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Country experiences in integrated policy development for the prevention and control of noncommunicable diseases

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Abstract

Noncommunicable diseases (NCDs) and the risk factors they share pose a serious and urgent threat to health, economic and social development, and environmental sustainability. NCDs, mainly cardiovascular disease (CVD), cancer, chronic respiratory disease and diabetes, are the leading cause of death both globally and in the WHO European Region. They are largely preventable and share four behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. However, the challenges of NCDs cannot be dealt with by the health sector alone. Developing national integrated strategies for their prevention and control requires a new kind of health policy. This publication is intended as a source of inspiration for policy-makers tasked with the elaboration or revision of national strategies for and action plans on NCDs. It compiles the experiences of and emerging lessons from selected countries in the WHO European Region in elaborating national integrated NCD plans. It summarizes the recent key global and European mandates to take a comprehensive, multisectoral approach to national NCD policy development, and points to WHO guidelines, tools and publications that offer support to this process.

Keywords

CHRONIC DISEASE
EUROPE
HEALTH POLICY
POLICY DEVELOPMENT
POLICY MAKERS

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Foreword

As the leading cause of death and disability in the WHO European Region, noncommunicable diseases (NCDs) are an urgent priority for all its Member States. Increasingly, political leaders are recognizing that NCDs are not simply a health issue but also a major threat to achieving international development goals and reducing inequalities among and within populations.

In recent United Nations and WHO resolutions on NCDs, governments have expressed their commitment to developing multisectoral, whole-of-government, whole-of-society policy approaches that address inequalities and the social determinants of NCDs, and to considering them in the broader context of national development goals. In the WHO European Region, this commitment was further reinforced by the Member States' adoption of Health 2020 – the overarching European policy framework for health and well-being, which recognizes that new forms of governance for health are required to address major health challenges, such as NCDs.

This publication seeks to assist the 53 WHO European Member States in developing or updating their NCD policies towards a more integrated, multisectoral response to NCD prevention and control, and provides a snapshot of the progress made in just under half of them.

In striving to tackle NCDs through a whole-of-government, whole-of-society approach, which will effectively address the root determinants of NCDs, improve overall population health and reduce the avoidable health inequalities that scar Europe, we must apply broader, more integrated responses at the population and individual levels. While there is no "one-size-fits-all" best-practice approach to developing integrated policies, the experiences of the Member States described in this publication demonstrate that, despite very different national contexts and levels of development, there are many opportunities for action to this end.

I welcome this publication as an instrument of encouragement to Member States in their efforts to create more integrated responses to NCD prevention and control with the involvement of all levels of government and society. These efforts comprise a fundamental component of the action necessary to implement Health 2020.

Zsuzsanna Jakab
WHO Regional Director for Europe

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The WHO Regional Office for Europe is grateful to the Swiss Federal Office of Public Health for the financial support provided to produce this publication.

Executive summary

Noncommunicable diseases (NCDs) and the risk factors they share pose a serious and urgent threat to health, economic and social development, and environmental sustainability. NCDs, mainly cardiovascular disease (CVD), cancer, chronic respiratory diseases and diabetes, are the leading causes of death both globally and in the WHO European Region. They are largely preventable and share four behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. However, the challenges of NCDs cannot be dealt with by the health sector alone. Developing national integrated strategies for their prevention and control requires a new kind of health policy.

Through the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* (2011) *(1)*, heads of state or their representatives committed to establishing national multisectoral policies and plans in this area or strengthening those already in existence. In adopting the *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 (2)* in June 2014, these leaders reaffirmed their commitment to intensifying national efforts to develop comprehensive, multisectoral policies and plans for the prevention and control of NCDs. The WHO Member States at both the global and European levels are striving to do so.

The global and European mandates for intensified action on NCD prevention and control provide a clear message about what needs to be done. However, Member States lack guidance on how to go about strengthening national plans, strategies and policies on NCDs, not least the complicated process of developing multisectoral policy. They are seeking advice on how to design this process and define the scope and content of national NCD policy.

This publication is intended as a source of inspiration for policy-makers tasked with the elaboration or revision of national strategies for and action plans on NCDs. It compiles the experiences of and emerging lessons from selected countries in the WHO European Region in elaborating national integrated NCD plans. It summarizes the recent key global and European mandates to take a comprehensive, multisectoral approach to national NCD policy development, and points to WHO guidelines, tools and publications that offer support to this process.

Currently, an integrated NCD policy is in place in 26 of the 53 WHO European Member States. Developing it is a highly complex process and it is clear that there is no "one-size-fits-all" best-practice approach. Even among the five countries examined in more depth, there was a wide range of entry points to and drivers of the process, and the content and scope of their policies varied. Despite the complexity of the task, countries should be encouraged by the examples discussed in this publication, which show that regardless of the economic standing, experience or sociopolitical context of a country, it is possible to achieve progress in innovating and developing national integrated NCD policy.

Chapter 1. Introduction

NCDs and their common risk factors pose a serious and urgent threat to health, economic and social development, and environmental sustainability. Member States in the European Region and globally are striving to develop comprehensive, multisectoral policies for NCD prevention and control.

The challenge of NCDs cannot be dealt with by the health sector alone. Developing national integrated strategies for NCD prevention and control requires a new kind of health policy. Many Member States are seeking guidance on how to overcome the challenges they are encountering in the development of their NCD policies; the information provided in this publication is intended to assist them in this process.

Chapter 1 outlines the scope and purpose of the publication, describes how it was developed and ways in which it is intended to assist policy-makers in Europe, and illustrates the scale of the preventable burden of NCDs in the Region.

Scope and purpose of the publication

There are strong global and European mandates for intensified action in the area of NCD prevention and control. They provide a clear message about what needs to be done but the Member States lack guidance on how to go about developing national NCD policies, strategies and plans, or strengthening those they already have. This is particularly true with regard to the complicated process of developing multisectoral policy and the countries are seeking advice on how to design the process and define the scope and purpose of the policy.

This publication has been developed to support policy-makers in elaborating or revising national NCD strategies or action plans in an effort to strengthen national response to NCDs. Intended as a source of inspiration, it compiles the experiences of and lessons learnt in five selected countries (Azerbaijan, Italy, Montenegro, Spain and Tajikistan) that have recently developed national integrated NCD policies.

Given the differences in the sociopolitical context and stages of development in the 53 WHO European Member States with regard to NCD prevention and control, it is not possible to offer "one-size-fits-all" best-practice guidance on the development of integrated NCD policy. This publication is not a complete or comprehensive policy-making manual: it builds on the guidance contained in the WHO publication, *Gaining health. Analysis of policy development in European countries for tackling noncommunicable diseases* (2009) *(3)*, and provides information on recent country experiences in developing or strengthening integrated NCD policy, which could be considered by policy-makers in other countries for use in their own contexts. It includes:

- a brief overview of the key global and European mandates, WHO publications, tools and projects relating to the development of national integrated NCD policy;
- an overview of the WHO European Member States that have adopted or are developing national integrated NCD policy; and
- an analysis of the experiences of five selected countries in developing national integrated NCD policy.

In the last part of the publication a look is taken at the policy-development process in the selected countries to identify key experiences, challenges and lessons learnt that may be helpful to other countries (Annex 1). No assessment has been made of the implementation of the policies. The selection of the countries was based on the following criteria: availability of documentation (in English, Italian or Spanish); geographical location (to ensure regional representation); burden of disease; and the decision to address the NCD burden through policy covering more than one NCD and/or NCD risk factor. Such an approach presents policy-makers with additional challenges, such as coordination and integration issues, which do not arise to the same degree in the elaboration of individual risk-factor or disease strategies. The national NCD policy documents that were reviewed for this publication did not necessarily cover all of the four main NCDs (cardiovascular disease (CVD), cancer, chronic respiratory diseases and diabetes) and all of the four shared risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol).

Thus, for each of the national policies discussed, the diseases and/or risk factors they cover are explicitly stated.

Development of the publication

The material for this publication was collected through a mix of methods, including a review of national NCD policies in the WHO European Region, a literature search, a survey, and semi-structured telephone interviews with national counterparts in Azerbaijan, Italy, Montenegro, Spain and Tajikistan.

As the survey data included in the report, *Noncommunicable diseases: country profiles 2011 (4)* (which follows on from the *Global status report on noncommunicable diseases 2010 (5)*) were not relevant for this analysis, raw unpublished data from the 2013 assessment of national capacity for the prevention and control of NCDs (also known as the NCD country capacity survey (NCD CCS)) were used for the examples of national NCD policy development in the selected countries (Annex 1). In addition, national policy documents (strategies, programmes and action plans) were collected through web searches and contact with national officials. Depending on the stage of national policy development, these documents had been either officially adopted or were still in draft form. The data on the NCD burden were taken from the WHO European Health for All database *(6).*

A literature search was carried out to find current evidence on (health) policy-making and policy development both in general and in relation to NCDs, particularly chronic diseases. The main goals were: (1) to highlight any documents or publications addressing the development of comprehensive national NCD policies; and (2) to see whether a theoretical model on which to base such a publication existed.

Based on the results of the above measures, a short questionnaire for telephone interviews was drawn up and sent to the national NCD officials in the selected countries (Annex 2).[1] Semi-structured telephone interviews were conducted in March 2014.

The analysis was carried out in accordance with the principles of the Analysis of Determinants of Policy Impact (ADEPT) model (based on Henrik von Wright's action theory for individual behaviour). The basic premise of the model is that four policy determinants – goals, obligations, resources and opportunities – lead to policy impact (in terms of outputs and, eventually, outcomes). It can be used as a framework for the collection of both quantitative and qualitative data. ADEPT is flexible enough for analyses involving countries at different stages of development and with different political contexts. It considers health policy in terms of the following determinants:

- organizational goals: the formally specified objectives of health-policy actions;
- organizational obligations: formal commitments (for example, to international treaties) or informal commitments (for example, administrative responsibilities);
- organizational resources: internal capacity (for example, personnel) for achieving health-policy goals;
- organizational opportunities: internal changes (for example, organizational) or political changes (for example, in political climate or public/media interest) *(7).*

Outline of the publication

Chapter 1 outlines the scope and purpose of the publication, describes how it was developed and ways in which it is intended to assist policy-makers, and illustrates the scale of the preventable burden of NCDs in Europe.

Chapter 2 summarizes the key global and European mandates on giving higher priority to NCD prevention and control, and examines some of the key WHO tools and services available to support Member States in developing NCD policy.

Chapter 3 provides an overview of the current status of NCD policy development at the national level in the WHO European Region.

Chapter 4 looks in more depth at the experiences of and lessons learnt in relation to integrated NCD policy development in the selected countries.

[1] Tajikistan completed the questionnaire in written form.

Chapter 5 summarizes the key messages derived from the analysis and their implications for policy-makers.

More detailed information relating to integrated NCD policy development in the selected countries is presented in Annex 1.[2]

Explanation of terms used

The definition of "policy" included in the WHO report, *Assessing national capacity for the prevention and control of NCDs. Report of the 2010 global survey,* namely, "a specific official decision or set of decisions designed to carry out a course of action endorsed by a political body, including a set of goals, priorities and main directions for attaining these goals", also applies in this publication *(8).*

"Policy-development process" relates to action taken from the time a mandate to elaborate policy is issued through agenda setting to the formal adoption of a policy.

The above-mentioned report defines a "national integrated action plan" as "a concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework, targeting the major risk factors common to the main chronic diseases, including the integration of primary, secondary and tertiary prevention, health promotion and diseases prevention programmes across sectors and disciplines" *(8).*

The burden of NCDs in Europe

NCDs, mainly CVD, cancer, chronic respiratory diseases and diabetes, are the leading cause of death both globally and in the WHO European Region. No less than 86% of deaths and 77% of the disease burden in the Region are caused by NCDs *(9).* The major NCDs are largely preventable and share four behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

Many of the causes of NCDs and solutions for their prevention lie outside the direct control of the health-care sector. The integrated prevention and control of NCDs requires a new degree of collaboration within the health sector and beyond, as well as a whole-of-government, whole-of-society approach. Investment in enhancing the prevention and control of this broad group of disorders would reduce premature death and preventable morbidity and disability, improve the quality of life and the well-being of people and societies, and help reduce the growing number of health inequalities they cause.

Chapter 2. Global and European mandates for action on NCDs

Increasingly, political leaders are recognizing that NCDs are not simply a health issue but also a major threat to achieving the international development goals in this area, and that they are widening the equality gap among and within population groups. This chapter gives a brief overview of recent key global and European mandates for action to prevent and control NCDs, highlighting the areas that call for a comprehensive, multisectoral approach to national NCD policy development. It also introduces the most recent WHO publications, tools and projects, which are relevant for policy-makers working on comprehensive national NCD policies.

Recent United Nations and WHO mandates

Official United Nations and WHO declarations and resolutions are expressions of the intent and willingness of their Member States to address the issues in question to reach the agreed goals, using agreed approaches in accordance with agreed standards. Even though, in most cases, they are not legally binding, these decisions provide the basis for initiating the development of new national policy and lend support to ongoing processes.

A number of highly relevant resolutions on NCDs have been passed by the United Nations General Assembly, the World Health Assembly and the WHO Regional Committee for Europe, reinforcing the need for and the commitment of Member States to take an integrated, multisectoral approach to NCD prevention and control, and demonstrating their commitment to do so (Table 1).

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[2] The findings presented in Annex 1 were reviewed by the national officials of the countries.

Table 1. Overview of United Nations and WHO mandates on NCD prevention and control since 2010

<table>
<tr><th>Body</th><th>2010</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2020</th><th>2025</th></tr>
<tr><td rowspan="2">United Nations</td><td></td><td colspan="6">Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (1).</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td colspan="4">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 (2).</td><td></td><td></td></tr>
<tr><td rowspan="2">WHO (global)</td><td></td><td></td><td colspan="6">Global action plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10) (includes 9 global targets and 9 indicators).</td><td></td></tr>
<tr><td></td><td></td><td colspan="7">Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of noncommunicable diseases (2013–2025) (11).</td></tr>
<tr><td rowspan="3">WHO (Europe)</td><td></td><td colspan="5">Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (9).</td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="7">Health 2020: a European policy framework and strategy for the 21st century (12).</td><td></td></tr>
<tr><td></td><td></td><td></td><td colspan="6">Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (13,17).</td></tr>
</table>

United Nations mandates

In September 2011, the United Nations General Assembly held a high-level meeting on the prevention and control of NCDs in which the heads of state of the Member States took part. This was only the second time in history that heads of state had participated in a meeting on a health issue. According to resolution A/Res/66/2, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, the Member States recognized "the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases, and the essential need for the efforts and engagement of all sectors of society to generate effective responses" *(1)*. They committed to promoting, establishing, strengthening and implementing national multisectoral policies and plans for the prevention and control of NCDs, and requested the development of a comprehensive global monitoring framework, including indicators and voluntary targets.

In July 2014, the United Nations General Assembly met to review progress on implementing the commitments outlined in the Political Declaration *(1)*. On this occasion, in adopting resolution A/Res/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*, the Member States reaffirmed their commitment "to addressing non-communicable diseases as a matter of priority in national development plans" and to "advance the implementation of multi-sectoral, cost-effective, population-wide interventions", and brought forward the deadline for "developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025" to 2015 *(2)*. To this end, they agreed to consider establishing a national multisectoral mechanism, such as a high-level commission, agency or task force, to ensure coherence and mutual accountability in policy-making relevant to NCDs *(2)*.

World Health Assembly mandates

In 2012, the Sixty-fifth World Health Assembly requested WHO to develop an updated global action plan for the prevention and control of NCDs, and agreed to adopt the global target of a 25% reduction in premature NCD mortality by 2025 *(14)*. In 2013, the Sixty-sixth World Health Assembly endorsed the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10,15)* and the comprehensive global monitoring framework, including 25 indicators and a set of 9 voluntary global targets for the prevention and control of NCDs (Appendix 2 of the Global Action Plan *(10)*) *(11)*.

The Global Action Plan aims to reduce the avoidable burden of NCDs "by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development" *(10)*. It provides a road map and options of coordinated and coherent policy

action to be taken by Member States and other stakeholders at all levels (local to global) to attain 9 voluntary global targets, including that of a 25% relative reduction in premature mortality from CVD, cancer, diabetes or chronic respiratory diseases by 2025 *(10)*.

The policy options presented in the Global Action Plan *(10)* can be grouped in four areas – governance, risk factors, health systems and surveillance – indicating where action should be taken to accelerate progress at the country level, which can be helpful to policy-makers in preparing national strategies. Table 2 summarizes recommended government action based on these policy options.

Table 2. Recommended government action to accelerate progress in NCD prevention and control

Action area	Recommended government action
Governance	Set national targets for 2025 based on the national situation (taking into account the 9 voluntary global targets of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* and WHO efforts to collect data on outcome and process indicators by 2015 *(10)*).
	Develop national multisectoral policies and plans to achieve the national targets by 2025, taking the aims of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10)* into account.
	Prepare for the United Nations General Assembly NCD review in 2016.
Reduction of exposure to NCD risk factors	Implement cost-effective, affordable interventions (as per the menu of policy options in Appendix 3 of the Global *Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10)*) as part of the national NCD plans.
Enablement of health-system response	Implement cost-effective and affordable interventions (as per the menu of policy options in Appendix 3 of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10)*) as part of the national NCD plans.
Measurement of results	Strengthen national NCD-surveillance systems.
	Integrate NCD-surveillance systems into national health-information systems to ensure collection of data on the 25 indicators of the comprehensive global monitoring framework to track progress towards achievement of the 9 voluntary global targets for NCDs *(11)*.
	Routinely provide WHO with information on NCD trends, progress made in implementing national action plans, effectiveness of national policies and strategies, and coordination of country reporting with global analyses.

Mandates specific to the WHO European Region

Gaining health: the European Strategy for the Prevention and Control on Noncommunicable Diseases (16) was adopted by the WHO Regional Committee for Europe in 2006 and remains a relevant guidance document for action in the Region. It promotes a comprehensive, integrated approach to tackling NCDs through health-promotion and disease-prevention programmes that actively target groups and individuals at high risk and maximize effective treatment and care coverage of the population, while systematically integrating policy and action to reduce inequalities in health.

In 2012, Member States adopted Health 2020 *(12)* as the new overarching European policy framework for health and well-being. Through its two key objectives and four priority areas, Health 2020 reinforces the need to intensify efforts to reduce the burden of and inequalities caused by NCDs through a comprehensive, multisectoral approach. Health 2020 and national NCD policy are mutually reinforcing: national health strategies based on Health 2020 have the potential to strengthen NCD prevention and control and might even trigger the development of specific NCD policies; at the same time, taking the Health 2020 *(12)* priorities into account would benefit such policies.

The key objectives of Health 2020 are to: (1) improve health for all and reduce health inequalities; and (2) improve leadership and participatory governance for health. Its priorities are to: (1) invest in health through a life-course approach, and empower citizens; (2) tackle Europe's major disease burden of noncommunicable and communicable diseases; (3) strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; and (4) create supportive environments and resilient communities *(12).*

Taking into account the overarching framework of Health 2020 *(12)*, in 2011, the WHO Regional Committee for Europe adopted the *Action Plan for the Implementation of the European Strategy for the Prevention and Control*

of Noncommunicable Diseases 2012–2016 (9). The latter focuses on a selected number of evidence-based interventions for maximum health gain, recognizing at the same time the need to pay much more attention to the socioeconomic inequalities related to NCDs and take a whole-of-government, whole-of-society approach to their prevention and control. In adopting the Plan, Member States committed to the following action related to the development of integrated NCD policy *(9):*

1. to increase the number of national NCD/NCD-relevant strategies and actions addressing the social and environmental contexts of NCDs and healthy lifestyles, including a component on monitoring overall health impact and distribution, with dedicated budgets and capacity for implementation;
2. to increase the number of national and regional development agendas, which include NCDs;
3. to increase the number of national alliances for NCDs or chronic diseases with a focus on comorbidities and common risk factors, and to integrate advocacy efforts.

In December 2013, the WHO European Member States adopted the *Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (13)*, underlining their commitment to accelerating national response to NCDs, using a whole-of-government approach, and to developing and adopting national targets and action plans appropriate to the national contexts by 2016. The Ashgabat Declaration *(13)* was endorsed by the WHO Regional Committee for Europe at its 64th session in September 2014 *(17).*

WHO publications, tools and projects

WHO has a range of guidelines, publications, tools and projects, which can assist countries in their efforts to develop national multisectoral strategies and plans for NCD prevention and control. The WHO headquarters' webpage for NCDs provides links to the most current of these *(18)*; other relevant sources of material can be found on the NCD webpage of the WHO Regional Office for Europe *(19)*.

In addition, the WHO Regional Office for Europe supports the countries by facilitating political and technical dialogues, assisting in capacity building exercises, and providing technical support at each stage of the NCD policy-development process. Furthermore, a number of dedicated projects have been established, such as the WHO project on "strengthening policy frameworks in the 24 participating low- and middle-income countries to reduce premature deaths from NCDs" (2012–2015), financed through a voluntary contribution from the Russian Federation. Through this project, it has been possible to intensify the support provided to Armenia, Kyrgyzstan, Tajikistan and Uzbekistan in the development of integrated policies for NCD prevention and control. Support is also provided in the form of tools for use in carrying out situation assessments (for example, the WHO *STEPwise approach to surveillance (STEPS) (20)*), clinical-practice guidelines (such as the WHO *Package of essential noncommunicable disease interventions for primary health care (PEN) (21)*), and new tools developed specifically for the European context (the country assessment guide for health-system challenges and opportunities for better NCD outcomes *(22)* and the training course on the prevention and control of NCDs in the countries of central Asia and eastern Europe held in Moscow, Russian Federation, in 2014).

Chapter 3. Overview of integrated NCD policy development in the European Region

This chapter provides an overview of the current status of national NCD policy development in the European Region, based on raw, unpublished data from the 2013 NCD CCS. Given the global and regional mandates on taking a more integrated, multisectoral approach to implementing NCD prevention and control at the national level, it also summarizes action taken in the Region to develop integrated NCD policy.

WHO NCD CCS 2013

WHO conducted the latest NCD CCS in 2013; previous assessments took place in 2000, 2005 and 2010. These periodic surveys allow the countries and WHO to monitor progress and achievements in expanding capacity to respond to the NCD epidemic.

The questionnaire used covers the following topics: health-system infrastructure; funding; policies, plans

and strategies; surveillance; primary health care (PHC); and partnerships and multilateral collaboration. It is completed by the national NCD focal points or designated colleagues within the ministry of health or a national institute/agency.

In the European Region, the 2013 NCD CCS questionnaire was completed by 51 of the 53 Member States (96.2%). Their responses to whether or not they had "a national NCD policy, strategy or action plan, which integrates several NCDs and their risk factors" revealed three categories: (1) NCD-specific policies (policies integrating several NCDs and risk factors); (2) broader health policies (with or without special focus on NCDs) and (3) risk-factor- and/or disease-specific policies. Some countries responded that they had more than one of these categories of policy.

This publication focuses on 2013 NCD CCS data from countries with integrated NCD policies addressing more than one risk factor and/or disease at the same time and with explicit goals and objectives for the prevention and control of NCDs.

Integrated NCD policy in WHO European Member States

As national NCD strategies in existence in 2007–2012 may not have been mentioned in the 2013 NCD CCS because they were no longer in effect, national officials were requested to supply this information where applicable to supplement the data derived from the 2013 NCD CCS.

Through this approach, 26 countries were identified either as having adopted an integrated NCD policy or as being in the process of developing one (Table 3). This does not imply that the countries not listed do not address NCDs at the policy level; they might do so within a broader health strategy or through a combination of individual risk-factor and disease strategies.

Chapter 4. Examples of national integrated NCD policy development

This chapter takes a more in-depth look at the approach to national policy development. The NCD CCS questionnaire simply asks whether an integrated NCD policy exists – it does not seek details on the process of or experience in developing the policy. As mentioned before, to better understand the experiences of countries in the European Region in this respect, Azerbaijan, Italy, Montenegro, Spain and Tajikistan were selected for analysis from the list of WHO European Member States that had reported having developed integrated policy addressing more than one risk factor and/or disease and with the stated goal or objective of controlling and/or preventing NCDs. The criteria for selection were: availability of policy documents (in English, Italian or Spanish), geographical location (regional representation)[3] and differences in burden of disease (Fig. 1).

The purpose of the analysis was not to provide prescriptive or best-practice advice, but to highlight some of the challenges, successes and lessons learnt in relation to the process of developing integrated NCD policy, and share them with other countries embarking on a similar process.

Method used for the analysis of policy development in five selected countries

The ADEPT model *(8)* described in Chapter 1 guided each step of the analysis, including the design of the questionnaire, and formed the basis for structuring the findings. The basic premise of the model is that four policy determinants – goals, obligations, resources and opportunities – lead to policy impact (in terms of outputs and, eventually, outcomes).

Based on the review of national policy documents, the supplementary information on policy development collected in the countries and the findings gleaned from the literature search, a short questionnaire was drawn up (Annex 2) and sent to key individuals and national NCD focal points in the selected countries prior to the semi-structured telephone interviews, which were conducted in March 2014. Depending on the degree of detail provided by the documents review, some country-specific questions were included in the questionnaire to ensure that the four categories of the ADEPT model (goals, obligations, resources and opportunities) *(8)* were covered in the country examples. Not all questions were discussed during the interviews.

[3] Central and south-eastern Europe (Montenegro), eastern Europe (Azerbaijan and Tajikistan) and European Union (EU) (Italy and Spain).

Table 3. Integrated NCD policy in WHO European Member States

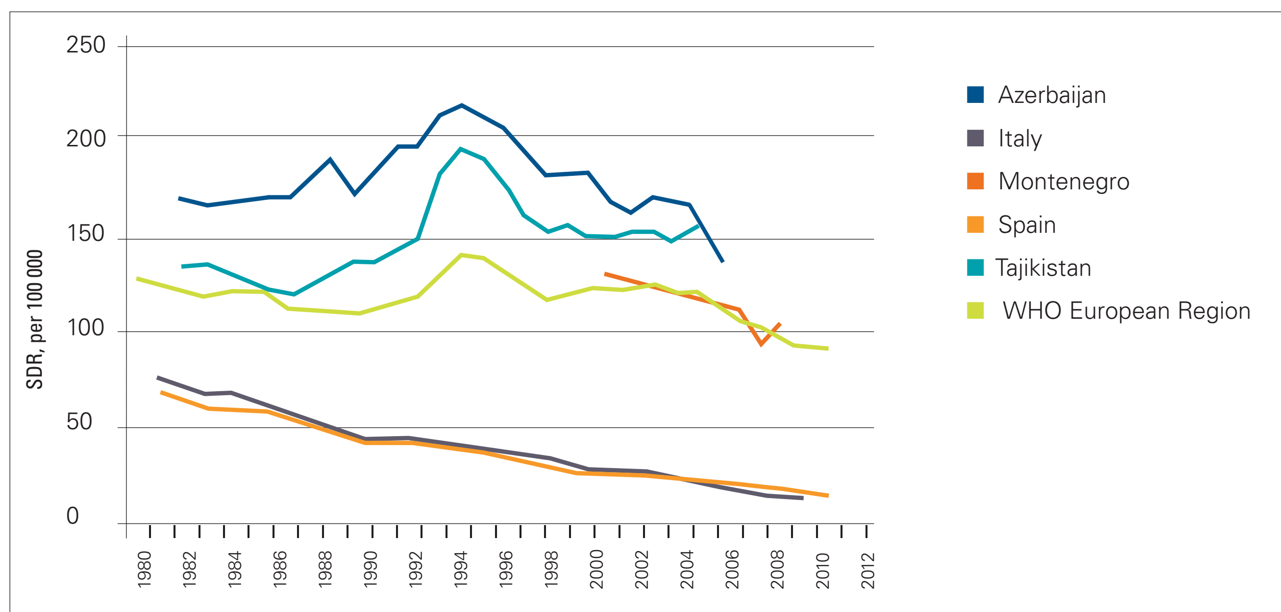
Region/country	Integrated NCD policy in WHO European Member States (including more than one risk factor and/or disease and the goal to reduce the NCD burden)																				
	Adopted	Under development/ awaiting approval	Time period (year)																		
			07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Global	✔																				
Europe	✔																				
Armenia[a]	✔																				
Azerbaijan[b]		✔																			
Belarus[b]		✔																			
Belgium[a]	✔																				
Bulgaria[a]																					
France[c]	✔																				
Georgia[b]		✔																			
Ireland[a]	✔																				
Italy[e]	✔																				
Kyrgyzstan[d]		✔																			
Malta[e]	✔																				
Monaco[e]																					
Montenegro[b]	✔																				
Netherlands[e]	✔																				
Norway[c]	✔																				
Poland[e]																					
Republic of Moldova[e]	✔																				
Russian Federation[e]																					
Serbia[e]	✔																				
Spain[b]	✔																				
Switzerland[f]		✔																			
Tajikistan[b]	✔																				
The former Yugoslav Republic of Macedonia[e]	✔																				
Turkey[f]																					
Turkmenistan[c]		✔																			
Uzbekistan[d]		✔																			

No longer in effect. Operational. Open ended.

[a] Mentioned in 2013 NCD CCS, but current status and time period unclear.
[b] Not mentioned in 2013 NCD CCS, but current status and time period confirmed by national officials.
[c] Different policy mentioned in 2013 NCD CCS.
[d] Mentioned in 2013 NCD CCS, time period indicated.
[e] Mentioned in 2013 NCD CCS, time period not indicated.
[f] Not mentioned in 2013 NCD CCS, but policy under development.

Source: raw data from the 2013 WHO NCD country capacity survey.

Fig.1. Age-standardized death rate from diseases (SDR) of the circulatory system per 100 000 population, ages 0–64 years, in selected countries of Europe



Source: WHO European Health for All database, 2014 *(6)*.

The aim was to determine:

1. how the integrated NCD policies were developed (timeframe, process, stakeholder engagement, challenges and opportunities);
2. how the NCD policy response is structured (scope, links to other national health and development policies);
3. lessons learnt.

Key findings

Table 4 gives an overview of the NCD policy-development processes followed in the selected countries; a more detailed description of these processes can be found in Annex 1.

Table 5 shows how the policy responses are structured (in terms of type of policy document) and the risk factors and/or diseases they address. Links between the national NCD policies and other related strategies and frameworks are examined in Annex 1.

In Italy, policy response to NCDs is based on the national strategy Gaining health, which includes a special focus on communication activities, and four risk-factor programmes (on alcohol, tobacco, nutrition and physical activity) developed in conjunction with the national strategy. In Azerbaijan, Montenegro and Tajikistan, policy response to NCDs builds on comprehensive strategies supplemented by action plans. These were prepared for two consecutive stages in Montenegro (2009–2013 and 2014–2015) and Tajikistan (2013–2016 and 2017–2023); in Azerbaijan, the operational plan covers the entire period of the strategy (2013–2020). Spain, on the other hand, operates with two complementary strategies focusing: (1) on the reorientation of the health system to addressing NCDs; and (2) on health promotion and disease prevention, including physical activity, nutrition, the harmful use of alcohol, tobacco use, emotional well-being, and injuries.

Analysis of policy development

To allow a systematic consideration of the countries' approach to policy development, this section will consider the policy-development processes in the selected countries in terms of the 4 categories of the ADEPT model: organizational goals, organizational obligations, organizational resources, and organizational opportunities *(8)*.

Table 4. NCD policy-development process at global and European levels and in selected countries, 2006–2015

Level/country	2006	2007	2008	2009	2010
Global level	–	–	2008–2013 action plan for the global strategy for the prevention and control of NCDs *(28)*	–	–
European level	Adoption of European NCD strategy by WHO Regional Committee for Europe *(16)*	–	–	–	–
Azerbaijan	–	–	Situation analysis of NCDs in Azerbaijan	Study on economic impact of NCDs in Azerbaijan	–
Italy	Decision of Ministry of Health to develop NCD strategy Working-group meetings	Working-group meetings Adoption of NCD strategy by presidential decree	Implementation of NCD strategy Implementation of risk-factor programmes		
Montenegro	–	Elaboration of NCD strategy included in governmental workplan for 2008	Administrative act passed by Ministry of Health NCD strategy and action plan drafted by working group Consultation with Ministry of Finance NCD strategy and action plan adopted by Government	Implementation of action plan (2009–2013)	
Spain	–	–	–	–	Decision by Interterritorial Council of the National Health System to develop a transversal strategy on chronic diseases
Tajikistan	–	–	–	–	–

2011	2012	2013	2014	2015
United Nations political declaration on prevention and control of NCDs *(1)*	World Health Assembly resolution WHA65.8 *(14)*	World Health Assembly adoption of 2013-2020 global NCD action plan and global monitoring framework *(10,11)*	United Nations NCD review *(2)* World Health Assembly/ United Nations Economic and Social Council: Terms of reference for the global coordination mechanism and the United Nations Interagency Task Force on NCDs	World Health Assembly follow-up to United Nations NCD review *(2)*
Adoption of action plan for implementation of the European NCD strategy (2012–2016) *(9)* by WHO Regional Committee for Europe	Adoption of Health 2020 by WHO Regional Committee for Europe *(12)*	Adoption of the Ashgabat Declaration by Member States *(13)*	Endorsement of Ashgabat Declaration by WHO Regional Committee for Europe *(17)*	–
Global Youth Tobacco Survey in Azerbaijan *(23)* National survey on NCD risk factors	Roundtable meeting Ministry of Health mandate on development of NCD strategy	Desk reviews Finalization of draft NCD strategy and draft operational plan (2013–2020) Submission of draft NCD strategy to Cabinet Consultations with other departments	–	–
Implementation of NCD strategy Implementation of risk-factor programmes				
Implementation of action plan (2009–2013)			Development of action plan for second period: 2014–2015	–
Constitution of the Institutional Committee and the Technical Committee (scientific)	Adoption of National Strategy for Addressing Chronicity in the National Health System by Interterritorial Council of the National Health System	Adoption of National Strategy for Health Promotion and Disease Prevention	Development of communication and action plans for implementation of strategies Alliance building Organizational adaptations	Implementation of the National Strategy for Addressing Chronicity in the National Health System and National Strategy for Health Promotion and Disease Prevention
Preliminary situational analysis of NCDs in Tajikistan	Development and approval of NCD strategy (2013–2023)	Development of mid-term implementation plan (2013–2016) WHO review Meeting of ministers Workshop for national stakeholders	Approval of mid-term implementation plan by Ministry of Health	Planned: development of long-term implementation plan (2017–2023)

Table 5. Structure and scope of NCD policy responses in selected countries

Country	Structure (policy documents)	Scope
Azerbaijan	NCD strategy (draft) Operational plan (draft)	Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, obesity, diabetes, hypertension
Italy	NCD strategy Four risk-factor programmes (alcohol, tobacco, nutrition and physical activity)	Tobacco use, low consumption of fruits and vegetables, harmful use of alcohol, high consumption of high-calorie food and beverages, physical inactivity
Montenegro	NCD strategy Action plans for two consecutive periods	CVD, cancer, diabetes, disease of the musculoskeletal system and connective tissue, chronic obstructive pulmonary disease (COPD), high systolic blood pressure, smoking, harmful use of alcohol, unhealthy diet, physical inactivity, obesity, high cholesterol level
Spain	Strategy for addressing chronicity in the National Health System Strategy for health promotion and disease prevention	Physical activity, unhealthy diet, harmful use of alcohol, tobacco use, emotional well-being, safety and unintentional injury
Tajikistan	NCD strategy Mid-term implementation plan Long-term implementation plan	CVD, respiratory diseases, diseases of the urinary tract, endocrine diseases, neuropsychiatric diseases

Organizational goals

In the case of all five countries, the policies selected for review explicitly stated the goal or objective of controlling and/or preventing NCDs. Some of the similarities and differences between the policies are also addressed in this section, especially with regard to quantifiable targets and target groups.

Overall goal(s) and targets

Depending on when the policy documents were elaborated and adopted, some refer to agreed global voluntary targets and indicators. The same targets and indicators might also be included in other national policy documents (for example, targets on tobacco might be defined in national tobacco policy). Table 6 summarizes the overall goals included in the policy documents and indicates whether they are quantified.[4]

Table 6. Overarching goals of policies reviewed

Country	Goals	Quantified
Azerbaijan	Improve the health of the population of Azerbaijan by reducing premature mortality from NCDs by 15% by 2020 through integrated and collaborative interventions	Yes
Italy	Reduce (in the long-term) the burden of chronic diseases on Italy's health system and society	No
Montenegro	By 2020, reduce mortality in the under-65 age group from the most significant NCDs (CVD, cerebrovascular diseases, malignant neoplasms and diabetes mellitus) by 20% and extend life expectancy by 3–5%	Yes
Spain	By 2020, increase life expectancy by two years (in good health and free of disability)	Yes
Tajikistan	Develop and implement an effective, actively integrated intersectoral system to enhance the prevention and control of NCDs and injuries, addressing political and social issues related to strengthening and maintaining the health of the population and the potential labour force, promoting the fight against poverty, building the national economic potential and improving the quality of life for all	No

Some of the policy documents included a monitoring framework with quantifiable targets and indicators (Table 7).

Target groups

The target groups of the strategies and action plans of all five countries follow a population-based approach, which usually involves paying particular attention to high-risk groups, individuals and/or settings. For example, in Spain, two groups – people under the age of 15 and people older than 50 – are addressed in the first phase

[4] This applies only to overall goals – not to monitoring frameworks for which quantified targets and indicators are specified at a later stage.

Table 7. Quantifiable targets and indicators included in policies reviewed

Targets/indicators	Azerbaijan	Italy	Montenegro[a]	Spain[b]	Tajikistan
Premature mortality	✔[c]		✔[c]		✔
Alcohol abuse					✔
Physical activity	✔				✔
Salt/sodium intake	✔				✔
Tobacco use	✔				✔
Raised blood pressure	✔				✔
Diabetes and obesity	✔				✔
Drug therapy/counselling to prevent heart attacks and strokes					✔
Availability of affordable basic technologies and essential medicines	✔				✔

[a] Action plan includes mainly process indicators.
[b] Work on indicators in progress (as of spring 2014).
[c] Corresponds to overall goal of the strategy.

of the National Strategy for Health Promotion and Disease Prevention (2013–2020) and the interventions are grouped by settings: schools (for the under-15 year-olds), community, and the health-care system. Other strategies reviewed, for example, those of Italy and Montenegro, included more general targets, covering the whole population and (high) risk groups.

Organizational obligations

Obligations can be formal (for example, commitments to treaties), or informal (such as organizational commitments). Global and regional mandates also fall into the category of obligations; those related to NCDs are, in most cases, informal as they are not legally binding, the exception being the WHO Framework Convention on Tobacco Control (WHO FCTC) *(24)*. In this analysis, links to other policies in the area of NCDs (for example, risk-factor strategies, disease strategies, broader health strategies, development strategies and poverty-reduction strategies) also fall under the category of obligations in the sense that they have to be identified and managed. A description of the national NCD-policy "landscape" in each country follows. Annex 1 contains a comprehensive mapping of the national NCD-policy responses.

Reference to global and regional mandates

In Italy and Montenegro, earlier policy documents refer to *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases* (2006) *(16)*. Although the policy responses of both countries predate the adoption of Health 2020 *(12)*, they include the concepts of social equality and the social and other determinants of health. The policy documents of Azerbaijan, Spain and Tajikistan also make reference to Health 2020 *(12)* and the alignment of their strategies with this framework. In addition, they all mention the regional and global NCD action plans *(9,10)* as the basis of their work: for example, the development of the Tajik implementation plan was strongly reliant on the *Action Plan for Implementation of the European Strategy for Prevention and Control of Noncommunicable Diseases 2012–2016 (9)*. Spain, on the other hand, operates with two complementary strategies focusing on: (1) addressing chronicity in the National Health System; and (2) health promotion and disease prevention. The first mentioned refers to the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020* (2013) *(25)* and the *Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020* (2013) *(13)*.

National policy links

The national NCD policies reviewed were thematically linked with strategies, programmes and legislation pertinent to other areas both in and outside that of health; some of these predated the NCD policies and others had been elaborated more recently. Either way, managing the links between them deserves attention as there is potential for both synergy and duplication.

The Italian NCD strategy is thematically linked to the national prevention plan that is revised approximately every three years and, thus, to the regional prevention plans that are elaborated and revised accordingly. It is also cited in the Italian national health-care plan. The Tajik NCD strategy and action plans list many national laws, programmes and plans related to NCDs that are to be integrated into the NCD response. Similarly, the Montenegrin NCD strategy lists national legislative and strategic documents related to NCDs. In Spain, the Strategy for Addressing Chronicity in the National Health System and the Strategy for Health Promotion and Disease Prevention are at the centre of the national NCD response. They each build on different national and EU legal frameworks related both to individual areas (such as nutrition or tobacco) and broader areas (for example, public health). The National Strategy for Health Promotion and Disease Prevention also refers to existing plans (such as that for salt reduction or the integrated plan for physical activity and sport). The Azerbaijani policy documents cite existing NCD strategies (for diabetes and mental health), and include activities to implement WHO FCTC *(24)*, which Azerbaijan ratified in 2005. They also make reference to the national development and poverty-reduction plans, and envisage the inclusion of NCDs in the national health plan.

Organizational resources

Adequate budgetary and human resources are highly important to the process of developing new policy and even more important to its implementation. The documents review revealed little information on sources of funding for policy development; much of the work involved seems to be carried out within existing budgets and resource planning is managed in various ways.

The strategies of Italy and Spain do not include specific budgets. In Italy, some of the activities are financed through funds allocated by the Ministry of Health for the national NCD strategy (Gaining health) and the national prevention plan. Some of the resources earmarked for objectives of the national sanitary plan for 2006–2008 were transferred to the regions to promote action consistent with the goals of the national NCD strategy. Moreover, partners and stakeholders have themselves financed some of their activities within the strategy (such as those related to the promotion of healthy food or food reformulation).

In Spain, the health authorities at the national and regional levels share the responsibility of financing the numerous actions and projects on the implementation of the national strategies. Montenegro has included financial planning in its action plan, but, in the absence of an evaluation of the first phase (2009–2013), it is difficult to judge the extent to which it has been implemented. Through strictly controlled and transparent targets aimed at the whole of society, the Tajik NCD strategy offers ways of increasing the resources required to achieve the outcomes of its mid-term and long-term action plans, and defines the responsibilities of the different government agencies in this respect.

One of the activities listed in the Azerbaijani operational plan defines the roles and responsibilities of the focal point (the operational and overall coordination body/secretariat) for the implementation of the current strategy and aims at establishing a functioning NCD prevention and control unit with adequate funding. Whether it will be possible to secure the funding once the strategy receives government approval remains to be seen.

Organizational opportunities

Organizational opportunities include those occurring within an organization (for example, as a result of structural changes) and political opportunities (such as changes in the political climate or in public or media interest). The review focused on the timing of strategy development and factors that might have been present at the start of the process and that could have been influential. Since a considerable amount of time had passed since some of the interviewees had been active in the development process, the perspectives of the responses received were mixed.

The European Charter on Counteracting Obesity (2006) *(26) and Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases* (2006) *(16)* served as the official drivers for the development of the Italian NCD strategy. In Montenegro, policy development was supported by international collaboration: the Canadian International Development Agency provided some of the funding, the International Atomic Energy Agency provided support in capacity-building and strengthening the infrastructure, and the process was conducted in collaboration with the World Bank. The development of the Tajik NCD strategy was

supported through the WHO project on "strengthening policy frameworks in the 24 participating low- and middle-income countries to reduce premature deaths from NCDs" (2012–2015), funded by the Russian Federation, in which Tajikistan participated. In Spain, the combination of a growing awareness of the magnitude of the NCD burden and best-practice experiences at the subnational level is credited for the initiation of the strategy-development process at the national level. Azerbaijan has demonstrated that obligations can be opportunities too: the inclusion of NCDs in the national development plan was identified as a potential reason for there being sufficient political will to move NCD policy development forward. The technical support provided by WHO was also acknowledged as a supporting factor in starting the policy-development process in Azerbaijan.

Synthesis of key findings

Policy structure and scope

All five countries had prepared more than one document on NCD policy response. The most common combination was that of a strategy and an action/implementation plan, the latter focusing more on operational issues. Regarding the internal structure of the policy responses, there were different approaches. For example, in Italy – a country with many pre-existing strategies and activities on individual risk factors and NCDs – it was to develop a national NCD policy with a strong umbrella function. The countries with fewer pre-existing strategies (Azerbaijan and Tajikistan) tended to develop more comprehensive NCD policies, which might at the same time be more detailed. The policies of all five countries follow a population-based approach, which usually includes a focus on high-risk groups and/or individuals and/or settings.

Organizational goals

The overall goals of the strategies reviewed varied in specificity: some were more broadly formulated (for example, "to reduce the national burden of disease"), whereas others were more specific and linked to quantified goals. In addition, quantified targets were added to some strategies in the course of implementation, or in a separate monitoring framework. Some of the more recent strategies cited the global monitoring framework for NCDs *(11)* in connection with their selection of indicators and targets.

Organizational obligations

The policy responses of all five countries referred to and drew upon regional and global strategies relevant at the time of policy development. Most of them also referred to existing national strategies and legislation linked to NCDs, but interaction between them and the management of lines of accountability were less often addressed.

Organizational resources

The source and magnitude of financial resources for policy development were unclear. In terms of policy implementation, some strategy documents did not include any specific budget. In these cases, activities seemed to be financed by the different stakeholders at either the national or the regional levels of government, or by other partners. Where financial resources were included, the absence of evaluation data made it difficult to determine the extent to which the activities had been implemented; some of the strategies were only at the beginning of implementation and some were still awaiting approval.

Organizational opportunities

Various opportunities that had been beneficial to the development of policy at the national level were mentioned: the adoption of a global strategy document and the timely occurrence of a global conference on a specific topic, such as obesity; international collaboration with donor agencies; participation in projects, such as the WHO project on "strengthening policy frameworks in the 24 participating low- and middle-income countries to reduce premature deaths from NCDs" (2012–2015), which was supported by funding from the Russian Federation; and the provision of technical support by WHO. Finally, a general growing awareness of the magnitude of the NCD burden was often cited as the key factor in bringing forward the policy-development process.

Additional findings

An open question about challenges and opportunities was included in the interviews. Responses indicated that:

- there was a need to build the capacity of national stakeholders to work jointly with different international organizations and national institutions;
- in some settings, there was a need to build capacity with fundamental skills, such as those required to perform a desk review;
- in terms of placing NCD policy development on the national agenda, the support of WHO (for example, through letters to the ministry of health, continuous discussion with key figures, and technical assistance) could play an important role both in initiating a national policy-development process and in moving it forward;
- WHO documentation (publications, etc.), although sometimes overwhelming in size and number, provides countries with a solid basis on which to develop, adapt and implement national policy according to their needs;
- strong coordination, often by the ministry of health, was seen as important for the success of a participatory approach to policy development;
- there should be intensive consultation with other ministries early in the development process (before the start of the official adoption process);
- civil society should be involved in the development process;
- an electronic platform for stakeholders and intersectoral working groups could be a helpful tool.

Chapter 5. Conclusion

Within the WHO European Region, national NCD responses vary in structure and scope. The number of policies aimed specifically at preventing and controlling NCDs has increased since the adoption of *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases (16)* in 2006 and the *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (27).* Some countries with a longer history of developing NCD policies have a large number of policies and regulations in this area, although these tend to be vertical, focusing on specific risk factors or diseases. Against the background of the *Action Plan for Implementation of the European Strategy for Prevention and Control of Noncommunicable Diseases 2012–2016 (9),* the *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 (2),* the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (10),* and *Health 2020: a European policy framework and strategy for the 21st century (12)*, a new batch of national NCD policies is being developed, which seek to define more comprehensive, multisectoral approaches to NCD prevention and control. In countries with fewer pre-existing national NCD-policy initiatives, the scope of the policies being developed tends to be more inclusive. Thus, currently, we have a situation in Europe whereby different generations of NCD strategies exist.

It is clear that there is growing political consensus at the global and regional levels on the need for governments to give higher priority to NCD prevention and control. It is also clear that there is increasing recognition in the Member States of the need to develop national responses to NCDs that reach beyond the health sector. Their commitment to doing so, using multisectoral, whole-of-government, whole-of-society policy approaches to address inequalities and the social determinants of NCDs, and to considering NCDs in the context of broader national development goals, is illustrated in the recent United Nations and WHO resolutions on NCDs *(1,2,14,15,17).*

The development of integrated policies is a highly complex endeavor and there is no "one-size-fits-all" best-practice approach. Even in the small sample of countries reviewed for this analysis, there is a range of different drivers and entry points for initiating the policy process, and the scope and content of the policies also vary. More work is required: only 26 of the 53 WHO European Member States currently report having national integrated NCD policies. It may be better to start small and evaluate along the way than not start at all. No country in the Region has a stand-alone NCD strategy without also having strategies on NCD risk factors and/or specific NCDs. This raises questions related to the integration and coordination of existing NCD policies and activities, the management of which would be an interesting field for further study.

The analysis identified two key messages: (1) resource planning is a crucial part of the policy-development process with consequences far beyond the adoption of policy documents; and (2) the policy-development process needs to be evaluated and documented. Resource planning should be considered during the development stage: it serves no purpose to develop an all-encompassing NCD strategy or action plan if it cannot be implemented because the necessary funding is not available. So far, virtually no assessments of the implementation of national integrated NCD strategies have been carried out. Doing so would not only benefit the revision of existing NCD strategies, but could also serve to inform countries at the development stage. Even though it is evident that "no size fits all" also applies to the latter, it is still possible and useful to learn from the experiences of others and build on the elements of policy development, which have proven successful.

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Annex 1. Examples of national NCD policy development in five selected countries of the WHO European Region

Azerbaijan

Development of the national NCD strategy

The Ministry of Health of Azerbaijan has carried out several NCD-related activities in recent years, namely, a situational analysis on NCDs (2008), a study on the economic impact of NCDs (2009), the Global Youth Tobacco Survey (2011), and a national survey on NCD risk factors (2011). The last-mentioned revealed that 62.7% of the adult population have 1–2 NCD risk factors and 32.4% have 3 or more.

The findings of these activities were presented at a roundtable meeting in 2012 with the participation of representatives of the Ministry of Health and other ministries, such as those for education, economic development, finance and agriculture, the Parliament, international agencies and national specialists in the fields of therapy, endocrinology, oncology and cardiology. In the same year, the Ministry of Health mandated the Public Health and Reform Center to elaborate a national NCD strategy. The development of the strategy and its operational plan was funded through the World Bank and the United States Agency for International Development; technical support was provided by WHO. A team from the Public Health and Reform Centre drafted the documents with the support of international experts who visited Azerbaijan in February and April 2013. A desk review was carried out at the WHO Regional Office for Europe on 22–24 April 2013, when the team received feedback on the draft documents. The draft strategy and operational plan were finalized in May–June 2013 and submitted to the Cabinet of Ministers in December 2013. They were then circulated to other ministries and, based on their feedback, the Ministry of Health updated the documents, which were sent to the Ministry of Economy and Industry for input before submission to the Cabinet for its final decision.

Scope of the strategy

The timeframe of both the strategy and its operational plan is 2013–2020. The overall goal of the strategy is to improve the health of the population in Azerbaijan by reducing mortality from NCDs by 15% by 2020 through integrated and collaborative interventions. It is the aim to orient the health systems towards addressing the prevention and control of NCDs over the whole spectrum/continuum, including primary prevention, screening and early detection, treatment, rehabilitation, and palliative care.

The priority areas, targets and objectives of the strategy reflect the national needs in the light of the NCD burden, and were modelled on the global documents (for example, the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (1)*), which were elaborated and adopted more or less in parallel to the strategy-development process in Azerbaijan.

With 2011 as the baseline, it is the aim to reach the following targets by 2020:

- 15% reduction in tobacco consumption among men and no major increase among women;
- less than 5 g salt intake per person per day;
- 10% reduction in physical inactivity among the adult population;
- no increase in the prevalence of obesity;
- no increase in the prevalence of diabetes;
- 10% reduction in high blood pressure;
- 80% coverage in the availability of essential medicines and basic technologies for treating major NCDs at the PHC level.

A monitoring and evaluation framework has yet to be developed.

Links to other strategies

The existing state programme for diabetes and national strategy for mental health, which are also under the responsibility of the Ministry of Health, are referenced in the NCD policy documents. In addition, the intention to develop a national NCD strategy is included in the "Azerbaijan 2020: look into the future" development

concept, which was approved by the President in 2012 and is expected to support multisectoral work *(2)*. The strategy is also linked to the implementation of a comprehensive set of WHO-recommended cost-effective evidence-based NCD interventions that will contribute to achieving the strategic goals of the national programme on poverty reduction and sustainable development for 2008–2015 *(2)*.

Resources

The draft strategy and operational plan include objectives related to resources, namely to establish a national steering mechanism and a unit responsible for operational work and the coordination of national NCD activities. Moreover, the strategy includes plans to fund NCD activities through taxation and a separate budget line for NCDs included in the state health budget.

Table 1.1. Overview of national policy response to NCDs in Azerbaijan

Policy response to NCDs				
Questions	Responses	Title	Status	First year of implementation
Is there a comprehensive NCD strategy?	Yes	National strategy for prevention and control of NCDs	Under development	–
Are NCDs included in your national health plan?	Yes	The strategy plan of the Ministry of Health, 2014–2020	Adopted	2014
Are NCDs included in your national development agenda?	Yes	"Azerbaijan–2020: look into the future" development concept	Adopted	2012
Strategies/action plans for NCD risk factors and specific NCDs				
Risk factors/ diseases	Title		Status	First year of implementation
Alcohol	–		–	–
Tobacco	National strategy for tobacco control		Not operational	–
Nutrition/diet related to NCDs	–		–	–
Physical activity	–		–	–
Overweight/obesity	–		–	–
Cancer	State programme to ensure treatment of cancer patients with basic anticancer drugs (2006–2010)		No longer operational	2006
CVD	–		–	–
Diabetes	State programme for diabetes (2011–2015)		Operational	2006 (previous programme 2006–2009)
COPD	–		–	–
Mental health	National strategy for mental health		Operational	2011
Other	–		–	–

Sources: Raw data from 2013 NCD CCS; interviews with key participants in the survey.

Italy

Development of the national NCD strategy

In autumn 2006, the Italian Ministry of Health initiated the development of a national strategy to address the growing burden of chronic diseases and promote healthy lifestyles. To kick off the process, in October 2006, the Ministry of Health held a stakeholders meeting with representatives of the ministries dealing with economy, development, education, transport, agriculture, environment and sport, trade unions, the National Institute of Health, the National Institute of Nutrition, municipalities, local government and various associations. This was followed by working-group meetings during which the strategy was elaborated; in May 2007, it was adopted by a decree of the Prime Minister. The strategy, "Gaining health: making healthy choices easy choices", builds on and links to the national prevention plan, which was adopted through an agreement between the national

and regional levels in 2005. The strategy is named after, and refers to the work being carried out under, *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases (3)* adopted by the WHO Regional Committee for Europe in 2006.

Scope of the strategy

The strategy addresses NCD risk factors, including tobacco use, low fruit and vegetable consumption, the harmful use of alcohol, high consumption of high-calorie food and beverages, and physical inactivity. Its long-term objective is to reduce the burden of chronic diseases on Italy's health system and society. The strategy places special focus on communication as an integral part of preventive interventions and as an important information- and knowledge-transfer tool for all concerned.

Three levels of communication are defined:

- a specific communication to stakeholders on every intervention (defined in the risk-factor programmes);
- a national information campaign about the four main NCD risk factors, people's responsibility for their own health (choices), and government responsibility for creating an environment that enables healthy choices;
- a specific programme for collaborating with the schools setting.

The strategy is structured as an across-government programme and supplemented by four specific programmes on nutrition, tobacco, the harmful use of alcohol, and physical activity. All of the programmes are structured in the same way – premise, objectives, a programme-specific information campaign, a schools project and projects in other sectors. An overview of the structure of intersectoral involvement relevant to each programme is available in table form. Partners from 10 ministries and the Government, as well as representatives of the regions and the public and private sectors, are involved in the implementation of the programmes and the National Platform on Nutrition, Physical Activity and Tobacco, presided over by the Ministry of Health, serves as a forum for exchange on their development based on the principles of Health in All Policies.

Links to other strategies

The national NCD strategy is linked, among others, to the:

- national prevention plan, which – along with corresponding regional prevention plans – takes the provisions of the NCD national strategy into account and covers:
  - population-based prevention programmes (policies, regulations, interventions);
  - prevention programmes targeted at risk groups;
  - prevention programmes targeted at individuals;
- national health-care plan (2011–2013), which cites the national NCD strategy and the national prevention plan as tools for addressing the burden of chronic diseases.

Resources

The strategy does not include budgetary details. Some activities have been financed through a project set up by the Centre for Disease Control of the Ministry of Health to support its implementation and that of the national prevention plan. Other resources have been allocated to the regions within the general framework of the national sanitary plan so that they can promote action in line with the provisions of the strategy. Partner organizations working on the strategy have also financed some activities (for example, in the area of food reformulation).

Montenegro

Development of the national NCD strategy

The overall epidemiological situation in the country as regards NCDs, namely that their prevalence had increased, became evident around 2008 through the reported data and there was consensus at the political level that it needed to be addressed. Therefore, the development of a strategy for the prevention and control of NCDs was included in the government work plan for 2008 during which year the Strategy for the Prevention

Table 1.2. Overview of national policy response to NCDs in Italy

Policy response to NCDs				
Questions	Responses	Title	Status	First year of implementation
Is there a comprehensive NCD strategy?	Yes	Gaining health strategy National prevention plan	Operational	2007
Are NCDs included in your national health plan?	Yes	National health–care plan 2011–2013	Operational	2011
Are NCDs included in your national development agenda?	No	–	–	–

Strategies/action plans for NCD risk factors and specific NCDs			
Risk factors/ diseases	Title	Status	First year of implementation
Alcohol	National plan for alcohol and National health–care plan	Operational	2007
Tobacco	Gaining health strategy and National prevention plan	Operational	2007
Nutrition/diet related to NCDs	Gaining health strategy and National prevention plan	Operational	2007
Physical activity	Gaining health strategy and National prevention plan	Operational	2007
Overweight/obesity	Gaining health strategy and National prevention plan	Operational	2007
Cancer	Technical guidance document on reducing the disease burden of cancer for 2011–2013	Operational	2011
CVD	National prevention plan – CVD risk	Operational	2004
Diabetes	Plan on diabetes	Under development	–
COPD	Global Alliance against Chronic Respiratory Diseases (GARD)	Operational	2009
Mental health	National plan of action on mental health	Operational	2013
Other	–	–	–

Sources: Raw data from 2013 NCD CCS; interviews with key participants in the survey.

and Control of Noncommunicable Diseases (2008–2020) and the action plan for 2009–2013 were elaborated and adopted.

The Minister of Health passed an administrative act in spring 2008 on the basis of which a working group was established to develop the strategy. The work was supported by the Canadian International Development Agency and conducted within the framework of a project supported by the World Bank. The working group was chaired by the Director of the Centre for Diseases Control and Prevention of the Institute of Public Health of Montenegro and consisted of 5–10 members who drafted different parts of the policy documents relevant to their areas of expertise. The WHO Regional Office for Europe provided technical support and reviewed the documents to ensure their alignment with WHO policy and recommendations on NCDs. A consultation was held with the Ministry of Finance before the start of the official adoption process. The strategy was adopted by the Government in December 2008.

Since the adoption of the NCD strategy, strategies and action plans relating to alcohol, diabetes and cancer (including colon and breast cancer) have also been developed. Moreover, national guidelines on good clinical practice in treating patients with NCDs have been developed for medical staff, patients, and the public; these relate, for example, to acute cerebral ischemic insult, arterial hypertension, CVD, and ST-segment elevation myocardial infarction.

The implementation of the mid-term action plan (2009–2013) came to an end in December 2013. No formal evaluation was carried out because of a lack of monitoring data and limited funding. The action plan for 2014–2015 developed by the Ministry of Health with technical assistance from the WHO Regional Office for Europe includes key elements, such as good governance, the social determinants of health and NCD-related inequalities.

Scope of the strategy

The goal of the strategy is to reduce the number of premature deaths and significantly reduce the disease burden from NCDs (incidence and disability) through integrated action to improve quality of life and extend healthy life expectancy. By the year 2020, it is the aim to reduce mortality from the most significant NCDs (CVD, cerebrovascular diseases, malignant neoplasms and diabetes mellitus) in people under the age of 65 by 20% and extend healthy life expectancy by 3–5%.

The strategy document briefly elaborates on NCD risk factors, such as high systolic blood pressure, smoking, harmful use of alcohol, unhealthy diet, physical inactivity, obesity, and high cholesterol.

The strategy is population-based and addresses all stages of NCD prevention and control. The mid-term action plan (2009–2013) included activities in the areas of health advocacy, knowledge and information, legislation and finance, high-quality and appropriate health services, and community support. Owners of and partners in individual activities were designated, and budgetary estimates and funding sources were included. One of its aims was to establish a national office for the prevention and control of NCDs under the Ministry of Health to monitor and evaluate the implementation of the strategy.

Table 1.3. Overview of national policy response to NCDs in Montenegro

<table>
<tr><th colspan="5">Policy response to NCDs</th></tr>
<tr><td>Questions</td><td>Responses</td><td>Title</td><td>Status</td><td>First year of implementation</td></tr>
<tr><td>Is there a comprehensive NCD strategy?</td><td>Yes</td><td>Strategy for the Prevention and Control of Chronic Noncommunicable Diseases 2008–2020
Mid–term action plan 2009–2013</td><td>Operational</td><td>2007</td></tr>
<tr><td>Are NCDs included in your national health plan?</td><td>Yes</td><td>Master plan for Montenegrin health care development 2010–2013</td><td>–</td><td>–</td></tr>
<tr><td>Are NCDs included in your national development agenda?</td><td>No[a]</td><td>–</td><td>–</td><td>–</td></tr>
<tr><th colspan="5">Strategies/action plans for NCD risk factors and specific NCDs</th></tr>
<tr><td>Risk factors/ diseases</td><td colspan="2">Title</td><td>Status</td><td>First year of implementation</td></tr>
<tr><td rowspan="2">Alcohol</td><td colspan="2">National strategy for the prevention of harmful effects of alcohol and alcohol–related disorders in Montenegro 2013–2020</td><td>Operational</td><td>2013</td></tr>
<tr><td colspan="2">National Screening program for early detection of alcohol abuse</td><td>To be implemented</td><td>2015</td></tr>
<tr><td>Tobacco</td><td colspan="2">National strategy for the control of tobacco smoking</td><td>Operational</td><td>2005</td></tr>
<tr><td>Nutrition/diet related to NCDs</td><td colspan="2">National initiative for salt reduction</td><td>Operational</td><td>2013</td></tr>
<tr><td>Physical activity</td><td colspan="2">–</td><td>–</td><td>–</td></tr>
<tr><td>Overweight/obesity</td><td colspan="2">–</td><td>–</td><td>–</td></tr>
<tr><td>Cancer</td><td colspan="2">National cancer–control plan</td><td>Operational</td><td>2011</td></tr>
<tr><td>CVD</td><td colspan="2">–</td><td>–</td><td>–</td></tr>
<tr><td>Diabetes</td><td colspan="2">National strategy for health–care protection of persons with diabetes</td><td>–</td><td>2012</td></tr>
<tr><td>COPD</td><td colspan="2">–</td><td>–</td><td>–</td></tr>
<tr><td>Mental health</td><td colspan="2">Strategy for the improvement of mental health in Montenegro</td><td>Operational</td><td>2011</td></tr>
<tr><td>Other</td><td colspan="2">Strategy for the prevention of drug abuse 2013–2020 and action plan 2013–2016</td><td>Operational</td><td>2013</td></tr>
</table>

[a] The health sector has proposed the inclusion of a special chapter on the NCD burden and its influence on the development of the country in the new national strategy for sustainable development, which is currently under design and planned to be adopted in 2015.

Sources: Raw data from 2013 NCD CCS; interviews with key participants in the survey.

Links to other strategies

The high burden of NCDs was also referred to in the master plan for Montenegrin health care development 2010–2013, which defined several priorities relevant to reducing the NCD burden. Moreover, in spring 2014, a new health-care law was proposed to the Parliament. In the area of health-system strengthening, Montenegro also has a strategy for the optimization of health-care at the secondary and tertiary levels as a framework for integrated and coordinated health services delivery.

Resources

Montenegro was hit by the global financial crisis in 2009, which meant that many planned activities were without funding and could not be implemented.

Spain

Development of the national NCD strategy

The Ministry of Health, Social Services and Equality has generated a number of national strategies to tackle some of the NCDs with the greatest burden, such as cancer, ischemic heart disease, stroke, diabetes, mental health, and COPD. In 2010, the Interterritorial Council of the National Health System (comprising the Minister of Health and the 17 regional health ministers), due to a combination of the increasing awareness of the high burden of NCDs and the necessity to address the sustainability of the National Health System, decided that a national transversal strategy on chronic diseases should be developed.

In spring 2011, two new bodies were created: the Institutional Committee and the Technical Committee. The Institutional Committee consists of representatives of the 17 regions, the Institute of Health Carlos III (Ministry of Economy and Competitiveness) and various bodies of the Ministry of Health, Social Services and Equity, namely: the National Institute of Health Management; the General Directorate of Public Health, Quality and Innovation; the General Directorate of Basic Services of the National System of Health and Pharmacy; the General Directorate of Professional Regulation; and the Spanish Agency for Food Safety and Nutrition. The Technical Committee comprises representatives of 15 scientific societies working in the areas of nursing, medicine and paediatrics in primary health care; internal medicine and geriatrics, pharmacy, physiotherapy, psychology, social work and public health, and of five associations of citizens affected by chronic health problems.

At their inaugural meetings in 2011, the two committees were presented with the mandate to elaborate the national NCD strategy (National Strategy for Addressing Chronicity in the National Health System). In 2012, they met again to finalize the draft document. Most of the work was done with the support of an electronic consultation platform where committee members could share comments and documents. In addition, a consultation on the document was held with representatives of seven scientific societies and, finally, it was revised by a panel of five experts.

In June 2012, the Interterritorial Council of the National Health System adopted the National Strategy for Addressing Chronicity in the National Health System. It has no official end date, but it will be evaluated after 5 years. Within the framework of this strategy, a second strategy – the National Strategy for Health Promotion and Disease Prevention – was developed and adopted in December 2013.

Three health professionals (in nursing, family medicine and internal medicine) of the Technical Committee are responsible for the scientific coordination of the National Strategy for Addressing Chronicity in the National Health System. The corresponding technical coordination lies with the General Sub-Directorate of Quality and Cohesion of the Ministry of Health, Social Services and Equality where the coordinator is supported by an intraministerial working group comprising members of different units (for example, for health service delivery, public health). The Ministry of Health, Social Services and Equality regularly uses the same participatory approach in the development of strategies.

Scope of the strategy

The aim of the National Strategy for Addressing Chronicity in the National Health System is to establish a set

of goals and recommendations for the National Health System to guide the organization of services towards improving the health determinants and the health of the population, preventing health conditions, improving the functional capacity of people with chronic diseases, and promoting comprehensive health care. Thus, it does not address chronic diseases directly but focuses instead on adapting the National Health System to better respond to the needs of the increasing number of people with chronic diseases and, thus, improve continuity of care and position primary health care at the core of patient care. The general objectives of the strategy are to:

- decrease the prevalence of health conditions and chronic activity limitations;
- reduce premature mortality in people with these conditions;
- prevent the deterioration of functional capacity and complications associated with chronic conditions;
- improve the quality of life of patients and their caregivers.

The strategy has six lines, according to which its objectives are defined: (1) health promotion; (2) prevention of health conditions and chronic activity limitations; (3) continuity of care and reorientation of health care; (4) health equality and equal treatment; (5) research; and (6) innovation. The most common NCD risk factors are acknowledged in the strategy: tobacco use, harmful use of alcohol, overweight and obesity, physical inactivity and poor mental health. The Ministry of Health, Social Services and Equality coordinates the implementation of the projects and activities being carried out within the strategy, such as the project on population stratification in the National Health System aimed at developing a tool to identify subgroups according to level of care needs, and a project that includes the establishment of a set of indicators for tracking the care of patients with chronic diseases.

Links to other strategies

Several regional strategies for addressing chronicity existed before the National Strategy for Addressing Chronicity in the National Health System was developed. Regional best practices have been evaluated and, where applicable, adapted to and integrated into this strategy, which – as an umbrella framework – is meant to enhance and complement initiatives already taken by autonomous communities. National strategies for several specific NCDs and their risk factors are also in place (Table 1.4). All of these are under the responsibility of the Ministry of Health where the same unit is in charge of the coordination of many of them. Moreover, this unit is represented on the Scientific Committee and the Technical Committee dealing with strategy development, which ensures that these strategies are compatible with and complement each other.

As mentioned above, the National Strategy for Health Promotion and Disease Prevention was developed under the umbrella of the National Strategy for Addressing Chronicity in the National Health System and covers physical activity, healthy eating, harmful use of alcohol, tobacco use, emotional well-being, and unintentional injuries. During its first phase, the focus is on two target groups: children under the age of 15 and people over the age of 50. Health, education and community settings have been identified as important for the first group, and health and community settings for the second group. The workplace setting will be addressed in a later phase when the focus will be on people between 15 and 50 years of age. As its overall quantifiable goal, the National Strategy for Health Promotion and Disease Prevention seeks to achieve a 2-year increase in life expectancy in good health and free of disability by 2020 (the baseline being 2011, when the latest data for a situation analysis were available).

The National Strategy for Health Promotion and Disease Prevention builds on a three-dimensional model, its axes being population, risk factors and settings. The interventions proposed in this strategy will integrate the three axes as much as possible, for example, by linking: integral counselling on healthy lifestyle in primary health care with community resources (targeting pregnancy, childhood and adulthood individually); and positive elderly-related interventions, such as frailty screening aimed at preventing functional decline. The selection of the interventions to be implemented from 2014 onwards was the result of a complex process that combined reviewing evidence and building on the experiences (namely, the good practices) of different regions.

A public consultation on the implementation of the National Strategy for Health Promotion and Disease Prevention was held at the beginning of 2014. Actions planned for the implementation phase are: the development of a communication plan; the operational development of the selected interventions; the development of a training plan for professionals; organizational adaptation to better integrate the promotion of healthy lifestyles into

Table 1.4. Overview of national policy response to NCDs in Spain

Policy response to NCDs				
Questions	Responses	Title	Status	First year of implementation
Is there a comprehensive NCD strategy?	Yes	National Strategy for Addressing Chronicity in the National Health System	Operational	2012
Are NCDs included in your national health plan?	NA	–	–	–
Are NCDs included in your national development agenda?	Yes	–	–	–
Strategies/action plans for NCD risk factors and specific NCDs				
Risk factors/ diseases	Title		Status	First year of implementation
Alcohol	National Strategy for Health Promotion and Disease Prevention		Operational	2014
Tobacco	Law 28/2005, 26 December. Health measures against tobacco		Operational	2006
	National Strategy for Health Promotion and Disease Prevention		Operational	2014
Nutrition/diet related to NCDs	Plan on reduction of salt intake: Plan Take Care+		Operational	2008
	National Strategy for Health Promotion and Disease Prevention		Operational	2014
	Strategy for Nutrition, Physical Activity and Prevention of Obesity (Strategy NAOS)		Operational	2005
Physical activity	Comprehensive Plan for Physical Activity and Sport (Plan A+D)		Operational	2010
	National Strategy for Health Promotion and Disease Prevention		Operational	2014
Overweight/obesity	Strategy for Nutrition, Physical Activity and Prevention of Obesity (Strategy NAOS)		Operational	2005
Cancer	Cancer Strategy of the National Health System		Operational	2005
CVD	Ischemic Heart Disease Strategy of the National Health System		Operational	2007
Diabetes	Diabetes Strategy of the National Health System. Update (2012)		Operational	2007
COPD	COPD Strategy of the National Health System		Operational	2005
Mental health	Strategy for health promotion and disease prevention (emotional well–being)		Operational	2014
Other	Strategy on strokes of the National Health System		Operational	2008
	National Strategy for Health Promotion and Disease Prevention (unintentional injuries; frailty and functional decline)		Operational	2014

Note. NA = not applicable.
Sources: Raw data from 2013 NCD CCS; interviews with key participants in the survey.

primary health care (PHC); and the development of a website on healthy lifestyles targeted at the general population. As part of the intersectoral perspective, bilateral work has already been undertaken by some sectors, such as those for education and sports. Strategic alliances are being built with other partners, such as those dealing with transport and urbanism. The framework of the National Strategy for Health Promotion and Disease Prevention also foresees the development of local plans, including the mapping of local health-promotion and disease-prevention resources designated for both the general population and PHC professionals.

From 2020, the second phase of the strategy will continue the implementation of interventions initiated in the first phase, incorporating new activities (based on an evaluation of the first phase) and multisectoral developments.

Evaluation

The National Strategy for Health Promotion and Disease Prevention will be monitored continuously and evaluated every two years. A comprehensive evaluation will be carried out on completion of the first phase (2014–2020). The indicators related to process and results were developed taking the voluntary targets of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (1)* and the global monitoring framework *(4)* into consideration.

Resources

Although there is no specific global budget for each strategy, numerous activities and implementation projects are being financed at both the national and regional levels. Responsibility for the implementation phases of the strategies is shared between national government and the regions.

Tajikistan

Development of the national NCD strategy

The first national strategy on NCDs in Tajikistan, Prospects for the Prevention and Control of Noncommunicable Diseases and Injuries in the Republic of Tajikistan for 2013–2023, was developed by the Ministry of Health in 2012 and adopted by the Government in December of the same year.

During 2013, a technical working group of the Ministry of Health led the process of elaborating a mid-term implementation plan. The group was chaired by the Deputy Minister of Health and consisted of experts in pulmonology, cardiology, oncology, traumatology and endocrinology, and WHO experts on NCDs. The WHO Country Office in Tajikistan supported this work by providing technical assistance and financial support for roundtable meetings and workshops. In April 2013, the draft mid-term implementation plan was submitted to the WHO Regional Office for Europe for review (within the framework of the WHO project supported by the Russian Federation on strengthening efforts to respond to NCDs in central Asia and eastern Europe). In the same month, a roundtable meeting involving all Tajik Ministers was organized to discuss the draft plan. A national stakeholders workshop, with the participation of international organizations, such as WHO, was organized in July 2013 to obtain consensus. The plan, covering the period 2013–2016, was finalized and approved by the Ministry of Health in January 2014. A long-term implementation plan for the period 2017–2023 will be developed in 2015.

Scope of the strategy

The stated goal of the strategy is the development and implementation of an effective intersectoral, actively integrated system aimed at enhancing the prevention and control of NCDs and injuries in Tajikistan. The strategy addresses the political and social challenges related to NCDs, given its relevance to strengthening and maintaining the health of the population, combating poverty, developing the economic potential of the country and improving quality of life.

Some indicators for monitoring and evaluation are already included in the strategy. These are expanded upon in the mid-term implementation plan, which is based to a large extent on the A*ction Plan for Implementation of the European Strategy for Prevention and Control of Noncommunicable Diseases 2012–2016 (5)* with adaptation to the specific needs of the country. Furthermore, a specific plan for the monitoring and evaluation of NCDs and their key risk factors has been developed within the framework of the National Strategy on Public Health of the Republic of Tajikistan for 2010–2020. It is based on indicators that focus on the achievements of the NCD global monitoring framework *(4).* Nine national goals are defined, including a 5% reduction of premature death from heart disease, cancer, chronic respiratory diseases and diabetes in men under 63 years and women under 58 years by 2017 (20% by 2023).

The strategy also includes targets on alcohol, physical activity, salt consumption, tobacco use, high blood pressure, diabetes, overweight and obesity, the provision of medication and counselling, as well as the availability of technology and basic essential drugs. The indicators selected to measure progress in the mid- and long-terms include: hospital mortality from acute myocardial infarction; COPD and trauma; disability in patients with ischemic heart disease; (early) detection of COPD and malignant tumours; five-year survival

rate of cancer patients; temporary and permanent disability of injured patients; number of patients with acute myocardial infarction who receive a standard services package; and access to palliative care for cancer patients.

Local or regional programmes

The strategy also foresees the local development of integrated prevention programmes for provinces, cities and districts to be approved by the local authorities. The subnational plans will take into account specific local or regional conditions and should include methods of prevention and intervention, as well as human and financial resources for regional interventions.

Resources

One of the five objectives of the strategy is to propose ways of increasing resources for NCD prevention and control aimed at achieving intermediate (annual) and final outcomes for the whole of society. This objective is specified in several places in the strategy. Accordingly, the Ministry of Health shall ensure that funding is earmarked within the state budget for programmes on the prevention and control of NCDs and injuries. The

Table 1.5. Overview of national policy response to NCDs in Tajikistan

Policy response to NCDs				
Questions	Responses	Title	Status	First year of implementation
Is there a comprehensive NCD strategy?	Yes	National Strategy "Prospects for prevention and control of noncommunicable diseases and injuries in the Republic of Tajikistan for 2013–2023"	Operational	2013
Are NCDs included in your national health plan?	Yes	National Strategy on Public Health of the Republic of Tajikistan for the period of 2010–2020	Operational	2010
Are NCDs included in your national agenda?	Yes	National Development Strategy of the Republic of Tajikistan for the period up to 2015	Operational	2013

Strategies/action plans for NCD risk factors and specific NCDs			
Risk factors/ diseases	Title	Status	First year of implementation
Alcohol	–	–	–
Tobacco	–	–	–
Nutrition/diet related to NCDs	Strategy for Nutrition and Physical Activity of the Republic of Tajikistan, 2014–2020	Under development	–
Physical activity	Regulations of the Government of the Republic of Tajikistan on Annual Running Day and weekly physical activity and sport (on Saturdays)	Operational	2007
Overweight/obesity	–	–	–
Cancer	National programme on the prevention, diagnosis and treatment of cancer in the Republic of Tajikistan, 2010–2015	Operational	2010
CVD	National programme on the prevention, diagnosis and treatment of coronary heart disease, 2007–2015	Operational	2007
Diabetes	National programme on the prevention, diagnosis and treatment of diabetes in the Republic of Tajikistan, 2012–2017	Operational	2012
COPD	–	–	–
Mental health	–	–	–
Other	National Strategy for Poverty Reduction and Improving the Welfare of the Population of the Republic of Tajikistan, 2013–2015	Operational	2013

Sources: Raw data from 2013 NCD CCS; interviews with key participants in the survey.

State Financial Control and Anti-Corruption Agency is responsible for controlling the use of this funding; it is anticipated that the local governments will allocate funding for projects. Projects undertaken by the Ministry of Health should be covered by both the national and the local budgets.

Links to other strategies

The National Strategy on Public Health of the Republic of Tajikistan for 2010–2020 places special focus on reducing the burden of NCDs. CVD and respiratory and endocrine diseases, as well as neuropsychiatric disorders, are among its priorities. Moreover, improvements in the epidemiological surveillance system are foreseen in the action plan. According to a WHO assessment in 2013, the national public health strategy is based on the priorities of the National Development Strategy of the Republic of Tajikistan for the period up to 2015, and the Poverty Reduction Strategy of the Republic of Tajikistan, 2010–2012. Furthermore, the current National Strategy for Poverty Reduction and Improving the Welfare of the Population of the Republic of Tajikistan, 2013–2015, includes four main priorities in the area of health, one of which is to reduce the level of NCDs.

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Annex 2. Questionnaire for telephone interviews with national counterparts on integrated NCD policy development

Subject	Details	Questions standard
Context	Involvement of key informant in policy development process	What was your role?
	Mandate and lead	Who issued the mandate to elaborate a strategy?
		Who was responsible for the development process?
	Resources	How many people were directly involved with the responsible lead (e.g. one person, a project team, etc.)?
	Timing	Why did development start at that moment?
Development process	Structure	How was the development process structured? Who participated, in what capacity (committees, multisectoral involvement, stakeholders, etc.)?
	Time frame	What was the time frame from mandate to adoption of the strategy?
Scope of your national NCD policy (content)	Choice of scope	Why was this scope chosen?
	Resources	Was resources planning included in the strategy or implementation documents?
	Considered alternatives	Which other possible approaches were considered? Why were they not chosen?
	Linkages with previous/existing strategies?	What NCD-related strategies excisted before this strategy?
		How do different NCD-related strategies relate to each other?
Knowledge exchange	Examples/experiences that could be shared	What would you do differently or the same in hindsight?
	Documents available	Are there any other documents available (on policy development, evaluation etc.) that could be helpful to other policy-makers?

Country experiences in integrated policy development for the prevention and control of noncommunicable diseases

The WHO Regional Office for Europe

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