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Progress report on the prevention and control of noncommunicable diseases

Introduction

1. In July 2014, the United Nations General Assembly conducted a review to assess progress made in implementing the 2011 United Nations Political Declaration on Noncommunicable Diseases. In the review's outcome document, countries committed to a set of 19 measures in four priority areas: governance, prevention and reduction of risk factors, surveillance and health care. The regional framework for action to implement the United Nations Political Declaration was updated in 2014 to include the four-time bound commitments of the outcome document and a set of process indicators to measure Member States' progress on a regular basis.

2. The updated regional framework with process indicators was endorsed by the 61st session of the WHO Regional Committee for the Eastern Mediterranean in resolution EM/RC61/R.3. In the resolution, the Committee also urged Member States to scale up implementation of the updated regional framework for action and requested WHO to report to the Regional Committee at its 62nd, 63rd and 64th sessions on the progress of Member States in the prevention and control of noncommunicable diseases based on the process indicators.

3. This report provides a summary of the progress made by countries in implementing the strategic interventions in the regional framework for action, and discusses the way forward for scaling up action in the Region.

Status and progress

Governance

4. During 2014, the Regional Office contributed to the high-level review of the progress made on achieving national commitments agreed upon as part of the 2011 United Nations Political Declaration. The process indicators set out in the regional framework contributed to the technical note which the WHO Director-General will use to report to the United Nations General Assembly on the progress achieved by all countries by the end of 2017. Seven countries (Islamic Republic of Iran, Lebanon, Morocco, Oman, Sudan, Tunisia and Yemen) initiated the development of multisectoral action plans; however, only four countries have set targets for 2025 based on WHO guidance.

5. The Regional Office, in collaboration with the WHO Collaborating Centre at Georgetown University and global experts, has developed a dashboard of key legal interventions to address governance, diet, physical inactivity and tobacco control.

Prevention and reduction of risk factors

6. The area of tobacco control witnessed progress in the implementation of MPOWER measures in some countries. The United Arab Emirates and Yemen achieved the highest level of implementation of measures banning tobacco advertising, promotion and sponsorship. For measures protecting people from secondhand smoke, Saudi Arabia joined the countries that have already reached the highest level of implementation. Kuwait, Pakistan, Palestine and Qatar achieved the highest level of implementation of measures for monitoring the tobacco epidemic. A significant breakthrough in

tobacco control in the Region was the adoption of 85% pictorial health warnings on tobacco packs in Pakistan.

7. The “One-by-one” initiative, centred on each country implementing one MPOWER policy per country per year, was launched in 2014.

8. Kuwait, Qatar, and Oman are gradually reducing the salt content of bread by 30%, 20% and 10%, respectively through the public bread suppliers who provide the majority of the bread supplies. The Islamic Republic of Iran is reducing the salt in bread from 2.3 to 1.8 g per 100 g flour. It has also adopted legislative approaches towards salt reduction in a number of products, including establishing maximum levels of salt in highly consumed canned foods such as tomato paste, popcorn and tuna, and reducing salt in ketchup and cheese by more than 10%. Small-scale programmes for salt reduction have been initiated in started in Lebanon, Morocco, Tunisia and United Arab Emirates while Egypt, Jordan and Saudi Arabia have set up multisectoral committees to implement salt and fat reduction strategies.

9. The Islamic Republic of Iran has issued a decree to reduce the level of trans fatty acids to less than 2% in food oil industry products and to reduce the food oil imports to 15% of the current level by 2015. The Gulf Cooperation Council has approved food labelling standards stipulating the levels of trans fatty acids and saturated fatty acids in all food produced or imported. Seventeen countries in the Region have adopted a code for marketing of breast-milk substitute.

10. Four additional countries participated in a survey to assess national capacity to develop and implement physical activity policies and programmes, bringing the total number of participating countries to 16 in 2014. A course on social marketing and mass media campaigns on physical activity, developed in collaboration with Sydney University, will be offered in September 2015 along with a distance mentoring programme.

11. Fifteen countries participated in the assessment of progress made in implementing the WHO recommendations on marketing of food and non-alcoholic beverages to children. A three-day course to build legal capacity and advance action on the recommendations was rolled out in June 2015.

Surveillance, monitoring and evaluation

12. In 2014 the STEPwise survey was completed in Kuwait and Pakistan. Sudan and Morocco will initiate the survey in 2015. The Global Adult Tobacco Survey was completed in Pakistan and Qatar, while Oman and Saudi Arabia are currently in the process of completing it. Five countries (Egypt, Iraq, Jordan, Sudan, and Yemen) completed additional rounds of the Global Youth Tobacco Survey. A course was launched to strengthen the capacity of Member States in noncommunicable disease surveillance based on the WHO surveillance framework, and a training workshop to scale up national cancer surveillance and establish population-based cancer registries was organized in collaboration with the International Agency for Research on Cancer.

Health care

13. Several strategic initiatives were taken forward to strengthen evidence-based approaches to noncommunicable disease care in the Region. The status of integration of noncommunicable disease care into primary health care was assessed and the results of this review informed a regional meeting that resulted in the drafting of a framework for strengthening integration and management of noncommunicable diseases in primary health care. The Regional Office is currently developing a package of tools to support countries in integration of noncommunicable disease care into primary health care, with a focus on the total risk approach to cardiovascular disease.

14. A regional analysis on the provision of essential noncommunicable disease care during emergencies, with a focus on countries affected by the Syrian crisis, is currently under way.

15. A regional plan for improving cancer care was developed in 2014.

Challenges and the way forward

16. The overarching challenges remain the lack of multisectoral coordination and engagement, especially of non-health sectors, paucity of financial and human resources and weak national capacities for prevention and control of noncommunicable diseases. Overcoming these challenges will require Member States to strengthen national intersectoral and multisectoral collaboration mechanisms and structures, allocate resources commensurate to the needs and enhance national capacities to fulfil their obligations towards prevention and control of noncommunicable diseases.

17. While there are a few successful country examples in relation to implementation of cost-effective, high-impact interventions (“best buys”), there is need to strengthen the mechanisms for implementation and monitoring of the agreed set of interventions, at both national and regional levels.

18. Lack of robust surveillance and monitoring systems in countries jeopardizes the ability of countries to achieve the voluntary targets by 2025. There is a need to invest in strengthening the national noncommunicable disease surveillance system, focusing on the three pillars of exposure, outcome and health system response.

19. Pre-existing health system gaps and poor design of service delivery models for chronic conditions become more apparent during humanitarian crises, exposing systemic vulnerabilities. Creating more resilient and responsive health systems in both stable and emergency situations requires policy strategies with a focus on optimizing the use of available resources in primary health care and prioritizing cost-effective interventions.