Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

58th DIRECTING COUNCIL

72nd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Virtual Session, 28-29 September 2020

CD58/INF/6
10 August 2020
Original: English

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES: FINAL REPORT

Background

1. Noncommunicable diseases (NCDs)[1] are the leading causes of death and disability in the Americas, responsible for approximately 5.5 million deaths each year, or 81% of total deaths *(1)*. The Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CD52/7, Rev.1) *(2)* was adopted by the 52nd Directing Council of the Pan American Health Organization (PAHO) in 2013 to address this challenging public health problem. The Plan of Action is aligned with the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 *(3)*.

2. The Plan of Action aimed to reduce premature NCD mortality in the Region of the Americas by 15% by 2019 through four overarching strategies: implementing national multisectoral NCD plans; reducing NCD risk factors; strengthening the health system response to NCDs; and undertaking systematic surveillance and monitoring. It includes a series of indicators to be met by 2019; these are aligned with indicators in the WHO NCD Global Monitoring Framework, which are to be met by 2025 *(4)*. This final report, therefore, describes progress achieved in relation to the regional indicators for 2019 and progress towards the global indicators for 2025. A new NCD plan of action is being proposed for the subsequent period, that is 2021-2025, aimed at reaching the global indicators. This final report also serves to sunset Resolution CD48.R9 on Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity *(5)*.

[1] NCDs include cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, and their shared risk factors: tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. The scope of NCDs was broadened to include mental health, and air pollution, at the Third United Nations High-level Meeting on NCDs in 2018.

Analysis of Progress Achieved

Strategic Line of Action 1: Multisectoral policies and partnerships for NCD prevention and control

3. Multisectoral policies and partnerships are critical to reduce the burden of NCDs, given that greater impact in NCD prevention can be achieved by integrating health policies, regulations, and interventions beyond the health sector, with the involvement of all sectors of society. However, progress in this area has been slow, with the majority of countries and territories in the region not yet establishing multi-sector NCD commissions. Moreover, where they have been established, challenges have been noted in sustaining regular meetings, engaging fully across relevant sectors of government and establishing policy coherence across sectors. Having a high-level champion within government to convene and lead a multisector NCD commission is necessary and has proven to be one of the factors that ensures a successful multisector NCD approach.

Objective 1.1: Promote integration of NCD prevention in sectors outside of health, at the government level, and conduct activities in partnership with a wide range of non-state actors, as appropriate, such as agriculture, trade, education, labor, development, finance, urban planning, environment, and transportation	
Indicator, baseline, and target	**Status**
1.1.1 Number of countries with multisectoral NCD prevention policies, frameworks and actions in at least three sectors outside the health sector at the government level, conducted in partnership with a wide range of non-state actors, as appropriate (e.g., agriculture, trade, education, labor, development, finance, urban planning, environment, and transportation) Baseline (2012): 5 Target (2019): 16	This target has been achieved as 17 countries report having multisectoral NCD prevention policies.
Objective 1.2: Strengthen or develop national health plans based on multisectoral approaches, with specific actions, targets, and indicators geared to at least the four priority NCDs and the four main risk factors	
Indicator, baseline, and target	**Status**
1.2.1 Number of countries implementing a national multisectoral plan and/or actions for NCD prevention and control Baseline (2012): 15 Target (2019): 26	This target has not been achieved since only 19 countries report having an operational, multisectoral national NCD plan of action covering the four main diseases and four main risk factors.

Objective 1.3: Expand social protection policies in health to provide universal coverage and more equitable access to promotive, preventative, curative, rehabilitative, and palliative basic health services and essential safe, affordable, effective, quality medicines and technologies for NCDs	
Indicator, baseline, and target	**Status**
1.3.1 Number of countries with national social protection health schemes that address universal and equitable access to NCD interventions Baseline (2012): 7 Target (2019): 22	This target has not been achieved. Insufficient progress has been made on this indicator with only 12 countries reporting efforts to expand equitable access to and coverage of comprehensive health services, including NCD interventions.

Strategic Line of Action 2: NCD risk factors and protective factors

4. NCD risk factor reduction calls for reducing tobacco use and harmful use of alcohol while promoting healthy eating and physical activity to prevent obesity. In terms of progress in reducing tobacco use, the estimated regional prevalence of tobacco use in adults was 15.2% in 2017 (19.3% in men and 11.1% in women). Tobacco control in the Americas has advanced: six countries have approved legislation that bans indoor smoking, eight countries have introduced mandatory large health warnings, and five countries have introduced legislation to ban tobacco advertising, promotion, and sponsorship. Four countries impose a tobacco tax that accounts for at least 75% of the retail sale price.

5. With regard to reducing harmful use of alcohol, most countries have excise taxes on alcoholic beverages, but they are usually set too low to achieve public health outcomes. Alcohol marketing regulations are minimal, including restrictions on advertising and sponsorship. Limiting the hours of alcohol sales has worked in some jurisdictions, especially at the local level.

6. To promote healthy diets, countries in the Region have implemented taxation, marketing restrictions, labeling regulations, and regulations for schools and other settings. Twenty-four countries have school feeding programs that comply with their national nutrition guidelines, and 20 countries have norms or regulations for the sale of foods and beverages in schools. Front-of-package labeling has been adopted in Chile, Ecuador, Peru, and Uruguay, and efforts to reduce salt/sodium and eliminate industrially produced trans-fatty acids from the food supply are taking place across the Region. Taxation of sugar-sweetened beverages has also advanced, with a few countries increasing such taxes for public health purposes.

7. Overweight and obesity continue to be of major concern. In 2016, the Region of the Americas had the highest global prevalence of these conditions, at 62.5% (64% in men and 61% in women) *(1)*. This situation is compounded by the high rates of insufficient physical activity, reported by 45.2% of women and 33.1% of men *(1)*. While no country has been able to halt the rise in overweight and obesity, the prevalence of physical inactivity

has been reduced among adults in 13 countries and among adolescents in seven countries. Additional information is contained in the final report of the Plan of Action for the Prevention of Obesity in Children and Adolescents (Document CD58/INF/5).

Objective 2.1: Reduce tobacco use and exposure to secondhand smoke	
Indicator, baseline, and target	**Status**
2.1.1 Number of countries that reduce the prevalence of current tobacco use from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, thus contributing to the global target of a 30% relative reduction in current tobacco smoking by 2025 (measured by age-standardized prevalence of current tobacco use in the population 15 years and over) Baseline (2010): 0 Target (2019): 15	This target has not been achieved. Nine countries are on track, based on current trends, to reach the target of a 30% relative reduction in current tobacco smoking by 2025.
Objective 2.2: Reduce the harmful use of alcohol	
Indicator, baseline, and target	**Status**
2.2.1 Number of countries that by 2019 achieve a reduction in harmful use of alcohol from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, thus contributing to the global target of a 10% relative reduction by 2025 Baseline (2010): 2 Target (2019): 8	This target has been exceeded as more than the expected number of countries have reached this indicator. 10 countries have reduced the harmful use of alcohol (alcohol per capita consumption reduced by at least 5%).
Objective 2.3: Promote healthy eating for health and well-being	
Indicator, baseline, and target	**Status**
2.3.1 Number of countries with policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, sugars, and salt Baseline (2012): 2 Target (2019): 8	This target has been achieved, with eight countries reporting having healthy eating policies in place to reduce marketing to children of foods and non-alcoholic beverages high in fats, sugars, and salt.
2.3.2 Number of countries with adopted national policies to limit saturated fats and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate within national contexts and national programs Baseline (2012): 6 Target (2019): 12	This target has been achieved, with 12 countries reporting having national policies to eliminate industrially produced trans-fatty acids (i.e., partially hydrogenated oils) in the food supply.

Objective 2.3: Promote healthy eating for health and well-being	
Indicator, baseline, and target	**Status**
2.3.3 Number of countries that by 2019 reduce salt/sodium consumption from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of a 30% relative reduction in population-based intake of salt/sodium, measured by the age-standardized mean population intake of salt (sodium chloride) in grams per day in persons aged 18+ years Baseline (2010): 0 Target (2019): 10	Country data on salt consumption for 2019 are unavailable. Latest available data are only for the baseline year (2010), and therefore it is not possible to assess progress with this indicator at this point in time.
Objective 2.4: Promote active living for health and well-being and to prevent obesity	
Indicator, baseline, and target	**Status**
2.4.1 Number of countries that by 2019 reduce the prevalence of insufficient adult physical activity from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of at least a 10% relative reduction in the prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week or the equivalent) Baseline (2010): 0 Target (2019): 8	This target was exceeded, with 13 countries reporting that the prevalence of adult physical inactivity has been reduced accordingly, from the baseline year (2010) until the latest year of available data (2016).
2.4.2 Number of countries that by 2019 reduce the prevalence of insufficient physical activity among adolescents from the level established at the national baseline to the level established for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of at least a 10% relative reduction in the prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate- to vigorous-intensity activity daily in school-aged children and adolescents) Baseline (2010): 0 Target (2019): 5	This target was exceeded, with seven countries reporting that the prevalence of adolescent physical inactivity has been reduced accordingly, from the baseline year (2010) until the latest year of available data (2016).

Strategic Line of Action 3: Health system response to NCDs and risk factors

8. Improving the health system response to NCDs and risk factors requires strengthening access to services and the quality of services, especially at primary care level, for the main NCDs. Cardiovascular diseases (CVD) continue to be the leading cause of death in the Region, causing an estimated 1.9 million deaths annually *(1).* Elevated blood pressure is the main risk factor, affecting 14.8% of women and 20.3% of men *(1)*. CVD guidelines have been established in 17 countries (48%), but essential medicines are reported to be widely available in only 11 countries *(6).*

9. An estimated 62 million people in the Americas have type 2 diabetes, and 8.1% of women and 8.5% of men have elevated blood glucose *(1).* Within the region, diabetes prevalence is highest in the Caribbean countries (13.7% in women, 9.9% in men) *(1).* Guidelines for diabetes management have been fully implemented in only 18 countries (47%), whereas blood glucose measurement is generally available in all primary care settings throughout the Region, with HbA1c testing available in 20 countries (53%) *(6).* With respect to essential medicines, 34 countries report that metformin and insulin generally are available in public primary care settings *(6).*

10. Cancer is the second leading cause of death in the Americas, and the most common types are lung, prostate, and colorectal cancer among men and lung, breast, and cervical cancer among women *(1).* Comprehensive cancer plans that address the continuum of care (primary prevention, secondary prevention, diagnosis, treatment, palliative care) are promoted by WHO. About half of the countries in the Region (23 countries, or 61%) report having a national cancer policy, strategy, or action plan in place, either as a stand-alone plan or integrated into the country's NCD plan *(6).* Notable progress is being made in cervical cancer prevention, with 40 countries and territories introducing HPV vaccines and 33 countries reporting available screening services. However, so far, only six countries report screening coverage at levels that are likely to have an impact (70% coverage or greater) *(6).*

11. Chronic respiratory diseases (CRD), principally chronic obstructive pulmonary disease, asthma, and occupational lung diseases, are responsible for approximately 372,000 deaths annually in the Americas *(1).* Tobacco use, air pollution, and occupational chemicals and dusts are the most important risk factors for these diseases. Treatment is reported as generally available in primary care facilities, and 28 countries (74%) report availability of steroid inhalers while 33 countries (87%) report availability of bronchodilators. Guidelines on the management of CRD, however, are only implemented in nine countries (24%), and only eight countries (21%) indicate that they have an operational policy, strategy, or action plan specific to CRD *(6).*

Objective 3.1: Improve the quality of health services for NCD management	
Indicator, baseline, and target	**Status**
3.1.1 Number of countries implementing a model of integrated management for NCDs (e.g., chronic care model with evidence-based guidelines, clinical information system, self-care, community support, multidisciplinary team-based care) Baseline (2012): 9 Target (2019): 13	This target has been exceeded, with 17 countries and one territory reporting having implemented a chronic care model to improve diabetes and/or hypertension control.
Objective 3.2: Increase access to and rational use of essential medicines and technologies for screening, diagnosis, treatment, control, rehabilitation, and palliative care of NCDs	
Indicator, baseline, and target	**Status**
3.2.1 Number of countries that by 2019 achieve the level of availability of affordable basic technologies and essential medicines (including generics) required to treat the four main NCDs in both public and private facilities, as established by the country for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of 80% availability Baseline (2010): 7 Target (2019): 18	This target has been partially achieved as 16 countries and one territory report having the basic technologies and essential medicines available in the public and/or private sector.
3.2.2 Number of countries that by 2019 improve access to palliative care, assessed by the increase in morphine equivalent consumption of opioid analgesics (excluding methadone) per cancer death, based on 2010 data Baseline (2010):0 Target (2019): 9	This target has been exceeded as 13 countries report having palliative care generally available in the public sector. Data are not available on changes in morphine equivalent consumption of opioids per cancer death.
3.2.3 Number of countries utilizing the PAHO Strategic Fund and Revolving Fund and/or other cost-saving mechanisms to procure essential medicines and health technologies relevant to prevention, control, and palliation for the four leading NCDs, such as chemotherapy drugs, palliation medications, insulin, dialysis and hemodialysis, hepatitis B (HBV) and human papillomavirus (HPV) vaccines, and medications for the treatment of hypertension and diabetes Baseline (2012): 0 Target (2019): 5	This target has been partially achieved as three countries have used the Strategic Fund to purchase either cancer medicines or cardiovascular medicines.

Objective 3.2: Increase access to and rational use of essential medicines and technologies for screening, diagnosis, treatment, control, rehabilitation, and palliative care of NCDs	
Indicator, baseline, and target	**Status**
3.2.4 Number of countries with an official commission that selects, according to the best available evidence and operating without conflicts of interest, NCD prevention and/or treatment and/or palliative care medicines and technologies for inclusion in/exclusion from public sector services Baseline (2012): 6 Target (2019): 13	The target has been exceeded as 16 countries and one territory report having stable commissions that establish a national essential medicines list for the public health system.
3.2.5 Number of countries with a plan in place, as appropriate, to increase access to affordable treatment options for patients affected by chronic kidney disease (CKD), particularly end-stage renal disease Baseline (2012): 5 Target (2019): 9	This target has been exceeded, with 11 countries reporting having increased treatment for end-stage renal disease.
Objective 3.3: Implement effective, evidence-based, and cost-effective interventions for treatment and control of CVD, hypertension, diabetes, cancers, and chronic respiratory diseases	
Indicator, baseline, and target	**Status**
3.3.1 Number of countries that by 2019 achieve the level set for raised blood glucose/diabetes, from the national baseline to the level set for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of a halt in the rise in prevalence of raised blood glucose/diabetes, assessed by age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years (defined as fasting plasma glucose value ≥7.0 mmol/L [126 mg/dl] or on medication for raised blood glucose) Baseline (2010): 1 Target (2019): 6	This target has not been achieved. Only one country has halted the rise in diabetes prevalence.
3.3.2 Number of countries that by 2019 achieve the level set for adult obesity, from the national baseline to the level set for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of a halt in the rise in prevalence of adult obesity, assessed through age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as BMI ≥25 kg/m^2 for overweight or ≥30 kg/m^2 for obesity) Baseline (2010):0 Target (2019): 5	This target has not been achieved. No country has halted the rise in prevalence of adult overweight and obesity.

Objective 3.3: Implement effective, evidence-based, and cost-effective interventions for treatment and control of CVD, hypertension, diabetes, cancers, and chronic respiratory diseases	
Indicator, baseline, and target	**Status**
3.3.3 Number of countries that by 2019 achieve the level set for adolescent overweight and obesity from the national baseline to the level set for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of a halt in the rise in prevalence of overweight and obesity (defined according to the WHO growth reference for school-aged children and adolescents: overweight as one standard deviation BMI for age and sex and obese as two standard deviations BMI for age and sex) Baseline (2010): 0 Target (2019): 6	This target has not been achieved. No country has halted the rise in prevalence of adolescent overweight and obesity.
3.3.4 Number of countries that by 2019 achieve the level of drug therapy and counseling set from the national baseline to the level set for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global target of at least 50% of eligible people receiving drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes (eligible people are defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30%, including those with existing CVD) Baseline (2010): 4 Target (2019): 6	This target has been exceeded as seven countries report having drug therapy and counseling available for at least 50% of eligible people with CVD.
3.3.5 Number of countries that by 2019 reduce the level of prevalence of raised blood pressure from the national baseline to the level set for interim reporting to the WHO Global Monitoring Framework, thus contributing to the 2025 global goal of at least a 25% relative reduction in the prevalence of raised blood pressure or containing the prevalence of raised blood pressure, expressed by age-standardized prevalence of raised blood pressure among adults aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) Baseline (2010): 0 Target (2019): 12	This target has been exceeded. While 30 countries and one territory have shown a reduction in raised blood pressure, only two of these countries are projected to meet the 2025 global target.

Objective 3.3: Implement effective, evidence-based, and cost-effective interventions for treatment and control of CVD, hypertension, diabetes, cancers, and chronic respiratory diseases	
Indicator, baseline, and target	**Status**
3.3.6 Number of countries with cervical cancer screening coverage of 70% by 2019 (among women aged 30-49 years, at least once or more often, and for lower or higher age groups according to national policies Baseline (2012): 5 Target (2019): 15	This target has not been achieved. Only five countries report having population-based screening coverage of 70% or higher among women in the general population.
3.3.7 Number of countries with at least 50% coverage of breast cancer screening in women aged 50–69 years (and other age groups according to national programs or policies) in a three-year period, with effective and timely treatment for all positive cases found during screening Baseline (2012): 4 Target (2019): 9	This target has been achieved. Nine countries report having breast cancer screening coverage of at least 50% of their target population.
3.3.8 Number of countries that provide as appropriate cost-effective and affordable vaccines against human papillomavirus (HPV) according to national programs and policies Baseline (2012): 8 Target (2019): 18	This target has been exceeded, with 35 countries and five territories reporting having introduced HPV vaccines in their national immunization programs.

Strategic Line of Action 4: NCD surveillance and research

12. The Plan of Action aimed to reduce premature mortality from NCDs and improve NCD surveillance capacity. The Region of the Americas has the lowest worldwide premature mortality from NCDs, at 15% (measured as the unconditional probability of dying from an NCD between the ages of 30 and 70 years) *(1)*. Nonetheless, the Region did not meet the 2019 target for reduction of premature mortality, and only five countries are projected to be on track to meet the Sustainable Development Goal target 3.4, that is, a one-third reduction in the probability of dying between 30 and 70 years of age from an NCD by 2030 *(7)*. Surveillance capacity has developed slowly in the region: population-based NCD surveys of adults and adolescents have been conducted in 12 countries over the past 10 years, The challenge remains in producing timely data on NCD and risk factor prevalence, as most countries in the Region have data older than 5 years. Cancer registration has not advanced in the region, although cancer incidence is an indicator for the global and regional NCD plans of action. Only 11 countries and one territory have population-based cancer registries in place and report on cancer incidence; however, the challenge remains in the timeliness of the data.

Objective 4.1: Improve the quality and breadth of NCD and risk factor surveillance systems to include information on socioeconomic and occupational status	
Indicator, baseline, and target	**Status**
4.1.1 A 15% reduction in premature mortality from the four leading NCDs by 2019 and a 25% reduction by 2025 Baseline (2012): 324.6 deaths per 100,000 population Target (2019): 280 deaths per 100,000 population	This target has been achieved. Estimated premature NCD mortality is 288 deaths per 100,000 population.
4.1.2 Number of countries with high-quality mortality data (based on international criteria for completeness and coverage and percentage of ill-defined or unknown causes of death) for the four main NCDs and other NCDs of national priority (e.g., CKD) Baseline (2012): 10 Target (2019): 15	This target has been exceeded as 23 countries report having high-quality mortality data.
4.1.3 Number of countries with quality cancer incidence data, by type of cancer per 100,000 population Baseline (2012): 11 Target (2019): 16	This target has been exceeded, with 19 countries and one territory reporting having cancer registries (either hospital-based or population-based) to enable reporting on cancer incidence.
4.1.4 Number of countries with at least two nationally representative population surveys by 2019 of NCD risk factors and protective factors in adults and adolescents, in the last 10 years, that include: tobacco use, alcohol use, anthropometry, albumin, blood pressure, fasting glucose and cholesterol, fruit and vegetable intake, creatinine, physical inactivity, sodium intake, disease prevalence, sugar intake, medication use Baseline (2010): 7 Target (2019): 18	This target has not been achieved. 12 countries have conducted two nationally representative population surveys on NCDs, one in adults and one in adolescents, in a 10-year period.
Objective 4.2: Improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of NCD-related policies and programs	
Indicator, baseline, and target	**Status**
4.2.1 Number of countries that produce and disseminate regular reports with analysis of NCDs and risk factors, including demographic, socioeconomic, and environmental determinants and their social distribution, to contribute to the global NCD monitoring process Baseline (2012): 9 Target (2019): 16	This target has been exceeded as 17 countries have produced country situation reports on NCDs and risk factors.

Objective 4.2: Improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of NCD-related policies and programs	
Indicator, baseline, and target	**Status**
4.2.2 Number of countries that have research agendas that include operational studies on NCDs and risk factors aiming to strengthen evidence-based policies and program development and implementation Baseline (2012): 9 Target (2019): 16	This target has been partially achieved as 12 countries report having a research agenda on NCDs and risk factors.

Lessons Learned

13. Lessons learned in implementing this regional Plan of Action over the past six years can be summarized as follows:

a) Given competing priorities in public health, it is urgent to strengthen political will and high-level commitments to prioritize NCDs, keeping them at front and center of health system reforms and multisectoral approaches such as Health in All Policies. NCDs have not been awarded the necessary investments in health service changes, policy and legislative changes, and surveillance systems, commensurate with the burden of disease. In addition, sustaining the political commitment to long term investments for NCD programs, services, policies and surveillance systems is critical as the disease burden increases, population ages, and competing priorities with other public health matters also increase.

b) Public health objectives and private sector interests can conflict, and there is interference from the tobacco, alcohol, and unhealthy food and beverage industries in the process of establishing NCD prevention policies. This interference has hampered progress in many countries where the establishment of effective risk factor reduction policies, especially for tobacco control, reducing alcohol consumption, and promoting healthy eating, have been severely delayed.

c) Strong leadership is needed to foster collaboration and engagement with sectors outside of health. It is challenging to make the case for integrating health as part of other sector policies and to meaningfully engage with non-state actors in taking actions to protect population health. Multisector commissions to tackle NCDs, led by the highest level of government have proven to be an effective mechanism to ensure cross sector collaboration and policy coherence. However, it has proven to be challenging to establish such commissions and, when established, to sustain them as ongoing platforms for multi-sector NCD policy interventions.

d) There is a need to strengthen people-centered health services and provide financial protection for effective prevention and control of NCDs. Actions must take place across the continuum of primary prevention, screening, early diagnosis, treatment, rehabilitation, supportive, and palliative care. This task is complex, but feasible,

and needs to be fully integrated into reform toward universal health coverage and universal access. As countries define their essential packages of health services, benefits packages, and essential medicines lists, NCD services and essential medicines are often overlooked, and need to be a priority and integrated into these health reform processes.

14. In summary, the implementation of this regional NCD Plan of Action has been less than optimal. Of the 19 NCD progress indicators – which includes national NCD plans and targets, policies to address tobacco, harmful use of alcohol, unhealthy diet, physical inactivity, and health system capacity for NCD management – the greatest number of interventions (12/19) has been implemented by only three countries (Brazil, Chile, and Costa Rica). The majority of countries and territories (18/35) have implemented only five or fewer of the progress indicators *(6).* Those most implemented are: timebound national targets, national NCD plans, smoke-free environments and health warnings on tobacco products, and physical activity public awareness and communication campaigns. Lagging behind are indicators related to essential NCD medicines and guidelines, alcohol policies, salt reduction policies and trans-fat free policies. Ultimately, the aim is to reduce premature NCD mortality. While the probability of dying from one of the four main NCDs, between the ages of 30-70 years, has been reduced in the Americas from 19% (23% for males, 16% for females) in 2000 to 15% (18% for males, 13% for females) in 2016 (latest year available), the projection is that the global target of 25% reduction in premature NCD mortality by 2025 will not be met in this Region *(1).*

Action Necessary to Improve the Situation

15. Addressing NCDs is a complex and challenging task. Given the slow progress toward achievement of the regional 2019 targets, a business-as-usual scenario cannot continue, especially if SDG target 3.4 is to be met by 2030. Success will require an intensive scaling up of the WHO "best buy" interventions, integration of NCDs into health system reforms, and adequate and sustained national financing for NCDs, commensurate with the health and socioeconomic burden they represent.

16. A new regional NCD plan of action is proposed for 2021 to 2025, to identify the actions to be implemented to achieve the 2025 global NCD indicators. It is expected to address the suboptimal progress with respect to NCD policies, legislation, and health systems strengthening and to call for an increase in domestic investments. The plan of action will also suggest actions to address the links between climate change, environmental health risks, and NCDs; to counter industry interference in policymaking on NCDs; and to promote public awareness and social movements for healthy lifestyles and well-being.

Action by the Directing Council

17. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be

published for information purposes only, and will not be discussed by the Directing Council.

References

1. Pan American Health Organization. NCDs at a glance: NCD mortality and risk factor prevalence in the Americas. Washington, DC: PAHO; 2019. Available from: https://iris.paho.org/handle/10665.2/51696

2. Pan American Health Organization. Plan of action for the prevention and control of noncommunicable diseases [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Document CD52/7, Rev. 1). Available from: https://www.paho.org/hq/dmdocuments/2013/CD52-7-e.pdf

3. World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: WHO; 2013. Available from: https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=B2F9C0FFCA12DBA63F808997799EECFC?sequence=1

4. World Health Organization. NCD Global Monitoring Framework: Ensuring progress on noncommunicable diseases in countries. Geneva: WHO; 2016. Available from: https://www.who.int/nmh/global_monitoring_framework/en/

5. Pan American Health Organization. Population-Based and Individual Approaches to the Prevention and Management of Diabetes and Obesity [Internet]. 48th Directing Council of PAHO, 60th Session of the Regional Committee of WHO for the Americas; 2008 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2008 (Resolution CD48.R9). Available from: https://www.paho.org/english/gov/cd/cd48.r9-e.pdf?ua=1

6. World Health Organization. Noncommunicable diseases country profiles 2018. Geneva: WHO; 2018. Available from: https://www.who.int/nmh/countries/en/

7. NCD Countdown 2030 collaborators. NCD Countdown 2030: Worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. The Lancet 2018; 392(10152):1072-1088. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31992-5/fulltext

- - -