

Summary report on the

**Regional consultation on a
comprehensive global monitoring
framework and set of voluntary global
targets for the prevention and control
of noncommunicable diseases**

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1. Introduction

The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, which was adopted by the United Nations General Assembly on 19 September 2011 in resolution 66/2, calls upon the World Health Organization (WHO), before the end of 2012 to develop in a consultative manner a comprehensive global monitoring framework, including a set of indicators, to monitor trends and to assess progress made in the implementation of national strategies and plans on noncommunicable diseases and to prepare recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases.

As part of the global development process, the World Health Assembly discussed the issue and in decision WHA 65(8) called for a formal meeting with Member States at the Regional Committees to discuss the comprehensive monitoring framework, including a set of indicators and examples of voluntary global targets, taking into account measurability, feasibility, achievability and WHO's existing strategies in this area.

The WHO Regional Office for the Eastern Mediterranean organized a regional consultation on 30 September 2012 with Member States as part of the series of ongoing regional consultations and to address the following objectives:

- review the progress in the development of global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases;
- discuss the third version of proposed sets of voluntary global targets and indicators and select core regional targets and indicator;
- discuss the role of Member States in the Region in supporting the consultation process for the development of global monitoring framework;

- discuss the way forward to implement the monitoring targets and indicators and reporting process.

Over 25 participants representing Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Morocco, Oman, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen attended the meeting, as well as high-level representatives from other United Nations agencies (United Nations Development Programme, United Nations Relief and Works Agency for Palestine Refugees in the Near East) and WHO staff from headquarters, the Regional Office and country offices.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, gave a brief introduction outlining the process leading up to the development of the draft noncommunicable disease monitoring framework. Dr Douglas Bettcher, Director Tobacco-free Initiative, WHO headquarters, elaborated on the process, including the timeline and the consultations leading up to finalization and adoption at the World Health Assembly in 2012.

2. Summary of discussions

Most countries welcomed the Health Assembly decision to adopt a global target of 25×25 (a 25% reduction in premature mortality from noncommunicable diseases by 2025).

Participants requested some clarifications regarding: the outline of the global monitoring framework; numerical value of each of the proposed voluntary targets and respective indicators; feasibility and measurability of some of the suggested targets in particular regarding the salt intake, obesity, trans-fats, alcohol, behavioural risk factors and blood pressure; evidence used to generate the targets and achievability issues, especially in a regional context; baseline data, interim assessment, milestones and reporting process; criteria for the selected targets, and challenges in data

collection in countries; and consultation modalities and outcomes of the consultation processes.

Participants discussed additions and modifications to the sets of voluntary targets. Three options were discussed:

- Option 1. Support the four targets (tobacco, raised blood pressure, salt intake, and physical inactivity) of voluntary global targets presented in the revised WHO discussion paper;
- Option 2. Support all the proposed voluntary targets presented in the revised WHO discussion paper and the framework of voluntary global targets;
- Option 3. Support four targets (tobacco, raised blood pressure, salt intake, and physical inactivity) plus an additional target on diabetes.

Given the high diabetes prevalence in the Region, there was strong support from among Member States for adding/reinstating the target related to diabetes. Some Member States stressed the need to include a target and indicators on cancer screening, in particular for breast cancer.

3. Recommendations

To Member States

1. Consider the WHO global voluntary targets for noncommunicable diseases and national priorities and resources in the selection of national indicators and respective targets.
2. Select a limited number of core targets and indicators for the common risk factors and diseases, feasible for the existing national monitoring systems, and start immediately to enhance national capacity to address the noncommunicable disease surveillance framework.

3. Identify additional indicators that monitor the development and implementation of relevant policies implemented by other non-health sectors in control of noncommunicable diseases.
4. Generate evidence related to targets and indicators.

To WHO

5. Provide technical guidance and a standardized tool to assist Member States in data collection and ensure validity of the reporting process.
6. Assist in exchange of experiences on developing a national noncommunicable disease surveillance framework and national targets and indicators.