
Noncommunicable diseases

2012 marked a turning point for advancing the agenda of noncommunicable diseases in the Region with the designation of prevention and control of these diseases as one of the five strategic priorities for the Regional Office for the next five years. This prioritization stems from recognition of the profound health, health system and development burden of these diseases in the Region and builds on a clear vision, and corresponding strategic directions, to which Member States agreed in the Political Declaration of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases, in September 2011.

Recognizing and building on the existing work of WHO and Member States in this area, the focus in 2012 was on raising the profile of noncommunicable diseases in the health and development agenda, developing a regional roadmap for action and initiating work in priority areas, as well as creating the necessary structures at the Regional Office to support regional action. However, serious challenges impede regional progress in implementing the commitments made by Member States in the United Nations Political Declaration. At the level of governance and policy, high-level political will and commitment are lacking or inadequate in many countries. Where such commitment exists, measures to translate it into concrete action are often insufficient. Multisectoral action, a prerequisite for effective prevention of noncommunicable disease, is weak in most countries.

The lack of engagement of non-health sectors hinders implementation of key cost-effective, high impact interventions, or “best buys”, such as the six proven tobacco control measures, salt reduction, and awareness campaigns on diet and physical activity. Member States of the Region have generally been slow in implementing the the WHO Framework Convention on Tobacco Control (FCTC) and its MPOWER measures. This has resulted in continued high rates of tobacco use. There are still two countries in the Region (Morocco and Somalia) that have not yet ratified the WHO FCTC and the damage to public health caused by promoting tobacco use by the industry is unfortunately unopposed in many countries. Similarly, while there is high consumption of salt, saturated fatty acids and *trans*-fatty acids, coordinated action on nutrition, especially through multisectoral policies of wide population impact, has been lacking. Capacity to monitor noncommunicable diseases is generally weak and surveillance systems need to be strengthened and institutionalized in all countries. Experience in integrating health care for common noncommunicable diseases, such as diabetes and cardiovascular diseases, into primary health care is accumulating but major gaps exist, reflecting broader health system challenges.

These challenges notwithstanding, WHO and Member States have worked together to move the agenda for the prevention and control of noncommunicable diseases forward. Several milestones exemplify the progress that has been accomplished towards scaling up action but also highlight the demands that still lie ahead. A key milestone was the endorsement by the Regional Committee of a regional ‘Framework for action’ to scale up the implementation of the United Nations Political Declaration (resolution EM/RC59/R.2). The framework outlines the key

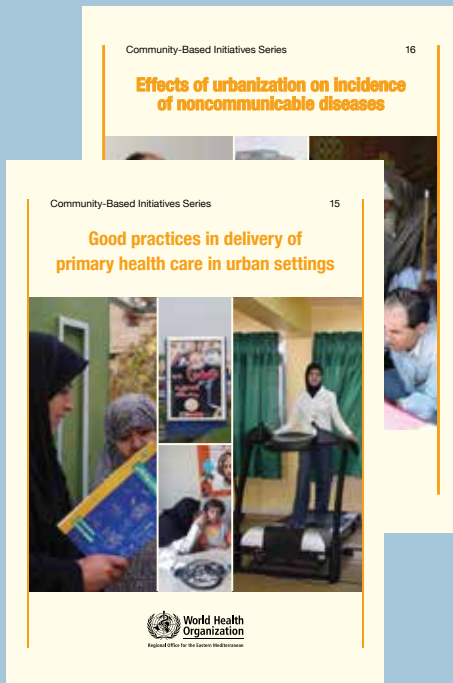
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interventions in four priority areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. A series of consultations and regional meetings were important in paving the way for the resolution. The International Conference on Healthy Lifestyles and Noncommunicable Diseases in the Arab World and the Middle East, organized by the Regional Office in collaboration with the Government of Saudi Arabia in September 2012 in Riyadh, Saudi Arabia, was the first major regional response to the United Nations Political Declaration. Another milestone was the establishment in the Regional Office of a new Department of Noncommunicable Diseases and Mental Health with a clear mandate for scaling up regional action in these areas.

Important progress has been made in the four strategic areas of the framework. In the area of governance and policy development, the Regional Office is actively working with countries to establish multisectoral national plans during 2013, develop national capacity and monitor progress. Two regional consultations were conducted to develop the input to the Global Action Plan on the Prevention and Control of Noncommunicable Diseases 2013–2020, and the associated Global Monitoring Framework, for adoption by the World Health Assembly in May 2013. Collaboration has been initiated with the international Disease Control Priorities Network to promote research and build regional capacity in cost–effectiveness analysis for policy-making in the area of noncommunicable diseases. Work will continue in 2013 to develop a core of regional trainers in various aspects of disease-control priority-setting processes for noncommunicable disease interventions.

With regard to prevention, the focus has been on addressing the shared risk factors for the four main groups of noncommunicable diseases. Nutrition-related risk factors, such as salt and fat intake and tobacco use, are being targeted for priority action. Development of food-based dietary guidelines has been expanded to include Afghanistan, Egypt, Lebanon and Oman. A pilot project to build regional capacity in nutrition profiling, part of a global initiative, has been implemented jointly with the United Arab Emirates University. A seminal intercountry workshop conducted in November 2012 on effective population-wide approaches to salt reduction has led to initiation of salt reduction measures at the national level in Kuwait. This experience, which can potentially have important impact on population health if sustained and further developed, is being expanded regionally in 2013.

With regard to tobacco control, the Regional Office has continued to prioritize the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), and the associated MPOWER measures. A promising development in 2012 was the adoption by four Member States of new tobacco control legislation, with maximized measures. Development of leadership and capacity for tobacco control action received important attention. The Global Leadership Course in Tobacco Control was held for the first time in the Region, in partnership with Johns Hopkins University. A regional workshop for the FCTC parties enhanced their capacity for participation in the fifth session of the FCTC Conference of the Parties (COP5). Capacity-building was also supported in other areas: taxation and pricing of tobacco products for member states of the Gulf Cooperation Council (GCC), implementation of Article 5.3 of the WHO FCTC on tobacco industry interference,



↑ Recent publications on community-based initiatives



↑ Recent publications on tobacco control

tobacco cessation, implementation of tobacco-free public places and of pictorial health warnings and banning of all forms of tobacco advertising, sponsorship and promotion.

In the area of surveillance and monitoring, more countries have completed the STEPS survey bringing the total number of Member States that have conducted the survey and published the corresponding reports to 18. The Regional Office has provided support to GCC member states to develop national targets and indicators in line with the global monitoring framework, which will continue in 2013, and to all Member States to implement the Global Tobacco Surveillance System (GTSS), analyse the data, finalize country reports and develop dissemination plans. The Regional Office is also supporting the development and implementation of priority global surveys such as the Global Youth Tobacco Survey and

the Global Adult Tobacco Survey, in cooperation with international partners. The regional portion of the Fourth Global Tobacco Control Report was completed. The report will be published in 2013.

In the area of health care, the Regional Office provided technical support for adapting and implementing the WHO package of essential interventions for noncommunicable diseases in primary health care to three countries (Kuwait, Sudan and United Arab Emirates), raising to six the total number of countries with trained staff and integrated protocols for the screening and management of noncommunicable diseases in primary health care.

The challenge for 2013 is for Member States to strengthen their commitment and accord a higher priority to addressing the alarming rise in the magnitude of noncommunicable diseases and to

translate that commitment into concrete action in implementing the framework for action adopted during the fifty-ninth session of the Regional Committee

Mental health

Mental, neurological and substance use disorders account for more than 11% of disability-adjusted life years lost and 27% of the years lived with disability in the Region. Conflict and complex humanitarian emergencies, with attendant displacement of populations and diminution of social support, add significantly to this burden. Stigma and discrimination, lack of political commitment, limited financial and human resources, and the low public health profile of mental illness have contributed to a huge treatment gap for mental disorders. More than three quarters of people with serious mental disorders in low and middle-income countries of the Region and up to half in high-income countries have no access to basic treatment.

To address these challenges, the Regional Office has responded through a multipronged approach guided by the regional strategy for mental health and substance abuse. During 2012 the Regional Office contributed to the development of the comprehensive mental health action plan 2013–2020, for adoption by the World Health Assembly in May 2013, to ensure regional relevance and buy-in from Member States. The Mental Health Gap Action Programme (mhGAP) has been launched in Afghanistan, Egypt, Iraq, Jordan, Libya, Oman, Pakistan, Somalia and Sudan. The Regional Office contributed to the *Mental health atlas 2011* and the *Atlas on substance use* with the aim of building the evidence base for action in the Region. Technical support was provided to update national policies and legislation in Afghanistan, Djibouti, Islamic Republic of Iran, Oman, Qatar, Somalia, and Sudan.