

Reducing noncommunicable diseases: a signature roadmap for the WHO European Region



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Reducing noncommunicable diseases: a signature roadmap for the WHO European Region

Abstract

Noncommunicable diseases (NCDs) are responsible for nearly 90% of deaths and 85% of years lived with disability in the WHO European Region. To intensify efforts to tackle these diseases, the Regional Director of the WHO Regional Office for Europe established the Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council) in December 2020. *Reducing noncommunicable diseases: a signature roadmap for the WHO European Region* is the outcome of a year-long reflection by the NCD Advisory Council. At the centre of the Roadmap are six signature initiatives — covering cardiovascular diseases (hypertension and salt intake), childhood obesity, digital marketing, greener and healthier cities, alcohol taxes as health taxes, and data and digital health — designed to close the gaps between knowledge and implementation and to foster innovation. These signature initiatives comprise actions to increase engagement and advocate for scaled-up policy implementation and actions to accelerate progress by innovating, advancing knowledge or developing new tools.

Keywords

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WHO European Region
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Abbreviations and acronyms

CVD	cardiovascular diseases
EPW	WHO's European Programme of Work, 2020–2025 “United Action for Better Health”
HFSS	foods high in saturated fat, salt and free sugars
NCD	noncommunicable disease
NCD Advisory Council	Advisory Council on Innovation for Noncommunicable Diseases
NCD Action Plan	Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025
PHC	primary health care
SDG	Sustainable Development Goal
THE PEP	Transport, Health and Environment Pan-European Programme
UHC	universal health coverage

Executive summary

Reducing noncommunicable diseases: a signature roadmap for the WHO European Region is the outcome of a year-long reflection by the WHO Regional Director for Europe's Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council).

This Roadmap takes stock of the WHO European Region's progress towards the health-related Sustainable Development Goals (SDGs), in particular Target 3.4; to reduce by one third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment, and promote mental health and well-being. It provides insight into the main challenges related to core priority 3 of WHO's European Programme of Work, 2020–2025 "United Action for Better Health" (EPW); promoting health and well-being.

While the WHO European Region as a whole is on track to meet Target 3.4, large and important differences remain between and within subregions and countries, and between genders, with men nearly twice as likely to die prematurely from NCDs as women. Progress in reducing NCDs will depend on actions to reduce exposure to the main risk factors that cause NCDs, and prevalence of these risk factors is high in the Region.

This Roadmap aims to close the gap between knowledge and implementation and to foster innovation, recognizing best practices and leveraging resources to support them. It has been developed to bring us closer to our shared vision of a health-promoting Region free of preventable NCDs, premature death and avoidable disability. This aspirational vision is enshrined in the "Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025" (the NCD Action Plan), which already guides the work of WHO and Member States.

The main focus areas have been developed into six signature initiatives – covering cardiovascular diseases (CVD: linked to hypertension and salt intake), childhood obesity, digital marketing, greener and healthier cities, alcohol taxes as health taxes, and data and digital health – which are the defining feature at the centre of this Roadmap. The signature initiatives vary considerably, but are complementary, cross-cutting and mutually reinforcing in many ways.

The driving principles behind this Roadmap are in fostering multisectoral partnerships, making use of legislation as a public health regulatory tool, generating and promoting data-driven, evidence-informed policies, optimizing digital technologies, improving universal health coverage (UHC) and ensuring gender equality, equity and human rights.

The Roadmap identifies regional- and national-level actions to foster engagement by scaling up advocacy, sharing knowledge and mobilizing resources, and aims to accelerate implementation through innovation of new tools, demonstration projects and research.

This Roadmap is intended to boost efforts in the WHO European Region to tackle NCDs during the period 2021–2025, while defining a common vision and an approach flexible enough to accommodate new opportunities or unanticipated challenges.




The NCD Roadmap: paving the way to a healthier future

Reducing noncommunicable diseases: a signature roadmap for the WHO European Region (referred to here as the Roadmap) is the outcome of a year-long reflection by the WHO Regional Director's Advisory Council on Innovation for Noncommunicable Diseases (NCD Advisory Council).

In June 2020, the Member States of the WHO European Region endorsed the WHO's European Programme of Work, 2020–2025 “United Action for Better Health” (EPW). Efforts to prevent and control NCDs are at the heart of the EPW, being particularly important to realization of its core priority 3 (promoting health and well-being). Prevention and control of NCDs is central to three workstreams under this core priority: supporting local living environments that enable health and well-being; promoting safer, healthier and better lives; and developing strategic intelligence on levels and inequalities of health and well-being. The EPW aims to bridge the divide between primary health care (PHC), public health services and hospital care services.

Against this backdrop, in November 2020 the WHO Regional Director for Europe established the NCD Advisory Council to inspire action to accomplish SDG Target 3.4 in the WHO European Region.

TARGET	3·4
	SDG Target 3.4: by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

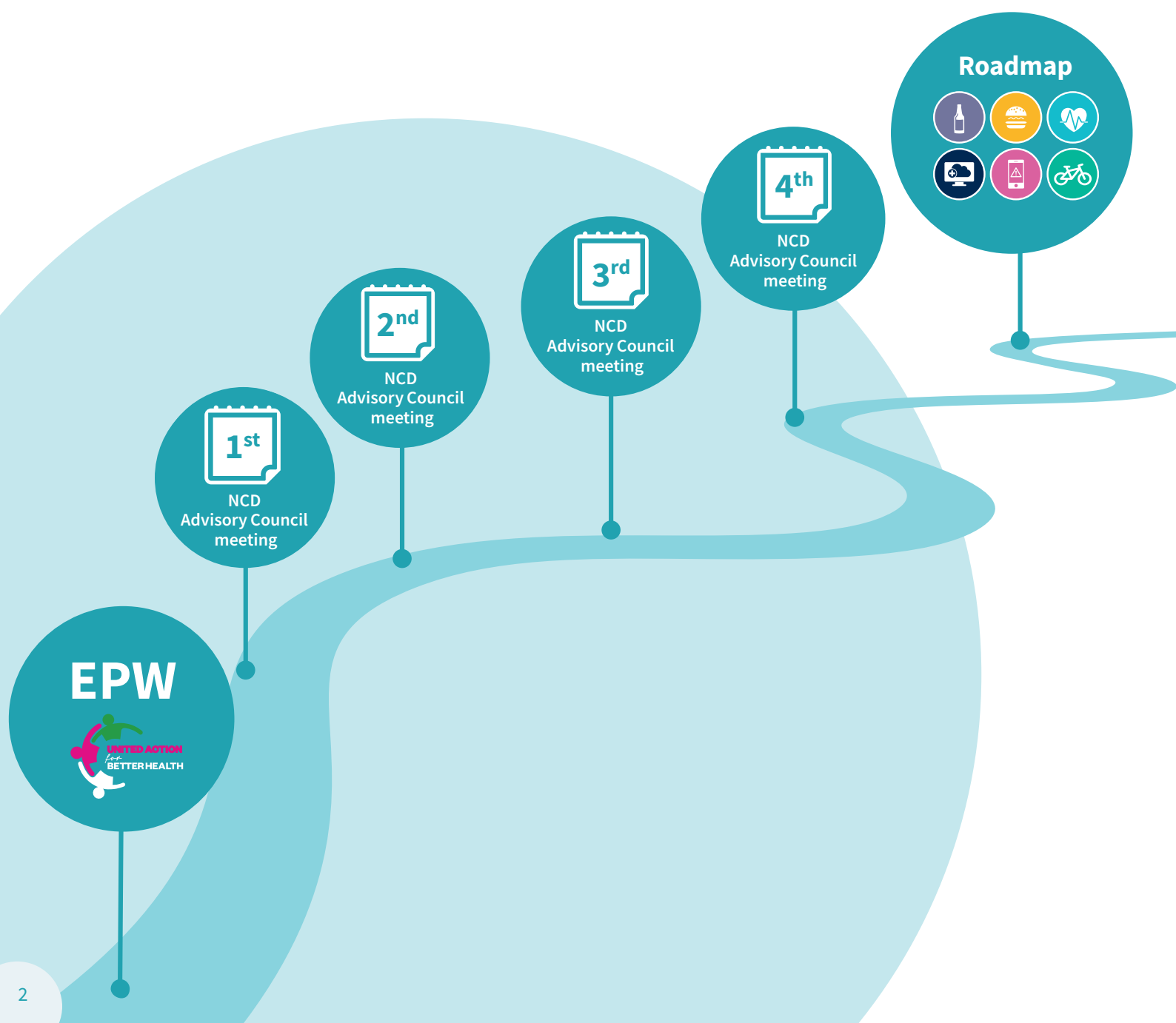
The mission of the NCD Advisory Council is to provide independent advice to the Regional Director to support Member States' efforts towards NCD prevention and control and the achievement of the health-related SDGs. Its role includes acting as an incubator of innovative ideas and as an accelerator of policy engagement, mobilization of support and advocacy. The NCD Advisory Council is anchored on the goals of the NCD Action Plan, and contributes to its objectives and strategic approach.

At the inaugural meeting of the NCD Advisory Council in December 2020, it was agreed to develop a new energized roadmap to accelerate progress towards – and beyond – the NCD targets, and to close the implementation gap between what is done and what can be done. This targeted roadmap, with a view to achieving concrete results by 2025, speeds up implementation of the NCD Action Plan.

The NCD Advisory Council and WHO Secretariat have since worked to develop a roadmap for reducing NCDs in the WHO European Region. A set of six signature initiatives - covering CVD (particularly the link to hypertension and salt intake), childhood obesity, digital marketing, greener and healthier cities, alcohol taxes as health taxes, and data and digital health – are at the heart of the Roadmap.

These initiatives were developed by specific working groups, setting out the main innovative actions and indicators and possible avenues for partnerships, synergies and links with other initiatives.

This Roadmap is intended to boost efforts in the WHO European Region to tackle NCDs during the period 2021–2025, while defining a common vision and an approach flexible enough to accommodate new opportunities (for example buy-in from partners) or unanticipated challenges. The role of the NCD Advisory Council will also evolve, shifting the focus from development of the Roadmap and signature initiative concepts to support and implementation, including evaluating the cost-effectiveness of the six signature initiatives.





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Where we are today: why an NCD roadmap is needed



Reducing premature mortality from NCDs and improving healthy life expectancy

In May 2013, the World Health Assembly adopted the NCD Global Monitoring Framework, the first target of which is a 25% relative reduction in the overall mortality from CVD, cancer, diabetes or chronic respiratory diseases over the period 2010–2025. This is linked to SDG Target 3.4, reducing premature mortality from NCDs by one third by 2030.¹

Data showing country progress over time indicate that, while the WHO European Region as a whole is on track to meet the target, large and important differences remain between and within subregions and countries, and between genders. The highest levels of premature mortality are found in Commonwealth of Independent States countries, but reductions in premature mortality have also been fastest within these countries, leading to a reduction in the wide east–west gap in premature mortality rates. A large gap between genders remains, with men nearly twice as likely to die prematurely from NCDs as women.

Efforts to tackle NCDs are not only key to preventing premature mortality, they also have a profound impact on the quality of life. It is vital to extend healthy life expectancy – in other words, how long people can expect to live free from disability. NCDs cause 85% of years lived with disability. In 2019 while average life expectancy at birth in the Region was over 78 years old, healthy life expectancy at birth was 10 years lower, at 68 years of age. For many people, this means later years lived with disability, and for societies, this means excess health and care costs. The same policies and interventions reduce both premature mortality and preventable disability.



NCD risk factors in the WHO European Region

Progress in reducing NCDs will depend on actions to reduce exposure to the main risk factors that cause NCDs, and prevalence of these risk factors is high in the Region. Of the six global WHO regions, the WHO European Region has the highest levels of alcohol consumption and alcohol-related harm in the world, the second-highest prevalence of tobacco use among adults (more than a quarter) and some of the highest rates of tobacco use by adolescents. In some places, one third of the population has raised blood pressure (or hypertension), a major risk factor for heart disease and strokes. High salt and alcohol intakes are associated with elevated blood pressure and some of the highest intakes globally are found within Member States of the Region.

About three out of five adults in the Region are overweight, and two out of five are obese. Prior to the pandemic not a single country in the Region was on track to meet the global target to halt the rise in adult overweight and obesity, and reaching this target has since become even more challenging. The high prevalence of overweight and obesity among children threatens to undermine the future health of this generation.

¹ Premature NCD mortality is the likelihood that a 30-year-old person today will die of one of the four major NCDs (CVD, cancers, chronic respiratory diseases or diabetes) before the age of 70 years.

Unhealthy diets more generally, along with overweight and obesity, contribute to a large proportion of the NCD burden in the Region. National surveys in most countries indicate excessive consumption of calories, saturated fat, trans-fats, free sugars and salt/sodium, as well as low consumption of vegetables, fruits and whole grains. Children across the Region are exposed regularly to many advertisements for unhealthy industrially produced products, including foods high in fats, sugars and salt (HFSS). Prevalence of physical inactivity is also high – affecting one third of Regional adults – and has been rising among adolescents.

Air pollution is the single most important environmental risk factor affecting health and a recognized risk factor of NCDs (1). In the WHO European Region, people who live in most urban areas (87% of 3600 settlements in 48 Member States) are exposed to air that exceeds WHO air quality guideline values for particulate matter (PM₁₀ or PM_{2.5}) (2). Air pollution is responsible for approximately 550 000 premature deaths in the Region every year. Therefore, efforts to improving air quality and increasing sustainable development of cities – where populations can also be exposed to increased risk of extreme heat and other environmental risks – are among Regional priorities.



Inequalities and gender

Inequalities in socioeconomic determinants of health are responsible for differences in population health status, including NCDs. Lower socioeconomic status is associated with chronic ill health, which in turn decreases quality of life and household income, perpetuating a vicious inequality cycle. Evidence strongly suggests that there is a positive association between low income, low educational status and low socioeconomic status and burden of NCDs (3). The report of the Pan-European Commission on Health and Sustainable Development also highlighted that inequalities in health were exacerbated by the COVID-19 pandemic and recommended a series of actions to heal those divisions (4). The report recommended, among other things, that information systems fully capture data on inequalities and development and implementation of policies to give security to those who lead impoverished or precarious lives.

The fact that NCDs and NCD risk factors cause the greatest burden of disease in the WHO European Region is frequently noted. Less frequently cited are the striking differences between men's and women's exposure to risk factors, which result in some of the largest global gender gaps in life expectancy. Men are nearly twice as likely to die prematurely from NCDs, with differences in NCD risk factor exposure such as use of unhealthy products being largely accountable for this. Significantly higher percentages of men compared with women, in most age groups, engage in risk-associated behaviour, including alcohol consumption, tobacco smoking, insufficient intake of fruits and vegetables, adding salt to meals and frequent consumption of highly processed foods (5). In addition, social and economic inequality may influence men and women differently.

There are also large differences in terms of access and use of health-care services. Compared with men and women with a high level of education or income, disadvantaged men and women report being less frequently assessed for common NCD risk factors.

People from marginalized communities, including migrants and those experiencing imprisonment or homelessness, are more vulnerable to NCD risk factors such as consumption of harmful products, and experience more barriers when accessing health care, including for prevention and treatment of NCDs. Cultural barriers and stigma are just a few examples of why this demographic suffers a disproportionately larger NCD burden.



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COVID-19 and NCDs

The COVID-19 pandemic has revealed the vulnerability to infectious diseases of people with underlying NCDs. Failure to take early action to prevent and control NCDs has left European populations vulnerable. The high prevalence of NCDs, as well as high levels of risk factors, including overweight, obesity, smoking and alcohol use, exacerbated the COVID-19 burden in the WHO European Region (6). Patients with COVID-19, including young adults, who experience comorbidities such as hypertension, diabetes, ischaemic heart disease, chronic respiratory disease or cancers are at higher risk of severe COVID-19 illness, complications or death.

The COVID-19 pandemic has exacerbated the burden of NCDs in the WHO European Region in a further number of ways. The combined impact of the pandemic and mitigation response measures can result in behaviour changes increasing exposure to risk factors such as tobacco use, alcohol use, unhealthy diet and physical inactivity. For example, evidence has shown that the pandemic fostered increased frequency of snacking and sales of energy-dense foods have soared, coupled with unavailability of fresh food. The mental health of many people, including health professionals, is undermined by the stressful situations created by the pandemic and the resulting economic insecurity. Many preventive activities such as assessing exposure to risk factors and offering advice and treatment to reduce exposure have been diminished or postponed, and there may be long-term consequences from people not presenting to, or being able to access, health services.

Throughout the COVID-19 pandemic, health systems have operated under enormous pressure, highlighting fragilities, but have also demonstrated resilience and the invaluable strength of the health workforce in responding to NCDs. While innovations introduced during the pandemic such as the expansion of tele-health or e-health practice, and of e-prescriptions, have offered opportunities, these have not been equally distributed and health inequalities may have increased. Even before the pandemic, opportunities to bring about further improvements in NCD outcomes through a more comprehensive and better-aligned health system response had been identified. Specific examples include integrated delivery of services, people-centredness, the health workforce, financing, medicines and information solutions (7).

A post-COVID-19 increase in NCD mortality and morbidity can now be expected, particularly for more vulnerable populations, leaving populations in the Region even more exposed to future pandemics. Strengthening service delivery models, financing, access to medicines and technology, as well as workforce capacity at all levels of health care for prevention and management of NCDs, remains critical.



Policy implementation gap and need for action

Despite the heavy burden of ill health and premature death due to NCDs, and the enormous economic cost that they impose on the WHO European Region, the political will to tackle NCDs is often lacking or is thwarted by lack of investment or political opposition. The vested interests behind commercial determinants of NCDs – including the alcohol, tobacco, food and other health-harming industries – are often highly effective in resisting robust policy action and evidence-informed regulation.

Although low-cost, highly affordable and cost-effective solutions to prevent and control NCDs are available, their implementation is uneven and slow. The coverage and quality of implementation of evidence-informed interventions for NCD prevention and care at individual service level is variable. There is a need for more innovative tactics and transformative ideas to move from knowledge to action. Additionally, despite long-standing recognition that reducing risk factors and underlying determinants for NCDs requires action beyond the traditional health sector, it remains difficult for countries to put multisectoral, multistakeholder strategies and partnerships into operation.

There remains a great need to accelerate action to reduce NCDs. The low levels of full achievement of many of the WHO best buys – interventions which have been shown to work and to be highly cost-effective – illustrate the gap between what is done and what can be done. Full exploitation of the best buys would reduce premature mortality across the whole adult population of the Region, with potential returns of the equivalent of at least US\$ 7 for every US\$ 1 invested (8). There is an urgent need to understand and address the barriers which prevent countries from putting such policies in place, and to identify innovative tactics to scale up implementation.





Where do we want to get to: the six signature initiatives



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

This Roadmap has been developed to bring us closer to our shared vision of a health-promoting Region free of preventable NCDs, premature death and avoidable disability. This aspirational vision is enshrined in the NCD Action Plan and, as such, is already guiding the work of WHO and Member States. The NCD Action Plan sets out to achieve this vision by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Member States.

Five years on from adoption of the NCD Action Plan in the Region, this Roadmap is intended to accelerate progress towards – and beyond – the NCD targets and to close the implementation gap between what has been done and what can be done. It specifically aims to speed up implementation of the NCD Action Plan and achieve concrete results by 2025.

The Roadmap was developed having in mind two core objectives:

Objective 1

Closing the gap between knowledge and implementation: achieving concrete results by bringing together WHO's core work – where robust evidence and strong technical packages exist – on a number of specific issues under a unifying signature initiative theme in order to boost implementation.

Objective 2

Fostering innovation, recognizing good programmes and leveraging resources. Under each theme, external institutions and stakeholders are invited to develop innovative approaches and programmes and mobilize donor institutions to provide funding to take such work forward. Examples of existing good programmes and innovation – which have the potential to accelerate progress on NCDs if scaled up – could also be identified and granted formal recognition by WHO as model programmes.



Operating principles

The NCD Advisory Council discussions identified six operating principles for accelerating progress in reducing NCDs. These were incorporated into the Roadmap and underpin all the signature initiatives.

Multisectoral partnerships

There are many multisectoral determinants and responsibilities for NCD risk factor exposure. Joined-up action between sectors can bring not only health gains but also benefits to the objectives of other sectors. Important sectors include trade and finance, agriculture, environment, consumer affairs, the private sector and governance at difference layers and levels, including regions and municipalities.

Legislation as a public health tool

Regulatory measures, including measures to regulate the price and marketing of health-damaging products, are among the most powerful yet underutilized tools available to policy-makers to reduce exposure to the many commercial determinants of NCDs, including tobacco, alcohol, salt and other dietary components. Implementation and enforcement of evidence-informed regulation to support public health will contribute to delivery in all priority areas.

UHC and PHC

Strong health systems are vital to reduce NCDs. UHC with a strengthened role for PHC is the strongest platform to prevent and manage NCDs. UHC means ensuring that no person in any area of society is left behind. Primary care providers have an important role to play in supporting people living with chronic conditions to self-manage their own health supported by their carers and families, making best use of health-care services and other available resources and achieve better health outcomes and improved quality of life.

Gender equality, equity and human rights

The core values of gender equality, equity and human rights must be respected and promoted as part of efforts to reduce the burden of NCDs, through the application of rights-based and gender and equity responsive approaches.

Optimized digital technologies

Digital technologies are ubiquitous in our lives yet they are not systematically and comprehensively used to reduce the burden of NCDs. The Roadmap considers systematically how to maximize the use and impact of digital technologies to reduce the burden of NCDs in the WHO European Region in ethical ways.

Evidence-informed and data-driven initiatives

No amount of data will lead to accelerated impact if it is not used to inform decision making. When an initiative is data driven, quality information is available to the right people when they need it and they are using those data to take action. New technologies and methods such as big data and artificial intelligence can leverage the impact of data.

Scope

This Roadmap draws on and is under the umbrella of the EPW and the NCD Action Plan.

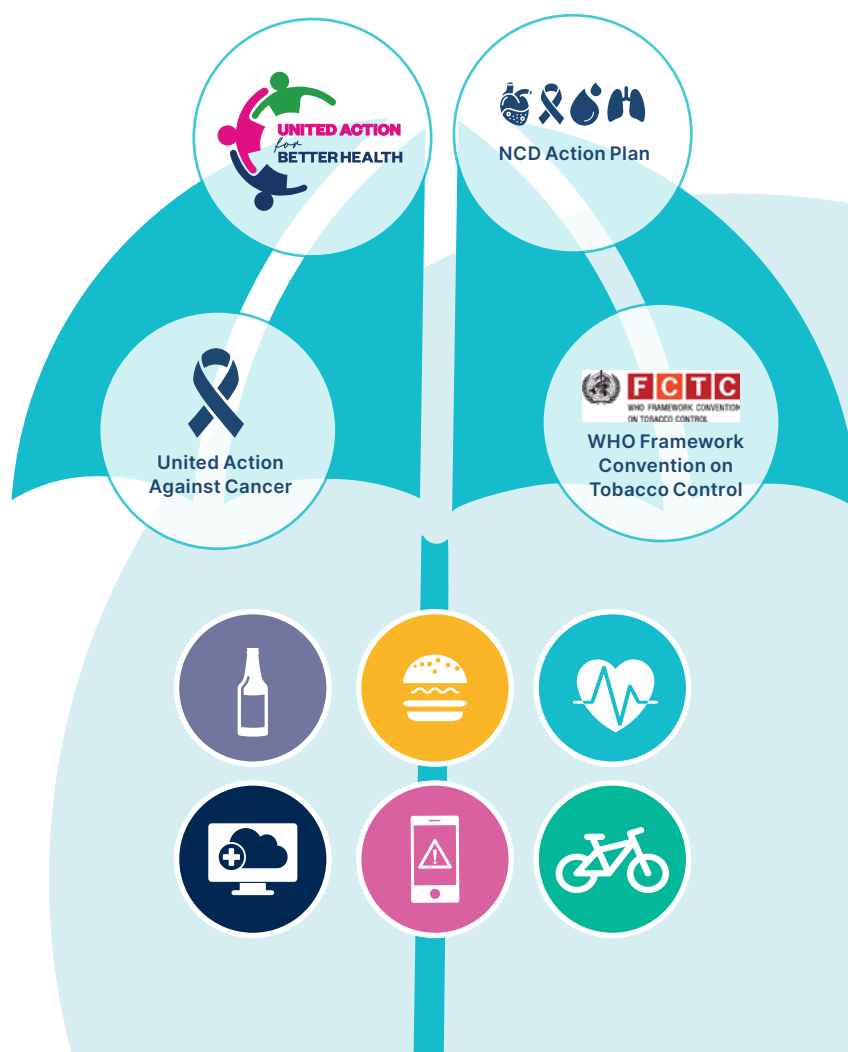
Similarly, it is well aligned with other initiatives and flagships, including, among others, the following key initiatives.

The **Empowerment Through Digital Health Initiative** will provide technical and policy guidance and expertise on the safe and effective uptake of digital health solutions for preventing and managing NCDs.

The **Mental Health Coalition** was launched in 2020 to transform attitudes about mental health, expedite mental health service reforms and accelerate progress towards UHC for people with mental health conditions. This Roadmap is aligned with the objectives of the Mental Health Coalition and the signature initiatives will reduce exposure to determinants of impaired mental health.

United Action Against Cancer has a vision to eliminate cancer as a life-threatening disease and will therefore have a major impact in reducing NCDs. The signature initiatives reduce exposure to risk factors for cancer.

This Roadmap will also contribute to realization of the implementation roadmap for global action on NCDs. World Health Assembly decision WHA74(10) requested the WHO Director-General to submit an implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030. The WHO European Region organized an expert consultation on 7 September 2021 to discuss the main achievements of the Region, the impact of COVID-19 on NCD prevention and control, the main barriers yet to overcome in the Region and the support required from WHO. The conclusions of the consultation informed the development of the global implementation roadmap, adopted at the the World Health Assembly session 75 in 2022.



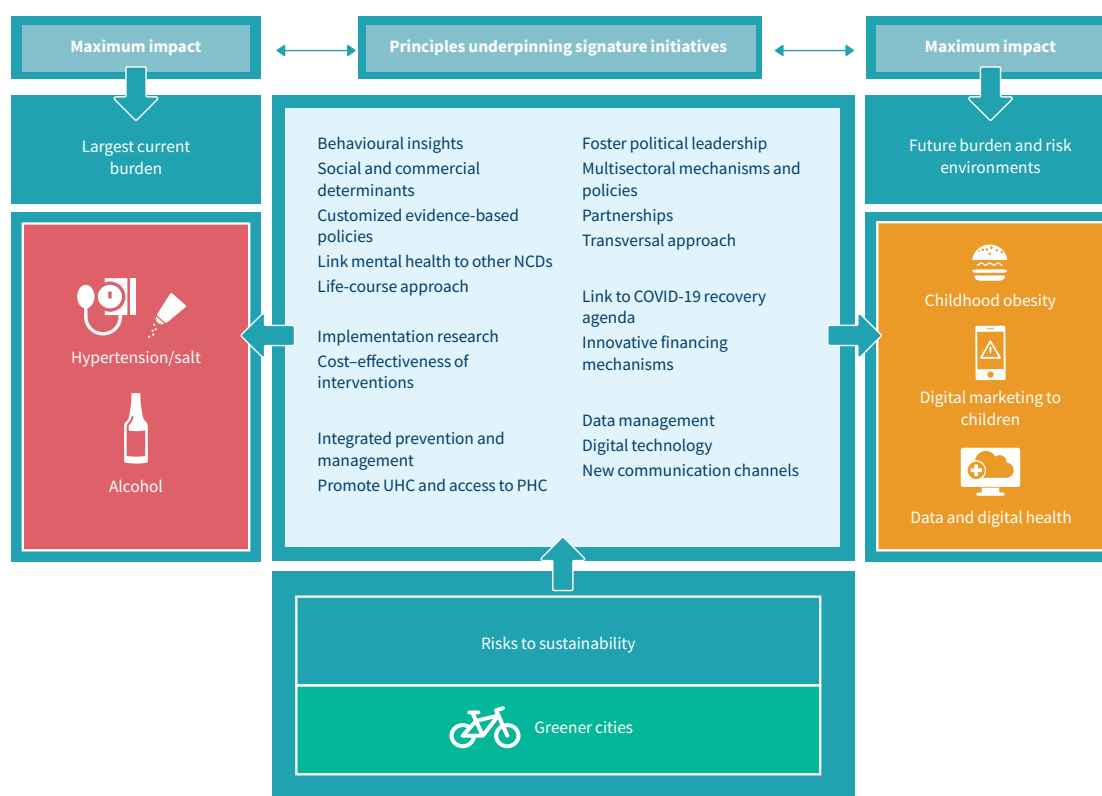


How we can bring about change


The full complexity of the challenge of tackling NCDs – due to the multifactorial nature of NCDs and the need for a multisectoral response – is reflected in the NCD Action Plan. Taking into consideration the objectives and operating principles outlined above, the NCD Advisory Council sought to identify a narrower range of “pressure points” where changes can be made to accelerate progress.


A subgroup of issues with the strongest evidence for action and the maximum potential for impact was, therefore, identified as a starting point. Some of these issues relate to areas linked to the largest current NCD burden, while others are more related to future burden and risk environments (including the risks to sustainability) (Fig. 1).


Fig. 1. Key focus areas and core principles underpinning signature initiatives





The focus areas highlighted in the red, orange and green boxes have been developed into six signature initiatives:


- 

Alcohol taxes as health taxes
- 

Childhood obesity
- 

Reducing CVD burden (hypertension and salt)
- 

Data and digital health
- 

Digital marketing
- 

Greener and healthier cities

The main focus areas highlighted in Fig. 1 have been developed into six signature initiatives, which are the defining feature at the centre of this Roadmap. These signature initiatives, underpinned by the operational principles outlined above, are intended to mobilize society and inspire action, particularly by harnessing the leadership of the NCD Advisory Council, to boost implementation of strategies that are known to work, and fostering partnerships and learning to develop novel and innovative approaches. The key focus areas may be adjusted during the lifetime of the NCD Advisory Council, guided by the objectives set, priorities identified and opportunities. The six signature initiatives are as follows.



Signature initiative 1
Childhood obesity

Ensuring a healthier future for children by tackling childhood overweight and obesity in the WHO European Region.



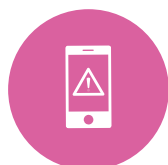
Signature initiative 2
Alcohol taxes as health taxes

Raising the untapped potential of alcohol taxes as health taxes – a WHO benchmark to reduce alcohol affordability and save lives.



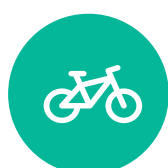
Signature initiative 3
Reducing CVD burden (hypertension and salt)

Reducing inequalities in CVD burden and high blood pressure prevalence through improving hypertension control in PHC and implementing salt-reduction strategies.



Signature initiative 4
Digital marketing

Protecting children and young people from exposure to unhealthy commodities in digital contexts.



Signature initiative 5
Greener and healthier cities

Improving air quality and healthy mobility.



Signature initiative 6
Data and digital health

The big unlock – harnessing the power of data and digital health in NCDs.

Concept notes have been developed for each signature initiative, setting out the rationale for action and a series of recommended actions.

The signature initiatives vary considerably, but are complementary, cross-cutting and mutually reinforcing in many ways, addressing objectives 1 and 2 (closing the gap between knowledge and implementation and fostering innovation) with different emphasis levels. This combination of specific and cross-cutting, Region-wide and targeted, short- and long-term signature initiatives is important to drive progress overall and to reduce inequalities. They also support and contribute to other important areas of NCD prevention and other flagship initiatives of the EPW (Fig. 2).

Fig. 2. EPW flagship initiatives





Signature initiative 1: ensuring a healthier future for children by tackling childhood overweight and obesity in the WHO European Region

Overweight and obesity during childhood and adolescence track into adulthood and have been shown to increase the risk of other NCDs. Diseases linked to overweight and obesity account for between 5% and 7% of total health-care costs in the Region, and the COVID-19 pandemic has exacerbated the challenges and inequalities facing those living with obesity. Emerging evidence suggests that the COVID-19 pandemic has shifted dietary habits – towards increased frequency of snacking and purchase of energy-dense foods – and affected physical activity levels. Since children are more vulnerable to environmental risks, close monitoring and efforts are needed to address COVID-19-related issues, including not only nationwide lock-downs and school closures, but also the (un)availability of (fresh) food and opportunities to be physically active. This signature initiative comprises a number of actions to increase engagement on childhood obesity at different levels and proposes novel ways to bring new voices and ideas to the table and disseminate knowledge and best practice. Overall, the initiative is designed to halt or reverse the increase in childhood overweight and obesity in at least 15 countries by 2025.



Signature initiative 2: raising the untapped potential of alcohol taxes as health taxes – a WHO benchmark to reduce alcohol affordability and save lives

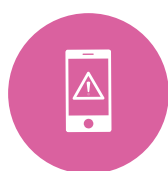
Despite the overwhelming evidence produced so far, alcohol pricing policy remains the least implemented intervention in the entire WHO European Region. Compared with tobacco taxes, the overall contribution of alcohol tax to the final consumer prices (tax share) is very low and several countries do not levy taxes on some alcoholic beverages. Many countries do not adjust their tax for inflation, making alcohol more affordable to the population over time. Several countries do not levy taxes on certain alcoholic beverages at all. Alcohol control measures play a key role in efforts to achieve the global goal agreed by the World Health Assembly of a 25% relative reduction in premature mortality from NCDs by 2025. Alcohol tax increases along with other best buy policies yield benefits for both the health and economic sectors. This signature initiative focuses on optimizing alcohol pricing policies and leveraging the untapped potential of alcohol taxes as health taxes through offering tailored support to Member States in developing, tailoring, implementing and monitoring alcohol taxes, along with taxes on tobacco and sugar-sweetened beverages. The signature initiative also aims at developing a WHO benchmark for a minimum tax share for alcoholic beverages, with the goal that, by 2025, at least 26 Member States (50%) will have implemented alcohol taxation at a level of at least a minimal tax share of 25%.



Signature initiative 3: reducing inequalities in CVD burden and high blood pressure prevalence through improving hypertension control in PHC and implementing salt-reduction strategies

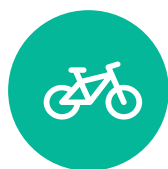
In 2019 hypertension led to 13% of disability-adjusted life-years across the WHO European Region and was the cause of 24% of all deaths from CVD. Member States in the eastern part of the Region have

some of the highest rates of hypertension globally, with an overall prevalence of 39%, and some of the highest consumption levels of salt globally. People with diabetes have a two- to-four-fold increased risk of heart attacks and stroke. There are significant differences between and among men and women in most of the biological and behavioural risk factors for NCDs. Reducing high blood pressure requires successful identification, treatment (drugs and counselling) and control in PHC (including to support self-management), as well as population-level strategies to reduce salt consumption. WHO-recommended cost-effective and effective interventions, however, are not fully implemented and need to be scaled up through a health system strengthening approach that includes a gender perspective. This signature initiative has a strong focus on closing the gap between knowledge and implementation and on recognizing and applying good programmes in innovative ways within and across countries. Its deliverables include a WHO European Regional report on hypertension (prevalence, treatment and control) including gender inequalities; country profiles; country case studies; intercountry meetings on hypertension and salt reduction; country demonstration projects in reducing CVD burden through hypertension control; and comprehensive salt-reduction strategies with implementation research.



Signature initiative 4: protecting children and young people from exposure to unhealthy commodities in digital contexts

Digital marketing of unhealthy products, including HFSS, alcohol and tobacco, presents new risks to health, particularly for children and young people. Many studies have shown increased consumption of unhealthy products, including foods and alcoholic beverages, when they are promoted online. Emerging data suggest that during the COVID-19 pandemic digital marketing of such products intensified and snacking behaviour increased. WHO has a mandate to protect children from exposure to marketing of unhealthy products, including HFSS, alcohol and tobacco. The WHO CLICK monitoring framework report has highlighted that children are exposed regularly to many advertisements for unhealthy products or brands which are well known for their unhealthy products. Governments need to work in collaboration to put in place legislative arrangements that robustly tackle the merged repertoires of marketing channels, techniques and platforms including social media influencers, regulating user-generated content, communication-sharing and consumer engagement. This signature initiative is designed to help countries to develop a clear roadmap for legislation and legal frameworks for restricting digital marketing to children, with the aim of supporting seven countries to implement legislation by 2025.



Signature initiative 5: greener and healthier cities – improving air quality and healthy mobility

Air pollution is the main environmental risk factor for stroke, heart disease, chronic obstructive pulmonary disease, lung cancer and acute respiratory infections and the evidence is growing for other health effects, including metabolic disorders. The burden of disease due to ambient and household air pollution is substantial, with an estimated 7 million premature deaths per year globally, including 550 000 in the WHO European Region. Reduction of exposure to air pollution requires multisectoral actions and multilevel governance – from global to local. The WHO Regional Office for Europe chairs the Joint Task Force on the Health Aspects of Air Pollution under the United Nations Economic Commission for Europe Air Convention and provides the secretariat to the Transport, Health and Environment

Pan-European Programme (THE PEP) platform that aims to strengthen intersectoral collaboration to achieve green, healthy transport and mobility for all in Europe. Supporting Member States to develop conditions for safe non-motorized transport, in particular cycling and walking, would deliver multiple health benefits not only through improved air quality, but also due to less noise, reduced risk of road-traffic injuries and conditions more conducive to physical activity, including through urban design with accessible green and blue spaces. Through support for regional, subregional and national networks and exchange platforms, enhancing the knowledge base and developing evidence-informed materials for city authorities and leadership and for public health professionals, this signature initiative aims to increase Member States' development of national cycling policies, strategies and/or programmes as well as improving air quality, reducing noise pollution and mitigating effects of heat-waves through urban planning to support cycling, walking and sustainable transport. It also supports development of programmes in the wider context of strengthening urban resilience through planning, building insulation, tree canopy and other measures by 2025.



Signature initiative 6: the big unlock – harnessing the power of data and digital health in NCDs

To prevent, control and manage NCDs adequately, efforts and initiatives must be data driven and evidence informed. Reliable, accurate, geolocalized and timely data are necessary to support valid and data-driven decisions to strengthen the fight against NCDs. The data that can help to prevent and control NCDs are not in one place and often are beyond the boundaries of health-care institutions, presenting challenges to addressing the needs of people with NCDs. To be able to assess and compare the success of approaches and actions in prevention and control of NCDs across regions and countries, types of data and ways of collecting them should be harmonized and analyses and reports should be standardized to the extent possible to enable comparison, while respecting all legal, social, human rights and ethical considerations. Digital health, with its integration infrastructure and its ability to connect all segments and levels of health care at country and regional levels and to bring together all participants in integrated care services (such as frontline emergency services, social services, hospice care, nursing homes and home-care services), provides a robust infrastructure that is an essential prerequisite to successful integrated care. This signature initiative will start a regional conversation on these issues through an international conference on big data, artificial intelligence and digital health and will drive progress through development of demonstration projects.





How will we get there: proposed actions to increase engagement and accelerate progress

There are many links and synergies between the signature initiatives, as well as with other initiatives, programmes and movements. All the recommended actions of the signature initiatives converge around two levers – namely, actions to increase engagement and advocate for scaled-up policy action (Table 1) and actions to accelerate progress by innovating, advancing knowledge or developing new tools (Table 2).



Engagement: proposed actions to increase engagement and advocate for scaled-up policy implementation

- pathways for engagement
- dialogues, fora, conferences
- sharing of best practices
- advocacy
- mobilizing support and resources



Accelerators: proposed actions to accelerate progress by innovating, advancing knowledge or developing new tools

- innovative approaches
- new tools and frameworks
- research and knowledge development
- demonstration projects

Table 1. Engagement actions

Regional-level action

<p>Establish new high-level fora, with the support of NCD Advisory Council members to mobilize support and resources to scale up policy action:</p>	<ul style="list-style-type: none"> • An annual regional NCD Assembly to build a movement for action on NCDs across the Region, report on progress and share good practice • A think tank of leading world economists, former ministers of finance and ministers of health to support the social and investment case for action and leverage the untapped potential of health taxes • A network of first ladies and gentlemen on childhood obesity • A network of focal points in ministries of finance and a sustainable exchange platform with focal points from ministries of health and partner organizations, such as the Organisation for Economic Co-operation and Development • A forum, led by WHO Regional Director and supported by the NCD Advisory Council, to interact with industry at pan-European level (reformulation, labelling, marketing, retail environments) • An annual joint meeting of the signature initiative on childhood obesity and signature initiative on digital marketing • NCD Directors' meeting 	   
<p>Foster partnerships and community engagement, specifically by:</p>	<ul style="list-style-type: none"> • Convening a youth summit on child and adolescent obesity • Bringing together the relevant WHO Collaborating Centres and WHO-accredited non-state actors on CVD, diabetes and salt reduction to support the implementation of the CVD signature initiative, including using available opportunities for dissemination and engagement • Involving people with hypertension (and diabetes) in the design/implementation of the demonstration projects within countries • Conducting multilevel communication and advocacy efforts on the public health benefits of green sustainable development on urban environments • Establishing a dialogue platform with civil society stakeholders to gain public support for action on alcohol (taxation) • Involving student health professionals in the design and implementation of acceptable solutions to protect against harmful digital marketing practices • Launching a pan-European drinking-water programme using influencers 	   

Table 1 contd

Regional-level action


<p>Establish a pan-European forum/platform to share local and national experience, success stories and best practices on:</p>	<ul style="list-style-type: none"> • Hypertension control • Salt reduction • Greener and healthier cities (including the Green City Accord, the Barcelona Superblock model) • Alcohol taxation and its impact (including dissemination of video case studies) • Preventing and managing childhood obesity 	   
<p>Sustained advocacy to foster political engagement and build support:</p>	<ul style="list-style-type: none"> • Among young people and their legal guardians for action to protect the most vulnerable from harmful digital marketing practices 	  
<p>A series of intersectoral dialogues at the regional level, including:</p>	<ul style="list-style-type: none"> • Dialogue involving experts in clinical medicine, emergency services, health geomatics, public health, urban planning and environment to promote use of existing WHO tools and support policies for greener and healthier cities • Intersectoral policy dialogue to strengthen capacities and promote uptake of tools and other instruments relating to transport, environment and health • Pan-European initiative to improve the quality of vending machine products and retail environments by scaling up good practice 	   

Table 1 contd

National-level action

Support organization of a series of national policy dialogues:

- Engage with countries with high prevalence of high blood pressure and/or salt consumption, and seek political commitment, institutional support, stakeholder involvement, and commitment to support sustainability and scale for successful projects or project components
- Work with national authorities and relevant stakeholders on the development, implementation and monitoring of comprehensive salt-reduction strategies and enabling environment and policy frameworks
- Country-level dialogues on policy action to promote healthy and sustainable diets, health-enhancing physical activity and to prevent risks associated with alcohol and digital marketing of unhealthy products
- Establishment of national intersectoral commissions on elimination of childhood obesity under the auspices of the highest leadership of the country
- Based on COSI^a data, organized national level obesity dialogues with multiple stakeholders covering all areas mentioned in the report of the Commission on Ending Childhood Obesity



^a WHO European Childhood Obesity Surveillance Initiative

Table 2. Accelerator actions

Regional-level action

Generate innovative ideas by bringing in new voices through:

- A meeting of minds/hackathon on design, architecture and digital elements of school urban environments
- A young researchers and public health practitioners' incubator (Voices of Science)
- Involving student health professionals in the design and implementation of acceptable solutions to protect against harmful digital marketing practices

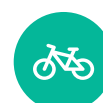


Table 2 contd

Regional-level action

Development and implementation of national and international frameworks:

- To protect the most vulnerable groups from harmful digital marketing practices



Facilitating and supporting research projects and publications, including:

- A Foresight report on childhood obesity and future health and well-being of people in Europe
- Scientific papers, led by NCD Advisory Council members and WHO Regional Director addressing social determinants of health
- Exploring novel ways to increase detection of high blood pressure in the 50% of people that do not even know they are hypertensive and study new methods of follow-up using digital technology
- Studies on the impacts of clear-air policies on NCDs
- Factors driving behavioural change at individual level
- Modelling studies using different values of minimal share of taxes and country case studies to show evidence of the gains
- Modelling the impact of good practice examples of green interventions in cities
- Exploring the use of mobile technologies in monitoring different modes of transport
- Exploring the use of geolocalized health data in identifying areas at higher risk to develop NCDs
- A review, to report in 2025, to assess the coverage and likely impact of new tools and frameworks on digital marketing

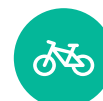
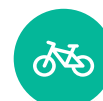


Table 2 contd

Regional-level action

Development of new tools to support policy implementation and monitoring:

- High-quality indicators for greener and healthier cities, reflecting the need for concerted action involving multiple components
- Evidence-based materials on greener and healthier cities, including a city checklist, for city authorities and leadership
- A standardized excise tax share indicator for alcoholic drinks and clear guidance for minimal excise taxation
- A model legal and regulatory package on digital marketing, including branding marketing, that could be adopted by Member States
- Develop, jointly with the WHO Academy, a Regional Office-led online educational programme on childhood obesity focusing on clinical management of childhood obesity
- Development of resource package to support early life nutrition with a focus on breastfeeding and complementary foods



Organize a conference on big data, artificial intelligence and digital health for NCDs



National-level action

Conduct situation analyses at the national level in countries with high prevalence of raised blood pressure and/or salt consumption, summarizing in country profiles:

- Risks: rapid baseline situation analysis (salt consumption survey; clinical audit of hypertension control, including for people with diabetes; hypertension cascade analysis; identification of barriers and opportunities; gender analysis; and behavioural and cultural insights on self-care and risk behaviours)
- Clinical: review clinical guidelines, develop country-appropriate simple clinical protocols for hypertension control (including for people with diabetes) and carry out rapid surveys of access to relevant anti-hypertensive medicines
- Political and sustainability: review payment models, medication sourcing and pricing and key stakeholders such as professional groups for clinical service delivery



Table 2 contd

National-level action

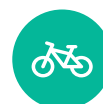
Implement demonstration/applied research projects, including:

- 12-month demonstration projects of hypertension control interventions in PHC (including for people with diabetes)
- Two innovative digital health/big data demonstration projects for monitoring, prevention and management of NCDs in the WHO European Region
- At least one reference digital health example implementation for NCDs, with publication of results, best practices and lessons learned



Support Member States to develop and implement:

- Time-bound targets for NCDs that are aligned with WHO guidance
- Salt-reduction strategies and the development of enabling environment and policy frameworks
- Health examination surveys covering all major NCD risk factors, aligned with WHO guidance



Alcohol taxes as health taxes

Childhood obesity

Reducing CVD burden (hypertension and salt)

Data and digital health

Digital marketing

Greener and healthier cities



Engagement



Acceleration







How will we know when we get there: outcomes and outputs

The combined outputs and outcomes of the six signature initiatives (Fig. 3) will help to drive progress in reducing NCDs in the WHO European Region.

Fig. 3. How will we know when we get there: outcomes and outputs



Fig. 3 contd



- ✓ Intersectoral dialogue and capacity building have promoted uptake of tools and other instruments to create greener and healthier cities
- ✓ Evidence-based materials, including a main checklist for city-level leadership have been developed
- ✓ Two innovative digital health/big data demonstration projects for monitoring, prevention and management of NCD are implemented
- ✓ The major digital platforms have agreed to the use of tags for paid advertisements to identify the product group (e.g. in food or alcohol advertisements)
- ✓ A youth summit on childhood and adolescent obesity takes place
- ✓ A pan-European initiative to improve the nutrition quality of vending machine products and retail environments is launched
- ✓ A pan-European forum on local and national success stories on preventing and managing childhood obesity is established
- ✓ Pan-European fora/platforms have been established and are sharing local and national experience, success stories and best practices on hypertension control, salt reduction, greener and healthier cities, alcohol taxation and prevention/management of childhood obesity:
 - ✓ a dialogue platform with civil society stakeholders to gain public support for action on alcohol (taxation) is functioning;
 - ✓ countries with high prevalence of hypertension and/or salt consumption are being supported to conduct situation analyses (baseline, clinical, political) and scale up successful projects;
 - ✓ people with hypertension and diabetes are being involved in the design and implementation of projects;
 - ✓ a pilot tool is available for Member States to conduct a legal landscape assessment on digital marketing of food and beverages;
 - ✓ a literature review on novel ways to detect high blood pressure in the 50% of people that do not even know they are hypertensive and new methods of follow-up using digital technology has been completed;
 - ✓ the second Annual Regional Assembly on NCDs takes place; and
 - ✓ the second joint meeting of the childhood obesity and digital marketing initiatives takes place



- ✓ At least one reference digital health example implementation for NCDs will be deployed; results, best practices and lessons learned will be made public
- ✓ A foresight report on childhood obesity and the future health and well-being of people in the WHO European Region is published
- ✓ An online educational programme on childhood obesity, jointly prepared with the WHO Academy, is developed
- ✓ A Voices of Science incubator initiative is launched to support young researchers and public health practitioners
- ✓ Country experience on the impact of tax changes on unrecorded alcohol consumption workforces and unemployment are documented in video case studies
- ✓ A network of focal points in ministries of finance, with a sustainable exchange platform with ministries of health focal points and other partners, is operational
- ✓ 12-month demonstration projects of hypertension control in PHC have been implemented and evaluated
- ✓ National authorities are supported to develop, implement and monitor salt-reduction frameworks
- ✓ Medical students are involved in the design and implementation of solutions to protect young people from digital marketing
- ✓ Reliable and effective age-verification solutions for all paid digital advertisements are available (and certified and enforced by national legislation)

Fig. 3 contd



- ✓ Data collection on specific topics relating to NCDs is enhanced across the Region and processes and outputs have been harmonized
- ✓ Research has identified ways to the use of geolocalized health data in identifying areas at higher risk to develop NCDs
- ✓ A resource package to support early life nutrition with a focus on breastfeeding and complementary foods has been developed
- ✓ The third Annual Regional Assembly on NCDs takes place
- ✓ The third joint meeting of the childhood obesity and digital marketing initiatives takes place



- ✓ Measures to close the gender gap and east-west gap for CVD burden and high blood pressure prevalence have been implemented
- ✓ National intersectoral commissions on elimination of childhood obesity under the auspices of the highest leadership of the country have been established
- ✓ A review to assess the coverage and likely impact of new tools and frameworks on digital marketing is published
- ✓ The fourth Annual Regional Assembly on NCDs takes place
- ✓ The fourth joint meeting of the childhood obesity and digital marketing initiatives takes place



How will we know when we get there: indicators of progress

To be able to assess progress and the achievements of the signature initiatives, time-bound concrete indicators have been defined (Fig. 4).

Fig. 4. How will we know when we get there: indicators of progress





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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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