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## Global strategy for the prevention and control of noncommunicable diseases

### Report by the Director-General

#### A CHALLENGE AND AN OPPORTUNITY

1. The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.
2. In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (31.7 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
3. Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low- and middle-income countries.
4. There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.

#### ADDRESSING COMMON RISK FACTORS

5. Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Addressing the major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

## **LESSONS LEARNED**

6. Much is known about the prevention of noncommunicable diseases. Experience clearly shows that they are to a great extent preventable through interventions against the major risk factors and their environmental, economic, social and behavioural determinants in the population. Countries can reverse the advance of these diseases if appropriate action is taken. Such action may be guided by the lessons learned from existing knowledge and experience, which are summarized below.

7. Strategies to reduce exposure to established risk factors and to lower the risk for individuals who present clinical signs of further progression of these diseases, even when implemented together, do not achieve the full potential for prevention. A comprehensive long-term strategy for control of noncommunicable diseases must therefore necessarily include prevention of the emergence of risk factors in the first place.

8. In any population, most people have a moderate level of risk factors, and a minority have a high level. Taken together, those at moderate risk contribute more to the total burden of noncommunicable diseases than those at high risk. Consequently, a comprehensive prevention strategy needs to blend synergistically an approach aimed at reducing risk factor levels in the population as a whole with one directed at high-risk individuals.

9. Review of studies has shown that, for substantial reductions in the levels of risk factors and in disease outcomes, delivery of interventions should be of appropriate intensity and sustained over extended periods of time. However, even modest changes in risk factor levels will have a substantial public health benefit.

10. Experience indicates that success of community-based interventions requires community participation, supportive policy decisions, intersectoral action, appropriate legislation, health care reforms, and collaboration with nongovernmental organizations, industry and the private sector.

11. Decisions made outside the health sector often have a major bearing on elements that influence the risk factors. More health gains in terms of prevention are achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, and taxation policies than by changes in health policy alone.

12. The long-term needs of people with noncommunicable diseases are rarely dealt with successfully by the present organizational and financial arrangements of health care. Member States need to address the challenge in the context of overall health system reform.

## **TOWARDS A GLOBAL STRATEGY FOR SURVEILLANCE, PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

13. The global threat posed by noncommunicable diseases and the need to provide urgent and effective public health responses were recognized in resolution WHA51.18, in which the Health Assembly requested the Director-General to develop a global strategy for the prevention and control of noncommunicable diseases. The global strategy presented below is based on the lessons learned in prevention and control and on the recommendations of the WHO consultation on future strategies for prevention and control of noncommunicable diseases (Geneva, 27-30 September 1999).

## Goal

14. The goal is to support Member States in their efforts to reduce the toll of morbidity, disability and premature mortality related to noncommunicable diseases.

## Objectives

15. The global strategy has three main objectives:

- to map the emerging epidemics of noncommunicable diseases and to analyse the latter's social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- to reduce the level of exposure of individuals and populations to the common risk factors for noncommunicable diseases, namely tobacco consumption, unhealthy diet and physical inactivity, and their determinants;
- to strengthen health care for people with noncommunicable diseases by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

## Key components

16. To achieve the above objectives, the following components require the support of the global community and WHO as a whole in order to give shape to a global strategy.

- **Surveillance** is essential to quantify and track noncommunicable diseases and their determinants, and it provides the foundation for advocacy, national policy and global action.
- **Promotion** of health across the life course and **prevention** are the most important components for reducing the burden of premature mortality and disability due to such diseases, and are seen as the most feasible approach for many Member States.
- Health care innovations and health sector **management** that address needs arising from the epidemics are essential. Equally important is the provision of cost-effective and equitable interventions for the management of established noncommunicable diseases.

17. WHO has the unique authority and the clear mandate to lead the development and implementation of the global strategy for the prevention and control of noncommunicable diseases and thereby to create a better environment for world health in 2020 and beyond. As outlined below, implementation of the strategy will require action at every level, from global and regional organizations and agencies to Member States and individual communities.

## Roles of the main players

### International partners

18. The role of international partners is of paramount importance in the global struggle against noncommunicable diseases in order to achieve the necessary leverage and synergy to meet the

challenge. An innovative mechanism is needed to ensure joint work within the United Nations system and with major international agencies, nongovernmental organizations, professional associations, research institutions and the private sector. Concerted action against these diseases on a global scale requires all partners to play a stronger role in a global network that targets areas such as advocacy, resource mobilization, capacity-building and collaborative research. Developing such a global network will be a major part of the global strategy. International institutions for prevention and control of noncommunicable diseases and WHO collaborating centres will play a key role in supporting implementation and evaluation of the global strategy.

## WHO

19. WHO will provide the leadership and the evidence base for international action on surveillance, prevention and control of noncommunicable diseases. It will set the general direction and priorities for the four-year period 2000-2003, consonant with the corporate strategy for the WHO Secretariat,<sup>1</sup> and will focus on the four broad interrelated areas described below.

20. **Global partnerships.** WHO will take the lead in strengthening international partnerships for surveillance, prevention and control of noncommunicable diseases.

21. **Global networking.** A global network of national and regional programmes for prevention and control of noncommunicable diseases will be established in order to disseminate information, exchange experiences, and support regional and national initiatives.

22. **Technical support.** WHO will support implementation of programmes at national or any other appropriate level by:

- providing norms and standards, including definition of key indicators of noncommunicable diseases and their determinants, diagnostic criteria, and classifications of the major diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases);
- providing technical support to countries in assessing the current situation, identifying strengths and constraints of existing activities, defining appropriate policies, building national capacity, and working to ensure effective programmes;
- leading and coordinating surveillance in order to map the epidemic and measure the effectiveness of interventions;
- strengthening and establishing systems for surveillance, and providing technical support for monitoring and evaluating standard indicators of the major risk factors;
- preparing state-of-the-art guidance on development of prevention and control programmes, incorporating recommendations based on the knowledge and experience gained on a global scale adapted to different national contexts;
- encouraging development of innovative organizational models for care of noncommunicable diseases to ensure the improvement of preventive and clinical care by cost-effective use of available resources.

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<sup>1</sup> Document EB105/3.

23. WHO will also collaborate with Member States in order to:

- foster the launching of pilot projects on prevention and health promotion based on integrated reduction of the three main risk factors: tobacco use, unhealthy diet and physical inactivity. The expected outcome is the creation of models in selected countries to demonstrate that community-based programmes for risk factor reduction can be effectively implemented in low- and middle-income countries;
- conduct a critical review of the global burden of noncommunicable diseases from the viewpoint of the poor in order to identify control policies that are particularly oriented to poorer populations in developing countries, taking into consideration the likely impact of globalization of trade and marketing on risk factors;
- help patients to manage better their own conditions by assessing and designing appropriate models for self-management education. Emphasis will be laid on diseases that affect women in particular, in order to promote women's health and gender equity.

24. **Strategic support for research and development.** WHO, in close collaboration with other partners, will promote and support research in priority areas of prevention and control, including analytical, operational and behavioural research to facilitate programme implementation and evaluation. Special attention will be given to innovative research on issues of poverty, gender, cost-effective care, and genetic approaches to prevention. WHO will strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy, particularly in coordinating collaborative research.

### Member States

25. Implementation of the global strategy at country or any other appropriate level should be planned along the lines set out below and coordinated within the context of the national strategic framework.

- **Generating a local information base for action.** Assess and monitor mortality attributable to noncommunicable diseases, and the level of exposure to risk factors and their determinants in the population. Devise a mechanism for surveillance information to contribute to policy-making, advocacy and evaluation of health care.
- **Establishing a programme for promotion of health across the life course and prevention and control of noncommunicable diseases.** Form a national coalition of all stakeholders; develop a national, regional or other appropriate level plan, define the strategies, and set realistic targets. Establish pilot (demonstration) prevention programmes based on an integrated risk factor approach that may be extended countrywide. Build capacity at national and community levels for development, implementation and evaluation of integrated prevention programmes. Promote research on issues related to prevention and management.
- **Tackling issues outside the health sector which influence prevention and control of noncommunicable diseases.** Assess the impact of social and economic development on the burden of the major noncommunicable diseases with a view to conducting a comprehensive, multidisciplinary analysis. Develop innovative mechanisms and processes to help coordinate government activity as it affects health across the various arms of government. Accord priority to activities that place prevention high on the public agenda, and mobilize support for the necessary societal action.

- **Ensuring health sector reforms are responsive to the challenge.** Design cost-effective health care packages and draw up evidence-based guidelines for the effective management of the major noncommunicable diseases. Transform the role of health care managers by vesting managers with responsibility not for institutions (e.g. hospitals) but for the effective management of resources to promote and maintain the health of a defined population.

#### **ACTION BY THE HEALTH ASSEMBLY**

26. The Health Assembly is invited to consider the resolution recommended by the Executive Board in resolution EB105.R12.

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