

WHO-EM/NCD/093/E

Report on the

**Second annual regional
meeting to scale up
the implementation
of the United Nations
Political Declaration on
noncommunicable diseases
prevention and control**

Cairo, Egypt
24–25 April 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Report on the

**Second annual regional meeting to scale up
the implementation of the United Nations
Political Declaration on noncommunicable
diseases prevention and control**

Cairo, Egypt
24–25 April 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2014

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: emrgoksp@who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: emrgogap@who.int.

CONTENTS

1.	INTRODUCTION.....	1
2.	SUMMARY OF DISCUSSIONS.....	2
2.1	Opening session	2
2.2	Report on WHO assignments including the development of an updated regional framework for action and set of process indicators	3
2.3	Progress by Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action.....	4
2.4	Preparations for the 2014 comprehensive review and assessment at the UN General Assembly of the progress made in implementing the UN Political Declaration on noncommunicable diseases	9
3.	RECOMMENDATIONS AND NEXT STEPS	10
3.1	Updated regional framework for action and set of process indicators.....	10
3.2	Scaling-up action by Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action.....	11
3.3	Comprehensive review and assessment at the UN General Assembly of the progress made in implementing the UN Political Declaration on noncommunicable diseases	12
	Annexes	
1.	PROGRAMME	13
2.	LIST OF PARTICIPANTS	15

1. INTRODUCTION

The Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases was adopted at the United Nations (UN) in September 2011 (resolution A/RES/66/2). In October 2012, the Fifty-ninth Regional Committee for the Eastern Mediterranean adopted a resolution endorsing a regional framework for action to implement the United Nations Political Declaration (EM/RC59/R.2). The framework includes 21 strategic interventions in four priority areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care.

In April 2013, Member States gathering in Kuwait for the first annual regional meeting on the prevention and control of noncommunicable diseases and risk factors issued the Kuwait Call for Action, reaffirming their commitments to scale-up the prevention and control of noncommunicable diseases including the key strategic interventions outlined in the regional framework for action. In addition, in May 2013, the Sixty-sixth World Health Assembly endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the global monitoring framework.

In October 2013, the Sixtieth Regional Committee for the Eastern Mediterranean adopted a resolution that focused on the preparations for the 2014 UN General Assembly comprehensive review and assessment of the progress made in implementing the UN Political Declaration on noncommunicable diseases. In resolution EM/RC60/R.4, Member States also requested the Regional Director to carry out specific assignments related to the regional framework for action and preparation for the comprehensive review and assessment.

Against this background, a second annual regional meeting, organized by the Regional Office, was held in Cairo, Egypt, on 24–25 April 2014, to build on the ongoing work in the Region related to the strategic priority of prevention and control of noncommunicable diseases.

The objectives of the meeting were to:

- review the progress made by Member States in implementing the commitments of the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases based on the regional framework for action and identify a way forward to address gaps and priority actions for both Member States and for WHO;
- review and finalize the revised regional framework for action with updated tools including process indicators to monitor progress in implementing the regional framework with guidance for Member States on how to foster multisectoral collaboration towards noncommunicable diseases prevention and control;
- support Member States in the preparation for the UN General Assembly comprehensive review and assessment of the progress made in implementing the UN Political Declaration on noncommunicable diseases.

In relation to the objectives of the meeting, participants reviewed the following documents:

Country updates of the progress made in each Member State in implementing the strategic interventions agreed by Member States in the regional framework for action.

- A report on progress by the WHO Secretariat in implementing the relevant Regional Committee resolutions (resolutions EM/RC59/R.2 and EM/RC60/R.4)
- A discussion paper on the development of an updated regional framework for action to implement the UN Political Declaration on noncommunicable diseases and a set of process indicators to monitor progress.
- A briefing note on the regional consultation on the preparation for the UN General Assembly comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases.

Participants included national programme managers for noncommunicable diseases from Member States and representatives of key regional organizations including the Director General of the Executive Board of the Health Ministers Council for Gulf Cooperation Council (GCC) States, the Regional Chair of the International Diabetes Foundation/Middle East and North Africa and the Executive Director of the Eastern Mediterranean Public Health Network (EMPHNET), as well as international and regional experts. The meeting benefited also from the participation of Dr Joy St John, Chief Medical Officer of Barbados and Chairman of the WHO Executive Board, and currently the senior advisor in the WHO Office in New York, who is supporting the WHO and UN in the preparations for the UN General Assembly comprehensive review and assessment in July 2014. The WHO Secretariat included staff from WHO headquarters, the Regional Office for the Eastern Mediterranean and country offices. The list of participants and WHO Secretariat is presented in Annex 2.

2. SUMMARY OF DISCUSSIONS

2.1 Opening session

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, opened the meeting by welcoming the participants. He reviewed the progress since the landmark adoption of the Global strategy for the prevention and control of noncommunicable diseases in 2000, with its three pillars of surveillance, prevention and management, leading to the adoption at the UN General Assembly in September 2011 of the Political Declaration on noncommunicable diseases. He also reviewed the global developments that have followed since and the regional initiatives and commitments to implement the Political Declaration. Dr Alwan stressed the commitments by Member States to scale up action on the prevention and control of noncommunicable diseases including in the two resolutions of the Fifty-ninth and Sixtieth sessions of the Regional Committee.

Acknowledging the increasing social and economic burden of noncommunicable diseases and the high prevalence of unhealthy lifestyles and risk factors, Dr Alwan defined

the scope of the meeting indicating that the purpose is no longer to discuss burden and magnitude but rather to take stock of progress, identify the gaps and challenges, and agree on the way forward to strengthen the prevention and control of the four major groups of noncommunicable diseases across the Eastern Mediterranean Region.

Reviewing progress in the four priority areas of the regional framework, Dr Alwan recognized the steps taken by Member States to strengthen the prevention and control of noncommunicable diseases but stressed the need to accelerate action to implement what we know works for the prevention and control of noncommunicable diseases, including the proven and cost-effective “best buys”. Dr Alwan stressed in particular the importance of strengthening multisectoral action, engaging other sectors beyond health within and outside governments through a whole-of-government, whole-of-society approach. He referred to the nine steps identified in Annex 6 of the Global status report on noncommunicable diseases 2010, which provided guidance to Member States on promoting multisectoral engagement.

Regarding the UN General Assembly comprehensive review and assessment of the progress made in implementing the Political Declaration on noncommunicable diseases, Dr Alwan called on Member States to seize the opportunity given by this high-level meeting to reaffirm their political commitment and contribute in maintaining noncommunicable diseases at the highest level of the UN and global health community agenda.

Dr Bente Mikkelsen, Acting Director, Department for Management of Noncommunicable Diseases, WHO headquarters, shared new WHO estimates that show the escalating burden of noncommunicable diseases. In 2011 there were 2.1 million deaths due to noncommunicable diseases in the Eastern Mediterranean Region, of which 0.8 million were premature, occurring between the ages of 30 and 70 years of age, with profound implications for social and economic development. Dr Mikkelsen reviewed the intergovernmental process on noncommunicable diseases since 2000 and the progress achieved by Member States in implementing the UN Political Declaration on noncommunicable diseases at the global level, including the adoption of global voluntary targets and indicators by the Sixty-sixth World Health Assembly in 2013. Given that up to two thirds of premature deaths from noncommunicable diseases globally are linked to avoidable exposure to the four shared risk factors and up to half are linked to inadequate health system response, Dr Mikkelsen stressed the urgent need to implement proven interventions in these areas.

2.2 Report on WHO assignments including the development of an updated regional framework for action and set of process indicators

The WHO Secretariat reported on progress made in implementing its assignments under the two Regional Committee resolutions. This included the following:

- A draft updated regional framework for action and set of process indicators to assess progress of Member States in implementing the regional framework for action.
- Key strategic regional initiatives to scale-up action on noncommunicable diseases. These include, for example: the high-level regional forum on a life-course approach to

promoting physical activity, held in Dubai, United Arab Emirates, in February 2014; the initiative to support Member States to develop national surveillance systems for noncommunicable diseases based on the WHO framework, launched in partnership with EMPHNET; and the initiative on strengthening the health system response to noncommunicable diseases with the focus on integration and management of noncommunicable diseases in primary health care.

- Tools for implementing the strategic interventions in the regional framework, such as the policy statements and guides for salt and fat reduction.

Participants discussed the draft updated regional framework and set of process indicators and suggested amendments. They endorsed the work carried out thus far, but suggested the need for further review and revision. Participants emphasized that the indicators are useful in guiding country-level action and in cross-country reporting, but need to be precise and not add to the reporting burden of Member States. Some of the areas in the regional framework and corresponding process indicators are covered by international surveys and it would be important to avoid duplication. For example, the WHO Framework Convention on Tobacco Control biennial reporting provides a comprehensive assessment of tobacco control progress at the country level beyond what is included in the regional framework for action and corresponding process indicators.

2.3 Progress by Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action

Representatives of Member States made presentations sharing countries experiences and lessons learnt in the implementation of strategic interventions in the four areas of the regional framework for action.

The Islamic Republic of Iran, Jordan and Morocco shared experiences and best practices in developing national multisectoral action plans and engagement of other non-health sectors, while Kuwait presented its experience in the area of salt reduction, Bahrain presented its experience in the area of integration of noncommunicable diseases in primary health care and Dr Tawfik Khoja, Director General of the Executive Board of the Health Ministers' Council for the Cooperation Council States, reviewed the progress in Gulf Cooperation Council (GCC) Member States and presented the Kuwait Document and the GCC action plan for the prevention and control of noncommunicable diseases for 2014–2025, endorsed by the Health Ministers' Council in January 2014.

To facilitate the discussions, the WHO Secretariat prepared country progress sheets that summarized country achievements in implementing the regional framework for action using data completed by the participants prior to the meeting. The progress was reviewed during plenary and working group sessions and participants discussed the current situation in countries, the key challenges and barriers to implementing the strategic interventions in the regional framework, and the needs and the way forward at country level to strengthen national efforts and mobilize the different stakeholders.

The key discussion points in the four priority areas of the regional framework for action are summarized below.

Governance

Multisectoral action was the focus of much of the discussion in this area. Participants agreed on the importance of adopting policy development approaches that involve all sectors and government departments, stressing the need to establish national multisectoral mechanisms such as a high-level commission, agency or task force with sufficient resources and the articulation of clear roles for sectors beyond health, with mechanisms to ensure mutual accountability. Many participants noted that multisectoral action on noncommunicable diseases is difficult to implement and requires time to develop. They suggested the need for pragmatism as it is challenging to initiate collaboration with many sectors at once and it might be more fruitful to focus on two or three key sectors to initiate collaboration and then expand to other sectors based on experience.

Ministries of health should be the engine of multisectoral action but need not always be in the driving seat. Rather, they should facilitate action based on a win-win scenario for engaging other ministries and partners. This is especially important where other sectors are not aware of the burden of noncommunicable diseases or do not see the value of their contributions to the prevention and control of noncommunicable diseases, especially if the proposed actions do not come with funding for their activities. It is crucial to engage sectors represented in ministerial cabinets because of the potential national impact. The experience of Barbados indicates the importance of engaging parliament members as well.

Several participants stressed the need to expand focus. While prevention and control efforts have typically focused on adults, the risk factors and several key noncommunicable diseases start in adolescence. It is thus crucial to start early. Close collaboration with the education sector is particularly important in light of the existing programmes in school health.

At the regional level, the participants emphasized the need to strengthen regional advocacy and networking by including important stakeholders not heavily engaged at the moment in the prevention and control of noncommunicable diseases. Examples include the Organization of the Petroleum Exporting Countries (OPEC), the Organization of Islamic Cooperation (OIC) and the Islamic Development Bank (IDB).

Within countries, it is important to scale-up joint work with nongovernmental partners. Community participation and collaboration with municipalities on social determinants of noncommunicable diseases have proven to be crucial to the work on noncommunicable diseases in the Islamic Republic of Iran; lessons from this experience can be useful across the Region. Nongovernmental organizations and medical associations should not be on the periphery of multisectoral engagement and need to be fully involved. In order to implement whole-of-society approaches, participants agreed on the need to foster the participation of relevant civil society actors (including faith-based organizations and authorities) and explore the role of private sector entities with due attention to potential conflict of interest. Adequate

legal framework(s) to enhance private sector cooperation and tools should be developed to assess the contribution of the private sector and civil society.

Work with UN agencies should be strengthened at the country level but there is the challenge that different agencies work predominantly with specific ministries rather than across ministries. The recently-launched UN Interagency Task Force on the Prevention and Control of NCDs can provide the needed framework to overcome this challenge. Overall, participants felt the need for developing a framework for collaboration beyond government ministries.

Noting that interesting experiences in multisectoral action are emerging, including from countries that WHO has supported financially and technically to develop national multisectoral plans, there is a need for cross-learning among countries based on the sharing of best practices, experiences and expertise. Platforms and networking opportunities should be created at the regional level to foster this mutual learning. Participants requested the WHO Secretariat to produce a document that summarizes regional experiences in multisectoral collaboration

Participants also discussed the significance of updating and enforcing existing public health laws in order to ensure effective implementation of cost-effective interventions (“best buys”) that aim to reduce the exposure of populations and individuals to the main shared risk factors for noncommunicable diseases.

Participants recognized that the conflict situations that engulf several countries in the Region impact work on noncommunicable diseases. The situation in Syria and the influx of refugees in neighbouring countries represent a major challenge. The occupied Palestinian territory also needs support for work on noncommunicable diseases. While the emergency response is prioritized, these countries recognize that addressing noncommunicable diseases is an important issue, including among refugees where these diseases present a pre-existing health burden.

Prevention and reduction of risk factors

Discussions focused on the shared risk factors for noncommunicable diseases which are most important in the Region: tobacco use, unhealthy diet, and physical inactivity. Several participants stressed the need to develop action plans for the main risk factors that include a health promotion component. These must be integrated within the broader multisectoral action plans on the prevention and control of noncommunicable diseases.

Tobacco control

Participants expressed grave concern at the continued high prevalence of tobacco use in many countries, the alarming trend of increasing tobacco use among the youth and adolescent girls with a younger age of onset, and the reversal of tobacco control gains in some countries. Participants suggested that a different approach to engage with young people is needed. The increasing use of waterpipe smoking across the Region and the rising use of e-cigarettes among tobacco quitters were other points of concern for which WHO focused attention was

requested. Participants stressed the need to scale up adoption and implementation of MPOWER measures. In some countries, the adoption of simple additional policies or directives that bridge current gaps in the MPOWER measures can improve the country ranking on these measures. Examples have been shared with countries. The WHO Secretariat was asked to continue work with Member States to bridge the gaps.

Unhealthy diet

The current regional situation of high salt and fat intake indicates that there is a need for urgent action. Average salt intake in the Region is 10 g/person/day, double the WHO recommended levels (5 g/person/day). Bread, cheese and composite dishes are the major sources. Trans-fat/saturated fat intake in the Region is rising, as is overall caloric intake. Nearly half of the countries have intakes at or above the reported world average (81.8 g/person/day). Use of low-priced palm oil, which is high in saturated fatty acids, is also rising. In several countries, there is subsidy for palm oil which is contributing to current situation.

In response to this situation, the WHO has convened several meetings and consultations with Member States and experts leading to the development of policy statements and recommended actions on salt and fat reduction. Several countries have initiated action with promising results.

The example set by Kuwait shows the effectiveness of interventions that reduce salt intake through industrial food change rather than individually-based health promotion. The stepwise approach adopted by Kuwait, starting with a situational analysis of salt sources, the creation of a multisectoral committee for salt reduction with specific terms of references, followed by interventions targeting the main sources of salt in the food consumed by general population, shows that effective multisectoral actions that have a potentially important impact on population health are feasible.

Participants discussed the key challenges to salt and fat reduction and the feasibility of measuring salt intake using the WHO-recommended 24-hour urine sodium analysis and requested further technical assistance from WHO to implement recommended actions.

Physical activity

Physical inactivity and sedentary behaviours are highly prevalent in the Region. The high-level regional forum on a life-course approach to promoting physical activity of February 2014 presents an opportunity for action. However, demonstration projects to promote physical activity are still few in the Region. The WHO has recommended several policy options but countries lack clarity on where to start to promote physical activity. This has led to inadequate translation and weak action at the country level. Participants requested additional and specific guidance from WHO, for instance, actions on the built environment such as cycling lanes and safe sidewalks to be carried out in partnership with municipalities.

Surveillance, monitoring and evaluation

Few countries in the Region implement the comprehensive WHO framework for surveillance of noncommunicable diseases, rendering surveillance one of the weakest elements of the response. The gaps or lack of baseline data on exposures (risk factors and determinants), morbidity and mortality, and health system capacity and response, due to weak national health information systems and/or lack of integration of noncommunicable diseases in such systems, mean that many countries do not have baseline data against which progress could be measured and national targets defined.

Participants stressed the need to further advocate for surveillance beyond periodic surveys, such as STEPS, as an ongoing activity linked to policy development and interventions. They indicated the need to institutionalize surveys such as STEPS and reduce reliance on external assistance. Participants welcomed the regional initiative on strengthening civil registration and vital statistics systems as this will have important implications for generating reliable cause-specific mortality data on noncommunicable diseases, which are currently lacking in many countries. The participants all agreed that there is a major need for capacity-building in the area of surveillance which requires specific technical skills and welcomed the regional initiative to build such capacity which is supported by EMPHNET.

Participants raised concern about the number of global surveys that they are asked to fill, which represent a significant burden, and noted the limited benefits of these surveys for generating the needed policy response and interventions. Consideration needs to be given to a single large health survey that is conducted annually.

Participants stressed the importance of research in generating the needed evidence for action on noncommunicable diseases and welcomed the WHO initiative to refine and operationalize the prioritized research agenda for noncommunicable diseases. Some participants suggested the need for multi-centre, multi-country cohort studies on noncommunicable diseases for the purpose of monitoring trends, identifying missing links (especially the role of social determinants) and accounting for the cost-effectiveness of selected interventions. It was felt that such studies would be important but that the priority is to implement the three pillars of the WHO framework for surveillance, as endorsed by Member States.

Health care

Many participants stressed that significant progress on the noncommunicable diseases agenda is not possible without strengthening the health system response to these diseases. Paradoxically, while countries spend considerable national resources on care for noncommunicable diseases and their risk factors, there is limited attention to strengthening the primary health care response to noncommunicable diseases, implementing evidence-based interventions and guidelines, and monitoring the situation. Participants also stressed that WHO needs to develop more guidance in this area, which has received less attention than other areas.

Participants indicated that making a difference in improving health outcomes in people with noncommunicable diseases is possible in all countries if key cost-effective, high impact interventions for the early detection and management of common noncommunicable diseases and their risk factors, are integrated into primary health care. Individual-based interventions can be feasibly implemented even in low-income countries which can lead to improved care and strengthened health systems and supplement population-based prevention. Experiences in Bahrain and Lebanon were shared in this regard. Participants stressed the need to address gaps in health systems that impede optimal provision at the primary care level.

WHO provided an update about a regional situational analysis now underway on the integration of noncommunicable diseases into primary health care that has been commissioned and a forthcoming regional meeting to learn 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.

2.4 Preparations for the 2014 comprehensive review and assessment at the UN General Assembly of the progress made in implementing the UN Political Declaration on noncommunicable diseases

A consultation with countries was carried out on the regional contribution to the upcoming high-level meeting of the UN General Assembly on the comprehensive review and assessment of the progress made by countries in implementing the Political Declaration. The meeting is planned for 10–11 July 2014.

The consultation started with an introduction by Dr Alwan, in which he stated the mandate for the review, as stipulated in the Political Declaration, and for the current consultation, as requested by the Sixtieth session of the Regional Committee. Dr Alwan stressed the importance of the review and of a strong representation from the Region at the ministerial level. He summarized the preparations by the Regional Office, which have included discussions with Member States at the UN General Assembly, including with the ambassadors of the Islamic Republic of Iran, Pakistan and the League of Arab States, as well as at the Geneva-based missions. The issue will also be highlighted during the forthcoming meeting on health diplomacy. Dr Alwan also related the review to the discussion on the post-2015 development agenda and the place of noncommunicable diseases on this agenda.

Dr St John reviewed the developments thus far at the UN General Assembly and the planned preparations over the coming months leading to the high-level meeting. More specifically, Dr St John informed the participants of the selection and work of the two co-facilitators from Belgium and Jamaica, the agreement on a resolution on the modalities and scope of the review, and the likely components of the pre-negotiated outcome document.

The presentations were followed by a plenary discussion in which participants stressed the importance of the review to galvanize national commitments on noncommunicable diseases and the need for the review to result in a concise action-oriented outcome documents. Participants discussed specific recommendations for inclusion in the draft

regional input to the outcome document of the UN General Assembly review and tasked the WHO Secretariat with developing a draft document that reflected specific regional recommendations for inclusion. The discussions continued on the second day, when the participants discussed extensively the draft recommendations, made changes, and charged the WHO Secretariat to finalize the report and share it with the UN General Assembly.

Key discussion points

Participants stressed the need to bring the UN General Assembly review to government cabinets to ensure strong multi-ministerial representation at the review and avoid the situation of the September 2011 High Level Meeting where high-level regional representation was very limited. Ministers of health, foreign affairs, planning, development, finance or social affairs can represent countries. It is important for Member States to know who will be representing them and what their positions are in relation to the issues to be raised at the review. Considering the increasing number of health issues being discussed at the UN, it would be important for ministries of foreign affairs to have a focal point for health that can coordinate with the ministry of health, and other ministries and partners, and can advise on the country position on global health matters.

Participants also discussed several issues in relation to the outcome document of the review. In particular they stressed the need for an emphasis on: the accountability of non-health sectors, universal health coverage, financial assistance to low income countries to scale-up implementation of the Political Declaration, and the place of prevention and control of noncommunicable diseases in post-2015 sustainable development goals. In relation to future reviews of noncommunicable diseases at the UN General Assembly, participants expressed concern that a review in 2016 might be too early to show country progress in implementing the commitments in the outcome document.

3. RECOMMENDATIONS AND NEXT STEPS

Participants developed recommendations and next steps for action in relation to each of the three objectives of the meeting and corresponding themes of discussion. While these recommendations are broadly applicable across all countries, the participants recognized the remarkable variation in the situation of prevention and control of noncommunicable diseases and public health and health system development across countries in the Region and the need to adapt recommendations to country needs, contexts and resources.

3.1 Updated regional framework for action and set of process indicators

To Member States

- Review the draft updated regional framework for action and set of process indicators discussed during the meeting and submit written comments to WHO on needed revision during the review period.

- Review a new version of the draft updated regional framework for action and set of process indicators during a forthcoming regional inter-country meeting.

To WHO

- Revise the updated regional framework for action and set of process indicators according to the input of Member States
- Present a final draft updated regional framework for action and set of process indicators to the Sixty-first session of the Regional Committee for the Eastern Mediterranean in October 2014 for review and endorsement.

3.2 Scaling-up action by Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action

To Member States

- Carry out a country analysis of the progress made in implementing the strategic interventions in the regional framework for action, gaps and challenges, and the way forward to bridge the gaps.
- Scale-up implementation of the strategic interventions, particularly the “best buys” in the regional framework for action using WHO tools.
- Strengthen efforts aimed at expanding multisectoral action through a whole-of-government approach and the engagement of partners including civil society, nongovernmental organizations, including faith-based organizations, and professional associations.
- Build national capacity in the prevention, control and surveillance of noncommunicable diseases.

To WHO

- Continue to raise political commitment to the prevention and control of noncommunicable diseases at the national and regional levels and consider best approaches to mobilize resources for noncommunicable diseases in low income countries.
- In relation to multisectoral action: develop a publication on regional experiences, best practices and lessons learnt, including case studies, in multisectoral action on noncommunicable diseases; develop a country framework for action to engage sectors beyond health and a guide to measure the engagement and accountability of non-health sectors; and facilitate cross-country exchange of experiences and best practices in developing national multisectoral action plans, national targets and indicators.
- Continue to provide technical assistance to Member States in the implementation of the strategic interventions in the regional framework for action.
- Establish a working group focusing on improving access to essential medicines for noncommunicable diseases and develop a clear agenda to this end, and consider the needs and feasibility of establishing a regional asthma drug facility to improve access to essential asthma medications.

- Develop a comprehensive plan for integrating noncommunicable diseases in health professional education programmes including review of curricula and capacity-building in this area.
- Scale-up the work at country level including through strengthening the role of the WHO Representatives in advocacy, raising commitments to noncommunicable diseases and assisting countries in implementing priority interventions, including the “best buys”, for noncommunicable diseases.
- In the area of research, prepare technical guidance on priority research needs with special focus on implementation research, generate evidence on the economic consequences and costs of noncommunicable diseases that can be used for high-level advocacy, and develop a network of researchers and institutions conducting multicentre studies in noncommunicable diseases.
- Support exchange of information and sharing of important reports of meetings and advocacy material in Arabic and French.

3.3 Comprehensive review and assessment at the UN General Assembly of the progress made in implementing the UN Political Declaration on noncommunicable diseases

To Member States

- Bring the subject of the review to the attention of the highest level of government.
- Seize the opportunity of the review to raise the national priority given to the prevention and control of noncommunicable diseases in the health and development agenda.
- Encourage high-level multi-ministerial participation at the review.
- Coordinate closely with the country permanent mission at the UN General Assembly regarding the country position in the negotiations leading to and during the review.

To WHO

- Transmit the recommendations of the meeting on the contents of the outcome document to the co-facilitators of the review at the UN General Assembly through formal WHO channels.
- Write to government cabinets across the Region to convey the outcomes of the current meeting and encourage high-level multi-ministerial representation at the UN General Assembly review in July 2014.
- Continue to facilitate coordination and cooperation between the ministries of health and other ministries leading to the review.
- Continue to support the missions of Member States at the UN General Assembly to ensure a strong regional voice in the review and in the discussion on the post-2015 development agenda.
- Advocate for the need to have a focal point for health within the ministry of foreign affairs.
- Engage the League of Arab States, through its leadership, particularly Secretary General H.E. Dr Nabil El-Araby, to place noncommunicable diseases on the agenda of the Economic and Social Council.

Annex 1

PROGRAMME

Thursday, 24 April 2014

08:30–09:00 Registration

Opening session

09:00–10:45 Welcome Address

Dr Ala Alwan

Introduction of participants

Objectives, programme, and expected outcomes

Updated regional framework for action

Dr Samer Jabbour

Global progress in implementing the UN Political Declaration on noncommunicable diseases and tasks ahead

Dr Bente Mikkelsen

Discussion

First session. Commitments of Member States and progress by the WHO Secretariat

10:45–14:00 Commitments of Member States to implement the UN Political Declaration on

noncommunicable diseases: update on the work of the WHO Secretariat

Presentation on the progress in the various assignments and support to

Member States in the four priority areas of the regional framework for action

WHO Secretariat

Discussion

Second session. Regional preparations for the UN General Assembly meeting on the progress in implementing the UN Political Declaration on noncommunicable diseases

14:00–15:45 Preparations for the comprehensive review and assessment at the UN General Assembly in July 2014

Introductory remarks: What do we expect from the 2014 review meeting in New York?

Dr Ala Alwan

An update from the UN General Assembly

Dr Joy St-John

Discussion

Third session. Progress of Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action

15:45–17:00 Progress, gaps, challenges and way forward in the areas of governance and prevention and reduction of risk factors

Discussion

Friday, 25 April 2014

08:15–8:30 Recap of day one

Third session. Progress of Member States in implementing the UN Political Declaration on noncommunicable diseases based on the regional framework for action (cont.)

08:30–10:30 Review of draft input from the Regional Office on the outcome document of the UN General Assembly comprehensive review and assessment
Discussion

10:30–14:00 Progress, gaps, challenges and way forward in the areas of surveillance and health care
Discussion

Fourth session. Group work

14:00–15:30 Group work: Scaling-up action in the four areas of the regional framework for action to implement the UN Political Declaration on noncommunicable diseases
Presentations of group work
Discussion

Closing session

15:30–17:00 Meeting outcomes, proposed way forward and priority actions for Member States and WHO
Dr Samer Jabbour
Discussion
Closing remarks
Dr Ala Alwan

Annex 2

LIST OF PARTICIPANTS

AFGHANISTAN

Dr Fahim Paigham
Noncommunicable Diseases Officer
Ministry of Public Health
Kabul

BAHRAIN

Dr Mariam Al Harmacy
Director of Public Health Directorate
Manama

EGYPT

Dr Ola Mohamed Ahmed Khairalla
Responsible Officer NCD
Ministry of Health and Population
Cairo

ISLAMIC REPUBLIC OF IRAN

Dr Behzad Damari
Head of Noncommunicable Diseases Department
Ministry of Health
Teheran

JORDAN

Dr Meyasser Zindah
Chief, Cardiovascular Disease Section
Ministry of Health
Amman

KUWAIT

Dr Ibtisam Alhuwaidi
Technical Adviser
Office of Undersecretary
Ministry of Health
Kuwait City

LEBANON

Dr Salim Adib
Noncommunicable Diseases Focal Point
Ministry of Public Health
Beirut

LIBYA

Dr Mohamed Mahmoud Aghilla
National Centre for Diseases Prevention and Control
Ministry of Health
Tripoli

MOROCCO

Dr Hicham El Berri
Head of Noncommunicable Diseases Division
Epidemiology and Control Diseases Department
Ministry of Health
Rabat

OMAN

Dr Ahmed Said Al Busaidi
Director of NCD Department
Ministry of Health
Muscat

PALESTINE

Dr Kamal Al Shakhra
Director-General, Noncommunicable Diseases
Ministry of Health
West Bank

SAUDI ARABIA

Dr Faisal Murdhi Al Inezy
National focal point for injuries
Ministry of Health
Riyadh

SUDAN

Dr Manal Abdalla Elimam
Director of NCD Program
Federal Ministry of Health
Khartoum

TUNISIA

Dr Nessiba Boudriga
NCD National programme manager
Primary Health Care Directorate
Tunis

YEMEN

Mr Nasr Ali Ahmed
Noncommunicable Diseases Team
Ministry of Health
Sana'a

LIST OF WHO TEMPORARY ADVISERS

Professor Kamel Ajlouni
Head, WHO Collaborating Centre for Diabetes Research
Education and Primary Health Care
Amman
JORDAN

Dr Jawad Al-Lawati
Senior Consultant
Director, Department of Noncommunicable Diseases
Ministry of Health
Muscat
OMAN

Dr Mohannad Al Nsour
Executive Director
Eastern Mediterranean Public Health Network (EMPHNET)
Amman
JORDAN

Dr Pascal Bovet
Senior Lecturer, Institute of Social and Preventive Medicine
University of Lausanne and University Hospital Centre
Lausanne
SWITZERLAND

Professor Philip James
Professor of Nutrition, London School of Hygiene and Tropical Medicine
Chair, International Obesity Task Force
London
UNITED KINGDOM

Professor Tawfik A.M. Khoja
Director-General, Executive Board
Health Ministers Council of Gulf Cooperation Council
Riyadh
SAUDI ARABIA

Dr Loulou Kobeissi
Assistant Professor, College of Public Health
Epidemiology and Biostatistics Division
School of Middle Eastern and North African Studies
University of Arizona
Los Angeles, California
UNITED STATES OF AMERICA

Dr Mohammad Reza Masjedi
WHO Collaborating Centre on Tobacco Control
Teheran
ISLAMIC REPUBLIC OF IRAN

Dr Joy St John
Chief Medical Officer
Saint Michael
BARBADOS

Dr Shehla Zaidi
Associate Professor
Department of Community Health Sciences
Aga Khan University
Karachi
PAKISTAN

OTHER ORGANIZATIONS

INTERNATIONAL DIABETES FEDERATION (MENA REGION)

Professor Adel A El-Sayed
Regional Chair
Professor of Internal Medicine
Chair of Diabetes Unit
Sohag Faculty of Medicine
Sohag
EGYPT

WHO COUNTRY OFFICES

EGYPT

Dr Randa Abou El Naga
WHO Representative's Office

PALESTINE

Dr Nadim Barghothi
WHO Representative's Office

Dr Wendy Venter
WHO Representative's Office

WHO SECRETARIAT

Dr Ala Alwan, Regional Director for the Eastern Mediterranean
Dr Samer Jabbour, Director, Noncommunicable Diseases and Mental Health Department, WHO/EMRO
Dr Haifa Madi, Director, Health Protection and Promotion, WHO/EMRO
Dr Sameen Siddiqi, Director, Health System Development, WHO/EMRO
Dr Bente Mikkelsen, Senior Adviser , Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO headquarters
Dr Ruitai Shao, Programme Management Adviser, Management of Noncommunicable Diseases, WHO/EMRO
Dr Ibtihal Fadhil, Regional Adviser, Noncommunicable Diseases Prevention, WHO/EMRO
Dr Fatimah El-Awa, Regional Adviser, Tobacco-Free Initiative, WHO/EMRO
Dr Ayoub Al-Jawaldeh, Regional Adviser, Nutrition, WHO/EMRO
Dr Awad Mataria, Health Economist, Health Economics and Financing, WHO/EMRO
Dr Slim Slama, Medical Officer, Noncommunicable Diseases Management, WHO/EMRO
Dr Heba Fouad, Surveillance Officer, Noncommunicable Diseases and Mental Health, WHO/EMRO
Dr Hala Abou Taleb, Medical Officer, Health Equity and Human Rights, Health Policy and Planning, Health Systems Development Department (HSD), WHO/EMRO
Dr Azza Badr, Data Management Officer, Country Focus Support, WHO/EMRO
Ms Tatyana El Kour, Technical Officer, Office of the Regional Director, WHO/EMRO
Ms Nisreen Abdellatif, Communication Officer, Noncommunicable Diseases and Mental Health, WHO/EMRO
Ms Meriana Zaki, Senior Programme Assistant, Noncommunicable Diseases, WHO/EMRO
Ms Dalia Attia, Data Administrator, WHO/EMRO



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int