

Chapter 7

The way forward: taking action based on evidence and lessons learnt

Through the *Global Strategy for the Prevention and Control of Noncommunicable Diseases* and its 2008–2013 Action Plan, Member States signalled the pressing need for countries and the international community to take concrete and sustained action to reverse the NCD epidemic. Both the Global Strategy and the Action Plan were developed through the active engagement of Member States, and vigorously discussed and endorsed by them during the 53rd and 61st World Health Assemblies respectively.

Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are the biggest threats to health globally, with similar burden as infectious diseases; their impact undermines social and economic development at the community, national and global levels. While the magnitude of these health challenges has been progressively rising across the globe during the last three decades, so have substantial improvements in knowledge and understanding about their prevention and control. As highlighted in previous chapters, current evidence unequivocally demonstrates that these diseases are largely preventable. Countries can reverse the advance of these diseases and achieve quick gains if appropriate action is taken. This chapter reviews the lessons learnt over the past few decades and summarizes priority areas for action at the national and global levels.

Lessons learnt

Review of international experience and examination of the existing knowledge and evidence base provide important lessons and critical messages to policy-makers to guide policy development and programmatic decision-making on NCDs.

The following lesson summaries are based on a review that was first completed in 2000 in preparation for the development of the Global Strategy (1, 2), and that was subsequently updated following a global consultation organized by WHO in 2010.

A comprehensive approach to prevention

- In any population, the majority of people have a moderate level of exposure to NCD risk factors and a minority has a high level of exposure. An exposure in this context is either an external risk factor, such as tobacco use, or a physiological condition, such as raised blood pressure. When observed as a whole, the larger, moderate risk group contributes more to the total burden of NCDs than the minority group with higher risk. Comprehensive NCD prevention strategies must take this into account, and blend together two types of approaches: public health interventions aimed at reducing population-level risk factor levels, and medical interventions targeted specifically at high-risk individuals.
- Both population-wide primary prevention approaches and individual health-care strategies are needed to reduce NCDs and their impact. In countries that have achieved major declines in cardiovascular deaths, for example, declines are attributed to reduced NCD incidence rates combined with improved survival after cardiovascular events, due to dual prevention and treatment initiatives.
- Risk factors can be encountered at all ages, and risk-associated behaviours may be adopted early in life. As a result, comprehensive, long-term strategies for control of NCDs must take a life-course approach to prevention of risk factor exposure, commencing in early life and continuing with interventions for adults and the elderly.

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Surveillance and monitoring

- Monitoring and evaluation of NCDs is essential to policy and programme development. Three key areas require monitoring: exposures (risk factors and determinants), outcomes (morbidity and cause-specific mortality), and assessment of health system capacity and response. Measurable core indicators for each have to be adopted and used to monitor trends and progress.
- For a surveillance system to be effective it should be integrated into the national health information system, and supported by long-term funding.
- High-quality risk factor surveillance is possible even in resource-limited settings and countries. Risk factor surveillance is a priority within a more comprehensive NCD surveillance framework, as it provides both the impetus for current action and predicts future burden trends.

Multisectoral action

- Experience has shown that community-based NCD programmes both inform and support national action towards appropriate policy formulation, as well as legislative and institutional changes. Effective community-based NCD interventions require a number of combined elements at the national level: meaningful community participation and engagement, supportive policy prioritization and setting, multisectoral collaboration and active partnerships among national authorities, nongovernmental organizations, academia and the private sector.
- Decisions made outside the health sector often have a major bearing on factors that influence NCD-related risk. More prevention gains may be achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, pricing, advertising, information and communication technology and taxation policies, than by changes that are restricted to health policy and health care alone.

Health systems

- The long-term needs of people with NCDs can only be addressed by reorienting existing organizational and financial arrangements surrounding health care. Initiatives aimed at improving health systems performance and reform should additionally include specific NCD-related endpoints in universal coverage goals.
- Broad-based initiatives to achieve equity in financing are vital protections against the risk of catastrophic health expenditures, including NCD-related health-care costs. Financial risk and inequity can be minimized through both conventional and innovative financing mechanisms.

Innovative financing refers to a range of non-traditional mechanisms to raise additional funds for development and aid through ‘innovative’ projects such as micro-contributions, taxes, public–private partnerships and market-based financial transactions. Supplementing traditional public sector funding and, in some countries, development assistance with innovative and/or non-state sector financing can potentially bridge considerable funding gaps, which constitute the biggest stumbling block to strengthening NCD interventions in primary health care. There are examples of countries that have successfully used revenues from raised taxation on tobacco and alcohol to finance health promotion and promote coverage in primary health care. As mentioned above, *The World Health Report 2010 - Health systems financing: the path to universal coverage* provides numerous examples of innovative financing systems that can be considered to complement national health budgets.

Following the 2009 recommendations of the High-Level Task Force on Innovative Financing, one of the new concepts to assess and develop was a global levy on tobacco products. A Solidarity Tobacco Levy is being considered as a possibility for raising funds that could support NCD prevention and control in low-income countries.

The way forward

The *2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases* provides a roadmap for addressing NCDs at the country and global levels by: a) strengthening surveillance; b) taking action to reduce risk factors with emphasis on interventions that are affordable and known to work; and c) addressing gaps in health systems and improving access to essential health care for people with NCDs.

Nearly 80% of NCD-related deaths occur in low- and middle-income countries, and the burden of premature deaths is also much greater in these countries. The epidemic has a dramatic impact on human development in both social and economic realms. The negative implications for national productivity are increasingly recognized, and NCDs are a significant burden on health systems because of increasing demands and escalating health-care costs. Unless concerted action is taken, the rising financial burden of NCDs will reach unmanageable levels.

Much of the NCD burden can be averted through primary prevention and the complementary identification of early stage disease, combined with effective treatment of existing conditions.

All countries need to reconsider their health and development strategies and plans, in order to scale up and mobilize additional responses to address NCDs.

Surveillance and monitoring of NCDs and their determinants

Surveillance is critical to generating the information needed for NCD-related policy and programme development, to support monitoring and evaluation of their implementation progress, and for appropriate legislation for NCD prevention and control.

The major challenge remains that many countries have a lack of usable mortality data, and have weak NCD surveillance systems that are frequently not integrated into national health information systems.

Chapter 3 highlights the need for a surveillance framework in all countries that monitors exposures (risks and determinants), outcomes (morbidity and mortality) and health-system responses (interventions and capacity). A core set of measurable and standardized indicators is needed for each component of the framework. NCD surveillance should be strengthened according to this framework, and integrated into national health information systems in all countries.

Reducing risk factors and preventing NCDs

NCDs can be averted and their outcomes improved through proven population-based interventions. Priority should be given to the implementation of practical and affordable **best buy** interventions, such as tobacco and alcohol taxation; smoke-free public spaces and workplaces; comprehensive bans on tobacco advertising, promotion and sponsorship; salt reduction measures; HBV vaccination; and low-cost multiple drug management of people at high risk.

Other affordable interventions that should be considered include: policy interventions to promote healthy diets, such as bans on trans-fat; measures to reduce marketing of foods and non-alcoholic beverages to children; taxes on foods high in sugar, salt and fat; subsidies to promote fruit and vegetable consumption; and interventions to increase physical activity at the population level. For cancer control, health interventions that should be considered include the reduction of exposure to identified environmental and occupational carcinogens.

As mentioned before, the active engagement of non-health sectors is a prerequisite for implementing effective NCD preventive interventions. The principle of 'health in all policies' has been the focus of public health advocacy that dates back to when safe drinking-water, sanitation, and decent housing were key result areas for health promotion and disease control. The same principle now applies to NCDs in that many of the social determinants of NCDs lie outside the scope of the health sector. Specific policies associated with globalization, as adopted by non-health sectors for example, are

fuelling the rise in NCDs and their adverse impact on economic development. Health policy-makers recognize the critical need for engaging all parts of government but they often struggle to achieve effective multisectoral action. Understanding how to promote engagement of non-health sectors is therefore critical to NCD prevention.

Review of international experience shows many examples of successful multisectoral action. To ensure that policies and decisions taken by non-health sectors contribute to reduction of NCDs and other health risks, effective mechanisms for engaging non-health sectors should be established and strengthened. Based on lessons learnt, WHO has developed guidance on promoting multisectoral action that policy-makers may wish to consider (Annex 6).

The industrial and other private sectors have a major opportunity and responsibility in facing up to the NCD epidemic. They must recognize how much is at stake in both human and economic terms if the global rise in NCDs is allowed to continue.

Strengthening health care for people with NCDs

A major challenge in many countries is to promote access to essential standards of health care for people living with NCDs. Essential interventions, particularly the ‘best buys’ mentioned in chapter 5 need to be integrated into primary health care. Effectively managing specific NCDs requires well-functioning and equitable health systems that are capable of providing long-term care that is person-centred, community-based and sustainable. Challenges exist for all six of the WHO building blocks of effective health systems: governance, finance, health workforce, health information, medical products and technologies, and health service delivery. While universal coverage of primary health-care services is a shared overall objective, the following approaches can be specifically considered by health policy-makers in relation to NCDs:

- Ensure that national health strategies and plans are based on accurate situation analysis and include NCD prevention and control as part of the national health priorities.
- Strengthen political commitment to NCD prevention at all levels of government.
- Integrate the delivery of basic health care for NCD prevention and management into primary health care systems.
- Expand the package of essential NCD-related interventions available at the primary health-care level by including a prioritized and realistic set of high-impact interventions to detect and treat common conditions. Specific “best buys” and other cost-effective interventions are discussed in Chapters 4 and 5.
- Address health system gaps, such as by strengthening surveillance systems (Chapter 3), strengthening the capacity of the health workforce (Chapter 6), and improving access to essential medicines and technology (Chapter 6).
- Remove financial barriers to essential health-care interventions, such as user fees, and reduce out-of-pocket payments. Consider financing mechanisms including the use of tobacco or alcohol taxation to increase revenues for primary health care.

Prevention and implementation research

This report stresses that enough is known about NCDs to establish effective and high-impact national programmes to address them. However, while it is sufficient to establish a causal relationship between NCDs and risk factors in order to initiate prevention strategies, knowledge of specific NCD etiological mechanisms is of potential value in refining these strategies. Research findings in pathways of disease development will help to refine prevention strategies and provide fresh ideas and initiatives with respect to prevention.

Objective 4 of the Action Plan calls for a coordinated agenda for NCD research to strengthen the evidence base for cost-effective NCD prevention and control. Based on a series of papers commissioned by WHO, and three global consultations conducted between 2008 and 2010, key research priority areas have been identified in four broad domains: a) research to monitor NCDs

and their impact on health and socioeconomic development; b) multisectoral and multidisciplinary research to understand and influence the social determinants of NCDs; c) translational and health system research to a wider implementation of proven cost-effective interventions; and d) research to enable affordability of high-cost but effective technologies in the context of various resource settings. These research priorities are discussed in depth in another publication: *A prioritized research agenda for the prevention and control of noncommunicable diseases* (3).

Integrating NCD prevention in national programmes for sustainable development

The NCD epidemic has a substantial negative impact on human development. As the Global Strategy states, the growing challenge of NCDs represents one of the greatest challenges to global development in the 21st century. NCDs kill more poor people than rich; they reduce productivity and contribute to poverty; they also create a significant burden on health systems because of increasing demands and escalating health-care costs. Unless serious action is taken, the rising financial burden of NCDs will reach levels that are beyond the capacity of even high-income countries to manage.

There is also evidence to indicate that NCDs may impede progress towards the UN Millennium Development Goals. NCD prevention should therefore be included as a priority in national development initiatives and related investment decisions. Depending on the national situation, strengthening the prevention and management of NCDs should also be considered an integral part of poverty reduction and other development assistance programmes.

Technical support to low-income countries to address NCDs is not given priority by international development agencies and it currently constitutes a negligible proportion of official development assistance. This gap has to be addressed. As the United Nations Secretary-General said during the World Economic Forum in January 2011, the United Nations High-Level Meeting on NCDs in September 2011 is a chance to broker an international commitment that puts NCDs high in the development agenda, where they belong.

The civil society sector

Reversing the epidemic of NCDs is not only a key responsibility of all of government. It also requires engagement from civil society and the business sector.

Civil society institutions are uniquely placed to mobilize political awareness and support for NCD prevention and control. They play a key role in advocating for NCDs to be a part of the global development agenda.

Civil society institutions and nongovernmental organizations contribute to capacity-building. They are also significant providers of prevention and treatment services for cardiovascular disease, cancer, diabetes and respiratory diseases, often filling gaps between services provided by the private and government sectors.

At a global level, nongovernmental organizations have grouped together to collectively support and influence global tobacco control efforts and, more recently, wider NCD prevention control, providing a strong platform for advocacy and action.

The role and capacity of civil society should be supported and strengthened at the national and international levels.

The corporate sector

With the exception of the tobacco industry, the private sector can make a decisively important contribution to addressing NCD prevention challenges. Companies should work closely with governments to promote healthy lifestyles and implement action to promote healthy diet by:

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reformulation to reduce salt, trans-fat and sugar in their products; ensuring responsible marketing; and helping to make NCD essential medicines more affordable and accessible. Such actions need to be monitored.

Companies should also adopt and strengthen programmes to improve the health and well-being of their employees through workplace health promotion and specific NCD prevention schemes. Virtually all industries can help to reduce pollution and promote healthy lifestyles.

References

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- 2) Alwan A, Maclean D. A review of noncommunicable diseases in low- and middle-income countries. *International Health*, 2009, 1:3–9.
- 3) *A prioritized research agenda for the prevention and control of noncommunicable diseases*. Geneva, World Health Organization, 2010.