

1 BACKGROUND

1.1 NON-COMMUNICABLE DISEASES: A GLOBAL AND LOCAL HEALTH CHALLENGE

1.1.1 Non-communicable diseases (NCD), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. These diseases are driven by forces that include rapid unplanned or poorly planned urbanisation, globalisation of unhealthy lifestyles and population ageing. The main types of NCD are cardiovascular diseases (like heart diseases and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. As the leading cause of death globally, NCD kill 40 million people each year, equivalent to 70% of all deaths globally. The yearly number of deaths included over 14 million people who died between the ages of 30 and 70 years and the majority of these premature deaths could have been prevented or delayed³. According to the World Health Organization (WHO)'s projections, the total annual number of deaths from NCD will increase to 55 million by 2030 if 'business as usual' continues⁴.

1.1.2 Like many other countries, Hong Kong faces an increasing problem of NCD. Due to population ageing, changing risk profile in the population, social changes and globalisation, the proportion of registered deaths attributed to cancers and heart diseases had increased from 12.2% and 9.4% in 1961 to 30.5% and 13.3% in 2016 respectively. In 2016, 25 771 registered deaths were attributed to the four major NCD (namely cardiovascular diseases including heart diseases and stroke, cancers, diabetes and chronic respiratory diseases) and accounted for about 55% of all registered deaths in that year. In the same year, NCD caused about 104 600 potential years of life lost before the age of 70. NCD cause significant morbidity and are costly to treat, which can be reflected by considerable numbers of hospital discharges and deaths. In 2016, the aforesaid four disease groups altogether accounted for 17% (or 370 579 episodes) of all hospital inpatient discharges and deaths⁵. Poor health impacts on the individual, family and healthcare system, and if not addressed, on society and economy.

³ Noncommunicable diseases. Geneva: World Health Organization, June 2017. Available at: <http://www.who.int/mediacentre/factsheets/fs355/en/>

⁴ Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization, 2013. Available at: http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

⁵ 2016 Statistics of Inpatient Discharges and Deaths. Hong Kong SAR: Hospital Authority, Department of Health and Census and Statistics Department.

1.2 GLOBAL DEVELOPMENTS IN PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

1.2.1 At the global level and recognising the imminent threat that NCD places on national development and economic growth, Heads of State assembled at the United Nations (UN) General Assembly and adopted the “*Political Declaration on NCD Prevention and Control*” (Political Declaration) in September 2011. The Political Declaration called for development of multisectoral policies to create equitable health-promoting environments that empower individuals to make healthy choice and lead healthy lives. To realise these commitments, the 66th World Health Assembly (WHA) endorsed the WHO’s “*Global Action Plan for the Prevention and Control of NCD 2013-2020*” (Global NCD Action Plan) in May 2013⁶. The Global NCD Action Plan provides a road map and a menu of policy options for all Member States and other stakeholders, to take coordinated and coherent action at all levels to attain, among others, a 25% relative reduction in premature mortality from cardiovascular diseases, cancers, diabetes or chronic respiratory diseases by 2025. Central to the Global NCD Action Plan are the following overarching principles and approaches:-

- (a) Life-course approach
- (b) Empowerment of people and communities

- (c) Evidence-based strategies
- (d) Universal health coverage
- (e) Management of real, perceived or potential conflicts of interest
- (f) Human rights approach
- (g) Equity-based approach
- (h) National action, internal cooperation and solidarity
- (i) Multisectoral actions

World Health Organization’s global monitoring framework for prevention and control of non-communicable diseases

1.2.2 In May 2013, the 66th WHA adopted a global monitoring framework (GMF) to enable tracking of national progress in preventing and controlling major NCD – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – and their four shared behavioural risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, which sets out **9 voluntary global targets** and **25 indicators** to track the implementation of the Global NCD Action Plan. The 9 targets⁷ are:-

- (i) A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases;

⁶ Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization, 2013. Available at: http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

⁷ About 9 voluntary global targets - Global Monitoring Framework for NCDs. Geneva: World Health Organization. Available at: <http://www.who.int/nmh/ncd-tools/definition-targets/en/>

- (ii) At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context;
- (iii) A 10% relative reduction in prevalence of insufficient physical activity;
- (iv) A 30% relative reduction in mean population intake of salt/sodium;
- (v) A 30% relative reduction in prevalence of current tobacco use in persons aged 15 years or above;
- (vi) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances;
- (vii) Halt the rise in diabetes and obesity;
- (viii) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes; and
- (ix) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCD in both public and private facilities.

1.2.3 As target setting and monitoring are ways to draw attention to NCD and help mobilise resources to address NCD priorities, WHO strongly encourages Member States to consider to develop national targets based on their national circumstances for NCD monitoring.

“Best buys” and other recommended interventions for prevention and control of non-communicable diseases

1.2.4 Clear evidence exists that preventive interventions and improved access to healthcare can reduce the burden of NCD, disability and mortality. Policy makers of all countries have to make choices on how best to allocate resources for health and healthcare⁸. To assist Member States to address NCD, WHO has identified a menu of policy options and cost-effective interventions for each of the four key risk factors (unhealthy diet, physical inactivity, harmful use of alcohol, and tobacco use) and four major diseases (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases). In May 2017, the 70th WHA endorsed an updated set of “best buys” and other recommended interventions⁹, comprising 88 interventions including 16 “best buys”¹⁰. The list of “best buys” and other interventions recommended by WHO are summarised in **Annex I**.

⁸ Resolution WHA53.14. Global strategy for the prevention and control of noncommunicable diseases. In: Fifty-third World Health Assembly, Geneva, 33 March 2000. Geneva: World Health Organization, 2000.

⁹ Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization, 2017. Available at: <http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf>

¹⁰ According to the updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020, “best buys” are interventions that are considered to be the most cost-effective and feasible for implementation, for which the WHO-CHOICE analysis found an average cost-effectiveness ratio of ≤ 1\$100/DALY averted in low- and lower middle-income countries (LMICs).

Time-bound national commitments

1.2.5 In July 2014, the progress of implementation of the commitments of the 2011 Political Declaration was comprehensively reviewed at a high-level meeting by the UN General Assembly. In September 2015, world leaders, in the UN General Assembly, made “reduction in premature mortality from NCD” one of the targets to achieve sustainable developments in economic growth, social inclusion and environmental protection in the context of the sustainable development goals (SDG).

1.2.6 This was followed by the First WHO Global Meeting of National NCD Programme Directors and Managers in February 2016 to support national NCD programme directors and managers in their effort to implement 4 time-bound national commitments which are considered instrumental to achieving 10 progress indicators. Systematic implementation and achievement of the progress indicators will strengthen national health system responses and accelerate actions against the leading risk factors for NCD. The time-bound national commitments¹¹ are:-

- (a) By 2015 – Set national NCD targets for 2025 or 2030 and monitor results;
- (b) By 2015 – Develop national multisectoral action plan;

- (c) By 2016 – Implement the “best buy” interventions to reduce NCD risk factors; and

- (d) By 2016 – Implement the “best buy” interventions to strengthen health systems to address NCD.

1.2.7 Looking ahead, the UN General Assembly in 2018 will be holding the third High-level Meeting on the prevention and control of NCD tentatively in September, which will undertake a comprehensive review of the global and national progress achieved in putting measures in place that protect people from NCD towards SDG.

Overseas experience in prevention and control of non-communicable diseases

1.2.8 To understand the status and progress being made at the country level in achieving the four time-bound commitments and the 10 progress indicators, regular global NCD Country Capacity Surveys (CCS) have been conducted by WHO, the latest one in 2017. According to the report of CCS 2017¹² to date, about 50% of all WHO Member States (194 countries) have set national NCD targets along the thinking of WHO and about 50% have implemented operational multisectoral strategies to address NCD. Experience from Mainland China¹³,

¹¹ 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. United Nations, 17 July 2014. Available at: <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=15>

¹² Noncommunicable Diseases Progress Monitor 2017. Geneva: World Health Organization, 2017. Available at: <http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1>

¹³ Medium-to-Long Term Plan of China for the Prevention and Treatment of Chronic Diseases (2017-2025). The General Office of the State Council of the People's Republic of China, 2017. Available at: http://www.gov.cn/zhengce/content/2017-02/14/content_5167886.htm (Chinese version only)

Australia^{14 15 16}, New Zealand¹⁷, United Kingdom¹⁸, United States of America¹⁹ and Singapore²⁰ are some experiences to take reference from.

comprehensive strategy to prevent and control NCD and enhance health promotion to improve the population's health.

1.2.9 As part of the Western Pacific Region of WHO, Hong Kong Special Administrative Region (HKSAR) has also taken part in this regular CCS coordinated by the WHO Regional Office. Although Hong Kong's status will unlikely feature in the UN report, her performance will be checked and gauged against the Member States in the Western Pacific Region.

1.3.2 In October 2008, the Department of Health (DH) published a strategic framework document entitled "*Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases*"²¹, which provided an armory of overarching principles and strategies for the prevention and control of NCD. A high-level Steering Committee on Prevention and Control of NCD (SC) was established in late 2008 to deliberate and oversee the overall roadmap and strategy. The Secretary for Food and Health chairs the SC which has members drawn from the Government, public and private sectors, academia and professional bodies, industry and other key partners.

1.3 LOCAL DEVELOPMENTS IN PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Developing a local strategy to prevent and control non-communicable diseases

1.3.1 In the 2007-08 Policy Agenda, the HKSAR Government undertook to develop a

1.3.3 Under the steer of the SC, three working groups were set up to advise on specific priority areas. The Working Group on Diet and Physical Activity (WGDPA)

¹⁴ Australia: the healthiest country by 2020. National Preventative Health Strategy – the roadmap for action. Australia: Commonwealth of Australia, 2009. Available at: <http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap-toc>

¹⁵ A Rob Moodie, Penny Tolhurst and Jane E Martin. Australia's health: being accountable for prevention. *Med J Aust* 2016; 204 (6): 223-225. doi: 10.5694/mja15.00968. Available at: https://www.mja.com.au/system/files/issues/204_06/10.5694mja15.00968.pdf

¹⁶ Australia: the healthiest country by 2020 A discussion paper prepared by the National Preventative Health Taskforce. Australia: Commonwealth of Australia, 2008. Available at: [http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf)

¹⁷ Health targets. New Zealand: Ministry of Health, 2017. Available at: <http://www.health.govt.nz/new-zealand-health-system/health-targets>

¹⁸ Public Health Policy and Strategy Unit/Public Health England. Government response to the consultation Refreshing the Public Health Outcomes Framework (2015). London: Department of Health, 2016. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/520455/PHOF_cons_response.pdf

¹⁹ Healthy People 2020 Leading Health Indicators: Progress Update. United States: Department of Health and Human Services, 2014. Available at: https://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

²⁰ Healthy Living Master Plan. Singapore: Health Promotion Board, 2014. Available at: https://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2014/HLMP/MOH_Healthy%20Living%20Master%20Plan_Inside%20Page_8d.pdf

²¹ Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases. Hong Kong SAR: Department of Health, 2008. Available at: http://www.change4health.gov.hk/en/strategic_framework/structure/steering_committee/promoting_health/index.html

was established in December 2008 to tackle imminent problems caused by unhealthy dietary habits, physical inactivity and obesity. The Working Group on Alcohol and Health was established in June 2009 to tackle problems related to alcohol-related harm. The *“Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong”*²² and the *“Action Plan to Reduce Alcohol-related Harm in Hong Kong”*²³ were launched in September 2010 and October 2011 respectively, and both have been fully implemented. Many of the action items have become regular features of the Government’s NCD response or have resulted in further initiatives tailored to changing social and environmental circumstances. The Working Group on Injuries was established in February 2012 which produced the *“Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong”*²⁴ in February 2015 to reduce unintentional injuries. Implementation of this action plan is in progress.

Redefinition of the functional role of the Steering Committee

1.3.4 In light of increasing local burden and global developments in NCD prevention and control, the SC agreed at its 7th meeting

held on 9 August 2016 to re-define its terms of reference to align with the WHO’s Global NCD Action Plan. The terms of reference and membership of the SC is at **Annex II**.

Setting up of a Task Force underpinning the Steering Committee

1.3.5 The SC further endorsed the setting up of a Task Force, with members drawn from and outside the SC to deliberate and propose a set of local NCD targets and indicators based on WHO guidance as well as make recommendations on systems, programmes and actions required to achieve the time-bound commitments, indicators and targets. The terms of reference and membership of the Task Force is at **Annex III**.

1.3.6 The Task Force was set up in November 2016 and met four times to consider a number of issues pertaining to the task. Regular reports were produced for consideration of the SC. Views and recommendations made by the Task Force became the backbone of the Hong Kong’s NCD strategy and action plan up to 2025, which are contained in **Chapter 3** of this document. **Annex IV** highlights the meetings and papers discussed by the Task Force.

²² Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong. Hong Kong SAR: Department of Health, 2010. Available at: http://www.change4health.gov.hk/en/strategic_framework/structure/working_group_dpa/action_plan/index.html

²³ Action Plan to Reduce Alcohol-related Harm in Hong Kong. Hong Kong SAR: Department of Health, 2011. Available at: http://www.change4health.gov.hk/en/strategic_framework/structure/working_group_on_ah/action_plan/index.html

²⁴ Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong. Hong Kong SAR: Department of Health, 2014. Available at: http://www.change4health.gov.hk/en/strategic_framework/structure/working_group_injuries/action_plan/index.html