation of the Americas on Noncommunicable Diseases and Obesity (2011), and the Aruba Call for Action on Obesity (2011), in addition to the UNHLM on the Prevention and Control of NCDs (2011) (7).

7. In addition, much new knowledge has been generated about the NCD burden and its impact on societies and economies (13). Data show that the top causes of death in the Americas, for both men and women, are CVDs, cancer, and diabetes. Together they are responsible for approximately 4.45 million deaths a year, of which 37% are in people under 70 years of age (1). The number of people in the Region living with an NCD is estimated at over 200 million. Millions more are at high risk of developing an NCD in the near future due to risk behaviors such as smoking and exposure to secondhand smoke, unhealthy diet, physical inactivity, obesity, and harmful use of alcohol. Many people also have multiple risks, which are multiplicative in their impact. There is now a much clearer understanding of how people's environment, living conditions, and lifestyles influence their health and quality of life. Poverty, uneven distribution of wealth, lack of education, rapid urbanization, population aging, and other economic, social, gender, political, occupational, behavioral, and environmental determinants of health are among the factors contributing to the rising incidence and prevalence of NCDs (12).

8. A joint study by WHO and the World Economic Forum on the economic impact of NCDs estimated that these diseases will cost low- and middle-income countries nearly US\$ 500 billion per year, equivalent to 4% of their current gross domestic product (GDP), if no action is taken (11, 13). The full regional cost of NCDs is not known at this time. But countries have begun to undertake studies to analyze the cost and economic impact of NCDs with the support of PAHO, ECLAC (UN Economic Commission for Latin America and the Caribbean), the Public Health Agency of Canada, the University of Washington, the OECD (Organisation for Economic Co-operation and Development), and other partners. In Latin American and the Caribbean, diabetes alone is estimated to cost \$65 billion a year (14). And obesity (BMI >30), with adult obesity trends in Mexico and Brazil projected to increase by 13%–17% between 2010 and 2030, is associated with health care costs in the range of \$400–600 million a year. A 1%–5% reduction in average body mass index (BMI) over this period could result in savings of \$100–200 million a year (12).

9. The most cost-effective interventions for NCD prevention and control are summarized in the WHO publication on NCD “best buys” (see Annex A) (11). Many other interventions are also effective, however, and can be considered as resources allow (15–19). These include, for example, home care for persons affected by NCDs (20), smoking cessation counseling, screening and brief interventions for alcohol problems (21), food labeling, restrictions on marketing of food and beverages to children (22–23), promotion of worksite physical activity (24), improved working conditions, and diabetic foot care.

10. The social determinants of NCDs such as equity, gender, human rights, and social protection also need to be taken into consideration in public policies to address NCDs. High levels of inequity in health status and in access to health care services exist in the Region. These health inequities coexist with broader socioeconomic inequities, resulting in unequal exposure to the health risks associated with poverty, environmental degradation, unsafe working conditions, and behavioral risk factors. This situation has a significant impact on NCDs. NCDs therefore should be a significant component of three major global health agendas, namely initiatives on the social determinants of health, the UN Conference on Sustainable Development known as Rio+20 (2012), and the Global Conference on Health Promotion (2013).

11. The UNHLM Declaration also recognizes that NCDs can only be successfully prevented and controlled through linkages and partnerships with sectors outside of health, notably agriculture, education, trade, development, finance, urban planning and transportation, and water and sanitation, among others (7, 9–10). Cross-sector partnerships, which combine the resources, competencies, and reach of multiple sectors, are an essential part of the solution. These partnerships should include not only government sectors but also nongovernmental organizations, professional associations, academic institutions, and the private sector. Toward this end, PAHO launched the Pan American Forum for Action on Noncommunicable Diseases as a regional platform to facilitate such multisector partnerships and serve as a model for national-level partnership platforms (12). Several countries, including Argentina, Brazil, Canada, Mexico, and Trinidad and Tobago, have established national multisector partnership mechanisms. The Pan American Alliance for Nutrition and Development is another mechanism that can implement intersectoral programs to address obesity and NCDs.

Situation Analysis

12. Despite these advances, NCDs continue to cause three out of every four deaths in the Americas, with CVDs responsible for 1.9 million deaths a year, cancer 1.1 million, diabetes 260,000, and chronic respiratory disease 240,000 (1). Of particular concern is the burden of premature deaths from NCDs: 1.5 million people a year die before the age of 70, which has serious implications for social and economic development. In addition, poor people are disproportionately affected by NCDs (25–26). For example, almost 30% of premature deaths from cerebrovascular diseases in the Americas occur in the poorest 20% of the population, whereas only 13% of those premature deaths occur in the richest 20% (27).

13. There are approximately 145 million smokers over 15 years of age in the Americas. The current prevalence of adult tobacco use varies widely across the Region, from 38% in Chile to 9% in Panama. Although most of the Region's smokers are men, tobacco use is increasing in women, especially younger women. Of all the WHO regions, the Region of the Americas has the smallest gap between male and female tobacco

consumption, with consumption being only about 1.5 times more common among men than women (1).

14. Obesity, especially childhood obesity, is a significant problem in the Region, with approximately 139 million overweight or obese people in 2005 (25% of the population of the Americas). This is projected to grow rapidly to reach 289 million by 2015 (39% of the population of the Americas). The problem is more pronounced in females in nearly all countries, with some exceptions (Brazil, among others). Low consumption of fruits and vegetables and high prevalence of physical inactivity have contributed to this problem. Among school-age children 5–12 years old, the rates for obesity and overweight have soared in the last decade, reaching 20% in Colombia and 30% in the United States (1).

15. Race, culture, and socially constructed gender roles affect women's and men's risks for NCDs. Tobacco and alcohol use have been associated with masculine gender norms, although the prevalence of these risk factors is increasing in women, especially female adolescents, in the Region. With respect to alcohol consumption, for example, men on average drink more often and consume larger quantities of alcohol than women do, with a higher frequency of episodic heavy drinking, in almost all countries in the Region. Another example of gender differences is that women with myocardial infarction tend to seek emergency services later than men do and are less likely to be diagnosed properly and treated adequately. Consequently, women have higher rates of heart attack complications than men, and more associated deaths. Afro-descendent populations, particularly young black adults, also have a greater frequency of heart disease and often do not receive timely treatment, thus suffering higher rates of death from heart attacks than most other racial/ethnic groups (16).

16. Many countries in the Region continue to have highly fragmented health services and systems, which leads to difficulties in access to high-quality early detection, diagnosis, and treatment of NCDs. Reorientation of health services is needed to provide continuous quality care for persons with chronic conditions rather than only management of acute, episodic events (28–29). Integrated care and care coordination, as opposed to vertical, fragmented services, will also ensure that people receive quality care and that those who present with co-morbid conditions such as NCDs and mental health disorders are treated appropriately (30–31).

17. Several countries in the Region, including Brazil, Canada, Chile, Costa Rica, and Cuba, have made progress in integrating their health service delivery networks and reorganizing them for better NCD management (12). Despite these good practices, addressing fragmentation and providing more equitable, comprehensive, integrated, and continuous health services, with greater use of self-care, remains a significant challenge for the majority of countries in the Americas. Regarding access to drugs, a recent study found low availability of medicines for chronic diseases, including diabetes, hypertension, and cardiovascular illnesses, along with wide variation in purchase prices.

Proposal

18. This proposal lays out a regional roadmap for prevention and control of NCDs in the period 2012–2020. It represents an evolutionary advance with respect to the previous NCD strategy launched in 2006, and takes into account the UNHLM Political Declaration. The overall intent is to reduce avoidable mortality, morbidity, risk factors, and costs associated with NCDs, thus promoting well-being and improving productivity and development prospects in the Region.

Core Principles

19. Eleven core principles guide this Strategy and Plan of Action:
- (a) NCDs should be on development and economic agendas, both national and regional, in compliance with the UNHLM Political Declaration.
 - (b) An all-of-society approach is needed for NCDs. This requires strategic alliances with sectors outside of health, involving governments, civil society, and the private sector.
 - (c) Social determinants, including economic and environmental factors, contribute significantly to NCDs. To reduce inequalities in health, NCD policies and programs need to address these determinants.
 - (d) Gender, ethnicity, migrant status, and cultural dimensions should be incorporated into the design of NCD policies and programs.
 - (e) Health promotion strategies should combine healthy policies, a healthy settings approach, and empowerment of people and communities to modify health determinants and stimulate action in schools, workplaces, and communities.
 - (f) A life-course approach is necessary, given that the early stages of life are the most effective periods for intervention to ensure healthy aging at the other end of the age spectrum.
 - (g) Evidence-based, comprehensive approaches are needed across the spectrum of health care services, including promotion, prevention, screening, diagnosis, treatment, patient self-care, rehabilitation, and palliative care.
 - (h) Health systems need to be strengthened and reoriented toward chronic care, with special attention to integrating NCD prevention and control into primary health care.
 - (i) Integrated quality care and attention to patient safety are key to improving the health of people with NCDs.
 - (j) Stronger policy and regulatory capacities are the foundation of NCD prevention and control.

- (k) Social communication, through both traditional media and new social media, can help promote healthy environments and behaviors and improve health outcomes.

Goal

20. The overall goal is to reduce avoidable mortality and morbidity from NCDs in the Region of the Americas.

Outcome Targets

21. Toward this end, the proposal identifies the three broad targets listed below. All take the baseline as 2010 and the target year as 2020. Targets marked with an asterisk (*) are those proposed by WHO for 2025 in “A Comprehensive Global Monitoring Framework for NCDs and Voluntary Global Targets for the Prevention and Control of NCDs.”¹ These will be subject to further modification following the 2012 World Health Assembly.

- (a) 25% relative reduction in mortality among persons aged 30–70 from CVD, cancer, diabetes, or chronic respiratory disease.*
- (b) 25% relative reduction in prevalence of raised blood pressure among persons aged 25+ years.*
- (c) No increase in obesity prevalence among persons aged 25+ years,* and 2% relative reduction in obesity prevalence in adolescents and children.

Key Objectives

22. Achieving targets (a) through (c) will require actions to strengthen national capacity to respond in a sustainable manner to the health and development threats posed by NCDs. The proposal therefore includes the following key objectives:

- (1) *Multisectoral policies and partnerships for NCD prevention and control:* Strengthen the incorporation of evidence-based public policies for NCD prevention and control in all relevant sectors of government and society, including development and economic agendas.
- (2) *Reduction of NCD risk factors and strengthening of protective factors:* Reduce the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and socially vulnerable populations, using integrated health promotion strategies to address the social, economic, and environmental determinants of health.

¹ Available from:
http://www.who.int/nmh/events/2011/consultation_dec_2011/WHO_Discussion_Paper_FINAL.pdf.

- (3) *Health system response to NCDs:* Improve coverage, access, and quality of care for NCD prevention and control; integrate NCD services into the national public health system, based on primary health care and sustained by policies and regulations.
- (4) *NCD surveillance and research:* Strengthen country capacity for surveillance of NCDs, their risk factors, and determinants, and utilize the results in NCD program monitoring, evaluation, and research.

Specific Objectives and Indicators

23. Each of the four key objectives is composed of several specific objectives, accompanied by indicators. Indicators associated with targets proposed by WHO for 2025 are marked with an asterisk (*).

Key Objective 1: Multisectoral policies and partnerships for NCD prevention and control.

Specific Objective 1.1: Establish *multisector partnerships* and integrate NCD prevention policies into sectors outside of health, such as agriculture, trade, education, labor, development, finance, urban planning, and transportation.

Indicators

- 1.1.1 Number of countries with a government-wide intersectoral mechanism, including public-private partnerships, to coordinate, promote, and implement multisector NCD policies. (Baseline: 4. Target: 20.)
- 1.1.2 Number of countries with multisector workplace wellness and occupational health initiatives to protect and promote health and prevent NCDs. (Baseline: 4. Target: 15.)

Specific Objective 1.2: Strengthen *national NCD plans*, with specific actions, targets, and indicators geared to the four priority NCDs and the four risk factors.

Indicator

- 1.2.1 Number of countries implementing a national multisectoral plan for NCD prevention and control. (Baseline: 10. Target: 35.)

Specific Objective 1.3: Expand *social protection policies* to provide universal coverage and more equitable access to services, essential medicines, and technologies for NCD diagnosis, treatment, rehabilitation, and palliative care.

Indicators

- 1.3.1 Number of countries with evidence-based NCD interventions in their national social protection schemes. (Baseline: 10. Target: 30.)
- 1.3.2 Number of countries with operational national policies addressing essential NCD medicines and health technologies, as part of the fulfillment of the right to health. (Baseline: 13. Target: 28.)

Key Objective 2: Reduction of NCD risk factors and strengthening of protective factors.

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

Indicators

- 2.1.1 Number of countries with a 30% relative reduction in prevalence of current tobacco smoking, measured as age-standardized prevalence among persons aged 15+ years.* (Baseline: 0. Target: 12.)
- 2.1.2 Number of countries that have implemented the four “best buys” from the WHO Framework Convention on Tobacco Control: taxes (Art. 6); smoke-free environments (art. 8); packaging and labeling (Art. 11); and a complete ban on tobacco advertisement, promotion, and sponsorship (Art. 13). (Baseline: 0. Target: 5.)

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

Indicator

- 2.2.1 Number of countries with a 10% relative reduction in alcohol per capita consumption, measured in liters of pure alcohol, in persons aged 15+ years.* (Baseline: 0. Target: 20.)

Specific Objective 2.3: Promote *healthy eating and active living* for health and well-being and to prevent obesity.

Indicators

- 2.3.1 Number of countries with operational national nutrition policies to support healthy eating in schools. (Baseline: 5. Target: 21.)

- 2.3.2 Number of countries that increase by at least 15% the proportion of children, adolescents, and adults who meet WHO physical activity guidelines.² (Baseline: 0. Target: 10.)
- 2.3.3 Number of countries that reduce age-standardized mean population intake of salt to less than 5 grams per day.* (Baseline: 0. Target: 10.)
- 2.3.4 Number of countries with regulations that restrict marketing to children of food and nonalcoholic beverages consistent with WHO guidelines. (Baseline: 4. Target: 12.)
- 2.3.5 Number of countries with national policies to eliminate industrially produced trans fats from the food supply.* (Baseline: 5. Target: 12.)

Key Objective 3: Health system response to NCDs.

Specific Objective 3.1: Strengthen the *competencies and skills* of health providers and public health professionals in NCD prevention and control, utilizing a multidisciplinary team approach.

Indicators

- 3.1.1 Number of countries taking steps to strengthen the capacity of primary health care providers for NCD prevention, screening, early detection, treatment, rehabilitation, and palliative care. (Baseline: 15. Target: 35.)
- 3.1.2 Number of countries taking steps to strengthen the capacity of oral health and other health care professionals for prevention and control of NCDs through oral health screening, early detection, referral services, and health promotion approaches. (Baseline: 1. Target: 7.)

Specific Objective 3.2: Improve the organization and quality of NCD *health services delivery* by implementing integrated management of NCDs in the health services network.

Indicator

- 3.2.1 Number of countries implementing a model of integrated management of NCDs (including, e.g., evidence-based guidelines, clinical information system, self-care, community support). (Baseline: 6. Target: 28.)

² Defined as reporting participation in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or equivalent combination.

Specific Objective 3.3: Increase access to and rational use of *essential medicines and technologies* for screening, diagnosis, treatment, rehabilitation, and palliative care of NCDs.

- 3.3.1 Number of countries that provide affordable access to medicines for NCDs, based on their essential medicines list. (Baseline: 5. Target: 25.)
- 3.3.2 Number of countries that provide affordable access to technologies for diagnosis and treatment of NCDs. (Baseline: 5. Target: 25.)
- 3.3.3 Number of countries utilizing the PAHO Strategic Fund to procure essential medicines and health technologies for cancer (chemotherapy drugs, palliative care medicines) and diabetes (insulin). (Baseline: 0. Target: 20.)

Specific Objective 3.4: Implement the *WHO clinical “best buys”* for NCDs, prioritizing CVDs, hypertension, diabetes, and cervical and breast cancer.

Indicators

- 3.4.1 Number of countries with 80% coverage of multidrug therapy (including glycaemic control) for CVD high-risk people aged 30+ years with a 10-year risk of heart attack or stroke >30% or existing CVD.* (Baseline: 3. Target: 10.)
- 3.4.2 Number of countries with documented improvement in hypertension control (<140/90 mm Hg) at the population level. (Baseline: 9. Target: 21.)
- 3.4.3 Number of countries with at least 80% of women aged 30–49 screened for cervical cancer at least once,* and followed up with appropriate treatment. (Baseline: 5. Target: 20.)
- 3.4.4 Number of countries with at least 50% coverage of breast cancer screening with imaging technology in women aged 50–70 years, in a three-year period. (Baseline: 7. Target: 25.)

Key Objective 4: NCD surveillance and research.

Specific Objective 4.1: Improve the *quality of NCD and risk factor surveillance systems*, including cancer registries.

Indicators

- 4.1.1 Number of countries with high-quality NCD mortality data (based on international criteria for completeness and coverage and percentage of ill-defined or unknown causes of death). (Baseline: 12. Target: 28.)

- 4.1.2 Number of countries with NCD morbidity data, including prevalence and incidence trends (based on hospital discharge data and disease registries), meeting international requirements for quality. (Baseline: 8. Target: 20.)
- 4.1.3 Number of countries with at least two repeated population surveys of NCD risk factors, in adults and youth. (Baseline: 6. Target: 12.)

Specific Objective 4.2: Improve utilization of NCD and risk factor surveillance systems to plan and monitor NCD programs.

Indicator

- 4.2.1 Number of countries that produce and share updated information and trends on NCDs and their health determinants, risk factors, and social distribution. (Baseline: 9. Target: 28.)

Specific Objective 4.3: Strengthen NCD research, including gender analysis and socioeconomic evaluation, utilizing surveillance data.

Indicators

- 4.3.1 Number of countries with an operational research agenda on NCDs, including economic evaluations. (Baseline: 3. Target: 10.)
- 4.3.2 Number of countries with an operational research agenda on cost-effectiveness of health service interventions. (Baseline: 3. Target: 10.)

Monitoring and Evaluation

24. This Plan of Action contributes to the achievement of Strategic Objectives (SOs) 3,³ 4,⁴ 6,⁵ and 9⁶ of the PAHO Strategic Plan. Additional SOs, as well as the specific Region-wide Expected Results (RERs) to which this Plan of Action contributes, are detailed in Annex C.

³ **SO3:** To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries

⁴ **SO4:** To reduce morbidity and mortality and improve health during key stages of life, such as pregnancy, childbirth, the neonatal period, childhood, and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

⁵ **SO6:** To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions

⁶ **SO9:** To improve nutrition, food safety, and food security throughout the life-course, and in support of public health and sustainable development

25. Monitoring, assessment, and evaluation of this Strategy and Plan of Action will follow the results-based management guidelines of PAHO. A progress report will be prepared at midterm and a final report will be prepared at the end of the period. A publication on NCD indicators in the Americas will also be prepared, in 2015 and again in 2020, and will examine the demographic and socioeconomic situation, NCD epidemiological data disaggregated by age, sex, and ethnicity, and policies related to NCDs and risks factors. This will enable PAHO and Member States to see the advances in fulfillment of the plan. Key sources of data will include STEPS risk factor surveys, vital registration and mortality reporting systems, global school health surveys, tobacco surveys, and NCD national capacity surveys.

Action by the Executive Committee

26. The Executive Committee is requested to review the proposed Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases and recommend that the 28th Pan American Sanitary Conference endorse it and adopt the accompanying resolution in Annex B.

Annexes

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SUMMARY OF WHO NCD “BEST BUYS”

Topic	Interventions
Tobacco control	<ul style="list-style-type: none"> • Raising taxes on tobacco • Smoking bans in public places • Label warnings • Bans on tobacco advertising, promotion and sponsorship
Alcohol control	<ul style="list-style-type: none"> • Raising taxes on alcohol • Restricting access to retailed alcohol • Bans on alcohol advertising, promotion and sponsorship
Healthy eating and active living	<ul style="list-style-type: none"> • Public awareness • Replacing trans-fats in foods with polyunsaturated fats • Reducing salt content in foods
Cancer screening	<ul style="list-style-type: none"> • Cervical cancer screening, followed by removal of lesions • Breast cancer screening with biennial mammography in women 50-70 years of age followed by treatment • Early detection of colorectal and oral cancers
NCD clinical management	<ul style="list-style-type: none"> • Multi-drug therapy for people at high risk for CVD • Aspirin therapy for myocardial infarction • Glycemic control for diabetes • Treatment for persistent asthma with inhaled steroids



PAN AMERICAN HEALTH ORGANIZATION
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150th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2012

CE150/14 (Eng.)
Annex B
ORIGINAL: ENGLISH

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases* (Document CE150/14);

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CSP28/__);

Recalling the PAHO Directing Council resolution (CD47.R9 [2006]) on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health, which urges Member States to prioritize and establish policies and programs on noncommunicable diseases (NCDs);

Recalling the Ministerial Declaration for Prevention and Control of Non-communicable Diseases from the 2011 Regional High-Level Consultation of the Americas on Noncommunicable Diseases and Obesity in Mexico City, which confirmed a commitment to strengthen and/or reorient NCD policies and programs;

Taking note with appreciation of the Declaration of the Heads of State and Government of the Caribbean Community entitled “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”;

Reaffirming the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases;

Noting with profound concern that noncommunicable diseases account for more than 75% of all deaths in the Americas; that more than a third of these deaths (37%) are premature deaths of people under 70 years of age; and that NCDs are among the leading causes of morbidity and disability;

Alarmed by the developmental and socioeconomic impacts of NCDs and their impact on health systems, by inequalities in the burden of NCDs, and by their rising rates, which are largely attributable to the social determinants of health, including demographic, environmental, and lifestyle changes, as well as gender, cultural, and economic factors;

Recognizing that the main NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—share four common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and lack of physical activity; and that addressing NCDs may lead to synergies in addressing related conditions, including mental health, ocular health, renal health, and oral health;

Noting with concern the rising levels of obesity in the Region, particularly among children and youth, and aware that urgent action is required to curb this trend; and

Cognizant that cost-effective interventions are available, at various resource levels, to prevent and control NCDs throughout the life course; that coordinated actions across all sectors of society are required; and that it is time for governments, civil society, and the private sector to establish partnerships to prevent and control further rises in NCDs;

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for the Prevention and Control of Noncommunicable Diseases.
2. To urge the Member States to:
 - (a) give high priority to NCDs and include them as an integral component of social protection policies and national health and development plans;
 - (b) establish or strengthen multisector mechanisms to promote dialogue and partnerships across relevant government and nongovernmental sectors;
 - (c) develop, implement, and evaluate the NCD policies, surveillance, health services, and community-based actions recommended in this Strategy, adapted to national context and circumstances;
 - (d) strengthen or establish monitoring and evaluation systems for NCD policies and programs to determine their effectiveness and impact and to guide resource allocation.
3. To request the Director to:
 - (a) implement the NCD Strategy and Plan of Action through all relevant programmatic areas of the organization and in coordination with other UN agencies and the inter-American system, international organizations, and subregional entities;
 - (b) provide technical cooperation to Member States in developing, implementing, and evaluating NCD policies, plans, and programs, according to their circumstances and needs;
 - (c) provide support to Member States in fostering an all-of-society response through multisector partnerships and national NCD commissions;
 - (d) support Member States in their efforts to strengthen the capacities and competencies of the health services and health workforce, with an emphasis on primary health care for NCD prevention and control;
 - (e) promote regional collaboration and knowledge exchange on good practices and successful interventions for multisector NCD policies, plans, and programs,

- (f) through the CARMEN network and the Pan American Forum for Action on Noncommunicable Diseases, and related forums and networks;
- (g) provide a progress report every two years on this Strategy and Plan of Action to the Directing Council.



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CE150/14 (Eng.)
Annex C

**Report on the Financial and Administrative Implications
for the Secretariat of the Proposed Resolution**

**1. Agenda item: 4.4 Strategy and Plan of Action for the Prevention and Control of
Noncommunicable Diseases**

2. Linkage to Program and Budget:

(a) Area of work and (b) Expected results:

SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

RERs: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6

SO4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

RERs: 4.2, 4.6, 4.8

SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

RERs: 6.1, 6.2, 6.3, 6.4, 6.5

SO9: To improve nutrition, food safety and food security throughout the lifecourse, and in support of public health and sustainable development.

RERs: 9.1, 9.2, 9.3, 9.4

SO 10: To improve the organization, management and delivery of health services.

RERs: 10.1, 10.2, 10.3

SO11: To strengthen leadership, governance and the evidence base of health systems.

RER: 11.1, 11.2, 11.3, 11.4, 11.5

SO12: To ensure improved access, quality and use of medical products and technologies.

RER: 12.1 12.2, 12.3

SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

RER: 13.1, 13.4

SO14: To extend social protection through fair, adequate and sustainable financing.
RER: 14.1, 14.2, 14.4, 14.5

3. Financial implications

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):

Technical and financial cooperation with all the organizations and institutions with whom PAHO collaborates in NCD prevention and control will be required for the successful implementation of this NCD Strategy and Plan of Action. An estimated \$32 million over the 8 year period 2012-2020 would be required to cover the costs for PAHO staff and activities to implement this Plan.

(b) Estimated cost for the biennium 2012-2013 (estimated to the nearest US\$ 10,000, including staff and activities):

The estimated cost for the biennium is \$8.0 Million.

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

Current funding available for NCDs through PAHO's regular budget, WHO contributions and extra-budgetary sources will be applied to this Strategy. A resource mobilization effort, as well as a multisector approach through the Pan American Forum for Action on NCDs, is needed to raise additional funds required for this Strategy.

4. Administrative implications

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

NCD prevention and control activities will be implemented at regional, sub regional, national and sub-national levels, in close collaboration with the Ministries of Health.

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

Within the chronic disease project (HSD/NC) in Washington, D.C. there are currently 1 P-5 level and 4 P-4 level posts, as well as 2 short term consultants at the P-2 level. Within PAHO/WHO country offices, there are currently 3 P-4 level staff designated to work primarily on NCDs. Additional staff recruitment would be needed to manage the Pan American Forum for Action on NCDs (P-4 level post), as well as designating PAHO/WHO country office professional officers, one in each sub-region, to serve as sub-regional NCD advisors.

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

- September 2012: PAHO Directing Council approves the NCD Strategy and Plan of Action
- September–December 2012: detailed workplans developed for the implementation of the NCD Strategy and Plan of Action; resource mobilization
- 2013-2014: Implementation
- 2015-2019: continued Implementation and document successful advances
- 2016: Mid-term progress report
- 2019: Evaluation of the Strategy and Plan of Action
- 2020: present documentation and evaluation of the NCD Strategy and Plan of Action



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Annex D

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

- 1. Agenda item:** Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases
- 2. Responsible unit:** Area of Health Surveillance, Disease Prevention and Control, Chronic Disease Prevention and Control Project (HSD/NC)
- 3. Preparing officers:** James Hospedales, Silvana Luciani, Alberto Barcelo, Pedro Ordunez, Branka Legetic
- 4. List of collaborating centers and national institutions linked to this Agenda item:**
 - Ministries of Health, non-governmental organizations and networks participating in PAHO's CARMEN initiative of national chronic disease program managers.
 - Private and public sector organizations involved in PAHO's initiative on the Pan American Forum for Action on NCDs.
 - Professional societies and associations working in NCD prevention and control, including the Inter-American Society of Cardiology, the Latin American and Caribbean Society of Medical Oncologists, and Latin American Society for Nephrology and Hypertension.
 - WHO Collaborating Centres related to NCDs, including the Public Health Agency of Canada (NCD policy), US Centers for Disease Control and Prevention (physical activity), University of Toronto (health promotion), University of Missouri (evidence-based public health), Cuba's National Institute of Endocrinology (diabetes).
 - National health institutes working in NCD prevention and control, including the US National Institutes of Health, Mexico's National Public Health Institute, and the Latin America national cancer institutes (RINC).
 - For economic aspects of NCDs, the Economic Commission of Latin America and the Caribbean (ECLAC), with the OECD, University of Washington and the University of McGill.
- 5. Link between Agenda item and Health Agenda for the Americas 2008-2017:**

This Strategy and Plan of Action for the Prevention and Control of NCDs intends to strengthen national capacity to respond to the health and development threat posed by NCDs, through multisectoral policies, risk factor reduction, health system strengthening and

surveillance. It builds upon the previous NCD Strategy (2007), with a greater emphasis on multisector "all of society" approach, and implementing the WHO "best buys" and other cost-effective interventions. This Strategy directly supports and provides specificity for the Health Agenda for the Americas, Area of Action on Reducing the Risk and Burden of Disease. The following excerpt from the Health Agenda for the Americas 2008-2017 best illustrates the links with this Strategy:

‘While efforts continue to control the transmission of infectious diseases, the countries of the Americas should emphasize the prevention and control of non-communicable diseases, which have become the principal cause of morbidity and mortality in the Region. Specific actions should be initiated or strengthened to control diabetes, cardiovascular and cerebrovascular diseases, types of cancer with the greatest incidence, as well as hypertension, dyslipidemia, obesity, and physical inactivity. To cover the growing gap in mental health care, policies that include the extension of programs and services need to be developed or updated. Each country will have to target these actions, aimed at reducing risks and burden of disease, by age groups and geographical criteria as needed. The health authority should be highly active in promoting healthy lifestyles and environments. Changes in behavior will only be sustained if they are accompanied by environmental, institutional, and policy changes that truly allow people to choose lifestyles that involve healthy eating habits, physical activity, and not smoking. Collaboration with industry, the media, and other strategic partners is needed to produce and market healthier foods, and with the education sector so that schools set an example of good dietary practices and promote healthy habits.’

6. Link between Agenda item and Strategic Plan 2008-2012:

This Strategy is linked to the following Strategic Objectives in the PAHO Strategic Plan 2008-2012:

SO3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

SO4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.

SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

SO9: To improve nutrition, food safety and food security throughout the lifecourse, and in support of public health and sustainable development.

SO10: To improve the organization, management and delivery of health services.

SO11: To strengthen leadership, governance and the evidence base of health systems.

SO12: To ensure improved access, quality and use of medical products and technologies.

SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

SO14: To extend social protection through fair, adequate and sustainable financing.

7. Best practices in this area and examples from countries within the Region of the Americas:

Highlights of the good practices and successful examples of country interventions for NCD prevention and control were published by PAHO in 2011 in *Non-Communicable Diseases in the Americas: Building a healthier future*. Experiences with developing strong public policies for tobacco control, healthy eating, physical activity are highlighted, along with successful health service models of improving care for persons with chronic illnesses and increasing access to services and medicines for better NCD control. Highlights of the recent progress with NCD policy and programs from the Region are summarized as follows:

- Almost all Member States have developed comprehensive national NCD plans, and improved their surveillance and data on NCD risk factors and mortality.
- Multisectoral mechanisms for an all of society approach to NCDs have been established by several countries, such as the CONACRO in Mexico, the “Let’s Move” initiative of the US First Lady, and the National Forum of Brazil.
- The WHO Framework Convention on Tobacco Control has been ratified by 29 countries in the Americas, which has led to adoption of cost-effective tobacco control measures.
- Dietary salt reduction, which is a ‘best buy’ is being pursued in Canada, USA, Argentina, Brazil, and Chile through multi-sector approaches.
- To address obesity, several countries including Aruba, Mexico, Canada, Colombia and USA have created multisectoral policies, laws and programs aimed to promote healthy weights for children, youth and adults.
- Scaling up of access to preventive care for persons with NCDs has occurred in several countries, including Jamaica with an innovative national health fund, USA with health insurance reform, Brazil with free medications for hypertension and diabetes and free care for breast and cervical cancer, Mexico with NCD coverage in the Seguro Popular, Chile with the AUGE coverage of NCD services, Trinidad and Tobago with a Chronic Disease Assistance Program which is contributing to their having the steepest observed decline in cardiovascular disease mortality rates.
- Cervical cancer screening, another ‘best buy’ for a highly preventable NCD, is being strengthened in over 10 countries in the Region through the introduction of new technologies and approaches to improve the coverage, quality and follow up treatment for at risk women.

8. Financial implications of this Agenda item:

Technical and financial cooperation with all the organizations and institutions with whom PAHO collaborates in NCD prevention and control will be required for the successful implementation of this NCD Strategy and Plan of Action. An estimated \$32 million over the 8 year period 2012-2020 would be required to cover the costs for PAHO staff and activities to implement this Plan. This includes maintaining current staff, hiring an additional 4 staff, and implementing all the activities in the plan.

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