

Summary report on the

**Regional consultation on the
development of an updated action
plan for the prevention and control of
noncommunicable diseases**

Cairo, Egypt
30 June – 2 July 2012



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1. Introduction

The WHO Regional Office for the Eastern Mediterranean conducted a consultative meeting to discuss with Member States the regional input for the development of an updated Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The consultation was held in Cairo, Egypt from 30 June to 2 July 2012.

The current Action Plan covers the period 2008–2013 and is therefore due for an update next year. It is built around six objectives, each carrying a set of actions to be performed by the Secretariat, Member States and international partners, covering the three pillars of the Global Strategy: surveillance, prevention and management. The Action Plan provides concrete examples of actions that are needed to be implemented during the six-year period for noncommunicable disease prevention and control, as an integral part of sustained socioeconomic development, and the gains which can be achieved by influencing multisectoral policies.

The objectives of the consultation were four-fold:

- To review the progress of implementing the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases in countries of the WHO Eastern Mediterranean Region;
- To discuss the political and policy relevance of the 2008–2013 Action Plan in rallying Member States, international partners and the WHO Secretariat around a common agenda and in galvanizing country-level action to reduce the toll of morbidity, disability and premature mortality related to noncommunicable diseases (NCDs);

- To identify new challenges, opportunities, and recommended actions for Member States, international partners and the WHO Secretariat which are not included in the 2008–2013 Action Plan;
- To discuss the role of Member States of the Region in supporting the preparations for the development of an updated global action plan covering the period 2013–2020. A detailed working paper was prepared by the Regional Office and circulated to Member States for review before the consultation.

Over 40 participants representing Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, occupied Palestinian territory, Qatar, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen attended the meeting, as well as directors of WHO collaborating centres and regional NCD alliances, staff members from the WHO headquarters and the Regional Office.

The meeting was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who presented the background and the overall aim of the consultation, focusing on assessment of progress, challenges and opportunities to advance NCD policies and programmes. Dr Alwan briefed the participants on the current NCD situation, the broad strategic directions of the Global Strategy, WHO's positions on NCD prevention and control as outlined in the Global Status Report of 2010, and the key recommendations of the Political Declaration that emerged from the high-level meeting of the United Nations General Assembly, held in September 2011. The expected outcome of the discussions at the consultation would serve as regional input to the work of the WHO Secretariat to develop a 'zero draft' updated action plan covering the period 2013–2020, for consideration by Member States and United Nations agencies at a global informal consultation in August 2012, prior to discussion

during forthcoming sessions of the Executive Board and the World Health Assembly.

The theme of the three-day regional consultation was based on the objectives shared previously, and included a plenary discussion to review the six objectives of the 2008–2013 Action Plan along with roundtable discussions focusing on four main areas (surveillance, prevention, management and capacity building).

Participants were asked to share their critical view and overall assessment of the vision and impact of the six objectives of the action plan based on their own national experience. The plenary discussion focused on three basic questions:

- Relative importance of each of the six objectives, and whether the objective should be modified or deleted globally and/or regionally?
- Lessons learned during the last five years that need to be taken into account during the development of the updated plan.
- Specific areas, actions and interventions that will have to be included in the updated plan.

The second day was composed of three roundtable sessions focusing on: 1) promoting NCD prevention and risk factors reduction, 2) strengthening health systems to address NCD prevention and control, and 3) NCD surveillance and monitoring. The objective of these sessions was to debate emerging issues and needs that have some implications on the regional response for the new global Action Plan. The Regional Office prepared a list of questions/issues to be addressed during the discussion that was forwarded to participants in a working document prior to the meeting. Capacity-

building and suggestions for the new updated plan were discussed on day three.

This summary report provides a briefing on the main discussion points and the regional input to the development of an updated global action plan covering the period 2013–2020.

2. Summary of discussions

- Despite the increasing level of unhealthy lifestyles and risk factors for NCDs in the Region, policies, plans and programmes still require considerable strengthening in most countries.
- National policies and plans for the prevention and control of NCDs are often underfunded. Sustainable health financing is challenged by inadequate government expenditure on health in low- and middle-income countries, increasing out-of-pocket expenditures on NCDs that burden individuals and families, and a general lack of social health insurance benefits, as well as inefficient systems in high-income countries where ample funding does not translate into health gains.
- There is a major gap in surveillance of NCDs and their risk factors. Morbidity and mortality data are inadequate in most countries. A substantial proportion of countries are not regularly reporting reliable cause-specific mortality. When health information, including data on risk factors, is available, it is not integrated into the national health information systems, making it difficult to use for advocacy, policy development, framing effective action to reach those in need, evaluating the effectiveness and impact of interventions and assessing progress made.
- Despite improvements in health across the Region, health systems are often unable to respond effectively, equitably and in

a timely manner to the health care needs of people with NCDs, in particular the poor and vulnerable ones, as demonstrated by the lack of operational plans, inadequately trained workforce, poor access to essential technologies and medicines, rising costs of health care, gaps in health financing, bureaucratic inefficiency and weak governance, including legislation, in some countries. Health care systems are sometimes let down by a narrow focus on hospital and curative care, or profitable high-technology hospitals that provide expensive state-of-the-art treatment for only a small minority of citizens.

- Insufficient resources are allocated to strengthening national capacity and conduct of prevention and implementation research. In most countries, there is a lack of serious governmental action to control advertising and marketing for unhealthy products and practices, and inadequate action on food labelling and nutrition profiling.
- Many countries in the Region have not yet made substantial progress in implementing the “best buys” despite their well-known high impact and low cost implications.

These regional challenges need to be adequately addressed in the updated Action Plan. The sound vision and clear roadmap provided by WHO and the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases should now be translated into concrete action points in the new plan.

- Participants emphasized that the Political Declaration provides a clear road map for Member States and WHO in addressing the growing epidemic of NCDs in the Region.
- Participants acknowledged that the Action Plan for the Global Strategy should provide a common and unifying framework for

the prevention and control of NCDs, with a particular focus on developing countries.

- Participants acknowledged that despite the scarcity of funding in many countries, significant reduction in the NCD burden can still be achieved by implementing the “best buys” recommended by WHO.
- Participants offered examples of best practices that could be scaled up and replicated in order to accelerate the implementation of the outcome of the United Nations high-level meeting on noncommunicable disease prevention and control.
- Participants emphasized the need to establish and strengthen mechanisms to ensure the effective involvement of (public and private) sectors outside health in the prevention of NCDs, and uphold their accountability in relation to the impact of their policies on health.
- Participants reached consensus that countries should develop standards, rules and regulations, for marketing and advertising of tobacco, food and non-alcoholic beverages, and other unhealthy goods, according to their needs and local contexts.

3. Conclusions and action points

Participants discussed the structure, architecture and possibility of modifying and/or deleting some objectives for the new updated Action Plan. Three main options were discussed as follows:

- Option 1: Keep the six objectives as is in the current global Action Plan of 2008–2013.
- Option 2: Have three objectives addressing the three main areas of surveillance, prevention and management respectively.
- Option 3: Update the action plan with a mixture of 1 and 2 objectives.

Participants reached consensus to follow Option 3 on the structure, which means to keep objective 1 focusing on integrated NCDs into the development agenda and into policies across all government departments and objective 3 on risk factors, have an objective on health care through health systems strengthening, an objective on monitoring and surveillance, and one on strengthening country capacity. Participants debated whether or not to have an objective on supporting research. The point was made that research should be cross-cutting and can be integrated into practically all objectives.

Perspectives shared on objectives in the Action Plan of 2008–2013

On **objective 1**, participants identified the need to take into account issues of impoverishment and sustainable development goals. Emphasis on intersectoral action and the whole-of-government approach needs to be heightened because it is a challenge that will continue over the next six years. Within the same objective, the point was made that both Member States and international partners have to increase commitments and consider approaches for higher level of funding for NCD prevention. For both WHO and Member States, the need for countries to examine their priorities and budgets to include NCDs should be given precedence. As far as actions are concerned, the following points were raised.

- Importance of generating more evidence-based data required for advocacy in relation to the whole-of-government approach and intersectoral action, and the importance of strengthening WHO's work in developing convincing messages based on robust evidence on the links between socioeconomic development and NCDs.
- Importance of strengthening the role of nongovernmental organizations. International nongovernmental organizations have

been very active over the last two years in global advocacy. In addition to their continued global advocacy, international nongovernmental organizations should now focus on national action through their national associations to increase the commitment, raise the priority given to NCD prevention, and push for government action to implement the political declaration. Measures defining roles, responsibilities, accountability and management of conflict of interests should also be undertaken.

- Need to update public health laws to support NCD prevention and control. This needs to be covered by the updated plan.
- Further work needs to be done in developing effective approaches to multisectoral action.
- The new plan should focus on approaches to include NCDs in the post 2015 development agenda.

On **objective 2**, consensus was reached on replacing the current objective 2 by an exclusive focus on health care and health systems strengthening. In terms of actions, the following conclusions were made.

- The need for guidance on the governance aspects of national NCD programmes in relation to overall integrated action plan (NCD integrated versus disease-specific plans).
- Focus on addressing the gaps that exist in Member States in relation to the health systems building blocks, particularly relative to the health workforce, access to essential medicines and financing the package of essential health care interventions at primary health care.
- Need to review international experience in promoting NCD health care, particularly the lessons learned for integrating NCD into primary health care.

- Training of health professionals is key. NCDs need to be integrated into the curricula of health professional education programmes.
- The need to provide guidance on self-care. This was an important missing link in the key current plan and should now be given priority.
- Consensus to include evidence-based strategies, i.e. clinical management guidelines, and provide guidance on screening in primary health care. The screening guidelines available today are either outdated or they lack clarity. The emphasis is to develop guidance that is practical, evidence-based and relevant to primary care.
- Need to identify the role of private sector in providing health care for NCDs.
- NCD-related management costs contribute towards catastrophic health expenditures. WHO can provide assistance to examine the cost effectiveness of some clinical interventions that are consuming a large proportion of the health care budget.

On **objective 3**, the risk factors reduction objective, the point was made to change the language so that the title starts with “reduce exposure” rather than “promote interventions.” The statements in this objective should be as bold and as stringent/direct as possible, avoiding the use of words like “considering.” A major focus will be on the “best buys.” In terms of actions, the following points were raised.

- Need to improve understanding of matching action to evidence through application of the “best buys.” How to implement the best buys should receive the highest priority in the updated plan.
- Need to provide regional guidance/technical assistance on implementing salt reduction strategies, trans fat (including how

they translate into daily pattern), fruits and vegetables in limited resource areas), as well as regional/local mass media campaigning.

- The new action plan should cover the work needed to refine the evidence and summarize the lessons learned in the area of tobacco taxation. Gaps and questions raised by finance ministries as well as counter arguments should be given a priority.
- A focus on earmarking for health linked to increase taxation on tobacco, alcohol and possibly certain food products. International experience in this regard should be reviewed and disseminated widely to Member States.
- Focus on the global recommendations on physical activity promotion and the need for national action plans for physical activity.
- The focus on intersectoral action should be included here in this objective. More work is needed on the mechanisms for facilitating intersectoral action at national level based on existing recommendations appearing in Annex 6 of the 2010 Global Status Report. Successful experiences should be disseminated. A network of experts to support policy makers in Member States should be established.
- Lessons learned should be studied on the removal of subsidies of food items like fat and sugar.
- Need to address the high cost of certain healthy food items recommended, the issue of unhealthy and processed food being cheaper and widely available. Need to identify economic and healthy options that fit into the overall dietary pattern.
- Need to look at adopting innovative measures of raising taxes on sodas and using the money generated towards mass media campaigning or other health initiatives.

- Need to include approaches for promoting physical activity and tackling cultural constraints for women in developing countries.
- Incentives for subsidies to promote healthy eating and also on building physical activity friendly buildings.
- Need to develop guidelines on nutrition of pregnant women as they relates to NCD.
- Need to build grassroots efforts and scale up advocacy capacity measures of nongovernmental organizations. Very limited advocacy exists for NCD when compared with tobacco-related nongovernmental organizations.
- Although evidence is available and enough is known to initiate risk reduction programmes, there is also a need for additional research on other causations and possible risk factors.

On **objectives 4 and 5**, participants felt that the actions included under these two objectives can be integrated, as appropriate, within the objectives proposed earlier under option three. In relation to research, consensus was reached on supporting prioritized research as an integral component of all other objectives. The fact that there is currently no global target on research, within the global monitoring framework, constitutes a challenge by itself. In terms of actions that can be integrated into other objectives, the followings points were raised.

- Need to determine the role that WHO can play at different levels to influence the prioritized research agenda recommended by WHO.
- Need to address the extent of which research informs policy and practice.
- Need to build capacity in operational research, among other types of research; i.e., qualitative research and statistical analysis.

- Need to capitalize on existing WHO collaborating centres, as an action point in the updated plan.
- Need to strengthen establishment of research committees and/or plans in countries where no committee and/or plan exist.
- Need guidelines for data sharing.

On **objective 5**, here again the consensus was to consider partnership as a cross-cutting element across all objectives while taking into account issues of managing the conflict of interest, having defined roles and responsibilities for partners while specifying areas of effective partnership, addressing country's ownership, and considering indicators for addressing partner action/impact.

On **objective 6**, consensus was reached on the need to focus on surveillance and monitoring. In this respect, the following action points were proposed.

- The WHO framework on surveillance should continue to be adopted. The new action plan should focus on finalizing the core indicators under each of the three components of the NCD surveillance scheme. In particular, more work is needed on reaching consensus on the core indicators for the social determinants (under the exposures component) and health system performance (under the health capacity and interventions component).
- Extensive work will be needed to address the existing gaps in monitoring exposures and in strengthening mortality statistics.
- Appropriateness of health indicators, sources of data available, way which data are managed and converted into information products, and dissemination and use of health information are all among common issues raised.

- Need to expand platforms on vital registration and cause of death, and support countries in monitoring mortality.
- Need to improve quality and coverage of routinely collected data, including STEPS.
- Need guidelines regarding data-sharing, including methodologies used in data collection.
- The new action plan should develop concrete guidance on health information systems and how to integrate NCD surveillance into such systems.
- Work should start immediately to develop the second global status report which should be finalized before the end of the first year of the updated action plan.

Consensus was reached on devising a new strategic objective in relation to capacity building. Action points raised were as follows.

- There is a need to include in the updated action plan another global survey on assessing national capacity for NCD prevention into 2015.
- WHO to continue providing the international seminar: Epidemiology of NCDs and the public health approach with a focus on WHO global strategy and action plan with emphasis on the political declaration. WHO to provide course materials on the website, including curriculum, documents and presentations. Suggestion to tag the course with regional conferences.
- WHO to explore producing regional version of the seminar in partnership with relevant international stakeholders and key academic/research institutions in the region. WHO must seek provision of the course in Arabic.
- Expand capacity building to cover other health professionals as well as decision makers in other sectors. Guidelines should be developed to assist Member States in initiating effective training

programmes. Lessons learned from successful experiences should first be reviewed for this purpose.

- Suggestion to proceed with training-of-trainer opportunities, and expand coverage to include journalists and mass media professionals.
- WHO to forge partnerships with countries, including collaborating centres, national public health institutions and other international and regional partners involved in capacity building. Twinning of institutions between industrialized and developing countries should be given priority.
- WHO may need to look at expanding internship opportunities in the Region.

Participants also identified the following cross-cutting areas to be reflected upon and included as appropriate within objectives.

- Partnerships to promote international cooperation and results-oriented partnerships at global, regional and country levels for NCD prevention and control through action across all the objectives.
- Generation of predictable and sustainable financial resources.
- UN agenda Post MDG, Post 2015.
- Rio Declaration, sustainable development, climate change.
- Emergency preparedness. In this respect, there is currently a huge gap in addressing the NCD needs during crisis. Important initiatives were made during the implementation of the existing action plan but not followed up. There is a need to finalize the guidelines on managing common NCDs during disasters and other crisis, and to finalize work on including essential medicines for NCDs in the emergency health kits.

4. Summary of proposed strategic objectives

- **Objective 1:** To raise the priority accorded to NCDs in development work and to promote a whole-of-government and multisectoral action.
- **Objective 2:** To strengthen and reorient health systems to address NCDs through a primary health care approach.
- **Objective 3:** To reduce main shared modifiable risk factors for NCDs (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol), and create health -promoting environments.
- **Objective 4:** To monitor and evaluate progress of NCD prevention and control at national, regional and global levels using a uniform surveillance and monitoring framework.
- **Objective 5:** To build capacity at the individual, institutional and national levels to empower workforce to effectively engage in NCD prevention, management and control.