5. WESTERN PACIFIC REGIONAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs (2014–2020)

5.1 Overview

**VISION** Governments and societies sustain their political and financial commitments to prevent and control noncommunicable diseases (NCDs) so that these diseases are no longer a barrier to socioeconomic development.

**MISSION** To scale up effective interventions to prevent and control NCDs through health-promoting environments.

**GOAL** To reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs in the Western Pacific Region.

5.2 Overarching principles and approaches

*Leadership and coordination*

Prevention and control of NCDs need a “whole-of-government” and a “whole-of-society” approach. The health sector has to take the lead in evidence-based advocacy and monitoring. Beyond inclusion in national health plans, NCD prevention and control should be included in national development plans.

*Human rights*

NCD prevention and control strategies must be formulated and implemented in accordance with international human rights conventions and agreements.

*Empowerment of people*

Individuals, families, communities and societies should be empowered and involved in activities for the prevention and care of NCDs.
Evidence-based practice

Strategies for the prevention and control of NCDs need to be based on scientific evidence and public health principles.

Life-course approach

A life-course approach is key to the prevention and control of NCDs. The process starts with maternal health, including preconception, antenatal and postnatal care and maternal nutrition. In addition, proper infant feeding practices, including promotion of breastfeeding and health promotion of children, adolescents and youth, followed by promotion of a healthy working life, healthy ageing and care of NCDs for people in later life, are integral components of a life-course approach.

Multisectoral action

Effective NCD interventions require a number of combined elements including, as appropriate, meaningful community participation and engagement, supportive policy prioritization and settings, multisectoral collaboration, a health-in-all-policies approach and active partnerships among national authorities, nongovernmental organizations, academia and private sector.

Universal health coverage and equity

Good health is essential to sustained economic and social development and poverty reduction. Access to needed health services is crucial for maintaining and improving health. At the same time, people need protection from being pushed into poverty because of the cost of health care.

Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. Universal health coverage has therefore become a major goal for health reform in many countries and a priority objective of WHO.

All people should have full access to health care and opportunities for the prevention and control of NCDs based on need regardless of age, sex, social status, presence of disabilities and the ability to pay.

5.3 Objectives and actions for Member States and WHO

The objectives of the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) are aligned with Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) for consistency and to help Member States adapt them to their national context. Recommended actions for Member States and WHO are provided by objectives.
In summary, the objectives are as follows:

1. To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.

3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.

4. To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.

5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.

6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

**OBJECTIVE 1**

To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

**Recommended actions for Member States**

1. Strengthen advocacy for the implementation of the commitments of the Political Declaration of the High-level Meeting of the General Assembly on Non-communicable Disease Prevention and Control and secure sustained political commitment for action against NCDs.

2. Integrate NCDs into national strategic and development plans with special attention to social determinants of health and the health needs of vulnerable populations.

3. Promote universal health coverage as a means of prevention and control of NCDs.


5. Advocate for adoption of the voluntary global NCD targets as national targets, as appropriate to the national context.
**Recommended actions for WHO**

1. Provide technical assistance to raise public awareness about the links between NCDs and sustainable development including integration of the prevention and control of NCDs into national health and development planning processes and the United Nations Development Assistance Framework.

2. Facilitate coordination, collaboration and cooperation among the main stakeholders including Member States; United Nations funds, programmes and agencies; civil society; and the private sector, as appropriate.

3. Strategically advocate for action on NCDs and adoption of global targets at the highest levels of political leadership in countries and among United Nations funds, programmes and agencies; development partners; donors; and regional bodies, such as the Association of Southeast Asian Nations (ASEAN), the Asian Development Bank (ADB), Asia-Pacific Economic Cooperation (APEC), the Organisation for Economic Co-operation and Development (OECD) and the Secretariat of the Pacific Community (SPC).

**OBJECTIVE 2**

To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.

**Recommended actions for Member States**

1. Develop or strengthen national multisectoral policies and plans for NCD prevention and control.

2. As appropriate to the national context, set up a national multisectoral mechanism, such as a high-level commission, agency or task force, for shared leadership, policy coherence (e.g. health and trade) and mutual accountability of different sectors of policy-making that have a bearing on NCDs.

3. Secure adequate, reliable and sustained resources for action against NCDs.

**Recommended actions for WHO**

1. Provide technical support for developing and strengthening national multisectoral policies (e.g. health and trade), plans and mechanisms for implementing programmes for the prevention and control of NCDs.

2. Provide technical support to assist Member States to identify, cost and prioritize an affordable package of NCD interventions appropriate to the national context, capacity and available resources.

3. Create opportunities for sharing of information, exchange of knowledge, best practices, tools and templates.

4. Provide technical support and guidance materials for advocacy, resource mobilization and implementation of very cost-effective interventions for the prevention and control of NCDs.
OBJECTIVE 3
To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through the creation of health-promoting environments.

Recommended actions for Member States

1. Tobacco control: Accelerate implementation of the WHO FCTC, prioritizing efforts to:
   a. reduce the affordability of tobacco products by increasing tobacco excise taxes;
   b. create by law completely smoke-free environments in all indoor workplaces, public places and public transport;
   c. warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns; and
   d. ban all forms of tobacco advertising, promotion and sponsorship.

2. Reduce harm from alcohol: Advance the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, prioritizing efforts to:
   a. regulate commercial and public availability of alcohol,
   b. restrict or ban alcohol advertising and promotions,
   c. use pricing policies such as excise taxes on alcoholic beverages,
   d. strengthen drink-driving policies and countermeasures.

3. Promote a healthy diet.
   a. Implement the WHO Global Strategy on Diet, Physical Activity and Health.
   b. Strengthen national food and nutrition policies and action plans and implementation of related global strategies.
      i. Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
      ii. Implement WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.
   c. Develop guidelines, recommendations or policy measures that engage relevant sectors, such as food producers and processors and other commercial operators, to:
      i. reduce the level of salt/sodium in prepared or processed food;
      ii. increase availability, affordability and consumption of fruit and vegetables;
      iii. replace trans fats with unsaturated fats;
      iv. reduce saturated fatty acids in food and replace with unsaturated fatty acids;
      v. reduce free and added sugars in food and non-alcoholic beverages;
vi reduce portion size and energy density of foods in order to limit calories; and
vii reduce the impact of marketing of foods and non-alcoholic beverages to children.

d. Promote the provision and availability of healthy food in all public institutions including schools, other educational institutions and workplaces.
e. Promote nutrition labelling for all pre-packaged foods.

4. Promote physical activity.
   a. Adopt and implement national guidelines on physical activity for health.
   b. Develop policy measures to promote physical activity through activities of daily living, including through “active transport”, recreation, leisure and sport.
   c. Conduct public campaigns through mass media, social media and at the community level and social marketing initiatives to inform and motivate adults and young people about the benefits of physical activity and to facilitate healthy behaviours.

5. Create enabling environments through settings-based approaches.
   a. Adopt settings-based approaches, such as cities, islands/villages, workplaces, schools, clinics and hospitals, to offer healthier dietary choices and to create enabling environments for physical activity, as well as make possible smoke-free environments.

**Recommended actions for WHO**

1. Provide technical assistance to reduce modifiable risk factors through implementing the WHO FCTC and its guidelines, the WHO global strategies for addressing modifiable risk factors and other health-promoting policy options, including healthy workplace initiatives, health-promoting schools and health-sensitive urban development.

2. Develop tools for advocacy and support policy and programme implementation, including skills and capacity-building.

3. Advocate for engagement with local governments and settings to implement NCD prevention and control interventions.

4. Identify models and guidance for best practices in collaboration with other sectors and support their wider implementation.

5. Develop guidance for engagement with the labour sector on health promotion in the workplace and workers health.

6. Develop guidance for engagement with trade, finance and other relevant sectors.
OBJECTIVE 4

To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.

Recommended actions for Member States

1. Highlight the importance of NCD prevention and control in universal health coverage.
2. Strengthen the role of primary and secondary health-care and referral systems in overall efforts to prevent, control and manage NCDs.
3. Enhance access to essential NCD interventions through a defined service package, such as adapting the WHO Package of Essential Noncommunicable Disease Interventions (PEN) in the primary health-care system, and through appropriate referrals, as part of universal health coverage:
   a. scale up early detection and coverage and prioritize very cost-effective, high-impact interventions to address behavioural risk factors;
   b. provide counselling and patient education, including the provision of brief advice for tobacco cessation and reducing harmful use of alcohol;
   c. assess, manage and treat risk factors and link with family and community-based approaches for lifestyle modification;
   d. refer people at high risk of disease and complications;
   e. prevent liver cancer through hepatitis B immunization as part of the Expanded Programme on Immunization;
   f. prevent cervical cancer through cost-effective screening methods, such as visual inspection with acetic acid [VIA] and/or Pap smear (cervical cytology), linked with timely treatment of pre-cancerous lesions;
   g. secondary prevention of rheumatic fever and rheumatic heart disease;
   h. provide multidrug therapy, including glycaemic control for diabetes mellitus for individuals who have had a heart attack or stroke, and to people at high risk (> 30%) of a cardiovascular event within 10 years; and
   i. aspirin therapy for acute myocardial infarction.
4. Shift from reliance on user fees levied on ill people to the protection provided by pooling and prepayment, with inclusion of NCD services.
5. Strengthen health workforce and institutional capabilities for the implementation of NCD prevention and control through patient-centred service models, multidisciplinary teams, quality-assurance measures and continuing education.
6. Expand access to community-based rehabilitation.
7. Provide health-financing arrangements to cover NCD prevention, screening, management and control.
8. Improve access to palliative care and pain relief for patients with cancer and other life-threatening conditions as part of the continuum of care.
**Recommended actions for WHO**

1. Advocate for linkage of NCD prevention and control to universal health coverage.
2. Provide support, guidance and technical background to countries in integrating cost-effective interventions for NCDs and their risk factors into health systems, including essential primary health-care packages.
3. Encourage countries to improve access to essential medicines and medical technologies, as part of universal health coverage through development of models, tools, and training.
4. Support the development of health-financing schemes that cover NCD prevention, screening, management and control.
5. Provide guidance for planning and development of human resources for health to respond to the NCD epidemic.
6. Develop training packages for implementation of WHO PEN and support actions towards strengthening capacity at different levels for health financing, essential medicines and technologies, and human resources for health.
7. Assist countries to establish clinical-practice guidelines and develop the capacity to systematically assess new and emerging evidence.

**OBJECTIVE 5**

To *promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.*

**Recommended actions for Member States**

1. Develop, implement and monitor a national NCD research agenda.
2. Undertake operational research to support, evaluate and assess relevant approaches for NCD prevention and control, particularly:
   a. coverage and access by vulnerable populations to NCD prevention and control services;
   b. costing and cost–effectiveness of NCD prevention and control; and
   c. social and economic impact of NCD control policies.

**Recommended actions for WHO**

1. Provide technical assistance and opportunities for collaboration that will strengthen national capacity for NCD-related research.
2. Promote sharing of intercountry research expertise and experience.
OBJECTIVE 6

To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

Recommended actions for Member States

1. Adapt the set of voluntary global targets and indicators for 2025 for the prevention and control of NCDs, as appropriate to the national context, with reporting at regular intervals.
2. Develop or strengthen a national mechanism to coordinate surveillance and use data for action at local and national levels for NCD prevention and control.
3. Develop or strengthen mortality registration with up-to-date International Classification of Disease guidelines to generate reliable NCD mortality data.
4. Conduct periodic surveys to measure population levels of risk factors in adults and children at least once in five years, reporting all data by gender where possible.
5. Establish or strengthen cancer registries.
6. Periodically assess health system capacity and national response to NCDs.
7. Monitor policies and other instruments for NCD prevention and control and their implementation.

Recommended actions for WHO

1. Provide technical support for developing/strengthening national NCD surveillance framework.
2. Provide guidance on definitions, as appropriate, and on how indicators should be measured, collected, aggregated and reported, as well as the health information system requirements at the national level.
3. Provide technical support to:
   a. strengthen vital registration,
   b. measure population levels of risk factors using WHO tools,
   c. strengthen cancer registration.
4. Provide guidance and support for measuring population levels of salt consumption through appropriate tools and approaches.
5. Assist countries to conduct national capacity assessments for NCD prevention and control, through the provision of appropriate tools and training.
6. Assess regional progress in NCD prevention and control periodically.
5.4 Proposed actions for international partners

1. International cooperation and capacity strengthening:
   a. Encourage the mainstreaming of the prevention and control of NCDs in development–cooperation initiatives, internationally agreed development goals, economic development policies, sustainable development frameworks and poverty-reduction strategies.

   b. Support national authorities to create enabling environments for implementing evidence-based multisectoral action, in other words by reducing modifiable risk factors of NCDs through health-promoting policies in agriculture, education, labour, sports, food, trade, transport and urban planning, by implementing existing international conventions in the areas of environment and labour, and by strengthening health financing for universal health coverage.

   c. Strengthen international cooperation within the framework of North–South, South-South and triangular cooperation, in support of national, regional and global plans for the prevention and control of NCDs, and among other things through the exchange of best practices and research findings in the areas of health promotion, legislation, regulation, monitoring and evaluation and health systems strengthening, strengthening of institutional capacity, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, medical technologies and information and electronic communication technologies (eHealth) and the use of mobile and wireless devices (mHealth).

   d. Facilitate and support research, development and innovation, institutional capacity and training of researchers to strengthen national research capacity, including through the creation of research fellowships and scholarships for international study in disciplines and interdisciplinary fields pertinent to the prevention and control of NCDs.

   e. Support WHO in establishing the global coordination mechanism where stakeholders — including nongovernmental organizations, professional associations, academia, research institutions and private sector — can contribute and take concerted action against NCDs.

   f. Support the United Nations funds, programmes and agencies to collaborate through an agreed division of labour. A provisional list with examples of a collaborative division of tasks and responsibilities for United Nations funds, programmes and agencies is under development and will be appended to this action plan once finalized.
2. Resource mobilization for the prevention and control of NCDs:
   a. Facilitate the mobilization of adequate, predictable and sustained financial resources and the necessary human and technical resources.
   b. Support and be part of the social movement to support collaborative implementation of the global and regional action plans and to promote health and equity in relation to the prevention and control of NCDs.

5.5 Monitoring and reporting progress

Monitoring and reporting of the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) will be fully aligned with the proposed monitoring of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) to harmonize the efforts (Annex 3). WHO is in the process of developing appropriate action plan indicators to monitor progress of implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020). These indicators, based on feasibility, current availability of data and capability of application across the six objectives of the global action plan, will be used to assess the progress made in 2016, 2018 and 2021.

Reports on progress achieved in attaining the nine global voluntary targets will be submitted in 2016, 2021 and 2026.

WHO will also update Appendix 3 (menu of policy options) of the global action plan, which appears as Annex 1 of the regional action plan, as appropriate, to be considered through the Executive Board, by the World Health Assembly, in the light of new scientific evidence.
There are many other conditions of public health importance that are associated with the four main NCDs — cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. The other conditions include:

1. other NCDs — renal, endocrinial, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases;
2. mental disorders;
3. disabilities, including blindness and deafness; and
4. violence and injuries.

Some of these conditions are the subject of other WHO strategies and World Health Assembly resolutions. NCDs and their risk factors are also linked to communicable diseases, maternal and child health, reproductive health, ageing, and social, environmental and occupational determinants of health. The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) will explore potential synergies between NCDs and interrelated conditions to maximize opportunities and efficiencies for mutual benefit.

HEALTHY CITIES AND SETTINGS

Healthy Cities is a priority initiative of the Western Pacific Region. As one of the WHO regions with very rapid urbanization, cities in the Region offer a platform for NCD prevention and control.

City governments are well placed to provide multisectoral interventions. “Eat smart” restaurants and schools, environmentally sustainable and healthy urban transport, walking and cycling paths, healthier street foods and smoke-free cities are examples of innovative approaches for NCD prevention and control in cities of the Region. Healthy cities and settings, such as schools and workplaces, will have an emphasis on the implementation of the regional action plan.

Subnational focus is a related area and there will be new pathways to work at provincial and district levels.
HEALTHY ISLANDS

Healthy Islands is an ideal envisioned in 1995 at the first Meeting of the Ministers of Health for the Pacific Island Countries on Yanuca Island, Fiji. That vision has served as a unifying theme for health protection and health promotion in the Pacific and reflects the comprehensive and integrated approach to health that is a hallmark of WHO in the Western Pacific Region. One of the recurring themes within Healthy Islands is the predominant and growing burden of NCDs, which have become a crisis in the Pacific island countries and areas. Efforts for prevention and control will be enhanced accordingly to the local context.

HEALTHY AGEING

The Region is experiencing a rapid and profound demographic transition, whose successful management poses a significant challenge. With respect to NCDs and healthy ageing, prevention of NCDs will increase the number and proportion of people who experience healthy ageing, and avoid high health-care costs and even higher indirect costs in older age groups. Otherwise, health costs will outstrip pensions and cause financial catastrophe for a large segment of the population, especially older women, who face greater financial insecurity. The ageing and health agenda in the Region encompasses a range of actions, including promoting healthy ageing across the life-course, developing age-friendly health systems to address the health needs of older people, strengthening the evidence base, and promoting the right of older people to good health.

WOMEN’S AND CHILDREN’S HEALTH

The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases and the Regional Committee for the Western Pacific in resolution WPR/RC62.R2 state that women’s and children’s health is inextricably linked with NCDs and that the promotion of health through the life-course is important for both maternal and child health and NCDs. As mortality from infectious diseases and related to childbirth decrease, NCDs represent an increasing cause of death and disability among women and children. Cervical cancer, the second most common type of cancer among women, is rising, and 80% of cases occur in developing countries. Most deaths occur in the prime of life. NCDs can have an intergenerational effect as NCDs prior to and during pregnancy can result in suboptimal newborn health, including prematurity and low birth weight. In the long run, these are associated with increased NCDs. In particular, strengthening the implementation of the International Code of Marketing of Breast-milk Substitutes and the WHO Global Strategy for Infant and Young Child Feeding are important to promote, protect and support breastfeeding, including exclusive breastfeeding for six months, continued breastfeeding until two years and above, and complementary feeding from six months onwards. Breastfeeding not only reduces susceptibility to infections and the risk of undernutrition, but also reduces the risk of obesity and NCDs across the life-course.
MEN’S HEALTH

Globally, men are more affected than women by the impact of NCDs. Men consume more salt, alcohol and tobacco and have higher rates of morbidity and mortality for many of the most common NCDs. Men’s health also has an impact on their families both economically and personally. In some age groups, men may be less likely than women to engage with the health system. Programmes and policies aimed at preventing and managing NCDs need to be relevant and engaging for both women and men. Targeted approaches should be developed and implemented if mainstream interventions are less effective with one gender.

WORKERS’ HEALTH

Workers represent half of the world’s population and are the major contributors to economic and social development. Their health is determined not only by workplace hazards but also by social and individual factors and access to health services. The Sixtieth World Health Assembly in 2007 (resolution WHA60.26) endorsed the Global Plan of Action on Workers’ Health (2008–2017). The set of actions proposed in the global plan can be used to prevent and control NCDs in workers. Workplaces offer a good setting for multiple interventions including tobacco control, reducing harm from alcohol, promotion of healthy diets and physical activity, screening and early detection and appropriate referrals. Workers’ health is also an entry point for family health.

Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. The health of workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress-related disorders, communicable diseases and other issues. Selected occupational lung carcinogens, such as beryllium and silica, were estimated to cause 111 000 lung cancer deaths in 2004, while asbestos caused 59 000 deaths (from mesothelioma).

CO-MORBIDITIES

Major NCDs, being predominantly diseases of middle-aged and elderly people, often coexist with co-morbidities. Thus, co-morbidities play an integral role in the development, progression and response to treatment of major NCDs. Examples of co-morbidities include mental disorders, cognitive impairment and other NCDs, including renal, endocrine, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases, disabilities and genetic disorders. The co-morbidity burden is associated with higher rates of hospitalization and worsened health outcomes and need to be addressed through approaches that are integrated within NCD programmes.
MENTAL DISORDERS

Since mental disorders are an important cause of morbidity and contribute to the global NCD burden, equitable access to effective programmes and health-care interventions is needed. Mental disorders affect, and are affected by, other NCDs. Mental disorders can be a precursor or consequence of NCDs, or the result of interactive effects. For example, there is evidence that depression predisposes people to developing heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of NCDs, such as sedentary behaviour and the harmful use of alcohol, also link NCDs with mental disorders. Characteristics of economically underprivileged population segments, such as little schooling, lower social class and unemployment, are shared by mental disorders as well as NCDs. Despite these strong connections, evidence indicates that mental health disorders in patients with NCDs and NCDs in patients with mental disorders are often overlooked.

DISABILITIES AND REHABILITATION

Approximately 15% of the population experiences disability, and the increase in NCDs is having a profound effect on disability trends. For example, NCDs are estimated to account for about two thirds of all years lived with disability in low- and middle-income countries. NCD-related disability, such as amputation, blindness or paralysis, puts significant demands on social welfare and health systems, impacts productivity and impoverishes families. Rehabilitation needs to be a key health strategy in NCD programmes to address risk factors, for example obesity and physical inactivity, as well as loss of function due to NCDs, such as paralysis due to stroke or amputation due to diabetes. Access to rehabilitation services can decrease the effects and consequences of disease, hasten discharge from hospital and improve health and the quality of life.