



## NCD

# Best Buys

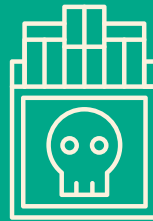
Cost-effective interventions to address risk factors for NCDs (tobacco, harmful use of alcohol, unhealthy diet and physical inactivity) and the main diseases (cardiovascular disease, diabetes, chronic respiratory disease and cancer).



# Reduce Tobacco Use



Implement **Increase excise taxes and prices** on tobacco products



Implement **large graphic health warnings** on all tobacco packages, accompanied by plain/standardized packaging



Implement **effective mass media campaigns** that educate the public about the harms of smoking/tobacco use and second-hand smoke, and encourage behaviour change



**Provision of cost-covered effective population-wide support** (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users

**Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship**



**Eliminate exposure to second-hand tobacco smoke** in all indoor workplaces, public places, public transport

# Reduce the Harmful Use of Alcohol



**Increase excise taxes** on alcoholic beverages



**Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising** (across multiple types of media)



**Enact and enforce restrictions on the physical availability of retailed alcohol** (via reduced hours of sale)



**Enact and enforce drink-driving laws and blood alcohol concentration limits** via sobriety checkpoints



Provide brief **psychosocial intervention** for persons with hazardous and harmful alcohol use



# Promote Healthy Diet



**Taxation on sugar-sweetened beverages** as part of fiscal policies for healthy diets

**Reformulation of policies for healthier food and beverage products**

(e.g. elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium)



**Front-of-pack labelling** as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets

**Public food procurement and service policies for healthy diets**

(e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, whole grains, fruits and vegetables)

**Behaviour change communication and mass media campaign for healthy diets**



**Protection, promotion and support** of optimal breastfeeding practices



**Policies to protect children** from the harmful impact of food marketing

# Promote Physical Activity

**Implement sustained, population-wide, best practice communication campaigns to promote physical activity,** with links to community-based programs and environmental improvements to enable and support behaviour change



**Provide physical activity assessment, counselling, and support** for behaviour change as part of routine primary health care services through the use of a brief intervention



# Manage Cardiovascular Diseases

Drug therapy (treatment with an antihypertensive and statin) to **control CVD risk** using a total risk approach and counselling to individuals who have had a heart attack or stroke and to persons with high risk ( $\geq 20\%$ ) of a fatal and non-fatal cardiovascular event in the next 10 years, using the updated WHO CVD risk charts



Pharmacological treatment of **hypertension** in adults using either of the following: thiazide and thiazide-like agents; angiotensin converting enzyme inhibitors (ACE-Is)/angiotensin-receptor blocker (ARBs); calcium channel blockers (CCBs)

Treatment of new cases of **acute myocardial infarction** with acetylsalicylic acid, initially treated in a hospital setting, with follow up carried out through primary health care facilities at a 95% coverage rate.

Low-dose acetylsalicylic acid within 24 to 48 hours for secondary prevention of **ischaemic stroke**

Treatment of **acute ischaemic stroke** with intravenous thrombolytic therapy; and with mechanical thrombectomy within an experienced facility

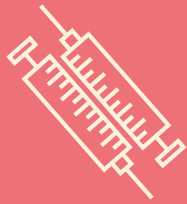
Treatment of new cases of **myocardial infarction**

with primary percutaneous coronary interventions (PCI), acetylsalicylic acid and clopidogrel, with patients initially treated in a hospital setting with follow up carried out through primary health care facilities at a 95% coverage rate

Comprehensive care of **acute stroke** patients in stroke units



Primary prevention of **rheumatic fever** and rheumatic heart diseases by increasing appropriate treatment of streptococcal pharyngitis at the primary care level



Secondary prevention of **rheumatic fever** and rheumatic heart disease by developing a register of patients who receive regular prophylactic penicillin



# Manage Diabetes

**Glycaemic control** for people with diabetes, along with standard home glucose monitoring for people treated with insulin to reduce diabetes complications



**Screening of people with diabetes** for albuminuria and treatment with ACE-I for the prevention and delay of renal disease

**Control of blood pressure** in people with diabetes



**Foot care** to reduce the incidence of amputation in people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)

**Statin use** in people with diabetes > 40 years old



**Diabetic retinopathy screening** for all diabetes patients and laser photocoagulation for prevention of blindness





# Manage Cancer



**Cervical cancer:** Vaccination against human papillomavirus (1 or 2 doses) of girls aged 9–14 years; HPV screening, starting at the age of 30 years, with regular screening every 5 to 10 years (using a screen-and-treat approach or screen, triage and treat approach); early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment



**Breast cancer:** early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment; where mammography screening is feasible, screening with mammography every two years for women aged 50–69 years) linked with timely diagnostic workup and comprehensive breast cancer treatment



**Colorectal cancer:** early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment. Population-based screening, including through stool-based tests, as appropriate, at age > 50 years, linked with timely treatment in settings where screening is feasible



**Prostate cancer:** early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment



**Childhood cancer:** early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment, focusing on six index cancers of WHO Global Initiative for Childhood Cancer



**Liver cancer:** hepatitis B immunization for prevention of liver cancer



**Oral cancer:** early detection, including, as appropriate, targeted screening for high-risk groups in selected settings, according to disease burden and health system capacities, linked with comprehensive cancer management

**Head and neck cancers,** including oral cancers: early diagnosis linked with timely diagnostic work-up and comprehensive cancer treatment



**Basic palliative care for cancer:** home-based and hospital care with multidisciplinary team and access to opiates and essential supportive medicines



# Manage Chronic Respiratory Diseases



**Acute treatment of asthma exacerbations**  
with inhaled bronchodilators and oral steroids

**Acute treatment of chronic obstructive pulmonary disease (COPD) exacerbations**  
with inhaled bronchodilators and oral steroids

**Long-term management of COPD**  
with inhaled bronchodilator



**Long-term management of asthma** with inhaled bronchodilator and low-dose beclomethasone



## Learn more about NCDs



**Tackling NCDs:** best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed  
<https://www.who.int/publications/i/item/9789240091078>



**Better Care for NCDs**  
Accelerating Actions in Primary Health Care  
<https://www.paho.org/en/better-care-ncds-initiative>

