



Response to the WHO Global Action Plan for the prevention and control of NCDs 2013-20 Version dated 11 February 2013

This is a joint response on behalf of 20 international and UK based organisations concerned with non-communicable disease prevention, treatment and care, who are members of the UK NCDs and Development Task Force. We welcome the opportunity to comment on this latest draft of the WHO Global NCD Action Plan and commend WHO on a much improved second draft for consultation.

We believe the Action Plan would be strengthened by emphasising the need for better treatment and care for people with NCDs in tandem with implementing prevention strategies. To this end, in line with our response to the zero draft action plan, we recommend that the document be titled “WHO Global Action Plan for the prevention, treatment and care of NCDs”.

EXECUTIVE SUMMARY

Welcome improvements

1. The non-discriminatory approach to age in the latest draft, including the focus of the Vision on populations of every age and the revision of the Goal from a focus on premature NCDs to preventable and avoidable NCDs. This should extend to the introductory paragraphs 1-3.
2. The six overarching principles underpinning the plan: a) human rights, b) NCDs as a challenge to development, c) universal access, d) equity and gender equality, e) life-course approach, f) evidence-based strategies and empowerment of people and communities.
3. The recommendation that governments “provide leadership in the development of supportive environments that protect health and promote healthy behaviour using incentives and disincentives, regulatory and fiscal measures, laws and other policy options...”
4. Recognition that comprehensive care of NCDs covers primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care and improving mental health.

Our recommendations on areas for strengthening

1. Objective 1: WHO should provide support to international partners on the adoption of **health impact and health equity impact assessment of global-level public policies** in order to maximize intersectoral synergies to tackle NCDs and multiple morbidities.
2. Para 22: While we welcome the inclusion of wording on governance for WHO *to provide guidance to strengthen governance, including **management of potential conflict of interest** in engaging the private sector..* We urge that i) the scope is broadened from collaborative partnerships **to include policy making and implementation** ii) WHO develops **decision support tools** and guidance and ii) WHO shares examples of good practice in governance.
3. Objective 2: The action for member states to set national **targets should include environmental determinants** as well as **indicators to support transparency and accountability** by all sectors.
4. Objective 3: Include wording for member states to **protect diet and food policy from the undue influence of commercial and other vested interests**, in line with the current evidence base as well as the tobacco and alcohol sections of the Action Plan.
5. **Include play in the daily living activities** and **accessible public transport systems** in the list of policy-level programmes to promote physical activity.
6. Focus on **reduction in “mean alcohol consumption per capita.”** Trends in population level alcohol consumption correlate closely with trends in alcohol related harm and can be verified, whereas there are challenges in measuring ‘harmful drinking’.
7. The activities for international partners should be amended to i) **list who the partners are and their specific roles** ii) reflect **who will lead or coordinate international actions.**
8. Objective 4: Re-word as follows: “To strengthen and reorient health systems to address NCD prevention, **treatment and care** through people-centred primary care and universal coverage.”
9. Expanding NCDs coverage in health systems should also include **integration with new and emerging programmes** such as those in development on dementia and mental health.
10. Include **dementia in workforce training curricula** on conditions with shared comorbidity.
11. Include actions to **address the barriers in access to controlled medications** for the treatment of pain and ensure these drugs are included on national essential medicines lists.
12. Include an action to **improve access to prevention of NCDs in health systems** through programmes such as health promoting hospital and workplace facilities.
13. The Action Plan should cross-reference and **link to the “Systems thinking for health systems strengthening” tools and work** taking place within WHO.
14. Objective 5: Include an action for member states to **provide sustainable tax-based financing** for research and development, and wider action on NCDs.
15. Objective 6: Member states should develop and monitor **indicators to support transparency and accountability** by all sectors, including positive and negative industry practices.
16. Both WHO and member states should **monitor and act on the social, mental and environmental determinants of NCDs at the global and national levels** in order to address multiple and related morbidities, such as mental health and dementia.
17. Strengthen the section on evaluation by **identifying roles for member states, the secretariat, and International Partners in the evaluation of policy actions.**

RESPONSE IN FULL

Paragraphs 1-5:

- We welcome the non-discriminatory approach of the Vision which is focused on enabling populations to reach the highest attainable standards of health and productivity at every age. We also welcome the revision of the goal from a focus on premature NCDs to preventable and avoidable NCDs: “To reduce the burden of preventable mobility and disability and avoidable mortality.”
- However, we are concerned that the introductory text in Paragraphs 1-3 continues to use discriminatory language in relation to ‘premature’ mortality, under the age of 70.
- We are pleased with the inclusion of the global voluntary global targets in the latest draft and recommend that these are more explicitly linked to the each of the objectives in the action plan.
- We support the six overarching principles underpinning the Action Plan: a) human rights, b) NCDs as a challenge to development, c) universal access, d) equity and gender equality, e) life-course approach, f) evidence-based strategies and empowerment of people and communities.
- We welcome the revision to six core objectives in the action plan.
- **Para 5:** While we welcome the inclusion of the 9 voluntary targets in the Action Plan, we strongly recommend that:
 - i. the salt/sodium intake targets is amended to include the WHO <5g WHO salt target not as a footnote, but within the target text as follows: A 30% relative reduction in mean population intake of salt/sodium intake (WHO target is <5g salt intake).
 - ii. The targets are better integrated within the Action Plan so that it is clear which objectives and actions will support the achievement of each of the targets.

Objective 1: To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of noncommunicable diseases in the development agenda and in internationally-agreed development goals

Para 22 and 23: Actions for member states and the secretariat

A major gap in the current Action Plan is the absence of an explicit objective to tackle the social and mental determinants of health. We recommend that WHO and member states i) **integrate approaches to prevention across determinants and health conditions** related to NCDs and ii) adopt health impact assessment models which **measure the impact of integrated strategies on NCDs and related morbidities** such as mental health and dementia, in order to reflect the greater impacts and make more compelling arguments for action and investment.

Para 22: Actions for the secretariat

- a) Leading and convening:** We welcome WHO’s leadership and convening role, including facilitating the global coordinating mechanism, collaboration and interaction between the main stakeholders. Stakeholders should include UN, Bretton Woods organisations and development agencies.
- b) Technical cooperation:** We recommend that in addition to providing technical support for action at the national level, WHO should also provide support to international partners on the adoption of health impact assessment of global-level public policies such as trade, energy and agriculture, in order to maximize intersectoral synergies for prevention and control of NCDs.
- c) Policy advise and dialogue:** While we welcome the inclusion of the action for WHO “*to provide guidance to strengthen governance, including management of potential conflict of interest in*

*engaging the private sector in collaborative partnerships for implementation of the action plan.” We urge that i) the scope is broadened from a focus on collaborative partnerships to **include policy making and implementation** ii) WHO develops decision support tools and guidance on governance and managing conflicts of interest, and iii) WHO collates and shares examples of good practice in governance.*

- d) Dissemination of best practices:** We welcome the action for WHO to *“promote and facilitate international and intercountry collaboration for exchange of best practices in the areas of health in all policies, whole-of-government approaches, legislation, regulation, health system strengthening and training of health personnel.”*

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

We support the proposed rationale and activities under this objective and suggest:

- **Paragraph 28 c)** We recommend that national multisectoral noncommunicable disease policies, plans and allocated budgets take into account the necessity of ensuring that increases in capacity for the early detection and diagnosis of noncommunicable diseases are matched by corresponding increases in capacity for treatment and palliative care.
- **Para 28 i)** the action for member states to strengthen workforce capacity to address NCDs is welcome.
- **Para 28 e)** the action for member states to set national targets should include environmental indicators as well as the development of indicators to support transparency and accountability by all sectors, and especially those which help monitor industry practices both positive and negative. These accountability mechanisms should incorporate measures for inspection and redress, such as the pre-vetting of marketing messages and the open reporting of inspection results (“name and shame”).
- **Para 29 b)** the action for the Secretariat to provide support to countries in evaluating and implementing evidence-based options and health impact assessments of public policies to maximise intersectoral synergies for the prevention and control of NCDs, is warmly welcomed.

Objective 3: To reduce exposure to modifiable risk factors for noncommunicable diseases through creation of health promoting environments

Para 33: We strongly support the recommendation that *“governments need to provide leadership in the development of supportive environments that protect physical and mental health and promote healthy behaviour using incentives and disincentives, regulatory and fiscal measures, laws and other policy options, and health education, as appropriate.”* Many of the evidence-based effective and cost-effective interventions to address the tobacco, alcohol, diet and physical activity risk factors are dependent on the development of supportive environments.

Para 34: While we welcome the inclusion of the 9 voluntary targets in the action plan, we strongly recommend that the salt/sodium intake targets is amended to include the WHO <5g WHO salt target not as a footnote, but within the target text as follows: A 30% relative reduction in mean population intake of salt/sodium intake (WHO target is <5g salt intake).

Proposed action for Member states: tobacco control

Para 35: We welcome the strong focus of this section on accelerating implementation of the WHO Framework Convention on Tobacco Control and its Protocol to eliminate illicit trade in tobacco products. We also welcome the inclusion of a comprehensive list of cost-effective, evidence-based measures for countries to implement including tobacco taxes, smokefree legislation, tobacco warnings and mass-media campaigns, comprehensive bans on advertising, support for those who want to quit, and regulating the contents of tobacco products.

Proposed actions for Member States on promoting a healthy diet

Para 36: We support the inclusion of a comprehensive list of actions for member states to promote a healthy diet. However, we strongly recommend that the food policy package is better aligned with the evidence and existing political commitments such as the Global Action Plan on Diet, Physical Activity and Health, and the Political Declaration on NCDs. To this end, we support the amendments proposed by WCRF International in their response. Welcome measures in this section include the promotion of breastfeeding, measures directed at food producers, processors and retailers to improve food products, restrictions of food marketing and the use of economic tools and market shaping measures to improve affordability of healthy diet patterns and discourage unhealthy behaviours.

b) We recommend the policy measures on sodium in food which are directed at food producers and processors are strengthened as follows: To reduce the level of sodium in food by gradually removing the amount of salt added by the food industry. Salt targets should be set for all food categories, and these targets can be either voluntary, or regulatory. It is important that the targets are timely and measured on progress. There are three main avenues to reduce salt intake:

1. Reducing the amount of salt added to food
2. Public awareness campaigns
3. Where appropriate the use of mineral salt – potassium chloride, as a salt replacement.

In order to strengthen this section we recommend the inclusion of the following:

- i. We strongly urge the inclusion in this section of wording which recognises and encourages member states to protect food policy development and implementation from the undue influence of commercial and other vested interests. This particularly applies to the ‘unhealthy food’ industry and will bring this section in line with the evidence base¹ as well as the wording in the tobacco and alcohol sections of the Action Plan. Inclusion of this wording will support the Action Plan’s principle of evidence-based strategies, and is in line with the WHA nutrition resolution 65.6².
- ii. We recommend the inclusion of an additional action by member states to monitor food environments as major determinants of healthy diets. These should include monitoring in areas such as food composition, food marketing, food labelling, food prices and food trade.

¹ Moodie R, Stuckler D, Monteiro C. 2013. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*, Volume 381, Issue 9867, Pages 670 – 679.

² WHO (2012) Resolution WHA65.6 Maternal, infant and young child nutrition. www.who.int

Proposed actions for member states on promoting physical activity

Para 37: We support the list of interventions included in this section. In addition, we recommend that under point b) play is included in the list of daily living activities to be inclusive of children, and under point e) accessible public transit / transport systems are included in the list of policy-level programmes to help improve physical activity and reduce reliance on private cars.

Proposed actions for member states: reducing the harmful use of alcohol

Para 38: Welcome the inclusion of a comprehensive list of national policies and programmes to reduce the use of alcohol, in line with the Global Strategy to Reduce the Harmful Use of Alcohol.

However, we recommend that references to alcohol should focus on reduction in “mean alcohol consumption per capita.” Trends in population level alcohol consumption correlate closely with trends in alcohol related harm and can be verified using fiscal data whereas there are significant methodological challenges in measuring patterns of “harmful and hazardous” alcohol consumption. Throughout the document the word “harmful” in relation to alcohol use should be deleted.

Proposed actions for international partners

Para 40: The proposed actions for international partners are laudable, however, clarification on leadership, roles and responsibilities is needed for this section.

a) International coordination:

- i. Several relevant WHO strategies are mentioned in this section (on tobacco, diet and physical activity, alcohol, marketing and children), however, it is not clear who will coordinate or lead the activities of the international stakeholders, monitor their progress or hold them to account. If this is a role for WHO then this should be made explicit either in this section or the preceding Para 39 which outlines the actions for the Secretariat.
- ii. This section should be broadened to include the policies, strategies and actions of institutions beyond the WHO in order to support global level action on the global trans-national and cross-border determinants and underlying drivers of NCDs. Examples are the Codex Alimentarius Commission, World Trade Organisation trade agreements and development agencies.
- iii. It is not currently clear who the international partners are and what their specific roles are. This should be specified and made explicit in this section. The reference to safeguarding public health from potential conflicts of interest is appropriate.

b) Capacity strengthening: As stated above, this section should clarify the partners being called on to undertake these activities.

Example of potential activities for the retail sector

There may be areas where liaison with industry could radically improve understanding of the drivers for consumer behaviour that result in NCDs, and where this knowledge could lead to innovation in terms of solutions. These include:

- a) Access to data with particular reference to retailers and producers whose comprehensive knowledge of consumer behaviours is a key resource. Mechanisms are needed to enable this knowledge to contribute to our understanding and to enable innovation in solutions.
- b) Retail environments are potential natural laboratories in which to develop innovation in the prevention of NCDs, using the retail and marketing expertise to enhance the health of customers in addition to profitability and shareholder value.

c) There may be room for approaches to incentivise industries and retailers directly to prioritize the health of customers, for example, the use of fiscal incentives to promote the development of healthy marketing practices from product development to store placement.

In each case it is critical that proposed new solutions are fully and independently evaluated, and that they are not allowed to prevent or defer implementation of tried and tested solutions for which there is already an overwhelming evidence base.

Objective 4: To strengthen and reorient health systems to address prevention and control of noncommunicable diseases through people-centred primary care and universal health coverage

We recommend that Objective 4 is altered to reflect strengthened access to NCD treatment and care, and this is supported by strong targets and indicators to assess progress. Our proposed re-wording for Objective 4 is as follows: “To strengthen and reorient health systems to address NCD prevention, treatment and care through people-centred primary care and universal coverage.” In addition, this objective should aim address the multiple co-morbidities related to NCDs.

Para 42: We welcome the recognition that comprehensive care of NCDs encompasses primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care and attention to improving mental health.

Para 44: Proposed actions for member states

b) Financing: We welcome the recommended action for member states to ensure that sustainable and equitable health financing includes a shift from user fees to solidarity based risk pooling and pre-payment systems which include NCD services; progress on universal health coverage; and financial risk protection and other forms of social protection which cover the prevention, treatment, care and rehabilitation spectrum. We recommend this is strengthened to include the adoption of sustainable tax-based financing mechanisms.

c) Expanded coverage:

- We support the recommendation to review existing programmes such as nutrition, HIV and TB for the integration of service delivery for NCDs. We recommend that this action on integration is expanded to include new and emerging programmes such as those on dementia and mental health.
- We recommend that the action to review existing programmes for opportunities to integrate service delivery for prevention and control of NCDs includes the Health Promoting Hospitals Network³ and Baby Friendly hospitals⁴ programmes.

d) Human resource development:

- We recommend the inclusion of dementia in workforce training curricula on common comorbid conditions in line with Paragraph 18 of the UN Political Declaration on Mental Health. We recommend that WHO includes an action point to monitor the development of national Alzheimer’s/dementia plans.

³ Health Promoting Hospitals Network www.hphnet.org/

⁴ WHO / UNICEF Baby Friendly Hospitals Initiative www.who.int/nutrition/topics/bfhi/en/

- We recommend the inclusion of competency to deliver upstream interventions in the workforce training programmes.

e) Access:

- We recommend the inclusion of increasing access to palliative care as a priority country action including addressing the barriers in access to controlled medications for the treatment of pain and ensuring these drugs are included on national essential medicines lists.
- We recommend the addition of a bullet point to promote and monitor the adoption of good practice to improve access to prevention of NCDs in the health system, including through workplace health promotion programmes, health promoting hospital facilities such as no fast food outlets or unhealthy vending machines on site and patient exposure to modifiable risk factors such as healthy hospital meals and hospital physical activity facilities for patients.

Para 45: Proposed actions for the secretariat

b) Technical cooperation: We recommend that this action point includes:

- Providing support to countries in integrating improved access to controlled medications, in addition to the other items listed.
- an action for WHO to develop tools and guidance for policy makers planners and administrators of “systems” on how to implement systems thinking through planning, design, management and training. In a health system, “every intervention, from the simplest to the most complex, has an effect on the overall system, and the overall system has an effect on every intervention.”⁵ We recommend that the Action Plan cross-references and links to the “Systems thinking for health systems strengthening” work taking place within WHO⁶.

Objective 5: To promote and support national capacity for quality research and development for prevention and control of noncommunicable diseases

Para 50: We support the proposed actions for member states and recommend that:

- an additional action is included which encourages member states to ensure and provide sustainable financing for research and development on NCDs through the establishment of sustainable tax-based financing mechanisms in line with WHO expert recommendations⁷.
- member states are pro-actively encouraged to collaborate with their neighbours and with WHO on the development of regional open access registers of research on noncommunicable disease, designed to inform national research agendas, to support evidence-based decision-making and research training, and to facilitate systematic reviews of the effects and effectiveness of interventions and of methodological quality.

⁵ WHO and Alliance for Health Policy and Systems Research (2009) SYSTEMS THINKING for Health Systems Strengthening. http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf

⁶ <http://www.who.int/alliance-hpsr/resources/9789241563895/en/index.html>

⁷ WHO (2012) Research and Development to Meet Health Needs in Developing Countries: Strengthening Global Financing and Cooperation. Report of the Consultative Expert Working Group on Research and Development. http://www.who.int/phi/CEWG_Report_5_April_2012.pdf

Objective 6: To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

Para 53-57: We welcome the actions outlined under this objective. In addition, the objective on monitoring should:

1. ensure data are disaggregated to measure progress on addressing inequalities, for example by age, gender and education.
2. encourage member states to develop and monitor indicators to support transparency and accountability by all sectors, and especially those which help monitor industry practices both positive and negative. These accountability mechanisms should incorporate measures for inspection and redress, such as the pre-vetting of marketing messages and the open reporting of inspection results (“name and shame”).

Para 57: We welcome the acknowledgement that data provided by monitoring should be used to evaluate the impact and effectiveness of strategies and interventions recommended in the Action Plan.

Para 58: We recommend the inclusion of an action for member states on monitoring of environmental determinants of the prevention, treatment and care NCDs including food related environments (eg availability, affordability, price, labelling and composition) and physical activity (eg proportion of urban populations living within 500m of urban transit stops; proportion of urban hospitals served by rapid transit; or proportion of urban streets with sidewalks⁸).

Para 58-60: The current draft places inadequate emphasis on evaluation as a critical action needed to identify "what works" to reduce the risk factors and other actions required to control and treat NCDs. More specific language is needed to identify roles for member states, the secretariat, and International Partners in the evaluation of policy actions.

Para 59: In addition to monitoring global trends in NCDs and their risk factors, the Secretariat should undertake actions to monitor related morbidities such as dementia as well as the determinants of NCDs such as the environmental determinants listed for Para 58 above.

Contact: Modi Mwatsama, Director Global Health, National Heart Forum (UK Health Forum from April), modi.mwatsama@heartforum.org.uk

⁸ WHO (2012) health indicators of sustainable cities in the context of the Rio +20 UN conference on Sustainable Development. Initial findings from a WHO Expert Consultation 17-18 May 2012.

List of supporting organisations

1. Age International
2. Alcohol Health Alliance
3. Alzheimer's Disease International
4. British Society of Gastroenterology
5. Cancer Research UK
6. Centre for Global NCDs, London School of Hygiene and Tropical Medicine
7. European Association for the Study of the Liver
8. Faculty of Public Health
9. Heart of Mersey
10. Help Age International
11. Institute of Alcohol Studies
12. International Association for the Study of Obesity
13. International Network for Cancer Treatment and Research, UK
14. National Heart Forum, UK
15. Royal College of Physicians
16. World Action on Salt and Health
17. World Cancer Research Fund International
18. World Public Health Nutrition Association
19. Worldwide Palliative Care Alliance
20. South Asian Health Foundation