Eighteenth Standing Committee  
of the Regional Committee for Europe  
Second session  
Andorra, 18–19 November 2010

Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (2011–2016)

This document contains the draft concept note on development of a European action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (2006). The Action Plan is to be submitted to the WHO Regional Committee for Europe at its sixty-first session in Baku in September 2011 for endorsement.
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The policy context: Health 2020

1. This Action Plan on the Prevention and Control of Noncommunicable Diseases (NCDs) is being written in the context of work to develop a new European health policy, Health 2020.

2. Health 2020 responds to the changing context in Europe: the glaring health inequities within and between countries, the growth of NCDs, the re-emergence of infectious disease threats, the impact of globalization and new technologies, the ageing population, and the changing role of citizens. Health 2020 proposes clear values, principles and strategies that have been woven into the text of this Action Plan.

3. A concern with equity and addressing the social determinants of NCD will require a “whole of society” response. It will closely link moves to integrate health in all policies, public health efforts to promote health and prevent disease, and individualized health care that unites prevention, control, and management. These principles are already reflected in the current outline, and further elaboration of the Action Plan will closely follow the framework of Health 2020 as it is itself developed in consultation with Member States.

Towards an NCD action plan

4. NCDs are the leading causes of death, disease and disability in the WHO European Region. There is increasing recognition of this burden and of the scope for prevention and control of NCDs, together with a growing understanding of the imperative to tackle them through intersectoral action.

5. The high priority accorded to NCDs and their determinants in the European Region is reflected by the adoption by the Regional Committee in 2006 of the European Strategy for the Prevention and Control of Noncommunicable Diseases (1). Since then, there has been growing interest and demand by European Member States to implement the strategy. This Action Plan will respond to that demand by identifying specific action areas and deliverables to which Member States, WHO and their partners can commit themselves over the five years from adoption in 2011 to 2016.

6. These European developments have taken place within a growing global awareness and mandate for action in this field. In 2000, the World Health Assembly reaffirmed the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2). During the following years, specific tools for implementing the Global Strategy were adopted: the Framework Convention on Tobacco Control (2003) (3), the Global Strategy on Diet, Physical Activity and Health (2004) (4), and the Global strategy to reduce the harmful use of alcohol (2010) (5). In 2008 the Health Assembly endorsed the Action Plan for Implementation of the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008–2013) (6) as a comprehensive road map for coordinated global, regional and national action. Key regional documents that lay the foundation for this Action Plan include:
   - the European Health Policy (Health 2020, under development);
• the Tallinn Charter: Health Systems for Health and Wealth (2008) (7);
• the European Strategy for the Prevention and Control of Noncommunicable Diseases (2006) (1)
• the European Strategy for Tobacco Control (2002) (8);
• the European Framework for Alcohol Policy (2005) (9);
• the Ministerial Conference on Counteracting Obesity and the European Charter on Counteracting Obesity (2006) (10);

Rationale and guiding principles

7. From the above global and European documents, a set of principles become apparent that will guide all actions in this Plan. They will be considered at all levels, from priority-setting through implementation to evaluation.
• **A focus on equity:** Special attention needs to be paid in all actions to groups in society who are disadvantaged due to specific situations: gender or ethnic group; migrant status; age; socioeconomic group. This is one of the basic concerns of Health 2020 and of this Action Plan.
• **Health in All Policies:** the wider determinants of the NCD epidemic lie largely outside the control of the health sector. They range, for instance, from trade and fiscal policies, through access to education and health care, to urban planning and design. Health 2020 considers the production of health a responsibility of all sectors, and this will be reflected in this Action Plan.
• **"Whole of society" approach:** This Action Plan will also aim to reinforce the integration between the public health system and the health care system. This “whole of society” approach, a prominent feature of Health 2020, aims at integrating health promotion, health protection, risk reduction and health care delivery in a continuous whole.
• **Health promotion and risk reduction:** Throughout this Action Plan, all processes will be inspired by the principles and practice of health promotion, including: a focus on the determinants of health; building healthy public policy; community empowerment; supportive environments and settings for health; a life-course approach with appropriate actions through all stages in life (a healthy early life, childhood, adolescence, and ageing). Furthermore, a series of effective interventions exist to address particular risks (such as fiscal interventions for tobacco and alcohol, reduction of salt intake and “trans” fatty acids, and urban design for physical activity promotion). These are enshrined in globally agreed conventions and strategies. Specific actions to implement these tools are described here.
• **Integrated prevention, control and management:** A theme that runs through this document is the balance that needs to be struck between the specific technical requirements of the prevention and management of given diseases and risk factors, and the over-riding principle of working in an integrated, coordinated
fashion to maximize synergy and make best use of limited resources. Thus, in this Plan, specific attention is paid to building linkages with strengthened health systems and with programmes that address infectious diseases.

- **A life-course approach**: Exposure to the risk of chronic disease accumulates throughout the life-course. The risk of NCDs starts with influences that operate in utero and continues through early childhood, adolescence and adulthood. A healthy ageing experience consists of: health promotion throughout life; an environment that promotes coping with disability and provides social protection; and appropriate and accessible social and health services.

- **Community and patient empowerment**: In all actions from planning of preventive services to individual patient care, the work should aim to strengthen not replace community action, and to respect the “expert” status of the person undergoing care.

8. Given these guiding principles, this Action Plan follows a simple logic:

- A group of four diseases and their risk factors (including overweight and obesity) account for a majority of the preventable disease and death in the WHO European Region.
- These diseases share many risk factors with related conditions (such as musculoskeletal diseases and oral diseases) where coordinated action can be synergistic.
- The evidence exists to justify a concerted societal response to this burden with tools that are effective and adaptable to countries at all levels of development.
- There is a strong demand from Member States for support in the implementation of effective action.
- There is a mandate in global and regional strategies for the response to Member States.
- An effort should be made to prioritize and select the actions that are achievable in the European Region within a limited timescale and within existing resources.

**Outline**

**Target audience**

9. This European Action Plan defines action areas that target three audiences.

- **This Plan defines actions that need to be taken by Member States in order to effectively prevent and control NCDs in their populations.** The primary target are policy-makers in the health sector whose actions will improve the surveillance of NCDs and who will reach out intersectorally to address the determinants of NCDs, conduct effective risk reduction programmes and strengthen their own health systems to provide effective, efficient, coordinated services for chronic disease prevention and control.
Within WHO, actions are identified that will set the norms and standards for prevention and control of NCDs, provide toolkits for the application of regional and global policies and plans such as the European Health Policy in the field of NCDs, build capacity for national planning and policy-making, and provide fora for the exchange of experience and coordinated initiatives across the Region.

Within the wider network, this Action Plan calls for global and regional agencies (whether governmental, civil society or the private sector) to examine the level of their investment in the prevention and control of NCDs, to assess the impact of their actions and development policies on the burden of NCDs, and to consider action to address the social determinants of NCDs.

Vision

10. The vision underlying this Action Plan is of a health-promoting Europe free of preventable NCDs, premature deaths and avoidable disability.

Goal

11. The goal of the Action Plan is to avoid premature death and significantly reduce the disease burden from NCDs by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Member States.

Content

12. Annex 1 provides an annotated outline of the Action Plan. It identifies key sections, describes their content and identifies specific action areas where Member States, WHO and partners may produce concrete “deliverables” in the service of the vision and goal of this Action Plan. A number of features of the Action Plan are highlighted below.

- **Visionary but realistic**: this Action Plan adopts the over-arching vision of the global and European strategies for NCD prevention and control. At the same time, it is an operational plan being implemented at a time of great need and scarce resources. Guidance will be sought from Member States on how to strategically prioritize among actions in ways that keep the Plan realistic while achieving maximum impact.

- **Scope**: the Action Plan prioritizes four chronic NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases). This is in view of the shared risk factors (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet). Obesity deserves special attention (itself a result of the same risk factors and a cause of other NCDs). These four NCDs also share common determinants resulting from policies in a range of sectors, from agriculture and the food industry to urban planning; this also implies that they share common pathways for intervention through public policy. While setting priorities due to limited capacity, this Action Plan recognizes that a number of other issues (from musculoskeletal diseases to oral disease) become more common in an ageing population and from
the influence of common risk factors. Selective, synergistic action across this range of chronic conditions will be sought.

- **Exclusions**: narrowing the scope of this Action Plan provides a focus for action but leaves out a number of other important conditions, such as injury, mental disorders and substance abuse. It is emphasized here that these conditions require distinct strategies and action plans arising out of a specific evidence base and unique technical requirements.

**Process**

13. A consultative process is envisaged for the development of this Action Plan (see the timeline below). It is planned that a technical steering group will be appointed to guide the development of the text, that a network of focal points will be identified in Member States, and that opportunities will be taken or created in the coming months to meet representatives of the Steering Group and Focal Point Network to finalize the text.

**Linkages**

*Links with public health and health care systems*

14. Public health has been defined as “the art and science of improving health through organized efforts of society”. This broad societal approach is reflected in Health 2020 and adopted in this Action Plan. Individualized health care and the broader public health functions of health protection, health promotion and prevention need to move hand-in-hand if the Action Plan is to succeed.

15. Furthermore, the burden of existing NCDs is high in Europe and the challenge cannot be simply regarded as one of preventing disease. Rather, joint priority must be given to control and management of disease. The ageing of the population and the escalation of costs to health services increase the urgency.

16. Specific actions in relation to these linkages are suggested in Annex 1.

*Links with mental health*

17. NCDs and mental health are closely interconnected, yet it is erroneous to include a mental health strategy inside an NCD action plan. There is a need for specific attention to be paid to mental health in its own strategy and plan. The causes of depression are unlike the causes of diabetes and they deserve particular attention.

18. On the other hand, this Action Plan needs to be informed by the deep connection between mental and physical health. Firstly, harmful stress in settings such as the workplace is associated with cardiovascular diseases. Secondly, the prevalence of depression is a predictor of poor life expectancy in cardiovascular diseases and cancers. Thirdly, unemployment, poverty, debt, inequality and low social status all predispose to both NCDs and a range of mental disorders, and in turn poor mental health is strongly associated with poverty, a minority background and low social status. Finally, some
lifestyles can protect against or are a risk for both NCDs and mental disorders, such as lack of physical activity, poor eating habits and alcohol abuse. This implies that an Action Plan for the prevention and control of NCDs should consider appropriately the mental health of the target population.

**Links with infectious diseases**

19. Despite the label “noncommunicable”, many NCDs have a strong link with infectious diseases. Some of the links are listed here and suggested actions are described in Annex 1.

20. NCD risk factors (tobacco smoking, alcohol use, diabetes, and undernutrition) are associated with the majority of new cases of tuberculosis in the world’s highest TB burden countries.

21. Cervical and liver cancers are linked with the human papilloma and hepatitis viruses, respectively, and vaccination is at least part of the strategy for prevention.

22. HIV/AIDS therapy increases the risk of contracting concomitant NCD, due partly to increased longevity, partly to the effects of the virus, and partly to the side-effects of antiretroviral therapy. The chronic care of people with HIV would rationally be integrated with services for other chronic diseases.

**Timeline and milestones**

- End November 2010: Consultation at Oslo Meeting
- Mid-December 2011: Appointment of Steering Group
- End January 2011: Selection of national focal points
- End January 2011: Selection of writer(s)
- End February 2011: Meeting of Steering Group and selected Member State representatives to draft the full text
- March 2011: Consultation on the first draft with the SCRC
- March to mid-April 2011: Web-based consultation
- April 2011: Consultation with European Member States at Moscow Meeting
- Mid-May 2011: Final draft submitted
Annex 1. Annotated Table of Contents

This table of contents describes in outline the proposed sections of the Action Plan. It is presented for comment and discussion with the Standing Committee, the Steering Group, national focal points and other stakeholders. It is being developed in alignment with the values, principles and strategies of Health 2020, the new European health policy. The NCD Action Plan is based on the European Strategy for the Prevention and Control of Noncommunicable Diseases (2006), as well as European disease- and risk factor-specific strategies and commitments. It also aligns with the Action Plan for the Implementation of the Global Strategy on the Prevention and Control of Noncommunicable Diseases (2008–2013). It identifies the key action areas within which specific deliverables will be identified for Europe (Member States, WHO, and partners) over the five-year period 2011–2016.

Background

This section discusses the burden of NCDs in the European context. It examines available evidence on the absolute size of the epidemic and the evidence for inequities within and between Member States. It examines these data in the context of the drivers of the epidemic: globalization, urbanization, demographic shifts.

The history of the response to the epidemic (primarily the global and the regional strategies and action plans) is reviewed, as are related mandates such as the European health policy (under development) and resolutions on social determinants of health and primary health care.

The evidence for what works and the scope for effective prevention and control are reviewed. The case is made for an intersectoral approach that addresses the social determinants of NCDs, as well as risk factors and their disease burden.

Vision

A health-promoting Europe free of preventable NCDs, premature deaths and avoidable disability.

Goal

To avoid premature death and significantly reduce the disease burden from NCDs by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Member States.
Action areas

The development agenda

Background Key areas of development policy making are relevant to NCDs. National human and economic development policies need to be assessed for their impact on NCDs. Policies on bilateral and multilateral aid need to incorporate NCDs. Regional trade policies’ and agreements’ impact on NCD also needs to be assessed.

Objective To increase the priority given to NCDs in national and regional development agendas.

Actions
- Participate actively as a Region in formulation of the outcome document of the United Nations High-Level Meeting on NCDs (New York, September 2011)
- Provide guidance on regional, national and subnational implementation of the outcome document
- Organize a ministerial meeting on NCDs in 2014

Addressing the social determinants of NCDs

Background As one of the key activities in defining the new European health policy, the European Region is undertaking a review of the social determinants of health. Many of the findings of the European review, as well as the report of the global Commission, are relevant to developing a national response to inequities in the NCD burden.

Objective To address the “causes of the causes” of NCDs using the approach developed by the Priority Public Health Conditions Knowledge Network of the Commission on Social Determinants of Health.

Actions
- Provide guidance on the disaggregation of surveillance data by social strata and use these data to determine the patterns of exposure, vulnerability, NCD outcomes and consequences
- Provide guidance on the use of these data to assess the impact of policy, to target services appropriately, and to advocate for social justice
**Health in All Policies**

**Background** A wide range of sectors impact on the risk of NCDs and facilitate or hinder healthy choices by the population. The agriculture and food sectors determine the quality of food available. The transport and urban planning sectors facilitate or hinder the use of active means of transport. The principle of “Health in All Policies” entails identifying the ways in which health-promoting policy choices may be beneficial to other sectors and using these co-benefits as a means of advocacy. Engagement with other sectors requires considerable investment in understanding their policy objectives, the creation of specific governance mechanisms, the carrying out of health impact assessments and the implementation of healthy public policies. It is not possible to promote health in “all” policies simultaneously, and this Action Plan proposes identifying key sectors to engage with sequentially, in a process that will be consultative, strategic and, to some extent, opportunistic.

**Objective** To provide focused guidance for synergistic action with priority areas of public policy that have relevance to NCDs

**Actions**
- Consult with stakeholders and partners on the priority areas of policy to engage with, starting from the extensive experience gained in the Region with tobacco control (finance, trade, security), transport and environment, and foreign policy.
- Implement policy toolkits for action by Member States in a small set of defined priority areas of intersectoral policy-making relevant to NCDs.

**Risk reduction**

**Tobacco**

**Background** The Framework Convention on Tobacco Control is the most successful United Nations Convention in terms of the speed of ratification and number of Member States ratifying. MPOWER (12) presents a strong evidence-based set of tools for implementation of the FCTC. Significant progress has been made in Europe and many countries have strengthened their legislation, but too high a proportion of the European population is as yet not covered by most of these cost-effective interventions.

**Actions** Drive the European Region to take the lead in implementing the FCTC provisions using the MPOWER package in countries at all levels of development.
Harmful use of alcohol

**Background**
Alcohol is the second largest cause of loss of disability-adjusted life years (DALYs), and in low-income European countries it is the main cause. Alcohol is a risk factor for NCDs, but it is also an important, independent cause of morbidity and mortality in its own right (through alcohol dependence, violence and injury, and other alcohol-related disorders). The Global Strategy on the Harmful Use of Alcohol (5) was adopted in 2010; a regional strategy is being proposed in parallel to this Action Plan.

**Actions**
Develop and implement a European strategy on the harmful use of alcohol.

Physical inactivity

**Background**
Physical activity has been identified as the fourth leading risk factor for global mortality. In the WHO European Region, lack of activity is estimated to be related to one million deaths per year. Regular physical activity has significant benefits for health. It reduces the risk of the most chronic NCDs such as cardiovascular disease, diabetes and some cancers. It helps control weight, contributes to mental health and promotes overall well-being. Taking part in physical activity also increases opportunities for social interaction and feeling part of the community.

**Actions**
Strengthen the formulation of national guidelines and effective action consistent with the European framework on physical activity (2007) (13).

Unhealthy diet

**Background**
The WHO European Action Plan for Food and Nutrition Policy 2007–2012 (11) sets goals and targets related to nutrition with the aim of limiting the consumption of foods high in sugar, salt, saturated and trans fatty acids.

Also the European Charter to Counteract Obesity signed by Member States during the Istanbul Inter-Ministerial Conference in 2006, reflects strong commitments to tackle obesity, in particular childhood obesity.

Most Europeans’ daily intake of sodium exceeds the WHO recommended limit, and in an important number of Member States the main source of sodium in the diet is processed foods. High blood pressure is the leading risk factor for deaths in the WHO European Region, with salt being a major contributor (14). Reduction of salt intake is a specific high-priority area for action.

**Actions**
Intensify the implementation of the European Action Plan for Food and Nutrition Policy, with special emphasis on identifying evidence-based “quick wins” such as the reduction of salt intake and the elimination of trans fatty acids.
Integrated risk reduction

Background Each of the risk factors has technical peculiarities, needs particular expertise and deserves focused, independent action if progress is to be made. Yet there is also a need to keep guidance and action on risk reduction integrated in countries, striving for policy coherence and making best use of scarce human resources.

Actions • Document governance mechanisms for effective integrated action to reduce the risk of NCDs, for instance through joint reports, benchmarking or scorecard approaches.

Surveillance

Background The European Region is rich in data on NCDs. Information on risk is generated by surveillance at national and regional levels (e.g. the Health Behaviour of Schoolchildren surveys, monitoring of tobacco use and control policies and of alcohol use, national nutrition surveys, the European Childhood Surveillance Initiative, the joint WHO/European Commission NOPA (nutrition, obesity and physical activity) database due to be launched in December 2010, and national surveys on risk factors, morbidity (e.g. cancer registration, health service utilization) and mortality).

Objective To strengthen the use of NCD surveillance data in policy-making, planning, advocacy, and monitoring and evaluation

Actions • Foster collaboration between researchers and policy-makers so that evidence addresses policy needs in a coordinated way.

• Coordinate regional and national sources of data on NCDs in Europe.

• Produce a European report on NCDs in 2014 and, after completion of this Action Plan, in 2017.
**Partnerships**

**Background**

The NCD burden is felt by all populations and across all sectors of society. As a result, there is a large range of stakeholders in the Region and at national level. These stakeholders include bodies such as the European Commission, bilateral agencies, professional associations and nongovernmental organizations, the private sector and academia. Existing public health groups, such as the CINDI (countrywide integrated noncommunicable disease intervention) network, the International Association of National Public Health Institutes (IANPHI), EuroHealthNet, the European Public Health Association (EUPHA) and others, have a particular interest in NCDs. More general networks, such as the European network of health-promoting schools or the Healthy Cities movement, have an important role to play in support of this Action Plan. This section will review the range of partners and stakeholders in Europe and define opportunities for support and coordination.

**Objective**

Taking advantage of existing networks and meetings of partners, to convene a forum for coordination of action related to this Plan

**Actions**

- Strengthen, reinforce and build up a partnership of European networks of focal points and stakeholders for joint advocacy, resource generation and exchange of experiences and to build capacity for NCD prevention and control.

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**Strengthening health systems**

**Background**

Europe has to bear a heavy burden existing NCDs, and the challenge cannot be regarded simply as one of preventing disease; joint priority must be given to control and management of disease. The ageing of the population and the escalation of costs to health services increase the urgency of this task.

At the same time, specific elements of health systems must be strengthened, notably:

- governance, extending the ministry of health’s influence among other ministries, while working to increase the efficiency and effectiveness of programmes; and
- sustainability, securing the human and financial resources needed to accomplish objectives.

**Objective**

To strengthen the ability of health systems in Europe to offer affordable, effective chronic care, with an emphasis on the principles of evidence-based practice, patient-centred care and patient empowerment
Actions

- Document and promote best practices in coordinated management of chronic disease within efforts to strengthen health systems.
- Develop integrated, long-term health strategies and plans to tackle NCDs, from prevention to palliative care, at all levels of the health system and across all sectors. Ideally, these should have the consensus of all major political parties, to ensure continuity of programmes.
- Strengthen the autonomy and skills of people with chronic disease, so that they can manage their own conditions.
- Promote efficiency in the delivery of health care through specific mechanisms such as promoting access to essential drugs, generic substitution, and rational use of drugs.
- Foster linkages between ministries of health and other government sectors, increasing cooperation and collaboration.
- Make the most of scarce resources by linking investments in the health system with patient results and population health indicators, in order to ensure sustainable revenue sources in the future.

Links with infectious diseases

Background

- Despite the label “noncommunicable”, many NCDs have a strong link with infectious diseases.
  - NCD risk factors (tobacco smoking, alcohol use, diabetes and malnutrition) are associated with the majority of new cases of tuberculosis in the world’s highest TB burden countries.
  - Cervical and liver cancers are linked with the human papilloma and hepatitis viruses respectively and vaccination is at least part of the strategy for prevention.
  - HIV/AIDS therapy increases the risk of contracting concomitant NCD, due partly to increased longevity, partly to the effects of the virus, and partly to the side-effects of antiretroviral therapy. The chronic care of people with HIV would rationally be integrated with the care of other chronic diseases.

Objective

- To develop coordinated country approaches to prevention and care between infectious diseases and NCD.
**Actions**

- Define operationally the link between TB and tobacco control, control of the harmful use of alcohol, management of diabetes, and nutrition.
- Strengthen as appropriate the link between vaccination and NCD programmes.
- Define operationally the appropriate chronic care model that provides benefits to people with HIV/AIDS, NCDs or both.

**References**


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1 All web sites accessed 27 October 2010.


