Information session on Reaching Billion 1 and 3 and SDG 3.4 Update on the Implementation Roadmap for NCDs to accelerate country action

World Health Organization

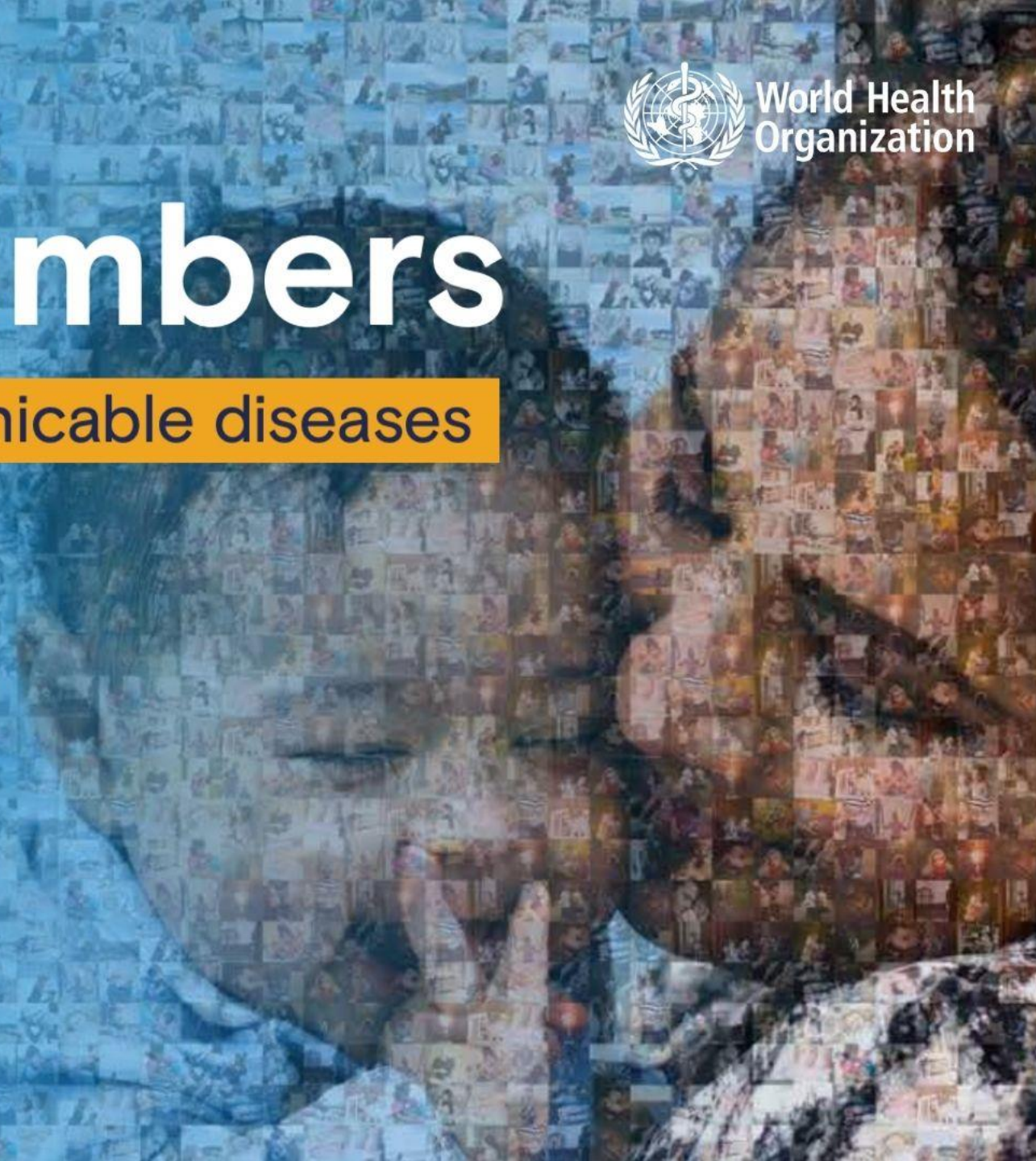
PART 2 of presentation

Friday 25 November 2022 from 09:00-10:30 CET

World Health Organization

Invisible numbers

The true extent of noncommunicable diseases and what to do about them



Read the report
https://www.who.int/publications/i/item/9789240057661

Access the NCD Data Portal
https://ncdportal.org/

ACCELERATE NATIONAL ACTION Prioritize

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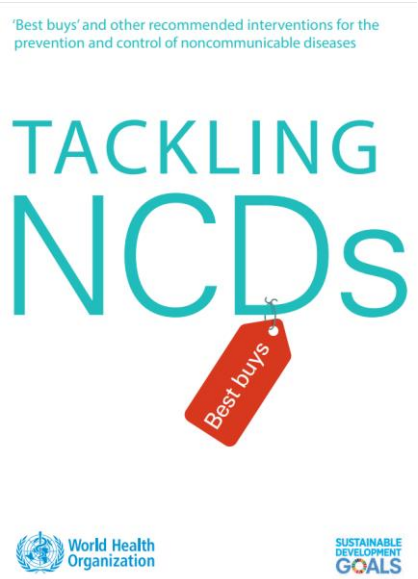
Accelerate and invest in the implementation of the most cost-effective and feasible NCD interventions in the national context



2022 Appendix 3 highlights

a menu of evidence-based and cost-effective policy and health services interventions to guide policy decisions

- A total of 90 interventions and 22 overarching/enabling actions
- Cost-effectiveness was examined for 58 using WHO-CHOICE Out of the 58 interventions, 28 are considered to be the most cost-effective and feasible for implementation (with an average cost-effectiveness ratio of ≤I$ 100 per healthy life year gained in low and lower-middle income countries)
- But many proposed interventions above the CE threshold of ≤I$ 100 per HLY are cost-effective and would represent good value for money

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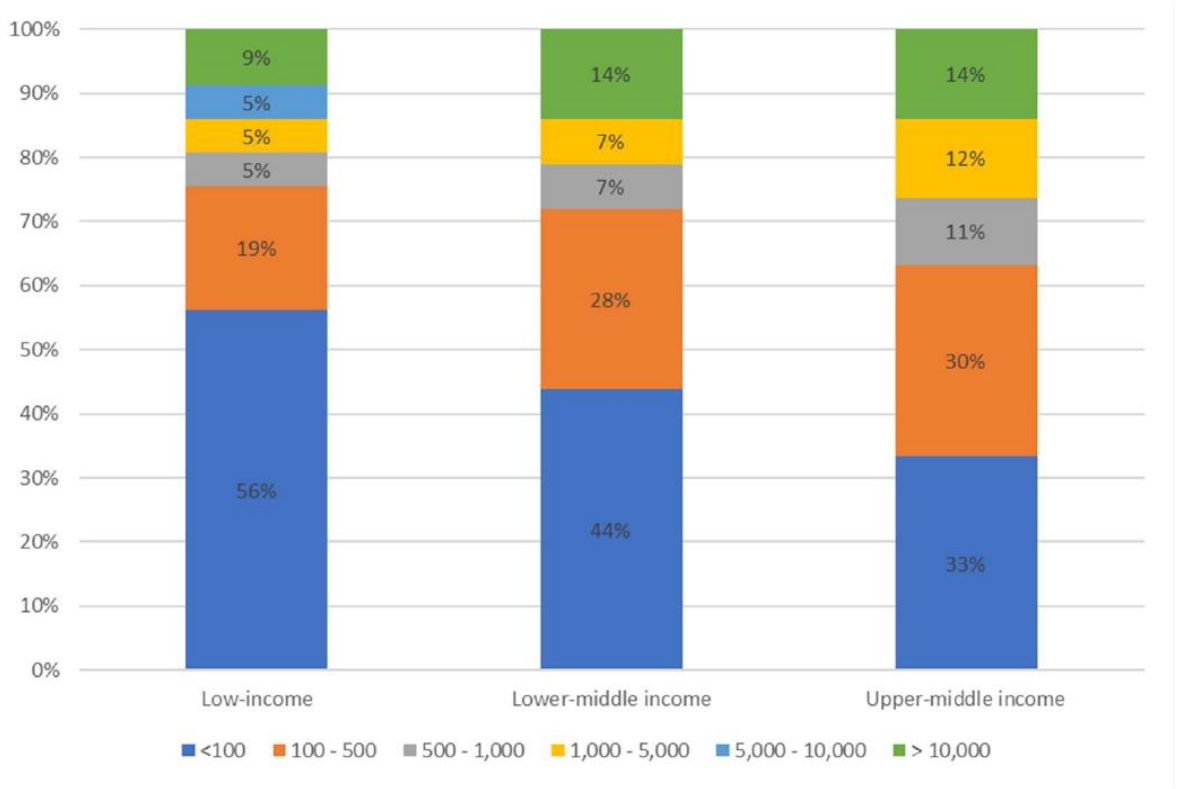
2022 Appendix 3

If the national cost-effectiveness threshold chosen by a low-income country is I$1000 per healthy life year gained, then 82% of the proposed 58 interventions in the 2022 update would represent good value for money in that country

Percentage of interventions by cost-effectiveness (CE) band for the 3 income groups



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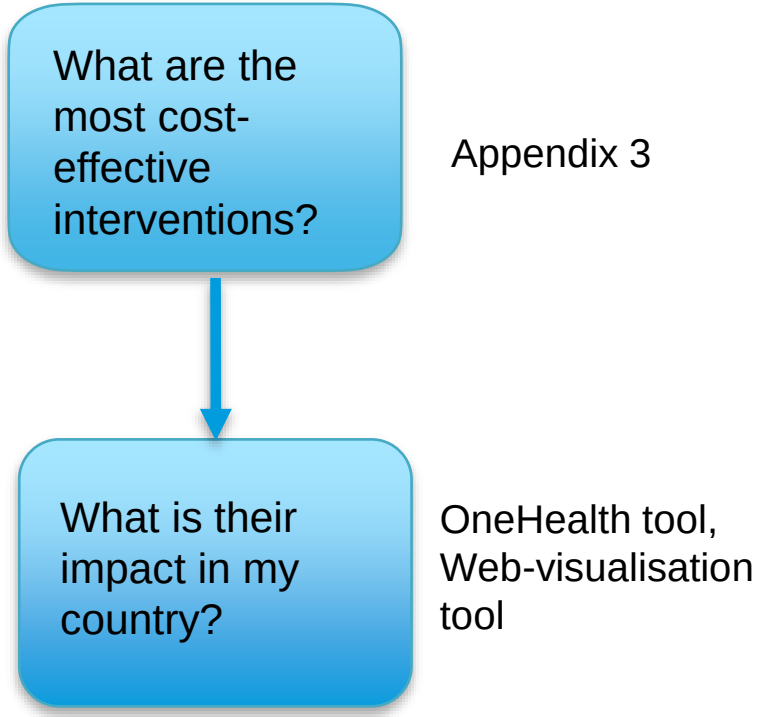
NCD web-visualisation tool

Objective: help countries visualize impact of Appendix 3 interventions in order to achieve the NCD targets by 2030

Scope	▪ NCD 4x4 ▪ All the interventions in Appendix 3* ▪ Combination of interventions in Appendix 3** ▪ All countries*
Outcomes	▪ Mortality: deaths averted and premature mortality ▪ Morbidity: HLYs gained ▪ Cost of interventions**
Output	▪ Visualisation tool (various levels of user interaction to be determined)
Timeline	▪ Q1 2023 prototype ▪ Q2-Q3 2023 full tool available for country use



Note: *to be progressively expanded starting from a selection
** for phase 2 of the project

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What already works but requires sustained attention

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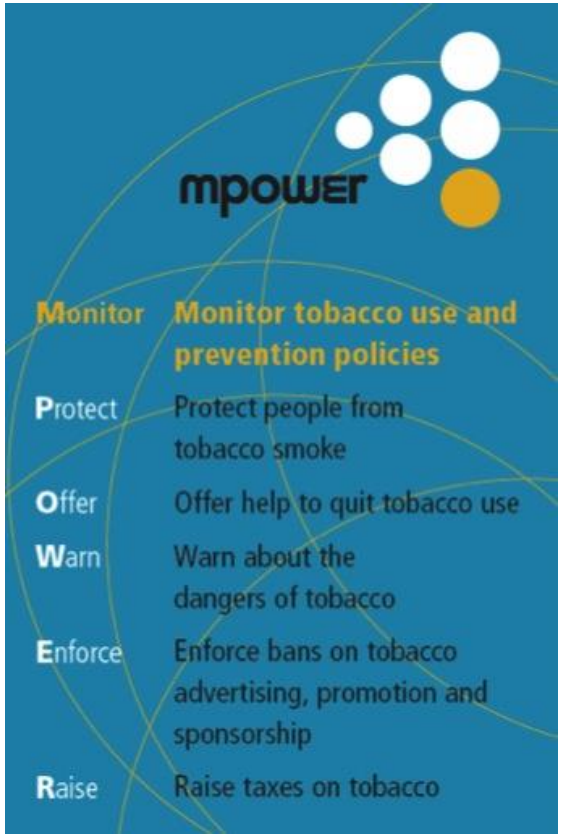

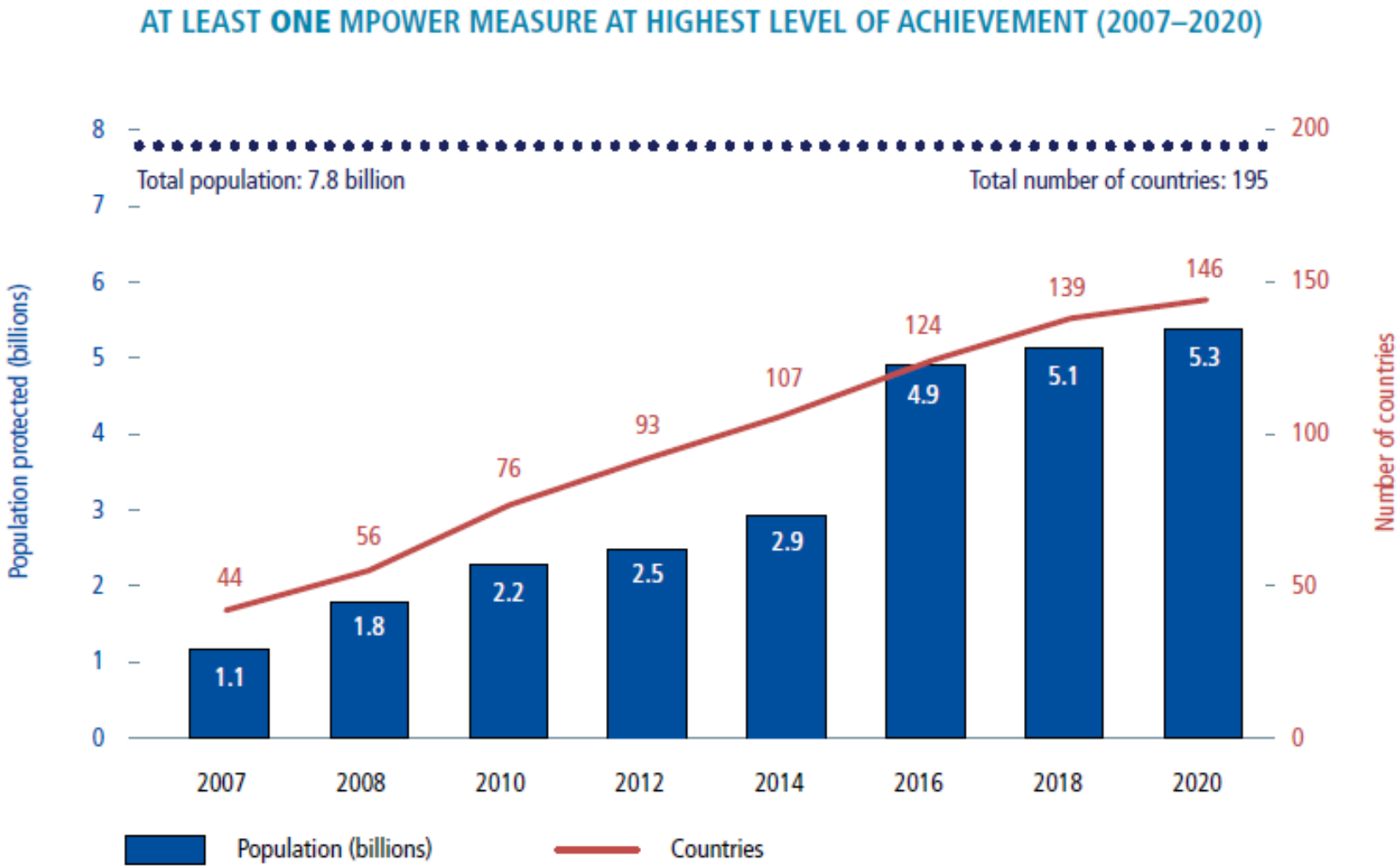

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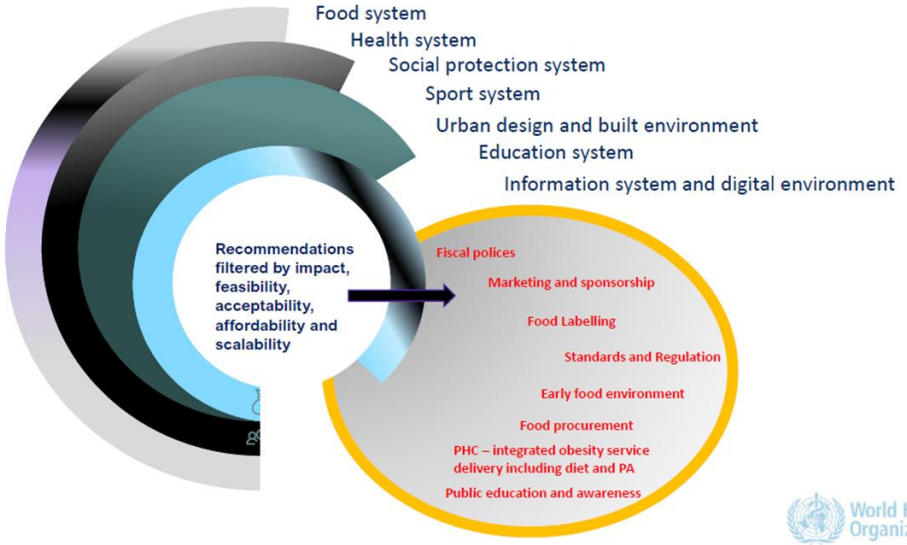
Using window of opportunity
Accelerating action to stop obesity

World Health Organization

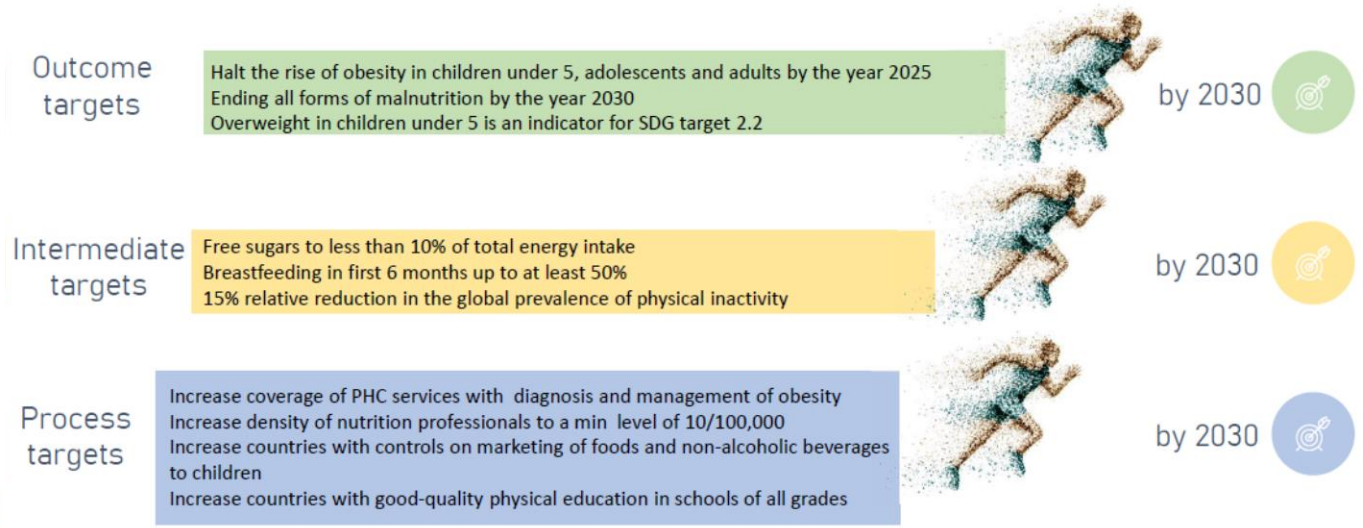
Package of prioritized interventions addressing healthy diet and physical activity through programs and policy across multiple settings

WHO Guidelines in progress

- Policies to restrict marketing to children
- Fiscal and pricing policies
- Nutrition labelling policies
- School food and nutrition policies
- Management of obesity in children and adolescents



World Health Organization



ACCELERATE

Using window of opportunity
Accelerating action to stop obesity

World Health Organization

Ambitious targets and accountability

Outcome targets	• Halt the rise of obesity in children under 5, adolescents and adults	by 2025
	• Ending all forms of malnutrition • Reach 3% or lower prevalence of overweight in children under five years of age	by 2030
Intermediate targets	• Free sugars to less than 10% of total energy intake in adults and children • Breastfeeding in first 6 months up to at least 70% • 15% relative reduction in the global prevalence of physical inactivity	by 2030
Process targets	• Increase coverage of PHC services with prevention, diagnosis and management of obesity in children and adolescents • Increase density of nutrition professionals to a min level of 10/100,000 population • Increase no. of countries with regulations on marketing of foods and non-alcoholic beverages to children • **All countries** implement national public education communication campaigns on physical activity • **All countries** have a national protocol for assessing and counselling on physical activity in primary care	by 2030

WHO Guidelines in progress

- Policies to restrict marketing to children
- Fiscal and pricing policies
- Nutrition labelling policies
- School food and nutrition policies
- Management of obesity in children and adolescents

Act across multiple settings and scale up impactful interventions

WHO Technical Package

- Fiscal policies
- Marketing foods and beverages
- Food Labelling
- Early food environment
- Public food procurements
- Physical activity
- Building capacity in the health system to deliver obesity management services
- Public education and awareness
- Innovations

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WHO Global Initiative for Childhood Cancer

Context

400,000 children diagnosed / yr

Profound **inequity** in outcome determined by country of residence, socioeconomic status

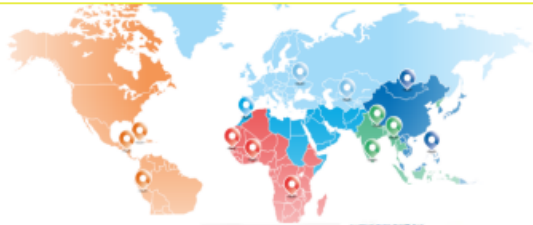
WHO Cancer Initiative

Target & Approach

Target

>60% survival and suffering alleviated for all
Save **one million** children by 2030

(1) Active in **40+** countries
+4 regional networks



(2) **>120** partners +
WHO community of practice

St. Jude Children's Research Hospital

NIH

(3) **CureAll** approach + investment cases

Technical package covering comprehensive childhood cancer care using Cure*All* approach

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HEARTS implementation : target 14 million people on protocol-based treatment for hypertension by 2024

A public health approach to managing hypertension and other CVD risk factors at the primary level

Involves reorientation and strengthening of health systems to incorporate treatment of hypertension

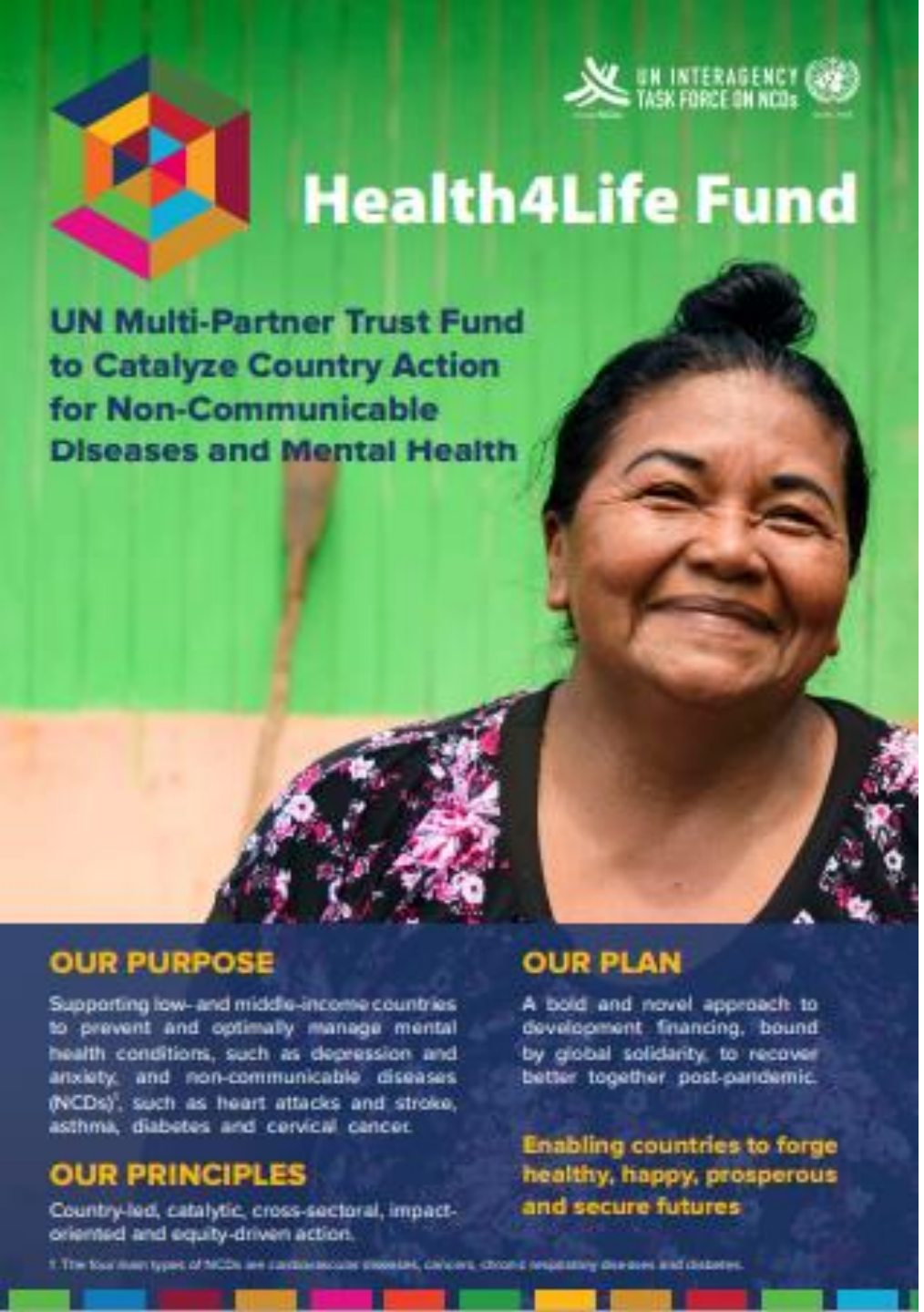
Must be embedded in universal health coverage benefit packages – pathfinder to UHC

Currently HEARTS is being implemented in over 30 countries globally

There are now more than 7 million adults being treated according to protocol-based treatment for their hypertension

Control rates are improving in all countries but is variable

Over the last 5 years we have learned several important lessons in HEARTS implementation and the new guideline was just launched – as a result WHO will be updating the HEARTS package



Aims to transform global health financing through participatory, inclusive, and country-led approaches

- Participating UN organizations: WHO, UNDP and UNICEF.
- Member State Founding Strategic Partners: Kenya, Thailand and Uruguay.
- Steering Committee that includes the above plus CSOs and the UN Multi-Partner Trust Fund Office.

Commitments include

- Aspen Global Innovators Group intends to fundraise $5 million over the next three years.
- Soroptimist International Africa Federation has pledged to advocate and raise funds for the Fund's pillar devoted to the elimination of cervical cancer.
- Unexia, a blockchain infrastructure for global health, has committed $50 million to the Fund to accelerate inclusive and democratic innovations in global health financing.

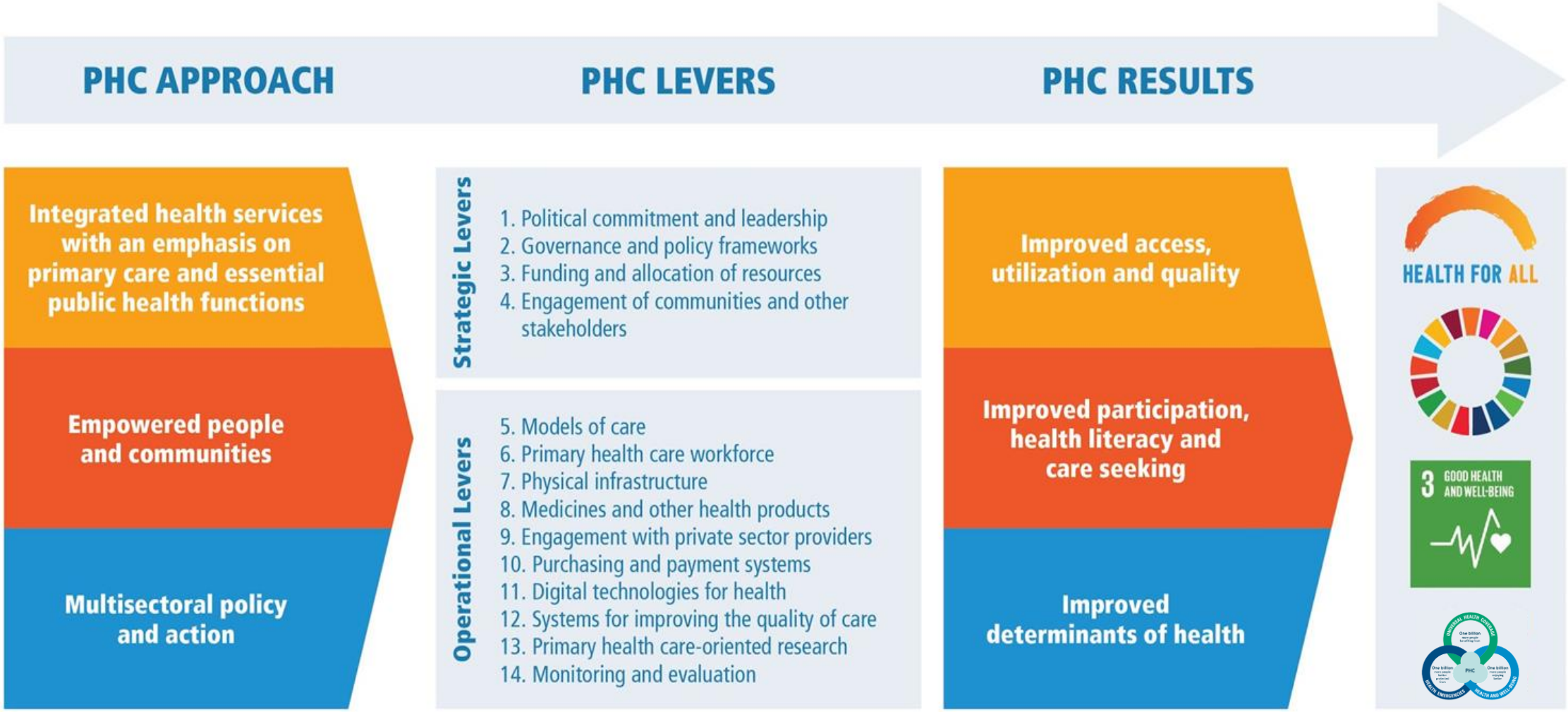
Further information available here

ACCELERATE NATIONAL ACTION PHC and UHC

Link to: Information session on Reaching Billion 1 and 2 and SDG3.4: NCDs inPrimary healthcare and Universal Health Coverage also as a foundation for preparedness, October 25, 2022

Operational Framework for PHC

World Health Organization



Source: Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. https://www.who.int/publications/i/item/9789240017832 License: CC BY-NC-SA 3.0 IGO.

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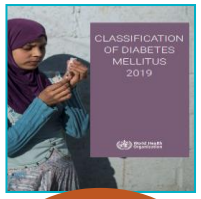
Strengthen NCD prevention and control in PHC for promoting equitable access and quality of care

World Health Organization

2020

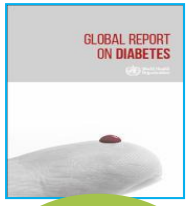
2020

2019



2019

2018



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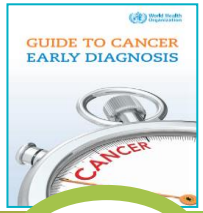
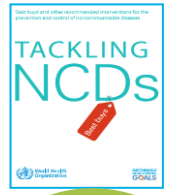


2017



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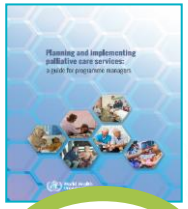
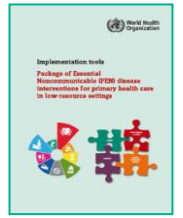


2016

2016

2012

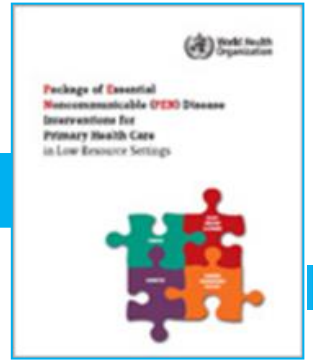
2013



2013

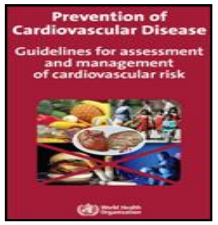
2016

WHO Package of Essential NCD services 2002-2020



2010

2007



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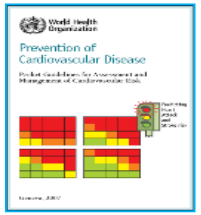

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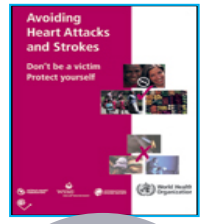


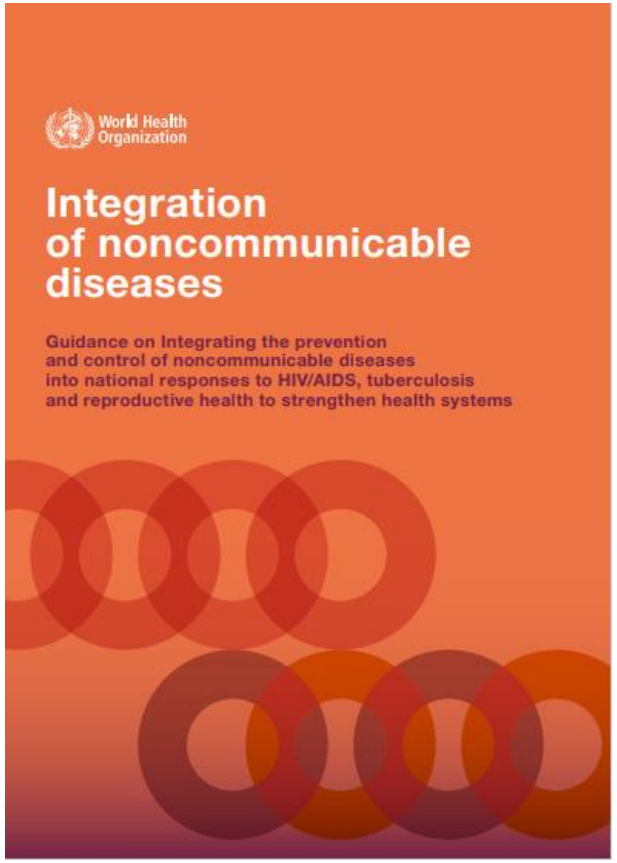
2005

2002

Strengthening NCD services through PHC : Tools and Guidance

World Health Organization

Guidance on Integration of NCD into other programs and the Health System



Domains of Actions

- **People and community**
- **Policy and leadership**
- **Financing**
- **Capacity and infrastructure**
- **NCD** Model of care

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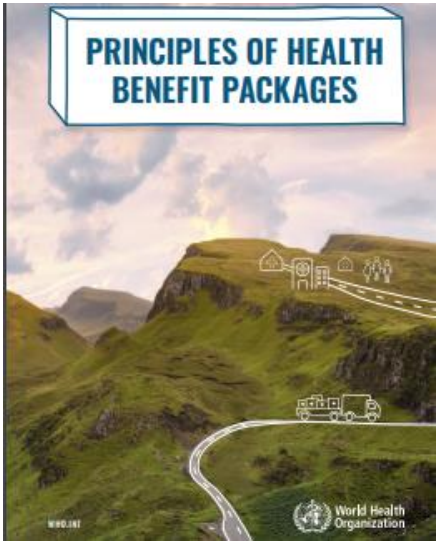
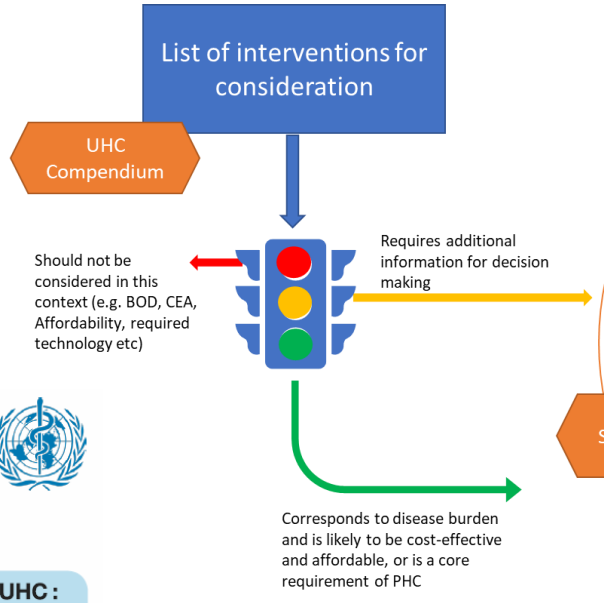
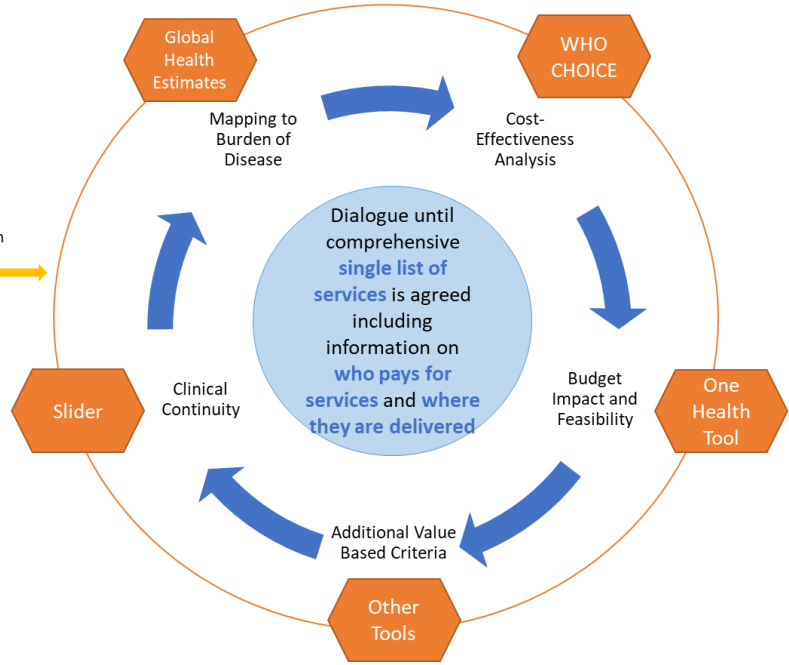
Ensure that UHC benefit packages include prevention and control of NCDs







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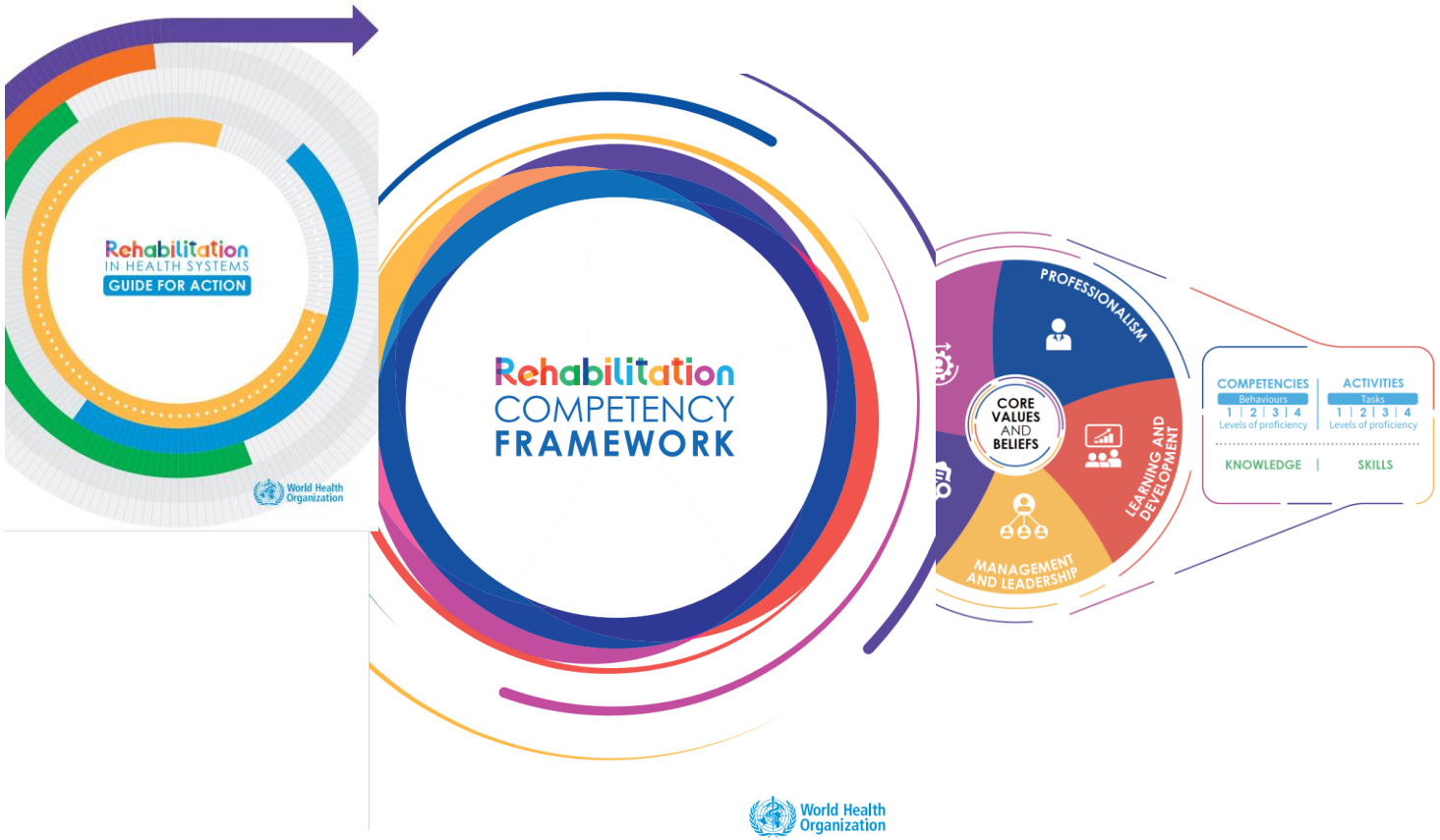
Addressing the full continuum of care



Rehabilitation 2030

[Rehabilitation 2030 (who.int)]

World Health Organization

New WHO recommendations on screening and treatment to prevent cervical cancer among women living with HIV

Policy brief

Background

Women living with HIV have a six-fold increased risk of cervical cancer compared with women without HIV.[1] This elevated risk is manifested throughout the life course, beginning with an increased risk of acquiring human papillomavirus (HPV) infection, which is responsible for the majority of cervical cancer cases. Women living with HIV have more rapid progression of high-risk HPV infection to pre-cancer lesions and subsequently to cervical cancer, and also reduced likelihood of regression of pre-cancer lesions, and higher rates of recurrence following treatment.

Cervical cancer is the fourth most common cancer in women. In 2020, an estimated 604 000 women were diagnosed with cervical cancer worldwide and about 342 000 women died from the disease.[2] Globally, an estimated 5% of all cervical cancer cases are attributable to HIV.[1] However, these statistics vary enormously by region. In nine countries with high HIV prevalence, the proportion of cervical cancer attributable to HIV is 40% or higher, whereas it is less than 5% in 122 countries with much lower HIV prevalence. Thus, HIV contributes substantially to the stark geographic disparities seen in cervical cancer burden.

Since the countries with high HIV burden have some of the highest cervical cancer rates, a greater effort will be needed to achieve cervical cancer elimination in these settings. Focusing on the prevention and treatment of both cervical cancer and HIV can help maximize benefits in countries hardest hit by both cervical cancer and HIV.

In November 2020, the World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus launched the Global strategy to accelerate the elimination of cervical cancer as a public health problem,[3] including the **following global targets for 2030**:

- 90% of girls are fully vaccinated with HPV vaccine by age 15 years.
- 70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age.
- 90% of women identified with cervical disease receive treatment.

[1] Stelzle D, Tanaka LF, Lee KK, Ibrahim Khalil A, Baussano I, Shah ASV, et al. Estimates of the global burden of cervical cancer associated with HIV. Lancet Glob Health 2020. doi:S2214-109X(20)30459-9.
[2] Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71:209–49. doi:10.3322/caac.21660.
[3] Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240014107).

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Building back better – NCDs part of the preparedness

World Health Organization

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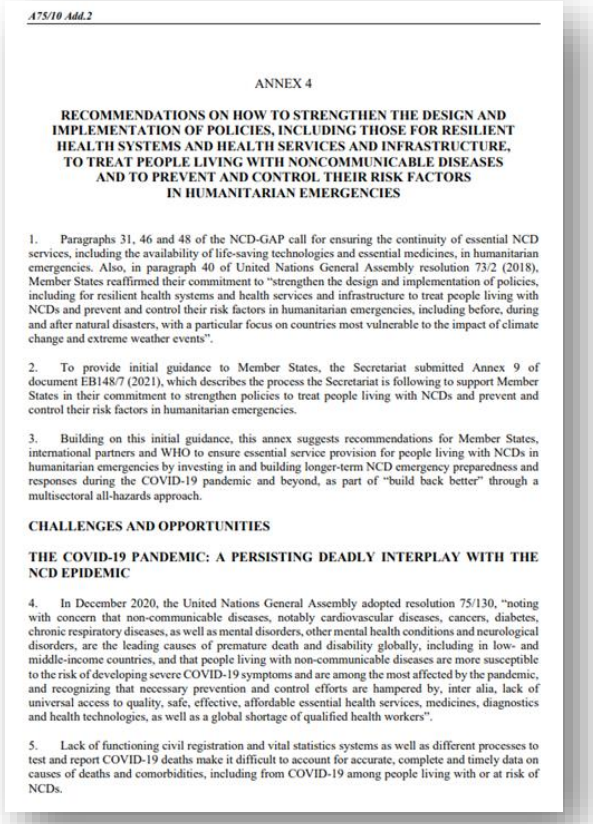
Building back better

Positioning NCD in humanitarian settings on the global health and security agenda



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ANNEX 4

RECOMMENDATIONS ON HOW TO STRENGTHEN THE DESIGN AND IMPLEMENTATION OF POLICIES, INCLUDING THOSE FOR RESILIENT HEALTH SYSTEMS AND HEALTH SERVICES AND INFRASTRUCTURE, TO TREAT PEOPLE LIVING WITH NONCOMMUNICABLE DISEASES AND TO PREVENT AND CONTROL THEIR RISK FACTORS IN HUMANITARIAN EMERGENCIES

1. Paragraphs 31, 46 and 48 of the NCD-GAP call for ensuring the continuity of essential NCD services, including the availability of life-saving technologies and essential medicines, in humanitarian emergencies. Also, in paragraph 40 of United Nations General Assembly resolution 73/2 (2018), Member States reaffirmed their commitment to "strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events".

2. To provide initial guidance to Member States, the Secretariat submitted Annex 9 of document EB148/7 (2021), which describes the process the Secretariat is following to support Member States in their commitment to strengthen policies to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies.

3. Building on this initial guidance, this annex suggests recommendations for Member States, international partners and WHO to ensure essential service provision for people living with NCDs in humanitarian emergencies by investing in and building longer-term NCD emergency preparedness and responses during the COVID-19 pandemic and beyond, as part of "build back better" through a multisectoral all-hazards approach.

CHALLENGES AND OPPORTUNITIES

THE COVID-19 PANDEMIC: A PERSISTING DEADLY INTERPLAY WITH THE NCD EPIDEMIC

4. In December 2020, the United Nations General Assembly adopted resolution 75/130, "noting with concern that non-communicable diseases, notably cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, as well as mental disorders, other mental health conditions and neurological disorders, are the leading causes of premature death and disability globally, including in low- and middle-income countries, and that people living with non-communicable diseases are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic, and recognizing that necessary prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers".

5. Lack of functioning civil registration and vital statistics systems as well as different processes to test and report COVID-19 deaths make it difficult to account for accurate, complete and timely data on causes of deaths and comorbidities, including from COVID-19 among people living with or at risk of NCDs.

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add2-en.pdf

Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies, adopted by WHA75

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Building back better

Technical products and tools for NCD in emergencies

For all NCDs

- Global Landscape review on WHO's support to member states for noncommunicable diseases in humanitarian emergencies (2022)
- Contribution to the High-priority package of Health services in Humanitarian settings (H3 package) (2021)
- Operational Manual on NCD in Humanitarian settings (2023)
- NCD emergency kit revision (2021) and training modules (2023)
- NCD and COVIDs briefs, impact modelling (diabetes, cancer)

For diabetes

- Clinical guidance for insulin therapy in adults with type 1 diabetes (T1D) within resource-limited and/or humanitarian settings
- Implications of using insulin stored at temperatures higher or lower than those specified by the manufacturer

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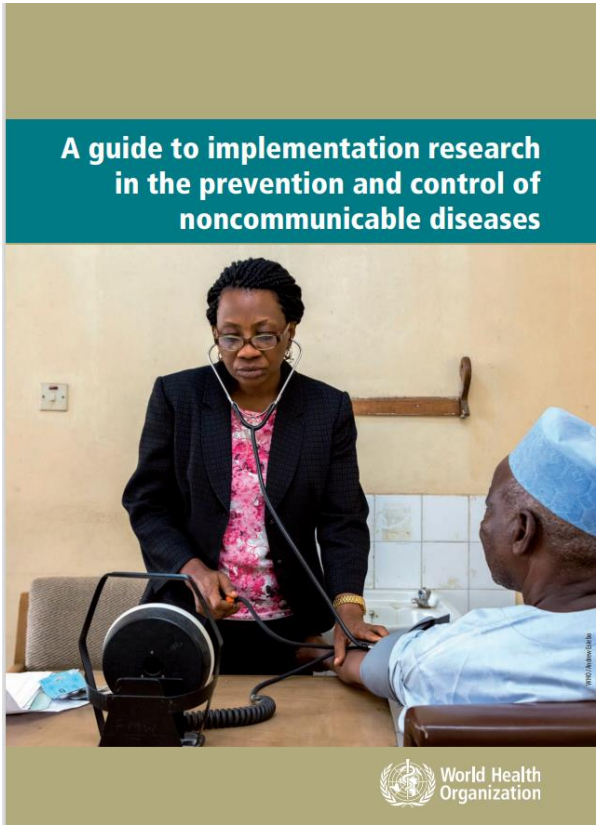
Building back better

Shaping the research agenda and building research capacity on NCD

- TAG subgroup focusing on IR
- Review and synthesize implementation research relating to WHO technical packages
- TA to Norway-supported countries to embed IR
- Country & Regional mapping of academic institutions, WHO collaborating centres and other relevant organisations with implementation research expertise



alliance-rfp-ir-ncds.pdf (who.int)

"We know what works in the fight against NCDs, but we don't necessarily know how to implement the best-buy policies in many settings because complex contextual issues first need to be identified and overcome"

https://doi.org/10.1186/s12992-021-00790-5

ALIGN

Mental Health, Air pollution SDG GAP

ALIGN

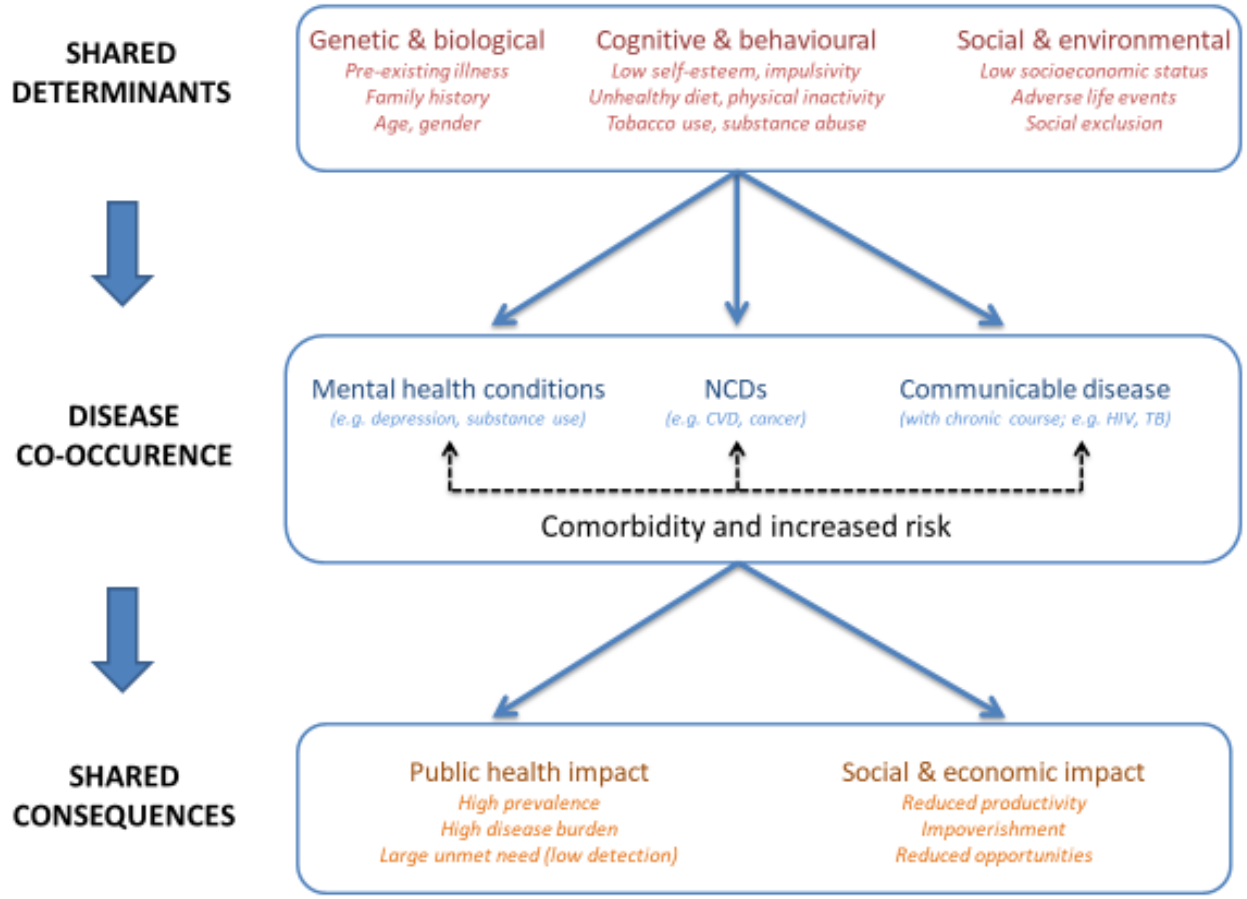
Integrating the response to NCDs, mental health and other conditions with an enduring course

Why?

- Shared determinants, impacts and person-centred care needs

How?

- Integrated service delivery (training, assessment, management, follow-up)
- System strengthening (planning, resourcing, monitoring, etc.)



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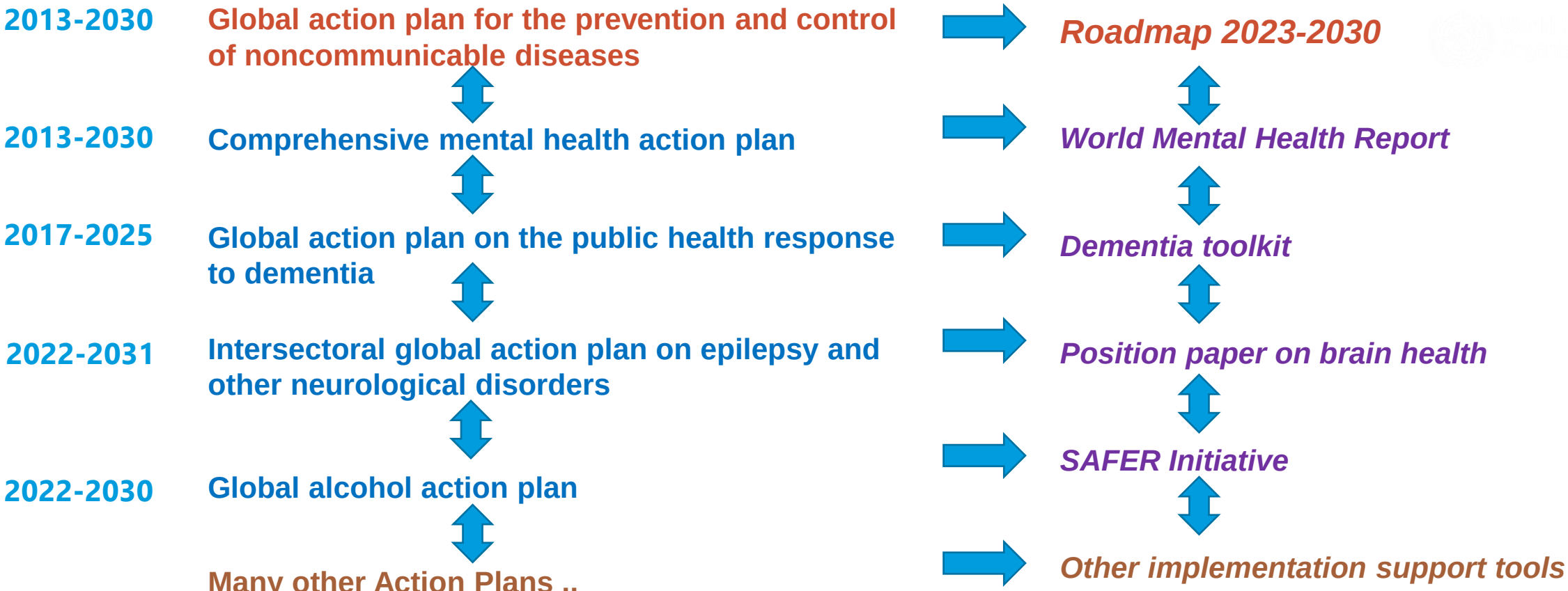
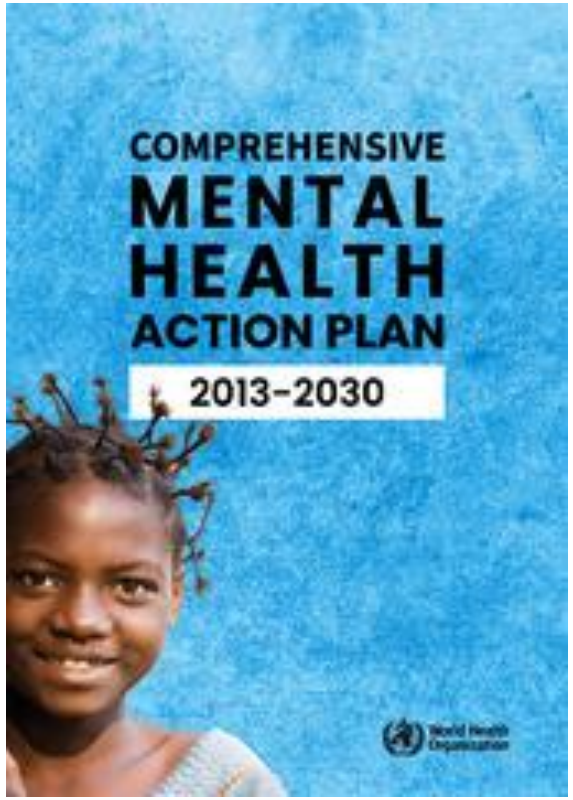
Alignment across Action Plans and implementation support tools



ALIGN

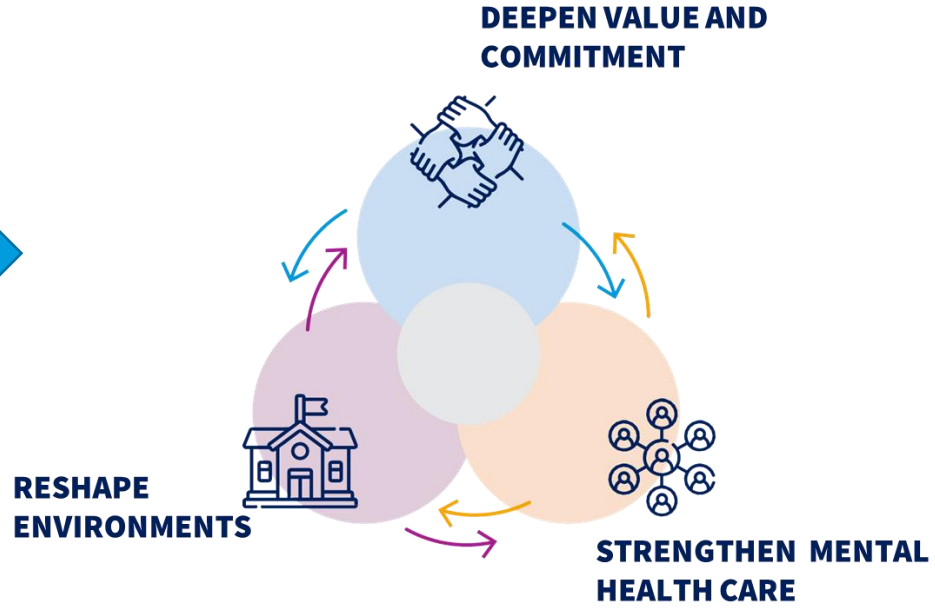
Key messages from World Mental Health Report



Comprehensive Mental Health Action Plan 2013-2030 (who.int)

World Mental Health Report

Paths to transformation



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Current examples of integrated work: NCDs, mental health, communicable diseases

Engagement	WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health conditions
Inter-country exchange	Small Island Developing States high-level meetings on NCDs and mental health
Guidance	Integration of mental health and HIV interventions Guide for integration of perinatal mental health in maternal and child health services
Country support	Integrated service delivery and system strengthening (e.g. NORAD support in Nepal and Ghana)
Surveillance	Development of mental health module in STEPS

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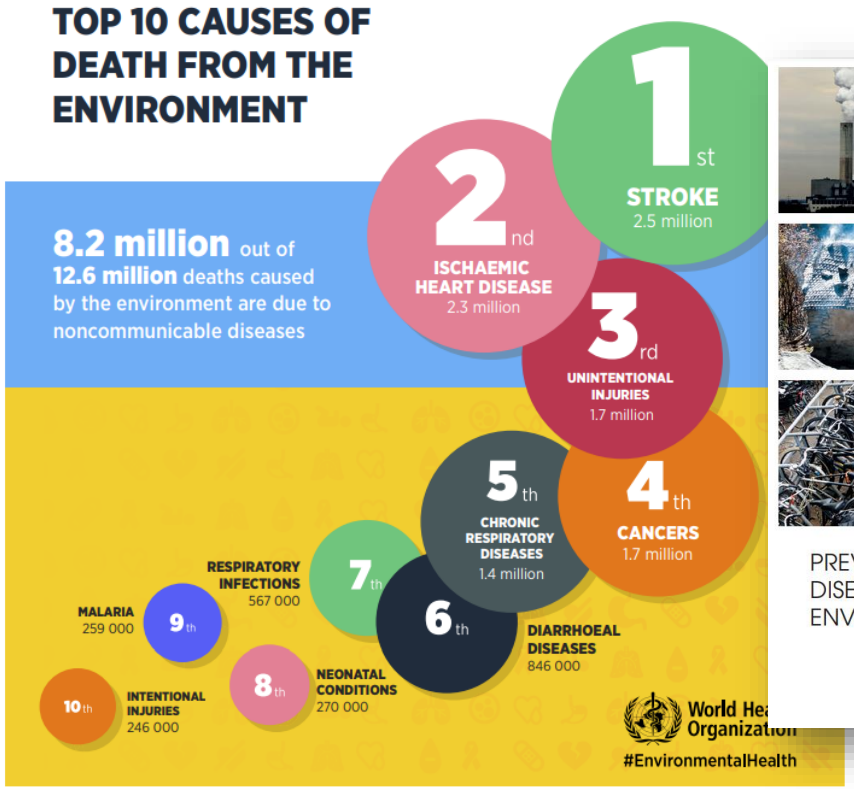
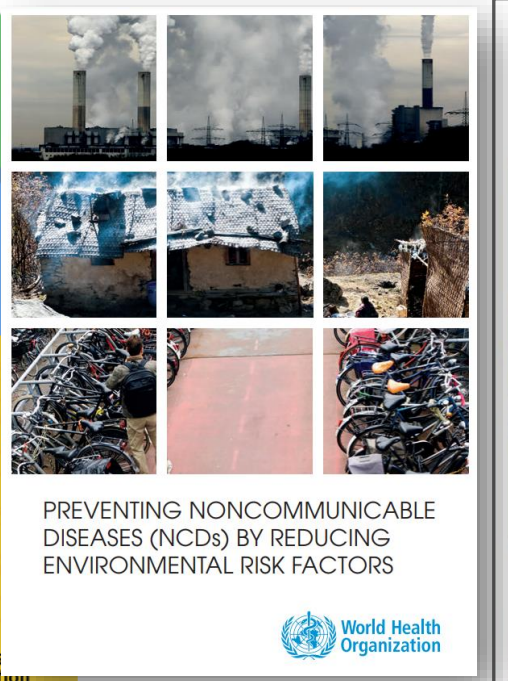
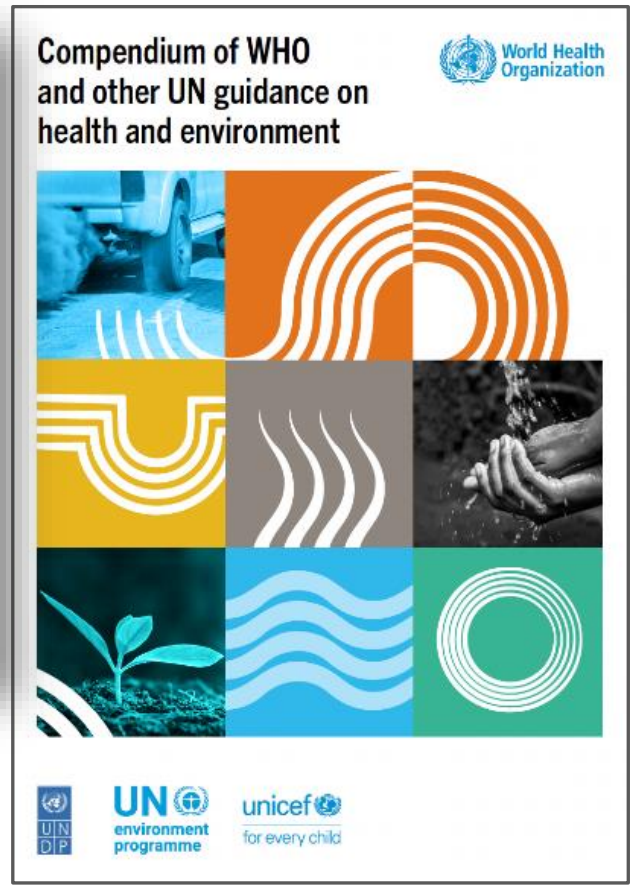
Linkages between NCDs and environment, climate change and biodiversity







Compendium of WHO and other UN guidance on health and environment

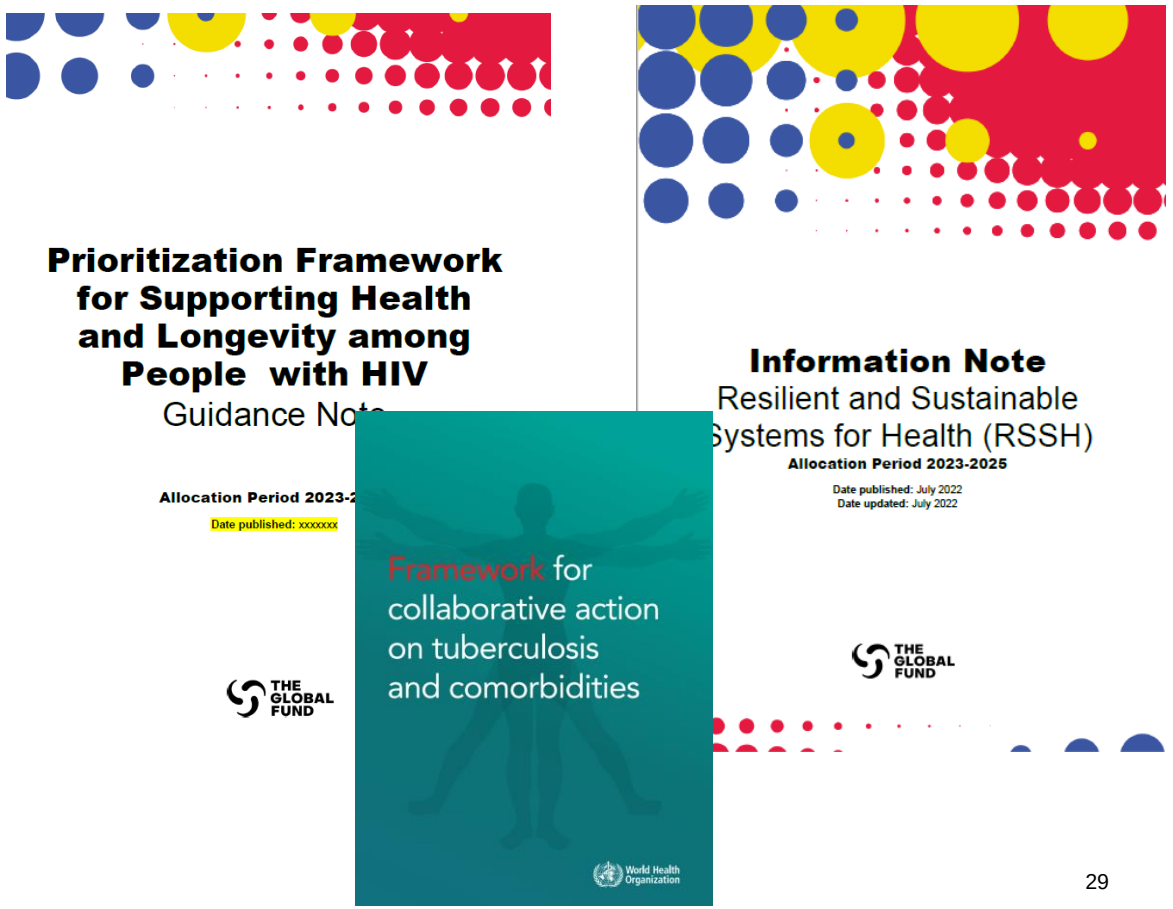
What are the WHO Air quality guidelines?

ALIGN

Opportunities to link NCD/HIV/TB programmes, and efforts to integrate NCDs within the Global Fund.

2015: Member States and stakeholders agree at The Global Fund Board to address the co-morbidities between HIV and cancer

- Active support from WHO in providing **inputs to the GFTAM set of updated application materials** for the 2023-2025 funding cycle (modular framework, information notes) with a focus on how to better align the scope of interventions for Global Fund Investments with the management of existing NCD conditions and co-morbidities.
- Establishment of a **new UNIATF WG on NCDs and comorbidities**



ACCOUNT

Data portal on NCDs

World Health Organization

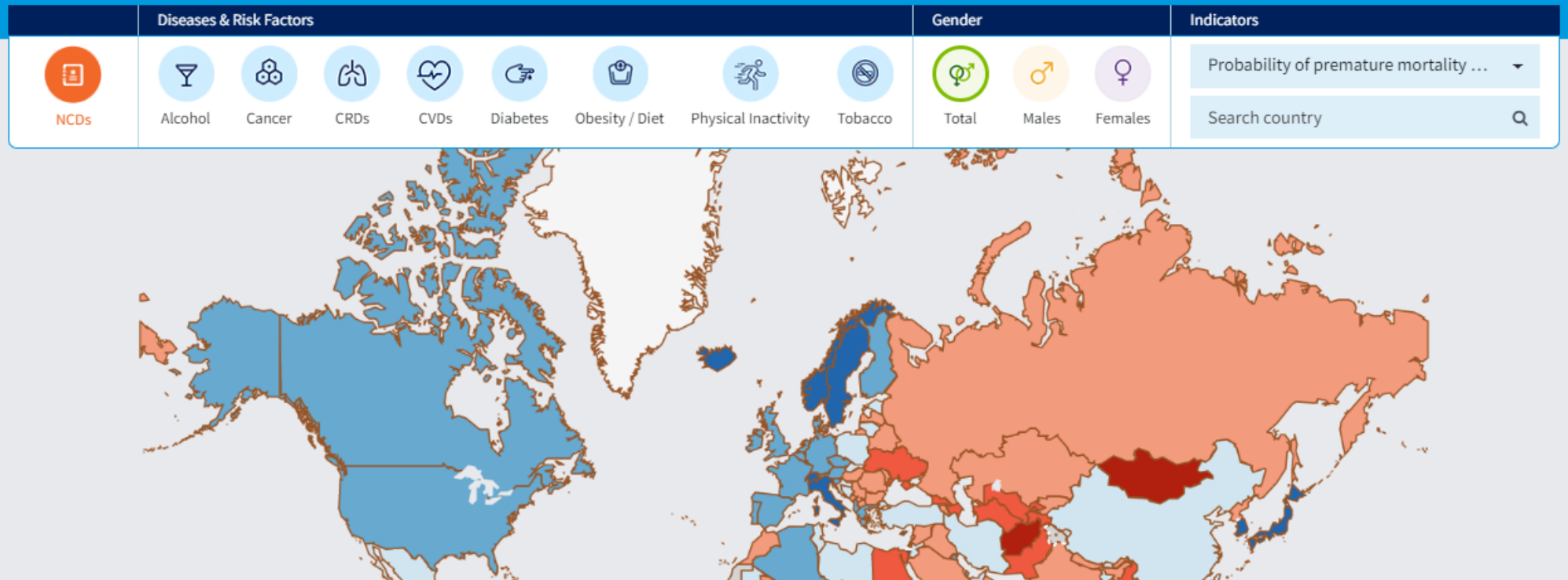
Noncommunicable Diseases Data Portal

Noncommunicable diseases (NCDs) – chief among them, cardiovascular diseases (heart disease and stroke), cancer, diabetes and chronic respiratory diseases – cause nearly three-quarters of deaths in the world. Their drivers are social, environmental, commercial and genetic, and their presence is global. Every year 17 million people under the age of 70 die of NCDs, and 86% of them live in low- and middle-income countries.

Users can explore the data below by country, accessing detailed information on noncommunicable diseases and their key risk factors:

Noncommunicable Diseases & Key Risk Factors

- Cancer
- Cardiovascular diseases (CVDs)
- Chronic respiratory diseases (CRDs)
- Diabetes
- Harmful alcohol use
- Obesity / Unhealthy diet
- Physical inactivity
- Tobacco use



ACCOUNT

Investing in NCD surveillance and monitoring

SMR on overall guidance on NCD surveillance, monitoring programme and facility indicators and reporting for countries

Global targets CX Ca GICC Diabetes HTN

ACCOUNT

Investing in NCD surveillance and monitoring

Survey populations and health risks

- Regular population-based health surveys
- Surveillance of public health threats
- Regular population census

Count births, deaths and causes of death

- Full birth and death registration
- Certification and reporting of causes of death

Optimize health service data

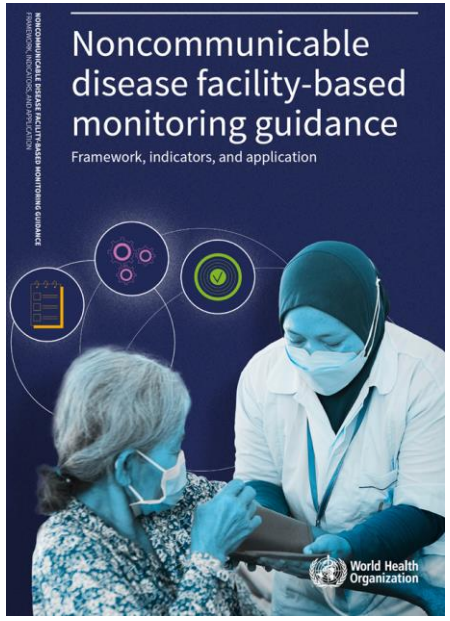
- Routine facility reporting system with patient monitoring
- Regular system to monitor service availability, quality and effectiveness
- Health service resources: health financing and health workforce

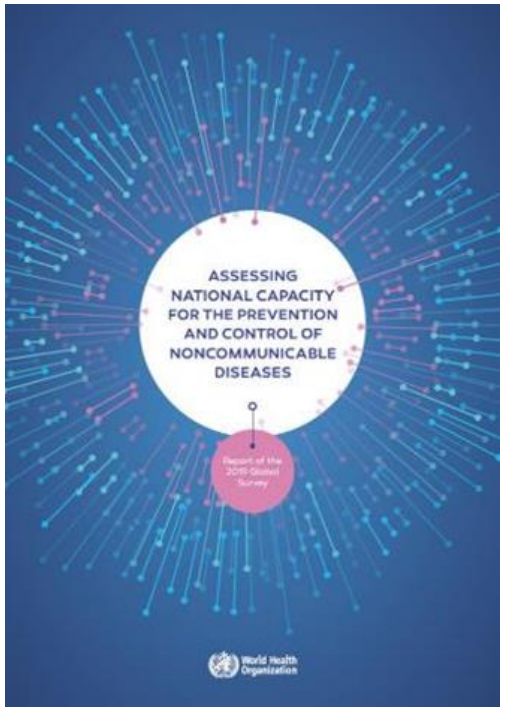
Review progress and performance

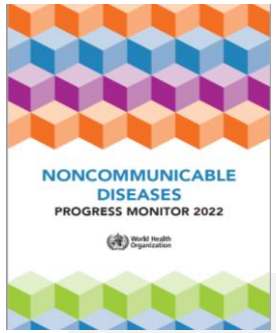
- Regular analytical reviews of progress and performance, with equity
- Institutional capacity for analysis and learning

Enable data use for policy and action

- Data and evidence drive policy and planning
- Data access and sharing
- Strong country-led governance of data

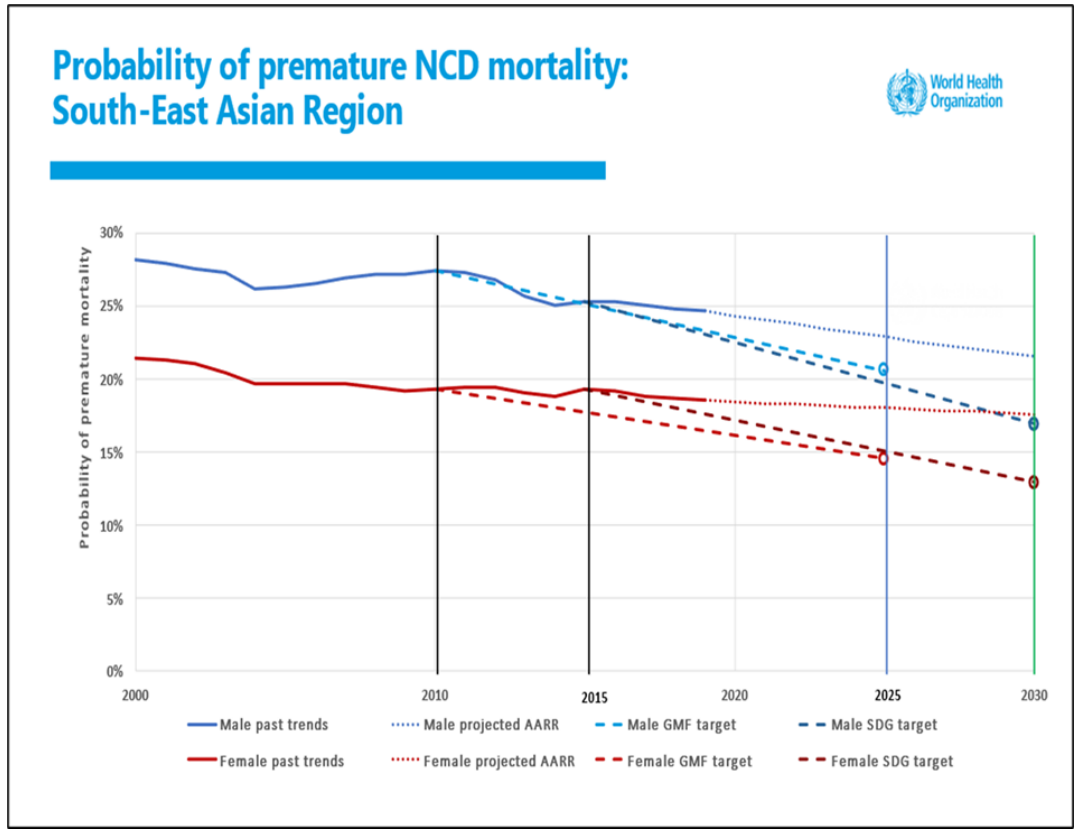


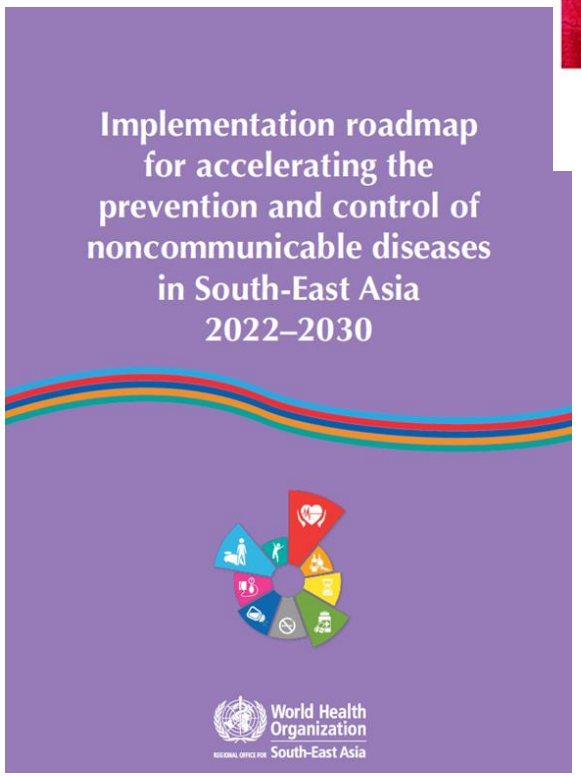




Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

Dr Razia Pendse
Director, Healthier populations and NCD
WHO SEARO





WHO South-East Asia Region to accelerate progress for NCD prevention and control

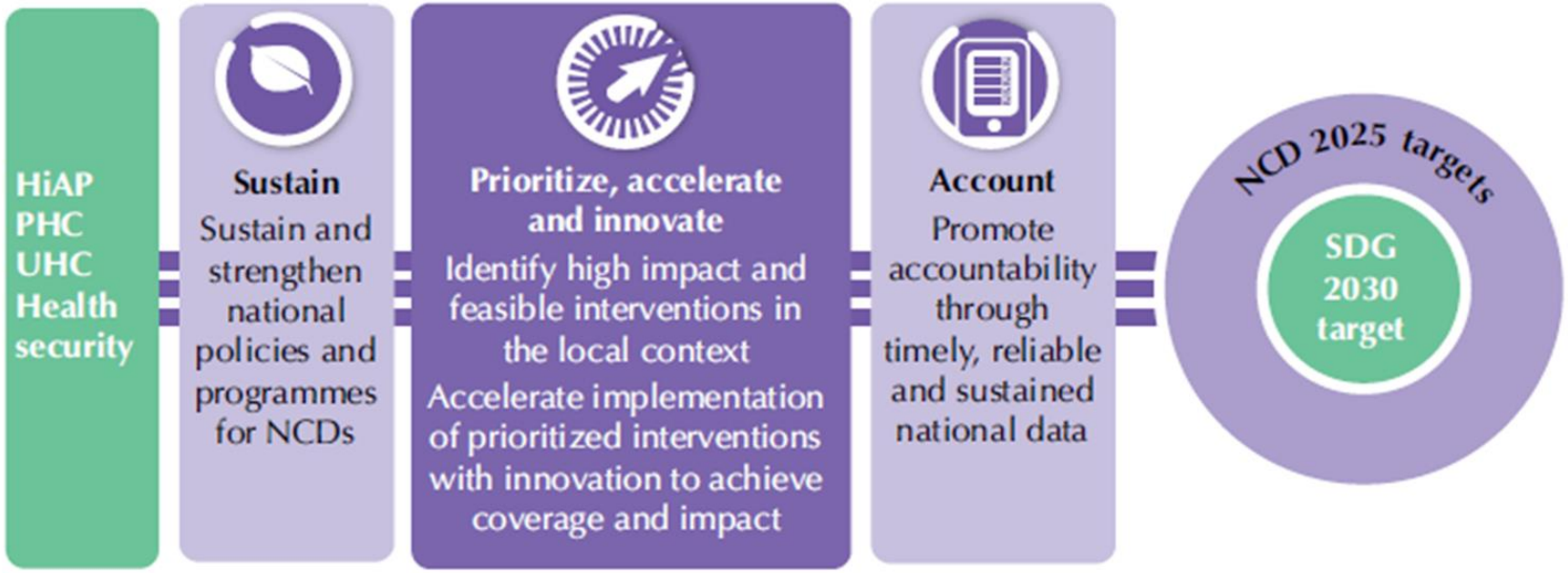
South-East Asia Noncommunicable diseases acceleration roadmap (who.int)

Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

World Health Organization

South-East Asia Region NCD Implementation Roadmap

Fig. 1. Scope of the South-East Asia Region NCD implementation roadmap 2022–2030



Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

World Health Organization

South-East Asia Region NCD Implementation Roadmap

Accelerate the decline in tobacco use

Eliminate transfats in more countries

Expand HPV vaccination

Massive scale up and acceleration for improving care continuum for hypertension and diabetes

NCD and mental health integration in primary health care

Expand coverage of childhood cancer services

Service with care and compassion

Thank You!

World Health Organization

Promote **Health** | Keep the World **Safe** | Serve the **Vulnerable**