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**ACCELERATING THE RESPONSE TO NONCOMMUNICABLE DISEASES IN THE  
AFRICAN REGION IN LINE WITH THE POLITICAL DECLARATION OF THE  
HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY  
ON THE PREVENTION AND CONTROL OF NCDS**

**Report of the Secretariat**

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## BACKGROUND

1. To achieve target 3.4 of the Sustainable Development Goals (SDG 3.4), to reduce by one third premature mortality from noncommunicable diseases (NCDs) by 2030, Heads of State and Government committed to implement a series of WHO-recommended policies to prevent and control NCDs.<sup>1</sup> These are policy, legislative and regulatory measures to address risks factors; public education and awareness campaigns to promote healthier lifestyles; vaccination against human papillomavirus (HPV) to protect against cervical cancer; and treating hypertension, diabetes and other NCDs.
2. In September 2017, WHO published the NCD Progress Monitor<sup>2</sup> based on a set of 10 progress indicators aimed at tracking progress made towards implementing the national commitments included in the 2011 Political Declaration of the High-level Meeting of the UN General Assembly on NCDs and the 2014 UN Outcome document.<sup>3</sup> The NCD Progress Monitor revealed that progress in scaling up NCD services and programmes to prevent premature deaths from the major NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases in the African Region remains inadequate.
3. The third High-level Meeting of the United Nations General Assembly on NCDs<sup>4</sup> was held in New York on 27 September 2018 under the theme “Scaling up multi-stakeholder and multisectoral responses for the prevention and control of non-communicable diseases in the context of the 2030 Agenda for Sustainable Development”. The main purpose of the meeting was to undertake a comprehensive review and assessment of the progress made in implementing previous commitments on NCD prevention and control, and to agree on an action-oriented outcome document.
4. The 2018 Political Declaration on NCDs, “Time to deliver: accelerating our response to address NCDs for the health and well-being of present and future generations” was adopted by Heads of State and Government, and subsequently by the Seventy-third session of the United Nations General Assembly on 10 October 2018.<sup>5</sup> The Declaration is a commitment by Heads of State and Government to provide strategic leadership in NCD prevention and control. It recognizes air pollution as a major NCD risk factor and mental health as one of the major NCDs and hence expands the “4 x 4 NCD agenda” (four main NCD risk factors and four major NCDs) into the “5 x 5 NCD agenda”. It also reaffirms WHO’s leadership and coordination role for all work towards SDG target 3.4 and commits governments to engage with the private sector to make it a more meaningful partner.
5. This paper highlights the outcome of the 2018 UN Political Declaration on NCDs, key issues and challenges in the African Region, and proposes actions to accelerate the response to NCDs.

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<sup>1</sup> United Nations, Transforming our world: the 2030 Agenda for Sustainable Development, United Nations, New York, 2015 <https://sustainabledevelopment.un.org/post2015/transformingourworld> last accessed on 21 March 2019.

<sup>2</sup> WHO, Noncommunicable diseases Progress Monitor 2017, Geneva, World Health Organization, 2017 <https://apps.who.int/iris/bitstream/handle/10665/258940/9789241513029-eng.pdf;jsessionid=C6A90E3DB1149B96B9CAB2669677DAC6?sequence=1> last accessed on 20 March 2019.

<sup>3</sup> UN General Assembly Resolution 68/300, Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. Sixty-eighth session of the UN General Assembly, 10-11 July 2014, New York, United Nations, 2014 <https://www.who.int/nmh/events/2014/a-res-68-300.pdf> last accessed on 5 April 2019.

<sup>4</sup> Third United Nations High-level Meeting on NCDs, Geneva, World Health Organization, 2018. <https://www.who.int/ncds/governance/third-un-meeting/en/> last accessed on 5 April 2019.

<sup>5</sup> Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, New York, United Nations General Assembly 2018. [www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/73/2](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2). Accessed on 10 January 2019.

## ISSUES AND CHALLENGES

6. **Political commitments not translated into concrete actions:** The commitment by Heads of State and Government to integrate NCD prevention and control into national responses in line with the 2030 Agenda for Sustainable Development has not been translated into concrete action. Since 2016, fifteen Member States<sup>6</sup> in the African Region have presented voluntary national reviews to the United Nations Economic and Social Council High-level Political Forum, and among these, only Botswana and Zimbabwe have included progress towards SDG 3.4. Investment in NCD prevention and control in Member States is insufficient to enable the scaling up of services.

7. **Weak health systems:** Access to affordable, safe, effective and good-quality essential medicines, vaccines and diagnostic technologies for NCDs has not been scaled up due to weak health systems. The WHO ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases are insufficiently integrated into the national health package provided by the public sector. The WHO package of essential noncommunicable disease interventions for primary health care in low-resource settings (WHO PEN)<sup>7</sup> and other packages have not been scaled up nationally for sufficient impact except in Benin, Eritrea, South Africa and Togo.

8. **Limited national capacities:** Technical expertise for the prevention and control of NCDs is inadequate in most Member States. This includes capacity to develop and implement policies to increase prices and introduce tax-related measures on tobacco, alcohol and sugar-sweetened beverages. Member States have limited capacity to establish cross-sectoral partnerships for the prevention and control of NCDs or to manage their complexity during implementation. In addition, policy-makers and the private sector in many Member States have challenges in engaging constructively in NCD prevention and control.

9. **Weak NCD surveillance:** In the African Region, NCD data are often either lacking, incomplete or of low quality. Consequently, the prevalence of the major NCDs, their risk factors, and economic impact, are not well documented. The WHO STEPwise approach to non-communicable disease risk factor surveillance (STEPS)<sup>8</sup> is a useful approach to obtaining information on risk factors and assessing, monitoring, and evaluating the NCD response. To date, 41 Member States in the Region have conducted STEPS surveys. These STEPS surveys should be conducted every five years, but no Member State has done so due to inadequate funding and lack of expertise.

10. **Limited domestic and international financing for NCDs:** Despite commitments made in 2011, sustainable financing to implement the full package of interventions aiming at tackling the diseases and the risk factors is insufficient. Members of the Organisation for Economic Co-operation and Development have not prioritized the prevention and control of NCDs in bilateral development cooperation. Demands for technical cooperation from the poorest developing countries to support national efforts to implement the ‘best buys’ and other recommended interventions are largely unmet. There is still no alignment between international development

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<sup>6</sup> Benin, Botswana, Cabo Verde, Ethiopia, Guinea, Kenya, Madagascar, Namibia, Niger, Nigeria, Senegal, Sierra Leone, Togo, Uganda, Zimbabwe.

<sup>7</sup> Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization; 2010 [http://www.who.int/cardiovascular\\_diseases/publications/pen2010/en/](http://www.who.int/cardiovascular_diseases/publications/pen2010/en/), accessed on 12 January 2019.

<sup>8</sup> WHO, The WHO STEP-wise approach to non-communicable disease risk factor surveillance (STEPS), WHO STEPS Surveillance Manual, Geneva, World Health Organization, 2017 <https://www.who.int/ncds/surveillance/steps/en/> Last accessed on 12 January 2019.

cooperation and national NCD responses, despite continued requests from low-income and lower-middle-income countries.

**11. Negative impact of economic, market and commercial factors:** Member States in the Region have made commendable progress in the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).<sup>9</sup> Eleven Member States are implementing tobacco smoke-free policies,<sup>10</sup> while 30 Member States<sup>11</sup> have banned advertisement, promotion and sponsorship of tobacco products and 11 Member States<sup>12</sup> are implementing pictorial health warnings. Notwithstanding these achievements, industry interference continues to impede the implementation of the ‘best buys’ and other recommended interventions, including raising taxes on tobacco, alcohol and sugar-sweetened beverages. Multinationals with vested interests routinely interfere with health policy-making, through lobbying against implementation of recommended interventions, and working to discredit proven evidence and bringing legal challenges. In some instances, these efforts are actively supported by other countries, such as through international trade disputes.

## **ACTIONS PROPOSED**

12. Member States should:

- (a) Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs through multisectoral national responses and thereby contribute to the overall implementation of the 2030 Agenda for Sustainable Development;
- (b) Ensure policy coherence across different sectors, oversight of multisectoral action, and scaling up of the NCD response at local and national levels including implementation of the national multisectoral action plans for the prevention and control of NCDs;
- (c) Promote and implement policy, legislative, and regulatory measures, including fiscal measures to minimize the impact of the main risk factors for NCDs and promote healthy diets and lifestyles;
- (d) Implement a prioritized set of cost-effective and affordable evidence-based NCD and mental health interventions and good practices, including the WHO “best buys”, that can be scaled up across populations to promote health, treat people with NCDs and protect those at risk of developing them;
- (e) Mobilize and allocate adequate and sustained resources for national responses to prevent and control NCDs and promote mental health and well-being, through domestic, bilateral, and multilateral sources. Member States should also introduce innovative financing mechanisms such as raising excise taxes and prices on tobacco products and alcoholic beverages, as well as taxation of sugar-sweetened beverages;
- (f) Promote healthy lifestyles and population-wide public health education programmes to raise awareness about the harms of tobacco use and second-hand smoke, the harmful use of alcohol, and the excessive intake of fats, in particular saturated fats and trans fats, sugars and salt as well as sedentary behaviour, to prevent and control NCDs;
- (g) Accelerate the implementation of the WHO FCTC and ensure smoke-free environments, impose a total ban on tobacco advertising and sponsorship, introduce large pictorial health

<sup>9</sup> WHO, WHO Framework Convention on Tobacco Control, Geneva, World Health Organization, 2003 <https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf;jsessionid=F940005DDA15DDA8EDE8F4DEA57BEFF1?sequence=1> last accessed 16 April 2019.

<sup>10</sup> Benin, Burkina Faso, Chad, Congo, Madagascar, Mauritius, Namibia, Senegal, Seychelles, Uganda, Zambia.

<sup>11</sup> All except Angola, Burundi, Central African Republic, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Guinea-Bissau, Lesotho, Liberia, Malawi, Mauritania, Rwanda, Sierra Leone, South Sudan, Zambia, Zimbabwe.

<sup>12</sup> Burkina Faso, Cameroon, Chad, Gabon, Kenya, Madagascar, Mauritius, Namibia, Niger, Senegal, Seychelles.

- warnings, provide tobacco cessation services, monitor trends and counter tobacco industry interference;
- (h) Promote healthy communities by addressing the impact of environmental determinants on NCDs, including air, water and soil pollution, exposure to chemicals, climate change and extreme weather;
  - (i) Implement WHO technical packages for identifying and managing people at high risk of, or with, cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and mental health disorders in order to reduce premature deaths from NCDs; each Member States should identify a few high-impact interventions that can be implemented and scaled up to contribute to the reduction of premature mortality;
  - (j) Strengthen health systems including by ensuring the availability of a skilled workforce, and integrate screening, detection and treatment of NCDs and mental health diseases in primary health care facilities as well as ensuring availability of affordable essential NCD medicines, vaccines and diagnostic technologies in all primary health care facilities to achieve universal health coverage goals;
  - (k) Integrate and coordinate responses to NCDs and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with high burdens of these diseases;
  - (l) Scale up the use of information and communications technologies, including eHealth and mHealth and other innovative solutions to accelerate the prevention and control of NCDs;
  - (m) Engage with the private sector to produce and promote food products consistent with a healthy diet, reduce the exposure of children to the marketing of foods and beverages high in fats, sugars and salt. Member States should also reduce the harmful use of alcohol, and eliminate the marketing, advertising and sale of alcoholic products to minors, and strengthen their commitment and contribution to the implementation of national responses to prevent, control and treat noncommunicable diseases to reach SDG target 3.4;
  - (n) Establish national accountability frameworks and coordination mechanisms for tracking progress in achieving internationally agreed commitments on the prevention and control of NCDs.
13. The WHO Secretariat and partners should:
- (a) Scale up technical support to Member States to integrate NCDs into national development plans and accelerate the implementation of the ‘best buys’ for the prevention and control of NCDs at national and local levels using the WHO technical packages and tools;
  - (b) Identify a specific subset of ‘NCD accelerators’ within the overall set of ‘best buys’ and other recommended interventions and support implementation in Member States;
  - (c) Provide technical assistance to the Member States classified as least developed to enable them to mobilize resources from bilateral and multilateral donors to support implementation of the ‘best buys’ and other recommended interventions;
  - (d) Support Member States to strengthen their health systems and deliver an integrated package of communicable and noncommunicable disease interventions;
  - (e) Promote the ratification of, or accession to the Protocol to Eliminate Illicit Trade in Tobacco Products by the Parties to the WHO FCTC and implementation of tobacco control legislation;
  - (f) Enable tracking of progress towards the achievement of SDG target 3.4 to reduce by one third premature mortality from NCDs by 2030 in Member States;
  - (g) Support Member States to strengthen NCD surveillance, research, monitoring and evaluation.
14. This paper is submitted to the Regional Committee for consideration and adoption.