
Progress report on prevention and control of noncommunicable diseases

Introduction

1. The 61st Session of the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC61/R.3 (2014), requested WHO to report to the Regional Committee at its 62nd, 63rd and 64th sessions on the progress of Member States in the prevention and control of noncommunicable diseases, using process indicators.
2. A regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases has been updated to reflect 10 indicators against which countries can measure their progress.
3. This report provides a summary of the progress made by countries in implementing the 17 strategic interventions in the framework, and discusses the way forward for scaling up action in the Region.

Status and progress

Governance

4. Data from 2015 show that some Member States recorded progress; however, the majority of countries were not on track in meeting those commitments.
5. Only nine countries (Bahrain, Islamic Republic of Iran, Iraq, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, United Arab Emirates) developed national multisectoral action plans and six countries (Bahrain, Islamic Republic of Iran, Iraq, Morocco, Saudi Arabia, United Arab Emirates) set targets for 2025.
6. WHO supported high-level advocacy missions to assess multisectoral collaboration and facilitate in mainstreaming noncommunicable disease-related targets of the Sustainable Development Goals in national plans and strategies, in collaboration with global and national stakeholders.
7. WHO developed a dashboard of model legislation to support Member States in setting priority legislation and mobilizing social accountability and advocacy.

Prevention and reduction of risk factors

8. WHO continues to provide countries with technical support on reducing tobacco use and on the Guidelines for the Implementation of Article 6 (price and tax measures) of the WHO Framework Convention on Tobacco Control. Sixteen countries adopted a national target to reduce tobacco use by 30% by 2025, while Pakistan adopted a target of 50% reduction. A technical report specific to taxation in countries of the GCC was released. Support was provided to eight countries to update their tobacco control legislation, specifically in the areas of tobacco-free public places, pictorial health warnings and banning of tobacco advertising, promotion and sponsorship. Six projects by nongovernmental organizations were funded and completed in 2015, tackling different aspects of tobacco use in regional drama. In 2015, both Iraq and Saudi Arabia became parties to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products.

9. The reduction of salt is a significant pillar in the promotion of a healthy diet. Since the implementation of policies and relevant guidelines, several countries have witnessed a reduction in the salt content of bread, canned foods and cheese, including Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Qatar and Tunisia. Assessments of the salt content of food and level of intake took place in Egypt, Iraq, Jordan, Palestine and Saudi Arabia. Some countries, such as Afghanistan and Pakistan, face challenges in achieving population-level salt reduction due to the traditional practice of preparing certain foods (such as bread) at home.

10. Sugar intake guidelines have been newly developed and disseminated by WHO, and actions took place to raise taxes on sweetened beverages in the Islamic Republic of Iran and Qatar. Qatar also banned the marketing of sweetened beverages in schools. All countries except Djibouti, Libya, Morocco and Somalia have partially or totally implemented the International Code of Marketing of Breast-Milk Substitutes.

11. Legislation and regulations to reduce trans-fatty acid content in foods were approved in five GCC countries, the Islamic Republic of Iran and Tunisia. As for the removal of palm oil and subsidization of healthy oils; Egypt, Iraq, Oman, Qatar and Tunisia have taken decisive action to reduce the consumption of unhealthy fats such as palm oil and promote the use of healthy oils.

Surveillance, monitoring and evaluation

12. Despite the challenges in surveillance, several Member States have either conducted a STEPwise (risk factor) survey in the recent past or plan to conduct one in 2016. For cause-specific mortality, only five countries (23%) had a functioning system to generate reliable data on a routine basis.

13. During 2015, three additional countries (Egypt, Palestine and United Arab Emirates) were supported to scale up their population-based cancer registry.

Health care

14. WHO continued to provide countries with guidance to reorient and strengthen health systems to address noncommunicable diseases, and to prioritize cost-effective interventions, based on the regional framework for strengthening the integration and management of noncommunicable diseases in primary health care.

15. Nine countries (41%) fully met the indicator on guidelines for the management of major noncommunicable diseases, while eight (36%) did so for the provision of drug therapy and counselling for high-risk persons.

16. WHO is developing an emergency health kit for noncommunicable diseases that includes the necessary essential medicines and technology to maintain continuity in treatment for 10 000 people for three months, in areas where regular supply of medicine and technology has been disrupted.

Challenges and the way forward

17. Key challenges include difficulties in the financing of multisectoral action plans, insufficient political commitment, lack of a fixed focal point hindering engagement, the inability to monitor interventions, and competing priorities in areas of crisis. In this respect, coherent national intersectoral cooperation and coordination is essential for safeguarding appropriate development, operationalization, implementation and evaluation of noncommunicable disease programmes.

18. In the area of prevention, the current instability in many counties of the Region is affecting the prioritization of health issues and challenges, such as in tobacco control. In addition, the growing

influence of the tobacco industry in some Member States has negatively affected achievements, especially in the area of tobacco control. There is a need for further strengthening implementation of WHO FCTC Guidelines on the implementation of Article 5.3 on the interference of the tobacco industry in public health policies, to prevent such actions at national level in the future. WHO continues to strengthen technical capacity in Member States to develop policy on reducing sugar, salt and fat and investing in implementation of the International Code of Marketing of Breast-Milk Substitutes.

19. The fundamental challenges faced in the implementation of a sustainable surveillance system include a lack of legal frameworks to support or enforce surveillance functions, difficulties in reporting and data sharing, limited financial resources in light of competing health priorities, limited human resources in terms of numbers and capacity, fragmentation and incomplete data repositories, lack of coordination between ministries of health and other sectors and lack of capacity. Countries also face challenges in measuring indicators due to the paucity of data and the limited ability to generate them. There is a need to find a mechanism to institutionalize the STEPS or equivalent household surveys and effectively report on the ten progress indicators for the third high-level meeting in 2018.

20. In the area of health care, countries need to prioritize cost-effective interventions, with a focus on strengthening the integration of noncommunicable diseases in primary health care, both in stable and emergency settings. They also need to define a noncommunicable disease service package to be integrated in primary health care with adequate supplies of medicines, technology and trained personnel.

21. WHO will continue to work with Member States in their preparations for the third high-level meeting of the United Nations General Assembly in 2018, including in generating and tracking of data on progress indicators and in the development and implementation of country roadmaps. Efforts will continue to provide guidance and develop tools for scaling up the implementation of the strategic interventions in the four priority areas of the regional framework for action.