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Summary report on the
**First meeting of the
Regional Technical
Advisory Group on
Noncommunicable
Diseases**

Cairo, Egypt
11–12 April 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The United Nations General Assembly Political Declaration on Non-Communicable Diseases Prevention and Control, adopted in September 2011, spelled out several commitments for WHO and Member States, focusing on scaling up WHO technical capacity to ensure political leadership and accountability in the action against noncommunicable diseases.

In October 2012, the WHO Regional Committee for the Eastern Mediterranean in resolution EM/RC59/R.2 requested WHO to establish a Technical Advisory Group on Noncommunicable Diseases to support the regional programme. Accordingly, the group was established in December 2012 to advise the Regional Office in the following areas:

- Implementation of the commitments laid out in the Political Declaration on Non-Communicable Diseases Prevention and Control and the noncommunicable disease action plan;
- Strengthening national programmes for the prevention and control of noncommunicable diseases and scaling up national policies and plans;
- Supporting Member States in the implementation of so-called “best buys”, cost-effective interventions to reduce risk factors;
- Scaling up training and capacity building at national level through regular training programmes and support for country offices, in line with WHO collaborative programmes in Member States.

The first meeting of the regional Technical Advisory Group on Noncommunicable Diseases was held at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 11–12 April 2013. The objectives of the meeting were to:

- Review the commitments laid out in the Political Declaration of the High-level Meeting of the General Assembly on the prevention and

control of Non-Communicable Diseases and the core set of interventions in the Regional Framework which was endorsed by the WHO Regional Committee for the Eastern Mediterranean in its 59th session in October 2012;

- Discuss the key noncommunicable disease strategic initiatives to support Member States implementing the Strategic Framework; and
- Agree on a plan for collaboration to strengthen the technical capacity of the Regional Office in the area of noncommunicable diseases and develop a regional network of experts to support countries in the implementation of the Political Declaration.

The meeting was attended by over 20 regional and international experts representing the nominated members of the Technical Advisory Group, members of the International Diabetes Federation Middle East and North Africa group, regional experts invited to attend in the capacity of temporary advisers and WHO staff from headquarters and the Regional Office.

The meeting was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who acknowledged the challenges posed by limited resources and capacity in certain areas and stressed the need for countries of the Region to bridge the gaps in the implementation of key strategic interventions outlined in the regional framework.

The programme of the two-day meeting was organized around four sessions covering the key areas of prevention, surveillance, health care and national policies and plans.

Each session included a brief introductory presentation by the WHO Secretariat and temporary advisers followed by plenary discussions to agree on set of key action recommendations for forward action by Member States. In addition, four background papers were developed on

noncommunicable disease surveillance, tobacco control, salt and fat reduction strategies and physical activity interventions.

2. Conclusions and the way forward

Tobacco control

The group recognized the need for urgent action to bridge existing legislative and implementation gaps and to increase compliance and strengthen enforcement at national level. It recommended the following actions at country level.

- Mobilize for the full implementation of mPOWER measures, including:
 - Enforcing a complete ban on tobacco use both indoors and in public places
 - Enforcing a complete ban on advertising, sponsorship and promotion of tobacco products
 - Increasing taxation to reach at least 75% of the retail price on all tobacco products
 - Implementing the 50% guideline for pictorial health warnings
 - Creating hotline/help lines to assist in smoking cessation.
- Identify existing gaps in tobacco control legislation for immediate action.
- Initiate and sustain serious dialogue between the trade and health sectors for achieving policy coherence on trade and tobacco control.
- Elaborate and implement a national action plan to develop capacity for a whole-of-government approach to strengthen or implement tobacco-related “best buys”, including:
 - Identification of the gaps based on the last version of the Global Tobacco Control Report
 - Specification of a timeline for addressing the gaps

- Identification of owners of specific actions (roles and responsibilities)
- Including in the actions the activation of a multisectoral national body to monitor progress.
- Prepare to include tobacco control in the next United Nations Development Assistance Framework.

Salt reduction

Both salt and trans fat reduction are cost-effective interventions to prevent and control noncommunicable diseases. In the Eastern Mediterranean Region, there are multiple salt producers in each country, allowing for the use of economic leverage in salt reduction strategies. Using a validated diet protocol, Kuwait has provided the best evidence for the importance of bread as a source of salt in the regional diet. In countries of the Gulf Cooperation Council, imported processed foods are an important source of salt.

There is a dearth of information in the area of salt reduction in the Region. No countries in the Region are included in the INTERSALT study. Data needs include the following.

- Objective measures of salt intake by 24-hour. urine tests
- Evaluation of food chain routes of salt (similar to the work done in the area of iodine deficiencies)
- Reasonable direct measures of salt content in representative samples of major likely foods, as the use of foreign food composition tables is not useful

Recommended strategies include the following.

- Efforts should begin with salt reduction, followed by transfat. Bread is one of the most important sources of salt intake in the Region.

- Salt reduction strategies must be context-specific. In some countries, especially in rural areas, processed foods are less important than home-cooked food as a source of salt.
- Political rather than medical mobilization is needed. Governments need to take strong action rather than relying on voluntary market measures. Such actions include:
 - Regulations controlling all foods/drinks in all government funded hospitals, schools, military, police, government departments, etc.
 - Steady change to widespread subsidies of sugar, fats, cheaper palm oil, etc, moving towards taxation rather than national expense.
- The benefits from rapid change in controlling powerful tobacco and bigger food industries should be established using salt and trans fat bans first.
- By mid-2014, systems need to be established based on new WHO evidence on the crucial role of reducing sugar, total fat and saturated fat intakes. Comprehensive childhood obesity strategies should be included.

Physical activity

Specific actions were discussed for promoting physical activity.

- With regard to capacity-building, run three training courses in three years, rotate host countries, core teams of 3–4 from participating countries, focus on national actions and context within regional training residential 3–4 day course (requires funding).
- Initiate a physical activity network with free membership for sharing information; link GlobalPANet (requires coordinator).
- Convene a regional technical meeting on physical activity.
 - Obtain consensus and adoption of global guidelines on physical activity among countries of the Region.

- Conduct a ‘rapid audit’ of ongoing actions in countries on physical activity and needs/opportunities and bring the results to the meeting for reporting.
- Support the development of national action plans on physical activity in Member States within 2 years.
- Adapt and translate the “Evidence to Action” document, including results from collation of regional examples; link with the task of the network (needs funds for dissemination).
- Appoint a full-time regional focal point for physical activity in the Regional Office.
- Celebrate World Physical Activity Day. WHO leadership is also required to link network and training, build cross-sector partnership and coordinate major efforts for advocacy, education and visibility.
- Convene a regional working group on mass media/communication strategies. Discuss synergies, communication channels, use of free media, social media, main messages and intent to share experiences and possible costs and materials.
- Consider initiating and scaling up best practice through matched funding schemes in key areas of priority action.
 - Promote scheme, celebrate (e.g. at World Health Day); criteria for funding could include use of evidence, partnership and sustainability.
 - Use as demonstrations of what can be done in key areas: schools, worksite, community (built environment/transport); partner with nongovernmental organizations (e.g. International Diabetes Federation), UN agencies, International Olympic Committee.
- Hold a high-level meeting on physical activity in the Region. Raise the priority of physical activity within the Region, discuss the regional response with countries, discuss synergies beyond health; involve other UN agencies and International Olympic Committee.

Noncommunicable disease surveillance

- Conduct baseline assessment of the noncommunicable disease surveillance system in the country.
 - Assessment should include components of the surveillance system (risk factor, outcome, and country response)
 - Assessment should also cover an assessment of capacity (human resource needs) to identify gaps and needs
 - Assessment should include question about STEPS, other noncommunicable disease behavioural risk factors, cause – specific mortality data, civil registration and vital statistics, health system responses)
- Develop an action plan to address gaps identified in the baseline assessment, including the scale-up of national capacity and bridging existing human resources gaps.
- Establish legislation to support noncommunicable disease surveillance (mortality, cancer reporting).
- Endorse the global noncommunicable disease surveillance framework (exposure, outcome, health system capacity).
- Establish national targets and indicators for noncommunicable disease, guided by the global targets and indicators and based on the country context and priorities.
- Promote the integration of noncommunicable disease surveillance into the national health information system.

Health care

- Recognizing the significant role of primary health care in early detection and the wealth of experiences in this field, Member States need to focus on strengthening the role of primary health care for noncommunicable disease prevention and control and promote integration of noncommunicable disease services in primary health care.

- Member States should conduct rapid assessments of the national experiences in integrating noncommunicable diseases in primary health care. The assessment should also cover capacity, gaps and needs.
- Countries need to draw up action plans to initiate regular training courses to scale up national capacity in integrating noncommunicable diseases into primary health care. Two training courses should be run per year at national level in the next 3 years.
- Member States should improve accessibility and affordability of essential medicines for noncommunicable diseases and improve access to essential palliative care.
- WHO should further develop the essential packages for noncommunicable disease integration in primary health care and document regional experiences.
- WHO should invest in developing a best practice care model for the Region taking into consideration the regional context and the huge role of the private sector.
- WHO should explore financing of generic medicines for noncommunicable diseases and establish measures and standards for improving accessibility and affordability of essential medicines for noncommunicable diseases.
- WHO should establish a regional network/forum that includes the existing regional associations and nongovernmental organizations (International Diabetes Federation, World Heart Federation and Union for International Cancer Control).



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