



## **Progress report on prevention and control of noncommunicable diseases**

### **Introduction**

1. The 61st session of the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC61/R.3 (2014), requested the WHO Regional Director to report to the Regional Committee at its 62nd, 63rd and 64th sessions on the progress of Member States in implementing the United Nations Political Declaration on Noncommunicable Diseases.
2. The Regional Framework for Action to implement the United Nations Political Declaration on Noncommunicable Diseases (2012) constitutes the regional roadmap for implementing the commitments set out in the Declaration. The Framework identifies a set of strategic interventions under four priority areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. It is aligned with the global monitoring tool and allows Member States to measure their progress on a regular basis against 10 indicators.
3. This report summarizes the progress made by countries in implementing the 18 strategic interventions in the Framework, as reported by countries in 2016, and discusses ways to scale up action in the Region.

### **Status and progress**

#### **Governance**

4. Despite declared political commitment, many countries of the Region are experiencing challenges in making significant progress. Only nine out of 22 countries (41%) (Bahrain, Islamic Republic of Iran, Iraq, Lebanon, Morocco, Oman, Palestine, Saudi Arabia and United Arab Emirates) have developed and endorsed national multisectoral action plans. Six countries (27%) (Bahrain, Islamic Republic of Iran, Iraq, Morocco, Saudi Arabia and United Arab Emirates) have set targets for 2025 based on WHO guidance.
5. During the past biennium, WHO enhanced its support to countries by strengthening the country support mechanism of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, bringing together United Nations agencies to enhance the alignment of related targets of the Sustainable Development Goals with the United Nations Development Assistance Framework and country cooperation plans. Two countries (Islamic Republic of Iran and Oman) were selected as “fast-track” countries where intensified support for noncommunicable diseases was provided across the three levels of WHO.
6. A regional meeting and a training workshop were organized to mobilize and strengthen the capacity of regional civil society organizations for the prevention and control of noncommunicable diseases.
7. A framework describing 10 priority legal interventions to address noncommunicable diseases in the Region has been developed following broad regional consultation. The framework includes policy details for each area of intervention, focusing on tobacco control, nutrition and governance, including country case studies. Technical support from WHO will be available to countries for implementation of the interventions.

#### **Prevention and reduction of risk factors**

8. WHO continues to provide countries with technical support on reducing tobacco use and on scaling up the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).
9. A copyright-free graphic health warnings database was developed for use by countries of the Region, in collaboration with the WHO FCTC secretariat and in association with an interregional meeting with the

Regional Office for Africa in July 2017. The health warnings were tested in several countries including Egypt, Islamic Republic of Iran and Qatar.

10. A preparatory meeting for the Seventh Conference of Parties to the WHO FCTC was held in September 2016. During the Conference, regional Parties to the WHO FCTC drafted and led the discussions on three decisions: the noncommunicable disease global target for reducing tobacco control; tobacco advertising, promotion and sponsorship; and control and prevention of waterpipe tobacco products.

11. Technical support was provided to countries in a range of areas: Morocco and Jordan on conducting health cost research; the Islamic Republic of Iran on taxation and MPOWER; Saudi Arabia on capacity-building and support to the national programme; Qatar on training of media personnel on tobacco control issues; Lebanon on conducting a full needs assessment for tobacco control. Taxation work continues in Egypt, Islamic Republic of Iran, Jordan, Morocco, Pakistan and countries of the Gulf Cooperation Council (GCC). Legislative support was provided to Jordan, Morocco, Qatar, Saudi Arabia, Tunisia and United Arab Emirates. High-level support was provided to Egypt to address tobacco growing.

12. Information products were developed to raise awareness on: the tobacco industry; graphic health warnings and plain packaging (in collaboration with Waterloo University); and SimSmoke, a tobacco control simulation model that projects smoking prevalence and smoking-attributable deaths in the absence of policy change, and then estimates the effect of tobacco control policies on those outcomes.

13. Promoting a healthy diet and physical activity and opposing aggressive marketing of unhealthy food remain an important aspect of the framework for action. Two thirds or more of adults in some countries are overweight or obese while one third of men and half of women in the Region are not undertaking the minimum recommended levels of physical activity.

14. Drawing on the recommendations of the high-level regional forum on physical activity, held in Kuwait, in 2014, several countries set up multisectoral action plans, including Bahrain, Islamic Republic of Iran, Kuwait, Morocco, Oman and United Arab Emirates.

15. Seventeen countries have adopted the International Code of Marketing of Breast-milk Substitutes. Policy guidance was developed for reducing salt, fat and sugar intakes.

16. Implementation of salt reduction strategies is progressing in several countries, and multisectoral national committees have been established to guide and monitor implementation. Initiatives aimed at reducing total and saturated fat in foods have been undertaken in Egypt, Islamic Republic of Iran, Iraq and GCC countries. Labelling for nutritional content of all food imported or locally produced became mandatory in GCC countries. The GCC approved standards and specifications for acceptable levels of trans-fatty acids for all foods. The new legislation will be adopted and enforced by Oman and Saudi Arabia in 2017.

17. Technical support for implementing salt, fat, and sugar reduction strategies and for addressing the marketing of unhealthy food to children was provided to the Islamic Republic of Iran, Oman, Qatar, Sudan, Tunisia and United Arab Emirates.

### **Surveillance, monitoring and evaluation**

18. The WHO Stepwise approach to surveillance (STEPS) for risk factors was conducted in Djibouti, Egypt, Jordan, Lebanon, Morocco, Oman, Qatar, Somalia, Sudan and United Arab Emirates. A further five countries are engaged in preparations for the survey. Seven countries (32%) have not implemented a STEPS or other health examination survey within the past 5 years.

19. Tobacco questions for survey were integrated into the Global Adult Tobacco Survey (GATS) section of STEPS in Lebanon, Oman, Morocco and Sudan, providing detailed information on consumption of different tobacco types. Pakistan completed its first GATS. The Islamic Republic of Iran, Morocco, Oman, Tunisia and West Bank repeated the Global Youth Tobacco Survey (GYTS); Afghanistan is preparing for a third round of the GYTS.

20. Oman updated its cancer registry system using the most recent software (CanReg5) and Jordan is doing the same. A workshop in Erbil, Iraq, discussed how to improve cancer registration at national level, and a workshop was conducted on requirements for a functional cancer registry for Libya.

21. All Member States participated in the 2017 country capacity survey for noncommunicable diseases. The information collected will be used to plan future actions and technical support and to produce indicators.

### **Health care**

22. While promising steps have been taken to reorient and strengthen regional health systems to address noncommunicable diseases, many countries still face challenges. Only nine countries (40.9%) have evidence-based guidelines for the management of the four main diseases; thirteen countries (59.1%) incorporate risk factor detection and disease management into primary health care systems; and ten countries (45.4%) have the relevant essential medicines and technologies generally available in the public health sector.

23. Technical support to strengthen the integration of noncommunicable diseases prevention and control in primary health care was provided to the Islamic Republic of Iran, Kuwait and Saudi Arabia.

24. Progress has been made in cancer control with the development of regional guidance on the early detection and screening of five priority cancers in the Region and a draft regional framework on cancer prevention and control.

25. Support was also given to countries of the Region in emergencies and with a high influx of refugees. The noncommunicable disease emergency kit was finalized and will be piloted in Iraq and Syrian Arab Republic in 2017.

### **Challenges and the way forward**

26. Ahead of the third high-level meeting of the United Nations General Assembly in 2018 to review the progress made in implementing the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases, concerted efforts still remain to be made to curb the epidemic and show significant regional progress. Persistent challenges hindering progress include: political instability, conflict and humanitarian crises affecting several countries of the Region; insufficient political commitment and country capacity to develop and implement multisectoral plans and prioritize the key strategic interventions of the regional framework for action; unsustainable funding and other health systems challenges.

27. In the area of prevention, securing high-level political support and fostering multisectoral and multi-stakeholder collaboration in order to develop and implement effective preventive strategies and plans remain major challenges. Nowhere is this more evident than in the area of tobacco control, in which high-level lack of political support or understanding of the technical aspects of tobacco control is further compounded by the active efforts of the tobacco industry to undermine public policies.

28. Critical challenges remain in building robust national noncommunicable disease surveillance systems along the WHO-recommended pillars of exposure (risk factors), outcome (morbidity and mortality) and health system response. Strengthening national capacity for planning and implementing surveillance activities and programmes remains crucial in order to achieve the voluntary targets by 2025. Countries should consider establishing a noncommunicable disease surveillance unit, or at least designate a dedicated full time focal point to work on surveillance under a noncommunicable disease unit, to coordinate and establish appropriate linkages of risk factor surveillance activities with the national health information system.

29. WHO will continue to work with Member States in their preparations for the third high-level meeting of the United Nations General Assembly in 2018, submitting data on progress indicators by the end of 2017. Further guidance and technical support will be provided for scaling up the implementation of the strategic interventions in the four priority areas of the regional framework for action.