

MENU OF GLOBAL AND REGIONAL ACTIONS, TARGETS AND TOOLS TO SUPPORT THE PAHO STRATEGIC LINES OF ACTION FOR 2013-2019 ON PREVENTION AND CONTROL NON-COMMUNICABLE DISEASES

The menu presents to Member States the policy options and interventions that correspond to the four PAHO strategic lines of action that when implemented can prevent and control major NCDs. The options include those in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 and others specific to the Pan American Region. All options are intended to advance the achievement of global and regional targets, and reference is made to the WHO and PAHO tools available to assist Member States to do so.

The list is not exhaustive; rather it is intended to provide guidance as to the range of options for action and in particular, the policies and interventions considered to be most effective and cost-effective according to current evidence.^{1,2,3} Options that are very cost-effective (generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person), emphasized in bold, have been assessed as affordable for all countries.

In considering options, in addition to whether they are effective and cost-effective, national contexts need to be assessed to determine if implementation is affordable, whether there is capacity to launch and sustain implementation, the impacts on health equity, and how to balance resource allocations such that interventions benefit both whole populations and individuals.

¹ Scaling up action against noncommunicable diseases: How much will it cost?" (http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf).

² WHO-CHOICE (<http://www.who.int/choice/en/>).

³ Disease Control Priorities in Developing Countries (<http://www.dcp2.org/pubs/DCP>).

OPTIONS	GLOBAL TARGETS	REGIONAL TARGETS (2019)	WHO AND PAHO TOOLS
1 Multisectoral policies and partnerships for NCD prevention and control: Build and promote multisectoral action with relevant sectors of government and society, including integration into development and economic agendas.			
<ul style="list-style-type: none"> • Raise public and political awareness and understanding and practice about prevention and control of NCDs • Assess national capacity for prevention and control of NCDs • Prioritize and increase, as needed, budgetary allocations for prevention and control of NCDs • Integrate NCDs into the social and development agenda and poverty alleviation strategies • Develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multistakeholder engagement • Apply tobacco and alcohol taxation to generate resources for NCD prevention and control interventions. • Engage and mobilize civil society and the private sector as appropriate and strengthen international cooperation to support implementation of the action plan at global, regional and national levels • Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices • Implement other policy options in WHO Global Objectives 1 and 2 to strengthen national capacity including human and institutional capacity, leadership, governance, multisectoral action and partnerships for prevention and control of NCDs 	<ul style="list-style-type: none"> - Contribute to all 9 voluntary global targets 	<ul style="list-style-type: none"> - 15 countries have NCD prevention policies in at least 3 sectors outside health - 25 countries have implemented a national multisectoral plan to prevent and control NCDs - 20 countries have national social protection health schemes 	<p>WHO tools:</p> <ul style="list-style-type: none"> - WHO Global status report on NCDs 2010 - WHO Fact Sheets - Global Atlas on cardiovascular disease prevention and control 2011 - IARC GLOBOCAN 2008 - Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and Regional Committees - UN Secretary-General's Note A/67/373 - NCD country capacity survey tool - NCCP Core Capacity Assessment tool - Advocacy tool kit <p>Regional/national tools:</p> <ul style="list-style-type: none"> - Regional NCD Strategy 2012 - Regional Plan of Action for Noncommunicable diseases 2013-2019 - Noncommunicable diseases in the Americas, Basic Indicators 2011, Washington DC USA - PAFNCDs platform - PAHO WEF Partnerships tool kit - How to effectively address NCDs in the 21st century - PAHO Virtual Campus course on NCDs (English) - Other relevant tools on the PAHO web site including the resolutions and documents of the PAHO governing bodies and Regional Committee

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2 NCD risk factors and protective factors: Reduce the prevalence of the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and on populations in vulnerable situations; use evidence-based health promotion strategies and policy instruments, including regulation, monitoring, and voluntary measures; and address the social, economic, and environmental determinants of health. ⁴			
<u>Tobacco use</u>⁵ <ul style="list-style-type: none"> Implement WHO FCTC. (Parties to the WHO FCTC are required to implement all obligations under the treaty in full; all Member States that are not Parties are encouraged to look to the WHO FCTC as the foundational instrument in global tobacco control.) Reduce affordability of tobacco products by increasing tobacco excise taxes Enact laws establishing completely smoke-free environments in all indoor workplaces, public places and public transport Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns Ban all forms of tobacco advertising, promotion and sponsorship 	<ul style="list-style-type: none"> A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context A 10% relative reduction in prevalence of insufficient physical activity A 30% relative reduction in mean population intake of salt/sodium intake A 25% relative reduction in the prevalence of raised blood pressure or contain the 	<ul style="list-style-type: none"> -19% relative reduction of prevalence of current tobacco use in persons aged 15+ -7.8 L total (recorded and unrecorded) per capita alcohol consumption in persons 15+ -6 countries have policies to reduce the impact on children of marketing of foods and non-alcoholic beverages -9 countries have policies to limit saturated fats and virtually eliminate partially hydrogenated vegetable oils in the food supply -10 countries show progress towards a 30% relative reduction 	<u>WHO tools:</u> <ul style="list-style-type: none"> The WHO FCTC and its Guidelines MPOWER capacity-building modules to reduce demand for tobacco, in line with the WHO FCTC WHO reports on the global tobacco epidemic Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14) Global Strategy on diet, physical activity and health, (WHA57.17) Global recommendations on physical activity for health Global strategy to reduce the harmful use of alcohol (WHA63.13) WHO Global Status Reports on Alcohol and Health 2011, 2013 WHO Guidance on dietary salt and potassium Existing regional and national tools Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and Regional
<u>Harmful use of alcohol</u> <ul style="list-style-type: none"> Implement the WHO global strategy to reduce harmful use of alcohol through actions in the recommended target areas: <ul style="list-style-type: none"> Regulate commercial and public availability of alcohol Restrict or ban alcohol advertising and promotions Use pricing policies such as excise tax increases on alcoholic beverages Strengthen awareness of alcohol-attributable burden; leadership and political commitment to reduce the harmful use of alcohol Provide prevention and treatment interventions for those at risk of or affected by alcohol use disorders and associated conditions 			

⁴ In addressing each risk factor, Member States should not rely on any one single intervention but should have a comprehensive approach to achieve desired results

⁵ Explanatory notes on tobacco use: Each of these measures reflects one or more provisions of the WHO Framework Convention on Tobacco Control (FCTC). The measures included in this Appendix are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfill the criteria established in the chapeau paragraph of Appendix 3 for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral action, which are part of any comprehensive tobacco control programme.

Some interventions for management of noncommunicable diseases that are cost-effective in high-income settings, which assume a cost-effective infrastructure for diagnosis and referral and an adequate volume of cases, are not listed under objective 4, e.g. pacemaker implants for atrioventricular heart block, defibrillators in emergency vehicles, coronary revascularization procedures, and carotid endarterectomy.

<ul style="list-style-type: none"> - Support communities in adopting effective approaches and interventions to prevent and reduce the harmful use of alcohol - Implement effective drink-driving policies and countermeasures - Reduce the negative consequences of drinking and alcohol intoxication, including regulating the drinking context and providing consumer information - Reduce the public health impact of illicit alcohol and informally produced alcohol by implementing efficient control and enforcement systems • Develop sustainable national monitoring and surveillance systems using indicators, definitions and data collection procedures compatible with WHO's global and regional information systems on alcohol and health 	<p>prevalence of raised blood pressure according to national circumstances</p> <ul style="list-style-type: none"> • Halt the rise in diabetes and obesity 	<p>in mean population intake of salt/sodium intake</p> <p>-5 countries show progress towards a 10% relative reduction in prevalence of insufficient physical activity among persons aged 18+</p> <p>-5 countries show progress towards a 10% relative reduction in prevalence of insufficient physical activity among adolescents</p>	<p>Committees</p> <ul style="list-style-type: none"> - Toolkit in support of implementation of the Global strategy to reduce the harmful use of alcohol <p><u>Regional/national tools:</u></p> <ul style="list-style-type: none"> - Regional Report on tobacco - Regional action plan on alcohol - Screening and brief interventions for alcohol problems (AUDIT manuals in English and Spanish, and PAHO Virtual Campus course in Spanish) - Alcohol y atención primaria de la salud: informaciones clínicas básicas para la identificación y el manejo de riesgos y problemas - Alcohol and public health (English and Spanish) – PAHO Virtual Campus course - Guía internacional para la vigilancia del consumo de alcohol y daños asociados (available in English from WHO) - Alcohol: un producto de consumo no ordinario - Alcohol: no ordinary commodity (Oxford University Press with PAHO logo only) - PANNAPH (Pan American network on alcohol and public health. with focal points on alcohol from 32 countries in the Region) - Regional interface for the Global Information System on Alcohol and Health - Alcohol, health and development: manual for community action (ready for field testing, in English and Spanish) - mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings - Trans Fat Free Americas Declaration of Rio de Janeiro
<p><u>Unhealthy diet and physical inactivity</u></p> <ul style="list-style-type: none"> • Implement the WHO Global Strategy on Diet, Physical Activity and Health • Implement recommendations on the marketing of foods and non-alcoholic beverages to children • Implement the WHO global strategy for infant and young child feeding • Provide convenient, safe and health-oriented environments for physical activity • Reduce dietary salt intake⁶: launch mass media campaigns; engage the food industries to reduce sodium additives in processed foods • Replace trans fats with unsaturated fats • Implement public awareness programmes on diet and physical activity • Promote the use of public transport • Promote bicycling/walking initiatives • Increase consumption of fruit and vegetables e.g. institute 5-a-day fruits and vegetables initiatives • Replace saturated fat with unsaturated fat • Manage food taxes and subsidies • Implement other policy options in WHO Global Objective 3 for addressing unhealthy diet and physical inactivity 			

			<ul style="list-style-type: none">- Recommendations and protocols from the Regional initiative on CVD prevention through dietary salt reduction SaltSmart Americas – Guide for Action in Countries.
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3 Health system response to NCDs and risk factors: Improve coverage, equitable access, and quality of care for the four main NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and others of national priority, with emphasis on primary health care that includes prevention and strengthened self-care.			
<ul style="list-style-type: none"> Integrate very cost-effective NCD interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda Explore viable health financing mechanisms and innovative economic tools supported by evidence Scale up early detection and coverage, prioritizing very cost-effective high-impact interventions including cost-effective interventions to address behavioural risk factors Train health workforce and strengthen capacity of health system particularly at primary care level to address the prevention and control of NCDs Improve availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities Implement other cost-effective interventions and policy options in WHO Global Objective 4 to strengthen and orient health systems to address NCDs and risk factors through people-centred primary health care and universal health coverage Develop and implement a palliative care policy using cost-effective treatment modalities, including opioids analgesics for pain relief and training health workers <p>Cardiovascular disease and diabetes</p> <ul style="list-style-type: none"> Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years Acetylsalicylic acid for acute myocardial infarction Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counseling to individuals who have had a heart attack or stroke, and to persons with moderate risk (≥ 20%) of a fatal and nonfatal cardiovascular event in the next 10 years Detection, treatment and control of hypertension and diabetes, using a total risk approach Secondary prevention of rheumatic fever and rheumatic heart 	<ul style="list-style-type: none"> An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities At least 50% of eligible people receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities 	<ul style="list-style-type: none"> 12 countries implement a model of integrated management for NCDs 10 countries show progress towards 80% availability of a core set of cost-effective technologies and essential medicines In palliative care, mean opioid consumption is 394 ME mg/person 5 countries use the PAHO Strategic Fund and Revolving Fund and/or other cost-saving mechanisms to procure essential medicines and health technologies 12 countries have official commissions to select NCD prevention, treatment and palliative care medicines and technologies for inclusion in/exclusion from public sector services countries have plans to increase access to affordable treatment options for patients affected by CKD countries show 	<p>WHO tools:</p> <ul style="list-style-type: none"> WHO World Health Reports 2010, 2011 Prevention and control of NCDs: Guidelines for primary health care in low-resource settings; diagnosis and management of type 2 diabetes and Management of asthma and chronic obstructive pulmonary disease 2012 Guideline for cervical cancer: Use of cryotherapy for cervical intraepithelial neoplasia Guideline for pharmacological treatment of persisting pain in children with medical illnesses Scaling up NCD interventions, WHO 2011 WHO CHOICE database WHO Package of essential noncommunicable (PEN) disease interventions for primary health care including costing tool 2011 Prevention of Cardiovascular Disease. Guidelines for assessment and management of cardiovascular risk 2007 Integrated clinical protocols for primary health care and WHO ISH cardiovascular risk prediction charts 2012 Affordable Technology: Blood pressure measurement devices for low-resource settings 2007 Indoor Air Quality guidelines Cancer control: Modules on Prevention and Palliative care Essential Medicines List (2011) OneHealth tool Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of NCDs Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and Regional Committees

<p>disease</p> <ul style="list-style-type: none"> • Acetylsalicylic acid, atenolol and thrombolytic therapy (streptokinase) for acute myocardial infarction • Treatment of congestive cardiac failure with ACE inhibitor, beta-blocker and diuretic • Cardiac rehabilitation post myocardial infarction • Anticoagulation for medium- and high-risk non-valvular atrial fibrillation and for mitral stenosis and atrial fibrillation • Low-dose acetylsalicylic acid for ischemic stroke <p><u>Diabetes</u></p> <ul style="list-style-type: none"> • Lifestyle interventions for preventing type 2 diabetes • Influenza vaccination for patients with diabetes • Preconception care among women of reproductive age including patient education and intensive glucose management • Detection of diabetic retinopathy by dilated eye examination followed by appropriate laser photocoagulation therapy to prevent blindness • Effective angiotensin-converting enzyme inhibitor drug therapy to prevent progression of renal disease • Care of acute stroke and rehabilitation in stroke units • Interventions for foot care: educational programmes, access to appropriate footwear; multidisciplinary clinics <p><u>Cancer</u></p> <ul style="list-style-type: none"> • Hepatitis B immunization to prevent liver cancer • Population-based screening to prevent cervical cancer (visual inspection with acetic acid [VIA] or Pap smear (cervical cytology), if very cost-effective) linked with timely treatment of pre-cancerous lesions⁷ • Vaccination against human papilloma virus, as appropriate if cost-effective and affordable, according to national programmes and policies • Population-based breast cancer and mammography screening (50-70 years) linked with timely treatment⁷ • Population-based colorectal cancer screening, including through fecal occult blood testing, as appropriate, at age >50, linked with timely treatment⁷ • Oral cancer screening in high-risk groups (e.g. tobacco users, betel-nut chewers) linked with timely treatment⁷ 		<p>progress towards halting the prevalence of raised blood glucose/diabetes in persons aged 18+</p> <ul style="list-style-type: none"> - countries show progress towards halting the prevalence of obesity in person aged 18+ - countries show progress towards halting the prevalence of overweight and obesity among adolescents - countries show progress towards at least 50% of eligible people receiving drug therapy and counselling to prevent heart attacks and strokes - 10 countries show progress towards at least 25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure - 15 countries have cervical cancer screening coverage of 70% among women between the ages of 30-49 screened at least once - countries have at least 50% coverage of breast cancer screening in women aged 50–69 years 	<p><u>Regional/national tools:</u></p> <ul style="list-style-type: none"> - CVD regional guidelines - Diabetes regional guidelines - Regional strategy for diabetes and obesity prevention 2008 - Chronic care model review and manual - The Chronic Care Passport (CCP) - The CCP Health Provider Brochure - Healthy Lifestyle Patient Brochure - Regional Diabetes Self-Management Course for Health Providers – PAHO Virtual Campus course - Regional Diabetes Self-Management Course for Patients – PAHO Virtual Campus course - Breast cancer guidelines for low- and middle income countries - Cervical cancer clinical guidelines - Guide for cryotherapy treatment for cervical cancer prevention - Cervical cancer prevention with visual inspection screening and cryotherapy treatment – PAHO Virtual Campus course - Cervical cancer: manual for program managers on planning and implementing programs - Regional Strategy for Comprehensive Cervical Cancer Prevention and Control 2008 - National Cancer Control Program: guide for managers - Cancer Control: program guide with modules on planning, prevention, screening, treatment, palliative care - Synthesis of evidence for colorectal cancer guidelines - Training manual for early detection of
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<p><u>Chronic respiratory disease</u></p> <ul style="list-style-type: none"> • Access to improved stoves and cleaner fuels to reduce indoor air pollution • Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos • Treatment of asthma based on WHO guidelines • Influenza vaccination for patients with chronic obstructive pulmonary disease 		<ul style="list-style-type: none"> - 16 countries provide as appropriate cost-effective and affordable vaccines against human papilloma virus (HPV) 	<p>childhood cancers</p> <ul style="list-style-type: none"> - Regional strategy for diabetes and obesity prevention - PAHO Revolving fund for vaccines (HPV vaccines, HBV vaccines) - PAHO Strategic Fund for medications and technologies including NCDs
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OPTIONS	GLOBAL TARGETS	REGIONAL TARGETS (2019)	WHO AND PAHO TOOLS
4 NCD surveillance and research: Strengthen country capacity for surveillance and research on NCDs, their risk factors and their determinants, and utilize the results of this research to support evidence-based policy and program development and implementation.			
<ul style="list-style-type: none"> • Develop and implement a prioritized national research agenda for NCDs • Prioritize budgetary allocation for research on NCD prevention and control • Strengthen human resources and institutional capacity for research • Strengthen research capacity through cooperation with international and domestic research institutes • Implement other policy options in WHO Global Objective 5 to promote and support national capacity for high-quality research, development and innovation • Develop national targets and indicators based on global and regional monitoring frameworks and linked with a multisectoral policy and plan • Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation • Establish and/or strengthen a comprehensive NCD surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors, and monitoring national response • Integrate NCD surveillance and monitoring into national health information systems • Implement other policy options in WHO Global Objective 6 to monitor trends and determinants of NCDs and evaluate progress in their prevention and control 	<ul style="list-style-type: none"> • Contributes to all 9 voluntary global targets 	<ul style="list-style-type: none"> - 15 countries have high-quality mortality data for the four main NCDs and other NCDs of national priority - 15 countries have quality cancer incidence data, by type of cancer per 100,000 population - 15 countries have at least two repeated nationally representative population surveys of NCD risk factors and protective factors in adults and adolescents - 15 countries produce and disseminate regular reports with analysis on NCDs and risk factors, including demographic, socioeconomic and environmental determinants and their social distribution and have research agenda that include operational research studies on NCDs and risk factors 	<p>WHO tools:</p> <ul style="list-style-type: none"> - Prioritized research agenda for the prevention and control of NCDs 2011 - World Health Report 2013 - Global strategy and plan of action on public health, innovation and intellectual property (WHA61.21) - Existing regional and national tools - Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and Regional Committees - Global monitoring framework - Verbal autopsy instrument - STEPwise approach to surveillance - Global Tobacco Surveillance System - Global Information System on Alcohol and Health - Global school-based student health survey - ICD-10 training tool - Service Availability and Readiness (SARA) assessment tool - IARC GLOBOCAN 2008 - Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and Regional Committees <p>Regional/national tools:</p> <ul style="list-style-type: none"> - Technical specifications for minimum, optimum and desired NCD indicators - Pan Am STEPS methodology and additional modules on economic impact of NCDs on individuals, quality of life and preventive services use. - Pan Am STEPS protocol for telephone-based risk factor studies