Summary report on the

Regional high-level policy dialogue in preparation for the Third UN High-level Meeting on NCDs, and the Fifth annual regional meeting to scale up implementation of the UN Political Declaration on NCDs

WHO-EM/NCD/143/E

Cairo, Egypt
3–5 July 2018

World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

The Regional High-level Policy Dialogue in Preparation for the Third United Nations (UN) General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, combined with the Fifth annual regional meeting to scale up implementation of the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases took place at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt from 3 to 5 July 2018.

The meeting was comprised of two segments: 1) a high-level policy dialogue advocacy-building panel, which included strategic discussion on regional challenges and ways forward in the light of the recommendations of the WHO Independent High-level Commission on Noncommunicable Diseases; and 2) a technical segment, resembling previous annual regional meetings, where a review of regional progress was carried out with national noncommunicable disease programme managers and selected mental health focal points. A major aim of the meeting was to provide participants with updates on WHO technical guidance and tools to scale up implementation of global and regional noncommunicable disease commitments.

The objectives of the meeting were to:

- present the report and recommendations of the WHO Independent High-level Commission on Noncommunicable Diseases, to contribute to the Third UN General Assembly High-level Meeting on Noncommunicable Diseases;
- provide a high-level forum to advocate for the scaling up of noncommunicable disease prevention and control, based on the updated regional Framework for action to implement the UN Political Declaration on Noncommunicable Diseases; the Regional framework to scale up action on mental health in the

Eastern Mediterranean Region; the WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2020; the WHO Mental health action plan 2013–2020; the WHO Thirteenth general programme of work (GPW 13); and the Sustainable Development Goals (SDGs) of the UN 2030 Agenda for Sustainable Development;

- raise awareness and orient participants on the mental health and noncommunicable disease interface and discuss the development of the WHO guidance package for the integration of mental health into primary health care;
- review countries' progress, challenges and best practices in implementing the key strategic interventions based on the regional Framework for action to implement the UN Political Declaration on Noncommunicable Diseases, including inclusion and linkages to national SDG implementation plans; and
- agree on the way forward for the implementation of priority country actions and WHO technical support in the coming biennium.

The meeting was attended by 42 participants from 18 countries of the Region, including WHO temporary advisers and WHO secretariat with representation from country offices, regional office and headquarters. Participants included national managers of noncommunicable disease programmes, representatives of primary health care directorates, and temporary advisers on mental health.

In his opening address, WHO Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari underlined the importance of the Third UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases and encouraged higher representation by the Region's heads of state and governments during this meeting. Dr Al-Mandhari drew attention to the report of the WHO Independent High-level Commission on Noncommunicable Diseases

and its six recommendations on how to accelerate progress on noncommunicable diseases to achieve SDG 3.4: "By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being", and emphasized the importance of the first recommendation on political leadership and responsibility for enhanced multisectoral collaboration and action beyond ministries of health. He then gave an overview of the findings of the WHO report *Saving lives, spending less: a strategic response to noncommunicable diseases*, highlighting the reported high return on investment when cost-effective noncommunicable disease interventions are applied in countries.

Since the Fourth annual regional meeting to scale up implementation of the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases in April 2016, important developments in relation to the commitments made by countries have taken place. Globally, the GPW 13 was introduced by WHO Director-General Dr Tedros Adhanom Ghebreyesus, and was approved by Member States during the Seventy-first World Health Assembly in May 2018. The GPW 13 will guide countries on how to operationalize WHO's work through its interconnected strategic priorities defined as the "triple billion" goals, along with 44 new targets and indicators aligned with the SDGs and/or World Health Assembly-approved resolutions and action plans. During the second half of 2017, Dr Ghebreyesus established the WHO Independent High-level Commission on Noncommunicable Diseases to advise him and countries on how to accelerate progress on noncommunicable diseases in order to achieve SDG 3.4 through bold and actionable recommendations. The Independent High-level Commission on Noncommunicable Diseases, which consists of five co-chairs and 21 commissioners, launched their report and its six recommendations on 1 June 2018, providing input for the outcome document of the Third UN General Assembly High-level Meeting on the Prevention and Control of

Noncommunicable Diseases. Regionally, important developments since the Fourth annual regional meeting have included the deployment of the WHO emergency noncommunicable diseases kit, the endorsement by Member States of the Regional framework for action on cancer prevention and control, and the technical package for the integration of mental health into primary health care.

During the High-level Policy Dialogue panel discussion, Dr Sania Nishtar, co-chair of the WHO Independent High-level Commission on Noncommunicable Diseases, addressed participants in a video message in which she presented the Commission's scope of work, report, and the report's six recommendations on how to accelerate progress on the global noncommunicable disease agenda to meet SDG 3.4. Participants discussed the recommendations of the Commission's report, their applicability and relevance to the Region, and how to implement these recommendations in the light of the GPW 13. Katie Dain, Chief Executive Officer of the NCD Alliance and member of the Commission, also addressed participants in a video message in which she discussed the role of civil society in the Commission and the areas where consensus was not met among members of the Commission.

2. Summary of discussions

Governance

Discussions on governance focused on the issue of multisectoral collaboration for noncommunicable disease prevention and control, and introduced the concept of noncommunicable disease investment cases to participants. In previous annual meetings, the need for multisectoral action and policies had been discussed and countries had recognized the need for action beyond ministries of health. This year, the discussions highlighted the whole-of-government, whole-of-

society approach, underlining the importance of multisectoral planning and coordination between government sectors, civil society, the private sector, and in applicable cases, residing UN agencies. The UN Interagency Taskforce (UNIATF) on the Prevention and Control of Noncommunicable Diseases and its previous missions were briefly introduced to participants as a model for the whole-of-government, whole-of-society approach adoptable at the national level. This model is important not only for the noncommunicable disease response but also for the overarching sustainable development agenda and national success in achieving the SDGs. Discussions highlighted joint planning as part of an effective response to noncommunicable diseases and the subsequent need for prioritization, costing, agreement on roles and responsibilities, and robust accountability mechanisms. Participants agreed on the vital importance of multisectoral engagement from the start, and response coordination at both the national and local level for effective multisectorial response. It was suggested that national response coordination be chaired by the head of state or equivalent body, in order to facilitate collaboration across ministries and agencies and thus ensure the participation of all sectors. It was agreed that in order to ensure effective response coordination, sufficient financial and human resources are needed to harness and build on the existing capacities of civil society, the private sector, academia, and other non-state actors. Countries agreed on the need for coherent national intersectorial cooperation and coordination to safeguard appropriate development, operationalization, implementation and evaluation of noncommunicable disease programmes, and also agreed that a lack of financing mechanisms, coupled with weak political commitment and incompetency in monitoring interventions, remain the key challenges in the implementation of multisectoral work in the field of noncommunicable disease prevention and control. Participants also noted that multiple conflicts and competing priorities and interests in

areas affected by emergencies have led decision-makers in the Region to shelve action plans related to noncommunicable disease prevention.

Participants were then introduced to the WHO report *Saving lives, spending less: a strategic response to noncommunicable diseases*, published in May 2018, and the concept of noncommunicable disease investment cases. Participants noted that with private and public partnership on the rise, it has become increasingly essential to harness the enormous financial potential of multisectorial collaboration, especially with regard to financing noncommunicable disease prevention programmes. It was also noted that when applied appropriately, investment cases can help inform efficient allocation of internal budgets and shape the agenda of a country by putting noncommunicable diseases on the priority list of its national agenda. There was agreement that it was therefore essential to translate epidemiological language into economic language to bring in additional funds for noncommunicable disease prevention and control programmes in countries of the Region. Participants argued that calculations for internal investment should be carried out on both a long-term and short-term basis, as short-term aims would incentivize decision-makers to invest in noncommunicable disease prevention programmes while long-term goals could be linked to the SDGs. The methodology for investment cases is still in under development, and the inclusion of mental health and environmental health as part of noncommunicable disease investment case initiatives is planned for the future. With regard to the evaluation of the health and economic impacts of investment cases, participants agreed that there was a need to strengthen human capacities, such as providing appropriate training for economists, in order to bridge the gap in knowledge. They also agreed that data collection remains the greatest challenge in building investment cases, and it was suggested that when data does not exist for specific methods that economists call for, proxy data from countries of similar size and with similar noncommunicable disease profiles and

socioeconomic situations could be applied. Participants observed that data collection draws on the expertise of economists and epidemiologists as well as the shared experiences of people working on the ground.

Mental health

Mental, neurological and substance use disorders account for a third of disability globally, creating enormous human and economic loss. Discussions highlighted the 15% increase in the prevalence of mental, neurological and substance use disorders that the Region saw between 2006 and 2015, along with a documented treatment gap of between 76% and 85% in less developed countries of the Region. Compared to other WHO regions, the Eastern Mediterranean Region has the highest global burden of depression and anxiety disorders measured in years lived with disability, largely due to the many ongoing conflicts and humanitarian crises affecting the Region. Discussions touched on the global cost of mental health problems that was estimated to be US$ 2.5 trillion in 2010, a cost projected to increase to US$ 6 trillion by 2030 if effective measures are not taken. Participants noted that by introducing the package of evidence-based and cost-effective interventions for prioritized mental, neurological and substance use disorders in countries, health care needs could be effectively met with a favourable benefit–cost ratio of up to 5.7 to 1 when both social returns and economic benefits are considered.

This year's annual meeting was unique in the sense that mental health was integrated into the programme for the first time, allowing both mental health and noncommunicable disease focal points from countries of the Region to become familiar with the links between the two areas of work, and take part in joint discussions. Participants discussed the many advantages of integrating mental health into primary health care, and the bidirectional link between mental health and noncommunicable diseases and their risk factors, both of which

lead to premature morbidity and mortality, was highlighted. Participants noted key challenges in the integration of mental health into primary health care, such as stigma and the difficulties of training general practitioners and scaling up time-limited projects to enable sustainable integration to take place. It was agreed that countries need to find the model for the integration of mental health into primary health care most suited to their own context and health system.

Participants noted that regional progress on global targets 1, 3 and 4 of the global WHO Mental health action plan 2013–2030 was on track, while progress on global target 2 was difficult to measure in the absence of baseline measures. It was also noted that reporting on morbidity and mortality rates for mental health, and in particular suicide rates, needs to be improved, participants stressing the need to strengthen not only national health information system components on mental health and substance use but also vital registration systems.

Prevention of noncommunicable disease risk factors

Discussions on tobacco control highlighted the influence of the tobacco industry, the ubiquitous use of the water pipe in the Region and the challenges faced by countries in addressing those issues. In light of a country case study from Egypt on the tobacco taxation experience presented by a representative from Egypt's Ministry of Finance, participants suggested that the reluctance of countries to implement tobacco taxation was in some cases a result of the partnerships forged by ministries of finance and the tobacco industry. It was agreed that in order to move forward with tobacco taxation, countries should seize the chance to bring the issue to the table and present the case to all key stakeholders when the right moment presents itself, such as when the government is in need of additional revenue. Participants agreed that instead of waiting for new

intervention models to appear, countries should continue to apply what has already been proved to work in the field of tobacco control, such as plain packaging. Countries were advised to take advantage of the available evidence and leverage the momentum created by those who have successfully implemented evidence-based tobacco control measures in the past. The importance of strong leadership in tobacco control was reiterated, and countries were encouraged to model existing exemplary cases, such as the successes achieved by the Irish and Australian Departments of Health. The implementation of the highest level of Framework Convention on Tobacco Control policies was endorsed in order to maximize the use of available resources as well as avoid potential loopholes in policies that can be capitalized on by the tobacco industry, and participants agreed that in the light of the above potential threats to the success of tobacco control initiatives, there was a crucial need to scale up policy enforcement and implementation. It was also argued that different tobacco control actions needed to be synchronized and implemented at the same time in order to maximize their effectiveness.

In the field of nutritional risk factor prevention, countries shared their experiences and recommended practices in relation to the reduction of trans fat, added sugar, and salt in industrially produced food items through food reformulation. Participants discussed the WHO REPLACE package, published in May 2018, which provides countries with a step-by-step guide on how to eliminate trans fats from the global food supply chain by 2023, and in line with a country case study from Tunisia illustrating a successful public–private partnership effort in food reformulation, suggested that the Region's ministries of health work closely with the food industry to encourage companies that have successfully removed trans fats from their products to support and share their experiences with their peers. Participants requested that the WHO Regional Office for the Eastern

Mediterranean facilitate this exchange of technical support and establish a forum for companies to further share their respective expertise in implementing trans fat reduction strategies. It was agreed that while enforcement of legislation is crucial, assisting businesses with technical support is equally important for the implementation of the legislation, and it was therefore suggested that governments strengthen the counseling system by providing small businesses with information on techniques and alternative ingredients that can be adopted to rid their products of trans fats. Participants argued that there needs to be more effective engagement between noncommunicable disease focal points and other departments, such as such as food safety, nutrition, and health promotion.

Noncommunicable disease management

The main discussion topic related to noncommunicable disease management was noncommunicable disease integration into primary health care; the discussion was supported by the presentation of case studies from Islamic Republic of Iran and Sudan describing these countries' noncommunicable disease integration processes. Other focus areas were the WHO emergency noncommunicable diseases kit and the newly endorsed WHO Regional framework for action on cancer prevention and control. The importance and advantages of noncommunicable disease integration into primary health care as an efficient, cost-effective and vital means to expand universal health coverage for noncommunicable diseases was stressed, participants noting the upcoming anniversary of the Alma-Ata Declaration as an important source of motivation for leaders to prioritize noncommunicable disease integration into primary health care.

In the field of clinical health care, the WHO Package of essential noncommunicable (PEN) disease interventions for primary health care

in low-resource settings recommended interventions, clinical protocols and health service package updates were presented, and the importance of the WHO Global Hearts Initiative and the management of chronic respiratory diseases were emphasized. Participants stated that the latter issue was an overlooked field, and requested that WHO provide more advocacy material and clinical guidance for chronic respiratory disease management, particularly in the light of air pollution as an emerging concern and risk factor. Discussions underlined that the majority countries of the Region allocate most of their available funds to curative care, leaving a shortage of funds for preventive care, such as healthy lifestyle counseling, and the promotion of self-management skills among patients.

Participants also discussed key challenges related to human resources such as workforce shortages, task-sharing and the need for training and capacity-building. They acknowledged that the Region suffered from a lack of physicians, and also noted that 85% of attacks on health workers globally took place in the Region. It was further noted that a majority of general practitioners in the Region do not have the family practitioner training or equivalent specialization needed to be able to deliver the necessary noncommunicable disease and mental health care in primary health care facilities. The need to improve referral systems between the different levels of care, and the fact that the gatekeeping role played by primary health care was insufficient were cited by participants as ongoing challenges, and the lack or low reporting of primary health care quality indicators was raised, participants agreeing on the latter's importance for the development and improvement of primary health care services. Quality of care in primary health care was described as uneven, and particular concern was expressed regarding a lack of information on the quality of care provided within private primary health care facilities, which further increased the difficulty of monitoring and evaluating the quality of noncommunicable disease care.

Participants also recognized the importance of the WHO emergency noncommunicable diseases kit in light of the number of ongoing emergencies in the Region and the fact that the Region currently hosts 62% of the world's refugees.

Lastly, participants were briefed on the Regional framework for action on cancer prevention and control, and were informed that progress monitoring of the framework's indicators would be initiated during 2019.

NCD Surveillance

Participants noted that progress has been made with regards to countries of the Region implementing the WHO STEP-wise approach for noncommunicable disease risk factor surveillance (STEPS) surveys, but overall noncommunicable disease surveillance remains a challenge for the Region. It was reiterated that countries had agreed to set time-bound national indicators, for which the nine global time-bound noncommunicable disease voluntary targets and 25 indicators of the WHO Noncommunicable disease global monitoring framework served as a good reference. It was noted that the key to monitoring progress on noncommunicable disease interventions was to measure the reduction of premature noncommunicable disease deaths, for which adequate tracking systems of mortality data were needed. As this data is made available by ministries of health, participants agreed that it was imperative for countries to provide the most up-to-date national noncommunicable disease data, and noted that such provision is currently being obstructed by a lack of reliable mortality registration systems in many countries of the Region. The Region still does not have an effective system to collect the needed noncommunicable disease-related morbidity and cause-specific mortality data, and therefore ensuring high-quality estimates is crucial for the provision of accurate noncommunicable disease country profiles.

Participants also requested a training package on implementing the WHO noncommunicable disease global monitoring framework, which has been pilot tested in Amman for use in Iraq. It was noted that the infrastructure for the surveillance of noncommunicable diseases and their risk factors is widely available in the Region, with 91% of countries reporting the presence of a body responsible for noncommunicable disease surveillance. However, it was agreed that there was a continuing need for the capacity-building of national surveillance focal points, improved national coordination of noncommunicable disease surveillance activities, and better data collection mechanisms in order to generate high-quality data in countries of the Region. Participants strongly advocated the integration of noncommunicable disease risk factor surveillance into national health information systems, and also suggested that the improvement of registration systems be embedded in health system reform geared towards achieving universal health coverage, particularly in those countries with less developed health systems.

Consensus statement adoption

A consensus statement reaffirming country commitments, encouraging political leadership and calling for the highest possible representation during the Third UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases was drafted and shared with participants prior to a final meeting session where the content was reviewed and discussed in detail. During these discussions it was suggested that the scope of the statement should be widened to include interrelated SDGs instead of merely focusing on SDG target 3.4. Furthermore, regional challenges such as tobacco use and malnutrition, including both under- and overnutrition, were highlighted and added. Mental health and its links with noncommunicable diseases was emphasized to ensure a continued integrated approach. It was also

unanimously agreed that the neglected area of mental health and psychosocial support and noncommunicable disease intervention in emergencies was an important area to explicitly include in noncommunicable disease prevention and control initiatives because of the many conflicts and humanitarian settings in the Region, and the Region's technical expertise in this area of work.

3. Recommendations

To Member States

1. Scale up implementation of the commitments of the 2011 United Nations Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases guided by the regional Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, related guidance and tools, and by applying the six recommendations of the WHO Independent High-level Commission on Noncommunicable Diseases calling for: 1) political leadership and responsibility; 2) prioritizing and scaling up noncommunicable disease response based on national public health needs; 3) embedding and expanding noncommunicable disease care within health systems and plans for universal health coverage; 4) collaborating with and regulating appropriate engagement with the private sector, academia, civil society and communities; 5) developing and implementing new financing models; and 6) strengthening national accountability mechanisms for action on noncommunicable diseases.

2. In the area of governance:
   - Continue the implementation of the regional Framework for action to implement the United Nations Political Declaration

on Noncommunicable Diseases, guided by all noncommunicable disease-related SDGs and relevant targets in national development policies, plans and strategies.

- Enhance multisectoral collaboration and adopt a whole-of-government, whole-of-society approach by activating relevant stakeholders beyond the health sector and finding working models appropriate for the national context.
- Consider a national noncommunicable disease investment case to inform allocation of national budget and motivate increased engagement in and prioritization of the noncommunicable disease agenda.
- Introduce effective and evidence-based financing models for national noncommunicable disease response, such as sin taxes and earmarking of collected tax revenues to augment the national noncommunicable disease budget.

3. In the area of prevention:

- Continue implementation of the Framework Convention on Tobacco Control and MPOWER tobacco control measures, aiming at full implementation at the highest level.
- Increase tobacco taxation measures to enhance multisectoral collaboration and decrease tobacco use.
- Prioritize the “O” in MPOWER (“Offer help to quit”) to help ensure effective regional progress.
- Scale up the implementation of regional action plans on salt, fat and sugar reduction.
- Implement at national level the WHO REPLACE package and its six-step approach to eliminating trans fats from the food supply.
- Enforce implementation of the International code of Marketing of Breast-milk Substitutes.

- Bridge the gap between technical units and policy-makers by improving collaboration and engagement between relevant ministry of health departments and other ministries and relevant stakeholders.

4. In the area of surveillance:

- Improve noncommunicable disease surveillance by fully implementing the WHO Noncommunicable disease global monitoring framework, focusing on the framework's pillars of surveillance of health outcomes (mortality and morbidity), noncommunicable disease risk factors, and national systems response.
- Strengthen noncommunicable disease surveillance systems through capacity-building of national surveillance focal points, improved national coordination and better data collection mechanisms.
- Integrate noncommunicable disease risk factor surveillance into national health information systems.

5. In the area of health care:

- Integrate noncommunicable disease care into primary health care, in both stable and emergency settings, to expand universal health coverage for noncommunicable diseases.
- Strengthen national health system capacity to address noncommunicable diseases by prioritizing cost-effective interventions such as the noncommunicable disease best buys.
- Improve the efficiency of primary health care providers and strengthen referral pathways within health systems to optimize the gatekeeping role of primary health care.
- Improve reporting on indicators, in particular primary health care quality indicators, to ensure more effective monitoring and evaluation mechanisms.

- Implement the Regional framework for action on cancer prevention and control.
- Deploy and make adequate use of the WHO emergency noncommunicable diseases kit in areas affected by conflict or natural disasters.

6. In the area of mental health:

   - Continue the implementation of the Regional framework to scale up action on mental health in the Eastern Mediterranean Region and adopt the cost-effective interventions recommended in the framework.
   - Integrate mental health into primary health care packages according to national contexts and health systems.
   - Facilitate dialogue between mental health, noncommunicable disease and primary health care units within ministries of health to ease collaboration and the full integration of noncommunicable disease care and mental health care into primary health care.

To WHO

7. Provide Member States with the required technical guidance to scale up the implementation of the priority areas of the regional Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases and the Regional framework to scale up action on mental health in the Eastern Mediterranean Region.

8. Prepare and support Member States in the next phase of the global noncommunicable disease agenda following the outcome document of the Third United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, and update Member States on commitments accordingly.

9. In the area of governance:

   - Continue to provide technical guidance and support for the implementation of national multisectoral action plans for noncommunicable disease prevention and control.
   - Support Member States and provide necessary guidance for the development of noncommunicable disease investment cases upon country request.

10. In the area of prevention:

    - Provide the technical support necessary to achieve full implementation of the Framework Convention on Tobacco Control with MPOWER and other tools.
    - Provide technical support in the field of nutrition to facilitate the implementation of the global WHO REPLACE package for the elimination of trans fats, and regional action plans on the reduction of salt and sugar.
    - Support Member States in the implementation of the noncommunicable disease best buys to effectively reduce noncommunicable disease risk factors.

11. In the area of surveillance:

    - Continue to provide technical guidance to enhance the capacity of Member States in the field of noncommunicable disease risk factor surveillance based on the pillars of surveillance of health outcomes (mortality and morbidity), noncommunicable disease risk factors, and national systems response.
    - Support Member States with the necessary training and capacity-building for noncommunicable disease surveillance.

12. In the area of health care:

    - Lead the development of technical tools and necessary guidance to strengthen noncommunicable disease care, with

an emphasis on noncommunicable disease integration into primary health care.

- Improve clinical guidelines and advocacy material for chronic respiratory diseases.

13. In the area of mental health:

    - Provide Member States with technical support and guidance to assist them in the implementation of the Regional framework to scale up action on mental health in the Eastern Mediterranean Region and the integration of mental health into primary health care package.

14. Distribute the consensus statement agreed upon by participants to heads of state and government in the Region, calling for the highest possible representation during the Third United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

15. Call for the inclusion of mental health as an integrated component of the noncommunicable disease agenda in the outcome document of the Third United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

16. Call for specific reference to be made to noncommunicable diseases in emergencies in the outcome document of the Third United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

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