WORLD HEALTH ORGANIZATION

Preventing Chronic Diseases: A Framework for Country Action
Background information and questions for discussion

This document provides background information on the WHO Expert Consultation Meeting on Preventing Chronic Diseases: A Framework for Action. To facilitate discussion during this Expert Meeting, several questions are provided beforehand. You will find these questions in specific boxes, numbered from 1 to 33.

We would appreciate if you could send us your comments and answers to the boxes at shaor@who.int or debruinm@who.int before your departure to Geneva. If you have any questions related to this document, please contact Dr Ruitai Shao, Tel: +41 22 791 3329, or Ms Tilly de Bruin, Tel: +41 22 791 3235.

A. Introduction

1. Background

The 53rd World Health Assembly in May 2000 adopted Resolution WHA/53.14 that reaffirmed the WHO Global Strategy for the Prevention and Control of Chronic Noncommunicable Diseases (NCD), which urges WHO's Member States to develop national policy frameworks, establish programmes, share their experience and build capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of chronic, noncommunicable diseases. The Strategy and Resolution (see background documents 4/8 and 5/8) requests WHO to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective programmes and adapting their health systems to respond to the NCD epidemic.

Since 2000, WHO has prompted action on NCD prevention and control using various other instruments. Its 2002 World Health Report *Reducing Risk, Promoting Healthy Life* focused on risk factors; in 2003 the WHA endorsed the Framework Convention on Tobacco Control (FCTC); and in 2004 WHO released the Global Strategy on Diet, Physical Activity and Health (see background documents 6/8 and 7/8). WHO also supported partnerships and networking among Member States by convening, since 2001, four global fora on NCD prevention and control, encouraging the development of policy observatories, and supporting new and existing networks of national and demonstration level programmes with objectives to prevent and control NCD. In October 2005, WHO launched a Global Report on chronic diseases entitled Preventing Chronic Diseases- a vital investment, making the case for urgent action.

In 2005-2006, to assess progress in NCD prevention and control capacity since a first survey in 2000-01, and to revisit the nature of WHO technical assistance that is most needed, the Department of Chronic Diseases and Health Promotion at WHO Headquarters conducted a new

survey, also with quantitative and qualitative components. With the cooperation of the regional offices, all WHO regions were surveyed in 2005-2006 with the exception of the Western Pacific Region (WPR) where the Regional Office conducted a similar survey in 2004.

Between the two survey periods, progress is apparent in the group of 118 countries that responded to both surveys: the proportion with a national act, law, legislation, ministerial decree for tobacco control increased from 59% to 84%, varying from 67% in the African Region to 100% in the Europe Region, and the South East Asian Region; The proportion with a national act, law, legislation or ministerial decree for food and nutrition related to chronic diseases prevention and control increased from 68% to 88%. In a group of 97 countries that excludes WPR, the proportion with a national policy for chronic diseases prevention and control rose from 42% to 70%, varying from 46% in the Africa Region to 83% in the Europe Region; the proportion with a NCD unit or department in the Ministry of Health increased from 60% to 84%, the countries with budgets specific to NCD increased from 39% to 68%. In 2005, 62% of all 133 countries reported having national integrated programmes.

The survey showed that a number of key areas for which Member States needed WHO technical assistance now are similar to those reported in 2000-2001:

1. Advocacy, with WHO continuing to use its profile to persuade the general public, governments and where relevant donor agencies to mobilize sufficient resources for NCD prevention to achieve the preventive dose;
2. Policy, action plan and programme development, with WHO promoting policy formulation processes that define key aspects of implementation for a policy to "have legs" when it is declared;
3. Training and evaluation of surveillance and survey systems for risk factors and NCD prevalence.

1. Do you agree with key areas for WHO technical assistance needed indicated by the Survey? Please give your comments if do not agree.

2. Which are the most urgent areas for WHO to provide tools and/or templates to support country taking actions?

Areas	From less to more urgent				
	1	2	3	4	5
Population needs assessment ---Diagnose and investigate health problems					
Advocacy					
Policy					
Plan of action					
Programme					
Technical guidelines for health professionals					
Assist in implementation					
Capacity building					
Monitor and Evaluate national activities for NCD prevention and control					

2. Why do Member States need the Framework?

Within the context of chronic diseases prevention and control, "what to do" and "how to do it" emerge as the major issues for the development, implementation and evaluation of a national policy, plan and programme. Lack of concrete action on chronic diseases appears to be at least partly due to lack of national capacity in the development, implementation and evaluation of a policy, plan and programme. Just as often, people in countries do not have the tools and support to create effective proposals for well-planned programmes with measurable outcomes. Proposals rarely include adequate plans for how work will be evaluated, and few proposals have the benefit of expert review prior to submission.

Many countries have indicated an interest in a framework to guide the development and implementation of a national policy, plan and programme. Although such frameworks exist for mental health, injuries and violence prevention, and tobacco, no framework yet is available for the prevention and control of chronic diseases. The regional offices have indicated that there is a big demand for such a framework.

Therefore, the Framework focuses on three components: national policy, plan of action, and programme.

3. What else do you think should be included in the Framework?
4. Can you add other reasons for which the Framework is needed?
5. Can you give examples of countries that need the Framework?

3. Lessons learnt from similar documents at WHO

WHO has already developed many manuals, guidelines or frameworks aimed at helping countries to develop national policies, plans and programmes in many areas, for instance, related to child and adolescent health, mental health, violence and injuries prevention, tobacco control, etc. The experiences and lessons learnt from the preparation and process of developing these documents are useful for developing a framework for country action for chronic diseases prevention and control.

1. <u>Systematic review.</u>
   Review of different existing policies, plans and programmes is useful to get a good impression of what has already been done and which countries can provide good help in setting up the framework;
2. <u>Broad consultation</u>
   Extended review and consultation of a draft framework involving a wide range of key players, experts and country focal points is important to get excellent feedback, better involvement and it facilitates distribution of final product.
3. <u>Communication</u>
   Start with an e-mail discussion, teleconferences, and afterwards small meetings for consultation and finalizing the documents.
4. <u>Best practice and examples</u>
   Get country examples via regional offices, reviewers, meetings etc.
5. <u>Training</u>
   Training at the regional or country level after finalization of the document is vital to a widespread and good use of the document;

6. Can you add other lessons from your own experience?

B. A Framework for Country Action

1. Aim, objectives, scope, target audience and output of the Framework

Aim:

The aim of this project is to facilitate member states to develop their own national policy, plan and programme to prevent and control chronic diseases.

7. Do you agree with proposed the aim, objectives, scope, target audience, and output? Please add your suggestions or explain if you do not agree.

Objective:

The objective of the project is to produce a WHO framework for guiding development, implementation and evaluation of a national policy, plan and programme.

Scope:

The WHO Global Strategy for Noncommunicable Diseases Prevention and Control reaffirmed by WHA in 2000 identified the four most prominent chronic diseases: cardiovascular diseases, cancer, chronic respiratory disease and diabetes. It is also indicated these diseases are linked by common preventable risk factors including tobacco use, unhealthy diet and physical inactivity. It recommends that actions should focus on controlling the common risk factors and management of these major chronic diseases in an integrated manner. Therefore, the framework will cover both the prevention and the control of chronic diseases since it is not expected that the targeted countries will make separate policies for prevention and control of chronic diseases.

Target audience:

The target audience for the WHO framework includes:

1) Health officials or focal points for chronic diseases prevention and control at federal, state/regional and local levels
2) Government officials from non-health sectors
3) Key persons or experts working in national or local health technical institutes
4) People from non-governmental organizations

Proposed output:

The output consists of two parts:

1) Preventing Chronic Diseases -- A WHO framework for Country Action
2) A training package to assist countries in using the framework.

2. Guiding principles for developing the framework

The proposed guiding principles for developing the framework are:

1. Practical guidelines with easy English, simple and ready to use templates, tools to follow and references to data sources;
2. Rich with best practices and examples, and stimulate countries to follow the good example;
3. Logical embedded in other chronic diseases documents;
4. Usable for countries with different entry points (usable for countries that already have a policy in place as well as for countries that are about to start developing a policy, plan or programme).

8. Do you agree with proposed the principles for the framework? Please add your suggestions or modify, or explain if you do not agree. 9. Do you have examples of ready to use templates and tools?

3. Structure and contents of the framework
Executive summary（overview）

Introduction
1. Purpose and focus of the Framework
2. Target audience
3. What are chronic diseases?
4. Need for action
5. Values and principles with regard to actions
    1) Evidence-based strategies
    2) Comprehensive and integrated approach
    3) Stepwise implementation
    4) A life course perspective
6. How to use the framework

10. Do you agree with the proposed principles? Please give your comments and suggestions. 11. Do you agree with the proposed structure for the Introduction?

Section I: Development of a national policy, plan and programme
Chapter 1: Introduction
1. Definitions of a policy, a plan and a programme
2. Guiding principles for action
3. Comprehensive integrated approach

Definitions of a policy, a plan and a programme
The framework will provide guidance to member states how to develop a national policy, plan and programme. Finding authoritative definitions of a policy, a plan and a programme is however not an easy task. In this framework, they are defined as follow:
- Policy = an agreement or consensus on the commitment and direction for actions to prevent chronic diseases. It makes explicit what governments want to reach and in what way the government thinks to do that. It is often communicated as an organized set of statements indicating the:
    - vision, mission, goal and objectives (commitment)
    - priorities for action, values or principles underlying the actions and roles of different stakeholders (direction)
- Plan = a detailed and preformulated scheme for actions. It provides a clear and comprehensive picture as to what a country is going to implement to achieve what they want to reach. It usually corresponds to the commitment and directions that have been defined in the related policy. Compared with a policy, a plan is more specific about actions. It often sets out:
    - Targets and objectives of the actions
    - Action details including strategy, tactics, activities, time frame, responsible parties and resources required.
- Programme = an intervention or series of interventions implemented at a country, provincial or local level. It can be part of a national plan and it usually focuses on a specific priority area with shorter duration.

12. Identify the differences between national policy, action plan and programme

	Policy	**Plan of action**	**Program**
Definition			
Type of documents			
Objective			
Focus			
Target			
Geographical area			
Scope of contents			
Responsable officials			
Process			
Duration			
Resource			

Comprehensive integrated approach

Athough a marked elevation of a single risk factor significantly predicts individual's ill health, the societal burden from non-communicable disease (NCD) results from the high prevalence of multiple risk factors related to general life-styles. Community-based activities are required with an integrated public health approach that is targeted to the population, in addition to those at high risk. "No longer can each chronic illness be considered in isolation. Awareness is increasing that they share common, usually related risk factors, and that integrated strategies can be effective for many different conditions." Within the context of *NCD prevention and control*, the term integration has several meanings. The classical definition involves determination and confrontation of common risk factors, rather than the process of attacking many individual diseases separately. For practical purposes, an integrated intervention is one that includes the following:

- I*ntegration* for chronic diseases prevention and control aim at simultaneous prevention and reduction of a set of risk factors common to major chronic diseases.

- I*ntegration* for chronic diseases prevention and control denotes a *comprehensive approach* which combines varying strategies for implementation. These include policy and strategic plan development, capacity building, partnerships, and informational support at all levels.

- *Integration* as intersectoral action to implement health policies is another aspect of integration needed to address the major determinants of health that falls outside the remit of the health system. Here, integration calls for strategic consensus-building among different stakeholders—such as governmental, non-governmental, and private sector organizations—in an effort to increase cooperation and responsiveness to

- *Integration* also refers to efforts to combine population and high risk approaches by linking prevention actions of various components of the health system, including health promotion, public health services, primary care and hospital care.

- *Integration* does not preclude meeting the *unique needs* of particular populations. However, when NCD prevention and control programs have been established by addressing different diseases, eventually a balance among them should be achieved.

The **Integrated Framework for Action** is a concerted and coordinated approach to addressing the multidisciplinary range of issues within a prevention, control and health promotion framework across the range of NCDs. The framework advocates for integrated prevention as a central strategic component that simultaneously reduces multiple NCD risk factors at different levels.

13. Do you agree with the explanation of the integrated approach to prevention and control of chronic diseases? If don't agree, why? How would you give a definition for an integrated approach?
14. At what level should Member States apply the integrated approach?
15. What implementation mechanism should Member States establish?
16. How do you balance primary prevention, secondary prevention and tertiary prevention?

17. Do you agree with the proposed structure for the introductory chapter of section I?

Chapter 2: A policy for integrated chronic diseases prevention and control

1. What is a chronic disease policy?
2. Why is a chronic disease policy important?
3. Structure and content
    1) Vision and Mission
    2) Goal and Objectives
    3) Priorities for action
    4) Plan of implementation

18. Do you agree with the proposed structure for the chapter on policy?

Chapter 3: An integrated national action plan

1. What is an integrated chronic diseases national plan?
2. Why is a chronic diseases national plan important?
3. Structure and content
    1) Goals, objectives
    2) Priorities for action,
    3) Strategies
    4) Plans of action: responsible parties, time frame, cost estimates
    5) Plan of monitoring and evaluation

19. Do you agree with the proposed structure for the chapter on national action plan?
20. Do you think a national action plan (strategic plan, plans of action and plan) should be a plan for implementation of the policy, or action plan only?

Chapter 4: National Integrated Programmes

1. What is an integrated national chronic diseases programme?
2. Why is an integrated chronic diseases programme important?
3. Structure and content

1) Goals, objectives
2) Priorities for action
3) Activities
4) Work plan: activity, obstacles, time frame, responsible parties, cost estimates
5) Plan of monitoring and evaluation

21. Do you agree with the proposed structure for the chapter on programme?

Chapter 5: Process of developing a national policy, action plan and programme

It is suggested that process for developing a national policy, plan of action and programme would mostly be similar as the following:

1. Getting started
2. Establish coordination mechanism
3. Situation analysis
4. Draft documents
5. Consultation
6. Getting approval of the documents
7. Plan for implementation (including advocacy)
8. Plan for monitoring and evaluation

22. Do you agree that developing a national policy, plan of action and programme in countries will share a similar process? If yes, do you agree with the proposed steps?

Section II. Implementation, Monitoring and Evaluation

Chapter 1: Implementation

1. Disseminate the policy, plan and/or programme
2. Promote and strengthen coordination
3. Generate and sustain political and public support
4. Set up pilot projects
5. Quality assurance

23. Do you agree with the proposed implementation steps?

Chapter 2: Monitoring and Evaluation

1. Monitoring and process evaluation
2. Impact/outcome evaluation

24. Do you agree with the proposed structure for the chapter on monitoring and evaluation?

Section III. Best Practice and examples

1. Policy

1) National policy for integrated chronic diseases prevention and control for a country with low level of resources

2) National policy for integrated chronic diseases prevention and control for a country with medium level of resources
3) Individual policy for specific disease or risk factor (to learn from, as there are not many integrated policies yet)

2. National plan

1) National plan for integrated chronic diseases prevention and control for a country with low level of resources
2) National plan for integrated chronic diseases prevention and control for a country with medium level of resources
3) Individual plan for specific disease or risk factor (to learn from, as there are not many integrated plans yet)

3. Programme

1) National programme for integrated chronic diseases prevention and control for a country with low level of resources
2) National programme for integrated chronic diseases prevention and control for a country with medium level of resources
3) Individual programme for specific disease or risk factor (to learn from, as there are not many integrated programmes yet)

25. Do you agree with the proposal for collecting best practice and examples? Please give your comments or suggestions for collecting best practice and examples.

26. Do you agree with below proposed the structure and contents of the Framework? Please add your suggestions or explain if you do not agree.

Summary of the structure and contents of the Framework

Overview(executive summary)

Introduction

Section I: Developing a national policy, action plan and progremme
- **Chapter 1: Introduction**
- **Chapter 2: Developing an integrated national policy**
- **Chapter 3: Developing an Integrated Plan**
- **Chapter 4: Developing an integrated national programme**
- **Chapter 5: Process of developing a national policy, plan and programme**

Section II: Implementation, monitoring and evaluation
- **Chapter 1: Implementation**
- **Chapter 2: Monitoring and evaluation**

Section III: Best practice and examples

Appendix (References)

27. What are your comments about the individual modules in the framework?

Modules	*Less Important*				*More Important*
	1	2	3	4	5
Introduction					
– Population needs assessment					
– Advocating for action					
Developing a policy					
Developing a plan					
Developing programmes					
Facilitating the implementation					
Monitoring and Evaluation					
Examples and best practice					
Conclusions					

4. Proposed process for developing the Framework

Phases:

1) Literature review
2) Develop proposal and consultation
3) Draft overview
4) Consultation on proposal and overview

5) Draft the framework
6) Consultation on framework
7) Finalization

Timeframe:
The following table summarizes the milestones for developing the document:

Phase	Task	Critical milestone	Time
Literature review	- Review of national policies, plans of action and programmes - Review of WHO manuals on policy development	Report of the review	June 05 to June 06
Proposal development and consultation	- Draft a proposal for developing a Framework for Country Action - Consultation of proposal within WHO: ❖ Within unit ❖ With other units within the department ❖ With other departments ❖ With RAs at ROs	Proposal and work plan cleared within CHP CPM involved	June to September 06
Draft overview	- Draft overview for Framework for Country Action - Consultation of overview within WHO: ❖ Within unit ❖ With other units within the department ❖ With other departments ❖ With RAs at ROs	Overview	July to December 06
First consultation	- Identify experts in collaboration with ROs - Organize WHO Expert Consultation Meeting - Set up work plan for drafting the documents	Consultation meeting	Oct 06 to Feb 07
Draft framework	- Discuss in small groups structure of individual chapters - Draft individual chapters - Invite internal comments on first draft - Invite external comments on second draft by mail (government experts, universities etc)	Framework	Feb to June 07
Second consultation	- Organize a second WHO Expert Consultation Meeting in cooperation with the Hong Kong government	Consultation meeting	April to June 07
Finalization	- Lay out WHO document - Edit Framework	Draft ready for printing	Aug to Oct 07
Training package	Initiate training package	Work plan	Nov to Dec 07

28. Do you agree with the proposed phases and timeframe?

General questions:

29. What are challenges for developing the framework?
30. What are opportunities for developing the framework?
31. What experiences would you like to share with participants?
32. In what way could we integrate NCD prevention and control into primary health care and health system?

33. During the meeting, several groups will be organized. Each group will focus on a specific area to discuss, and propose outline of the documents of the area. After the meeting, each group will continue to draft the document of the area.

Please see box below and tick which area you are interested in:

General introduction to collect information and how to use information	
Developing a national policy, action plan and programme	
Implementation, monitoring and evaluation	

C. *Documents* ***for meeting***

- Agenda (draft provided with invitation letter, final agenda distributed during meeting)
- Programme (idem)
- Background information and questions for discussion (1/7)
- Draft executive summary (overview) with questions for discussion (2/7)
- Summary of WHO publications on specific chronic diseases, risk factors (3/7)
- Resolution 53.17 Prevention and Control of NCD and strategy (4/7 and 5/7)
- Resolution 57.17 Global Strategy on Diet, Physical Activity and Health and strategy (6/7 and 7/7)

D. References

1. Policy development

a) Reference (policy)

- WHO Training Curriculum: Gender and Rights in Reproductive Health: Module 5: Policy : Seven step strategy for influence policy
- Mental Health Policy, Plans and programmes: ISBN 9241546468. World Health Organization 2005.
- Child and Adolescent mental health and plans: World Health Organization.
- Guidelines for improving national public health strategies development and coordination: http://www.nphp.gov.au
- Guide to the strategic planning process for a national response to HIV/AIDS. http://www.gaviftf.info/docs_activities/advocacy/unaidsresourcemob.pdf
- How to develop and implement a national drug policy. Second edition. WHO 2001.ISBN 92 4 154547 X. http://whqlibdoc.who.int/publications/924154547X.pdf
- Developing national policies on violence and injury prevention. Report of a WHO meeting in Geneva. Department of Injuries and Violence Prevention. World Health Organization
- Developing a Policy and Procedure Manual for health providers/programmes
- Making Policy Happen--Lessons from countries on developing national adolescent health and development policy. Draft, July 2004. WHO CAH
- Facts for Policy Makers *on adolescent health and development.* 2006. WHO CAH
- Anna Ritsatakis. Exploring health policy development in Europe.WHO Regional Publications, European Series, No. 86.

b) Examples (policy):

a. Indonesia national policy for NCD prevention and control
b. Irish: obesity-the policy challenges
c. India. National health policy - 2002
d. Solomon: The national health policies and development plans 1999-2003. MOH of Solomon Islands.

2. Action plans:

a) Reference (Strategic Plan, Action Plan and Plan):

a. Children's health and environment: Developing national action plans. WHO/EURO, 2004
b. IMCI planning guide-- Integrated management of childhood illness: Gaining experience with the IMCI strategy in a country Department of Child and adolescent health and development. World Health Organization
c. Guidance for comprehensive cancer control planning
d. Planning process of national action plan for the prevention and control of Non-Communicable Diseases in Pakistan. Heartfile, Pakistan.
e. Sania Nishtar, et al. Process, Rationale, and Interventions of Pakistan's National Action Plan on Chronic Diseases. Preventing chronic diseaeas-Public Health Research, Practice, and Policy. VOLUME 3: NO. 1. JANUARY 2006
f. Tracey Rattray at al. The New Spectrum of Prevention: A Model for Public Health Practice.
g. Comprehensive and integrated chronic diseases prevention-Action Planning Handbook for States and Communities. Partnership for prevention. USA. 2004
h. Chronic Disease Prevention: Action Planning for States and Communities. Partnership for prevention. USA.

b) Examples (Strategic Plan, plans of action or Plan):

a. Pakistan national action plan
b. Sweden. Background material to the action plan for healthy dietarty habites and increased physical activity. National food administration, national institute of public health. Uppsala and Stockholm, Sweden, July 2005.
c. New Zealand. Healthy Eating – Healthy Action: A strategic framework. 2003
d. Spain. Spanish strategy for nutrition, physical activity and prevention of obesity.
e. Tonga. A national strategy to control and prevention non-communicable diseases in Tonga.
f. Maldives. Integrated plan of action for prevention and control of non-communicable diseases. Ministry of Health. Maldives December 2000.
g. Australia. NSW Chronic Disease Prevention Strategy
h. Guidelines for Improving National Public Health Strategies Development and Coordination by National Public Health Partnership papers and activities
i. UK. *Choosing Health? Choosing a better diet* – a consultation on priorities for a food and health action plan.
j. USA. Joanne Abed, Barbara Reilley, Mary Odell Butler, Tom Kean, Faye Wong, and Karin Hohman.Developing a Framework for Comprehensive Cancer Prevention and Control in the United States: An Initiative of the Centers for Disease Control and Prevention. *J Public Health Management Practice*, 2000, 6(2), 67–78
k. FYR of Macedonia. Vera Simovska. Plan of action for integrated community and primary care based prevention and control of cardiovascular and other NCD in FYR of Macedonia 2002-2007. 2002.

Related links

1. Developing a Plan for Advocacy- http://ctb.lsi.ukans.edu/tools/EN/sub_section_main_1206.htm
2. Global Strategy on Diet and Physical Activity and Health http://www.who.int/entity/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf
3. IDF (2003) Diabetes atlas: Burden, economics, education and prevention
4. National Cancer Institute (2005). Theory at a glance: A guide for health promotion practice. http://oc.nci.nih.gov/services/Theory_at_glance/HOME.html
5. The Communication Initiative http://www.comminit.com/
6. WHO (2004) Planning and implementing cervical cancer prevention and control. Geneva, Switzerland.
7. WHO (2003) A Training manual for health workers on promoting healthy lifestyles. Manila, Philippines.
8. WHO (2002) Innovative care for chronic conditions. Geneva, Switzerland.
9. WHO (2002) National cancer control programmes. Geneva, Switzerland.
10. WHO (2002) Integrated management of cardiovascular risk. Geneva, Switzerland.
11. WHO (2002) Cardiovascular risk management package. Geneva, Switzerland.
12. WHO (2002) Cervical cancer screening in developing countries. Geneva, Switzerland.
13. WHO (200_). STEPwise approach to surveillance. http://www.who.int/entity/chp/steps/en/
14. WHO (200_). STEPwise approach to risk factors. http://www.who.int/entity/chp/steps/riskfactor/en/index.html
15. WHO (200_). STEPwise approach to stroke. http://www.who.int/entity/ncd_surveillance/steps/stroke/en/index.html.
16. WHO (200_) Global Physical Activity Surveillance. http://www.who.int/chp/steps/GPAQ/en/print.html
17. WHO (2005). Preventing chronic diseases: a vital investment. Geneva, Switzerland.