

Regional action plan for NCD in WPR

**Non Communicable Disease and
Health Promotion Unit
Western Pacific Region**

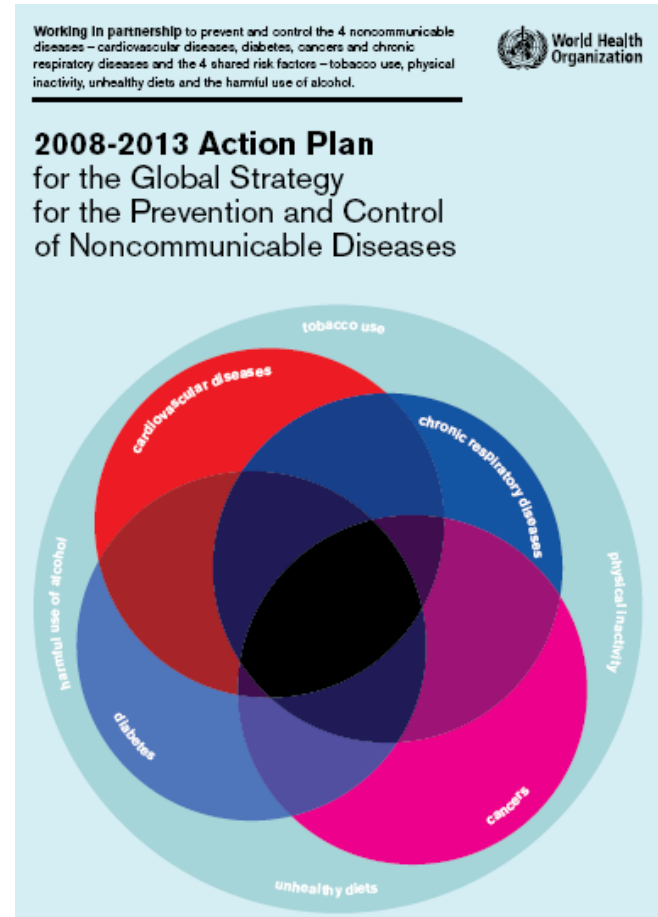
What are Noncommunicable Diseases

Cardiovascular disease

Diabetes














Cancer

**Chronic respiratory
disease**



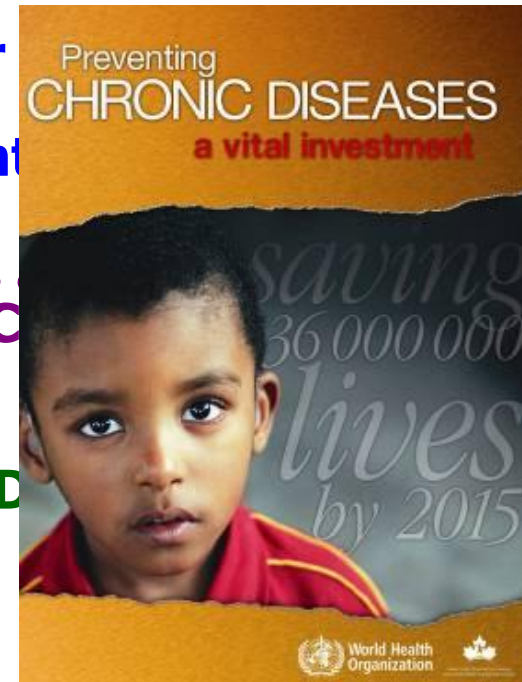
Noncommunicable Diseases

4 Diseases, 4 Modifiable Shared Risk Factors

	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				 Infection
Chronic Respiratory				Infection

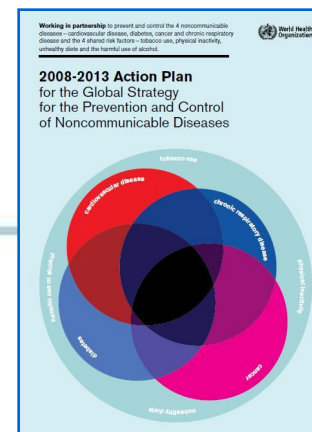
Global strategy for prevention and control of NCDs

1. To map the emerging epidemics of NCDs and to analyze their social, economic, behavioural and political dimensions with special 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
2. To reduce the level of exposure of individuals and populations to the common risk factors for NCDs, namely tobacco, unhealthy diet, physical inactivity and their determinants
3. To strengthen health care for people with NCDs by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.



Noncommunicable Diseases

The Global Response



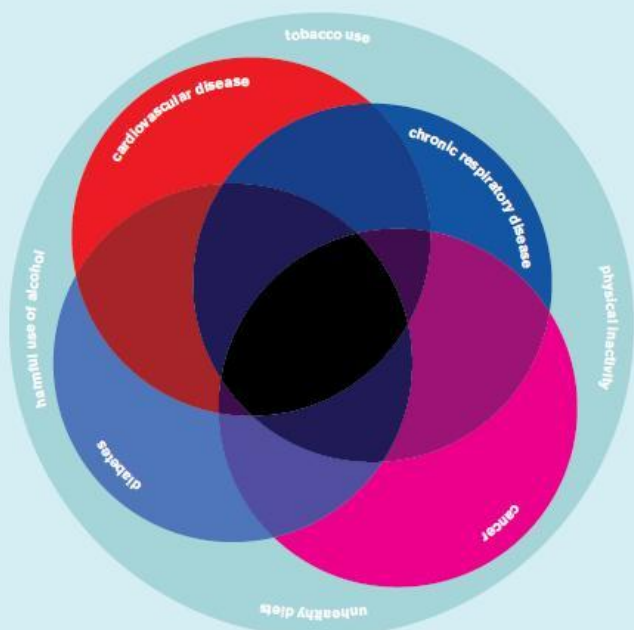
Noncommunicable Diseases

Global Action Plan 2008-2013: Six Objectives

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular disease, diabetes, cancer and chronic respiratory disease and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.



2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

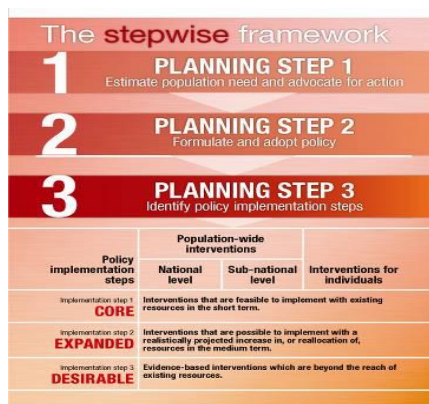


1. Integrating NCD prevention into the development agenda, and into policies across all government departments
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level

Under each of the 6 objectives, there are sets of actions for member states, WHO Secretariat and international partners

GLOBAL

- 2000-Global strategy for NCD Prevention and Control
- 2003-FCTC
- 2004-DPAS



- 2008-Action plan for the Global strategy

WPR

- ✓ 2000 Call for action (RC 51.R5)
- ✓ 2006 (RC 57.R4)
- ✓ 2007 Pacific Ministers of Health meeting in Vanuatu (Pacific Framework)
 - ✓ Pacific strategy expanded to the region
- ✓ Regional strategy for reducing harm from alcohol
- ✓ Draft regional action plan in line with the global action plan
- ✓ 2008 July Informal consultation
- ✓ 2008 RC 59 Endorsed the Regional Action Plan

The Western Pacific Regional Action Plan for Noncommunicable Diseases

A Region free of avoidable NCD deaths and disability

NCD in the Western Pacific Region

- 75% of the deaths are attributable to NCD compared to 14% of deaths from communicable diseases.
- 26,500 people killed by NCDs daily
- Close to $\frac{1}{2}$ of deaths occur in people under 70 years of age
- NCDs represent 92% of the burden of disease (DALYs) in high income countries and 63% in middle and low income countries.

WPR Action Plan for NCD

- **Vision**

- A Region free of avoidable NCD deaths and disability

- **Focus**

- Practical, cost-effective and evidence based interventions that Member states can adopt to achieve a reduction in NCD risk factor prevalence, and NCD mortality and morbidity.



Key Principles

- 1. People-centred**
- 2. Culturally relevant**
- 3. Focused on reducing inequities**
- 4. Encompassing the entire care continuum**
- 5. Involving the whole of society**
- 6. Integral to health systems strengthening**
- 7. Consistent with the global action plan, and supportive of existing, related Regional strategies and action plans**
- 8. Flexible, using a phased approach**



Scope

- **Recognizes that 4 noncommunicable diseases – cardiovascular disease, cancer, diabetes and chronic respiratory disease - comprise the majority of NCD mortality and morbidity focus of the Regional Approach**
- **Acknowledges that other NCDs (e.g. blindness, etc.), infectious diseases of a chronic nature (e.g. TB, HIV/AIDS, etc.), injuries, chronic mental illness and substance abuse disorders also contribute to country burden → Member States to assess and respond to country-specific burden**



Objectives of the RAP

- 1. To raise priority for NCD at global and national levels and to integrate prevention and control into policies across all government departments**
- 2. To establish and strengthen national policies and plans for the prevention and control of NCD**
- 3. To promote interventions to reduce the main shared modifiable risk factors for NCD: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.**
- 4. To promote research for the prevention and control of NCDs**
- 5. To promote partnerships for the prevention and control of NCDs**
- 6. To monitor NCDs and their determinants, and evaluate progress at the national, regional and global levels**



NCD-Regional Action Plan

-Strategic approach and action areas -

1. ENVIRONMENTAL INTERVENTIONS

(macroeconomic and policy change)

- Governance
- Policy and legislation
- Creating supportive environments

2. LIFESTYLE INTERVENTIONS

- Behavioural interventions
- Health promotion
- Information and education
- Improving the 'built' environment

3. CLINICAL INTERVENTIONS

- Clinical preventive services
- Risk factor detection (screening) and control
- Acute care
- Chronic care and rehabilitation
- Palliative care

4. ADVOCACY

5. RESEARCH, SURVEILLANCE AND EVALUATION

6. "WHOLE -OF-GOVERNMENT" AND WHOLE-OF-SOCIETY RESPONSE

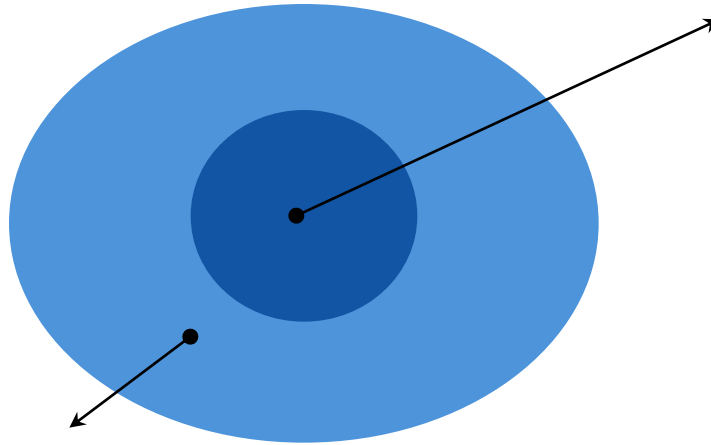
- Leadership
- Multisectoral partnership
- Community mobilization

7. HEALTH SECTOR RESPONSE

- Primary health care
- Chronic care management
- Health systems strengthening

Noncommunicable Diseases

Global NCD Network: Stakeholders



Stakeholders from the disease and risk factor community:

	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				
Chronic Respiratory				

Stakeholders outside the health sector:

- Ministries of Finance, Trade, Education, Social Affairs
- Development donors (e.g. Austrian Development Agency, Ministry of Foreign Affairs)
- International Financial Institutions
- Intergovernmental Organizations
- Private sector

Objective 1; To raise priority for NCD at global and national levels and to integrate prevention and control into policies across all government departments

Member states	WHO	Partners
<p>a. Assess and monitor public health burden of NCDs</p> <p>b. NCD prevention in poverty reduction strategies and policies</p> <p>c. Adopt approaches to policy development through whole of Government approach</p> <p>d. Tackle social determinants of NCDs with special reference to health in early childhood, health of the urban poor, fair financing and equitable access to primary health services</p>	<p>a. Raise the priority of NCD prevention and control within and outside WHO</p> <p>b. Work with countries in building and dissemination of information with necessary evidence base</p> <p>c. Develop and disseminate tools to assess impact of policies on the determinants of NCDs</p>	<p>a. Include NCD prevention and control as an integral part of work on global development</p> <p>b. Advocacy</p> <p>c. Support WHO in creating forums</p>

Objective -1 Raise priority

- Whole of Government and whole of society approaches
- ASEAN, PICTA agreements
 - Health impacts of products in trade agreements
- NCD in related health and non health areas
 - Healthy cities, poverty alleviation, gender and health, healthy workplaces, healthy islands
- Partners
 - Western Pacific Declaration of Diabetes-partnership model of WHO, IDF, SPC, Member states

Objective 2. To establish and strengthen national policies and plans for the prevention and control of NCD

Member States	WHO	Partners
<p>a. Develop and implement comprehensive policy and plan for NCD prevention</p> <p>b. Establish a high level national multilateral mechanism</p> <p>c. Conduct a comprehensive assessment of the characteristics of NCD</p> <p>d. Review and strengthen evidence based legislation, together with fiscal and other relevant policies</p> <p>e. Integrate NCD prevention and control into national health development plan.</p> <p>f. Re-orient and strengthen health system</p> <p>g. Promote people centred approach</p> <p>h. Develop mechanisms for sustainable financing</p>	<p>a. Review international experience and disseminate good practices</p> <p>b. Recommend successful approaches for inter-sectoral action</p> <p>c. Provide guidance for development of national policy frameworks</p> <p>d. Provide support to countries in collaboration with international partners in strengthening opportunities for capacity</p> <p>e. Ensure that the response to NCDs is placed at the forefront of efforts to strengthen health systems.</p> <p>f. Provide support to enhance access to essential medicines</p> <p>g. Assess existing models of self examination and self care and design improved affordable versions.</p>	<p>a. Support national and international alliances.</p> <p>b. Support implementation of intervention projects and capacity building programmes</p>

Objective 2- National policies and plans

- **Advocacy campaign to mobilize political support**
 - Advocacy guide for the Western Pacific (La Trobe Univ, Australia)
- **Integrated approach**
 - Japan People's Health Campaign for the 21st Century (Healthy Japan 21)-NCD as a core element
- **Health system strengthening**
 - Mongolia: Master Plan for Health System Development 2006-2015-NCD prevention and control
 - Republic of Korea: Comprehensive Preventive National Health Management System-incorporates lifecycle-specific services
 - Philippines: Sentrong Sigla model
- **Clinical Practice Guidelines**
 - IDF Diabetes guidelines, WHO CVD guidelines, IARC cancer
- **Leadership**
 - ProLead, Saitama training course, Singapore; Civic Committee on Healthy Lifestyle
- **Financing for health promotion and NCD prevention**
 - Vic Health, Republic of Korea, Malaysia, Mongolia and Tonga.

Intersectoral action-WHO/FAO meeting, New Zealand: Healthy Eating, Healthy Action

NCC, Korea (1 Nov 2010)



World Health Organization

Western Pacific Region



Objective 3; To promote interventions to reduce the main shared modifiable risk factors for NCD: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

Member States	WHO	Partners
<p>a. Tobacco control-MPOWER, promote healthy diet, physical activity and reduce harmful use of alcohol</p> <p>b. Incorporate NCD prevention and control in 'healthy settings' approach</p>	<p>a. Use existing strategies (FCTC, DPAS etc) to provide technical support to countries</p> <p>b. Guide the development of pilot community based projects</p> <p>c. Support the development of network of community development projects</p> <p>d. Provide support in implementing MPOWER package</p>	<p>a. Support and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors</p>

Objective 3- promote interventions to reduce the main shared modifiable risk factors for NCD

- **MPOWER package**
 - include tobacco chewing with betel nut
 - ‘It is OK to say you mind’ campaign
- **DPAS:**
 - promotion of local bananas in the Federates States of Micronesia
 - Tonga: ‘Walking Path’, Malaysia: ‘ProActive Scheme’
 - Papua New Guinea –obesity and physical activity programme for workplaces
- **Alcohol**
 - Western Pacific Regional Strategy and action plan to reduce harm from alcohol
- **Community based interventions**
 - China: Salt reduction Tianjin Study

Objective 4: To promote research for the prevention and control of NCDs

Member States	WHO	Partners
<p>a. Invest in epidemiological, behavioural and health system research</p> <p>b. Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, cost-effectiveness of intervention, affordable technology, health system reorientation and workforce development</p> <p>c. Disseminate research findings</p>	<p>a. Develop a research agenda for NCDs to translate knowledge into action</p> <p>b. Encourage WHO collaborating centres to incorporate the research agenda</p>	<p>a. Include NCD prevention and control as an integral part of work on global development and in related investments</p> <p>b. Work with WHO in advocacy as appropriate</p> <p>c. Support WHO in creating forums for stakeholders</p>

Objective 5: To promote partnerships for the prevention and control of NCDs

Member States	WHO	Partners
<p>a. Participate actively in regional and sub regional networks for the prevention and control of NCDs</p> <p>b. Establish effective partnerships and develop collaborative networks, involving key stakeholders as appropriate.</p>	<p>a. Establish an advisory group to provide strategic and technical input and conduct external reviews.</p> <p>b. Encourage the active involvement of existing regional and global initiatives</p> <p>c. Support and strengthen the role of WHO CCs</p> <p>d. Facilitate and support a global network</p>	<p>a. Collaborate and provide support to member countries and secretariat</p> <p>b. Give priority to NCDs in international and regional initiatives to strengthen health systems</p>

Objectives 4 and 5: Research and partnerships

- ProCOR (www.procor.org) web discussion forum
- Philippine Coalition for the Prevention and Control OF NCD
- Partnership with food industry:
 - Singapore-Nutrition labelling, New Zealand: Food Industry Group (FIG)
- Meeting of Ministers of Health of PIC in Vanuatu

Objective 6: To monitor NCDs and their determinants, and evaluate progress at the national, regional and global levels

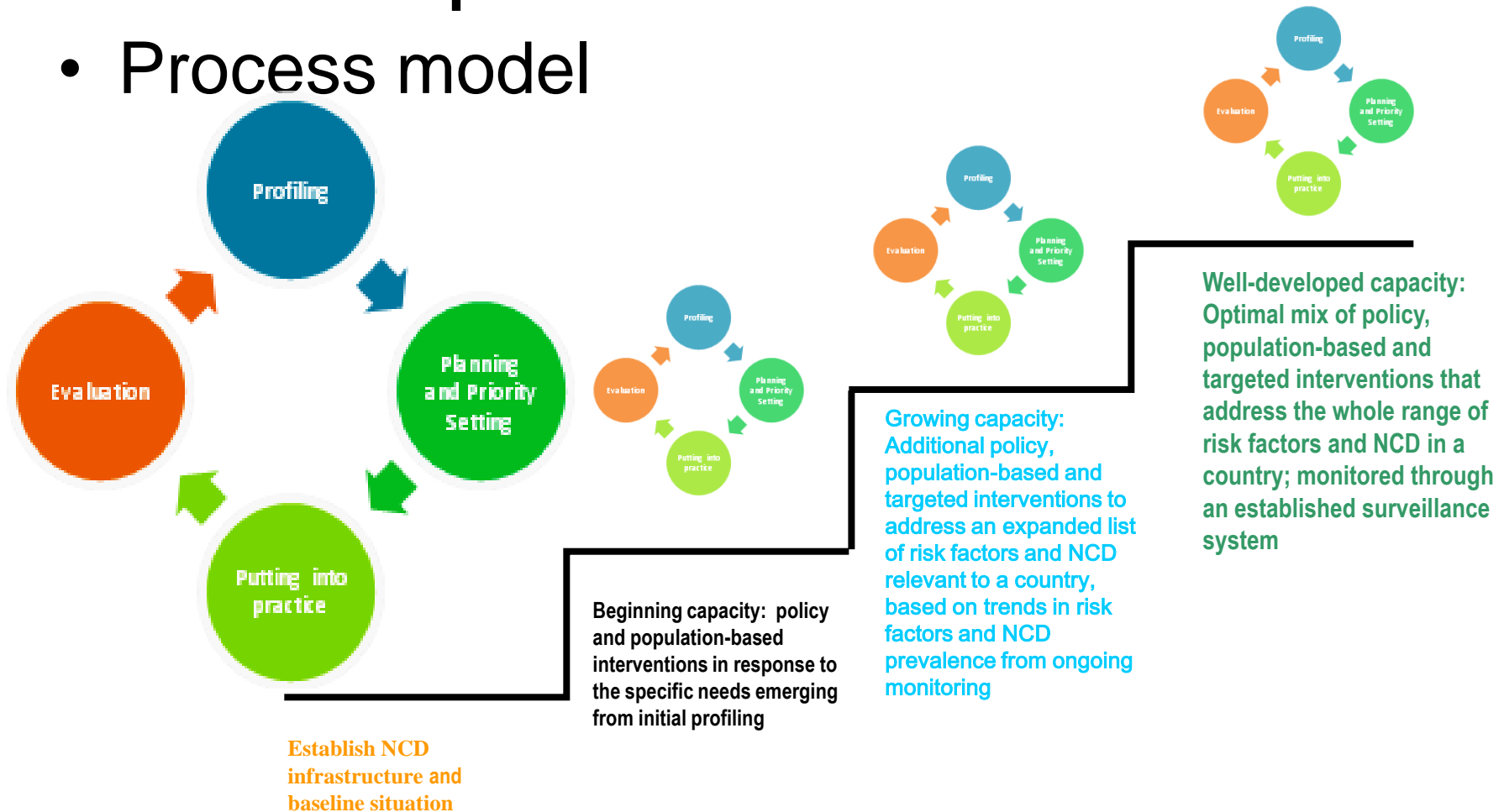
Member States	WHO	Partners
<p>a. Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality, using existing WHO tools</p> <p>b. Contribute on a routine basis, data and information on trends in respect of NCDs and their risk factors</p>	<p>a. Develop and maintain an information system</p> <p>b. Establish a reference group for NCDs and risk factors</p> <p>c. Strengthen technical support to member states</p> <p>d. Convene a representative group of stakeholders, including member states and partners.</p> <p>e. Prepare progress reports in 2010 and 2013.</p>	<p>a. Support the countries and secretariat in monitoring and evaluation.</p> <p>b. Mobilize resources to support the system of regional and global monitoring and evaluation of progress.</p>

Objective 6: Surveillance

- STEPS –NCD risk factor surveillance
 - Database at regional level
- Cancer registries
- Mortality certification

Operationalization

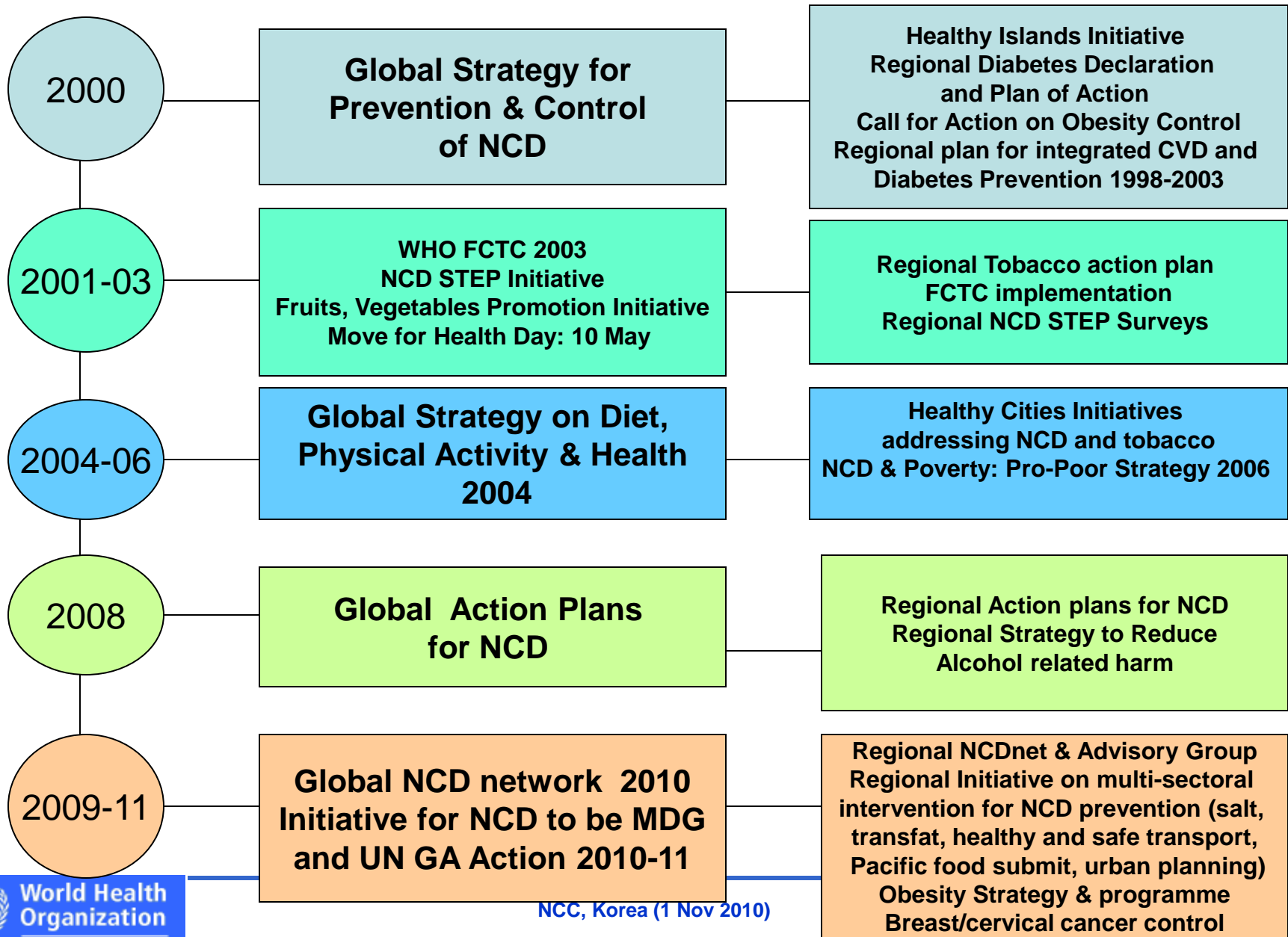
- Process model



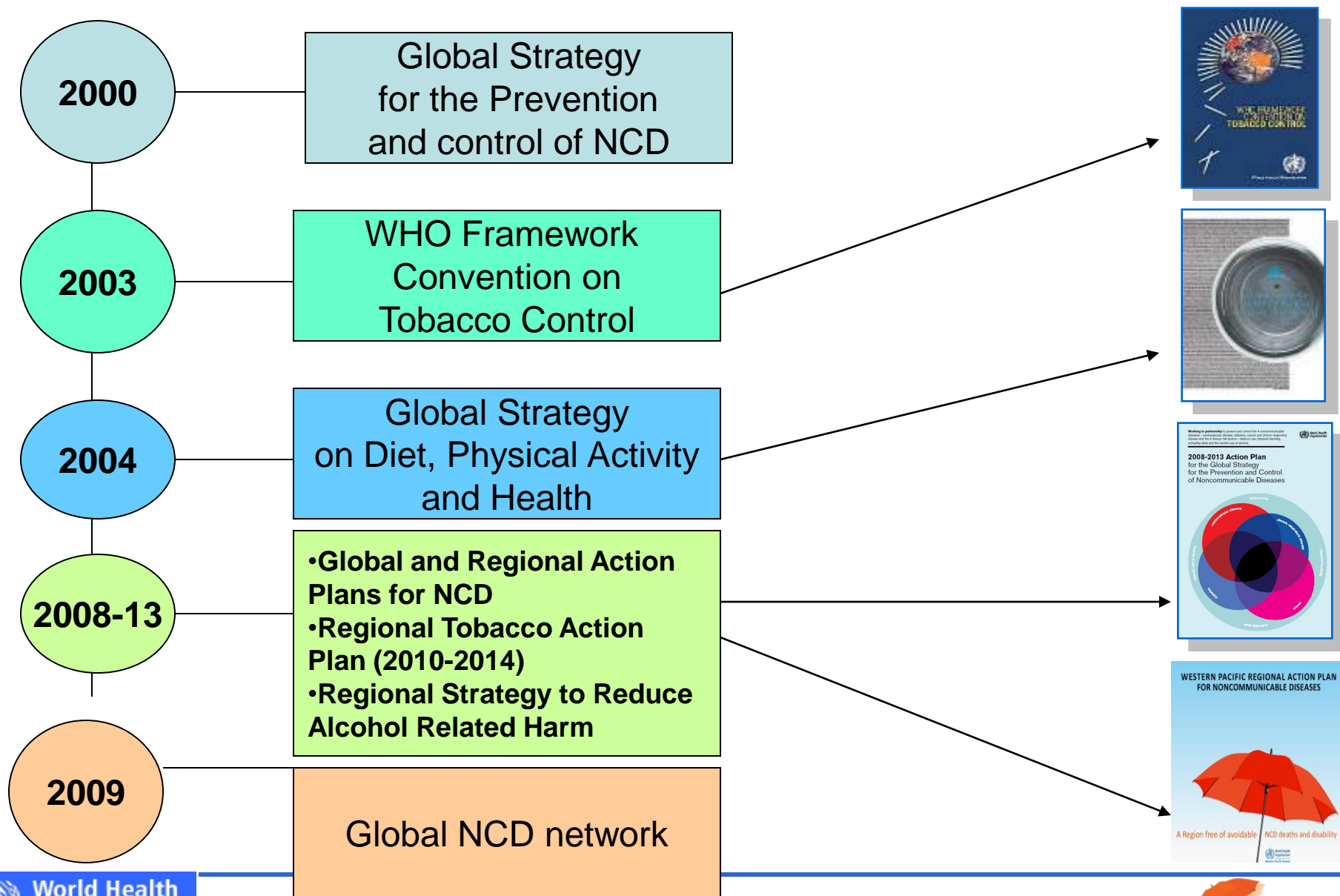
Supporting documentation

- WHO documents that guided the development of the RAP
- Current WHO and other selected tools and resources for NCD prevention and control
- Affordability of selected interventions

WHO Global Path and Regional Response



WHO Global and regional path



A close-up photograph of two young girls with dark skin and curly hair, smiling warmly at the camera. The girl on the left is wearing a yellow top with a white lace collar, and the girl on the right is wearing a green top. The background is slightly blurred, showing some foliage.

EARLY

A photograph of a large basket filled with various tropical fruits, including several pineapples, bunches of bananas, and coconuts. The fruits are vibrant and fresh, with green leaves still attached to some of them.

EASY

A photograph of a group of people playing volleyball on a sandy beach. A net is strung across the frame, and several people are visible on both sides of the net, some in motion. The background shows lush green trees and a clear sky.

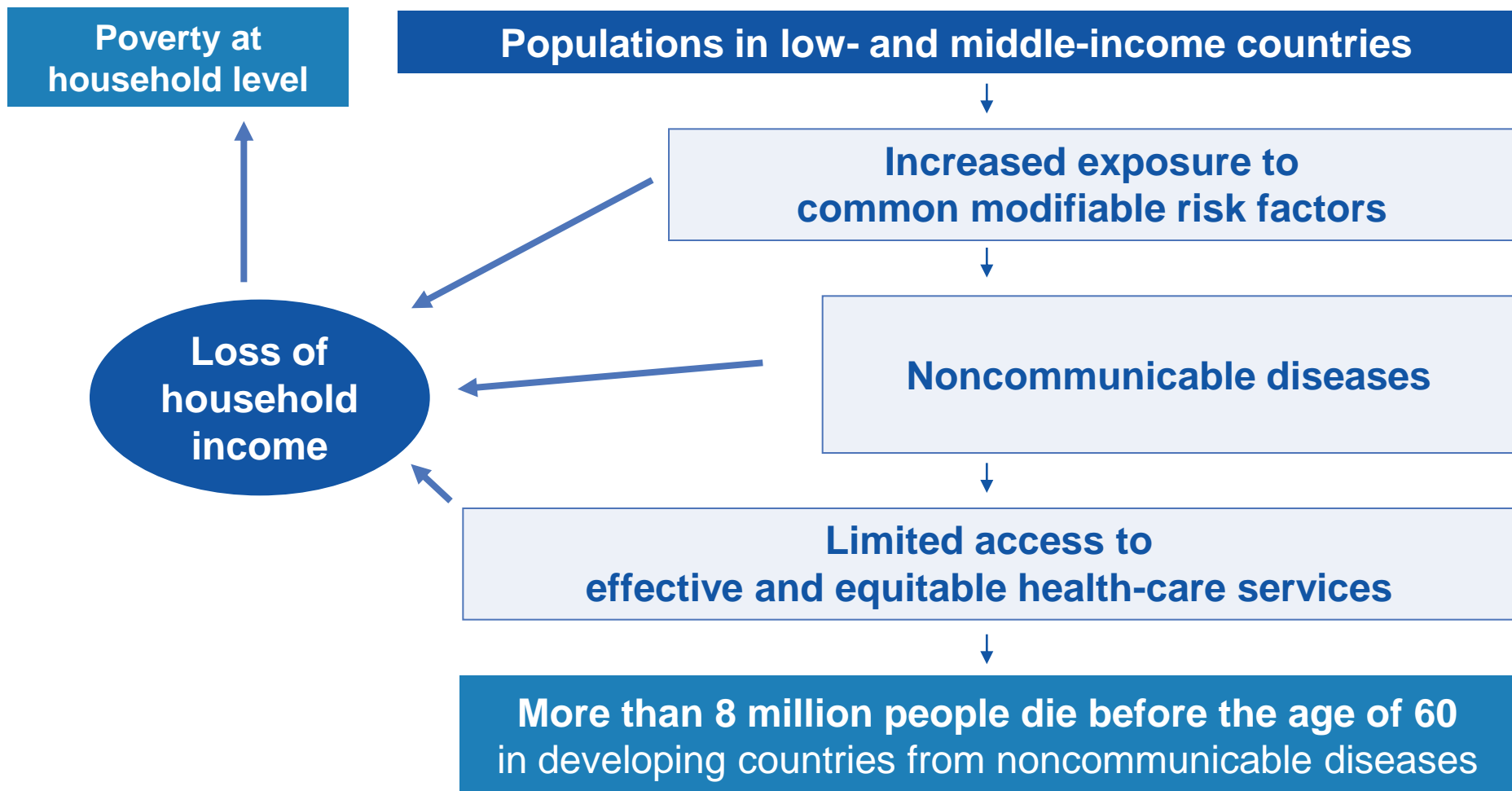
**Healthy
Lifestyle**

A photograph of a person surfing on a wave. The surfer is standing on a dark, rocky outcrop in the water, leaning forward. The water is a deep blue with white foam from the breaking wave. The background shows the ocean stretching to the horizon.

EVERYWHERE

EXCITING & ENJOYABLE

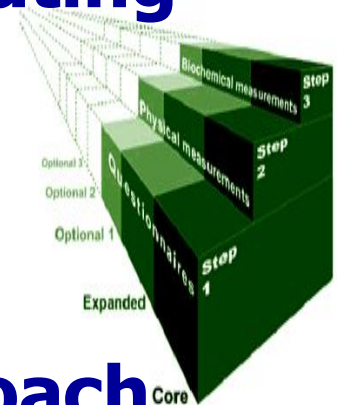
There are new perspectives on the NCD problem



Regional Initiatives-1

Surveillance and partnerships

- **The WHO STEPwise approach to Surveillance (STEPS) offers simple, standardized method for collecting, analyzing and disseminating data on NCD risk factors**
- **Regional NCD network**
- **Regional NCD advisory group**
- **Salt reduction as a public health approach**
- **Multisectoral interventions for addressing NCD risk factors**



Regional Initiatives-2

Tobacco control

- **All countries in the region have ratified the WHO FCTC**
- **Regional Action Plan for the Tobacco-Free Initiative 2010-2014 to work toward reduction of tobacco use by 10% of the current rate**
- **Graphic health warnings in Australia, Brunei Darussalam, Hong Kong SAR, Cook Islands, Malaysia, Mongolia, New Zealand, Niue and Singapore**
- **Taxes on tobacco and health promotion foundations**

Regional Initiatives-3

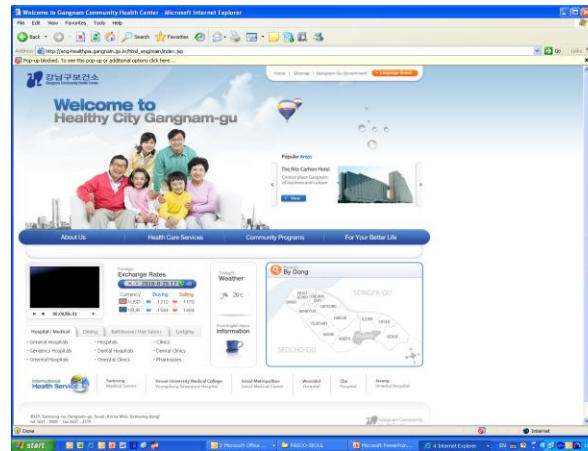
Healthy Cities and Healthy Islands

- **Healthy Cities initiated in WPRO in the late 1980s as an integrated and multi-sectoral approach to address health and development in an urban setting**
- **Initially oriented to environmental health, more public health components are being integrated such as tobacco control, food safety, healthy lifestyle promotion and NCD prevention**
- **More than 600 cities through different networks**
- **First Healthy Island Forum was held this year**
- **Frameworks for expanding and scaling up Healthy Cities and Healthy Islands will be discussed at the Regional Committee meeting**



Healthy Cities

- ❖ Well suited for interventions
- ❖ Supply side interventions
- ❖ Community participation
- ❖ Local leadership
- ❖ Sustained interventions
- ❖ Measurement



Regional Initiatives-4

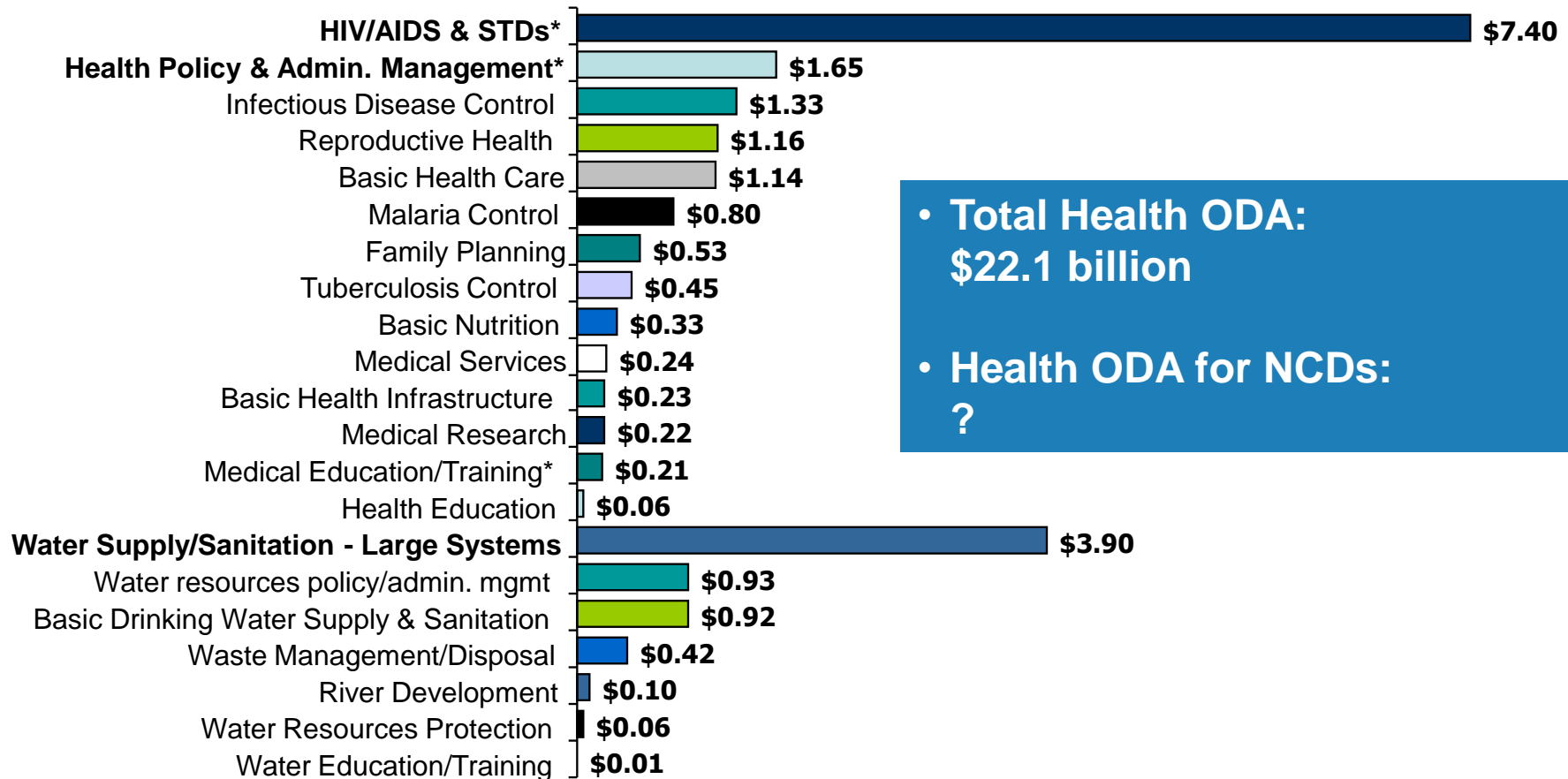
Pacific Food Summit



- **WHO has led efforts to improve food security in the Pacific**
 - Support for 6 national food Summits
 - Unique and effective multi-agency working group (FAO, GHI, PIFS, SPC, UNICEF, WHO)
- **Pacific Food Summit (April 21-23, Vanuatu)**
 - First time Trade, Agriculture, Health sectors have come together along with food industry, faith-based organisations, consumer groups and NGOs
 - Finalized and agreed on a Framework for Action on Food Security in the Pacific
- **Multi-sectoral approach**
 - Summit provided a model for a cooperative, multi-sectoral approach that can be used to improve health in other areas (e.g. Healthy Islands)



Health ODA Commitments (2007) in US\$ billions



Source: Kaiser Family Foundation (www.kff.org/globalhealth)

There are low cost interventions to prevent NCDs...

	Disease/risk factor	Intervention	Cost of implementation <i>(Low = < I\$1 per capita High = > I\$2 per capita)</i>	Health impact <i>(DALYs per 1m popn) (Small = < 100 Large = > 1,000)</i>	Cost-effectiveness <i>(I\$ per DALY averted) (Very = < GDP per capita Quite = 1-3 * GDP per capita)</i>
Risk factors	Tobacco use	Excise tax on tobacco products	Low	Large	Very cost-effective
		Smoke-free workplaces	Low	Modest	Quite cost-effective
		Packaging, labelling and awareness countermeasures	Low	Modest	Very cost-effective
		Comprehensive ad bans	Low	Modest	Very cost-effective
	Harmful use of alcohol	Excise tax on alcoholic beverages	Low	Modest	Very cost-effective
	Unhealthy diet and physical inactivity	Reduce salt intake	Low	Large	Very cost-effective
		Food taxes (fat) and subsidies (fruit and vegetables)	Low	Modest	Very cost-effective
		Intensive counselling	Very high	Large	Quite cost-effective
Non-communicable Diseases	Diabetes	Glycaemia control	High	Large	Quite cost-effective
	Cardiovascular diseases	Hypertension drug treatment	Low	Large	Very cost-effective
	Cancer	Treatment of 1st stage breast cancer	Low	Modest	Very cost-effective
		Cervical cancer screening (PAP smear) and treatment	Low	Modest	Very cost-effective
	Respiratory disorders	Inhaled corticoid-steroids for asthma	Low	Small	Quite cost-effective

Challenges

- **Political commitment and leadership is needed to scale up NCD prevention and control.**
- **Resources for scaling up action for NCD is very limited. Big challenge is how to substantially increase funding supports**
- **Capacity for NCD prevention and control in WHO and countries is not adequate in most of the low and middle income countries.**
- **Countries of Asia Pacific region are in rapid transitions and are at different levels of socio-economic development. This requires tailored approach to meet the local need**

New Global Level Developments to Support NCD

- **Regional Ministerial Meeting on Health Literacy (Beijing, 29-30 April 2009)**
- **Regional Ministerial Meeting on Noncommunicable Diseases and Injuries, Poverty and Development (Qatar, 10-11 May 2009)**
- **ECOSOC High-level Segment on Global Health (Geneva, 6-9 July 2009)**
- **ECOSOC Ministerial Roundtable Meeting on Non-communicable Diseases and Injuries (Geneva, 8 July 2009)**
- **Doha Declaration on Noncommunicable Diseases and Injury from West Asia Ministerial meeting, May 2009**
- **Commonwealth Health Ministerial Meeting Declaration on NCD**



**WHA Resolution on NCD
in 2010**



**UN General Assembly
Declaration on NCD
2010
(Global NCD Report,
UNGA high level
meeting on NCD in
2011)**



**UN MDG Submit
in 2010**

Future Directions

- **Advocacy to enhance political commitment- relationship with APEC- international trade and related agreements**
- **NCD: trade priority, political and economic priority**
- **Through healthy settings , health promotion: food marketing Multi-sectoral approach collaboration beyond the health sector**
- **Implementation of evidence-based programs**

