



Progress report on 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

Introduction

1. In September 2018, the 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 (UN) General Assembly on the Prevention and Control of NCDs.
2. In October 2019, the WHO Regional Committee for the Eastern Mediterranean in its 66th session endorsed in resolution EM/RC66/R.6 an updated regional framework for action to implement the UN Political Declaration on NCDs, including indicators to assess country progress by 2030 (1). The framework for action consists of 19 strategic interventions for countries to implement and has 15 progress indicators to monitor its implementation.
3. The Regional Committee also requested the WHO Regional Director to report on the progress made by Member States in the prevention and control of NCDs to its 68th and 70th sessions.
4. This report summarizes the progress made by countries/territories in the Eastern Mediterranean Region in implementing the strategic interventions in the updated regional framework for action, mainly using country progress information reported to WHO as part of the latest global NCD Country Capacity Survey (2).

Status and progress

Governance

5. Despite their declared political commitment, many countries of the Region are experiencing challenges in making significant progress in developing a multisectoral national strategy or action plan that integrates the major NCDs and their shared risk factors. Only 12 countries (55%) have one that is operational, including Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Kuwait, Morocco, Oman, Qatar, Saudi Arabia, Tunisia and United Arab Emirates. Moreover, only 14 countries/territories (64%) have set NCD targets that are in line with the nine voluntary global targets in the WHO Global Monitoring Framework for NCDs: Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia and United Arab Emirates.
6. One of the new elements included in the updated regional framework for action on NCDs is the development of NCD investment cases to provide countries with an economic analysis and advocacy tool to support the implementation of comprehensive national NCD prevention and control responses (3). WHO is working to support the development of investment cases in countries of the Region. Among other work in this area, six NCD investment cases have been completed (in Bahrain and Oman) or are being developed in member countries of the Cooperation Council for the Arab States of the Gulf (GCC), in collaboration with WHO headquarters and the United Nations Development Programme (UNDP) as part of the wider UN Interagency Taskforce on the Prevention and Control of NCDs.

Prevention of risk factors

Tobacco use

7. Progress on tobacco control policies, which have been monitored in accordance with the WHO Framework Convention on Tobacco Control (FCTC) and the MPOWER framework since 2008, has been

slow. Some countries have been able to achieve the highest level in selected tobacco control policies, including Egypt, GCC countries, the Islamic Republic of Iran, Jordan, Lebanon and Pakistan, but not in all the policies specified in the MPOWER framework. Following the adoption of a regional strategy and action plan for tobacco control in 2018 (4), the situation has only improved slightly, with limited policy changes taking place. These have included: Jordan banning tobacco use in all public places; Saudi Arabia adopting plain packaging; Pakistan increasing the required size of graphic health warnings to 60% of tobacco product packs; Qatar applying the most stringent policy level for health warnings; Iraq, Jordan and Saudi Arabia fully banning advertising, promotion and sponsorship for all tobacco products; Jordan and Saudi Arabia strengthening their cessation policies to reach the highest recommended level; and Bahrain, Oman, Qatar, Saudi Arabia and United Arab Emirates adopting taxation policies helping them to gradually approach alignment with the taxation levels recommended by WHO, while Egypt and Morocco have increased their taxation levels to achieve the highest recommended level. Other countries, including Oman, Pakistan, Sudan and Tunisia, are working to ensure their policies meet best practice levels through legislative change. Action will need to be scaled up to maintain progress and address new challenges such as emerging tobacco and nicotine products to achieve the target of a 30% reduction in tobacco prevalence.

The harmful use of alcohol

8. Nearly half the countries in the Region have implemented some of the measures recommended in the WHO global strategy to reduce the harmful use of alcohol (5). Nine countries (41%) have fully enacted and enforced restrictions on the physical availability of retailed alcohol (via reduced hours of sale), including Afghanistan, Iran (Islamic Republic of), Libya, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan and Yemen; 11 countries (50%) have fully enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media), including Afghanistan, Djibouti, Egypt, Iran (Islamic Republic of), Jordan, Libya, Saudi Arabia, Somalia, Sudan, United Arab Emirates and Yemen; and 10 countries (45%) have fully applied an increase in excise taxes on alcoholic beverages, including Afghanistan, Djibouti, Egypt, Iran (Islamic Republic of), Libya, Pakistan, Saudi Arabia, Somalia, Sudan and Yemen.

Measures to reduce unhealthy diet and physical inactivity

9. Almost half of adults, over a quarter of adolescents and nearly 6% of children under five in the Region are affected by overweight or obesity. The regional framework for action on obesity prevention 2019–2023, endorsed by the Regional Committee in 2018 (in resolution EM/RC65/R.2), provides a road map with a set of policy recommendations to scale up action on obesity in the Region's countries (6). In addition, by endorsing the regional strategy on nutrition for the Eastern Mediterranean Region 2020–2030 in resolution EM/RC66/R.1 in October 2019, the countries of the Region committed to a vision of strengthened action on nutrition, including obesity prevention and promoting healthy diet throughout the life-course by 2030 (7).

10. Initiatives to limit saturated fatty acids and virtually eliminate industrially-produced trans-fatty acids in foods have been undertaken in 12 countries/territories (50%), including Bahrain, Iran (Islamic Republic of), Jordan, Kuwait, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia and United Arab Emirates.

11. Implementation of salt reduction strategies is progressing in several countries. Fifteen countries/territories (68%) have adopted national policies to reduce population salt/sodium consumption, including Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia and United Arab Emirates.

12. The WHO Nutrition-Friendly Schools Initiative provides a framework for integrated measures to improve health and nutrition through the school setting and has been widely implemented in the Region. Eleven countries/territories (50%) have established rules for the foods and beverages available in schools and five countries (23%) have banned vending machines from school premises. Four (18%) countries have fully implemented the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children, including Bahrain, Oman, Iran (Islamic Republic of) and Morocco, and nine countries/territories (41%) have banned the sale or provision of products such as soft drinks, potato crisps and sweet biscuits in schools, including Bahrain, Iran (Islamic Republic of), Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar and Saudi Arabia.

13. Eight countries/territories (36%) have introduced taxes, sometimes at a rate of 50%, on carbonated or sugar-sweetened beverages and six countries (27%) have legislation and/or regulations fully implementing the International Code of Marketing of Breastmilk Substitutes, including Afghanistan, Bahrain, Kuwait, Lebanon, Pakistan and Yemen.

14. Eleven (11) countries/territories (50%) in the Region have published food-based dietary guidelines, including Afghanistan, Egypt, Iran (Islamic Republic of), Jordan, Lebanon, Libya, Oman, Palestine, Qatar, Saudi Arabia and United Arab Emirates.

15. One in five countries (23%) reported having implemented at least one recent national public awareness and motivational communication for physical activity, such as mass media campaigns for physical activity behavioural change, including Egypt, Iraq, Oman, Qatar and United Arab Emirates. This is much lower than the proportion reporting this in 2017 (54%) (8).

Air pollution

16. Air pollution has now been recognized for its role in causing NCDs and is one of the five risk factors being addressed in action against NCDs. In 2016, outdoor and indoor air pollution was responsible for 7 million premature deaths worldwide, 5 million of which were related to NCDs. Globally, outdoor air pollution is responsible for 24% of all deaths from stroke, 25% of all deaths and disease from ischaemic heart disease, 29% of all deaths and disease from lung cancer, and 43% of all deaths and disease from chronic obstructive pulmonary disease. In the Eastern Mediterranean Region, air pollution causes about 500 000 premature deaths annually, with about three quarters due to NCDs. 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. WHO started collecting air quality, population and health data to update the estimates of the health impacts of air pollution, including the impact on NCDs, in 2020. The estimates will be released in late 2021.

17. Air quality management interventions have been included in the updated regional framework for action on NCDs. Accordingly, support is being provided to help countries in the Region implement WHO guidelines and recommended interventions to reduce exposure to air pollution through measures such as 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.

18. In consultation with experts from the Region, a regional framework for a model communication system to transmit public health messages on air pollution and health, with a special focus on pollution episodes, has been developed and implementation has started in countries. The number of cities reporting particulate matter data has tripled and capacities for estimating the health impacts of air pollution have been strengthened in Iran (Islamic Republic of), Jordan, Lebanon, Morocco, Pakistan and United Arab Emirates.

19. A policy brief on the health benefits of more ambitious nationally determined contributions (NDCs)¹ was developed in Pakistan in 2021. The brief recommended seven key energy policy interventions to help Pakistan achieve the ambitious greenhouse gas emissions reduction target of 27.5% by 2030, which will prevent over 65 000 deaths annually, mostly caused by NCDs. The study will be replicated in other countries in the Region.

Health care – integration of NCD services at primary health care level in both stable and emergency settings

20. In 2020, health systems were focused on dealing with the COVID-19 pandemic, and countries had to reorient services and reallocate resources for this, including through the reassignment of health care providers. In some countries, non-emergency health services were put on hold. To support the continuation of essential health services during the pandemic, a supply of essential diabetes medicines and insulin was secured for

¹ NDCs are non-binding national plans outlining climate actions, including climate-related targets for greenhouse gas emission reductions and mitigation and adaptation policies and measures that governments aim to implement in response to climate change and as a contribution to achieving the global targets identified in the Paris Agreement.

people with diabetes in Afghanistan, Djibouti, Somalia, Sudan and Syrian Arab Republic. In addition, technical support was provided for the procurement and deployment of an NCD kit in Afghanistan, Iraq, Libya, Syrian Arab Republic and Yemen.

21. During 2020–2021, as part of the development of a health benefits package, a health system readiness assessment was undertaken for the integration of priority essential NCD interventions in primary health care in Sudan, Jordan, Morocco, Palestine, Lebanon and Yemen. Furthermore, in 2020, an assessment of the role, contribution and engagement of the private sector in addressing NCDs at primary health care level was conducted in Jordan, Oman, Pakistan, Sudan and Syrian Arab Republic.

22. In October 2019, the Regional Committee endorsed the framework for action on acute rheumatic fever and rheumatic heart disease in the WHO Eastern Mediterranean Region in resolution EM/RC66/R.1 (9). Following this, in 2020, an assessment of clinical practice on the diagnosis and management of acute pharyngitis was carried out in 10 endemic countries, including Afghanistan, Djibouti, Egypt, Jordan, Morocco, Pakistan, Somalia, Sudan, Tunisia and Yemen, to develop guidance on diagnosis and management practices for the prevention of rheumatic fever.

23. Following a virtual regional consultation in January 2021 to discuss the roll-out of the Global Initiative on Childhood Cancer (GICC) in the Region (10), the GICC's CureAll technical package was officially launched on International Childhood Cancer Day (15 February). In addition, a regional road map for palliative care has been developed as part of the remit of the regional palliative care expert network. The road map includes a set of strategic objectives and concrete deliverables across the domains of policy, human resources and service delivery and will inform health policy in countries in alignment with the regional and global commitments highlighted in World Health Assembly resolution WHA67.19 on Strengthening of palliative care as a component of comprehensive care throughout the life-course.

24. A cervical cancer elimination initiative has been rolled out in the Region despite the disruptions caused by the COVID-19 pandemic. A regional task force provides technical support to Member States that prioritize cervical cancer elimination. WHO supported the training of health care workers in Morocco to facilitate human papillomavirus (HPV) vaccine introduction, and three countries have now introduced HPV vaccine (Morocco, Qatar and United Arab Emirates). Advocacy efforts are planned to facilitate the introduction of HPV vaccine in countries eligible to apply for vaccine support from Gavi, the Vaccine Alliance (Afghanistan, Djibouti and Sudan). Financial and technical support was mobilized for Morocco and Sudan to develop their national cervical cancer screening programmes, and nine countries in the Region now provide cervical cancer screening services. The Regional Office has conducted a situation analysis to determine the current regional cervical cancer burden and capacity to achieve global targets, and in partnership with International Agency for Research on Cancer (IARC) has provided technical support to most countries to strengthen data generation.

Surveillance, monitoring and evaluation

25. Strengthening national capacity for planning and implementing surveillance activities and programmes remains key to achieving the WHO global voluntary targets for NCDs by 2025. In 2019–2020, both Afghanistan and Jordan conducted surveys using the WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS). Most countries (90%) have data for adolescents from the Global School-based Student Health Survey (GSHS). Saudi Arabia has completed the first implementation of the Global Adult Tobacco Survey (GATS) in the country, while Pakistan is preparing to repeat it there. The majority of countries (91%) have developed a system for cancer surveillance, including hospital-based or population-based cancer registries; however, a lower proportion (68%) have been able to scale up their registries, following WHO and IARC recommended guidance on developing population-based registries. A virtual regional capacity-building workshop to improve the data quality of cancer registries in the Region was conducted in January 2021 in collaboration with IARC, with the involvement of 17 countries.

26. A report is being prepared for publication on national capacity for the prevention and control of NCDs in the Region based on the results of the 2019 global NCD country capacity assessing survey. The report includes an analysis of regional country progress on indicators reported in the Noncommunicable Diseases Progress Monitor 2020 report (11, 12).

27. Digital technology initiatives such as Be He@lthy, Be Mobile and other digital health innovations and applications are being used in the Region to address NCD risk factors by supporting people to make healthier lifestyle choices (13). This use has increased during the COVID-19 pandemic, including support for people living with NCDs in the GCC countries and Sudan through telemedicine and SMS, and an mHypertension initiative in Libya focusing on hypertension in the context of COVID-19 (14). Regional case studies on the use of digital health interventions to support NCD essential health services in the context of COVID-19 were developed in 2020.

Challenges

28. Countries are not on track to achieve the Sustainable Development Goal (SDG) health targets by 2030, including a one third reduction in premature deaths from NCDs through prevention and treatment.

29. Due to the COVID-19 outbreak, 2020 was an exceptional year and priority was given to assessing the situation in countries of the Region, focusing on their expressed needs.

30. Persistent challenges hindering progress include: health service disruption because of the COVID-19 pandemic; political instability, conflict and humanitarian crises affecting several countries of the Region; insufficient political commitment and capacity in countries to develop and implement multisectoral plans that prioritize the key strategic interventions of the regional framework for action; and lack of sustainable funding and insufficient national investment in NCD programmes.

31. 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.

The way forward

32. NCDs must be urgently addressed if the NCD voluntary targets and SDG health targets are to be achieved by 2025 and 2030, respectively, preventing the premature loss of many lives. This should be done through:

- adopting and scaling up whole-of-government, whole-of-society, cross-sectoral and health-in-all policies approaches;
- strengthening national governance to include NCDs in national emergency response plans for the ongoing COVID-19 pandemic and other crises;
- implementation and scaling up of a national programme, with strong leadership from ministries of health, which involves all sectors, including legislative bodies and institutions for trade and finance;
- investment in prevention of NCD risk factors as part of a healthy and sustainable recovery from COVID-19, using the available guides, frameworks and tools; and
- fostering the use of technology to support NCD programmes, with a focus on monitoring service coverage as an important element in building back fairer and to support the assessment of the Region's progress towards SDG 3.4 (on reducing NCD and mental health-related mortality by 2030).

33. WHO will continue to work with Member States by providing guidance and technical support for scaling up implementation of the strategic interventions across the four priority areas of the updated regional framework for action on NCDs.

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