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NONCOMMUNICABLE DISEASES

Prevention and control of noncommunicable diseases (NCD), in particular cancer, cardiovascular diseases, chronic lung diseases and diabetes, are national, regional and global priorities. In 2008, the Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Action Plan for Noncommunicable Diseases* in resolution WPR/RC59.R5. Today, there is renewed global momentum to combat NCD, with the United Nations General Assembly convening a "high-level meeting on the prevention and control of noncommunicable diseases" in New York on 19–20 September 2011.

Despite progress, much more needs to be done to meet the NCD challenge. Regional and global declarations in 2011 (the Nadi Statement, the Seoul Declaration, the Moscow Declaration and Honiara Communiqué) have reiterated the commitment to NCD prevention and control.

There are five NCD priority areas: (1) integrating NCD action into national health and development plans, with adequate resources; (2) multisectoral action to address the social determinants of NCD; (3) development of an agreed framework for surveillance, monitoring and accountability; (4) strengthen health systems to respond to NCD; and (5) advocacy and partnerships.

As a response to the Region's NCD crisis, the Regional Committee is invited to discuss a draft resolution to expand and intensify NCD prevention and control in the Western Pacific Region.

1. CURRENT SITUATION

Prevention and control of NCD, such as cancer, cardiovascular diseases, chronic lung diseases and diabetes, are a public health priority for the Western Pacific Region, where almost 80% are due to NCD. The high level of premature mortality from NCD (i.e. deaths before 70 years of age) in several low- and middle-income countries in the Region is of particular concern.

Four modifiable risk factors are responsible for two thirds of the NCD in the region: tobacco use; unhealthy diets; physical inactivity; and harmful use of alcohol. Significant gains can be made in the Region by addressing all of these risk factors as well as the intermediate physiological conditions—elevated blood pressure, cholesterol and glucose levels, and obesity. In the Western Pacific Region, 46% of men smoke tobacco—the highest percentage in any WHO region. Some 6% of adults are obese in Western Pacific Region, but this figure rises dramatically to near 70% in some of the Pacific island countries and areas. Diabetes mellitus and hypertension rates are high in the Region, with age-standardized prevalence rates of 8.9% and 37.7% respectively.

The fifty-ninth Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Action Plan for Noncommunicable Diseases* in September 2008. The Nadi Statement, Seoul Declaration and Honiara Communiqué, all developed in the Western Pacific Region in 2011, and the Moscow Declaration developed by a global ministerial meeting, also in 2011, demonstrate the collective will of the regional and global community to prioritize NCD. Despite these commitments and various related regional action plans, a number of key challenges have impeded progress in some countries. These include a lack of linkage between national health and NCD plans, limitations in surveillance and monitoring capacity in some countries, challenges in addressing NCD risk factor control through multisectoral action, fragmented and weak health systems that have not responded to the NCD burden, and suboptimal partnerships with civil society and limited engagement with the private sector.

2. ISSUES

While efforts are ongoing to address the challenges of NCD prevention and control, a much more forceful response is required. The Honiara Communiqué, the Seoul Declaration and the Moscow Declarations highlight areas for action that can be grouped under the following headings:

2.1 A national policy and programme for NCD prevention and control within the national health and development plan

This requires the integration of NCD prevention and control both within national health policies and programmes, and the inclusion of NCD prevention and control within social and economic development plans at the highest level of government. Ministerial leadership is required in health and in other sectors with a direct impact on NCD. Adequate financing of initiatives and research into NCD prevention is required. A broad range of stakeholders from inside and outside government needs to be involved, and time-bound accountability mechanisms adopted to ensure and track action.

Member States can address these issues by integrating NCD prevention and control into overall national health and development plans. But they must allocate adequate resources. Multisectoral and national mechanisms for implementation and monitoring also must be in place.

2.2 Development of an agreed framework for surveillance, monitoring and accountability

Plans that are monitored are easier to implement effectively. NCD prevention and control efforts must be strengthened by appropriate monitoring of policies and activities through a range of existing and new monitoring frameworks. Countries need strong national NCD surveillance systems, covering risk factors (e.g. STEPS) and outcomes such as morbidity and mortality. These systems should monitor health system responses to NCD to assess capacity and access to interventions. Policies that impact on NCD in other sectors should also be monitored. Monitoring frameworks must be an integral part of national programmes. They require a small number of quantified and timed targets and indicators including risk factors, health system response, morbidity and mortality. Accountability processes, including regular reporting on progress to legislature and the public, are required so that surveillance and monitoring information is translated into objective decision-making.

These concerns can be addressed by the establishment by Member States of national surveillance, monitoring and accountability frameworks, including time-bound targets and monitoring using appropriate indicators.

2.3 Multisectoral actions for risk reduction

The four major NCD risk factors—tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol—have a wider set of causes. They are underpinned by structural and social determinants that shape the conditions in which people live and work, factors that can be influenced by governments. There are many levers controlling these factors in non-health domains such as agriculture, trade, industry, food processing, urban planning and finance. Consequently, multisectoral

actions are needed to effectively address the control of NCD risk factors, and nationally appropriate mechanisms must be developed, such as "Health in All Policies" and "Towards a Food Secure Pacific". Legislation, regulations, fiscal measures such as incentives, disincentives and taxation, health education and health promotion should be utilized as mainstream approaches to address social determinants and to reduce NCD risk factors. Settings-based multisectoral approaches such as Healthy Islands and Healthy Cities need further support and expansion.

Multisectoral actions and whole-of-government and whole-of-society approaches to reduce NCD risk factors can effectively address these issues. WHO action plans outline a full range of options, including legislation, regulation, fiscal measures and healthy public policies that can support efforts to address unhealthy diets, the harmful use of alcohol, physical inactivity and other risk factors.

2.4 Health system strengthening for NCD prevention and management

There needs to be a paradigm shift to address the primary prevention of NCD, through the reduction of major risk factors, and people-centred continuity of care to address the chronic nature of NCD prevention and management in clinical settings. WHO has developed essential NCD interventions (PEN) for primary health care in low-resource settings and a core set of evidence based interventions, or "best buys". All require a supportive health system for effective delivery and wide coverage. NCD prevention and management in health systems can be strengthened by applying the values and principles of primary health care. An appropriate core package can be developed to fit the country context. Important additions, that will support increasing system capacity to equitably tackle NCD, include sustainable financing for universal coverage, increased numbers of appropriately skilled health workers, and monitoring tools. Cost effective and affordable drugs and technology have to be accessible to all in primary care services. Rational planning of secondary and tertiary care services is essential to optimize the use of resources. Effective management requires continuity of care and two way referrals and information flow, between community careers, primary care and hospitals.

Member States can address these concerns by strengthening NCD management throughout their health systems, with a particular focus on the role of primary health care. Adequate resources will be needed to assure affordable and cost-effective drugs, laboratory services, technology, infrastructure, and human resources for NCD prevention and management. The WHO Package of Essential NCD Interventions provides guidance in this area.

2.5 Advocacy and partnerships

A broad partnership with civil society, academia, faith-based organizations, development partners and, as appropriate, the private sector can enhance the strength of national NCD prevention and control efforts. Governments must increase their focus on the role of industry and the private sector. Private sector and industry practice has a major influence on NCD. This is positive through growing economies and increasing access, affordability and availability to quality food, medical devices and medicines. It is also negative through the marketing and sales of substances harmful to human health such as tobacco, and foods high in fat, salt and sugar. Attention should be paid to enlisting the creativity, innovation and flexibility of the private sector and industry to maximise their positive impacts on health. However governments should also use regulatory and fiscal tools to discourage the manufacture and marketing of products that are harmful to public health (e.g. tobacco).

In order to address the rising tide of noncommunicable diseases, Member States should broaden their partnerships with academia, professional associations, civil society, nongovernmental organizations, faith-based organizations and, as appropriate, the private sector in order to prevent and control NCDs.

3. ACTIONS PROPOSED

The Regional Committee is invited to review and consider for endorsement the draft resolution to expand and intensify noncommunicable prevention and control in the Western Pacific Region.