WHO-EM/NCD/130/E

Summary report on the

Fourth annual regional meeting to scale up implementation of the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases

Cairo, Egypt
26–28 April 2016

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1. Introduction

The fourth annual regional meeting to scale up implementation of the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases took place at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt on 26–28 April 2016. The specific objectives of the meeting were:

- to review the progress in implementing the four time-bound commitments and key strategic interventions laid out by regional framework for action;
- to share experiences and effective actions toward the implementation of the regional framework for action;
- to strengthen the understanding among national programme managers of national accountability and reporting frameworks on noncommunicable diseases;
- to agree on the way forward for implementing priority country actions and WHO technical support; and
- to discuss targets of the Sustainable Development Goals (SDGs) for 2030 related to noncommunicable diseases and identify how to mainstream them into national plans and strategies.

The meeting was attended by 32 participants from 17 countries of the Region, along with WHO temporary advisers and WHO secretariat. Participants included national managers of noncommunicable disease programmes and focal points for tobacco control, physical activity, nutrition, surveillance and noncommunicable disease management.

The inaugural session was addressed by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who noted that the meeting was pivotal as limited time remained before the next global comprehensive review of progress on noncommunicable diseases,

planned for 2018. Since the last annual meeting in April 2015, there had been important developments in relation to the commitments made by Member States in implementing the Political Declaration, guided by the regional framework. The Health Assembly had approved the Director-General's technical note containing the 10 progress indicators for the prevention and control of noncommunicable diseases, which would be used across all WHO regions. By unifying the process of reporting, it had become easier for Member States to report on their progress in implementing the political declaration and the four time-bound commitments in a standardized manner. Another important development was that in late 2015, Heads of State and governments had committed themselves to implementing the agenda for Sustainable Development, which included five targets related to noncommunicable diseases to be attained by 2030. Only a few years ago, the goal to reduce premature death from noncommunicable disease had been deemed too ambitious. Now, with the endorsement of targets related to noncommunicable diseases in the SDGs, the world had acknowledged and realized the significance of meeting the 2015 and 2016 time-bound commitments in order to be able to curb the burden of premature mortality from noncommunicable diseases.

The main highlights of the fourth annual meeting on noncommunicable diseases included a detailed assessment of country progress in the implementation of the commitments in the updated regional framework for action, the identification of a way forward to scale up implementation of strategic interventions, as well as a renewal of support to Member States to monitor and achieve progress in the ten progress indicators in preparation for the third high-level meeting by the United Nations General Assembly in 2018.

2. Summary of discussions

Accountability framework

The first session of the meeting focused on the accountability framework, within which countries of the Region are scaling up their national efforts to meet the 2015 and 2016 time-bound commitments, guided by the 2011 United Nations Political Declaration and regional framework for action. In perspective, the global response to noncommunicable diseases evolved from the 2011 United Nations Political Declaration and the Outcome document of the last high-level meeting in 2014. The next high-level meeting of the United Nations General Assembly will be in July 2018, the aim of which is to evaluate progress in the four time-bound commitments as well as the ten progress indicators published in the Director-General's technical note in 2015. It was highlighted during the opening session that the 2013–2020 global action plan was developed alongside of the global monitoring framework, which consists of 9 voluntary targets and 25 indicators to monitor and evaluate the burden of noncommunicable diseases by 2025. These cumulative indicators and targets should be interlinked and synergized with the SDG indicators related to noncommunicable diseases.

To further facilitate discussions, the WHO secretariat prepared country progress sheets summarizing country achievements in the implementation of the time-bound commitments using the regional framework for action and guided by the 10 progress indicators. Data in the country progress sheets were provided by countries during the administration of the 2015 regional country capacity survey and were further validated by the national focal points prior to the meeting. Primary discussions revolved around the achievement of the ten progress indicators, the frequency of reporting and the limited

capacity of some countries to meet these indicators; with discussion later moving to defining and clarifying the annual regional scoring system. One notable clarification was the usage of the colors red: "not achieved", green "achieved" and yellow "partially achieved" to symbolize country progress in achieving the 10 progress indicators of the regional framework for action. The Regional Director explained that the Regional Office has slightly deviated from headquarters in the colour coding to illustrate a more comprehensive picture of progress in the Region. However, the final reporting will only measure whether a country has met its targets. Therefore, countries should focus on progress indicators which will assist them in achieving targets between now and the next third high-level review meeting of the United Nations General Assembly in 2018.

The definitions of the ten progress indicators, how they are coded between red, green and yellow and the requirement to meet the 2015 and 2016 time-bound commitments were other points emphasized during the meeting. An overview defining each progress indicator was provided for discussion on what countries are expected to implement in order to fully achieve that indicator. The emphasis on setting up a specific timeline pertaining to the time-bound commitments was also explained. Data collection and validation around the ten progress indicators was also discussed. It was clarified that the main tool that collects these data is the country capacity survey, with the exception of the data on the tobacco and alcohol use. The country capacity survey standardizes reporting of the ten progress indicators in uniform manner for all countries of the world. This mechanism of data reporting is rigorous to ensure accuracy and requires the involvement of a national team to report on the data.

Governance

Participants discussed the need for multisectoral action to achieve national targets with a focus on developing multisectoral policies and action plans and setting national targets and indicators for 2025. Past country success in building effective national multisectoral action plans for noncommunicable disease prevention and control involved multiple steps including national political development, conducting a situation analysis, mapping and recruiting stakeholders, drafting a blueprint of the national plan, organizing 'kick-off' meetings, monitoring and evaluation, and endorsement.

Participants agreed that coherent national intersectoral cooperation and coordination are essential to safeguarding appropriate development, operationalization, implementation and evaluation of noncommunicable disease programmes. Establishment of high-level national multisectoral commissions, agencies or mechanisms to oversee functionality in engagement, policy coherence and accountability of sectors was agreed to be a required action. Key challenges in realizing a multisectoral agency were financing of multisectoral action plans, weak political commitment, lack of a fixed focal point hindering engagement, inability to monitor interventions, and competing priorities in areas of crisis.

Utilizing legislation as a tool to enhance implementation was another topic of discussion. Law, when implemented, is a public tool that can create supportive environments to enable individuals to change and make healthy choices. At the same time, developing legislation is considered to be very time consuming despite there being a multitude of benefits to reap once capacity building is achieved. Countries agreed that creating support for legislation is a priority and may

involve using institutions to create demand, studying behaviours and knowledge, and mobilizing social accountability and advocacy.

The importance of integrating noncomunicable diseases with the national SDG response was also noted, with countries acknowledging that they could use the momentum of the SDGs to further advocate within their own national systems and invest in innovative approaches or integration with other sectors.

Prevention and reduction of risk factors

The challenge of tobacco control was a key discussion point among countries. Participants advised that the influence of the tobacco industry and the strong presence of waterpipe smoking were particularly difficult to overcome in the Region. To tackle challenges, the application of the tobacco control "best buys" (taxation increase; ban of tobacco indoors in all public places; enforcement of a comprehensive ban on advertising, promotion and scholarship, direct and indirect; warning of the dangers of tobacco) were highlighted. Many countries have achieved marked success, e.g. countries of the Gulf Cooperation Council (GCC), Djibouti, Egypt, Islamic Republic of Iran and Pakistan, but other countries still need further efforts to reduce tobacco use.

The applications of regulations and provisions of the WHO Framework Convention on Tobacco Control (FCTC) were also a focal point in discussion. Participants contended that their challenges in terms of WHO FCTC are the lack of coordination between technical units and policy-makers, inability or reduced application of tools, and weak presence of partnerships and lobbying. Given the substantial impact and current needs for tobacco control, WHO urged countries to renew their commitments to the WHO FCTC and to call for

comprehensive approaches to reduce the risk factors of tobacco in the Region.

Participants shared regional and international experiences and best practices in relation to reduction of salt, fat and sugar intake. Policy statements and action plans have been developed and disseminated to all Member States. These, along with the addition of technical support, have aided countries in the Region in achieving substantial success.

The reduction of salt is a significant pillar in the promotion of a healthy diet. Since the implementation of policies and relevant guidelines, the reduction of salt content in bread, canned foods and cheese has been noted in a number of countries including Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Qatar and Tunisia. Other work consisting of the assessment of salt content on food and level of intake also took place in Egypt, Iraq, Jordan, Palestine and Saudi Arabia, further adding noteworthy advancement in the area of salt reduction. Some countries, such as Afghanistan and Pakistan, noted some difficulty in implementation due to the culture of preparing foods (such as bread) at home. With further technical assistance from WHO and action from the respective ministries of health, it is hoped that action plans can be produced that consider these unique circumstances.

In past meetings, participants have remarked on the difficulties of reducing trans-fatty acids in the Region, with particular regard to use and import of palm oil. Currently, legislation and regulation in reducing trans-fatty acid content in foods have been approved for 5 GCC countries, the Islamic Republic of Iran and Tunisia. As for the removal of palm oil and subsidization of healthy oils, Egypt, Iraq,

Oman, Qatar and Tunisia have taken decisive action to reduce unhealthy fats and replace them with and promote healthy ones.

Official sugar intake guidelines have been newly developed and disseminated by WHO, and actions have already taken place to raise taxes on sweetened nonalcoholic beverages in the Islamic Republic of Iran and Qatar, with serious consideration being given to this measure by Oman. Qatar has also banned the marketing of sweetened beverages in schools. As for the International Code of Marketing of Breast-Milk Substitutes, all countries except Djibouti, Libya, Morocco and Somalia have partially or totally implemented the Code.

Nutrition profiling is another key development from the Regional Office. It has the potential to assist with the reduction of unhealthy diets by informing the public (parents, schools, individuals) on how to make smart decisions in the purchase of foods. Even with these accomplishments, there remain challenges to scaling up the promotion of cost-effective interventions. To make progress on these issues, multiple stakeholders (government, industry, private sector) must be engaged through advocacy and literacy campaigns in order for them to have an impact on population health.

Participants supported the need to scale up action to promote physical activity through awareness raising and political support. Several countries, including the United Arab Emirates, have taken steps to conduct mass media campaigns. This particular initiative was done with the support of WHO collaborating centres for physical activity, the Regional Office and the Ministry of Health.

Health care

A key acknowledgment in health care was the need to scale up risk stratification of WHO–International Society of Hypertension charts in all Member States and to apply them in the primary care and primary health care management of patients at high risk of heart attack and stroke. Risk scores obtained through the charts are used to tailor the management of individuals according to their level of risk, by taking an integrated approach to multiple risk factors. Currently, about 32% of countries have yet to adopt cardiovascular disease risk stratification in primary health care, with a higher percentage, 41% and 59% respectively, reporting lack of available guidelines and incomplete sets of WHO core medicines required to treat high risk persons.

Participants stated that general challenges to most programmes in primary health care include staff shortages, the low status accorded to primary health care in health systems and the insufficient role of gatekeeping in primary health care. The specific challenges to noncommunicable diseases were health worker skills, building staff competency (medical knowledge, counselling and communication), difficulty of supervision, and having functional referral systems between different levels. The first priority action involves the implementation of a new service delivery model with well-defined roles of primary health care and strengthened referral system. The second priority action involves implementing a stepwise approach to implement changes gradually based on best available evidence and to build the capacity of health staff. If these actions are not pushed forward, the achievement of the global target 8 is jeopardized.

Participants agreed that the integration of noncommunicable disease care in primary health care, specifically in emergency settings, is a crucial component of progress in the Region. More than half the

countries in the Region are in crisis and require special attention. This was the idea behind the new emergency kit for noncommunicable diseases, which is a pre-packaged set of essential medicines and medical devices designed to meet priority health needs in emergencies. Items found in the kit are reliable, standardized, affordable and most importantly, readily available. To move forward, clear guidelines are needed for addressing all four major groups of noncommunicable diseases, particularly in times of crises.

Surveillance, monitoring and evaluation

Noncommunicable disease surveillance remains to be a significant challenge for the Region. The first three progress indicators revolve around surveillance: setting time-bound national targets and indicators based on WHO guidance; a functioning system for generating reliable cause-specific mortality data on a routine basis; as well as a STEPS survey or comprehensive health examination survey conducted every 3–5 years. A successful surveillance framework should revolve around the three pillars of surveillance: health outcomes, risk factors and national systems response. These pillars should be integrated at the national level in a comprehensive health information system. The pillars are monitored using the Global Monitoring Framework which revolves around 9 voluntary targets and 25 indicators. Despite the challenges in surveillance, several Member States have either conducted a STEP-wise (risk factor) survey in the recent past or plan to conduct one in 2016. The fundamental challenges faced in the implementation of a sustainable surveillance system include a lack of legal frameworks to support or enforce surveillance functions, difficulties in reporting and data sharing, limited financial resources in light of other pressing health priorities, limited human resources in terms of numbers and capacity, fragmentation and incomplete data repositories, lack of coordination between ministries of health and

other sectors and lack of capacity. The ability to measure indicators is another challenge faced by countries due to the paucity of data and the limited ability to generate them.

During the process of setting national targets, countries must be objective in determining whether or not the target adopted can be achieved. The decision-making process of setting the aspired national targets must be driven by evidence.

Another equally highlighted point during this session was the need to find a mechanism to institutionalize the STEPs or equivalent household survey. Countries should aim to conduct such a survey every 3–5 years. It was also discussed during this session that the next country capacity survey to report on the ten progress indicators for the third UN high-level meeting in 2018 will take place in 2017. Hence, countries of the Region need to adopt a realistic approach when setting their national voluntary targets.

Other solutions and innovative approaches suggested by Member States involved calling for nongovernmental support (community, academia) in data collection, developing legislation for multisectoral coordination, working at national levels to deliver cause specific mortality, and building electronic systems at subnational levels. If countries are able to identify their gaps and proceed with implementing a sound surveillance framework, the final and most important consideration should be the ability to disseminate the produced data and to utilize it to drive action and change.

The meeting identified number of interventions to lead the way towards achieving the targets outlined in the SDGs for 2030.

3. The way forward

Member States

1. Scale up implementation of the time-bound commitments and voluntary targets, guided by the regional framework for action, and related guidance and tools developed by WHO.
2. In the area of governance: a) include health-related SDGs and targets in national development policies, plans and strategies; b) set national targets, endorse and implement multisectoral action plans; and c) discuss the current situation across government departments and civil society in order to identify gaps where technical support would be needed and engage the required stakeholders.
3. In the area of prevention: a) foster implementation of cost-effective interventions for the prevention and reduction of noncommunicable disease risk factors; b) scale up tobacco control measures (MPOWER) at the highest level and in a sustainable way; c) implement the guidelines of Article 5.3 of the WHO FCTC alongside the best buys to end tobacco industry influence; d) scale up and take proactive measures in the implementation of the regional action plan on reduction of salt, fat and sugar; and e) enforce implementation of the International Code of Marketing for Breast-Milk Substitutes.
4. In the area of health care: a) reorient and strengthen the health system to address noncommunicable diseases, prioritizing cost-effective interventions, with a focus on strengthening the integration of noncommunicable diseases in primary health care, both in stable and emergency settings; and b) define a noncommunicable disease service package to be integrated in primary health care with adequate supplies of medicines, technologies and trained personnel.

5. In the area of surveillance: a) strengthen noncommunicable disease surveillance systems, focusing on the three pillars of surveillance (health outcomes, risk factors and national systems response); b) prepare for the third high-level meeting of the United Nations General Assembly in 2018 by availing monitoring systems to report on 10 progress monitor indicators (using the country capacity survey 2017); c) seek to institutionalize the STEPs or an equivalent survey (conduct a STEPs survey, if the last one was conducted prior to 2010); and d) institutionalize noncommunicable disease surveillance measures that can be conducted periodically.

WHO

6. Work with Member States in their preparations for the third high-level meeting of the General Assembly in 2018, including in the generation and tracking of data on progress indicators and in the development and implementation of country roadmaps.
7. Provide guidance and develop tools for scaling up the implementation of the strategic interventions in the four priority areas of the regional framework for action.
8. In the area of governance: a) support and facilitate in mainstreaming health related SDGs in national plans and strategies in collaboration with other development partners and stakeholders; and b) provide technical support in setting national targets and implementing multisectoral national action plans, along with advocacy at the highest level of government.
9. In the area of prevention: a) provide technical support in establishing and prioritizing action plans for tobacco control with MPOWER and other tools; b) provide technical support and guidelines in the implementation of Article 5.3 for the WHO FCTC, as well as the best buys; and c) facilitate a national

workshop to accelerate scaling up of the implementation of the regional action plan on reduction of salt, fat and sugar.

10. In the area of health care, provide technical support and guidance in defining a service delivery model that will assist integration of noncommunicable diseases in the primary health care model.
11. In the area of surveillance: a) support building the capacity of countries in noncommunicable disease surveillance frameworks, with particular focus on group 3 countries; b) assist countries in setting their national targets; and c) assist countries in conducting the STEPs survey or an equivalent survey.

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