



Promoting health and well-being

Executive summary

1. The thirteenth general programme of work 2019–2023 (GPW 13) of the World Health Organization (WHO) (1) identifies three strategic priorities for the Organization and sets an ambitious “triple billion” goal for 2023 to keep the health-related Sustainable Development Goals (SDGs) on track. This paper discusses the strategic priority of promoting healthier populations and its related goal: 1 billion more people enjoying better health and well-being. GPW 13 has a strong country focus and the WHO Regional Office for the Eastern Mediterranean and country offices will work closely with Member States to improve the health and well-being of all their populations, focusing on vulnerable populations and leaving no one behind.

2. GPW 13 identifies five platforms to support people towards better health and well-being. This paper focuses on three of those platforms: improving human capital across the life course; accelerating action on preventing noncommunicable diseases and promoting mental health; and addressing health effects of climate change. With GPW 13, WHO has committed to seriously tackling the social, economic and environmental determinants of health. Greater efforts will be made to work beyond the health sector to reach other sectors that influence the health and well-being of populations across the life course. A special emphasis will be placed on: early childhood development, nutrition and adolescents; reducing noncommunicable disease risk factors through a multisectoral approach, prioritizing obesity, nutrition, physical inactivity, tobacco use and environmental health; and incorporating health promotion in all policies and settings. An integrated, multisectoral approach and strengthened engagement with United Nations partners are essential to improve health outcomes at all stages of development.

3. Four new frameworks for action are proposed to support Member States in achieving GPW 13’s target of 1 billion more people enjoying better health and well-being. The frameworks cover obesity prevention, tobacco control, health and the environment, and preconception care, to address the three platforms of human capital throughout the life course, noncommunicable diseases, and climate and environmental health. The Regional Committee is invited to discuss and endorse the regional frameworks for action and their proposed indicators.

Introduction

4. In May 2018, the Seventy-first World Health Assembly approved the thirteenth general programme of work 2019–2023 (GPW 13) of the World Health Organization (WHO) (1). GPW 13 was developed through extensive consultation, and will guide the Organization’s work for at least the next five years. It identifies three interconnected strategic priorities and ambitious goals related to the 2030 Agenda for Sustainable Development. The strategic priorities and goals encapsulate the step-change in public health that needs to be achieved globally by 2023 to sustain progress towards the health-related Sustainable Development Goals.

5. What needs to be done in order to implement GPW 13, with its overarching goal of “Ensuring healthy lives and promoting well-being for all at all ages”, in WHO’s Eastern Mediterranean Region? This paper is one of a series intended to foster discussion at the 65th session of the WHO Regional Committee for the Eastern Mediterranean. It focuses on the strategic priority of promoting healthier populations and its related goal: 1 billion more people enjoying better health and well-being.

6. WHO has defined three main criteria that will need to be met to achieve that strategic priority:

- determinants of health addressed leaving no one behind;
- reduced risk factors through multisectoral approaches;
- health and well-being realized through Health in All Policies.

7. Focusing on these outcomes highlights WHO’s commitment to seriously tackle the determinants of health, including social, economic, environmental and commercial determinants. It also indicates that more effort will be made to work beyond the health sector to reach other sectors that influence the health and well-being of populations. Achieving the outcomes will be determined through five platforms: 1) improving human capital across the life course; 2) accelerating action on preventing noncommunicable diseases and promoting mental health; 3) accelerating elimination and eradication of high-impact communicable diseases; 4) tackling antimicrobial resistance, and (5) addressing health effects of climate change. This paper focuses on three of these platforms: human capital throughout the life course, noncommunicable diseases, and climate and environmental health.

8. The paper aims to:

- outline the current situation in the Region with regard to the three platforms;
- identify major challenges and needs that must be addressed in order to achieve the strategic priority in relation to those platforms;
- explain WHO’s approach to health promotion and its intended impact;
- propose strategic directions for WHO and recommend some actions by countries of the Region towards achieving the goal of 1 billion more people enjoying better health and well-being.

9. The recommendations in this paper build on previous resolutions endorsed by WHO’s global and regional governing bodies and existing regional frameworks for action endorsed by the Regional Committee since 2012.

Overview of health in the Region

10. The WHO Eastern Mediterranean Region is a diverse region of 22 countries at different stages of development and health achievements. Collectively, the Region did not achieve the Millennium Development Goals that ended in 2015. Very few countries achieved the health-related targets. The SDGs of the 2030 Agenda for Sustainable Development are much more ambitious and have a wider and more inclusive scope. The Region has the highest neonatal mortality rate (target 3.2 of SDG 3) of all WHO regions and the second-highest maternal mortality ratio (target 3.1), under-5 mortality rate (target 3.2) and prevalence of road traffic injuries (target 3.6). Universal access to reproductive health including family planning information (targets 3.7 and 5.6) is also second lowest. Countries of the Region continue to suffer from the double burden of communicable and noncommunicable diseases, as well as a nutritional transition and shift towards obesity driven by unhealthy diets and sedentary lifestyles which is affecting people of all ages (2). The environment also affects the health and well-being of the people of the Region (3), from preconception, pregnancy, infancy, childhood and adolescence through to adulthood and older age (4). Inequities in access to and financing of health care services, both within and between countries, are common

throughout the Region. The 2030 Agenda for Sustainable Development and GPW 13 both emphasize the importance of reaching the vulnerable and those who are hard to reach first in order to leave no one behind. In addition, more than half the countries of the Region are suffering from acute or protracted emergencies, including armed conflicts, political instability and humanitarian crises (5), which has led to an increase in mental health conditions, substance misuse, malnutrition, violence and injuries.

11. Maternal mortality is still high at 166 maternal deaths per 100 000 live births (6), caused mainly by bleeding (25%), abortion (13%) and infection (12%) (7), all of which are preventable. The assisted birth rate ranges from 9% to 100%, antenatal care coverage from 6% to 100% (8), prevalence of modern contraceptive use from 6% to 59%, and unmet needs for family planning from 6% to 29% (9). In 2016, the under-5 mortality rate in the Region was 52 per 1000 live births with neonatal deaths constituting more than half of this figure (10). However, these figures mask huge differences between and within countries as more than 90% of the neonatal and under-5 deaths occur in only nine countries of the Region and mostly in remote and rural areas. At the same time, the global direction for improving maternal and child health goes beyond survival to thriving. The “thrive” agenda is working not only to prevent avoidable deaths but also to ensure that children have a better opportunity to develop and contribute to their societies. Although data are scarce, early childhood development in the Region is severely affected by deep-rooted inequities, poverty, gender status and poor educational opportunities (11).

12. Recent data from the Region show that noncommunicable diseases cause 62% of all deaths (12). Most of these deaths are caused by preventable factors – unhealthy diet, tobacco use and physical inactivity (12). These preventable factors are common in the Region and require urgent action (12). Marketing of foods and beverages high in fat, sugar and salt goes largely unchecked (2). Over 38% of adults and 86% of adolescents are not physically active enough, 50% of women and 44% of men are overweight or obese (almost 3 in 4 adults), and 18% of children under 5 years are overweight (2). Overweight can precipitate the development of diabetes, and the Region has the highest prevalence of diabetes globally (14%) (2). In addition, 38% of men and 4% of women use tobacco, as do 42% of boys and 31% of girls (13).

13. Most premature deaths from noncommunicable diseases (before the age of 70) occur in low- and middle-income countries, affecting the poorest communities (12). Although the majority of deaths from noncommunicable diseases occur in adulthood, many originate in early life – as early as preconception (14). Good nutrition is essential to prevent noncommunicable diseases early on in life, especially given the increase in childhood obesity, which has a direct and negative impact on mental and emotional well-being, peer relations, learning and opportunities to participate in education and recreation (14). Of concern are the rates of low birth weight (19%), exclusive breastfeeding (29%), stunting (28%), wasting (9%) and underweight (18%), as well as anaemia in children under 5 years (7% to 88%) and in women of childbearing age (20% to 63%) (2).

14. Focusing on the health of children, adolescents and women (whose nutritional status is a key predictor of health outcomes in children) will reduce disease and premature death, as well as the cost of managing noncommunicable diseases and other conditions later in life (2,14,15). Children and adolescents are particularly important because this is when they adopt many lifelong behaviours which may affect their risk of disease in adulthood (2,14,15). Adolescents (aged 10–19 years) make up about one fifth of the population of the Region (129 million) (16). Mortality rates for adolescents in low- and middle-income countries of the Region are the second highest in the world (115 deaths per 100 000 population), and are mostly attributed to: collective violence and legal intervention, road injury, drowning, lower respiratory infections and interpersonal violence (17). In addition, the leading causes of adolescent disability-adjusted life years in low- and middle-income countries of the Region are collective violence and legal intervention, iron-deficiency anaemia, road injury, depressive disorders and childhood behavioural disorder (18).

15. The Eastern Mediterranean Region has the second-highest road traffic death rate in the world (19.9 per 100 000 population) after the African Region (19). Road traffic injury is a serious public health problem for all countries of the Region (19). About 85% of regional road traffic deaths occur in middle-income countries, while the overall estimated death rate for high-income countries is more than double the average rate for countries of similar income globally (19). Younger and economically active age groups are the most affected (19). Four out of every five deaths occur among males, and over 30% of regional road traffic deaths occur among those aged 15–29 years (19). The implications for health and development cannot be overemphasized (19).

16. Depressive illnesses and anxiety disorders are highly prevalent in countries of the Region and are almost wholly accounted for by the prevailing emergency situations (5). The prevalence of drug use in some countries is much higher than the global average (5). Treatment rates for people with mental and substance use disorders are low (5). Worldwide, about 60% of suicide deaths can be attributed to mental and substance use disorders (5). According to WHO estimates for the Region, the age-standardized suicide rate was 4.3 per 100 000 population in 2016. Mental health and substance use disorders require urgent action in the Region (5).

17. Environmental risk factors also require urgent action. These include air, water and soil pollution, chemical hazards, climate change and radiation exposures, which contribute to more than 100 diseases and injuries (3,20). Environmental risks account for about 23% of the total burden of disease in the Region (about 30% in children) (3,20). The effects on health of environmental risks present as both communicable and noncommunicable diseases (3). It is estimated that about 854 000 people in the Region die prematurely every year as a result of living or working in unhealthy environments – nearly 1 in 5 of total regional deaths (3). More than 50% of the premature deaths caused by environmental factors are attributable to air pollution (493 000 annual deaths); air pollution with particulate matter has reached alarming levels in many cities of the Region, with more than 90% of the urban population breathing air that exceeds WHO safe levels by up to 12 times (3,21). The remaining deaths are caused by chemical and occupational exposure, lack of access to water and sanitation, and other environmental hazards (3). About 72% of premature deaths from environment-related diseases are the result of noncommunicable diseases and injuries (22).

18. Inequities in health across the life course are rooted in the circumstances in which people are born, grow, live, work and age (i.e. the social determinants of health), and the health systems that address illness and disease (23,24). It is therefore essential to work across a continuum: health promotion, disease prevention and management/treatment/care, rehabilitation and palliative care (23). The SDGs focus on lifelong well-being and so does the *Global strategy for women's, children's and adolescents' health (2016–2030)*, which provides the foundation for an early-life focus on long, productive and healthy life, including through a multisectoral approach to the prevention of adult noncommunicable diseases (15). The engagement of non-health sectors needs to be enhanced in order to reduce the risk of developing noncommunicable diseases and other conditions, especially among children and adolescents so as to influence their lifelong health and well-being, and their future social and economic development.

Challenges and needs

19. Despite a high level of commitment and effort to advance the health agenda in the Eastern Mediterranean Region and many achievements to date, the Region still faces a number of challenges. Human and financial resources remain scarce and inadequate. Domestic funding is limited and many countries still depend on external funding and out-of-pocket expenditure for health services. Even when resources are available, they are distributed unevenly and inequitably, leading to prioritization of certain areas over others.

20. Capacities at the national level require strengthening to improve planning, implementation and monitoring of the different interventions and initiatives throughout the life course.

21. Health care providers need more training to deliver better care, and existing health care structures need to be improved. Services need to be integrated and better connected, for example, health and social services.

22. In most countries of the Region, the health of the population is the responsibility of the health sector alone, both private and public, and little emphasis is placed on the role of other sectors and the determinants of health. An integrated, multisectoral approach incorporating both health and non-health sectors is essential to improve health outcomes at all stages of development. This should take into consideration the connection between health equity, socioeconomic equality and environmental justice. This approach requires strong public health functions and collaboration with non-health sectors to tackle all the determinants of health and ensure that all public policies are developed with full analysis of the health consequences, guided by the tools for Health in All Policies (25).

23. In the Eastern Mediterranean Region, culture and traditional mores play an important role in health-seeking behaviour, particularly among women and girls and other vulnerable groups, such as those affected by humanitarian crises, as they directly affect their health and awareness of life-saving practices. These groups are also affected by gender discrimination, the double burden of malnutrition, violence and injuries. Increasing numbers of fast food outlets and salt, fat and sugar consumption as well as tobacco use and sedentary lifestyles require immediate action through greater political commitment to create the desired behaviour changes early on in life and track them through to adulthood. Strong opposition from the tobacco and other industries with vested interests, political unrest, and the onset of climate change and environmental deterioration exacerbate these unhealthy behaviours. This has led to the prioritization of other health issues and the undermining of policies that aim to promote healthy behaviours and lifestyles, and protect against ill health, disability and premature death.

24. Health governance also faces challenges which include exclusion of the private sector, lack of policies, strategies and regulatory mechanisms, and insufficient delegation of authority to ensure proper management and follow-up of health programmes. Lack of transparency, accountability and information-sharing is an ongoing problem that need to be addressed. With regard to surveillance, health information systems across the Region need to be strengthened and integrated, and data disaggregated to highlight variations at subnational levels and between rural and urban areas. Health coverage remains limited, access to integrated health care services is difficult, particularly in conflict settings, and quality of care is inadequate. There is a need to work across a continuum of care, starting from the preconception stage and targeting health promotion, prevention, management, rehabilitation and palliative care.

Proposed approach

25. WHO aims to ensure the health and well-being of the world's population. The "triple billion" target is a global target to which the Eastern Mediterranean Region will contribute. The GPW 13 has a strong country focus and the WHO Regional Office for the Eastern Mediterranean and country offices will work closely with Member States in order to improve the health and well-being of their populations, focusing in particular on vulnerable members of society. This approach will complement and support the work countries are undertaking to achieve universal health coverage and address the health of populations affected by emergencies, including those in host countries.

26. The proposed indicators of GPW 13 will be used to measure progress. However, it should be clear that achieving healthier populations requires the following factors.

- Innovative approaches to reach out to ministries outside the health sector. Following on from the report of the Commission on the Social Determinants of Health and the many declarations that came after, including those related to health promotion and climate change, the GPW 13 offers a renewed commitment to partner with non-health actors. This commitment has been translated into broad outcomes and led to the appointment of senior staff to ensure accountability and monitoring of activities. Member States have supported the move because it is clear that health and well-being are influenced by factors outside the domain of health care provision. A few countries of the Region have already subscribed to this approach and provide global and regional examples and lessons learned to follow.
- Political will. GPW 13 has identified policy dialogue as one of its modes of operation. Policy dialogue requires both strong evidence and negotiation skills. WHO needs to identify and evaluate the relevant stakeholders in order to increase the political will and political skills to negotiate approaches that make health impact analysis an integral part of public policies. Using the Health in All Policies principle will help countries to adopt such approaches.
- Close cooperation with statistics offices so that disaggregated data are collected and made available to key policy-makers on a timely basis.

27. The Regional Office will use 44 indicators to report on each Member State's progress in the five platforms, but the focus will be on the 19 indicators (Annex 1) related to three platforms: 1) improving human capital throughout the life course; 2) accelerating action on preventing noncommunicable diseases; and 3) addressing health effects of climate change. The Regional Office will use a traffic light system (red, yellow and green) to measure and report on progress on an annual basis and will celebrate achievements, identify gaps and challenges, and recommend a way forward specific to each country to improve its capability to achieve the "triple billion" targets. Member States are invited to adopt a three-pronged approach of the life course, Health in All Policies and integrated multisectoral action to meet the targets of GPW 13 and the SDGs, and build on existing national strategic priorities and frameworks. WHO is committed to providing support to Member States based on their priorities, strategic planning and expected outcomes. More specifically, this approach will focus on:

- Policy dialogue with and between Member States to provide the evidence base for the approach, change thinking to tackle the determinants of health and create demand for capacity strengthening at the country level.
- Knowledge-sharing and advocacy by documenting best practices, lessons learned and creating the exchange platforms to serve Member States.
- Strengthening the evidence base by working closely with institutions responsible for data collection and analysis within the countries, WHO and regional partners so that disaggregated data are available and analysed, and solutions are based on country-specific evidence.
- Analysing the different determinants of health at country and provincial levels as appropriate.
- Mapping the risk factors that affect maternal, neonatal, child and adolescent health and noncommunicable diseases that exist in some countries so as to provide evidence for policy-making to reduce the risks.
- Strengthening public health functions and revitalizing health promotion within the public health sector.
- Establishing and strengthening partnership with other United Nations agencies at regional and country levels in order to ensure that WHO country offices are involved in all joint processes at the country level, including the United Nations Development Assistance Framework (UNDAF) or similar mechanisms. This will ensure that health and well-being are reflected in the UNDAF and will help secure both domestic and external funding.

- Continuing to support successful programmes at country level such as the Expanded Programme on Immunization, and strengthen public health functions in primary health care settings and at the community level.

Conclusion

28. Despite the Region's advances in the health arena, progress in achieving the SDGs and their related health targets has been uneven and insufficient in Member States. The Eastern Mediterranean Region suffers from a double burden of communicable and noncommunicable diseases, as well as complex risk factors, including environmental, social and gender issues that adversely affect the health and well-being of the whole population. This is worsened by an unprecedented number of conflicts and humanitarian crises. The lack of a continuum of care, and integration and adoption of a multisectoral approach continues to be a concern even though the necessary tools are available.

29. In recent years, frameworks for action on noncommunicable diseases, cancer, health and the environment, mental health, nutrition, adolescent health and development, and nurturing care for early childhood development have been endorsed through Regional Committee resolutions,¹ underlining the importance of multisectoral action and coordination as a strategic direction. This paper proposes the endorsement of four new regional frameworks for action (Annexes 2–5) on obesity prevention, tobacco control, health and the environment, and preconception care, which target three platforms from the GPW 13: human capital throughout the life course, noncommunicable diseases, and climate and environmental health.

30. The regional framework for action on obesity prevention (Annex 2) presents evidence-based, cost-effective public health interventions and strategies to help prevent overweight and obesity at regional and population levels. The regional framework for action on tobacco control (Annex 3) identifies key measures and interventions to help Member States implement the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC) to achieve the goal of reducing tobacco use by 30% by 2025. Indicators are proposed to monitor progress in the areas of governance and political commitment, demand reduction, supply restriction and surveillance, monitoring and research. The regional framework for action on health and the environment (Annex 4) proposes actions to reduce the burden of morbidity, disability and premature mortality caused by environmental risks. A collaborative multi-agency approach is suggested, emphasizing the leadership of the public health sector in governance, surveillance and advocacy. The regional framework

¹ Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018 (http://applications.emro.who.int/docs/Framework_action_implement_UN_political_declaration_NCD_October_2015_EN.pdf?ua=1, accessed 21 May 2018).

Regional framework to scale up action on mental health in the Eastern Mediterranean Region (http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf?ua=1, accessed 21 May 2018).

Regional framework for action on cancer prevention and control (http://applications.emro.who.int/docs/RC_technical_papers_2017_3_20037_en.pdf?ua=1, accessed 21 May 2018).

Framework for action on health and the environment 2014–2019 (http://applications.emro.who.int/docs/Framework_Action_EN.pdf?ua=1, accessed 21 May 2018).

Plan of action for regional implementation of the global roadmap to address the health impacts of indoor and outdoor air pollution 2021–2017 (http://applications.emro.who.int/docs/RC_technical_papers_2017_inf_doc_3_20013_en.pdf, accessed 21 May 2018).

Climate change and health: framework for action 2017–2021 (http://applications.emro.who.int/docs/RC_technical_papers_2017_4_20040_en.pdf, accessed 21 May 2018).

for action on preconception care (Annex 5) presents a core and comprehensive/extended set of interventions to be adapted and implemented by countries to improve maternal, neonatal and child health in the Region.

31. The Regional Office is ready to support countries to adapt and adopt the existing and newly developed frameworks for action, which focus on evidence-based, cost-effective and high-impact interventions that will benefit the health and well-being of all people of all ages. With this in mind, it is vital that a collaborative multidisciplinary approach be used and that resources be made available to carry it forward.

32. The following recommendations are made for Member States.

- Implement the regional frameworks for action and adapt them to each country's setting.
- Ensure that linkages are made to the existing frameworks for action on noncommunicable diseases, cancer, health and the environment, mental health, adolescent health and development, and nurturing care for early childhood development, as well as to other strategies and roadmaps, and that they are all integrated into the different work streams.
- Enhance accountability and facilitate the achievement of national and global targets by monitoring the progress and impact of these frameworks using a set of predetermined indicators.
- Establish strong leadership at the highest level of government to support the implementation of policies and programmes for the three platforms of the GWP13 covered in this paper – human capital throughout the life course, noncommunicable diseases, and climate and environmental health – and secure the required resources, in collaboration with all important stakeholders.
- Develop and/or update national action plans, including a timeline, and secure the required resources through an inclusive consultative process and consensus-building with relevant stakeholders for subsequent endorsement by the highest authorities.
- Promote research in academic and public institutions to identify the health, social and economic burden of noncommunicable disease risk factors, environmental and social determinants of health, and gender disparity in the Region.
- Create committees and structures for Health in All Policies to ensure dialogue across government and facilitate negotiations between government sectors and with nongovernment stakeholders.
- Build capacity to promote, implement and evaluate Health in All Policies, and encourage engagement and collaboration across sectors.
- Identify and prioritize emerging health issues resulting from environmental and social determinants of health and encourage engagement and collaboration across sectors to tackle the determinants of ill health.

33. The Regional Committee is invited to discuss this technical paper and adopt the resolution endorsing the frameworks for action.

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Annex 1. Indicators to measure the impact of proposed approaches over the 5-year period of GPW 13 (2019–2023)

Key indicator	Target (from 2018 baseline)
Stunted children	↓ by 30%
Wasting among children	↓ to <5%
Children developmentally on track in health	↑ to 80%
Children subject to violence	↓ by 20%
Intimate partner violence	↓ to 15%
Women making informed reproductive health decisions	↑ to 60%
Tobacco use	↓ by 25%
Harmful use of alcohol	↓ by 7 %
Salt/sodium intake	↓ by 25 %
Raised blood pressure	↓ by 20 %
Eliminate industrially produced trans fats	Eliminated by 2023
Halt and begin to reverse the rise of childhood overweight and obesity	
Insufficient physical activity	↓ by 7%
Mortality due to air pollution	↓ by 5%
Mortality from climate-sensitive disease	↓ by 10%
Road traffic accidents	↓ by 20%
Suicide mortality	↓ by 15%
Access to safe drinking-water	1 billion more people
Access to safe sanitation	800 million more people

Annex 2. Regional framework for action on obesity prevention 2019–2023

Commitment	Strategic intervention	Progress indicators
Regulatory action		
Fiscal measures	Implement an effective tax on sugar-sweetened beverages Levy additional taxes and subsidies to promote healthier diets Progressively eliminate subsidies for all types of fats/oils and sugar	Country has implemented a sugar-sweetened beverage tax Country has introduced additional taxes and/or subsidies to promote healthier diets Country has eliminated all subsidies for fats/oils and sugar
Public procurement	Ensure procurement and provision of healthy food in public institutions (e.g. schools, hospitals, military bases, prisons and other government institutions)	Mandatory guidelines for public procurement of healthy food have been issued Guidance has been developed and training provided for caterers
Food supply and trade	Use food standards, legal instruments and other approaches to improve the national and/or local food supply	Standards/legal instruments and other approaches are used to improve the national and local food supply
Labelling	Implement or revise standards for nutrition labelling to include mandatory front-of-pack nutrition labelling for all pre-packaged foods	Front-of-pack nutrition labelling scheme implemented and enforced
Marketing	Implement the WHO Set of Recommendations on Marketing of Foods and Non-alcoholic Beverages to Children and other appropriate restrictions on marketing (including price promotions) of foods high in fat, sugar and salt	Mandatory restrictions to eliminate all forms of marketing of foods high in fat, sugar and salt to children and adolescents (up to age 18) are in place across all media Other appropriate restrictions on marketing of foods high in fat, sugar and salt have been implemented
Prevention		
Physical activity interventions	Implement policies, legislation and interventions to promote and facilitate health-enhancing physical activity in line with the <i>Global Action Plan on Physical Activity</i>	Country has policies, legislation and interventions to promote physical activity
Mass-media campaigns	Conduct appropriate social marketing campaigns on healthy diet and physical activity	At least one recent national public awareness campaign on diet and physical activity has been conducted
Breastfeeding	Implement a package of policies and interventions to promote, protect and support breastfeeding	Full implementation of the International Code of Marketing of Breast-milk Substitutes and WHO Guidance on ending inappropriate promotion of foods for infants and young children Mandatory implementation of baby-friendly health systems and effective community-based strategies
Reformulation	Progressively reformulate foods and beverages to eliminate trans fats and reduce total and saturated fat, salt, sugars, energy and portion size	Sugar policies, salt/sodium policies and fats policies, adapted to the national context, have been implemented to cover a substantial proportion of processed foods
Obesity management and treatment		
Health sector interventions	Harness the health sector to enable change and provide leadership on governance and accountability Implement evidence-based, community-based interventions tackling both healthy eating and physical activity, targeting high-risk groups, to promote and facilitate behaviour change and prevent obesity Ensure provision of dietary counselling on nutrition and physical activity for high-risk individuals and on healthy weight gain before and during pregnancy for prospective mothers and fathers	Country has a high-level multisectoral mechanism and a multisectoral plan and approach to obesity prevention and management Evidence-based dietary counselling and interventions to facilitate behaviour change and prevent obesity are present in primary health care and other community settings Country has national guidelines/protocols/standards on obesity screening and management

Commitment	Strategic intervention	Progress indicators
	Integrate screening for overweight in primary health care	
Surveillance		
Assessment	<p>Conduct a situational analysis of the national/local food supply, including establishing proportions of fats/oils and sugar in imports and domestic production</p> <p>Carry out regular nutrition assessments and risk factor surveys at the national and/or local level</p> <p>Conduct an assessment of the effect of marketing foods high in fat, sugar or salt to adults in order to inform how best to restrict inappropriate practices</p>	<p>In-depth situation analyses have enabled the development of more specific framework interventions</p> <p>Baseline data for the framework interventions are available</p> <p>STEPS survey and/or nutritional assessment is done every 5 years</p>
Monitoring	<p>Establish national targets for obesity prevention and SMART commitments for action, and work with WHO to develop a monitoring framework to report on progress</p> <p>Ensure sustained implementation of obesity framework interventions, scale up coverage and monitor effect</p> <p>Strengthen human, logistic and institutional capacity for surveillance, monitoring and evaluation</p>	<p>Country has time-bound national targets on obesity based on WHO guidance</p> <p>Country has SMART commitments for action as part of a monitoring framework for obesity interventions and continuously reports on progress</p> <p>Country has a functioning system for generating reliable data for monitoring and evaluation</p>

Source: Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region. Cairo: World Health Organization 2017 (http://applications.emro.who.int/docs/emropub_2017_20141.pdf?ua=1, accessed 27 July 2018).

Annex 3. Regional framework for action on tobacco control

Strategic intervention	Progress indicator	Relevant WHO FCTC Article
Governance and political commitment		
<ul style="list-style-type: none"> • Become a Party to the WHO FCTC • Develop national tobacco control strategies, plans and programmes aligned with the WHO FCTC • Assign a full-time focal point for tobacco control • Adopt measures to protect public health policies from the influence of the tobacco industry • Ensure the sustainability of tobacco control programmes 	<ul style="list-style-type: none"> • A comprehensive national tobacco control law is in place, in line with WHO FCTC commitments • Comprehensive, multisectoral national tobacco control strategies, plans and programmes, consistent with the WHO FCTC, are enacted • A designated national multisectoral coordinating mechanism for tobacco control is in place • A tobacco control focal point is in place • Measures to address Article 5.3 of the WHO FCTC are included in national tobacco control plans • Funding is available in the ministry of health budget for tobacco control programmes 	Article 5
Demand reduction		
<ul style="list-style-type: none"> • Increase tobacco taxes to at least 75% of the retail price, and include all tobacco products in tax increases • Expand current smoke-free policies to cover all public places and workplaces • Establish a complete ban on tobacco advertising, promotion and sponsorship, including a ban on tobacco promotion in drama • Enforce graphic health warnings at least 50% of the pack size on all tobacco products and packaging in line with WHO FCTC guidelines • Incorporate delivery of brief cessation advice into essential services package for primary health care, including establishment of quit line, and ensure availability of nicotine replacement therapy and mandate training of all health professionals in giving brief cessation advice 	<ul style="list-style-type: none"> • Tobacco tax is at least 75% of retail price for all tobacco products, through using excise tax • All public places and workplaces are totally smoke-free with no designated smoking areas • All forms of tobacco advertising, promotion or sponsorship are banned • All tobacco products have graphic health warnings at least 50% of pack size • Brief tobacco cessation advice is integrated into primary health care, health promotion, risk reduction and disease control programmes. Primary health care workers are trained in brief tobacco cessation advice. Quit line is established 	Articles 6–14
Supply restriction		
<ul style="list-style-type: none"> • For Member States that are Parties to the WHO FCTC, pursue ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products • Adopt measures to minimize illicit trade in tobacco products • Ban tobacco sales to and by minors • Transition tobacco farmers towards other crops • Eliminate incentives for tobacco agriculture 	<ul style="list-style-type: none"> • The number of WHO FCTC Parties that have ratified the Protocol to Eliminate Illicit Trade in Tobacco Products has increased to nine • Tracking and tracing system of tobacco products is in place. • Legislation banning sales of tobacco products to and by minors is enacted in all Member States • Policies and programmes to reduce tobacco agriculture are being established 	Articles 15–17
Surveillance, monitoring and research		
<ul style="list-style-type: none"> • Regularly implement standard global/regional surveys (e.g. Global Tobacco Surveillance System surveys) and evaluation on tobacco control activities and disseminate results widely • Institute research to monitor tobacco industry efforts to circumvent tobacco control in the Region 	<ul style="list-style-type: none"> • National adult and youth surveys are regularly conducted, every 5 years • Tobacco industry monitoring and research is actively being implemented in the Region 	Article 20 and part of Article 5

Annex 4. Regional framework for action on health and the environment 2019–2023

	Priorities	Strategic Actions
Water, sanitation and hygiene	Monitoring water and sanitation sector indicators and evaluating performance in order to inform policies and strategic planning	Generate biannual national reports on assessment and analysis of the water and sanitation sector Revitalize public health surveillance of drinking-water availability and quality and wastewater use in agriculture and other applications
	Updating national regulations and management practices for priority water and sanitation regional challenges and risk factors	Develop and implement plans to extend water supply and sanitation services to the unserved and improve service to the underserved Develop national health policies on domestic water security requirements for public health Update national drinking-water quality standards towards preventive water safety management Introduce and scale up the preventive drinking-water safety management protocols Update and enforce wastewater reuse standards and implement a management system for safe use of wastewater in irrigation
Air quality	Regulating, monitoring and evaluating air pollution for health protection	Develop/update national air quality standards in line with WHO norms and guidelines Advocate for establishing/updating air quality monitoring systems and sharing data with all stakeholders Revitalize public health surveillance of air quality, and estimate the impact of air pollution on health Raise awareness and advocate for mobilizing action by all relevant stakeholders such as transport, energy and industry Develop an early warning system to alert the public of dust episodes and other ambient air quality pollutants
Environmental health services and waste management in the health sector	Developing national capacities for managing environmental health services within the health sector	Establish national standards on environmental health services in health care facilities, and assess the adequacy of these services in facilities Develop and implement plans of action to improve environmental health services in health care facilities Develop and implement policies, strategies and plans for the management of health care waste
	Regulating, monitoring and evaluating impacts of waste on health	Assess the public health impacts of waste management policies and practices Participate in the formulation of national regulations and policies on waste management, integrating public health aspects
Chemical safety	Establishing risk reduction programmes and partnerships for chemical safety and management involving all stakeholders	Establish/update national profiles for mapping chemical hazards Establish/update legislation, national policies and coordination on chemicals
	Building capacity for IHR (2005) implementation, including development/enhancement of national information poison centres	Establish a coordinated system of regulatory, surveillance, preparedness and management of chemical accidents, in conformity with the IHR Establish/update capacity-building programmes on recognition and management of chemical exposures for public health professionals Establish/upgrade national information poison centres
Environmental health and emergencies	Developing capacities of the health sector for management of environmental health services throughout the disaster/emergency life cycle	Develop environmental health emergency profiles and establish/update environmental health plans for emergencies
	Providing adequate environmental health services in health care facilities during emergencies	Operationalize policies, programmes and management systems pertinent to environmental health services in health care facilities, including assessment, provision of services, restoration, etc.

	Priorities	Strategic Actions
Climate change and health	Developing public health national preparedness and response capacity to manage the health effects of climate change	Undertake awareness and advocacy within and outside the public health sector on the health effects of climate change and the need for collective action to protect health from climate change Assess the vulnerability of public health to climate change and identify the current and future health effects of climate change Develop public health system response strategies, plans and projects and integrate them into national health strategies Establish early warning systems for the health effects of climate change
	Placing environmental health at the heart of sustainable development	Participate in the formulation of the national sustainable development agenda, streamlining health as a precursor to, outcome of, and indicator of sustainable development Strengthen environmental health in community development programmes and initiatives, e.g. interlinkages with Healthy Settings, Urban Heart, Health in All Policies, the social determinants of health
Sustainable development and health	Greening the health sector	Establish national environmental resource utilization targets, and increase the efficiency of procurement of resources such as energy and water in the health sector
	Establishing programmes and building partnerships for managing and minimizing food safety risks in collaboration with other related stakeholders	Compile/update food safety profiles for mapping food contamination risks Compile/update food safety legislation and policies
Food safety	Strengthening capacities for responding to food safety events for implementation of the IHR, including establishing surveillance systems, good agricultural practices and risk-based food safety management systems	Establish a coordinated system for monitoring, preparedness and management of food poisoning, in line with the requirements of the IHR
	Developing and implementing occupational health and workplace environment policies	Develop and update national occupational health and workplace environment policies Develop and implement national occupational health and workplace environment plans of action in coordination with all related stakeholders, in line with the progress made under the <i>WHO Global Plan of Action on Workers' Health (2008–2017)</i>
Occupational health	Protecting and promoting health in the workplace environment	Strengthen risk assessment and management capacities in the workplace environment Build capacities for the prevention of occupational injuries and diseases
	Improving and facilitating access to occupational health services	Improve the coverage and quality of occupational health services Build capacities at national and local levels for provision of technical support on issues related to occupational health and human resource development for workers' health
	Reporting information and data on occupational health risks	Design and implement surveillance systems for capturing all occupational injuries and diseases Support research on occupational health and the workplace environment
	Integrating occupational health in all other related policies	Strengthen the capacity of the health sector to collaborate with labour and other related sectors in incorporating occupational health in all related policies

Annex 5. Regional framework for action on preconception care 2019–2023

Areas	Strategic action	Progress indicator
Goal and objectives	Define vision, goals and objectives of the national preconception care programme (improving maternal, neonatal and child health outcomes and reducing rates of congenital disorders and low birth weight)	Country has established a national programme with defined vision, goals and objectives
Policy and leadership	Inform and persuade health policy-makers through the use of supporting data and generation of evidence of the importance of providing preconception care to address maternal, neonatal and child health needs, identify existing gaps and improve maternal, neonatal and child health outcomes Highlight cost-effective preconception care core interventions and advocate for funding	Country has developed policy briefs and generates data for health policy-makers
National taskforce and multi-level stakeholders and partnerships	Establish national taskforce to help develop/strengthen national action plan for preconception care Ensure full engagement of key maternal, neonatal and child health actors with intersectoral partners and stakeholders Appoint a preconception care focal point at ministry of health level	Country has established a multisectoral national taskforce for the preconception programme
Communication and social mobilization	Raise community and health care providers' awareness of the positive impact of preconception care on maternal, neonatal and child health outcomes Educate the public, focusing on school and university students, women, men and couples in the premarital and interconception stages, of the importance of preconception care Use various channels to raise awareness of the importance of preconception care, including religious and community leaders, civil society and the national media Develop and implement a national communication and social mobilization plan within the ministry of health Hold regular meetings with other relevant departments to provide updates and strengthen coordination Use existing communication channels, including social media, to promote preconception care Use awareness-raising campaigns to target private sector health care providers and health professionals' associations and advocate for the integration of preconception care into health services	Country has developed and is implementing a national communication plan targeting a range of individuals and groups on the importance of preconception care
Workforce capacity-building	Provide basic education on preconception care to all health care providers Conduct training on preconception care for health care providers and provide specialized training, as required Develop standardized curricula and tools for preconception care and incorporate into medical and nursing school curricula Develop standardized clinical tools and adopt existing preconception care guidelines and protocols Adapt national training curricula and tools taking into consideration high rates of consanguinity and haemoglobinopathies in the Region	Country has developed and is implementing a national capacity-building plan for preconception care
Service delivery and quality of care	Create, adapt and adopt a set of core interventions following WHO guidelines on preconception care Adapt tools to increase/improve quality of care using WHO guidelines Deliver preconception care within primary health care services, integrating it into reproductive, maternal, neonatal and child health care	Country has developed or adapted guidelines and is using them to improve the quality of preconception care services within the primary health care system
Entry point in health system ("every woman, every time")	Utilize opportunities to ask women about their reproductive life planning in: primary health care centres; noncommunicable disease clinics; specialized	Country has developed a plan to identify entry points in the health care system to reach "every

Areas	Strategic action	Progress indicator
Monitoring and evaluation	<p>preconception care clinics; maternal, adolescent and child health clinics/centres; and in premarital counselling programmes</p> <p>Develop a set of core indicators to monitor the progress of the national preconception care programme</p> <p>Include preconception care data in national health surveys and use data to improve quality of care</p> <p>Conduct implementation research, whenever possible, to monitor programme performance</p>	<p>woman, every time” to discuss reproductive life planning</p> <p>Country has developed indicators to monitor the performance of the national programme</p> <p><i>Proposed indicators</i></p> <ul style="list-style-type: none"> • Proportion of pregnant women who took folic acid for at least three months before their pregnancy • Proportion of pregnant women who received preconception counselling/care • Proportion of low weight births • Incidence of neural tube defects in newborns • Gestational age at antenatal care/registration
Implementation	<p><i>Field testing</i></p> <p>Select sites for implementation of the core set of interventions</p> <p>Ensure that trained staff are selected and are provided with supportive supervision</p> <p>Conduct monitoring and evaluation of the programme</p> <p><i>Dissemination and scale up</i></p> <p>Demonstrate that the set of interventions of the programme can be effectively implemented and improve maternal, neonatal and child health outcomes</p> <p>Train trainers on preconception care</p> <p>Allocate sufficient resources to sustain the programme</p> <p><i>Sustainability</i></p> <p>Ensure availability of financial resources and allocate a sustainable budget to purchase folic acid for preconception care and maternal health care services</p> <p>Ensure availability of trained human resources</p> <p>Integrate the preconception care package into health care services and allocate the necessary resources for medicines, equipment, guidelines, training and educational tools</p> <p>Maintain the support and engagement of partners</p> <p>Build on best practices and share lessons learnt from countries</p> <p>Disseminate results to policy-makers</p>	<p>Country has a plan to ensure effective implementation of the preconception care programme</p>
Networking	<p>Establish a local network that facilitates effective communication among partners in preconception care</p> <p>Develop a website to share information resources and engage consumers and health care providers</p>	<p>The Region has a local network that facilitates effective communication among partners</p>