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Resolution

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

**EM/RC68/R.5
October 2021**

**Sixty-eighth session
Agenda item 3(d)**

Addressing diabetes as a public health challenge in the Eastern Mediterranean Region

The Regional Committee,

Recalling United Nations General Assembly resolution 73/2 on the 2018 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (NCDs), titled “Time to deliver: accelerating our response to address noncommunicable diseases for the health and well-being of present and future generations”;

Having reviewed and discussed the technical paper on diabetes as a public health problem in the Eastern Mediterranean Region;¹

Mindful that the fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs will take place in 2025;

Recalling United Nations General Assembly resolution 61/225 on World Diabetes Day and World Health Assembly resolution WHA42.36 on the prevention and control of diabetes mellitus;

In line with World Health Assembly resolution WHA74.4 on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes, which urges Member States to intensify, where appropriate, efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage;

Recalling the outcome documents of the previous United Nations General Assembly high-level meetings on the prevention and control of NCDs, and Regional Committee resolution EM/RC66/R.6 on accelerating the implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases;

Recognizing the primary role and responsibility of governments in responding to the challenge of diabetes and other NCDs by developing adequate national multisectoral responses for their prevention and control;

¹ EM/RC68/7.

Noting that over 55 million people are currently living with diabetes in the Eastern Mediterranean Region, representing 14% of the population of the Region, and that six out of the 10 countries with the highest prevalence of diabetes in the world are part of the Region;

Recognizing that diabetes remains a chronic, debilitating and costly disease associated with severe complications jeopardizing countries' ability to achieve Sustainable Development Goal target 3.4: to reduce premature mortality from noncommunicable diseases by one third by 2030;

Recognizing that necessary efforts for the prevention and control of diabetes are hampered by, inter alia: insufficient implementation of population-based measures to reduce, halt and reverse main diabetes risk factors (tobacco use, unhealthy diet, overweight and obesity, harmful use of alcohol and physical inactivity); lack of universal access to quality, safe, effective, affordable essential diabetes health services, and the shortage of qualified health workers; weak health information systems to monitor and report on the burden and national health responses; and insufficient meaningful engagement and empowerment of people living with diabetes to self-manage their condition;

Recognizing that the provision of diabetes care and, in particular, access to quality and affordable insulin, oral antidiabetic agents and diagnostic supplies remains a challenge in many settings, including in emergency and conflict settings;

Recognizing that people living with diabetes are at a higher risk of developing severe COVID-19-related symptoms and are among the most impacted by the pandemic.

Convinced that recovery from COVID-19 needs to go hand in hand with a dramatic acceleration of implementation of the WHO Global NCD Action Plan 2013–2030, with specific action to scale up diabetes prevention and control;

Recognizing the centenary of the discovery of insulin and noting with appreciation the WHO Global Diabetes Compact launched on 14 April 2021 during the Global Diabetes Summit, which aims to reduce the risk of diabetes and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care;

1. **ENDORSES** the framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region (annexed to this resolution);
2. **URGES** Member States to implement the set of strategic interventions in the framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region, with a particular emphasis on:
 - 2.1 prioritizing the prevention and management of diabetes and its risk factors by establishing and/or strengthening policies and programmes through a multisectoral action plan;
 - 2.2 setting time-bound national targets and indicators for diabetes prevention and control, as part of national NCD targets;
 - 2.3 allocating sufficient financial resources to carry out such policies and programmes, focusing on the most cost-effective options;
 - 2.4 integrating diabetes as part of universal health coverage benefit packages;
 - 2.5 improving the management of diabetes based on national guidelines and building the capacity of health professionals with a focus on primary health care;

- 2.6 ensuring minimum standards of services for the prevention of complications, including blindness, heart and kidney disease and lower-limb amputations; and
- 2.7 strengthening surveillance and monitoring systems for diabetes, related risk factors and diabetes management using the WHO surveillance framework;

3. REQUESTS the Regional Director to:

- 3.1 Assist Member States in implementing the regional framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region;
- 3.2 Facilitate the development of regional networks for the exchange of information, good practices and lessons learned among Member States;
- 3.3 Strengthen partnerships and collaboration with all stakeholders in order to support Member States in implementing the regional framework for action; and
- 3.4 Report to the Regional Committee for the Eastern Mediterranean at its 70th and 72nd sessions on progress made in implementing the framework.

Annex. Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region

	Strategic interventions	Indicators
In the area of governance	<ul style="list-style-type: none"> • Establish a national subcommittee for diabetes prevention and control under the national committee for noncommunicable diseases with consideration to include non-state actors the private sector and civil society, and meaningful engagement from people living with diabetes (PLWD) • Develop an action plan for the prevention and control of diabetes, as part of a national NCD multisectoral strategy/policy/action plan • Strengthen/establish diabetes programmes with sufficient infrastructure and capacity to effectively run the programme • Identify and define an essential set of integrated interventions (population- and individual-based interventions) for the prevention and control of diabetes as part of a universal health coverage benefit package based on WHO/national guidance • Ensure sufficient national budgetary allocation for diabetes prevention and control and identify financing mechanisms to reduce out-of-pocket expenditure • Periodically assess national capacity for the prevention and control of diabetes and develop a monitoring mechanism for national diabetes plan implementation with the engagement of non health sector • Ensure that PLWD share the same human and social rights as people who do not have diabetes. regardless of race, ethnicity, gender and age, 	<ul style="list-style-type: none"> • An operational, funded and costed national action plan encompassing all areas of diabetes prevention and control as part of a national NCD multisectoral strategy/policy/action plan • Set timebound national targets and indicators for diabetes and obesity prevention and control adapted to national circumstances
In the area of prevention	<ul style="list-style-type: none"> • Control the obesity pandemic, with particular attention to prevention of childhood obesity • Increase the availability of and demand for healthier food and reduce the availability of and demand for unhealthy food, including through continued implementation of targeted education, such as front-of-pack labelling, and reducing the intake of unhealthy food rich in sugar and sweetened beverages, trans fatty acids and saturated fatty acids through food reformulation, sin taxes and other regulatory measures • Create supportive environments for the promotion of healthy lifestyles, including in schools, universities and supportive workplaces • Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense, nutrient-poor foods and beverages (e.g., through voluntary or compulsory advertising codes of conduct), and enhancing early life and growth patterns, including promotion of breast feeding • Accelerate the implementation of WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify the Protocol to Eliminate the Illicit Trade of Tobacco Products • Raise diabetes awareness and motivate behavioural change through education and social media campaigns to encourage people to maintain healthy weight, increase their levels of physical activity and healthy eating campaigns (national education and/or social marketing campaigns). • Implement the best buys to reduce the harmful use of alcohol 	<ul style="list-style-type: none"> • Four demand-reduction measures of the WHO FCTC (such as taxation, smoke-free policies, warning labels, advertising bans or smoking cessation programmes) • Four measures to reduce unhealthy diet (such as promotion of weight loss, low salt diet and increased consumption of fruits, vegetables and whole grains) • At least one annual national public awareness campaign on diabetes prevention and control and/or healthy behaviour

	Strategic interventions	Indicators
In the area of management	<ul style="list-style-type: none"> • Integrate prevention, early detection and treatment of diabetes mellitus and related CVD risk factors into primary health care guided by existing national/WHO packages • Identify individuals at high risk for type 2 diabetes eligible for primary prevention, using risk conditions and scores, as well as data from screening programmes and population-based surveillance systems • Implement and assess the efficacy of structured lifestyle interventions (diet, physical activity), +/- medication, for primary prevention of type 2 diabetes • Implement health care best buys for diabetes management and prevention of complications through primary care teams • Develop human and institutional capacity to early detect, prevent and manage diabetes-related complications (diabetic foot, retinopathy, chronic kidney disease) • Establish multidisciplinary specialized diabetes centres/clinics for the management of complex cases (such as type 1 diabetes, young-onset diabetes, multiple morbidities), with appropriate referrals and counter-referrals from/to primary health care level • Develop/strengthen human resources and institutional capacity to ensure minimum standards of diabetes service provision across the continuum of care, including access to psycho-social support and selfcare and for the early detection, prevention and management of diabetes-related complications, palliative care and rehabilitation • Ensure availability, affordability and quality of insulin, glucose lowering agents and diagnostic supplies • Ensure continuity of diabetes care during humanitarian emergencies, using the WHO NCD emergency kit and other tools to support safe and effective provision of diabetes care, with improved access to quality and affordable insulin, glucose lowering agents and diagnostic supplies • Meaningfully engage people living with diabetes 	<ul style="list-style-type: none"> • Diabetes fully integrated as part of universal health coverage benefits packages, with documented evidence of integration at primary health care level • Evidence-based national guidelines/protocols/standards for the early detection and management of diabetes in primary health care recognized/approved by the government or competent authority • Availability and affordability of insulin, oral hypoglycaemic agents and diagnostic supplies periodically assessed and reported (using WHO/Health Action International methodology or other standardized assessment tool) • Percentage of 18 years and above adult population with raised blood glucose above 7.0 mmol/L
In the area of surveillance and research	<ul style="list-style-type: none"> • Strengthen/implement NCD risk factor surveillance to assess the population at risk (prevalence), coverage and control of diabetes, using appropriate diagnostic techniques among target populations • Establish a monitoring and evaluation system to assess the effectiveness of diabetes management and control, including regular monitoring of biochemical parameters and occurrence of complications due to diabetes • Develop/scale up electronic patient medical records for systematic collection of routine clinical diabetes care and related risk factor data using unique national identification mechanisms • Develop diabetes registries to monitor and improve quality of diabetes care • Link diabetes registries with mortality and other disease registries • Promote research to assess effectiveness of individual- and population-wide interventions to prevent and control diabetes and obesity 	<ul style="list-style-type: none"> • STEPS survey implemented at national representative level among adult population every 3–5 years to include coverage and control indicators using appropriate diagnostic techniques • Set of standardized facility-level indicators in place at primary health care (public and private sector) level for diabetes treatment, coverage and control to monitor and evaluate treatment gaps and clinical outcomes as part of the NCD surveillance system