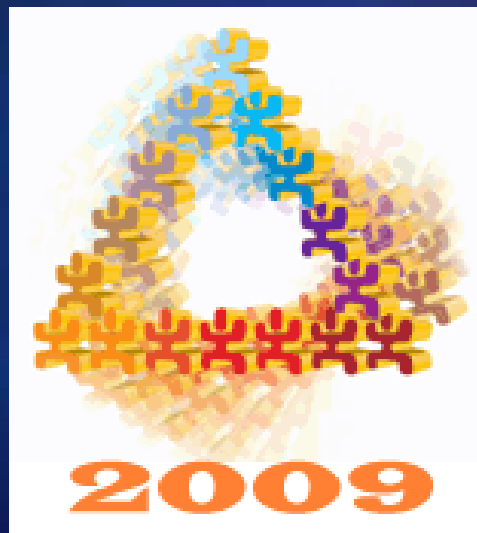


NCD country capacity profile



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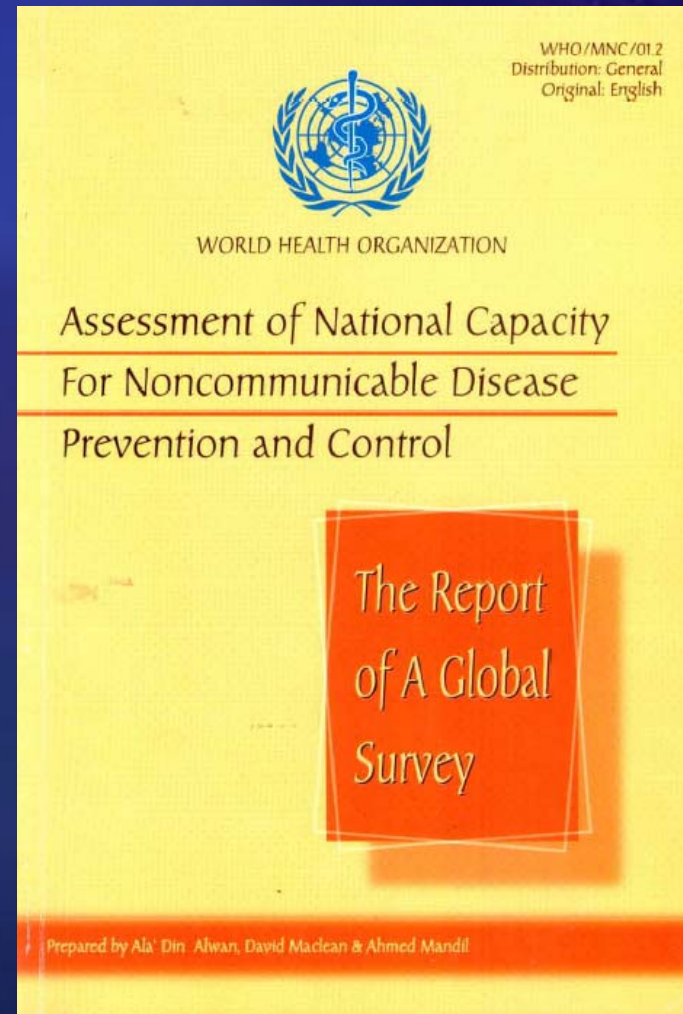


- **I study 2001**

- **II study 2005**



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2005

- **Sections**

A. National focal point/Unit

B. National Act, law, legislation, decree for NCD prev & ctrl

C. Policy, strategies, action plans

D. National targets

E. FCTC and DPAS implementation

F. National NCD surveillance & information system

G. Community based demonstration projects

H. National protocols, guidelines, standards of care

I. Quality of care

J. Financing



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SURVEY OF NATIONAL CAPACITY 2005: (28 countries)

- Particularly Weak Areas
 - Policies, Strategies, action plans
 - Surveillance, especially RF surveillance
 - Quality of care/monitoring of system of care
 - Caribbean and Central America have least well developed programs, but high



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burden

PAHO further action (2007-08)

- Assessment tool put under revision :
- Adapted for country use to monitor and evaluate advances in its CNCD capacity
- Broad consultation within CARMEN Policy Observatory project /monitoring component
- Sections revised: **policy capacity**; **health information systems & surveillance**, **health system capacity**,
- New sections: health promotion including **work of NGOs & civil society, partnerships**




Features of the new concept

- Web based tool
- Sections will have links to other related WHO or PAHO tools to promote integration
- Each section can be used/discussed separately
- Each section should be discussed and answered as country NCD team exercise



Global NCD Action Plan (2008)

 **WORLD HEALTH ORGANIZATION**

FIFTY-THIRD WORLD HEALTH ASSEMBLY
Provisional agenda item 12.11

22 March 2008 ^{A53/14}

Global strategy for the prevention and control of noncommunicable diseases


Report by the Director-General

A CHALLENGE AND AN OPPORTUNITY

1. The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.
2. In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (31.7 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
3. Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low- and middle-income countries.
4. There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.

ADDRESSING COMMON RISK FACTORS

5. Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Addressing major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Continuing surveillance of levels and patterns of risk factors of fundamental importance to planning and evaluating these preventive activities.

 **World Health Organization**

SIXTY-FIRST WORLD HEALTH ASSEMBLY
Provisional agenda item 11.5

18 April 2008 ^{A61/6}

Prevention and control of noncommunicable diseases: implementation of the global strategy

Report by the Secretariat

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. In resolution WHA53.17, the Health Assembly reaffirmed that the global strategy for the prevention and control of noncommunicable diseases¹ is directed at reducing premature mortality and improving quality of life, and requested the Director-General, *inter alia*, to continue giving priority to the prevention and control of such diseases. The global strategy sets out the roles of the main players in the struggle against noncommunicable diseases, namely: Member States, the Secretariat and international partners.
2. In 2007, the Health Assembly adopted resolution WHA60.23, entitled "Prevention and control of noncommunicable diseases: implementation of the global strategy", which requested the Director-General, *inter alia*, to prepare an action plan for the prevention and control of noncommunicable diseases, to be submitted to the Sixty-first World Health Assembly through the Executive Board; and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases.
3. Accordingly, a draft action plan was drawn up and discussed by the Executive Board at its 122nd session in January 2008. The Board decided in decision EB122(11) to organize an informal consultation for Member States, which was held in Geneva on 29 February 2008. In light of the comments made the draft action plan has been duly amended.
4. The draft plan, which is attached at Annex, sets out objectives, actions to be implemented over the six-year period of the Medium-term strategic plan 2008–2013, and performance indicators for Member States, the Secretariat and international partners in order to guide their work on the prevention and control of noncommunicable diseases at national, regional and global levels.

ACTION BY THE HEALTH ASSEMBLY

5. The Health Assembly is invited to note the report and to endorse the draft action plan.

¹ Document A53/14.

Objectives of the Plan: 2008-2013

1. Raise the priority accorded to noncommunicable disease in **development work** at global and national levels, and to integrate prevention into policies across all government departments
2. Establish and strengthen **national policies and plans** for the prevention and control of noncommunicable diseases
3. Promote interventions to reduce the **main shared modifiable risk factors** for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol
4. Promote **research** for the prevention and control of noncommunicable diseases
5. Promote **partnerships** for the prevention and control of noncommunicable diseases
6. **Monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels**



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Objective 6



- **Global Country Capacity tool:**

- Instructions
- Contact info
- Policies/strategies
- Surveillance
- Health system capacity
- Health promotion & partnerships

- Summary
- Glossary



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- **Regional Country capacity tool:**

- Questions added to each section related to region specific issues and Action plan

Future

2010 PAHO Directing Council:

Mid term report on implementation on Regional Strategy and Action plan

2011 CARMEN network meeting :

- Tool for assessment of advances, gaps, partners....
- Guides planning



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Roll out

- CARMEN meeting : introduction to Country NCD coordinators/teams
- Nov 15 : Tool sent to countries
- Deadline : January 15.



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