Prevention and control of noncommunicable diseases (NCDs) requires policy and health service interventions to address the four main diseases and their underlying risk factors. This is a summary of the WHO cost-effective interventions, which provides a menu of evidence-based options to guide policy decisions.¹

**REDUCE TOBACCO USE**

- Increase excise **taxes and prices** on tobacco products
- Implement **plain packaging** and/or large graphic health warnings on tobacco packages
- **Ban tobacco advertising, promotion and sponsorship**
- **Ban smoking** in all indoor workplaces, public places, and on public transport
- **Warn about the harms** of smoking/tobacco use and second hand smoke through mass media campaigns
- Provide tobacco **cessation programs**

**REDUCE HARMFUL USE OF ALCOHOL**

- Increase excise **taxes** on alcoholic beverages
- **Ban or restrict alcohol advertising**.
- **Restrict the physical availability** of retailed alcohol
- Enact and enforce **drink-driving laws** and blood alcohol concentration limits
- Provide **psychosocial intervention** for persons with hazardous and harmful alcohol use

**PROMOTE HEALTHY DIET**

- **Reduce salt intake** by:
  - product reformulation and setting targets for the amount of salt in foods and meals
  - providing lower sodium options in public institutions
  - promoting behavior change through mass media campaigns
  - implementing front-of-pack labeling
- **Ban trans-fats** in the food chain
- Raise **taxes on sugar-sweetened beverages** to reduce sugar consumption

**PROMOTE PHYSICAL ACTIVITY**

- **Promote physical activity** with mass media campaigns and other community based education, motivational and environmental programs
- Provide **physical activity counselling** and referral as part of routine primary health care
• Offer **glycemic control** for people with diabetes
• Provide **preventive foot care** for people with diabetes
• Screen diabetes patients for retinopathy and provide laser photoocoagulation to **prevent blindness**

**DIABETES**

• Provide **drug therapy and counselling** for eligible persons at high risk to prevent heart attacks and strokes
• **Treat** new cases of acute myocardial infarction with either acetylsalicylic acid and clopidogrel, or thrombolysis, or primary percutaneous coronary interventions
• **Treat acute ischemic stroke** with intravenous thrombolytic therapy
• **Prevent rheumatic fever** and rheumatic heart disease by increasing treatment of streptococcal pharyngitis at primary care level and developing a register of patients who receive regular prophylactic penicillin

**CARDIOVASCULAR DISEASE**

• **Prevent cervical cancer** by:
  – vaccinating girls aged 9–13 years against human papillomavirus
  – screening women aged 30–49 years, with the Pap smear, or human papillomavirus test, or visual inspection with acetic acid
• Provide **breast cancer screening** for women aged 50-69 years, with mammography linked to timely diagnosis and treatment
• Provide **surgery, chemotherapy and radiotherapy** treatment for cancer
• Provide home-based and hospital-based **palliative care** services

**CANCER**

• **Provide symptom relief** for patients with asthma, and for patients with chronic obstructive pulmonary disease, with inhaled salbutamol
• **Provide treatment** for patients with asthma, using low dose inhaled beclometasone and short acting beta agonist

**CHRONIC RESPIRATORY DISEASE**

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Note: The source document includes a comprehensive listing of 88 interventions that are categorized as overarching/enabling policy actions, the most cost-effective interventions, and other effective interventions. This document presents a short summary of the main evidence based NCD interventions.