



## 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 Non-communicable Diseases, 2018

### Introduction

1. In September 2018, the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable 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 at 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 – an update to the 2012 regional framework for action on NCDs that was developed following the first UN political declaration in 2011.<sup>1</sup> The regional framework for action consists of 19 strategic interventions for countries to implement and has 15 progress indicators to monitor its implementation.
3. Through the resolution, the Regional Committee requested the WHO Regional Director to report on progress made by Member States in the prevention and control of NCDs to its 68th and 70th sessions. A progress report was submitted and discussed at the 68th session of the Regional Committee (EM/RC68/INF.DOC.8). This report summarizes the additional progress made by countries and territories in the Eastern Mediterranean Region since then in implementing the strategic interventions in the regional framework for action, using mainly country progress information reported to WHO as part of the Noncommunicable Diseases Progress Monitor 2022<sup>2</sup> and the Noncommunicable Disease Document Repository.<sup>3</sup>

### Status and progress

#### Governance

4. The progress report submitted at the 68th session of the Regional Committee documented that 12 countries (55%) in the Region had an operational multisectoral national strategy or action plan that integrates the major NCDs and their shared risk factors. In comparison, in 2022, only 11 countries (50%) had such a plan (the *de facto* authorities in Afghanistan have not yet endorsed a national NCD prevention and control plan, although the country previously had one). Despite declared political commitments, no additional country has developed and operationalized a multisectoral national strategy or action plan.

<sup>1</sup> Framework for action to implement the UN Political Declaration on NCDs, including indicators to assess country progress by 2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/EMRPUB-NCD-146-2019-EN.pdf?ua=1>).

<sup>2</sup> Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240047761>, accessed 19 June 2023).

<sup>3</sup> Noncommunicable Disease Document Repository. Geneva: World Health Organization (<https://extranet.who.int/ncdccs/documents/Db>, accessed 19 June 2023).

Moreover, since 2021 no further country in the Region has set NCD targets that are in line with the nine voluntary global targets in the WHO Global Monitoring Framework for NCDs, beyond the 14 (64%) countries/territories that had done so. The stagnation of progress is due in part to the shifting of priorities during the COVID-19 pandemic which undermined previous efforts. The current public health landscape will allow for more focused advocacy and support, leveraging an increased understanding of the importance of NCD prevention and control as part of pandemic and other emergency preparedness efforts.

5. WHO has supported the development and publishing of six NCD investment cases<sup>1</sup> in member countries of the Cooperation Council for the Arab States of the Gulf (GCC) in collaboration with the United Nations Development Programme (UNDP), as part of the wider UN Interagency Task Force on the Prevention and Control of NCDs, and with technical and financial assistance from the Gulf Health Council.<sup>2</sup> The concerned countries requested WHO and UNDP to conduct a costing exercise at the primary health care level, which was initiated in 2022. Preliminary results highlight that current expenditure for NCD-related services is not sufficient to address the NCD burden across the six countries. In addition, an NCD investment case for the Islamic Republic of Iran was published in 2022.

## **Prevention of risk factors**

### *Tobacco use*

6. Policy development in tobacco control has improved significantly in the Region since the adoption of the updated regional framework for action on NCDs. The status of implementation of MPOWER policies and the demand reduction measures of the WHO Framework Convention on Tobacco Control (FCTC) includes the following: four countries (18%) have imposed the highest level of taxes on tobacco products; 12 countries (55%) have completely banned tobacco advertising, promotion and sponsorship, the highest percentage among all WHO regions; eight countries (36%) have banned tobacco use in all public places, although a complete ban existed in 17 countries during the COVID-19 pandemic, including use of waterpipes; two countries implemented plain packaging; 12 countries (55%) adopted a graphic health warning on tobacco packs; and four countries (18%) achieved the highest level in the adoption of cessation measures – disappointingly few considering the significant impact it could have in the Region. Much work is still needed to achieve the 30% reduction target in tobacco use by 2025; however, a number of policy changes expected in the near future will further improve the situation.

### *The harmful use of alcohol*

7. No progress has been reported to WHO beyond that described at the 68th session of the Regional Committee regarding national implementation of the measures recommended in the WHO global strategy to reduce the harmful use of alcohol.<sup>3</sup> Nine countries in the Region (41%) have fully enacted and enforced restrictions on the physical availability of retailed alcohol (through reduced hours of sale); 11 countries (50%) have fully enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media); and 10 countries (45%) have fully applied an increase in excise taxes on alcoholic beverages.

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<sup>1</sup> Noncommunicable diseases investment cases. Cairo: World Health Organization; 2021 (<https://www.emro.who.int/noncommunicable-diseases/publications/case-for-investment-in-prevention-and-control-of-non-communicable-diseases.html>).

<sup>2</sup> Non-communicable disease prevention and control: a guidance note for investment cases. Geneva: World Health Organization and United Nations Development Programme; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/311180/WHO-NMH-NMA-19.95-eng.pdf?sequence=1&isAllowed=y>).

<sup>3</sup> Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (<https://www.who.int/publications/i/item/9789241599931>).

*Measures to reduce unhealthy diets and physical inactivity*

8. 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 roadmap with a set of policy recommendations to scale up action on obesity in the Region.<sup>1</sup> 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 life by 2030.<sup>2</sup>

9. Initiatives to limit trans-fatty and saturated fatty acids and virtually eliminate industrially-produced trans-fatty acids in foods have been undertaken in 15 countries and territories (68%).

10. The implementation of salt reduction strategies has been progressing in the Region, with 13 countries and territories (59%) reporting in 2022 that they had adopted national policies to reduce population salt and sodium consumption.

11. 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. In addition, the WHO/UNESCO Global Standards for Health Promoting Schools provide a resource package for schools to promote healthy diet and physical activities. Egypt has been selected as an early adopter, with further implementation in five other countries of the Region. Twelve countries and territories in the Region (55%) have established rules for the foods and beverages available in schools, and five countries (23%) have banned vending machines from school premises. Seven countries (32%) have fully implemented the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, three more than reported at the 68th session of the Regional Committee. Nine countries/territories (41%) have banned the sale or provision of products such as soft drinks, potato crisps and sweet biscuits in schools.

12. Eleven countries/territories (50%) have introduced taxes of up to 50% on carbonated or sugar-sweetened beverages and 18 (82%) have enacted legislation, regulations, or both, fully or partially implementing the International Code of Marketing of Breast-milk Substitutes. Fifteen countries/territories (68%) have published food-based dietary guidelines.

13. Five countries (23%) reported having fully implemented at least one recent (in the past two years) national public awareness and motivational communication promoting physical activity, such as mass media campaigns for physical activity behavioural change, while two reported partial implementation. In addition, Yemen organized a physical activity campaign in collaboration with the World Bank during Ramadan 2023, using a social behaviour change approach and featuring an evaluation component.

*Air pollution*

14. Air pollution is one of the greatest environmental risks to health. It is recognized as the second-highest risk factor for NCDs. In 2019, the combined effects of outdoor and indoor air pollution were responsible for the premature death of 6.7 million people worldwide, including 527 000 deaths in the Region. Four main types of NCDs cause 66% of these deaths: ischaemic heart disease, stroke, cancer within the respiratory tract and chronic obstructive pulmonary disease (COPD). Over 99% of the urban population in the Region lives in places where the air is unsafe to breathe, with this burden falling disproportionately on

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<sup>1</sup> Regional framework for action on obesity prevention 2019–2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 ([https://applications.emro.who.int/docs/EMROPUB\\_2019\\_en\\_22319.pdf?ua=1](https://applications.emro.who.int/docs/EMROPUB_2019_en_22319.pdf?ua=1)).

<sup>2</sup> Strategy on nutrition for the Eastern Mediterranean Region, 2020–2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/9789290222996-eng.pdf>).

the poor and on women, children and the elderly. In 2022, the updated WHO Air Quality Database, which compiles data on ground measurements of annual mean concentrations of particulate matter (PM) and nitrogen dioxide (NO<sub>2</sub>), was released. The regional rate of contribution to the updated Database is much higher than to previous versions; 158 cities from 14 countries in the Region shared their annual concentrations. The Database shows that the Region had the highest annual mean PM and NO<sub>2</sub> values of all WHO regions between 2010 and 2019.

15. In 2022, WHO published and disseminated a compendium of WHO- and UN-recommended interventions to minimize the health impacts of air pollution. Support continues to be 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 medicines and vaccines.

16. A regional consultation was held to develop a regional plan of action for the implementation of the global roadmap for an enhanced global response to the adverse health effects of air pollution, which provides strategic actions and interventions to improve the quality of air and minimize its impact on health at both regional and national levels. Accordingly, capacities for estimating the health impacts of air pollution have been strengthened in 10 countries in the Region; capacities in other countries will be strengthened between 2023 and 2025. This plan of action is being updated.

### *Digital health*

17. Digital technology initiatives such as Be He@lthy, Be Mobile (in collaboration with the International Telecommunication Union) 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. The use of these applications increased throughout the COVID-19 pandemic, including support for people living with NCDs in the GCC countries using telemedicine and SMS.

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

18. Considerable progress has been made by Member States in integrating NCDs at the primary health care level using WHO NCD packages. The HEARTS package has been implemented successfully in seven countries (32%). An online course for training clinicians and managers on the HEARTS package has been launched to encourage capacity-building.

19. In 2021, the Regional Committee endorsed a regional framework for action on diabetes prevention and control. Currently, 17 countries in the Region (77%) report that NCD services are included in their national essential package of health services or universal health coverage-priority benefit packages, and 18 (82%) indicate that they have evidence-based national guidelines or protocols for the management of diabetes in primary health care.<sup>1</sup>

20. WHO provided technical support to emergency countries to ensure continuity of services and medication, and to support the procurement and deployment of NCD kits during emergencies (for example, in Pakistan during the 2022 floods and in the Syrian Arab Republic during the 2023 earthquake). The impact of the COVID-19 pandemic amplified the need to address NCDs in emergencies. A WHO global and regional technical meeting on addressing NCDs in emergencies was held in December 2022 to showcase

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<sup>1</sup> Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2021 country capacity survey in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean (in press).

WHO efforts to strengthen the integration of NCDs as part of emergency response and preparedness and to recommend strategic approaches to improve WHO technical support to countries across the preparedness, response and recovery phases.

21. In October 2019, the Regional Committee endorsed a regional framework for action on acute rheumatic fever (RF) and rheumatic heart disease (RHD) in resolution EM/RC66/R.1.<sup>1</sup> With the support of the RF/RHD regional expert network, WHO has supported countries to review their national programmes and develop RHD guidelines. An online course on RHD was released (in Arabic and English) to build the capacity of the health workforce at primary health care and community level.

22. The Global Initiative on Childhood Cancer (GICC) has galvanized action in the Region on this increasingly important health priority by providing country-level stakeholders with funds (US\$ 180 000) to push forward relevant work across the CureAll technical package pillars. A call for proposals was disseminated to encourage countries to take action. Six successful proposals from Iran (Islamic Republic of), Iraq, Jordan, Palestine, Pakistan and Yemen enabled these countries to obtain support in implementing activities, in addition to the support provided to Morocco, the GICC focus country in the Region. As a result, the six countries significantly delivered in the categories of enhanced governance, strengthened human and technical capacity, effective monitoring and surveillance systems, and increased service coverage to address the burden posed by childhood cancers. Based on the demonstrated success achieved in childhood cancer control, two additional countries in the Region have been selected as GICC focus countries (Jordan and Pakistan). Jordan is the first pilot country in the Region to participate in the Global Platform for Access to Childhood Cancer Medications, a joint initiative between WHO, St. Jude and United Nations Children's Fund (UNICEF) to overcome the global shortage of childhood cancer medications and increase access to high-quality drugs; Pakistan aims to scale up childhood cancer interventions.

23. To operationalize World Health Assembly resolution 67.19 on strengthening palliative care as a component of comprehensive care throughout the life course, WHO led the establishment of a regional palliative care expert network in 2019 to provide technical input and expertise to guide the regional palliative care agenda. The network, which includes 22 representatives from 12 countries of the Region, is an important platform for regional collaboration and exchange and has provided extensive technical support as well as contributing to the development of a regional roadmap and workplan for palliative care. The workplan includes strategic objectives and concrete deliverables across the domains of policy, human resources and service delivery to inform health policies and support capacity-building in countries. The network has also provided a draft regional curriculum for second-level training, capacity-building of regional palliative care professionals through WHO collaborating centres on palliative care in India, a webinar series on COVID-19 and palliative care with regional palliative care nongovernmental organization Sanad, a list of essential medicines and supplies, a regional advocacy video, an Eastern Mediterranean Health Journal special issue on palliative care and a set of 15 regional indicators to guide the assessment of palliative care development in the Region (an assessment of 11 Member States will be published in 2023).

24. In alignment with the Global Cervical Cancer Elimination Initiative, a regional cervical cancer elimination strategy was developed.<sup>2</sup> Following its launch in January 2023, intense advocacy and rollout in the Region is being led and supported by a cross-departmental WHO task force that 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 five countries have now introduced the HPV vaccine. Advocacy efforts and technical support are underway to facilitate the

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<sup>1</sup> Framework for action on acute rheumatic fever and rheumatic heart disease in the WHO Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/FS-NCD-147-eng.pdf>).

<sup>2</sup> Regional cervical cancer elimination strategy for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023 (<https://apps.who.int/iris/handle/10665/369359>).

introduction of the vaccine in countries eligible to apply for vaccine support from Gavi, the Vaccine Alliance (Afghanistan, Djibouti, Pakistan and Sudan). Nine countries in the Region now provide cervical cancer screening services, and some countries are looking at ways to shift towards HPV testing. Protocols for the training of health care workers on the screening, diagnosis and management of cervical precancer have been developed for country-level capacity-building through the WHO Academy. Furthermore, WHO conducted an assessment in 2022 to identify bottlenecks to implementation in the Region with support from the Australian Center for Prevention of Cervical Cancer, to guide country implementation efforts.

25. Assessment of cancer prevention and control has been supported in four Member States (Iraq, Jordan, Sudan and Syrian Arab Republic) through integrated missions of the Programme of Action on Cancer Therapy (imPACT reviews) in coordination with the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC). A mid-term review of cancer programming was also conducted for the Islamic Republic of Iran to enhance cancer governance and planning. Greater engagement with civil society, academia and people with lived experience has been demonstrated.

### *Surveillance, monitoring and evaluation*

26. 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 2020–2022, Oman adopted the WHO Global Monitoring Framework for NCDs and published an endorsed national-level monitoring framework for NCDs, including a set of core indicators to support assessing progress towards achieving NCD and Sustainable Development Goal (SDG) targets, as well as other national-level visions. The United Arab Emirates is currently working with national stakeholders on adapting this framework, following WHO guidance.

27. Regarding NCD risk factor surveillance, in 2021 both Libya and Palestine conducted surveys using the WHO STEPwise approach to NCD risk factor surveillance (STEPS). Kuwait and Qatar have completed preparation for STEPS survey repeats, while Djibouti, Tunisia and Yemen have started adaptation of the survey protocol. Most countries/territories in the Region (90%) have data for adolescents from the Global School-based Student Health Survey (GSHS), while survey repeats and updates are being implemented by Jordan, Morocco, Oman, Syrian Arab Republic and five sites of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Pakistan progressed towards completion of a further round of an adaptation of the Global Adult Tobacco Survey (GATS) at national level under a donor funding mechanism. Saudi Arabia completed implementation of a further round of the Global Youth Tobacco Survey (GYTS), while Jordan, Kuwait, Morocco, Palestine and UNRWA completed preparation for implementing further rounds of the GYTS.

28. The majority of countries/territories in the Region (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.

29. Several countries progressed in strengthening NCD monitoring at the primary health care level following the WHO NCD Facility-based Monitoring Guidance, which includes a framework and a set of relevant, valid and feasible standardized indicators to guide the recording and reporting of health service data at the primary care level.

30. 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 2021 global NCD country capacity survey. The report includes an analysis of country progress on indicators reported in the NCDs progress monitor 2022 report.

## Challenges

31. The countries of the Region unfortunately remain off track to achieve the SDG health targets by 2030; these targets include a one-third reduction in premature deaths from NCDs through prevention and treatment. Countries have been slow to apply lessons learned during the COVID-19 pandemic to strengthen the health system response to NCDs and be better prepared for future health emergencies. Moreover, the operationalization of multisectoral action plans has been challenging in view of the lack of engagement of sectors beyond the health sector.

32. Persistent challenges hindering progress in the Region include health service disruption due to natural disasters; political instability, conflict and humanitarian crises; 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.

33. Critical challenges remain in building robust national NCD surveillance systems along the WHO-recommended pillars of exposure (risk factors), outcome (morbidity and mortality) and health system response.

34. Uptake of WHO global cancer initiatives (Global Breast Cancer Initiative, GICC, Global Cervical Cancer Elimination Initiative) does not match the increasing cancer burden within the Region.

## The way forward

35. NCDs must be urgently addressed in the Region 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:

- providing more focused support to countries and intensifying advocacy efforts augmented by tools to support high-level multisectoral engagement, and adopting whole-of-government, whole-of-society, cross-sectoral policy approaches that deliver health in all policies;
- strengthening national governance to include NCDs in national emergency response plans to build back better after the COVID-19 pandemic and other crises;
- implementing and scaling up national programmes with strong leadership from ministries of health, involving all sectors, including legislative bodies and institutions for trade and finance;
- investing in the 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 surveillance and service delivery, with a focus on monitoring service coverage of NCDs at primary health care level, including the use of a facility-based monitoring framework that contains a clear set of core and optional indicators to monitor health care system response, with the aim of standardizing the surveillance, monitoring, reporting and evaluation of service provision across the different systems in place.

36. 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.