



PLAN OF ACTION ON NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL 2025–2030

The 176th Session of the Executive Committee adopted Resolution CE176.R9 for this document. This version being presented to the 62nd Directing Council incorporates comments submitted by Member States during the Executive Committee session held in June and throughout the intersessional period prior to the Directing Council.

Introduction

1. Noncommunicable diseases (NCDs) are the leading cause of death and disability in the Region of the Americas, with an estimated 6 million deaths each year and an estimated 240 million people living with an NCD (1). International frameworks have established a series of targets to reduce premature NCD mortality through health promoting activities, risk factor reduction, and strengthened primary health system capacity for NCD management (2, 3).
2. The purpose of the Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030 is to support Member States in accelerating actions necessary to meet the global NCD targets. Recognizing that a whole-of-government and whole-of-society approach—with multisectoral partnerships—is needed to address NCDs, the plan of action outlines three overarching strategic lines of action to be implemented over its time frame (2025–2030).
3. Given the broad scope of NCD prevention and control and the time frame of this plan, the topics are focused on those of the global NCD targets that cover the common risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity) and four main NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. Obesity is recognized as a major NCD risk factor and chronic kidney disease as a major NCD, and both are considered within this plan as part of the integrated management of NCDs. The actions of this plan are focused on risk factor reduction policies, surveillance, and primary health care interventions to improve NCD management, recognizing that higher-level care also needs to be strengthened. The latter is outside the scope of this plan of action.

Background

4. Noncommunicable diseases have long been recognized as a major public health problem. Global NCD targets (3) and regional resolutions adopted by PAHO Member States have affirmed the commitment of Member States to strengthen NCD prevention and control. These include the Strategy for the Prevention and Control of Noncommunicable Diseases (4) and the accompanying Plan of Action for the Prevention and Control of Noncommunicable Diseases (5) describing the course of action to

address NCDs. Furthermore, in 2023, the 60th Directing Council of PAHO approved the Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (6).

5. The plan of action is in line with current and related resolutions, including for the Plan of Action for the Elimination of Industrially Produced Trans-fatty Acids 2020–2025 (7), the Plan of Action for Cervical Cancer Prevention and Control 2018–2030 (8), and the Strategy and Plan of Action to Strengthen Tobacco Control in the Americas 2025–2030 (9). This plan of action builds on lessons learned for NCD prevention and control, as described in the final report of the Strategy for the Prevention and Control of NCDs, also presented to the Governing Bodies in 2025.

Situation Analysis

6. *Noncommunicable disease mortality.* NCDs are the leading causes of death in the Region and were responsible for 6 million deaths in 2021 (the most recent year for global mortality data), 2.3 million (38%) of which occurred prematurely in people under the age of 70. The four main NCDs are cardiovascular diseases (2.2 million deaths, or 36%), cancer (1.4 million deaths, or 23%), chronic respiratory diseases (CRDs) (0.4 million deaths, or 7%), and diabetes (0.3 million deaths, or 5%) (1). Chronic kidney disease is also a major NCD that affects many people living with an NCD, especially those with diabetes, and accounts for a substantial proportion of morbidity and mortality related to diabetes.

7. *NCD risk factor prevalence.* Tobacco use among individuals aged 15 and older was 16.6% in 2022, down from 21.3% in 2010. Tobacco use among men in the Region in 2022, stood at 21.7%, below the global prevalence of 34.4%. However, among women, the figure was 11.4%, much higher than the global prevalence of 7.4% (10). Among adolescents aged 13–15, it is estimated that over 5 million people in the Region use tobacco, with similar prevalence among girls (9.4%) and boys (10.3%) (10). Harmful use of alcohol was responsible for 5.5% of all deaths in the Americas and 6.7% of all disability-adjusted life years in 2022. Fifty-four percent of the total population are current drinkers; 40.5% of all current drinkers are heavy episodic drinkers (i.e. they drink at least 5 drinks per occasion at least monthly); and 8.2% of the general population over 15 years of age has an alcohol use disorder (1). Regarding physical activity, 81% of school-age adolescents (ages 11–17) were insufficiently physically active in 2022, as were 35.6% of adults aged 18 and older (1). Additionally, the prevalence of obesity (BMI ≥ 30 kg/m²) among adults aged 18 and over that year was 33.8% (1).

8. *Progress on risk factor policies.* Tobacco control measures in the Region have been uneven, with regional successes in the areas of smoke-free environments and health warnings on tobacco product packaging but limited progress in banning tobacco advertising, promotion, and sponsorship. Challenges include industry interference, the growing use of e-cigarettes, illicit products, aggressive marketing targeted to youth (11), and the rise of digital marketing and media endorsements. Seven countries have enacted healthy eating laws requiring food and beverages to feature front-of-package warning labels.

9. *NCD management.* It is estimated that more than 240 million people in the Region are living with an NCD, requiring continuous access to affordable, quality NCD services, including medicines and other health technologies. Unfortunately, challenges persist, with underdiagnosis, undertreatment, and suboptimal control rates. Only 36.4% of all adults aged 30–79 living with hypertension in 2019

(35.4%) had their hypertension controlled (1). Approximately 112 million adults in the Americas (13%) were living with diabetes in 2022, up from 8% in 2014 (1). Approximately 42 million people with diabetes (38.4%) are unable to access treatment, highlighting the urgent need to expand access to affordable, quality health services and technologies. Some 6% of the population suffers from asthma, and an estimated 16% to 25% of people in this group are living with asthma that is uncontrolled, making it a potentially life-threatening condition. Access to affordable quality-assured medicines and other health technologies continues to be a need throughout the Region. Cancer, which is newly diagnosed in 4.2 million people annually in the Americas, can be detected early and appropriately managed through access to affordable, quality cancer services, medicines, and diagnostics.

10. *NCD surveillance.* This is critical for tracking progress in meeting health goals and guiding decision-making. Among the 35 Member States, 19 have aligned their NCD targets with the NCD GMF, and 22 countries regularly generate reliable cause-specific mortality data. Only five countries conduct periodic national NCD surveys based on self-reported information coupled with physical and biological measures. Eleven countries have high-quality cancer registries, and another 11 have reported progress in gathering primary health care facility-level data for the four main NCDs.

Proposal

11. This plan of action aims to accelerate actions necessary in the Region to meet the global NCD targets, which are focused on risk factor reduction and primary care interventions for the four main NCDs through three strategic lines of action. These actions seek to promote health and reduce NCD risk factors by promoting multisectoral collaboration and regulatory policies that prevent obesity, discourage the use of tobacco and the consumption of alcohol and ultra-processed foods, integrate NCD prevention and treatment in primary health care, and improve NCD surveillance capacity.

Strategic Line of Action 1: Reducing NCD risk factors and scaling up health-promoting interventions

12. Noncommunicable diseases share the common risk factors of tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Reducing the prevalence of these risk factors in populations requires multisectoral collaboration and/or partnerships on risk factor reduction policies, legislation, regulations, and health promotion, including community-based programs and supportive environments. Actions include scaling up cost-effective population-based policies, laws, and regulations, and taxation measures to reduce the demand for and availability of unhealthy commodities, such as ultra-processed foods, alcohol, sugar-sweetened beverages, and tobacco; strengthening tobacco control and discouraging the harmful use of alcohol, while promoting breastfeeding, physical activity, healthy eating and preventing obesity and all forms of malnutrition through sustainable food systems.

13. Risk factor reduction policies and regulations often require legally binding interventions that are often beyond the direct authority of the health sector; thus, collaboration with other government sectors and civil society organizations is necessary. Examples of multisectoral intervention include regulating the use of products (e.g. establishing smoke-free environments); imposing bans on traditional and digital forms of advertising, promotion, and sponsorship, especially those targeted to youth populations (e.g. restricting exposure to alcohol advertising and the promotion and advertising of breastmilk substitutes); setting packaging and labeling standards (e.g. front-of-package nutrition

labeling and plain tobacco packaging); and, imposing sales restrictions (e.g. reducing alcohol sale hours), among other interventions. In addition, taxes on tobacco, alcohol, and sugar-sweetened beverages have proven to be cost-effective interventions for reducing the consumption of these products and can improve health outcomes while generating fiscal revenue as well. Such tax policies should be structured to account for inflation and affordability to ensure that real prices do not fall over time but are instead adjusted to reduce the consumption of these products over the long term. Actions include an effective health tax policy that increases prices, reduces affordability, and decreases the consumption of tobacco, alcohol, and sugar-sweetened beverages.

14. The adoption of healthy behaviors to reduce NCD risk factors is closely linked to the social conditions in which people live. Therefore, beyond a focus on products that are harmful to health and the commercial actors who promote them, it is critical to address factors such as employment and working conditions, neighborhood quality, types of transportation, and other social determinants of health that influence the adoption of risk behaviors such as tobacco and alcohol use, the consumption of unhealthy diets, and physical inactivity. This requires coordinated action from health and other sectors and the community through multisectoral collaboration, multisectoral partnerships, and social participation.

Objective 1.1: Promote multisectoral collaboration to adopt regulatory measures that reduce the demand and affordability of tobacco, alcohol, and ultra-processed food		
Indicator	Baseline (2024)	Target (2030)
1.1.1 Number of countries and territories implementing national multisectoral plans to address NCDs and their risk factors	16	30
1.1.2 Number of countries and territories with the three regulatory measures that regulate the use, promotion, and packaging of tobacco products in line with international recommendations, ideally including emerging tobacco and nicotine products	9	13
1.1.3 Number of countries and territories implementing regulatory policies and/or actions to regulate foods that contribute to unhealthy diets, such as the prohibition of publicity, promotion, and sponsorship; and front-of-package nutrition labeling	9	16
1.1.4 Number of countries and territories that have implemented three alcohol interventions in line with international recommendations, such as the regulation of the sale, promotion, and labeling of alcoholic products	4	10
1.1.5 Number of countries and territories that have implemented, in accordance with national contexts and best practices, appropriate taxation and/or pricing policies to reduce the affordability of tobacco, alcohol, and/or sugar-sweetened beverages	3	8
1.1.6 Number of countries and territories implementing regulatory policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	4	10

Objective 1.2: Implement national policies or strategies on physical activity and obesity		
Indicator	Baseline (2024)	Target (2030)
1.2.1 Number of countries and territories implementing a national policy or strategy on physical activity	9	20
1.2.2 Number of countries and territories implementing a national policy/plan/strategy on obesity, in support of the WHO acceleration plan to stop obesity	15	21
Objective 1.3: Eliminate industrially produced trans-fatty acids and adopt mandatory sodium reduction targets		
Indicator	Baseline (2024)	Target (2030)
1.3.1 Number of countries and territories covered by best-practice policies to eliminate industrially produced trans-fatty acids in the food supply	10	21
1.3.2 Number of countries and territories implementing mandatory sodium reduction targets	3	6

Strategic Line of Action 2: Integrating NCDs into primary health care

15. To improve outcomes for people with NCDs, NCD management must be prioritized in primary health care and cover health promotion, screening, early diagnosis, timely treatment, rehabilitation, palliative care, continuous monitoring, and referral to higher levels of care when required. This strategic line of action focuses on strengthening primary health services for NCDs through implementation of the PAHO initiative “Better Care for NCDs: Accelerating Actions in Primary Health Care,” an integrated approach to care for people with NCDs and their risk factors, and building on the HEARTS initiative for hypertension control.

16. The goal is to strengthen the capacity of primary care, including digital solutions, to improve diagnosis, treatment, and control rates for people living with NCDs, focusing on the four main NCDs: cardiovascular diseases; diabetes, including for obesity and chronic kidney disease; chronic respiratory diseases; and cancer, including HPV vaccination and HPV testing for cervical cancer prevention. This involves implementing evidence-informed interventions, including standardized treatment protocols and clinical pathways, increasing access to quality-assured NCD essential medicines, NCD diagnostic technologies, and HPV vaccines, utilizing the PAHO Regional Revolving Funds, leveraging telemedicine solutions to improve service delivery, and employing multimodal strategies¹ to support implementation in local territories and subsequent scaling-up efforts.

17. This strategic line of action promotes interventions and approaches, including digital solutions, to improve the quality of NCD services in primary health care that include healthy lifestyle counseling, health education, self-management support, evidence-based guidelines and clinical pathways, and

¹ Multimodal strategies are integrated approaches that combine complementary interventions to improve service delivery, enhance efficiency, and ensure continuity of care. These strategies may include a mix of training, standardized protocols, digital tools, and community engagement mechanisms tailored to specific contexts.

patient journeys² for cardiovascular diseases, diabetes including obesity as well as promotion of kidney health, cancer including HPV vaccination and HPV testing for cervical cancer prevention, and chronic respiratory diseases. It also addresses primary health care workforce training to improve provider competencies for NCD screening, diagnosis, treatment, and control, in addition to monitoring of care outcomes. It also includes risk factor reduction in primary care for obesity management; tobacco cessation using strategies of brief advice, toll-free telephone quit lines, text messages, individualized and group sessions with specialists, cessation clinics, substitution therapies, and nicotine replacement therapies (10); as well as screening and brief interventions in primary care for harmful alcohol use to prevent dependence and reduce alcohol-related harms.

Objective 2.1: Expand equal access to comprehensive, integrated NCD services at the primary health care level		
Indicator	Baseline (2024)	Target (2030)
2.1.1 Number of countries and territories that have completed a needs assessment and developed plans to expand comprehensive integrated NCD services for the four main NCDs in primary health care	3	16
2.1.2 Number of countries and territories that have evidence-based national guidelines and/or protocols for each of the four main NCDs	9	35
2.1.3 Number of countries and territories that have adopted a standardized hypertension clinical pathway, such as HEARTS, in their public health sector primary care facilities	25	35
2.1.4 Number of countries and territories that have implemented a diabetes clinical pathway in their public health sector primary health care facilities	7	20
Objective 2.2: Expand access to essential NCD medicines and other health technologies		
Indicator	Baseline (2024)	Target (2030)
2.2.1 Number of countries and territories that report having essential NCD medicines available in public health sector primary care facilities	25	35
2.2.2 Number of countries and territories that report having essential NCD technologies available in public health sector primary care facilities	18	35
2.2.3 Number of countries and territories with HPV testing in their national cervical cancer screening program, covering women aged 30–49 or the target population defined by the national cervical cancer screening policy	4	20

Strategic Line of Action 3: Strengthening surveillance of NCDs and risk factors

18. Surveillance is an essential public health function that provides critical data to monitor the NCD burden, identify risk factors, and measure the social determinants of health, facilitating targeted

² Patient journeys outline the complete sequence of interactions and services that individuals experience as they navigate the health system for NCD prevention, diagnosis, treatment, and follow-up. Their aim is to ensure seamless transition between care levels, identify gaps, and improve coordination to deliver high-quality person-centered care.

interventions to improve health outcomes. Accurate and timely NCD data in health information systems support evidence-based policy-making, guiding programs and strategies for prevention, control, and disease management. Surveillance plays a key role in evaluating interventions, promoting cost-effective resource allocation, identifying high-risk populations, ensuring early detection and health system preparedness, promoting health for all by revealing disparities, and supporting coordinated efforts in tackling NCDs. The collection of timely and reliable quality NCD data is needed to report on the 25 indicators and 9 targets of the NCD GMF and to measure implementation of the international recommendations on NCD best buys through the NCD progress indicators.

19. Several strategic actions are required to improve country capacity to monitor NCDs and their risk factors, including population-based surveys and facility-based monitoring. The integration of key NCD and risk factor indicators into national healthcare service information systems facilitates comprehensive reporting and allows for continuous monitoring of individual NCD care. Periodic population-based surveys should be conducted to gather NCD and risk factor data disaggregated by social stratifiers, ensuring representation beyond people with healthcare access and providing insights into barriers to quality care. Efforts should further include the implementation of high-quality population-based cancer registries and vital statistics. National NCD targets and indicators established by the countries and aligned with the GMF that include a reporting mechanism are key to measuring progress.

20. Countries are encouraged to use innovative tools, digital technologies, and data-driven methodologies to improve NCD surveillance systems, facilitating more effective monitoring and response to NCDs. These advancements can strengthen data collection, improve real-time analysis, and support informed decision-making to better address NCDs. It is essential for countries to ensure that NCD surveillance and monitoring are integrated into national health surveillance systems and facility-based monitoring to effectively monitor, report, and respond to the NCD burden.

Objective 3.1: Monitor and report on trends and determinants of NCDs and risk factors, and evaluate progress in NCD prevention and control		
Indicator	Baseline (2024)	Target (2030)
3.1.1 Number of countries and territories with surveillance systems in place that enable them to report on the NCD Global Monitoring Framework (GMF) targets and indicators	19	35
Objective 3.2: Strengthen national population-based survey system capacity to report periodically on NCDs, their risk factors, and social determinants of health		
Indicator	Baseline (2024)	Target (2030)
3.2.1 Number of countries and territories that have a comprehensive health examination and/or STEPS or STEPS-like survey to report on NCDs, their risk factors, and social stratifiers implemented in at least the past five years in the adult population	5	12
3.2.2 Number of countries and territories that have a comprehensive health examination survey to report on NCDs, their risk factors, and social stratifiers implemented in at least the past five years in the adolescent population	6	12

Objective 3.3: Enhance the integration of core NCD indicators into national healthcare service information systems		
Indicator	Baseline (2024)	Target (2030)
3.3.1 Number of countries and territories with a standardized system for recording primary health care service user data (at patient-level) that include the four main NCDs, their risk factors, and social determinants of health	5	15
3.3.2 Number of countries and territories with a high-quality population-based cancer registry	14	19

Monitoring and Evaluation

21. This plan of action will be monitored through the global NCD country capacity survey (which includes PAHO Member States) and is conducted globally every two years. The monitoring and assessment of the plan of action will be aligned with the results-based management framework of PAHO and with its performance, monitoring, and assessment processes. The Governing Bodies of PAHO will be informed of the progress made and challenges encountered in the implementation of the plan of action through a midterm review in 2028 and a final report in 2031.

Financial Implications

22. Member States should prioritize the allocation of resources toward the implementation of this plan of action, considering their contexts and priorities. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this strategy to support Member States (see Annex B).

Action by the Directing Council

23. The Directing Council is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

References

1. Pan American Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes. Available from: <https://www.paho.org/en/enlace>.
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4. Pan American Health Organization. Strategy for the Prevention and Control of Noncommunicable Diseases [Document CSP28/9]. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee for the Americas; 17–21 September 2012. Washington, DC: PAHO; 2012. Available from: <https://iris.paho.org/handle/10665.2/4181>.
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6. Pan American Health Organization. Policy on the Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults [Document CD60/7]. 60th Directing Council of PAHO, 75th Session of the Regional Committee for the Americas; 25–29 September 2023. Washington, DC: PAHO; 2023. Available from: <https://iris.paho.org/handle/10665.2/63931>.
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10. World Health Organization. WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke. Geneva: WHO; 2023. Available from: <https://www.who.int/publications/i/item/9789240077164>.
11. World Health Organization. WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: WHO; 2024. Available from: <https://iris.who.int/handle/10665/375711>.



Proposed Resolution

PLAN OF ACTION ON NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL 2025–2030

The 62nd Directing Council,

(PP1) Having reviewed the *Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030* (Document CD62/8);

(PP2) Recognizing that noncommunicable diseases (NCDs)—particularly cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases and their shared risk factors of tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity—are the leading causes of death and disabilities and constitute the main challenge for the health and well-being of people in the Region of the Americas, and that they impose substantial social and economic burden, threatening regional and national development;

(PP3) Recognizing that the social, economic, and commercial determinants of health are the major drivers of the rise in NCDs and lead to the disproportionate burden of NCDs on populations living in vulnerable conditions, which calls for urgent whole-of-government and whole-of-society action to promote health and better prevent and control NCDs;

(PP4) Acknowledging the progress made in the implementation of cost-effective, evidence-based NCD interventions, including risk factor policy interventions, as well as health service strengthening based on primary care and the provision of essential medicines and technologies, but noting that progress has been uneven and insufficient to advance toward the NCD Global Monitoring Framework targets;

(PP5) Recognizing that the objective of this plan of action is to scale up the critical actions now needed to accelerate progress and to reduce by one third premature mortality from NCDs through prevention and treatment by 2030,

Resolves:

(OP)1. To approve the *Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030* (Document CD62/8).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a) promote implementation of the strategic lines of action contained in this plan of action;

- b) build multisectoral partnerships and strengthen the whole-of-government response to NCDs, ensuring policy coherence across government agencies and prioritizing NCD prevention and control with health in all policies, while improving overall health outcomes for all individuals afflicted with NCDs;
- c) strengthen primary health care services to ensure an integrated approach to NCDs and address the gaps in access and the availability of essential NCD services, medicines, and technologies, which lead to underdiagnosis, undertreatment, and poor control rates;
- d) strengthen national surveillance systems to continuously monitor the prevalence of NCDs and risk factors, strengthen facility-based information systems to monitor care and outcomes for people with NCDs, and produce NCD monitoring reports disaggregated by sex, ethnicity, and other factors.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of this plan of action and the achievement of its objectives;
- b) support cooperation to catalyze and create synergies with relevant regional initiatives, such as the Alliance for Primary Health Care in the Americas and the Digital Transformation of Health Systems, and the promotion of multisector partnerships to ensure that NCD prevention and control interventions are integral components of these efforts;
- c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the plan of action through a midterm review in 2028 and a final report in 2031.

Analytical Form: Programmatic and Financial Implications

1. Agenda item: 4-5 - Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030
2. Responsible unit: Unit of Noncommunicable Diseases, Violence and Injury Prevention; Department of Noncommunicable Diseases and Mental Health (NMH)
3. Preparing officer: Dr. Anselm Hennis, Director, NMH
4. List of collaborating centers and national institutions linked to this Agenda item: <ul style="list-style-type: none"> • WHO Collaborating Centre on Integration Science and Service Delivery • WHO Collaborating Centre for the Prevention and Control of Noncommunicable Diseases in Humanitarian Settings and Chronic Kidney Disease • WHO Collaborating Centre for Global Cancer Control • WHO Collaborating Centre for Cervical Cancer Elimination • WHO Collaborating Centre on Nutrition Changes and Development • WHO Collaborating Centre on Tobacco Control Policy Development • WHO Collaborating Centre on Tobacco Control Surveillance and Evaluation • WHO Collaborating Centre for Tobacco Control
5. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030: Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.
6. Link between Agenda item and the Proposed Strategic Plan of the Pan American Health Organization 2026–2031: <ul style="list-style-type: none"> • Strategic Objective 1. • Strategic Objective 3.
7. Time frame for implementation and evaluation: This plan of action covers the period 2025–2030, with a midterm review in 2028 and a final report in 2031.

8. Financial implications:

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

Areas	Estimated cost (in US\$)
Human resources	6 500 000
Training	200 000
Consultants/service contracts	2 500 000
Travel and meetings	760 000
Publications	20 000
Supplies and other expenses	20 000
Total	10 000 000

- b) Estimated cost for the 2026–2027 biennium (including staff and activities):** The estimated cost for 2026–2027 is US\$4 000 000.
- c) Of the estimated cost noted in *b)* above, what can be expected to be subsumed under existing programmed activities?** The estimated costs in *b)* can be covered by existing resources and voluntary contributions.