

WHO-EM/NCD/090/E

Report on the

Regional meeting on prevention and control of noncommunicable diseases and risk factors

Kuwait City, Kuwait
29–30 April 2013



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

During the Fifty-ninth Session of the Regional Committee for the Eastern Mediterranean, held in Cairo from 1 to 4 October 2012, Member States adopted resolution (EM/RC59/R.2),¹ endorsing a Regional 'Framework for Action to implement the United Nations (UN) Political Declaration of the General Assembly on the Prevention and Control of Non-communicable Diseases'. The Framework lays out key strategic interventions in four areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care.

To support Member States in assessing national progress and in developing national multisectoral noncommunicable disease plans to scale up implementation of the strategic interventions laid out in the regional Framework for Action, the WHO Regional Office for the Eastern Mediterranean, in collaboration with the Ministry of Health of Kuwait, organized a regional meeting on the prevention and control of noncommunicable diseases and risk factors in Kuwait City from 29 to 30 April 2013.

The objectives of the meeting were to:

- review the progress made by Member States in implementing the key commitments included in the Political Declaration on the Prevention and Control of Non-communicable Diseases and regional Framework for Action;
- identify gaps that impede progress and prioritize actions to address them;
- define areas where WHO technical support is needed to implement the regional Framework for Action;
- develop a network that will work collaboratively to promote noncommunicable diseases prevention and control and accelerate the implementation of the regional Framework for Action;
- discuss and agree on the monitoring framework to assess progress to be achieved leading up to the 2014 UN General Assembly meeting on noncommunicable diseases.

The meeting was attended by noncommunicable disease national programme managers from Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Somalia, South Sudan, Tunisia, and United Arab Emirates, representatives of key regional organizations – the International Diabetes Foundation (IDF)/Middle East and North Africa (MENA), World Heart Federation, Gulf Federation of Cancer Control and the Executive Board of the Health Ministers' Council for GCC States – international and regional experts and staff members from WHO headquarters and the Regional Office for the Eastern Mediterranean.

¹ http://applications.emro.who.int/docs/RC_Resolutions_2012_2_14692_EN.pdf

The meeting was opened by H.E. Dr Mohammad Barrak Alhaifi, Minister of Health of Kuwait, and Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. The meeting coincided with the launch of Kuwait's national programme for prevention of noncommunicable diseases, in collaboration with WHO, with the key components being the establishment of the higher national committee for the prevention and control of noncommunicable disease, capacity development, health system strengthening, especially primary health care and modernization of health information systems.

The programme, list of participants and the Kuwait Call for Action are included as Annex 1, 2 and 3, respectively.

2. TECHNICAL PRESENTATIONS

Following the opening session, the meeting was organized around four sessions that corresponded to the areas of strategic interventions outlined in the regional Framework for Action (resolution EM/RC59/R.2): noncommunicable disease governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. Each session included a brief introductory presentation by the WHO Secretariat and temporary advisers, followed by group discussion. Four concept notes were shared with participants on physical activity, tobacco control, noncommunicable disease surveillance and salt reduction. The recommendations of the Regional Technical Advisory Group on Noncommunicable Diseases, developed during its 11–12 April 2013 meeting at the WHO Regional Office, in the four strategic areas were shared. Based on the presence of a clear vision and roadmap for noncommunicable diseases prevention and control, the discussion focused on identifying key national or regional recommended actions that are most relevant within the regional context, for the strategic areas agreed under the regional Framework for Action.

2.1 Urgent action, now!

An overview of the progress to date in implementing the UN Political Declaration on Noncommunicable Diseases at the regional level shows important progress with the achievement of the following key milestones.

- March 2012 – Noncommunicable diseases identified as a strategic priority for the WHO Regional Office.
- July 2012 – Regional consultation on the development of an updated action plan for the prevention and control of noncommunicable diseases
- September 2012 – Riyadh Declaration on prevention and control of noncommunicable diseases and promotion of healthy lifestyles
- September 2012 – Regional consultation on comprehensive global monitoring framework, indicators, and voluntary global targets for the prevention and control of noncommunicable diseases

- October 2012 – Fifty-ninth Session of the Regional Committee for the Eastern Mediterranean adopts a resolution that endorses a regional Framework for Action to implement the UN Political Declaration
- November 2012 – Regional consultation to develop strategic directions for salt and fat reduction
- April 2013 – Regional workshop to develop national action plans on salt reduction and substitution of trans fats
- April 2013 – Eastern Mediterranean Regional Technical Advisory Group on Noncommunicable Diseases is established and proposes recommendations to implement the regional Framework for Action.

However, meeting the commitments of Member States laid out in the Declaration in a timely fashion requires accelerated action before the expected review at the UN General Assembly in the third quarter of 2014 of the progress made towards the implementation of the Declaration. A new Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 was approved by the World Health Assembly in May 2013. The Global Action Plan includes nine voluntary global targets, including a 25% reduction in premature mortality from noncommunicable diseases by 2025. The regional Framework for Action on Noncommunicable Diseases also calls for the development of national targets and indicators based on WHO guidance. At the current pace, unless urgent action is taken, many Member States may not be in a position to demonstrate significant progress by then. This prompted the issuance of the “Kuwait Call for Action” (Annex 3).

3. PROGRESS, GAPS AND WAY FORWARD

Participants reviewed progress, identified gaps and developed recommendations for priority actions in the four areas of strategic interventions outlined in the regional Framework for Action. Participants also reviewed a draft set of process indicators on the monitoring of the implementation of the strategic interventions. The indicators were developed by the WHO Regional Office, in consultation with the regional Technical Advisory Group on Noncommunicable Diseases. Participants made an overarching recommendation in relation to these indicators.

Recommendations

To Member States

1. Review and recommend revisions to process indicators proposed by the WHO Regional Office to monitor progress in the four areas of governance, prevention, surveillance and health care.
2. Adopt the final version of the process indicators to monitor progress in the four areas.

To WHO

3. Develop a final version of the process indicators in consultation with Member States and the Technical Advisory Group.
4. Produce periodic reports on the progress of Member States based on the process indicators ahead of the third quarter of 2014 review at the UN General Assembly.

3.1 Noncommunicable disease prevention

Discussions focused on the following priority areas: tobacco control, action on food, nutrition and marketing, including salt reduction, elimination of trans fats and promotion of physical activity.

3.1.1 Tobacco control

The Region is falling behind other regions in implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). Two Member States (Morocco and Somalia) have not yet ratified the Framework Convention. Assessment of MPOWER measures shows variable progress. For example, while there is fairly good data on tobacco use in many countries, only four have implemented full bans, five have raised taxes to 75% of retail prices, two offer recommended cessation services, five have strong mechanisms for enforcement of legislation and only twelve have adopted health warnings that cover at least 50% of packages. Very few have clear restrictions and enforcement of the legal age at which one is able to buy cigarettes.

Key discussion points

There is an urgent need for action on tobacco control in the Region. Implementation of the WHO package of interventions, i.e. MPOWER can assist in the country-level implementation of effective measures to reduce the demand for tobacco, contained in the WHO FCTC.

In terms of taxation, taxes that are raised from tobacco should be directed towards health promotion. However, the feasibility of implementing price and taxation measures varies from one national context to another.

While FCTC implementation in Member States needs action well beyond the health sector, and requires cabinet-level multisectoral action, the leadership of the ministries is essential to making progress.

Similarly, tobacco concerns the work of many UN agencies, other than WHO, and needs to be incorporated into United Nations Development Assistance Framework (UNDAF). In this respect, actions required include: 1) developing a mechanism, within the UN Country Team, for integrated efforts on noncommunicable diseases

among UN agencies, within the framework of "Delivering as One"; 2) building awareness and advocacy for Resident Coordinators and heads of UN agencies with special focus on the impact on, and implications for, socioeconomic development; 3) developing guidelines for incorporating noncommunicable diseases into the UNDAF, such that noncommunicable diseases and programmatic interventions around noncommunicable diseases are measured in the UNDAF list of indicators.

Bilateral trade agreements which are in effect in several countries can undermine national tobacco control efforts, especially by forcing the lowering of tariffs and taxes. Public health protection must be prioritized in all trade agreements. WHO presents tobacco as a main issue for health diplomacy courses for staff in diplomatic missions of Member States.

There is a need for high-level advocacy to counter industry efforts to undermine implementation of tobacco legislation as happened recently in Lebanon.

To address the issue of smuggling, Member States need to sign the WHO FCTC protocol on illicit tobacco trade. So far, only three countries have done so.

Cross-border issues, such as advertisement and smuggling, raise the importance of cross-border/regional collaboration. Action through the subregional level could also be useful and translated effectively into national level action. Cooperation between member countries of the Gulf Cooperation Council (GCC) would represent a good example of this.

Even when political commitment for tobacco control is present, it is not always sufficient to initiate action. There is a need to build knowledge and share experiences about what works in tobacco control. Sharing best practices and "know-how" on tobacco control is useful to all Member States, especially for countries in which progress has been slower than others. The WHO Regional Office can facilitate this process.

Recommendations

To Member States²

FCTC

1. Ratify the WHO FCTC if not yet ratified.

² For each recommendation to Member States contained in this report, WHO tools exist to assist in implementation. Potential partners at the national level (both within and outside government) must be identified to take up the recommended actions.

2. Implement fully the WHO FCTC if not yet fully implemented.
3. Sign, ratify and implement the WHO FCTC 'Protocol to eliminate illicit trade in tobacco products'.
4. Develop national multisectoral action to implement MPOWER policies and other provisions of the WHO FCTC, including assessment of staff development plans, resource needs, required managerial and policy processes and partnership needs.

Priority actions

5. Increase taxation on tobacco products to achieve 75% of retail price.
6. Implement 100% smoke-free policies, disallowing any designated smoking areas.
7. Implement pictorial health warnings occupying 50% of pack size.
8. Generate evidence on enforcement and compliance.
9. Enforce a total ban on tobacco advertisement and promotion.
10. Establish a toll-free quit-line to support cessation.
11. Develop multisectoral action plans to counter the tobacco industry and other opposing forces by implementing WHO FCTC guidelines on transparent interaction with the tobacco industry (Article 5.3).

To WHO

Advocacy

12. Advocate with governments at the highest level to ratify the WHO FCTC, and sign and ratify the international protocol to eliminate illicit trade.

Technical support

13. Develop technical guidance on the implementation of the WHO FCTC and MPOWER measures based on regional and international experience, and provide technical support/advice in developing national multisectoral action plans to implement MPOWER measures, and in monitoring enforcement and compliance. This includes the key areas of exploring country-specific tax enhancement options with national tax authorities, reviewing and updating national legislation, especially concerning pictorial health warnings and comprehensive bans.

Capacity development and tools

14. Conduct capacity development workshops on Article 5.3 with multisectoral involvement, especially health and trade sectors.
15. Avail the Arabic versions of relevant WHO tools and support Member States to adapt WHO tools for tobacco cessation to local context as relevant.

3.1.2 Action on food, nutrition and marketing

Advancing noncommunicable diseases prevention through food requires working with other sectors, within and outside governments, who may not understand the public health agenda well. Partners and stakeholders need to be educated so that they are “on board”. A “win-win” approach is feasible in many cases. For example, gradual reduction of salt content in food does not change taste and will not decrease profit for the food sector. In the case of trans fats, the challenge may be bigger, as reformulating foods to remove trans fats may increase the cost of food products.

For food production and importation, there is a need to consider regional and international dimensions not just national issues. This creates opportunities for regional collaboration similar to the case of Nordic countries.

Policy actions on food and nutrition need to be supported by consumer demand. Involvement by civil society and nongovernmental organizations can prove crucial.

Due to the nature of the food market, regulatory approaches are the most effective. As such, legal expertise on noncommunicable diseases teams can be very useful.

Salt reduction

Salt consumption in the Region is excessive (range 7–19 grams daily), making this an important contributor to the burden of noncommunicable diseases in the Region, especially with high hypertension prevalence rates. A significant portion of the excess daily consumption of salt comes from foods that could be regulated relatively easily. For example, salt in bread accounts for about 30% of daily consumption in the Region.

Key discussion points

It is agreed that salt reduction is one of the most cost-effective public health interventions to reduce the burden of noncommunicable diseases. It is ‘negligent’ not to act to reduce salt. Effective approaches include regulation and enforcement on higher limits of salt content in priority food products, engaging the food industry to reduce salt content of food products, such as bread, and conducting health literacy and public awareness campaigns.

It is important to develop national multisectoral committees to work on salt reduction measures and ensure that efforts are not only dependent on a few champions which might falter if they depart. The process should be institutionalized. Nevertheless, the presence of champions is crucial as the case of Kuwait has demonstrated.

As salt is not typically added to wheat flour in mills, there is a need to work with bakeries through municipalities and consumer groups. Evidence from the United Kingdom (UK) suggests that small bakeries more than big business comply with salt reduction measures.

It is crucial to harmonize action on salt and iodization so that there is no conflict in the minds of policy-makers. The message should read “eat less salt but iodized salt”. Salt used for food processing and industry must be iodized so as to ensure adequate iodine intake. The levels of iodization should be decided by each country based on the levels of recommended iodine intake. It is important to avoid over-iodization, as is the case in Peru and Mexico where salt has become 100% iodized.

With regards to replacing sodium salt with potassium salt, the latter is 30% more expensive. Because sodium salt is very cheap in most countries, it is still feasible to introduce potassium salt. However, this is not considered to be a priority area.

There are gaps in our knowledge about food salt content and consumption in many countries and this highlights the need to conduct rapid assessment and generate evidence on salt/sodium content and consumption at the population level. This can be done through: 1) 24-hour urine methods (e.g. in collaboration with experienced medical centres); 2) spot urine testing (less reliable); 3) adding a module to STEPS surveys; 4) 24-hour food consumption surveys; and 5) carrying out market surveys. Countries must decide on the approach depending on the availability of resources. However, actions to reduce salt consumption must start now using clear WHO recommendations.

Recommendations

To Member States

1. Establish national multisectoral committees and develop programmes/plans on reduction of salt intake as a strategic intervention (start with salt reduction in bread aiming at a 10% reduction by January 2014; if a coordinated approach has been successful then introduce a further 10% decrease in July 2014).
2. Undertake studies to bridge current gaps in knowledge about salt content and intake.
3. Harmonize action on salt and iodization.

To WHO

4. Finalize and disseminate the recently drafted technical guidelines on initiating salt reduction programmes.
5. Advocate with Member States to promote salt reduction and provide technical support to develop and implement national strategies for salt reduction.

6. Develop regional protocols for determining salt intake (preferably using urine analysis) and support Member States to conduct relevant studies.
7. Provide protocols for coordinated salt and iodization strategy.

Elimination of trans fats

Trans-fats are commonly used as part of the staple diet in the Region. Current prevalence rates of overweight, obesity and dyslipidemia make this an important target for interventions as recommended by a regional consultation convened by WHO in April 2013 in Cairo.

Key discussion points

There is substantial scientific evidence regarding the harm caused by trans fats. The best evidence-based approach to dealing with trans fats is total elimination and replacement with unsaturated fats through regulatory measures. There is clear evidence in support of a total ban on trans fats in processed foods. The challenge in this Region is food imports that may have substantial amounts of trans fats.

Recommendations

To Member States

1. Initiate national initiatives to substitute trans fats in foods with unsaturated fats, eventually banning the use of trans fat in processed foods.

To WHO

2. Advocate with Member States to ban trans fats and provide needed technical support.
3. Develop technical guidance for Member States on practical steps and actions to eliminate trans fat.

Marketing of unhealthy foods and non-alcoholic beverages to children

Marketing of unhealthy foods and non-alcoholic beverages to children is largely unregulated in this Region. This has a profound and negative impact on public health, especially with increasing rates of childhood obesity. Marketing of foods and non-alcoholic beverages tops advertising expenditures in the Region with television advertising accounting for the largest share of such expenditures. Television advertising occurs most intensively during families'/children's peak viewing times (6 pm–9 pm).

Key discussion points

There is a need for comprehensive evidence-based approaches to tackle marketing. Arbitrary and selective approaches not based on sound evidence do not work as industry finds ways around them. In general, self-regulation by the food industry does not work well. Regulatory mechanisms are far more effective and governments must define the scope of the rules in the public interest.

It is crucial to build consensus across government on this issue and use cost-benefit analysis to support regulation. In the example of France, disagreements between ministries have led to adoption of non-binding resolutions.

The issue of marketing is more recent and more complex than other noncommunicable diseases prevention and control measures so countries of the Region need time and capacity development to generate momentum and examples and for these to become substantial experiences. There is a need to document whatever experiences exist today.

In various policy discussions, there is a need to ensure that conflicts of interest are identified and avoided.

Work on regulating marketing must be linked to the right to nutritious food, to the rights of children and, more broadly, the right to health. Involvement by civil society and nongovernmental organizations to support, and push, policy efforts to curb marketing is needed.

Regulation of marketing necessitates cross-border cooperation as most marketing today is cross-border, making regional cooperation crucial. The example of cooperation of European Union (EU) member states to reduce such marketing within the EU is quite useful in this regard. Countries of the Region could consider signing a 'code of ethics' in which they commit to a common framework for action on marketing, building on available international codes. However, regional marketing is linked to an international economy. There is thus a need to work on international policies, as well as multilateral and bilateral trade agreements.

Countries, especially the Ministry of Health, may not have the needed skill sets and capacity to monitor and counter marketing. This is commonly outside the comfort zone of public health. WHO support is needed to support capacity development but countries need first to take the big decisions to counter marketing. Indirect marketing, e.g. through product placement, is also major problem.

School health programmes represent an important medium through which to promote healthy nutrition.

Recommendations

To Member States

1. Adopt and implement 'WHO recommendations on the marketing of food and non-alcoholic beverages to children'.
2. Contribute to the development of, adopt and implement a regional 'code of ethics' to curb cross-border marketing.
3. Develop legislative and regulatory measures to counter marketing and promotional practices known to promote unhealthy nutrition.

To WHO

4. Advocate for regulating the marketing as part of effective obesity prevention strategies.
5. Build political and technical capacity for monitoring and regulating marketing at national and regional levels.
6. Work with other regional stakeholders/partners to support Member States in establishing a regional code of ethics and a framework for action to address marketing practices that promote unhealthy choices particularly for children.
7. Ensure that marketing remains on the political and technical agenda at national and regional levels.

Promotion of physical activity

The Region ranks very high among other WHO regions in the prevalence of insufficient levels of physical activity.

Key discussion points

The issue of insufficient levels of physical activity needs to be approached through the socioecological model, rather than just as an individual issue. Communities and institutional, structural and policy factors must be considered to understand and address the barriers.

The emphasis should be on multisectoral approaches, working with diverse partners (e.g. WHO–IOC partnership) and engaging champions, such as celebrities. The role of leadership is crucial.

There is a need to replace the model of “the Ministry of Health is going to schools to promote physical activity” with “schools are promoting physical activity as part of the national agenda for health”. This requires an all-of-society approach. In many schools, physical activity class is perceived as a punishment. This perception needs to change so that physical activity becomes a joy to children in which they engage voluntarily outside physical activity class. Physical activity should not be seen within a framework of athletic competition alone but rather as something that everyone should be involved in.

A life-course approach employing public health methods is most effective to promote physical activity across the life span.

The issue of physical activity is relatively new on the noncommunicable diseases agenda. It requires capacity and local/regional evidence is still lacking in this Region, which also has only a small number of demonstration projects. However, there is no need to reinvent the wheel as there are clear guidelines, such as WHO's Global Strategy on Diet, Physical Activity and Health implementation toolbox.

A designated national focal point for physical activity in the health sector, preferably at the ministry of health, is important as this person must understand the health dimensions, be fully aware of the WHO tools on physical activity, and would serve as the counterpart for the Regional Office in a country. The national focal point may be the national focal point for noncommunicable diseases or a member of the noncommunicable diseases team. The national focal point may be the same or different than the national coordinator of physical activities who can be based in any sector.

Promotion of physical activity must be coherent with the work in other areas of noncommunicable diseases, for example, marketing of unhealthy foods and non-alcoholic beverages to children.

Recommendations

To Member States

1. Carry out demonstration projects to promote physical activity in four key settings: schools, worksites, communities and the transport sector, in partnership with nongovernmental organizations, UN agencies and others.
2. Designate a focal point for physical activity in the ministry of health.
3. Conduct mass media campaigns (best buy).
4. Develop multisectoral national action plans to promote physical activity at national level.
5. Celebrate World Physical Activity Day.

To WHO

6. Establish a regional network of experts in interventions to increase levels of physical activity.
7. Conduct a rapid audit of ongoing actions to promote physical activity.
8. Convene a high-level meeting to plan how to increase levels of physical activity in the Region.
9. Convene a regional working group on mass media/communications strategies.

3.2 Noncommunicable disease surveillance

There is a major gap in surveillance of noncommunicable diseases and their risk factors. Noncommunicable diseases surveillance remains a weak component of national health information systems in almost all Member States. Results from the 2010 WHO country capacity survey and preliminary results from the 2013 follow-up survey indicate important gaps in noncommunicable diseases surveillance capacity and infrastructure.

The majority of countries in the Region have implemented risk factor surveys (STEPS). However, in some countries these were conducted as one-time surveys and were not institutionalized. Morbidity and mortality data are inadequate in most countries. A substantial proportion of countries are not regularly reporting reliable cause-specific mortality. Essential noncommunicable diseases interventions (population and individual-based) are not monitored.

Key discussion points

The key components of noncommunicable diseases surveillance include: a) monitoring exposures (risk factors and determinants); b) monitoring morbidity and mortality with a special focus on premature mortality from noncommunicable diseases; and c) monitoring health system capacity and interventions.

The noncommunicable diseases Global Monitoring Framework and associated indicators and voluntary targets, approved by the World Health Assembly in May 2013, provide clarity and direction on what needs to be done in noncommunicable diseases surveillance.

Countries need only to collect data that they can use based on the noncommunicable diseases surveillance framework recommended by WHO. There are examples of registries in countries that are not linked to action or are not even well analysed.

Strengthening civil registration and vital statistics system is a key priority for health information systems in all countries. Reliable estimates on premature noncommunicable diseases mortality cannot be obtained without strong civil registration and vital statistics systems.

There is a need to institutionalize STEPS and strengthen national capacity for developing national targets and corresponding indicators and link these to a programme of action and monitoring. Countries would need to tailor surveillance components to their needs and to consider how often (at intervals) to carry them out. For example, countries can decide whether STEPS should include a module on social determinants of health or capture quality of care.

Recommendations

To Member States

1. Adopt the WHO framework on noncommunicable diseases surveillance with its three key components (monitoring exposures, outcomes and health system capacity and interventions).
2. Develop national targets and corresponding indicators, guided by the Global Monitoring Framework, voluntary targets and indicators.
3. Strengthen civil registration and vital statistics while making best use of available estimates to identify causes of deaths due to noncommunicable diseases.
4. Regularly implement STEPS surveys; institutionalize STEPS at national level.
5. Implement Global Adult Tobacco surveys, and incorporate youth and adults' tobacco use surveillance in national surveys.
6. Integrate noncommunicable diseases surveillance into the national health information system.
7. Ensure accurate data collection, analysis and mechanism of reporting are in place.
8. Strengthen national capacity in epidemiology and noncommunicable diseases surveillance.

To WHO

9. Build capacity to provide technical support to Member States in strengthening their noncommunicable diseases surveillance as an integral part of national health information systems.
10. Develop a regional network of experts in epidemiology and noncommunicable diseases surveillance to support Member States.

3.3 Health care for noncommunicable diseases

Health systems are often unable to respond effectively, equitably and in a timely manner to the health care needs of people with noncommunicable diseases, in particular the poor and vulnerable, as demonstrated by the lack of operational plans, inadequately trained workforce, poor access to essential technologies and medicines, rising costs of health care, gaps in health financing, bureaucratic inefficiency, and weak governance, including legislation. Health care systems are sometimes let down by a narrow focus on hospital and curative care, or profitable high-technology hospitals that provide expensive state-of-the-art treatment for only a small minority of citizens.

Gaps in improving health care for people with noncommunicable diseases exist in all building blocks of the health system, particularly in health financing, the health workforce and access to essential technologies and medicines.

Making a difference in improving health outcomes in people with noncommunicable diseases is possible in all countries if key cost-effective, high impact interventions are integrated into primary health care. These individual-based interventions “best buys” can be feasibly implemented, even in low-income countries with strengthened health systems.

There is a need to assess the cost-effectiveness of expensive tertiary-based noncommunicable diseases interventions which consume a considerable proportion of the health care budget.

Key discussion points

Lessons must be learned from international and regional experiences in strengthening health system response to noncommunicable diseases, and particularly in integrating noncommunicable diseases prevention and control in primary health care.

Recommendations

To Member States

1. Conduct rapid assessment of national experiences in noncommunicable diseases integration in primary health care. The assessment should also cover capacity, gaps and needs.
2. Strengthen the role of primary health care in prevention and control of noncommunicable diseases and promote integration of noncommunicable diseases services in primary health care.
3. Improve accessibility and affordability of essential medicines for noncommunicable diseases.
4. Conduct rapid assessment of national experiences in palliative care to assess needs and gaps and strengthen palliative care services.

To WHO

5. Conduct a review of international and regional experiences and lessons learned regarding integration of prevention and control of noncommunicable diseases in primary health care.
6. Develop essential packages, carry out capacity development activities and facilitate implementation of noncommunicable diseases integration in primary health care.
7. Develop the best practice care models taking into consideration the local and regional context.
8. Promote sustainable financing and establish measures and standards for improving accessibility and affordability of generic medicines for noncommunicable diseases.

3.4 Noncommunicable diseases national policies, plans and governance

Assessment of national capacity for the prevention of noncommunicable diseases in this Region reveals major gaps in the development and implementation of multisectoral national plans, which remain in their early stage in the Region. This is reflected in weak multisectoral action. A large proportion of the national noncommunicable diseases policies and plans in Member States are either inadequately funded or not operational. Most lack multisectoral engagement.

Key discussion points

Multisectoral action on noncommunicable diseases can be difficult. There is thus a need for cross-learning among countries based on the sharing of best practices, experiences and expertise. Member States need WHO support to promote the multisectoral approach based on the nine key steps identified in Annex 6 of the *Global status report on noncommunicable diseases 2010*. There is especially a need to clarify the most appropriate structures, in each national context, to support the development, implementation and evaluation of noncommunicable diseases multisectoral national policies/plans.

Recommendations

To Member States

1. Develop multisectoral national plans for prevention and control of noncommunicable diseases with the leadership of the ministry of health and the engagement of government agencies and nongovernmental sectors.
2. Use results of WHO tool of noncommunicable diseases capacity assessment to develop national capacity.

To WHO

3. Develop concrete and practical guidance on multisectoral action for noncommunicable diseases prevention and control based on the recommendations included in the *Global status report on noncommunicable diseases 2010*.
4. Share results of capacity assessment surveys, identify areas for capacity strengthening and support development of national capacity.
5. Develop a regional network of noncommunicable diseases programme focal persons and experts to support cross-regional work.

4. CONCLUSIONS

This meeting of Member States of the Eastern Mediterranean Region was a strategic step in identifying priority actions needed to implement the commitments

made under the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the regional Framework for Action.

Representatives of Member States have shown their resolve to implement the identified priority actions through unanimously adopting the ‘Kuwait Call for Action’.

The actions agreed during the meeting are consistent with the regional Framework for Action, and the recommendations of the Regional Technical Advisory Group on Noncommunicable Diseases.

WHO has been requested to support Member States technically, as well as through capacity-building in implementing the agreed actions.

While some agreed actions can be supported by existing technical support tools, frameworks and guidelines formulated by WHO and referred to in the regional Framework for Action, there are areas identified during the meeting that require further technical guidance and should be given priority in the regional noncommunicable diseases programme in 2013 and the next biennium (2014–2015).

WHO has been requested to keep track of the progress of Member States towards implementing the agreed actions, and to report on the progress to the regional, global and UN advisory bodies as deliberated earlier by the Member States.

Annex 1**PROGRAMME****Day 1, 29 April 2013**

08:30–09:00	Registration	
09:00–10:00	Introduction of participants Adoption of programme/nomination of Chairman Overview, objectives and expected outcome of the Meeting Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases	
10:00–10:30	Welcoming address	<i>H.E. Dr Mohammad Barrak Alhaifi, Minister of Health, Ministry of Health, Kuwait</i> <i>Dr A. Alwan, WHO Regional Director for the Eastern Mediterranean</i>
10:30–12:00	Session 1: Strengthening national policies and programmes Introduction followed by discussion <i>Discussion points</i> What are the challenges? Successful experience in engaging non-health sectors? What help is needed from WHO and the United Nations System?	<i>Dr I. Fadhil</i>
12:30–14:00	Session 2: Prevention of risk factors Introduction on dietary interventions, followed by discussion	<i>Dr P. James (recorded video)</i> <i>Professor G. MacGregor, Dr G. Xuereb, Dr A. Garde</i>
14:00–16:00	Introduction on physical activity and tobacco control, followed by discussion	<i>Dr F. Ben Abdelaziz, Dr F. El Awa</i>
16:00–17:30	Session 3: Improving NCD surveillance, monitoring and evaluation	<i>Dr N. Banatvala, Dr S. Jabbour</i>

Introduction on Global NCD
Monitoring Framework and
recommendations of the Technical
Advisory Group on NCDs

Discussion points

What actions and processes are needed
to set national NCD targets?

What are the political, financial and
organizational commitments needed to
strengthen NCD surveillance across the
4 pillars (mortality, morbidity, risk
factors, country capacity) in countries?

What elements would countries like to
see in the WHO toolkit for
strengthening NCD surveillance which
is currently being developed?

Day 2, 30 April 2013

08:00–09:00	Recap of the first day	
09:00–11:00	<p>Session 4: Improving access and quality of essential NCD care</p> <p>Introduction and recommendations of the Regional Technical Advisory Group on NCDs</p> <p><i>Discussion points</i></p> <p>Who are the key players in area of NCD health care? How to manage the conflict of interests and strengthen the role of primary health care. What is the NCD care model? What support is needed from WHO?</p>	<p><i>Dr J. Al Lawati, Dr A. Seita</i></p>
11:30– 12:30	Framework for Action to implement the United Nations Political Declaration on Noncommunicable Diseases/process indicators	
12:30–14:30	Conclusion and next steps	

Annex 2

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Annex 3

KUWAIT CALL FOR ACTION ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES AND RISK FACTORS IN THE EASTERN MEDITERRANEAN REGION

April 2013

We, the participants in the Regional Meeting on the Prevention and Control of Noncommunicable Diseases and Risk Factors in the Eastern Mediterranean Region, met in the City of Kuwait, from 29 to 30 April 2013. The focus of our meeting was on how to scale up national noncommunicable diseases action plans and programmes in the context of the commitments agreed by Member States, including the key strategic interventions outlined in the 'Regional Framework for Action on the commitments of Member States to implement the United Nations Political Declaration on Noncommunicable Diseases'.

We the participants;

Note with concern that noncommunicable diseases, mainly cardiovascular disease, cancer, diabetes and chronic respiratory diseases, represent a major global and regional challenge to health and socioeconomic development. Their magnitude in the Region is already enormous, is a leading cause of death, and continues to increase.

Acknowledge that the Regional Framework endorsed by all Member States in October 2012 provides a clear vision and a roadmap for all countries, irrespective of socioeconomic development status, to reduce premature disability and deaths related to noncommunicable diseases.

Recognize that, despite the important steps taken by Member States towards noncommunicable diseases prevention and control, gaps are still present in noncommunicable diseases prevention and control programmes and a coordinated regional action is needed in all countries in the Region to scale up action to meet the commitments of the UN Political Declaration on Noncommunicable Diseases.

We call upon government and national partners to:

Integrate noncommunicable diseases prevention and control in the national development agenda and national health plans, commensurate with the national burden and priorities, and scale up the translation of such prioritization into programmes and budgets.

Strengthen national policies and programmes for the prevention and control of noncommunicable diseases through a whole-of-government approach and multisectoral collaboration with special emphasis on equity.

Scale up action against noncommunicable diseases as guided by the Regional Framework for Action on the commitments of Member States to implement the United Nations Political Declaration on Non communicable Diseases.

Undertake a series of concrete steps and preparatory work leading to a strong regional presence and responses at the second UN General Assembly meeting on noncommunicable diseases in September 2014.

Adapt the recommendations of the regional noncommunicable diseases Technical Advisory Group in its first meeting convened by WHO Regional Office for the Eastern Mediterranean in Cairo, from 11 to 12 April 2013.

Prioritize prevention of risk factors and strengthen implementation of “best buys” and evidence-based interventions.

Ratify and implement the WHO Framework Convention on Tobacco Control (WHO FCTC) using MPOWER measures, curb the influence of the tobacco industry and become signatory to the special protocol on the elimination of illicit trade in tobacco products.

Prioritize reduction of salt intake as a highly cost-effective public health intervention towards noncommunicable diseases prevention, adopt immediate measures leading to the gradual reduction of salt intake in food items, and undertake studies to bridge current gaps in knowledge about salt content of food items as well as monitor salt intake at the population level.

Promote health nutrition across the life course and implement the WHO Recommendations on the marketing of food and non-alcoholic beverages to children, including the development and enforcement of legislation and regulations, along with clear mechanisms, to avoid conflict of interest, with a specific emphasis on cooperation on cross-border issues.

Develop and implement national action plans to promote physical activity, including carrying out population- and community-level activities and demonstration projects.

Implement the WHO Framework on noncommunicable diseases surveillance, strengthen civil registration and vital statistics systems, and incorporate noncommunicable diseases surveillance indicators in national health information systems.

Ensure a balance of investment across prevention and treatment within broader efforts for health system strengthening in Member States.

Ensure that quality care for people with noncommunicable diseases is primary care-led, fully integrated across the spectrum from prevention to end-of-life palliation, and supported by a functioning referral system.

Ensure the availability, accessibility and affordability of essential medicines and technologies for noncommunicable diseases using WHO guides.

We call upon WHO to:

Continue to support Member States in the development of country-level multisectoral policies, plans and promote best buys and cost-effective interventions.

In accordance with national priorities, enhance capacity development and support countries to sustain noncommunicable diseases prevention and control programmes.

Strengthen existing regional collaboration and sharing of best practices regarding noncommunicable diseases prevention and control, including establishing a network of noncommunicable diseases programme managers and relevant national stakeholders.

Work closely with national health authorities in Member States to advocate for noncommunicable diseases prevention and control at the highest levels of government, increasing both political commitment and political knowledge on best buys interventions.



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