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**STATUS OF IMPLEMENTATION OF THE FOUR TIME-BOUND COMMITMENTS
ON NONCOMMUNICABLE DISEASES IN THE AFRICAN REGION**

Report of the Secretariat

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BACKGROUND

1. Noncommunicable diseases (NCDs), mainly cardiovascular diseases (CVDs), cancer, diabetes and chronic respiratory diseases (CRDs), are the leading causes of morbidity and mortality worldwide. They are largely preventable by addressing their four common modifiable risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.
2. Globally, 39.5 million of the 56.4 million deaths (70%) in 2015 were due to NCDs. In the African Region, there were 3.1 million deaths due to NCDs, an increase of 29.2% compared to 2.4 million NCD deaths¹ in 2005. NCDs have serious economic consequences at both national and household levels.²
3. The UN Political Declaration of the High-level Meeting on NCDs of September 2011 committed Member States to establish and strengthen multisectoral policies and plans for the prevention and control of NCDs.³ To guide Member States and partners in implementing this commitment, the World Health Assembly in May 2013 endorsed the WHO Global Action Plan for the prevention and control of NCDs 2013–2020.⁴
4. The UN Outcome Document 2014 adopted by the second High-level Meeting of the UN General Assembly in July 2014 endorsed four time-bound commitments. These commitments are:
 - (i) by 2015, consider setting national NCD targets for 2025 or 2030;
 - (ii) by 2015, consider developing national multisectoral policies and action plans to achieve the national targets set for 2025 or 2030;
 - (iii) by 2016 reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan 2013–2020;
 - (iv) by 2016 strengthen health systems to address NCDs through people-centred primary health care and universal health coverage.
5. The third UN High-level Meeting on NCDs to be held in September 2018 will conduct a comprehensive review and assessment of the progress made in achieving these time-bound commitments. This paper highlights the status of implementation of the four time-bound commitments on NCDs in the African Region, identifies obstacles and challenges and proposes priority actions to be taken by Member States and partners.

¹ WHO, Global Health Estimates 2015, Geneva, World Health Organization, 2015
http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html , last accessed on 23 February 2018.

² WHO, Global status report on NCDs 2010, Geneva, World Health Organization, 2010
http://www.who.int/nmh/publications/ncd_report_chapter2.pdf last accessed on 16 March, 2018.

³ United Nations, 2011 High-level meeting on the prevention and control of NCDs, New York, United Nations 2011,
<http://www.un.org/en/ga/ncdmeeting2011/>

⁴ WHO, Global Action Plan for the prevention and control of NCDs 2013–2020, Geneva, World Health Organization, 2013.

ISSUES AND CHALLENGES

6. According to the WHO Global NCD Progress Monitor published in 2015 and 2017 to track implementation of the commitments,^{5,6} most Member States, particularly in the African Region, have made little or no progress. In 2017, five Member States⁷ had not fully achieved any of the progress indicators. Several obstacles and challenges to the achievement of the four time-bound commitments in the African Region were identified.

National NCD targets for 2025 or 2030

7. By 2017, twenty one Member States⁸ in the African Region had set national targets on both NCD mortality and key NCD risk factors for 2025 or 2030, compared to ten Member States in 2015. The slow and delayed implementation of this time-bound commitment was due to **lack of national capacities**. NCD departments, programmes/units in Member States are under-resourced and have limited capacity to lead the NCD response. Most Member States lack advanced technical expertise for the prevention and control of NCDs. In addition, capacity to establish cross-sectoral partnerships for the prevention and control of NCDs or to manage the complexity of such partnerships during the implementation of national NCD responses is inadequate.

8. From 2003 to 2015, thirty-three Member States in the WHO African Region conducted STEPS surveys to collect information on the status of major health risks for NCDs.⁹ In the past five years, only 15 Member States¹⁰ have conducted STEPS surveys. Up-to-date and population-based morbidity and mortality data are lacking. **Health information systems are weak**, leading to unavailability of accurate, reliable and timely information on risk factors and the burden and impact of NCDs.

National multisectoral policies and action plans to achieve the national targets set for 2025 or 2030

9. In 2017, fifteen Member States¹¹ in the African Region had operational national multisectoral integrated NCD policies and plans compared to twelve¹² in 2015. The slow pace of implementation of this commitment was also due to limited capacity in ministries of health as well as WHO country offices. Despite the availability of policies and plans in some Member States, there is an **insufficient multisectoral NCD response**. NCD prevention and control in Member States remains largely a health sector issue with little involvement of other sectors. Most Member States have not yet established functional coordination mechanisms for the NCD response. In addition, NCD prevention and control has not been sufficiently integrated into national development programmes.

⁵ WHO, Noncommunicable diseases Progress Monitor 2015, Geneva, World Health Organization, 2015.

⁶ WHO, Noncommunicable diseases Progress Monitor 2017, Geneva, World Health Organization, 2017.

⁷ Angola, Equatorial Guinea, Guinea-Bissau, Sao Tome and Principe and South Sudan.

⁸ Algeria, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Ethiopia, Gabon, Kenya, Lesotho, Liberia, Mauritania, Mozambique, Namibia, Nigeria, Seychelles, South Africa, Eswatini, Togo and the United Republic of Tanzania.

⁹ WHO, Report on the status of major health risk factors for noncommunicable diseases: World Health Organization, African Region, 2015.

¹⁰ Algeria, Benin, Botswana, Burkina Faso, Central African Republic, Ethiopia, Kenya, Malawi, Mali, Mozambique, Senegal, Seychelles, Uganda, Eswatini and Zambia.

¹¹ Benin, Burkina Faso, Cabo Verde, Central African Republic, Chad, Côte d'Ivoire, Ghana, Kenya, Lesotho, Madagascar, Mozambique, Niger, Seychelles, Eswatini and the United Republic of Tanzania.

¹² Benin, Eritrea, Ghana, Guinea, Kenya, Lesotho, Madagascar, Niger, Nigeria, Rwanda, Togo and Zambia.

Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan 2013–2020

10. The STEPS surveys conducted in the Region⁹ indicate that most adults have at least one of the five major risk factors for NCDs: current daily smoker; eating less than five servings of fruits and vegetables per day; a low level of physical activity; being overweight; and having raised blood pressure. In half of the countries with STEPS data, at least one quarter of adults were found to have at least three of these five combined risk factors. Most of the adults were likely to be older (aged 45–64) or female. Tackling NCD risk factors in the Region is hampered by the **Interference of the tobacco, alcohol and food industries**. The tobacco, alcohol and food industries aggressively promote the sale and use of harmful products such as tobacco, alcohol and unhealthy foods and beverages. These industries exert undue influence on government policy both directly and through their affiliates by taking advantage of weak industry regulation.

Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage

11. The number of Member States with national guidelines for the management of the four major NCDs increased from three in 2015 (Kenya, Madagascar and Zambia) to 13 Member States¹⁴ in 2017. Health systems remain weak and characterized by insufficient human resources for health, inadequate infrastructure, shortage of basic medical equipment, health technology and inadequate access to affordable, safe, effective and good-quality essential medicines and vaccines for NCDs. Health systems lack the capacity required to integrate the “best buys” and other recommended interventions for the prevention and control of NCDs into primary health care and referral services.

12. **Inadequate funding for NCDs** from both domestic and external sources: Resources for NCD prevention and control are not commensurate with the rising disease burden. According to available data for a few countries in the Region, spending on NCDs varies from 2% to 38% of Total Health Expenditure,¹⁵ most of which comes from domestic sources (households and government). There is limited capacity of Member States to increase domestic taxes from harmful products such as tobacco, alcohol, unhealthy foods and sugar-sweetened beverages to finance national responses. Furthermore, there is limited external funding from multilateral and bilateral sources.

ACTIONS PROPOSED

13. Member States should:

- (a) **Strengthen the multisectoral NCD response.** They should review, develop and implement multisectoral NCD policies, strategies and plans in line with the WHO Global Action Plan for the prevention and control of NCDs 2013–2020 and as part of the national Sustainable Development Goals (SDG) response. They should focus on the implementation of the “**best buys**” for the prevention and control of NCDs as detailed in the updated Appendix III of the WHO Global Action Plan for the prevention and control of NCDs 2013–2020. Member States should also establish national coordination mechanisms for NCD prevention and

¹⁴ Benin, Botswana, Central African Republic, Congo, Ethiopia, Ghana, Madagascar, Malawi, Rwanda, Eswatini, Uganda, Zambia and Zimbabwe.

¹⁵ Country National Health Accounts reports: <http://apps.who.int/nha/database/DocumentationCentre/Index/en> Accessed on 28/5/2018.

control building on the experience from HIV/AIDS coordination structures to ensure the participation of key stakeholders including civil society, the private sector and academia.

- (b) **Mobilize sustained resources for the NCD response.** They should mobilize adequate resources for the NCD response through an increase in domestic budgetary allocations, innovative financing mechanisms including increasing taxes on harmful products such as tobacco, alcohol, unhealthy foods and drinks as well as from external sources such as multilateral and bilateral donors, the private sector and intergovernmental entities. They should also ensure efficient utilization of available resources and value for money.
- (c) **Transform and strengthen health systems to accelerate the prevention and control of NCDs through people-centred primary health care and universal health coverage.** Member States should integrate essential NCD services in primary health care and strengthen linkages with HIV, maternal, child and adolescent health, sexual and reproductive health, mental health and other services in order to scale up prevention, early detection, diagnosis and treatment of NCDs. Country-specific guidelines should be developed to guide health workers at primary health care level. NCDs should be included in the basic universal health coverage packages.
- (d) **Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).** Member States should implement the Framework Convention on Tobacco Control in accordance with Resolution WHA56.1¹⁶ and the Political Declaration of the High-level Meeting of the UN General Assembly on NCDs. They should develop and implement policies, legislation, regulations and programmes to reduce tobacco use.
- (e) **Develop and implement national food and nutrition policies and plans.** Member States should strengthen national food and nutrition policies and action plans as part of the implementation of the Global NCD Action Plan, the Recommendations of the Commission on Ending Childhood Obesity,¹⁷ the UN Decade of Action on Nutrition¹⁸ and the Global targets for 2025 to improve maternal, infant and young child nutrition.¹⁹
- (f) **Scale up action on physical activity.** Member States should accelerate and expand action on physical activity. They should create healthy active environments and implement programmes for an active society in line with the Global Action Plan on Physical Activity 2018–2030.
- (g) **Strengthen national health information systems.** They should invest in strengthening health information systems and build capacity in collecting data on NCDs and their risk factors. They should conduct STEPS surveys every five years as well as other NCD surveys to track progress in achieving the voluntary global NCD targets.

14. WHO and partners should:

- (a) **Support the multisectoral response.** They should continue supporting Member States to develop national multisectoral NCD policies, strategies and plans in line with the WHO Global Action Plan for the prevention and control of NCDs 2013–2020. They should also support countries in developing or strengthening resilient health systems that integrate NCD

¹⁶ Resolution WHA56.1, WHO Framework Convention on Tobacco Control. In: Fifty-sixth World Health Assembly, Geneva, 19–28 May 2003 www.who.int/fctc/about/wha_resolutions/en last accessed on 26 February 2018.

¹⁷ World Health Organization, Report of the Commission on Ending Childhood Obesity, Geneva, World Health Organization, 2016, <http://www.who.int/end-childhood-obesity/en/> last accessed on 12 April 2018.

¹⁸ United Nations Decade of Action on Nutrition 2016–2025, New York, United Nations, 2016 <http://www.un.org/nutrition/home> last accessed on 12 April 2018.

¹⁹ Global targets for 2025 to improve maternal, infant and young child nutrition, World Health Organization <http://www.who.int/nutrition/global/global-targets--2025/en/> last accessed on 12 April 2018.

in primary health care. They should develop and implement a Region-wide NCD Leadership capacity building programme to enhance knowledge and upskill country teams in planning and implementing NCD interventions.

- (b) **Provide technical guidance in implementing the “best buys”.** They should provide technical support to Member States to scale up implementation of the “best buys” and to strengthen health systems to move towards universal health coverage. They should also provide guidance on integrating NCDs in health systems.
- (c) **Build capacity in NCD surveillance in Member States.** They should provide support to Member States to strengthen their capacity in NCD surveillance and research. They should support Member States to conduct STEPS surveys and other NCD surveys regularly to track progress in achieving global NCD targets.
- (d) **Support preparations for the third UN High-level Meeting on NCDs.** They should support Member States in their preparations for the third High-level Meeting on NCDs, including by facilitating their participation in the formal and informal consultations of Member States. They should share all relevant information in a timely manner.

15. The Regional Committee is invited to examine the document and endorse the actions proposed.