

**Call for Good Practices in the Prevention, Control and
Surveillance of Noncommunicable Diseases (NCDs)**

Pan American Health Organization (PAHO/WHO)

January 2025

Background

Noncommunicable Diseases (NCDs) are the leading cause of death and disability in the Americas, accounting for approximately 80% of total deaths in the region. These diseases include pathologies such as high blood pressure, diabetes, cardiovascular diseases, cancer and chronic respiratory diseases. Most are preventable, as they are associated with modifiable risk factors such as smoking, unhealthy diets, physical inactivity, and harmful alcohol use.

The impact of NCDs is not limited to health; They also represent an enormous economic and social burden, especially affecting vulnerable populations, who face barriers to access adequate health services. In addition, the COVID-19 pandemic exacerbated the challenges, highlighting the importance of strengthening health systems for comprehensive and resilient primary care.

The concept of good practice

The term good practices have different definitions. In essence, it consists of the exchange of knowledge through the documentation of methods, processes and other aspects that could be beneficial to other institutions or countries.

The Pan American Health Organization (hereinafter PAHO or Organization) defines good practices as those initiatives, interventions, solutions, methodologies or procedures applied during the implementation of activities and projects at the local, subregional or regional level that have produced results that could be adapted or replicated in different contexts and by different countries, territories or organizations.

PAHO's intention is not to validate (or guarantee) the success of experience, initiative, or teaching, but to ensure the systematic documentation of all practices through a validated methodology.

Relevance of the call

PAHO seeks to highlight and disseminate replicable experiences that contribute to reducing the burden of NCDs in the Region, promoting the health and well-being of populations. This call is highly pertinent in addressing three key axes in response to NCDs in the Americas:

1. **Prevention of risk factors:** such as smoking, unhealthy diets, physical inactivity, and harmful use of alcohol. These actions are essential to reduce the burden of diseases that disproportionately affect the most vulnerable populations.

2. **Strengthening the management and control of NCDs:** through interventions that improve early diagnosis, comprehensive treatment and primary care, ensuring equitable access to quality services and effectively reducing premature mortality.
3. **Surveillance and monitoring:** indispensable tools to evaluate the effectiveness of policies and interventions, promoting evidence-based decisions that drive sustained change.

Disseminating successful experiences and fostering cooperation between countries is crucial to scaling up effective solutions and adapting them to diverse contexts, maximizing the impact of public health actions. Focusing these initiatives on primary care ensures broader, more equitable and sustainable access, aligned with the principles of universal coverage.

In addition, advancing in the prevention, control and monitoring of NCDs contributes directly to the achievement of the Sustainable Development Goals (SDGs), particularly:

- **SDG 3:** Good health and well-being.
- **SDG 10:** Reduced inequalities.
- **SDG 17:** Strengthen partnerships for the goals.

This joint effort allows for more resilient health systems and healthier communities across the region. See full conceptual framework, Annex I.

Purpose of the call

The purpose of this call is to recognize, document, and disseminate good practices in the prevention, control, and surveillance of NCDs in the Americas. It seeks to foster cooperation between countries, promote the replication of successful experiences and contribute to progress towards more equitable and sustainable health systems, in line with the Sustainable Development Goals (SDGs).

The key areas of focus are:

1. Prevention of risk factors.
2. Management and control of NCDs.
3. Surveillance and monitoring.

Eligibility and Participation

Who can present good practice?

The following entities are invited to submit proposals related to NCDs:

1. National government authorities: ministries, national agencies, subnational agencies, such as local or regional governments, and other public entities reporting directly to the government.
2. Intergovernmental organizations: the United Nations and its funds and specialized agencies, and other similar organizations.

Deadlines and Submission of Proposals

Deadlines

- **Call Deadline:** March 21, 2025, at 11:59 p.m. (Washington, D.C. time).
- **Announcement of results:** May/June 2025 through PAHO's Good Practices in Public Health Portal.

Applications received after the closing date will not be considered. See Instructions for the presentation of proposals, Annex II.

Submission of proposals

1. Create an account on PAHO's Good Public Health Practices Portal (<https://portalbp.paho.org/>).
2. Document and submit your proposal by following the instructions outlined in the "[Proposal Submission Guide](#)" available on the portal.

Only proposals submitted through PAHO's Good Public Health Practices Portal will be accepted. Proposals submitted by other means will not be considered.

Each author may submit a maximum of two (2) proposals within this call.

Accepted languages

Proposals may be submitted in English, Spanish, or Portuguese.

Main themes and sub-themes

The objective of this call for good practices is to contribute to the exchange of knowledge among Member States and the different actors of the Region of the Americas on 3 main topics of interest: prevention of risk factors, management and control of NCDs, and surveillance and monitoring.

- To assist in the preparation of proposals, some suggested sub-themes have been included under each main theme (table 1).

This is not an exhaustive list of topics and subtopics. Even if the proposal presented does not coincide with the aforementioned topics, it must be relevant to the theme of the call: Non-Communicable Diseases.

Table 1. Main themes and sub-themes of the call.

Topic 1	Risk factor prevention
	Effective initiatives that reduce smoking, promote healthy eating, encourage physical activity and reduce harmful alcohol consumption through the implementation of <i>best buys</i> and multisectoral action.
	<p>Good practice proposals could include the following sub-themes:</p> <ul style="list-style-type: none">❖ Smoking Reduction:<ul style="list-style-type: none">○ Implementation of effective public policies, such as tobacco taxes, smoke-free environments, legislative measures and regulations on the marketing and labelling of tobacco products.○ Awareness campaigns promote cessation and prevent the onset of consumption, especially among young people and vulnerable populations.❖ Promoting Healthy Eating:<ul style="list-style-type: none">○ Promotion of policies to reduce the consumption of ultra-processed foods, added sugars, saturated fats and sodium.○ Initiatives that increase access to nutritious and affordable food, such as fruits and vegetables, especially in low-income communities.○ Nutritional education programs that promote healthy eating habits from childhood.❖ Promotion of Physical Activity:

	<ul style="list-style-type: none"> ○ Creating and maintaining safe public spaces, such as parks, bike paths, and recreational areas, that facilitate regular physical activity. ○ Integration of exercise programs in school, work, and community settings. ○ Campaigns that highlight the benefits of physical activity for physical and mental health, adapted to different ages and contexts. <p>❖ Decrease in Harmful Alcohol Consumption:</p> <ul style="list-style-type: none"> ○ Regulations that limit the availability and accessibility of alcohol, such as restrictions on hours of sale and tax increases. ○ Strategies to reduce the marketing and advertising of alcoholic beverages, especially those aimed at young people. ○ Community interventions and awareness programs on the risks associated with harmful alcohol use.
Topic 2	<p>NCD Management and Control</p> <p>Interventions that improve the diagnosis, treatment, and comprehensive management of diseases such as hypertension, diabetes, and cancer, with an emphasis on primary health care and the implementation of PAHO's regional programs for NCDs.</p> <p>Good practice proposals could include the following sub-themes:</p> <p>❖ Improvements in NCD Diagnosis:</p> <ul style="list-style-type: none"> ○ Early detection: Strategies to identify cases of hypertension, diabetes, cancer, and other NCDs in early stages, through screening programs accessible and targeted at vulnerable populations. ○ Training of health personnel: Continuous training in the use of modern diagnostic tools and standardized protocols, aligned with international guidelines. <p>❖ Comprehensive Treatment of NCDs:</p> <ul style="list-style-type: none"> ○ Evidence-based clinical protocols: Application of regional and global treatment guidelines to ensure quality care for NCDs such as hypertension, diabetes, and cancer.

- **Access to essential medicines:** Strategies to ensure availability, affordability and appropriate use of priority medicines for the management of NCDs.
- **Multidisciplinary care:** Integration of health teams that include doctors, nurses, nutritionists, psychologists and other professionals to comprehensively address the needs of the patient.
- **Use of information technologies:** Implementation of digital systems for the recording, monitoring and analysis of data, improving the accuracy and timeliness of the diagnosis.

❖ **Comprehensive Management in Primary Care:**

- **Patient-centered approach:** Services that consider the needs, preferences, and social context of people with NCDs.
- **Chronic disease management:** Programs that promote self-care, ongoing monitoring, and prevention of complications at the community level.
- **Strengthening of primary infrastructure:** Expansion of the resolution capacity of primary health care centers through resources, trained personnel and adequate equipment.

❖ **Implementation of PAHO/WHO Initiatives:**

- Improved care for NCDs in primary health care
- **HEARTS in the Americas:** Program to improve the prevention and management of cardiovascular disease through standardized and evidence-based practices.
- **Global Diabetes Compact:** A global initiative to improve diabetes prevention and care and to contribute to global targets to reduce premature mortality from noncommunicable diseases by one-third by 2030.
- **Cervical cancer elimination initiative:** To eliminate cervical cancer, countries must achieve the 90-70-90 targets by 2030: 90% of girls vaccinated, 70% of women screened and 90% treated, reducing its incidence to less than 4 per 100,000 women.

- **CureAll Americas for Childhood Cancer:** WHO's global childhood cancer initiative aims to achieve at least a 60% survival rate for children and adolescents with cancer by 2030.
- **Global Breast Cancer Initiative:** WHO's Global Breast Cancer Initiative seeks to reduce breast cancer mortality by 2.5% annually, preventing 2.5 million premature deaths between 2020 and 2040, through global collaboration and long-term commitment from advocates and partners.
- **Partnerships and cooperation between countries:** Promotion of public policies and technical cooperation to ensure a unified response to NCD challenges.
- Digital health to expand access to services for people with NCDs
- Other global and subregional initiatives.

Topic 3

Surveillance and monitoring

Innovative efforts in data collection, analysis and evaluation of NCD interventions, essential to guide effective public policies.

Good practice proposals could include the following sub-themes:

❖ Data Collection on NCDs and Risk Factors:

- **Population-based surveys and studies:** Tools such as Risk Factor Surveys and National Health Surveys that provide insight into the prevalence of NCDs and associated behaviors.
- **Clinical Registry Systems:** Implementation of standardized databases that capture detailed information on patients with NCDs at the national and local levels.
- **Disaggregated data:** Analysis by age, gender, geographic location, and socioeconomic status to identify inequities in the burden of NCDs.

❖ Analysis and Evaluation of Interventions:

- **Evaluation of results and impact:** Methods to measure the effectiveness of programs and policies in the reduction of risk factors and management of NCDs.

- **Predictive Models:** Using data analytics and technology to anticipate NCD trends and assess the sustainability of interventions in the long term.
- **Feedback for improvement:** Use of evaluation results to adjust policies and interventions, ensuring greater effectiveness.

❖ **Information Systems for NCDs:**

- **Technological infrastructure:** Development of integrated digital platforms that facilitate the storage, exchange and analysis of data on NCDs and their risk factors.
- **Staff training:** Training of health teams and technicians in the use and maintenance of information systems to ensure the quality and reliability of data.
- **Interoperability:** Promotion of standards that allow communication between different national and regional systems.

❖ **Continuous Monitoring of NCDs and Risk Factors:**

- **Key health indicators:** Definition and monitoring of standard metrics, such as prevalence of obesity, smoking, physical inactivity and harmful use of alcohol.
- **Early warnings:** Systems that detect significant changes in the incidence or prevalence of NCDs and risk factors for a timely response.
- **Regional cooperation:** Use of data shared between countries to align strategies and strengthen cooperation in the control of NCDs in the region.

Evaluation and selection procedure

PAHO uses a framework of eight key attributes to guide the documentation and assessment of good practices:

- **Effectiveness:** Evidence that good practice achieves its objectives. This evidence can include sustained results over time, tangible products, and methodologies.

- **Cost-effectiveness:** Evidence that there is an economic approach that is realistic in financial terms and accessible to the necessary actors.
- **Efficiency:** Evidence that there is a responsible fiscal approach to using resources to move towards achieving the desired results.
- **Sustainability:** Evidence that the results achieved can be sustained over time. Good practice must be able to generate the necessary tools to face the challenges of the future.
- **Replicability/adaptability:** Evidence of the potential to replicate good practice or adapt it to other contexts and situations.
- **Innovation:** Evidence that good practice promotes or creates a technology, takes an entirely new approach to solving a problem, or encourages innovation by its users for the collaborative development of new solutions to common problems.
- **Participation:** Evidence that key stakeholders and partners (especially key beneficiaries) are involved in decision-making and important actions related to intervention and the adoption of a participatory approach.
- **Cross-cutting theme approach (equity, gender, ethnicity, and human rights):** PAHO's Strategic Plan 2020-2025 addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Since these topics are a central part of PAHO's technical cooperation, the good practice proposal must demonstrate that it serves to analyze and propose changes in the vulnerabilities, diversity, or gaps that interfere with the health status of the population. The cross-cutting themes will be updated as PAHO's Strategic Plan is updated.

Annex III, *Understanding the Attributes*, details the pertinent information that must be submitted on each attribute.

Evaluation of proposals

The portal (<https://portalbp.paho.org>) allows PAHO entities, Member States, and counterparts that have had good practices approved by PAHO, to document experiences, initiatives, and lessons learned using a standardized process that assesses the proposed good practices according to specific criteria. Good practices serve as an example that stakeholders can learn, exchange and apply in their own initiatives.

The evaluation process consists of two steps: **initial review** and **technical assessment**:

- The **initial review** will be carried out to verify that all the requirements established in the call are met. First, all fields will be checked to verify that the information provided is valid and to ensure

that the proposal includes basic information such as the title, suitability to the topic of the call, the language and the name of the institution. Participants may be asked for more information or adjustments to proceed with the technical assessment.

- The objective of the **technical assessment** is to assess a proposal for good practices based on the eight fundamental attributes of PAHO's good practice methodology. The technical assessment will be carried out by the technical examination committee, which is composed of the following members:
 - Silvana Luciani, Chief of Unit, Noncommunicable Diseases, and Violence Prevention, PAHO.
 - Vannesa García, Chief of the Risk Factors and Nutrition Unit, PAHO.
 - Luis Fernando Alarcón, International Consultant for the Prevention and Control of Noncommunicable Diseases, PAHO.

If any issues are found or additional information is required, the person responsible for the proposal will be notified by email. After providing the requested information, the good practice proposal can be resubmitted for re-evaluation.

Anexo I. Marco conceptual

Noncommunicable Diseases (NCDs) represent the leading cause of mortality and disability in the Americas, contributing to 80% of total deaths in the region, with disproportionate impacts on vulnerable populations. The Pan American Health Organization, Regional Office for the Americas of the World Health Organization (WHO) stresses the need to adopt a comprehensive approach to the prevention and control of NCDs, focused on three pillars: the reduction of risk factors, the strengthening of primary health care, and the implementation of effective surveillance and monitoring systems.

NCDs are closely linked to modifiable risk factors such as smoking, unhealthy diets, physical inactivity, and harmful alcohol use. PAHO promotes evidence-based interventions (*best buys*) to reduce these risks, such as the implementation of *the Framework Convention on Tobacco Control* and the *Global Strategy to Reduce Harmful Alcohol Consumption*. In addition, it advocates for policies that promote healthy environments, such as front-of-pack nutritional labeling, taxes on sugary drinks and the creation of safe spaces for physical activity. These strategies are designed to address inequities and protect the communities most affected.

Increased risk factors, such as tobacco use, physical inactivity, and unhealthy diets, are driven by social, economic, environmental, and business determinants. The interaction of these factors requires multisectoral collaboration and multi-stakeholder involvement in NCD prevention and control. The *Political Declaration of the Third High-Level Meeting of the UN General Assembly* stresses that governments must address a wide range of social, economic and governance issues to prevent and control NCDs.

The *Global Action Plan for the Prevention and Control of NCDs 2013-2030* (MAP-NCDs) sets out six strategic objectives and proposes 16 cost-effective interventions, based on the best available evidence, to reduce the impact of risk factors and improve NCD care. This plan highlights that NCD control requires leadership and coordinated collaboration across sectors, as well as partnerships with civil society and private sector entities.

Primary health care (PHC) plays a crucial role in ensuring equitable and sustainable coverage for the prevention and management of NCDs. The *HEARTS initiative in the Americas*, supported by PAHO, is an example of how standardized practices are implemented for cardiovascular disease care at the first level of care. The integration of mental health, nutrition, and healthy lifestyle education services within

PHC allows for a comprehensive, patient-centered approach, essential to improve access to services and reduce premature mortality from NCDs.

Data collection and analysis are essential for designing effective public policies and assessing their impact. PAHO has developed tools such as the STEPS Surveys, which make it easier to track progress in reducing risk factors and improving care.

A comprehensive approach to NCDs requires the coordination of strategies to reduce risk factors, strengthen primary care, and improve surveillance and monitoring systems. These actions not only contribute to the achievement of the Sustainable Development Goals (SDGs), but also promote more equitable and resilient health systems, capable of addressing the challenges of NCDs in the Americas.

National and subnational governments, together with ministries of health, have a key role to play in formulating NCD-friendly policies and programmes. This includes strengthening the capacities of governments to plan, coordinate and implement coherent policies for the prevention and control of NCDs, establishing linkages with other key sectors to address the social determinants of health and improve health equity.

Annex II. Instructions for the submission of proposals

Before submitting a proposal

Please ensure that you have any necessary authorizations before submitting your good practice proposal. This includes obtaining permission to use institutional data and any copyrighted material.

You can consult the terms and conditions of PAHO's Good Practices in Public Health Portal at the following link: <https://portalbp.paho.org>.

Annex III. Understanding the Fundamental Attributes

As part of this initiative, eight attributes have been identified that must be present in a proposal for it to be considered a good practice to be documented. To better understand the task ahead, read Table 2, which describes what information will be useful to include for each attribute to inform your proposal for

good practice and facilitate the evaluation process. However, this does not mean that the information should be limited exclusively to what is indicated in the table: feel free to highlight aspects of your good practice proposal that you consider important and that are not included in the list.

The information presented in a good practice proposal is expected to be supported by evidence obtained in the review of the scientific literature or by data generated in the activities of the practice, as appropriate.

Table 2. Information by attribute

Attribute	Description	Information	Remarks
Effectiveness	Evidence that good practice achieves its objectives. This evidence may include results obtained over time, tangible products, or methodologies.	<ul style="list-style-type: none"> Degree of achievement of the practice according to its objectives. Activities of the proposed practice. Impact of the practice. 	<ul style="list-style-type: none"> [Any additional information required for the technical assessment should be added here, next to the field on the submission form in which you expect to receive it.]
Effectiveness	Evidence that there is an economic approach that is realistic in financial terms and accessible to the necessary actors.	<ul style="list-style-type: none"> Financial management structure of the proposed practice. Budget preparation process of the proposed practice. Self-assessment of the budget's ability to achieve objectives. 	
Efficiency	Evidence that there is a responsible fiscal approach to using resources to achieve desired outcomes.	<ul style="list-style-type: none"> Resource management of the proposed practice. Strategies to increase/guarantee efficiency. 	

Sustainability	Evidence that the results achieved can be sustained over time. Good practice must be able to generate the necessary tools to face the challenges of the future.	<ul style="list-style-type: none"> • Solutions to mitigate recidivism or new problems in the future. • Monitoring and evaluation strategies. • Evaluation of the potential for scaling up the proposed practice. • Strategies to ensure the necessary resources during the expected useful life of the proposed practice. 	
Replicability/ Adaptability	Evidence of the potential to replicate good practice or adapt it to other contexts and situations.	<ul style="list-style-type: none"> • Evaluation of the potential for replicability and/or adaptability of the practice to other contexts. • Limitations of the potential for replicability and/or adaptability of the practice. 	
Innovation	Evidence that good practice promotes or creates a new technology, takes an entirely new approach to solving a problem, or encourages innovation by its users for the collaborative development of new solutions to	<ul style="list-style-type: none"> • A description of any innovation, defined as any product, action, service, or partnership that has the potential to improve health outcomes. • How the proposed elements are considered innovative, either in the national or international context. 	

	common problems.		
Participation	Evidence that key stakeholders and partners (particularly key beneficiaries) are involved in important decisions and actions related to the intervention and adoption of a participatory approach.	<ul style="list-style-type: none"> • Degree of involvement of key stakeholders or partners. • Description of the participation strategy. • Degree of involvement of the main beneficiary. 	
Focus on cross-cutting issues (Equity, gender, Ethnicity and human rights)	<p>PAHO's Strategic Plan 2020-2025 addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Given the relevance of the topics for PAHO's technical cooperation, the proposed good practice must demonstrate that it serves to analyze and propose changes in relation to the vulnerable aspects, diversity or gaps that</p>	<ul style="list-style-type: none"> • How the practice addresses any of these cross-cutting issues. • Impact that the practice may have had on cross-cutting themes. 	

	interfere with the health status of the population.		
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Annex IV. Additional documentation

During the "Institutional Review" step, institutions that submitted proposals may be subject to providing additional documentation if necessary. All information submitted will be confidential and will only be made available to the Office of the Legal Counsel of PAHO for review.

References

1. Pan American Health Organization. (2012). *Strategy for the prevention and control of non-communicable diseases*. Available in: [CSP28/9](#)
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3. Pan American Health Organization. (2024). *Strategy and Plan of Action to Strengthen Tobacco Control in the Americas*. Available in: [cd61-10-e-tobacco-control](#)
4. Pan American Health Organization (2020). Strategic Plan of the Pan American Health Organization 2020-2025: Equity, the heart of health. Available at: <https://iris.paho.org/handle/10665.2/52717>.
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6. Pan American Health Organization. *HEARTS in the Americas*. Available in: <https://www.paho.org/es/heart-america>
7. Pan American Health Organization. *Global Diabetes Compact*. Available at: [Global Diabetes Compact](#).
8. Pan American Health Organization. *Initiative for the Elimination of Cervical Cancer*. Available at: [A Global Strategy for elimination of cervical cancer](#).
9. Pan American Health Organization. *CureAll Americas*. Available at: [CureAll Americas](#).
10. World Health Organization. *Global Breast Cancer Initiative*. Available at: [The Global Breast Cancer Initiative](#).
11. Pan American Health Organization. *Digital Health*. Available at: [Information Systems and Digital Health \(IS\)](#).

