
**Accelerating regional implementation of the Political Declaration of the
Third High-level Meeting of the General Assembly on the Prevention and Control of
Noncommunicable Diseases, 2018**

Executive summary

1. In September 2018, a new Political Declaration on the Prevention and Control of Noncommunicable Diseases (NCDs) was endorsed by Member States at the Third High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs. The new Political Declaration includes the promotion of mental health and well-being, reduction of indoor and outdoor air pollution, commitments on NCD economics, including the effective use of fiscal measures and innovative financing models, and the importance of NCD management in emergencies. These developments necessitate an update to the current regional framework for action on NCDs, which is the road map for countries in the Eastern Mediterranean Region to implement their commitments to tackle NCDs through four areas of work: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care.
2. Urgency in addressing NCDs is required if the world is to achieve health target 3.4 of the Sustainable Development Goals (SDGs): to reduce by one third premature deaths from NCDs through prevention and treatment by 2030. In the Eastern Mediterranean Region, NCDs were responsible for 2.6 million deaths in 2016. This figure is expected to increase to more than 3.8 million by 2030. NCDs can be prevented through addressing their shared risk factors, namely tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity and air pollution.
3. Despite country progress and increased awareness of the problem of NCDs, action has been slow and uneven. To step up action, countries must increase financial investment, build capacity (technical and/or operational), establish/strengthen legislative and regulatory measures, and adopt multisectoral, multistakeholder, health-in-all-policies, whole-of-government and whole-of-society approaches.
4. The proposed way forward is centred on scaling up implementation of an updated regional framework for action on the prevention and control of NCDs. The updated framework for action on NCDs is therefore being submitted to the 66th session of the Regional Committee for the Eastern Mediterranean for endorsement. The updated regional framework will support countries in enhancing the prevention, treatment and management of NCDs, thereby improving health and well-being. The framework consists of 19 strategic interventions for countries to implement, and includes 15 progress indicators that WHO will use to monitor implementation and report to countries on the progress made and pace of implementation. The updated framework, together with other documents, tools and technical packages, will help countries deliver on their commitments on NCDs.

Introduction

5. For over six years now, countries in the Eastern Mediterranean Region have been using the regional framework for action on the prevention and control of NCDs to implement the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs. During this period, the Region's countries have been successful in: setting time-bound targets (more than 50%); creating operational multisectoral strategies/action plans that integrate the major NCDs and their shared risk factors (more than 35%); enacting and enforcing bans on tobacco advertising, promotion and sponsorship (more than 40%); eliminating exposure to second-hand smoke in all indoor spaces (more than 25%); implementing restrictions on alcohol advertising/promotion (nearly 55%) and the physical availability of retailed alcohol (50%), and increasing excise tax on alcoholic beverages (more than 40%); adopting national policies to reduce salt/sodium consumption (more than 35%), and limit saturated fatty acids and eliminate trans fatty acids (nearly 55%); implementing recommendations on the marketing of foods and non-alcoholic beverages

to children (more than 30%); implementing legislation/regulations on the International Code of Marketing of Breast-milk Substitutes (more than 27%); implementing public awareness and motivational communication interventions on physical activity (nearly 55%); establishing evidence-based national guidelines/protocols/standards for the management of the major NCDs through a primary health care approach (more than 40%); and providing drug therapy and counselling for eligible people at high risk to prevent heart attacks and strokes, with emphasis on the primary care level (more than 40%) (1).

6. Despite these achievements, countries need to step up implementation of the regional framework for action, otherwise the health targets of the SDGs will not be met by 2030, including a one third reduction in premature deaths from NCDs (target 3.4). The current framework requires an update in line with new commitments made at the Third High-Level Meeting of the United Nations General Assembly in September 2018. The purpose of this paper is to provide a proposed updated regional framework (see Annex 1) for endorsement by the 66th session of the Regional Committee. The framework provides evidence-based, cost-effective interventions, and is the best way forward for countries to respond to NCDs and their shared risk factors, thereby making a measurable difference to the lives of millions. This will require working with multiple stakeholders and on multiple fronts.

7. The scope of the NCD agenda has broadened. A new Political Declaration on NCDs was endorsed by Member States in 2018 at the Third High-level Meeting of the United Nations General Assembly, and includes the promotion of mental health and well-being, reduction of indoor and outdoor air pollution, and commitments on NCD economics, encouraging countries to effectively use fiscal measures, innovative financing models and NCD investment cases to calculate the return on investment as a means to advocate for and better finance a more comprehensive national NCD response. Moreover, the 2018 Political Declaration acknowledges the importance of NCD management in emergencies, a significant area of work for the Eastern Mediterranean Region, given the heavy NCD burden and many ongoing and protracted emergencies in the Region.

8. These new commitments are addressed in the proposed updated regional framework to help countries become more effective in tackling NCDs, including cancers, heart and lung diseases, stroke and diabetes, thereby improving health and well-being. Implementation of the framework needs to be accelerated, and it should be used together with other documents, tools and technical packages specific to the areas of work captured in the broadened NCD agenda, to protect people from tobacco use, unhealthy diet, physical inactivity, air pollution and the harmful use of alcohol.

9. The updated framework will maintain the current four areas of work: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. However, it adds new strategic interventions and progress indicators to reflect the new commitments. Stepping up implementation of the regional framework for action and continuing to map progress over time on a yearly basis is critical for addressing gaps and accelerating the work being done to combat NCDs. The proposed updated regional framework also aligns with WHO's vision for the Region, Vision 2023, with its aim of "Health for all by all", and WHO's Thirteenth General Programme of Work (GPW 13), which sets a clear mission for the Organization to promote health, keep the world safe, and serve the vulnerable, as WHO and countries progress towards achieving the health goal of the 2030 Sustainable Development Agenda of ensuring health and promoting well-being for all at all ages.

Situation analysis

10. Despite some improvements, countries are not on track to achieve the SDG health targets by 2030, which include a one third reduction in premature deaths from NCDs through prevention and treatment (1). NCDs threaten health and development (2). Worldwide, seven in every 10 people (41 million) die from NCDs, including 15 million premature deaths (between the age of 30 and 69), killing people in the prime of their lives (1). More than 85% of premature deaths from NCDs occur in developing countries (3). In the Eastern Mediterranean Region, NCDs were responsible for 2.6 million deaths in 2016 (4,5,6). This figure is expected to increase to more than 3.8 million by 2030 (6). Chronic and acute emergencies pose significant consequences for the prevention and control of NCDs in the Region (1). On the one hand, they increase

health needs, and on the other hand, they compromise the capacity of health and social care systems to respond to those needs (1).

11. Other issues of concern are the common risk factors shared by NCDs. There is a need to reduce preventable risk factors such as tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity and air pollution, to prevent people dying prematurely from cancers, heart and lung diseases, stroke and diabetes. As populations age and cities experience rapid growth, dietary and lifestyle changes are fueling the NCD epidemic, as are high levels of air pollution (7,8). Malnutrition in all its forms including under-nutrition, which is exacerbated by the current conflicts in the Region, leads to diet-related NCDs and requires special attention, as do obesity and overweight. Unhealthy diets are one of the key contributors to the burden of NCDs in the Region, and rates of breastfeeding, which protects against obesity and NCDs later in life, are low (9).

12. Air pollution has now been recognized for its role in causing NCDs (8), and is one of the risk factors being addressed in action against NCDs. In 2016, outdoor and indoor air pollution was responsible for 7 million premature deaths, 5 million of which were related to NCDs (8). Globally, outdoor air pollution is responsible for 24% of all deaths from stroke, 25% of all deaths and disease from ischemic heart disease, 29% of all deaths and disease from lung cancer, and 43% of all deaths and disease from chronic obstructive pulmonary disease (4). In the Eastern Mediterranean Region, air pollution causes about 500 000 premature deaths annually, and about three quarters are due to NCDs (4). Over 98% of the urban population in the Region lives in places where the air is unsafe to breathe, with this burden falling disproportionately on the poor, women, children and the elderly (8).

13. Due to their high burden and chronic nature, NCDs and their risk factors also present a challenge for health systems, which require strengthening at the primary care level to be able to detect these conditions early on and manage them effectively. In this regard, efforts to achieve universal health coverage should include renewed attention to NCD-related interventions, which need to be prioritized by countries as part of national benefit packages (2). Therefore, NCD integration within primary health care remains a priority in the regional framework, with existing and emerging guidance being provided to support country implementation.

Current strategy and challenges

14. Current strategy is centred on the implementation of the regional framework for action on the prevention and control of NCDs. The framework was endorsed by the Regional Committee for the Eastern Mediterranean in 2012, and has since then been the road map for countries to implement the UN Political Declaration on NCDs, and serves as the regional adaptation of the Global action plan on the prevention and control of NCDs 2013–2020 (recently extended to 2030) (10). The framework consists of 17 strategic interventions for countries to implement in the four key areas of: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care (10). It also includes 10 indicators which WHO uses to track and report on progress made by countries (10). For most strategic interventions identified in the framework, WHO has developed evidence-based tools to further support countries in taking action against NCDs.

15. Despite the available evidence and technical guidance, action has been slow and uneven in the Region because national investments have not been sustained and the financing of NCD programmes remains insufficient, as are the funds being mobilized at the international level (2). Legislative and regulatory measures are either weak or lacking in many countries, as are the structures and resources to implement them (2). Poor investment results in huge health, economic and societal consequences for all countries, while lack of implementation is increasing health care costs (2). Moreover, poverty and conflict in many countries pose significant challenges to addressing NCDs. Other key challenges include weak health systems, inadequate access, lack of prevention and health promotion services and medicines, and large treatment gaps (2). World leaders have made, and renewed, commitments to address NCDs and their shared risk factors, yet implementation continues to be weak despite high-level political support. Many countries do not currently have the required capacity (technical and/or operational) to address the challenges presented by NCD prevention and control, and must therefore step up action to be able to deliver on the

outputs and outcomes they have agreed to. Thus far, the approach to preventing and treating NCDs has been business as usual and lacks the whole-of-government, whole-of-society, cross-sectoral and health-in-all-policies approach that is required (2). NCDs must be addressed urgently if the SDG health targets are to be achieved by 2030, preventing many lives from being lost prematurely due to these conditions.

Proposed action, including the suggested way forward

16. The proposed updated framework for action on NCDs is suggested as a way forward for countries to better prevent, treat and manage NCDs, and improve health and well-being. It should be used together with other documents, tools and technical packages, to help countries deliver on their commitments on NCDs. In regard to risk factors, the updated framework recognizes the importance of addressing environmental factors as a preventive strategy for NCDs and promotes an increased use of economic tools to make the case for addressing these conditions and fostering multisectoral collaboration. In alignment with the 2018 Political Declaration, specific reference has been added on the inclusion of NCDs in humanitarian emergency preparedness and response. This is particularly important for the Eastern Mediterranean Region with its increasing NCD burden and many ongoing and protracted emergencies.

17. The updated framework consists of 19 strategic interventions for countries to implement, and 15 progress indicators that WHO will use to monitor and report to countries on the progress made and pace of implementation. In the area of governance, reference is made to the establishment of high-level multisectoral mechanisms to oversee national NCD responses, as well as to strategic interventions on NCD economics. In the area of prevention and reduction of risk factors, air pollution has been included, noting that work is currently being carried out on global level to articulate cost-effective policy options. Additionally, the new regional strategy for nutrition 2020–2030, which has been developed in consultation with Member States and relevant UN-agencies, will provide countries with the necessary guidance to implement strategic interventions for the prevention and reduction of dietary NCD risk factors. In the area of surveillance, monitoring and evaluation, a new progress indicator on population-based cancer registries has been added. In the area of health care, the inclusion of NCD health services at primary health care level in national benefit packages is key, as countries move towards universal health coverage. To guide these efforts, a new implementation tool for the assessment of health system readiness for NCD integration in primary health care (see Annex 2) can be used to guide countries on integrating a prioritized set of NCD interventions into national benefit packages, while taking health system requirements into consideration.

Conclusions

18. Despite country progress and increased awareness of the problem of NCDs over the past few years, people are still dying prematurely from these preventable conditions. Countries need to reduce tobacco use, unhealthy diet, the harmful use of alcohol, physical inactivity and air pollution to achieve the SDG health target of reducing premature deaths from NCDs by one third by 2030 through prevention and treatment. NCDs require urgent attention and need to be prioritized. Implementation of existing and new strategic interventions must be stepped up, which cannot be achieved without legislative and regulatory measures, sustained financial investment and capacity-building initiatives, as well as by adopting multisectoral, multi-stakeholder, health-in-all-policies, whole-of-government and whole-of-society approaches (2).

19. To achieve the desired progress, countries need to accelerate implementation of the most cost-effective interventions for NCDs as reflected in the updated framework. It is suggested that countries also use the available documents, tools and technical packages to protect people from tobacco use, unhealthy diet, physical inactivity, air pollution and the harmful use of alcohol. Countries are also encouraged to develop national investment cases on the prevention and control of NCDs, to help visualize the return on investment gained by prioritizing the most cost-effective NCD interventions while balancing prevention and care. As an example, by implementing the NCD best buys, low- and middle-income countries will see a return of US\$ 7 per person for every US\$ 1 invested by 2030 (2). Consequently, spending on NCDs will maximize financial and health returns in countries.

References

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Annex 1

Updated regional framework for action on NCDs for endorsement by the 66th session of the Regional Committee

Framework for action to implement the United Nations Political Declaration on NCDs, including indicators to assess country progress by 2030

Commitments	Strategic interventions	Progress indicators
In the area of governance	<p>Each country is expected to:</p> <ul style="list-style-type: none"> Integrate the prevention and control of NCDs into national policies and development plans Establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on the national situation and WHO guidance Increase budgetary allocations for NCD prevention and control including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products Develop a national investment case on the prevention and control of NCDs Periodically assess national capacity for the prevention and control of NCDs using WHO tools 	<p>Country has:</p> <ul style="list-style-type: none"> An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors Set time-bound national targets and indicators based on WHO guidance A high-level national multisectoral commission, agency or mechanism to oversee the engagement, policy coherence and accountability of sectors beyond health
In the area of prevention and reduction of risk factors	<p>Each country is expected to:</p> <ul style="list-style-type: none"> Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products Ensure healthy nutrition in early life and childhood, including promoting breastfeeding and regulating the marketing of foods and non-alcoholic beverages to children Reduce average population salt intake in line with WHO recommendations Virtually eliminate transfat intake and reduce intake of saturated fatty acids Promote physical activity through a life-course approach Implement the best buys to reduce the harmful use of alcohol Implement WHO guidelines and recommended interventions to reduce exposure to air pollution¹ (e.g. developing healthy transport options, regulating industrial emission controls, preventing agricultural and solid waste burning, and providing access to clean fuels and technologies for all household usages) 	<p>Country is implementing:</p> <ul style="list-style-type: none"> Four demand-reduction measures of the WHO FCTC at the highest level of achievement Four measures to reduce unhealthy diet At least one recent national public awareness programme on diet and/or physical activity As appropriate according to national circumstances, three measures to reduce the harmful use of alcohol, in line with the WHO global strategy to reduce the harmful use of alcohol A system to monitor and communicate ambient and household air pollution (especially PM 2.5) to policy-makers, the public and vulnerable groups Estimations of the health impacts of air pollution that are communicated to related sectors
In the area of surveillance, monitoring and evaluation	<p>Each country is expected to:</p> <ul style="list-style-type: none"> Implement/strengthen the WHO global monitoring framework, which monitors mortality and morbidity, risk factors and determinants, and health system capacity and response Integrate the three components of the surveillance framework into the national health information system Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation 	<p>Country has:</p> <ul style="list-style-type: none"> A functioning system for generating reliable cause-specific mortality data on a routine basis A STEPS survey or a comprehensive health examination survey every five years An operational population-based cancer registry
In the area of health care	<p>Each country is expected to:</p> <ul style="list-style-type: none"> Implement the best buys in health care for NCDs Improve access to early detection and management of major NCDs and related risk factors by including them in the essential primary health care package in stable and emergency settings Improve access to safe, affordable and quality essential medicines and technologies for major NCDs Improve access to essential cancer care services across the continuum of care, in alignment with the regional framework for action on cancer prevention and control 	<p>Country has:</p> <ul style="list-style-type: none"> Evidence-based national guidelines/protocols/standards for management of major NCDs through a primary care approach, recognized/approved by the government or competent authority Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level Government approved evidence-based guidelines/protocols for early detection and management of major NCDs through a primary care approach

¹ See the WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments, 2019.

Annex 2

Priority interventions for NCD integration in primary health care by country group

Health systems domain	Group 1	Group 2	Group 3
Governance	<ul style="list-style-type: none"> Improve provider quality and regulation through licensing and accreditation Set appropriate targets on service delivery and ensure accountability mechanisms are in place to review performance 	<ul style="list-style-type: none"> Develop and/or review national NCD plan to ensure integration of NCDs within primary health care is included Develop accountability mechanisms including oversight boards and committees 	<ul style="list-style-type: none"> Develop and/or review national NCD plan to ensure integration of NCDs within primary health care is included Improve coordination with international donors to align priorities on NCDs Improve accountability through regulation and implementation of laws on illegal practices
Financing	<ul style="list-style-type: none"> Track NCD expenditures in primary health care through national and disease-specific health accounts Improve performance of public and private providers by linking payment methods to NCD care-related targets Conduct cost-effectiveness studies to determine the most suitable, affordable and cost-effective benefits package 	<ul style="list-style-type: none"> Increase budgetary allocations for NCD integration in primary health care, including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products Track NCD expenditures in primary health care through national and disease-specific health accounts Estimate the cost of a core benefit package of NCD interventions to be integrated in primary health care Improve performance of public and private providers by linking payment methods to NCD care-related targets 	<ul style="list-style-type: none"> Increase budgetary allocations for NCD integration in primary health care, including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products Identify an appropriate level of co-payment by individuals Estimate the cost of a core benefits package of NCD interventions to be integrated in primary health care to improve access to donor funding
Health workforce development	<ul style="list-style-type: none"> Introduce incentive packages for retention of staff to reduce high turnover Promote gender balance in the health workforce, e.g. through targeted incentives, student intake criteria Review medical, nursing and allied health worker training curricula to ensure inclusion of NCD prevention and control Promote multidisciplinary continuing professional development training to support a team approach to delivering coordinated care based on defined NCD care tasks 	<ul style="list-style-type: none"> Review and promote multidisciplinary management of NCDs at the primary health care level, reviewing and expanding health workers' scope of work, especially nurses and community health workers Review medical, nursing and allied health worker training curricula to ensure inclusion of NCD prevention and control Ensure NCD-related continuing professional development training for primary health care workers in the public and private sectors 	<ul style="list-style-type: none"> Scale up the number of health workers, especially nurses and mid-level providers, by expanding universities and/or intake Review and promote multidisciplinary management of NCDs at the primary health care level, reviewing and expanding health workers' scope of work, especially nurses and community health workers Ensure NCD-related continuing professional development training for primary health care workers in the public and private sectors
Service delivery	<ul style="list-style-type: none"> Ensure cancer early detection programmes are in line with WHO recommendations for the Region Establish a process for disseminating guidelines, training providers and monitoring adherence to guidelines Ensure coordination among primary health care and NCD managers Establish an appointment system to reduce waiting times, backed by regular follow up Develop tools and fund training for community involvement to educate and empower patients to adopt self-care Establish monitoring and quality improvement systems 	<ul style="list-style-type: none"> Develop an essential package of health services covering prevention, screening, early detection, management and palliation of NCDs Establish a national process to develop clinical guidelines and protocols, based on evidence and WHO recommendations Develop guidelines for referral, back-referral and follow-up of NCD patients Establish a referral system that promotes patients' initial presentation at a primary health care facility Develop tools and fund training for community involvement to educate and empower patients to adopt self-care Establish monitoring and quality improvement systems 	<ul style="list-style-type: none"> Develop an essential package of health services covering prevention, screening, early detection, management and palliation of NCDs Establish a national process to develop clinical guidelines and protocols, based on evidence and WHO recommendations Develop guidelines for referral, back-referral and follow-up of NCD patients Establish a referral system that promotes patients' initial presentation at a primary health care facility Develop tools and fund training for community involvement to educate and empower patients to adopt self-care

Health systems domain	Group 1	Group 2	Group 3
Essential medicines and technologies	<ul style="list-style-type: none"> • Improve quality assurance of medicines through post-market quality control • Promote rational selection through incentives or regulation for use of generics • Ensure the availability and functionality of essential technologies for NCD care in primary health care 	<ul style="list-style-type: none"> • Use WHO tools to assess and improve the availability and affordability of NCD medicines in primary health care • Improve availability through pooled procurement • Ensure the availability and functionality of essential technologies for NCD care in primary health care 	<ul style="list-style-type: none"> • Use WHO tools to assess and improve the availability and affordability of NCD medicines in primary health care • Improve the availability of medicines through supply chains, revolving drugs funds and mobile stock-tracking technology • Ensure the availability and functionality of essential technologies for NCD care in primary health care
Health information	<ul style="list-style-type: none"> • Identify and monitor key NCD performance indicators focusing on cardiovascular risk assessment, diabetes and hypertension care in primary health care • Assess the use of innovative approaches such as mobile health and other electronic information support systems for NCD care 	<ul style="list-style-type: none"> • Identify and monitor key NCD performance indicators focusing on cardiovascular risk assessment, diabetes and hypertension care in primary health care • Develop information systems to improve service planning and practice management, in particular patient health records and registries for longitudinal follow-up 	<ul style="list-style-type: none"> • Identify and monitor key NCD performance indicators focusing on cardiovascular risk assessment, diabetes and hypertension care in primary health care • Develop information systems to improve service planning and practice management, in particular patient health records and registries for longitudinal follow-up