

Summary report on the

**Third annual regional
meeting to scale up
implementation of
the United Nations
Political Declaration on
Prevention and Control of
Noncommunicable Diseases**

WHO-EM/NCD/119/E

Cairo, Egypt, 27–29 April 2015
Beirut, Lebanon, 27–28 June 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The third annual regional meeting to scale up implementation of the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases was organized by the WHO Regional Office for the Eastern Mediterranean in two rounds to cover all countries in the Region. The first meeting was organized in Cairo on 27–29 April 2015 and the second meeting in Beirut on 27–28 June 2015. The objective of the meeting was to review progress made in countries of the Region in implementing the strategic actions in the updated regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases.

The meeting occurred against the backdrop of the comprehensive review meeting of the United Nations General Assembly in July 2014 regarding the status of implementation of the commitments made by countries in the 2011 United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. The review meeting resulted in an outcome document with time-bound commitments. In 2015 the 136th session of the WHO Executive Board requested the Director-General to publish a technical note on how the Director-General will report in 2017 to the United Nations General Assembly on the national commitments included in the 2014 outcome document and the 2011 Political Declaration, using existing survey tools and taking into account existing indicators at the global and regional levels.

The specific objectives of the regional meeting were to:

- review the progress in implementing the key strategic interventions in the updated regional framework for action, guided by the process indicators included in the framework;

- review challenges faced by Member States in implementing the strategic interventions and agree on the technical support needed from WHO; and
- agree on the way forward for implementing priority country actions.

The two meetings were attended by 70 participants representing 20 countries of the Region and included national managers of noncommunicable disease programmes and focal points for tobacco control, physical activity, nutrition, surveillance and noncommunicable disease management, supported by international and regional experts.

In the opening session Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, noted the importance of the meeting as an opportunity to review progress in implementing the Political Declaration, identify main challenges impeding progress and identify optimal solutions that could facilitate progress towards meeting the time-bound commitments for 2015 and 2016. He noted that the Region had led efforts in advocating for the inclusion of an accountability framework in the 2014 outcome document, and had raised the issue again at the 61st Regional Committee for the Eastern Mediterranean and endorsed a related resolution. As a result the WHO Executive Board took up the issue in January 2015 and requested the Director-General to publish a technical note on how WHO will report progress made by countries in realizing the commitments included in the Political Declaration and the 2014 outcome document. This technical note contained a set of 10 progress indicators to assist Member States in monitoring and reporting on progress to a second United Nations General Assembly review meeting on noncommunicable diseases in 2018. The set of indicators was based on the process indicators agreed upon by the Regional Committee in October 2014.

2. Summary of discussions

Over the three-day meeting, participants actively engaged in plenary discussions and group work, reflecting on the current situation in countries, the key challenges and barriers to implementing the strategic interventions outlined in the regional framework for action. A number of comments and suggestions to enrich the way forward came up during the discussion.

2.1 Reporting on progress using process indicators

To facilitate the discussions, the WHO Secretariat prepared country progress sheets that summarized country status/achievements in implementing the UN Political Declaration commitments using the regional framework for action and guided by the process indicators. Data were provided by the participants prior to the meeting and discussed and validated with the country team during the meeting.

Participants discussed the number of indicators, the frequency of reporting and the limited capacity of some countries to meet these indicators. The Regional Director explained that while the indicators are interlinked and synergistic, the Regional Office will subsequently modify the process indicators to enhance their synergy with the 10 progress indicators proposed in the technical note. Member States will be expected to focus on the progress indicators which will assist countries in monitoring and inform progress reporting between now and the next review meeting of the General Assembly in 2018.

2.2 Governance

Participants discussed the need to establish an effective national governance system focusing on the five key actions in the regional

framework for action (establishing a multisectoral strategy/plan by 2015, setting national targets and indicators for 2025, integrating noncommunicable diseases into national policies and development plans, increasing budgetary allocations for noncommunicable disease prevention and control, and establishing a high-level national multisectoral commission, agency or mechanism to oversee engagement, policy coherence and accountability of sectors).

Participants agreed that national policy dialogue and intersectoral coordination mechanisms were required to ensure the development, operationalization, implementation and evaluation of noncommunicable disease programmes. Participants also discussed the significance of networking to share country experiences.

2.3 Prevention and reduction of risk factors

Participants discussed key challenges in tobacco control focusing on the influence of the tobacco industry and the emergence of new products, water pipe smoking across the Region and the rising use of electronic cigarettes. As such participants discussed the applications of regulations and provisions of the WHO Framework Convention on Tobacco Control (FCTC) in relation to non-cigarette tobacco products in the Region, and how countries could learn from the experience of Turkey.

Given the special needs for tobacco control, participants stressed the need to broaden the responsibility of the health sector become more familiar with taxation and economic/trade issues related to tobacco, in order to align terminology and ensure that the health sector “speaks in a language” policy-makers and other sectors will understand.

In response to increasing need of integrating tobacco cessation services in primary health care, participants discussed the need for

unified procurement mechanisms for noncommunicable disease medicines (e.g. to address the cost of patches). WHO support was requested for efforts to develop such mechanisms.

The group discussed regional and international experiences and best practices in relation to reduction of salt and fat intake stressing the need for urgent action. It was noted that the 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 and 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 a subsidy for palm oil which is contributing to the rise in use.

In response to this situation, 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 and the Islamic Republic of Iran shows that effective multisectoral actions that have a potentially important impact on population health are feasible.

Participants also 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. Further technical assistance was requested from WHO to implement recommended actions.

With regard to marketing of food and non-alcoholic beverages to children, participants discussed the key challenges that would arise

when engaging marketing regulations; the problems of celebrity recruitment, increased sponsorships, increased expenditure, and limited policies and legislations. However through a sound approach that encompasses cross-border marketing, celebrity promotion and a comprehensive approach to implementing legislation, results can be achieved. The example set by the Islamic Republic of Iran shows the effectiveness of advanced regulatory measures in the Region, targeting children less than 12 years and adolescents aged 12–19 years, both of which are age groups susceptible to unopposed marketing.

Participants agreed there is a clear need to scale up action in the area of physical activity, based on the recommendations of the regional high level forum on physical activity which was held in February 2014. With regard to recommendations from that forum, Regional Office support is needed to review the dissemination mechanisms of products and support countries in conducting a current situation analysis. The example set by Oman and Kuwait in developing action plans for physical activity shows good practice and are experiences which could be replicated in other countries.

2.4 Surveillance, monitoring and evaluation

Many participants stressed that significant progress in noncommunicable disease prevention and control is not possible without strengthening the surveillance system. There is a need to invest in strengthening the national noncommunicable disease surveillance system, focusing on the three pillars: exposure, outcome, and health system response.

Participants raised concerns regarding the burden and cost of the STEPwise survey, and the need to institutionalize the survey in health systems.

The experience of Tunisia in implementing the health examination survey was cited as a good practice, which could be replicated in other countries.

There is a pressing need for strengthening civil registry and vital statistics systems to enable countries to effectively and accurately report on mortality figures by 2025. At the same time, countries are encouraged to report on 4–5 core indicators to promote comparability in health care response (e.g. coverage, cancer staging and medicines).

The regional strategy on civil registration and vital statistics and the new regional initiative on core indicators provide technical guidance to countries in strengthening surveillance of risk factors and determinants, cause-specific mortality and health system performance.

2.5 Health care

Participants noted that WHO's position is to use the "TRAC" (Total Risk Approach for Prevention and Control of Cardiovascular Disease) to aid in the prevention of heart attacks and strokes, through the utilization of the WHO/International Society of Hypertension risk prediction charts. There is however a need to establish standard key performance indicators for the implementation of TRAC in the Region. Additionally participants recognized that in order to achieve proper implementation of TRAC, a regular sustainable supply of essential medicines for noncommunicable diseases needs to be in place.

Participants also highlighted the need for cost-effective and evidence-based guidelines on the management of noncommunicable diseases. Given the pivotal role of the private sector in area of health care, WHO is working on strengthening measures to interact with private providers towards achieving universal health coverage. It was noted

that insufficient focus is being placed on strengthening health information systems in primary health care. Gaps are due to the absence of a complete monitoring framework, which leads to an inability to assess integration effectively. These gaps can be addressed by developing a concrete monitoring framework to assess the performance of the health system and to assess the improvement of outcomes and the impact of health system strengthening in improving outcomes and reducing complications.

2.6 Unopposed marketing initiative

A special session was held on the final day to present the regional initiative on unopposed marketing. The Regional Director briefed the participants on the background, noting that the Region is exposed to aggressive marketing and unopposed commercial practices that promote unhealthy products, particularly those targeting children. The Regional Office has launched an initiative to protect public health and promote healthy lifestyles, with a special focus on countering commercial practices that promote unhealthy products, particularly those targeting children. The initiative builds on existing work in areas of prevention and control of tobacco use, Code of Marketing of Breast Milk Substitutes, WHO recommendations on marketing of foods and nonalcoholic beverages to children, in addition to measures for salt and fat reduction and the development of legislative provisions. Dr Marisa de Andrade, University of Edinburgh, presented an overview of the current commercial practices globally and in the Region, including what is being marketed to whom, how, and the extent of the resulting harm. Dr de Andrade introduced the concept of the “the three CCs” (counter action, critical capacity, containment) that can be adapted by each country to take action.

3. Recommendations and next steps

An approach, specific for each country, to facilitate scaling up implementation based on the individual discussion with country team is included in the country action points as well the revised Country progress sheets, 2015

The following recommendations were made to strengthen national response and scale up implementation of the commitments of the Political Declaration. Participants also identified

To Member States

1. *In the area of governance*: implement the commitments of the 2011 United Nations Political Declaration and the time-bound commitments of the 2014 United Nations General Assembly review meeting, guided by the regional framework for action, and prepare for the comprehensive review and assessment at the next review meeting of the United Nations General Assembly in 2018.
2. *In the area of prevention and reduction of risk factors*: implement the “best buy” preventive interventions to deal with high-burden risk factors (e.g. tobacco use, unhealthy diet and physical inactivity) in order to meet the global monitoring framework targets.
3. *In the area of surveillance*: strengthen noncommunicable disease surveillance through capacity-building and setting national targets for 2025.
4. *In the area of health care*: ensure continuity of care by focusing on strengthening the integration and management of noncommunicable diseases within primary health care. Screening and early detection programmes should be embedded into primary health care systems.

To WHO

5. *In the area of governance*: modify the 17 process indicators to enhance their synergy with the 10 global progress indicators designed to facilitate monitoring and reporting on Member States commitments by 2018.
6. Continue to raise political commitment and consider best approaches to mobilize resources for noncommunicable diseases in low-income countries and establish a regional noncommunicable disease network and periodic noncommunicable disease newsletter.
7. Continue to build national capacity for the noncommunicable disease team to enhance national capacity and contributions.
8. Scale up the work at country level, including through strengthening the role of WHO Representatives in advocacy, in raising commitment to prevention and control of noncommunicable diseases.
9. *In the area of prevention and reduction of risk factors*: support implementation of the “best buys” together with other public health initiatives which can have short-term to medium-term impact in most countries. Examples include reducing salt intake, restricting certain food imports such as those with high trans-fat content, and implementing tobacco reduction measures.
10. *In the area of surveillance*: enhance the capacity of Member States for noncommunicable disease surveillance, based on the three pillars of surveillance (risk factors and determinants, morbidity/mortality, and health system response).
11. Strengthen cancer registries and cancer reporting to include factors such as the incidence of cancer, type of cancer and staging of cancer, which will contribute to the improvement of cause-specific mortality as part of health information system development.
12. *In the area of health care*: lead the development of guidance/tools to support countries to strengthen noncommunicable disease integration into primary health care to achieve health care targets.



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