
Implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action

Executive summary

1. The Regional Committee for the Eastern Mediterranean, during its Fifty-ninth session in October 2012, adopted a resolution (EM/RC59/R.2) in which it endorsed a regional framework for action on the commitments of Member States to implement the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. In the resolution, the Committee urged Member States to implement the core set of evidence-based strategic interventions in the regional framework. It also asked the Regional Director to undertake a series of measures to support Member States and to report on progress. This report describes the measures and reports on progress towards the implementation of the regional framework for action since October 2012.

2. Noncommunicable diseases continue to be associated with high health and development burden in the Eastern Mediterranean Region. While Member States have made progress in addressing these diseases, important limitations remain, as shown by a 2013 country capacity survey, in the areas of governance, control of risk factors, surveillance and monitoring, and health care. WHO and Member States have collaborated to build capacity and implement priority interventions in each of these four areas. The Regional Office established a new department in order to strengthen its technical support to countries for the prevention and control of noncommunicable diseases.

3. In the area of governance, focus has been placed on supporting countries to establish and implement national multisectoral noncommunicable diseases policies and plans. WHO held two regional meetings to scale up the development of national multisectoral action plans for noncommunicable diseases by the end of 2013 in line with the commitments of the UN Political Declaration. In the area of prevention and control of risk factors for noncommunicable diseases, WHO is working in close collaboration with Member States to develop guidance on implementing key cost-effective and high impact interventions, or 'best buys', in the areas of tobacco control, salt and fat intake reduction, prevention of childhood obesity and increasing physical activity. In the area of surveillance of noncommunicable diseases, WHO has supported six countries to plan and conduct the STEPS survey and is providing support for tobacco-specific surveillance. WHO continues to advocate with Member States regarding the need to develop national targets and indicators as stipulated in the regional framework for action. In the area of health care, WHO and Member States are working to strengthen the integration of services for noncommunicable diseases in primary health care and assess the gaps and constraints for implementation of the 'best buys'.

4. A three-year review of the progress made by Member States in implementing the commitments of the UN Political Declaration is scheduled for the last quarter of 2014 at the UN General Assembly. Member States and WHO must plan ahead and work together, and with other regional and international partners, if they wish to make the progress needed and show a credible record of achievements in the prevention and control of noncommunicable diseases in the Region.

Introduction

5. Building on the commitments made in the United Nations Political Declaration of the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases, adopted by Heads of State and Government in September 2011, the Fifty-ninth session of the Regional Committee for the Eastern Mediterranean in October 2012 adopted a resolution (EM/RC59/R.2) in which it endorsed a regional framework for action on the commitments of Member States to implement the United Nations Political Declaration on Noncommunicable Diseases. In the resolution, the Committee urged Member States to accelerate action on prevention and control of noncommunicable diseases by implementing the core set of strategic interventions in the regional framework. It also asked the Regional Director to undertake a series of measures to support such action and to report on progress made, based on the regional framework.

6. The framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases covers a core set of strategic interventions, using WHO existing tools, in four key areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. The strategic interventions were selected on the basis of their strong evidence base, cost-effectiveness, feasibility of implementation and potential impact on population health.

7. This report provides a summary of the progress made in implementing the resolution and the regional framework for action since October 2012.

Burden of noncommunicable diseases and capacity of Member States to respond

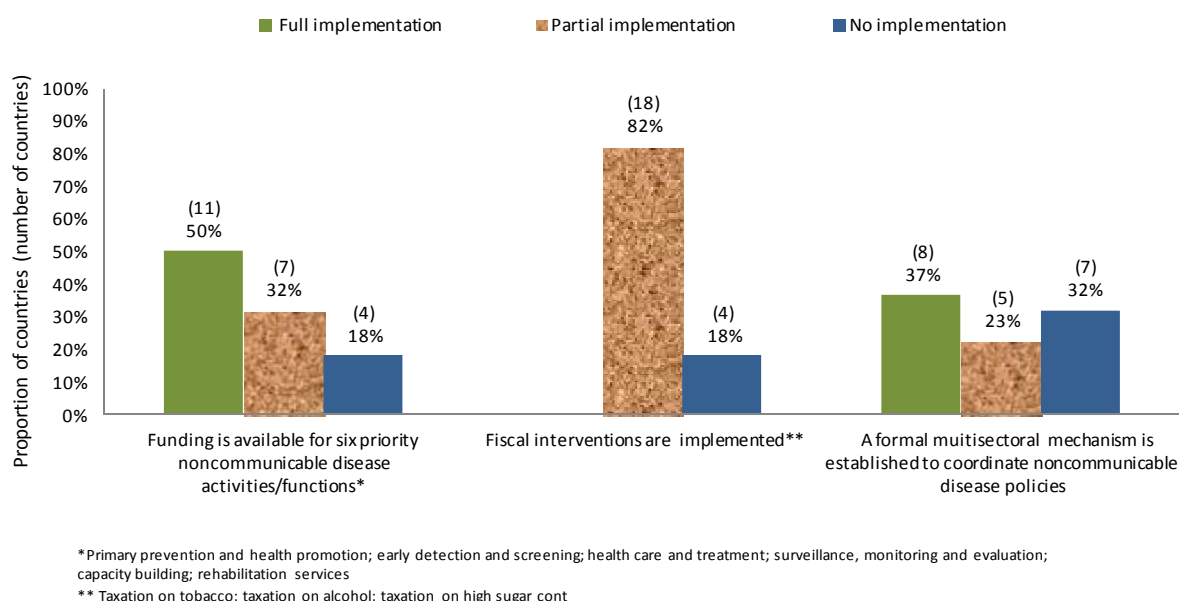
8. Noncommunicable diseases, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are associated with a tremendous burden in countries of the Eastern Mediterranean Region. They are responsible for an average of 53% of all deaths, and up to 80% of all deaths in some countries. Up to 60% of such mortality is premature. Noncommunicable diseases thus have a profound effect on economies and on prospects for development and eradication of poverty. This is especially the case in countries with weak social health protection schemes where noncommunicable diseases can lead to impoverishment due to catastrophic out-of-pocket health expenditures.

9. There is variable capacity in countries of the Region for the prevention and control of noncommunicable disease, as assessed in the 2010 country capacity survey conducted by WHO¹ and reflected in the Global Status Report on Noncommunicable Diseases 2010.² Preliminary results from a follow-up survey conducted in 2013 show areas of improvement but the main limitations continue to be largely unaddressed.

10. In the area of governance, national policies and plans for the prevention and control of noncommunicable diseases are often underdeveloped and not integrated into development plans. Only 50% of Member States have funding available for priority noncommunicable disease interventions (Figure 1). Very few countries have multisectoral policies or mechanisms for engaging non-health sector actors. National institutional capacity is often weak. Programmes for noncommunicable diseases are typically underfunded without clear budgetary allocations.

¹ *Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey*. Geneva, World Health Organization, 2012.

² *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011.

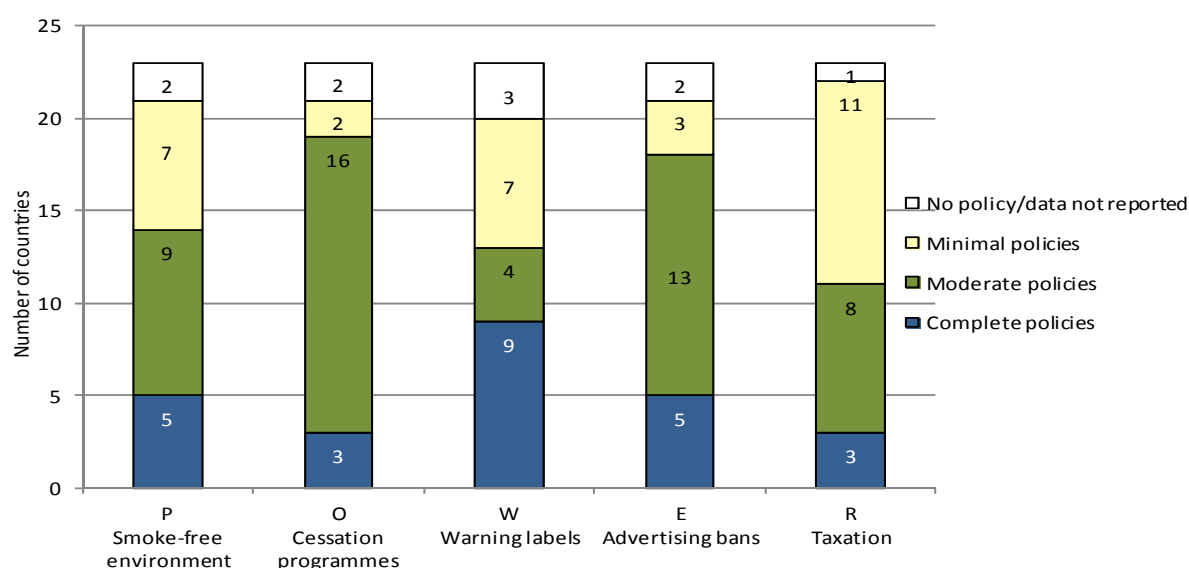


Source: WHO unpublished data from country reports

Figure 1. Selected indicators of priority interventions in the area of governance

11. In the area of prevention and reduction of risk factors, Member States still have much to do to control the major risk factors that are shared between the four main groups of noncommunicable diseases. All countries except Morocco and Somalia have ratified the WHO Framework Convention on Tobacco Control (FCTC), but there are major gaps in the adoption of proven tobacco control policies especially the MPOWER measures (Figure 2). Similar gaps are noted in the implementation and enforcement of existing measures. This is reflected in persistently high tobacco use rates, especially among youth, including use of non-cigarette tobacco products.³ Marketing of foods and non-alcoholic beverages to children goes unchecked in many countries. Levels of salt and fat intake are well above those recommended by WHO. Lack of sufficient physical activity is widely prevalent, as are overweight and obesity. Clustering of risk factors is widely documented and action on social determinants of risk factors is still in infancy.

³ WHO report on the global tobacco epidemic 2013. Geneva, World Health Organization, 2013.

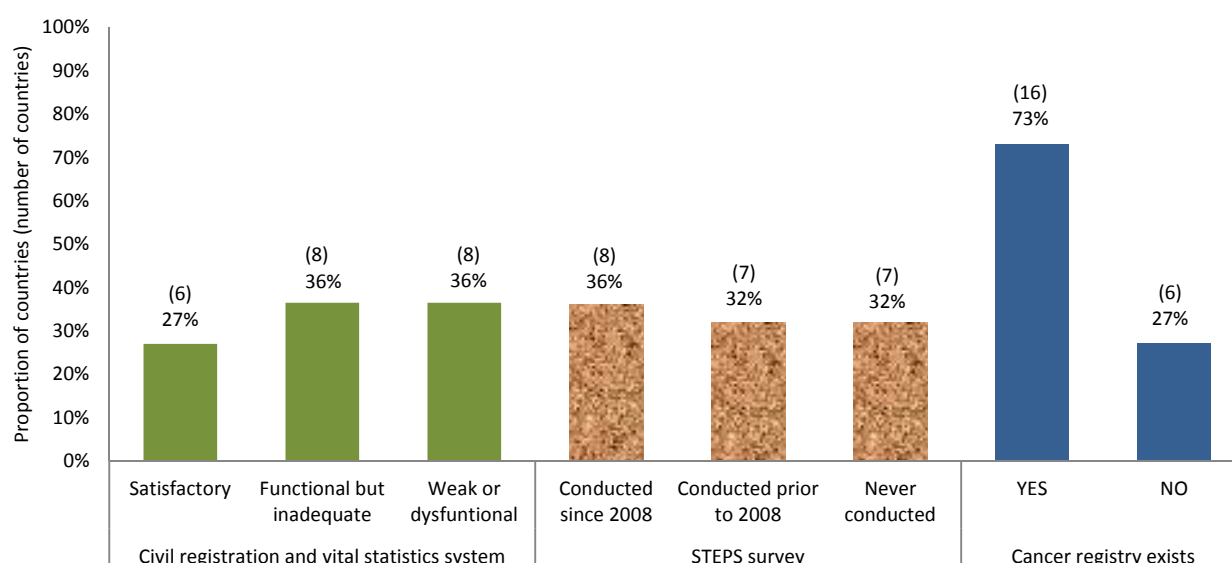


Source: Adapted from the *WHO report on the global tobacco epidemic 2013*. Geneva, World Health Organization, 2013

Figure 2. Status of MPOWER policies in the Region

12. Almost all countries have gaps in the area of surveillance, monitoring and evaluation in the three essential components of a modern surveillance framework for noncommunicable diseases: a) monitoring risk factors and determinants, b) monitoring outcomes, specifically mortality and morbidity, and c) monitoring health system capacity and response (see Figure 3). Regarding risk factors, many countries have implemented the STEPS survey at least once. However, surveillance is not conducted at regular intervals, often lacks sustainability and institutionalization, and is not necessarily linked with policy and programme development. Surveillance data provide limited information on equity dimensions and social determinants of noncommunicable diseases. As for monitoring health outcomes, the majority of Member States face significant challenges in generating reliable cause-specific mortality rates for noncommunicable diseases; many countries do not report such rates at all.

13. Most countries have not formally endorsed national targets and indicators for the prevention and control of noncommunicable diseases based on the global targets and the Global Monitoring Framework endorsed by the World Health Assembly in May 2013. This is an important gap, as the development of national targets and indicators is among the commitments made by Member States in the UN Political Declaration. Health information related to noncommunicable diseases is often not integrated into the national health information systems, making it difficult to use for advocacy, policy development, and assessment of the impact of interventions and of the progress made. Beyond the 2010 and 2013 global surveys on country capacity, the health system response to noncommunicable diseases and coverage of essential interventions for noncommunicable diseases are generally not monitored.



Source: WHO unpublished data from country reports

Figure 3. Selected indicators of national capacity in the area of surveillance

14. In the area of health care, ‘sickness’ rather than ‘health’ systems have fostered tertiary high-technology care for noncommunicable diseases at the expense of primary health care. Efforts to integrate care for noncommunicable diseases into primary health care are still under way. There are widespread inequities in access that affect outcomes of noncommunicable diseases. Access to essential medicines for noncommunicable diseases is variable, as are programmes for early detection and treatment based on WHO recommendations. A number of Member States are experiencing acute or chronic humanitarian emergencies where access to care and medicines for noncommunicable diseases is a major challenge.

Strengthening WHO capacity to provide technical support to Member States

15. The Regional Office established a new department in order to strengthen technical support to Member States in the area of prevention and control of noncommunicable disease.

16. WHO has been working to engage international and regional experts and develop partnerships with international academic institutions, professional societies and regional nongovernmental organizations. Work is under way to establish a comprehensive roster of regional experts and researchers who can lend support to WHO and Member States to scale up implementation of ‘best buys’ and generate sufficient regional evidence to support implementation. Organizations such as the International Diabetes Federation, Middle East and North Africa Region (IDF/MENA) have been engaged to discuss how partners can work together to support scaling up of action on the prevention of diabetes in the Region.

17. WHO has successfully concluded a technical and negotiation process with the engagement of Member States leading to the adoption by the 66th World Health Assembly in May 2013 of a Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

18. The WHO reform process currently under way aims to empower Member States and promote a bottom-up approach to planning and budgeting based on country priorities. The Regional Office is working closely with Member States to determine priorities and plan for collaborative work in the

2014–2015 biennium. Noncommunicable diseases have been identified a key priority for collaboration in all countries of the Region.

WHO actions to implement resolution EM/RC59/R.2

19. In resolution EM/RC59/R.2, the Regional Committee requested the Regional Director to undertake a set of actions. Below is a summary of progress on each action.

20. WHO has initiated discussions within the Organization, with Member States, and with experts on developing indicators to monitor the engagement of non-health sectors in implementing the UN Political Declaration. Missions and subsequent work in four countries will result in a preliminary list of national indicators and targets for monitoring noncommunicable disease prevention and control programmes that will be discussed in a broader regional consultation. This complements the global efforts in the development of a core list of process indicators for monitoring the implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

21. The Regional Director has established a Regional Technical Advisory Group on Noncommunicable Diseases, comprising international and regional experts, to assist WHO in implementing the commitments contained in the UN Political Declaration and regional framework for action. The Group met for the first time in April 2013, and proposed specific actionable recommendations in each of the four areas of commitments and corresponding strategic interventions in the regional framework for action.

22. A broad overview of public health laws in countries in the Region is now under way and includes an assessment of laws pertaining to noncommunicable diseases. The Regional Office has developed a public health law assessment tool that studies relevant laws, rules and regulations including those that influence the implementation of key cost-effective, high impact interventions, or ‘best buys’, for the prevention and control of noncommunicable diseases. In this regard, existing public health laws in selected countries in the Region are being examined and analysed in preparation for the regional expert consultation on public health law, which will be held in November 2013. A cross-departmental working group on legislation for noncommunicable disease prevention and control has been established and a consultative meeting focusing on such legislation is planned for the last quarter of 2013.

23. A regional meeting will be convened in December 2013 to discuss strengthening the health system response to noncommunicable diseases, particularly the integration of essential interventions, such as the ‘best buys’, in primary health care in countries of the Region.

24. WHO is now collaborating with the World Bank on a joint strategic report on the response to the challenge of noncommunicable diseases in the Region. The Regional Office has also been working with the Disease Control Priorities Network and the Institute for Health Metrics and Evaluation at the University of Washington to promote economic evaluation of the impact of noncommunicable diseases and cost-effectiveness analysis, in the regional context, of interventions for noncommunicable diseases. The collaboration involves a series of consultations and capacity-building workshops utilizing data and contextual information from selective countries in the Region to assess the burden of disease and cost-effectiveness of implementing certain policy interventions, including tobacco control, breast cancer screening and prevention of cervical cancer. The results of the analyses will inform development of a policy-oriented document to guide health policy-making in the Region.

Regional progress on the implementation of the regional framework for action

25. This section describes progress in the implementation of the framework in each of the four areas of commitments. A regional meeting on the prevention and control of noncommunicable diseases and risk factors, held in Kuwait, 29–30 April 2013, brought together national focal points for noncommunicable diseases to discuss national progress in the implementation of the regional framework for action. The meeting also reviewed the recommendations of the Regional Technical Advisory Group on Noncommunicable Diseases and identified priority actions corresponding to the regional framework for action. Meeting participants issued the Kuwait Call for Action which stressed the urgent need for accelerating action on the prevention and control of noncommunicable diseases.

Governance

26. Four countries (Lebanon, Morocco, Sudan and Yemen) are being supported to scale up the development of national multisectoral action plans for noncommunicable diseases, in line with the commitments of the UN Political Declaration. Several countries have taken encouraging steps to establish high-level multisectoral committees or councils for noncommunicable diseases headed by the ministers of health or other high level officials.

27. Following the 2010 survey of country capacity for the prevention and control of noncommunicable diseases,⁴ WHO has completed a second round of assessment of national capacity in 2013. The survey includes an assessment of governance and policy development. The responses have been validated and the findings are being analysed at the global and regional levels. A full report of the findings for the Region is now under preparation.

Prevention and reduction of risk factors

28. The focus has been on addressing the shared risk factors for the four main groups of noncommunicable diseases responsible for the majority of deaths: cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

29. Tobacco prevention and control continues to be a priority for the Regional Office with the focus on supporting countries in the full implementation of the WHO FCTC including the MPOWER measures. Countries have been assisted in preparing for the Conference of the Parties to the WHO FCTC and trained on the implementation of Article 14 on demand reduction measures concerning tobacco dependence and cessation. WHO has supported the implementation of the Global Tobacco Surveillance Systems (GTSS) in countries through various activities including conducting training on field work, analyses and other surveillance activities. A leadership course, in collaboration with Johns Hopkins University, on implementing the MPOWER policies was held in the Regional Office with the participation of all countries of the Region. Technical support to Member States continued in other areas such as training on implementation of pictorial health warnings, tobacco free public places and taxation increase. In relation to taxation, a subregional workshop was held for countries of the Gulf Cooperation Council (GCC).

30. WHO has taken a number of steps to promote healthy nutrition throughout the life course.

- In recognition of the importance of healthy nutrition early in life in the prevention of noncommunicable disease later in life, WHO continues to promote breastfeeding. A regional meeting was held in Oman in September 2013 to develop national action plans for the full

⁴ *Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey*. Geneva, World Health Organization, 2012.

implementation of the International Code for Marketing of Breast Milk Substitutes and the promotion of breastfeeding.

- The rising prevalence of childhood obesity in the Region portends major public health challenges in light of the already high prevalence of obesity among adults. The WHO strategy for the prevention of childhood overweight and obesity has focused on promoting a multisectoral framework for action with particular attention to promoting healthy diets through regulating the marketing of food and nonalcoholic beverages to children, giving particular attention to cross-border marketing, and promoting physical activity. A regional consultation held in September 2013 brought together global and regional experts in the area of marketing of food and nonalcoholic beverages to children and produced a roadmap for enhancing regulations for marketing of food and nonalcoholic beverages to children.
- The Regional Office conducted two consultations, in November 2012 and April 2013, to develop guidance for policy-makers on implementing two of the 'best buys', namely reduction of salt and trans fat intake. The consultations focused on reviewing the regional situation on salt and trans fat intake and identifying priority measures to lower salt intake and replace trans fat and saturated fat with polyunsaturated fat, along with reducing total fat intake. Guidance on developing national plans and implementing salt reduction programmes has been introduced; some countries have already taken encouraging steps in implementing priority salt reduction measures. Workshops focusing on setting up regional protocols for salt reduction, elimination of trans fat and reduction of saturated fats in foods and training technical focal points in measurement of urinary sodium excretion as a reliable method of assessing salt intake at the population level were held in September 2013.
- There are important knowledge gaps in the assessment of food consumption patterns, including levels of salt and fat intake in various countries. As these gaps can undermine policy development and action on nutrition for the prevention and control of noncommunicable disease, WHO is supporting countries to fill the gaps leading to the development of a regional database on food consumption.

31. Region-specific recommendations to promote physical activity have been developed by experts and members of the Regional Technical Advisory Group on Noncommunicable Diseases and endorsed by representatives of the regional meeting on prevention and control of noncommunicable diseases and risk factors, held in April 2013. Work is now under way to establish a regional network on physical activity and to map physical activity-related policies in countries of the Region. The network will be launched and outcomes of the mapping reported at a regional forum on physical activity to be held in late 2013.

Surveillance, monitoring and evaluation

32. Working with a regional network and international partners, WHO has conducted a series of activities concerning civil registration and vital statistics systems, which are essential to generating reliable data on cause-specific mortality of noncommunicable diseases as an essential component of noncommunicable disease surveillance. The activities have included conducting rapid and comprehensive assessments of civil registration and vital statistics systems, introducing a resource kit for developing such systems and training regional focal points and other stakeholders on the use of the kit.

33. Focusing on strengthening surveillance for noncommunicable diseases in the Region, WHO has supported six Member States to plan and conduct the STEPS survey. Strengthening national teams through capacity building exercises will continue during 2013. This includes surveillance in specific areas such as tobacco where WHO has supported Member States in the implementation, analysis,

reporting and dissemination of the Global Tobacco Surveillance System and in the implementation of global surveys such as the Global Youth Tobacco Survey and the Global Adult Tobacco Survey.

34. Following the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases, WHO was mandated to develop, in a consultative manner, a global monitoring framework to enable global tracking of progress in preventing and controlling major noncommunicable diseases and their key risk factors. Nine voluntary targets have been proposed including a 25% relative reduction in overall mortality from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases by the year 2025.

35. WHO is advocating with countries in the Region regarding the need to develop national targets and indicators as stipulated in the regional framework for action. Member countries of the GCC have started discussions on developing targets and indicators most relevant to their subregional context. National targets and indicators have been discussed with individual Member States during planning and assessment missions conducted in 2013.

Health care

36. A regional meeting, planned for late 2013, will discuss how to promote the integration of essential interventions for noncommunicable diseases, particularly the best buys, in primary health care in countries of the Region.

37. WHO has continued to support capacity-building in palliative care. A second training workshop on palliative care for physicians and nurses will be conducted in late 2013.

The need for urgent action

38. The Region as a whole and many countries have made progress in addressing the challenge of noncommunicable diseases. While the UN Political Declaration has supplied the needed vision and strategic directions, the regional framework for action provides a clear roadmap for action based on implementing specific interventions in four key areas: governance; prevention and control of risk factors; surveillance, monitoring and evaluation; and health care. Despite the progress, important gaps remain in all four areas including in implementing the 'best buys.' Much more needs to be done to address these gaps if Member States are to reduce the current and projected future burden of noncommunicable diseases.

39. In the area of governance, work is urgently needed to develop multisectoral national policies and plans for the prevention and control of noncommunicable diseases and to implement these policies and plans in partnership with actors in non-health sectors.

40. In the area of prevention and control of risk factors, work on tobacco remains a priority. This is especially the case with the availability of a legal framework, the WHO FCTC, and the low rate of implementation of cost-effective tobacco control MPOWER measures, which can lead to rapid reduction of population consumption of tobacco and measurable health benefits even in the short term.

41. In the area of surveillance, monitoring and evaluation, it is paramount for countries to establish national targets and indicators for progress on prevention and control of noncommunicable diseases. These will help Member States develop benchmarks and guide action. Strengthening national systems for noncommunicable diseases surveillance will be crucial in understanding the current situation and monitoring progress.

42. In the area of health care, integration of priority interventions for noncommunicable diseases at the level of primary health care carries the most promise for impact and return on investment. Action

at the primary health care level can also strengthen health systems and help address social inequities in the distribution of noncommunicable diseases and in access to prevention and control measures.

43. A three-year review of the progress made by Member States in implementing the commitments of the UN Political Declaration will be held at the UN General Assembly in the last quarter of 2014. Member States and WHO must plan ahead and work together, and with other regional and international partners, if they wish to show a credible record of achievements in noncommunicable disease prevention and control in the Region.