World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean
Regional Committee for the Eastern Mediterranean
Seventieth session
Provisional agenda item 2(o)

EM/RC70/INF.DOC.14
August 2023

Progress report on addressing diabetes as a public health challenge in the Eastern Mediterranean Region

Introduction

1. Diabetes represents one of the biggest public health concerns and challenges in the Eastern Mediterranean Region, which has an estimated prevalence of diabetes among adults (defined as people aged 20–79 years) of 16.2%,[1] representing more than 70 million individuals. In the last two decades, the Region has displayed the greatest increase and most alarming trend globally. WHO has identified diabetes as a critical health priority in the Region.

2. In October 2021, in line with World Health Assembly resolution WHA74.4 on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes, the WHO Regional Committee for the Eastern Mediterranean endorsed a regional framework for action on diabetes prevention and control.

3. The regional framework provides Member States with a set of 30 strategic interventions divided into four key areas: governance; prevention; management; and surveillance and research. Each key area includes a set of indicators (11 in total) against which Member States can monitor their progress.

4. The regional framework was developed to align with the overarching regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases (NCDs), allowing synergies in adoption, implementation and reporting. The implementation of the overarching regional framework is closely monitored through the WHO periodic assessment of national capacity for the prevention and control of NCDs (the NCD country capacity survey), which covers most key areas addressed by this progress report and provides baseline data for 2021.

5. This report summarizes the progress made by countries in implementing the regional framework for action on diabetes prevention and control since its endorsement in October 2021. The data on progress in this report are compiled from already available WHO sources.[2] The challenges described below are based on feedback from countries and territories provided at a consultative meeting in February 2023.[3]

---

[1] IDF Diabetes Atlas 10th edition. Brussels: International Diabetes Federation; 2021 (www.diabetesatlas.org, accessed 2 May 2023).

[2] These sources include existing surveys (such as the NCD country capacity survey and NCD risk factor population-based surveys such as STEPS) and reports (such as the WHO Report on the Global Tobacco Epidemic 2021).

[3] For this report, the countries and territories of the Region have been categorized into three broad groups based on population health outcomes, health system performance and level of health expenditure: Group 1 comprises countries where socioeconomic development has progressed considerably over the past decades, supported by high income; Group 2 comprises largely middle-income countries which have developed extensive public health service delivery infrastructure but face resource constraints; and Group 3 comprises countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability, conflicts and other complex development challenges. Group 1 includes Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates. Group 2 includes Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Syrian Arab Republic and Tunisia. Group 3 includes Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

Status and progress

Governance

6. Half the countries/territories in the Region have adopted and implemented a strategy or action plan for diabetes prevention and control. Thirteen (59%) have reported having an action plan for obesity and overweight. Most (77%) have integrated diabetes into their national multisectoral NCD strategy, policy or action plan. However, some countries, such as Saudi Arabia and United Arab Emirates, have developed a specific national action plan encompassing all areas of diabetes prevention and management. Other countries are encouraged to update or develop their plans.

Prevention

7. WHO has identified prevention areas for diabetes risk, including strategic interventions to tackle tobacco smoking, alcohol consumption, unhealthy diet and physical inactivity.[1]

8. Policy development in tobacco control has improved significantly in the Region. However, despite this, more progress is needed to achieve the 30% reduction target in tobacco use by 2025. Four countries/territories in the Region have imposed the highest level in taxes and 12 have completely banned tobacco advertising, promotion and sponsorship (TAPS), the highest proportion among all WHO regions. Eight have banned tobacco use in public places, although a complete ban existed in 17 at one stage of the COVID-19 pandemic and included waterpipe use. Twelve have adopted a graphic health warning on tobacco packs, while only four have achieved the highest level in tobacco cessation.

9. Most countries/territories in the Region have developed policies to support healthy diet and reduce the nutrition-related risk factors for NCDs. Great efforts have been made to implement policies to limit trans-fatty acids intake in all Gulf Cooperation Council countries and in Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Morocco, Pakistan, Palestine and Tunisia. Taxes on sugar-sweetened beverages have been implemented in 11 countries/territories, namely Bahrain, Egypt, Iran (Islamic Republic of), Kuwait, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia and United Arab Emirates. Front-of-pack nutrition labelling has been applied in five countries in the Region, namely Iran (Islamic Republic of), Morocco, Saudi Arabia, Tunisia and United Arab Emirates.[2]

10. Nine countries/territories (41%) had implemented a national public education and awareness campaign on physical activity in the two years preceding the 2021 NCD country capacity survey, while 10 (45%) had implemented a national public education and awareness campaign on diet in the same period.

Management

11. Of the countries/territories in the Region, 17 (77%) reported that NCD services have been included in their national essential benefits package of health services or universal health coverage-priority benefits packages since 2021. Sudan integrated diabetes in its national essential health benefits package that was developed in 2022.

[1] Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Draft updated menu of policy options and cost-effective interventions. Report by the Director-General. Geneva: World Health Organization; 2023 (EB 152/6 2023; https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf, accessed 2 May 2023).

[2] The Global Health Observatory. Indicators. Geneva: World Health Organization; 2023 (https://www.who.int/data/gho/data/indicators, accessed 2 May 2023).

12. Considerable progress has been made by Member States in mainstreaming diabetes at the primary health care level. WHO is supporting the implementation of the WHO HEARTS technical package in a number of countries/territories in the Region to improve access to cost–effective prevention, treatment and care interventions, including diabetes. While Djibouti, Pakistan, Palestine, Sudan and Yemen are implementing the project at pilot sites, Jordan and Morocco are in the process of extending the model at a larger scale to eventually cover all primary health care facilities.

13. WHO is promoting models of evidence-based, patient-centred care and works closely with ministries of health, professional associations and other partners to support the development and implementation of evidence-based guidelines and protocols for the integrated management of diabetes and other NCDs. Most countries/territories in the Region (18, or 82%) report that they have evidence-based national guidelines or protocols for the management of diabetes at the primary care level and that these include referral criteria. Since the resolution was adopted, Djibouti, Iraq, Lebanon, Pakistan and Yemen have developed or updated their national guidelines following WHO guidance.

14. Public primary health care technologies (such as instruments for measuring blood glucose and blood pressure) are generally available in all three country groups. The oral glucose tolerance test and HbA1c are available in 11 countries/territories (50%), funduscopic examination in 10 (45%), foot vibration perception using a turning fork in eight (36%), urine strips for glucose and ketone measurement in 17 (77%) and urine strips for albumin assay in 11 (50%). The availability of these technologies was also assessed in the private sector, where they were more widely available compared to the public sector.

15. Many countries/territories report availability of diabetes treatment in the primary care facilities of the public sector. Fifteen (68%) have insulin available; 19 (86%) have metformin; 15 have sulphonylureas and 17 have angiotensin-converting enzyme (ACE) inhibitors for diabetes and hypertension treatment. Several countries/territories experiencing emergencies reported low availability of human insulin, glucose monitoring devices, test strips and diagnostic tools.

16. In terms of diabetes education and self-management support, WHO has established a regional therapeutic patient education working group to support national programmes regarding patient education, self-management, autonomy and well-being.

17. Regarding the availability of medical interventions for the screening and management of diabetes complications in the public health sector, 15 (68%) countries/territories offer retinopathy screening; 13 (59%) offer retinal photocoagulation; and 15 (68%) offer renal replacement therapy by dialysis.

Surveillance

18. In the Region, 18 countries/territories (86%) collect data on raised blood glucose at the national level, with seven (32%) collecting data every 3–5 years as recommended by WHO.

19. A total of 12 countries/territories (55%) have a system for recording patient information at the primary care level in the public sector that includes information on diabetes status and risk factors. At hospital level, 11 (50%) reported having a system with information on diabetes.

20. While 13 countries/territories (59%) have a diabetes registry; only two (9%) reported their registry as being population based and six (27%) reported it as being hospital based. In terms of coverage, four (18%) reported having a national-based registry and eight (36%) a subnational registry.

Challenges

21. Clear differences and challenges emerged among countries and groups. Countries/territories affected by sociopolitical instabilities and humanitarian crises face the most severe barriers to adopting and implementing diabetes interventions under all four areas of governance, prevention, management and surveillance. Across the Region, lack of prioritization, limited funding, fragmentation of health systems and limited human capacities and resources are among the factors affecting progress.

22. Countries noted the alarming burden of obesity, overweight and pre-diabetes in the Region, but also reported some successful experiences in implementing prevention policies. However, they reported a need for additional capacity in order to adopt more policies targeting risk factors.

23. Insufficient health system capacity and infrastructure, including a lack of service integration at the primary care level, inadequate capacity for providing quality of diabetes care, lack of availability of evidence-based guidelines and protocols for managing diabetes and its complications at primary care and ensuring supply continuity and infrastructure for information management, supply management and local production of insulin are widespread challenges in many countries/territories.

24. Countries/territories noted challenges in maintaining the periodicity and proper spacing of population-based surveys on NCD risk factors, morbidity, treatment and control. Gaps in the accuracy, quality and standardization of NCD data remain a challenge with weak infrastructure and fragmentation of patient health information systems at facility level. Electronic medical records, unique identifiers and coding capacities are yet to be widely available in all countries. The interoperability of health and monitoring information systems, including between the public and private sectors, as well as the development and implementation of indicators for monitoring diabetes prevention and control within NCD frameworks, were also identified as key areas to be strengthened.

The way forward

25. Member States have a clear commitment to adopting and implementing diabetes prevention and control plans and recognize the need to scale up responses. They are encouraged to update their plans and to evaluate diabetes programmes.

26. Member States are also encouraged to prioritize the integration of diabetes in universal health coverage benefits packages at the primary health care level, including measures for the early detection of diabetes, therapeutic patient education and the screening and management of diabetes complications.

27. Member States are invited to adopt a comprehensive approach to diabetes management in emergencies and to integrate diabetes and NCD care into standard operating procedures and guidelines for emergency response, with an approach focusing on primary health care and ensuring the continuity of access to services and medication.

28. WHO will continue to provide technical support to Member States on diabetes prevention and control to: ensure that strategies and plans are integrated into NCD plans; ensure that cost-effective policies and interventions to tackle risk factors are implemented; support countries to adopt packages of essential disease management interventions; and conduct regular assessments and monitoring of risk factors and disease status, as well as the readiness of health systems at country and regional levels.

29. WHO will continue to track progress in implementing the regional framework for action on diabetes prevention and control, and update it in terms of interventions and indicators according to the experiences of countries and based on global and regional declarations and strategies.