The main types of noncommunicable diseases (NCDs) are cardiovascular disease (CVD), cancers, chronic respiratory disease such as COPD and asthma, and diabetes (DM). Annually, NCDs kill 41 million people (= 71% of all deaths globally).

Management of NCDs includes detection, screening, and treatment as well as increasing access to palliative care.

NCD management interventions are essential to achieve the global target of a 25% relative risk reduction in the risk of premature mortality from NCDs by 2025 and the SDG target of a 1/3 reduction in premature deaths from NCDs by 2030.

Aims:

- Explore viable health-financing mechanisms and innovative economic tools supported by evidence.
- Scale-up early detection and coverage, prioritizing cost-effective, high-impact interventions.
- Train the health workforce and strengthen the capacity of health systems, particularly at the primary care level, to address the prevention and control of noncommunicable diseases.
- Improve the availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities.
- Strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centered health care and universal health coverage.
- Develop and implement a palliative care policy, including access to opioid analgesics for pain relief, together with palliative care training for health workers.
- Expand the use of digital technologies to increase health service access and efficacy for NCD prevention, and to reduce the costs in health care delivery.

Components of WHO PEN

Cardiovascular Disease Management

Treatment without the use of CVD Risk-Prediction Charts:

- patients with established angina pectoris, coronary heart disease, myocardial infarction, transient ischemic attacks, stroke, or peripheral vascular disease, or who have had coronary revascularization or carotid endarterectomy;
- those with left ventricular hypertrophy (shown on electrocardiograph) or hypertensive retinopathy (grade III or IV);
- individuals without established CVD who have a total cholesterol ≥ 8 mmol/L (320 mg/dl) or low-density lipoprotein (LDL) cholesterol ≥ 6 mmol/L (240 mg/dl) or TC/HDL-C ratio ≥ 8;
- individuals without established CVD who have persistent raised blood pressure (> 160—170/100—105 mmHg);
- For individuals with blood pressure above 140/90 mmHg, management may be provided as per nationally agreed protocols;
- patients with type 1 or 2 diabetes, with overt nephropathy or other significant renal disease;
- patients with known renal failure or renal impairment.

Conclusion: Adapting WHO PEN