Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases

Kuwait
7-11 May 2017
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>3</td>
</tr>
<tr>
<td>Key findings</td>
<td>5</td>
</tr>
<tr>
<td>Recommendations for Action for Government</td>
<td>7</td>
</tr>
<tr>
<td>Recommendations for Action for the UN system</td>
<td>8</td>
</tr>
<tr>
<td>Wider Observations</td>
<td>9</td>
</tr>
<tr>
<td>Annex 1. Members of the Joint Mission</td>
<td>14</td>
</tr>
<tr>
<td>Annex 2. Joint Mission Terms of Reference</td>
<td>15</td>
</tr>
<tr>
<td>Annex 3. Joint Mission Programme</td>
<td>18</td>
</tr>
<tr>
<td>Annex 4. National commitments as set out in the Outcome Document</td>
<td>19</td>
</tr>
<tr>
<td>of the High-Level Meeting of the General Assembly on the Review of</td>
<td></td>
</tr>
<tr>
<td>the Progress Achieved in the Prevention and Control of NCDs, New</td>
<td></td>
</tr>
<tr>
<td>York, 2014</td>
<td></td>
</tr>
<tr>
<td>Annex 5. Report on the 18 specific targets in the WHO’s NCDs Progress</td>
<td>21</td>
</tr>
<tr>
<td>Monitor 2015</td>
<td></td>
</tr>
<tr>
<td>Annex 6. Evidence-based cost-effective interventions for the prevention</td>
<td>22</td>
</tr>
<tr>
<td>and control of NCDs</td>
<td></td>
</tr>
<tr>
<td>Annex 7. Outline of the WHO-UNDP led Joint Programme to activate</td>
<td>24</td>
</tr>
<tr>
<td>national responses to NCDs</td>
<td></td>
</tr>
</tbody>
</table>
Executive Summary

A Joint Programming Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Kuwait was held on 7–11 May 2017. Kuwait, with a population of 4.2 million of whom 70% are expatriates, is a high income country. It has made enormous gains in tackling communicable diseases and in maternal and child health. As a result, 73% of deaths are now due to noncommunicable diseases (NCDs) – principally cardiovascular disease, cancer, diabetes and chronic respiratory disease, and 11% as a result of injuries. The probability of dying prematurely (i.e. before the age of 70 years) from NCDs is 12%.

Tobacco use, physical inactivity and unhealthy diet are driving the NCD epidemic in Kuwait. As a result, 40% of the population are obese and 25% have hypertension. Over three quarters of those aged 45 to 69, and over half of those aged 18-44, relate to three or more of the following conditions: tobacco use, inadequate intake of fruit and/or vegetables, are insufficiently physically active, obesity and hypertension. Ill health associated with NCDs is now having a significant impact on Kuwait’s economy, and the cost to health services in particular. The sharp reduction in global oil prices means that focusing on cost-effective, evidence-based interventions is crucial, the latest set of which were endorsed by the World Health Assembly in May 2017. The challenge for all countries, including Kuwait, is that most of these interventions require multisectoral action.

Kuwait is well placed to move forward on tackling NCDs. The Joint Mission saw examples of political commitment to tackle NCDs at national and local level, with a number of policies, strategies and programmes in place. However, the Joint Mission believes that in order to tackle NCDs (and meet the NCD-related Sustainable Development Goals) political commitment and action needs to be scaled up. There is a need for: (i) clearer and better defined action on NCDs across all ministries; (ii) stronger coordination and communication across ministries; (iii) more effective accountability mechanisms; (iv) stronger mechanisms to harness the efforts of UN agencies, academia, civil society and the private sector; and (v) mechanisms to tackle conflict of interests. The Joint Mission considers that it is imperative to enhance the Ministry of Health’s leadership capacity to encourage a wholesale-of-government and whole-of-society response to NCDs in Kuwait. There have been plans for a NCD unit to be created within the MoH but this has yet to happen – establishing this is now critical.

This report contains a series of recommendations in four areas: (i) governance; (ii) reducing NCD risk factors; (iii) improving health care; and (iv) surveillance and data collection. Recommendations include (i) a significant increase in tobacco taxation and taxation on sugar, both of which have the support of the Ministry of Finance; (ii) scale up action on population-based measures to reduce salt intake; (iii) adoption and implementation of the Gulf Cooperation Council policy on food labelling and elimination of trans fats; and (iv) ensure health impact assessments and healthy standards are taken into account when planning new cities, within the context of the Kuwaiti Master Plan 2040.

The Joint Mission endorses the recommendations made by the April 2017 WHO-led rapid health system situation analysis mission in terms of configuring the country’s primary care network so that it provides a stronger service for the early detection and management of NCDs.

The Joint Mission’s report describes the components of a new UN Global Joint Programme led by WHO and UNDP that catalyses multisectoral action for the prevention and control of NCDs at the country level. The Joint Mission recommends that this programme be taken up by Kuwait.

In 2018 Kuwait, alongside all other countries, will meet at the Third High-level Meeting on NCDs at the UN General Assembly to report on progress against commitments made in 2014, including 18
specific targets. Responding to the recommendations of the Joint Mission will help Kuwait to be in a strong position when reporting at the UN General Assembly next year.
Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Kuwait, 7 – 11 May 2017

1. A Joint Programming Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Kuwait was held from 7-11 May 2017. The following agencies participated in the Joint Mission: UNDP, UNHABITAT, UNICEF and WHO. Terms of Reference, list of members and the programme are provided in Annexes 1-3. The Joint Mission is grateful to the ministers and their officials, as well as governors and their staff, who took time to meet with the Joint Mission. The Joint Mission also expresses its gratitude to other stakeholders that participated in discussions during the week.


Key Findings

3. Kuwait is a high income country with 73% of all deaths being caused by NCDs and 11% being the result of injuries. The probability of dying prematurely from one of these diseases (i.e. before the age of 70) is 12%. The population of Kuwait is 4.2 million. Expatriates account for 70% of the population.

4. Kuwait is strongly placed to move forward on reducing the burden of NCDs:
   • There is widespread understanding of the magnitude of the problem and the need for multisectoral action;
   • There has been long standing political support for global ¹ and regional NCD frameworks;²
   • NCD policies and plans are in place at the national level, including the National Development Plan and the NCD National strategy 2016-2025, which is aligned with global and regional NCD action plans;
   • A National NCD Committee headed by the Minister of Health is in place with a small number of other ministries forming part of this Committee;
   • There is demonstrable leadership at the governorate level that provide platforms for multisectoral action, including a number of healthy city initiatives;
   • There are opportunities for community engagement on NCDs through cooperatives and dewaniyas for example;
   • A new National health sector strategy is currently being developed. NCDs are a central element of this, and there is the opportunity to strengthen the prevention and control of NCDs through a stronger primary health care system;
   • Four new cities are currently being planned. This presents a unique opportunity to ensure the new designs and layout are conducive to promoting healthy lifestyles and to reducing NCDs.

5. Nevertheless, there remain significant opportunities to enhance a whole-of-government and whole-of-society response in Kuwait. There is the need for:
   • Clearer and better defined action on NCDs across all ministries;
   • Stronger coordination and communication across ministries;

¹ For example, the 2030 Sustainable Development Agenda and the WHO Global NCD Action Plan 2013-2020.
² For example, the Kuwait Declaration for the Prevention and Control of Chronic Diseases and Risk Factors in the Eastern Mediterranean Region (2013), the Kuwait Document for the treatment of diseases of chronic NCDs (2014), the Gulf Plan for the Prevention and Control of NCDs 2014-2025.
• More effective accountability mechanisms – these at the moment remain unclear;
• Mechanisms to harness the efforts of UN agencies, academia, civil society and the private sector in order to tackle NCDs;
• Analysis and tackling of conflicts of interest among stakeholders involved in NCD-related legislations;
• Enhancement of Ministry of Health capacity to provide the necessary leadership for an effective NCD response across Kuwait, including the establishment of a NCD unit within the MoH.

6. Rapid action is required if Kuwait is to:
• Reduce avoidable premature mortality and meet the NCD-related Sustainable Development Goals;
• Reduce the economic, social and public health threat of NCDs in Kuwait;
• Meet the four time-bound commitments that Member States agreed to at the 2014 High-level review in New York;³
• Provide a comprehensive report at the Third High-level Meeting to the UN General Assembly in 2018, on the progress on 18 specific targets;⁴
• Ensure that the WHO Framework Convention on Tobacco Control is fully implemented – particularly the need to introduce high excise taxes (domestic taxes, contrary to import duties) on tobacco products.

7. In terms of meeting the four time-bound commitments that Member States agreed at the 2014 High-level review in New York, the Joint Mission considers that Kuwait’s progress can be summarised in Table 1 below.⁵

Table 1. Progress in Kuwait against the four time-bound indicators from the 2014 High-level Review outcome document.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2015, develop national multisectoral policies and plans.</td>
<td>A national multisectoral strategy (2016-2025) is in place and is aligned with relevant regional frameworks.</td>
</tr>
<tr>
<td>By 2015, set national targets.</td>
<td>In place.</td>
</tr>
<tr>
<td>By 2016, reduce risk factors for NCDs through the implementation of interventions building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.</td>
<td>Progress in some areas, but significant attention in multisectoral action is now required, including in the area of enforcement.</td>
</tr>
<tr>
<td>By 2016, strengthen health systems through people-centred primary health care and universal health coverage, building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.</td>
<td>The new National Health Sector Strategy (2018-2022) that is being developed will need to ensure that there is fuller integration of mental health and NCDs into the PHC package. This includes comprehensive provision of prevention, screening, management</td>
</tr>
</tbody>
</table>

³ [http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1](http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1).
⁵ Note: National commitments that were set out in the Outcome Document of the 2014 High-Level Meeting are shown in Annex 4.
During 2017, Member States are being invited to provide data to WHO to report at the 2018 Third High-level Meeting on progress on four key commitments and 18 specific targets. Meeting these targets is crucial to delivering on the Voluntary Global Targets on the Prevention and Control of NCDs for 2025. A baseline for the 18 targets was published in WHO NCD Progress Monitor 2015 and rapid implementation of a number of recommendations proposed by the Joint Mission will put Kuwait in an even stronger position for demonstrating progress against the four indicators above, and the 18 specific targets, in the WHO NCD Progress Monitor 2015 (Annex 5).

**Recommendations for Action for Government**

9. The Joint Mission has prioritised a small number of recommendations in four areas, under the headings of the *Framework for Action to implement the United Nations Political Declaration on NCDs of the WHO Regional Committee for the Eastern-Mediterranean*. They are a subset of the latest set of evidence-based, cost-effective and feasible interventions that was endorsed by the World Health Assembly in May 2017 (Annex 6).

10. In the area of **Governance** for NCDs the Joint Mission recommends that:

   - The MoH NCD unit is established as a matter of urgency in order to provide Kuwait with the necessary strong and strategic leadership;
   - Guidance, communication, action and accountability for other ministries are strengthened through: (i) the MoH NCD unit; (ii) a stronger and fully functional coordination mechanism for NCDs across government with high-level participation; and (iii) a separate mechanism for bringing non-State actors together;
   - Establishing an High Level Inter-Ministerial Committee, possibly led by the Supreme Council of Planning, where all key health actors are represented, to guide health policy development, multisectoral collaboration and Health in All Policies;
   - Review and update the National NCDs Action plan, ensuring alignment of the Key Performance Indicators (KPIs) with: NCD-related targets in the SDGs and the Kuwaiti National Development Plan and its various sectoral projects;
   - A coordination mechanism be established within the UN Country Team, bringing together the necessary technical and political support from the UN system in order to provide catalytic support for national NCD action, advocacy and accountability.

11. **Prevention and reduction of risk factors.** The Joint Mission recommends that:

   - There is urgent action to implement the WHO Framework Convention on Tobacco Control, including the set of evidence-based, feasible and cost effective interventions for tobacco control. This should include a significant increase in tobacco taxation – which has the support of the Ministry of Finance;

---


7 The interventions are intended to support countries to achieve the nine voluntary global targets on NCDs, and, in doing so, vastly improve the health and well-being of people worldwide. The list of interventions, initially featured as Appendix 3 of the WHO Global NCD Action Plan, 2013-2020, was revised based on new data and evidence using WHO-CHOICE, a WHO programme that helps countries decide priorities for action based on considerations of impact and cost-effectiveness. From a total of 88 proposed interventions, the updated Appendix 3 contains 16 interventions which are considered the most cost-effective and feasible for implementation.
• The government looks to embark on a sugar tax. Again this has the support of the Ministry of Finance;
• An NCD Investment Case be developed for Kuwait in order to better understand the economic impact of NCDs on the national economy, and the results of such investment case be used for advocating for the need for greater investment in the prevention and control of NCDs;
• Maintain progress on population-based measures to reduce salt intake;
• Scale up action on eliminating trans fats in domestic and imported food: the Gulf Cooperation Council (GCC) policy on food labelling and elimination of trans fats should be fully adopted and implemented;
• Government works with governorates to ensure that future cities are healthy cities. Health impact assessments need to be undertaken at the planning stage and healthy standards for cities should also be included in the Kuwaiti Master Plan 2040;
• The media highlight NCDs in Kuwait and the need for pro-NCDs policies in the country.

12. Surveillance, monitoring and evaluation. The Joint Mission recommends that Kuwait:

• Completes the WHO NCD country capacity survey for the 2018 Progress Monitor as soon as possible;
• Develops a monitoring and evaluation framework based on nationally agreed NCD targets with clear alignment with the SDGs and National Development Plan key performance indicators;
• Monitors the performance of primary health care through regular reporting based on agreed quality indicators;
• Monitors mechanisms enabling spatial disaggregation of information, in order that inequalities in both NCD prevalence and access to treatment are better understood.

13. Healthcare. The Joint Mission recommends that the Government takes into account the recommendations made by the April 2017 WHO-led rapid health system situation analysis mission:

• Configure the country’s primary care network so that it provides a stronger service for the early detection and management of NCDs, complementing intersectoral efforts made at population level;
• Consider adopting a more systematic cardiovascular risk stratification for early detection of CVDs, using WHO Global HEARTS initiative tools;
• Undertakes a complete transition from paper-based to electronic recording system, i.e. installing a full primary care information service;
• Review and align national efforts on cancer with new emerging global and regional WHO guidance on cancer prevention and control.

Recommendations for Action for the UN System

14. The resident UN agencies should provide political and technical support for the above with UN partners at regional and global level. Specifically, WHO, the World Bank and the Islamic Development Bank should provide support for the health system in line with the WHO-led rapid health system situation analysis that was conducted in April 2017.
15. The Joint Programming Mission considers that there is an exciting opportunity to take forward UN support in Kuwait in the area of NCDs through the WHO-UNDP led Joint Programme to activate national responses to NCDs. Further details are provided in Annex 7.

15. In Kuwait, the Joint Programme will create strong multisectoral partnerships at the national and subnational level by convening different sectors around five key areas that can make the difference for NCD responses: (i) national investment cases for action on NCDs; (ii) standardized mechanisms for stakeholders to collaborate on NCD prevention and control; (iii) municipal initiatives to address community-specific NCD challenges; (iv) cross-cutting approaches to deliver win-wins for NCDs and the Sustainable Development Goals; and (v) multisectoral actions to reduce key NCD risk factors and prevent disease onset.

17. The Joint Programme stimulates action beyond health and will consolidate existing national efforts in these five areas, and catalyse the development of new tools to bridge gaps. The overall objective would be to support countries to develop ambitious, coordinated responses to bring the NCD-related benchmarks in the SDGs to fruition, such that health, the economy and society improve together.

18. Given the ways in which the UN operates in high income settings, the mission recommends:
   • Agreement is sought for the need for a joint UN programme to accelerate action for the NCD response;
   • With country level support from the Resident Coordinator’s Office and technical assistance from relevant UN agencies, the Joint Programme is developed for funding by the Government in response to the recommendations of the mission;
   • Possible implementation arrangements are explored leveraging the presence of resident agencies (UNDP, UNHabitat, etc.) and how WHO can be engaged most effectively.

Wider Observations of the Joint Mission

NCDs in Kuwait: wealth has led to health, but ill health is now a threat to wealth

19. Kuwait is one of the richest countries in the world. It has a population of approximately 3.1 million, of which approximately 1.1 million are Kuwaitis. Kuwait is moving from an economy based on oil to a broader development model. The Kuwait National Development Plan 2015-2020 envisages Kuwait being a regional trade and financial hub by 2035 with a diverse economy, which includes investment in infrastructure through public private partnerships.

20. The country has seen huge improvements in health over the past decades, with significant improvement in maternal and child health and effective communicable disease control. NCDs are now the major health issue in Kuwait and are having a significant impact on Kuwait’s national development.

21. NCDs account for 73% of all deaths in Kuwait, with cardiovascular disease responsible for 41% of all deaths. The probability of dying prematurely from the 4 main NCDs is 12%. 40% of the population is obese and one quarter of the population has hypertension.

---

8 http://www.who.int/ncds/un-task-force/ flyer-ncds2030.pdf?ua=1
22. Tobacco use, physical inactivity and unhealthy diet are driving the NCD epidemic in Kuwait. As a result, over three quarters of those aged 45 to 69 years and over half of those aged 18-44 years have three or more of the following risk factors (tobacco use, inadequate intake of fruit and/or vegetables, insufficiently physically active, obesity and hypertension), (see Table 2 below).

Table 2. NCD risk factors in Kuwait.\textsuperscript{10}

<table>
<thead>
<tr>
<th></th>
<th>Male (%)</th>
<th>Women (%)</th>
<th>Combined (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco smokers</td>
<td>39</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Eating &lt; 5 servings of fruit and/or vegetables per day</td>
<td>81</td>
<td>86</td>
<td>84</td>
</tr>
<tr>
<td>Insufficiently physical active</td>
<td>51</td>
<td>73</td>
<td>63</td>
</tr>
<tr>
<td>Obese</td>
<td>36</td>
<td>44</td>
<td>40</td>
</tr>
<tr>
<td>Hypertensive</td>
<td>23</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>≥ 3 risk factors among those aged 45 to 69 years</td>
<td>73</td>
<td>76</td>
<td>75</td>
</tr>
<tr>
<td>≥ 3 risk factors among those aged 18 to 44 years</td>
<td>54</td>
<td>49</td>
<td>52</td>
</tr>
</tbody>
</table>

**Governance**

23. NCDs are reflected in the upcoming National Health Sector Strategy, 2018-2022. The National Strategy for the Prevention and Control of NCDs, 2016-2025, is aligned with the WHO EMRO regional action plan. The National Strategy brings together a number of relevant regulatory instruments in the area of tobacco use, food and nutrition, and physical activity in schools.\textsuperscript{11} Multisectoral action is one of the principles that underpin the Strategy, and the importance of a whole-of-government and whole-of-society response to NCDs is highlighted. The Joint Programming Mission considers that the challenge now is to move from principle to practice.

24. A National High Committee for the Prevention and Control of NCD was established in 2012 and is chaired by the Minister of Health. It includes senior officials from ministries, governmental and non-governmental bodies, civil society and academia. The Joint Mission considers that it would be helpful to include the UN system as an observer on this Committee. NCDs are a major programme of work within the MoH. The key now for generating a stronger national NCD response is having the NCD Unit in place as soon as possible, and giving it the capacity to lead the multisectoral agenda across the country. Considering the magnitude of work needed to tackle NCDs, the Joint Mission recommends an annual report on the work of the Committee be submitted to Cabinet and the Parliament.

\textsuperscript{10} Data taken from the 2014 STEPS report.

\textsuperscript{11} For example, establishing the General Authority for Food and Nutrition, the Anti-Smoking and Tobacco Consumption Law of Kuwait and its Executive Regulations, and the Environmental Protection Act on smoking in closed and semi-closed public places.
25. Other relevant committees exist to support action on NCDs but the Joint Mission was not always clear that these are all fully aligned with one another and what the reporting structures are. A National Programme for Prevention and Treatment of Overweight and Obesity is in place, with the involvement of some non-health ministries and non-State actors. The Joint Mission considers that there may be opportunities for the engagement of more non-health actors. Again, the UN Country Team should look to see how it can contribute to the National Programme.

26. A National programme for physical activity is also in place that targets individuals, communities, institutions and the State. The Joint Mission considers that there is an opportunity to reduce the number of actions in the national programme, in order to maximize impact on a small number of highly effective, evidence-based and feasible actions.

27. The Joint Mission was also unclear as to the resources that are available for non-health ministries and other partners for the different NCD programmes.

**Tackling risk factors**

28. The Joint Mission noted the progress made in tobacco control but there are considerable opportunities to take stronger measures. Levels of taxation are well below WHO recommendations and there are examples from neighbouring countries such as the Kingdom of Saudi Arabia that has increased levels of taxation on tobacco products above GCC levels. There are 12 warnings currently, but these could be increased. There is some progress on tobacco advertising, promotion and sponsorship. The Mission heard that there are a good range of tobacco cessation services available. The law forbids smoking and tobacco use in indoor public places but this is only partially enforced.

29. The Joint Mission heard initiatives to encourage physical activity in line with the national programme, for example the implementation of school based programmes and some national advocacy, but the view of the Joint Programme was that these were not significant enough to turn the tide in reducing physical inactivity.

30. The Joint Mission heard about the progress in setting dietary standards in schools, and working with industry to reduce levels of salt and trans fats in line with the GCC standard on trans fatty acids in 2015, but was concerned that a paradigm shift is required to meet the targets of the National Overweight and Obesity Programme. The Joint Mission supports the interest of the Ministry of Finance imposing a sugar tax.

31. The Joint Mission considers that pollution is almost certainly an under recognised problem and it is important that the planning of new cities includes a focus on minimising environmental hazards as part of providing a healthy environment to live, work and play.

**NCDs and the health system**

32. At present, almost every citizen and resident has access to some form of health care. Yet many challenges remain. The sharp reduction in global oil prices has pushed the country to consider an overhaul of the health system in line with a new National Health Sector Strategy (2018-2022). Two rapid situation analyses have been recently conducted to support the development of the new

---

12 For example, standing committees to: (i) monitor and evaluate the consumption of table salt and saturated and trans fats; (ii) encourage regular physical activity in schools; (iii) prevention and control obesity and weight loss (2016).

13 The goals of the National Programme are: (i) Reduce the prevalence of obesity and overweight in children, adolescents and adults by 10%; (ii) increase the consumption rate of fruits and vegetables in children, adolescents and adults by 10%; and (iii) reduce the consumption of sugars and saturated fats in children, adolescents and adults by 10%.
Strategy (one on NCD integration in PHC conducted in November 2016 and a rapid health system situation analysis completed in April 2017). The analysis concludes that the Strategy needs to expedite and sustain Kuwait’s move towards Universal Health Coverage. The analysis includes a set of strategic priorities in the area of health governments, health financing, health workforce, health services and health information. Two key areas highlighted under health service delivery are: (i) greater focus for health promotion and prevention, early detection and control of NCDs, multimorbidity and associated risk factors; e.g., pre-conceptual screening, smoking cessation, dietetics; and (ii) expanding the breadth and quality of primary health care provision such that it consistently provides world-class preventive and responsive care, particularly in relation to the prevention and management of NCDs.

Data collection

Kuwait has robust data collection systems in place. Data on NCD mortality, morbidity (e.g. cancer registers) and risk factors (through STEPS surveys) are available. Data are disaggregated by age and gender, and spatially referenced. Kuwait should now look to use data from other sectors in order to develop an even better understanding on NCDs. The Ministry of Health and Ministry of Finance should also work together to enhance an understanding on financing flows within the health sector.

Working at the city and governorate levels

The Joint Mission considered that there would be significant benefits from a greater understanding of urban behaviours and lifestyles in order to identify where the greatest potential lies to prevent and control NCDs. There are many opportunities to work with local administrations, both in terms of improving existing facilities and planning future developments. Current planning methods follow more traditional approaches, with planned extensions often neglecting to consider potential risk factors developments may impose on communities. City planning departments will come under increasing pressure to make more effective use of space and resources. This will therefore be especially important in the newly proposed cities.

Much can be achieved by City and Governorate officials both within and outside their health departments to address the current NCD epidemic. In addition to health promotion, the departments of planning, education, transport, sports and commerce should be engaged to develop local solutions. For example, it is critical to combat the poor diet and lack of physical exercise seen in adolescents. Some of these issues can be addressed through improved spatial planning, although climatic conditions will require innovative approaches. Some promising examples of new amenities, including the redevelopment of the Corniche in Kuwait City, provide a healthy living environment with, for example, opportunities to include physical activity in daily life.

It is important that differences between levels of NCDs and their risk factors between cities and governorates are monitored effectively. The Joint Mission considers that campaigns are not always prioritised according to greatest need. Moving towards a needs-based approach would enable resources to be used most effectively.

The United Nations response in Kuwait

14 Universal Health Coverage means ensuring access for all the population of Kuwait (Kuwaitis and expatriates) to an essential health service package of good quality, without facing the risk of financial hardship.
37. The following UN system agencies are resident in Kuwait: ILO, IOM, UNDP, UNHABITAT UNOCHA, WFP and the World Bank. UN activities in Kuwait are funded by the Government of Kuwait. WHO is not resident in Kuwait but provides support through its Eastern Mediterranean Regional Office.

38. There is no UN Development Assistance Framework (UNDAF) or programmatic framework of cooperation and the resident United Nations agencies work through projects and programmes. Nevertheless, the UN agencies are committed to working as one and supporting the Government to respond to NCDs. Strong leadership can be provided through the UN Resident Coordinator by establishing a health working group that includes NCD prevention and control (example Terms of Reference have been developed by the UN NCD Task Force). The UN Country Team agreed that there are clear linkages (win-win situations) between work in the health- and non-health sectors that impact on NCDs. This provides a powerful force for future actions in supporting efforts of Kuwait to tackle NCDs.

39. A Joint Programme, along the lines set out in paragraphs 15-17, would be an effective way to harness the actions of the UN system support of Kuwait in the area of NCDs.

Civil society and private sector response

40. Civil society and the private sector can also be engaged in developing and implementing the NCD action plans in cities. It is possible for local businesses to support schools and communities in their area. This can take the form of both focused campaigns and a feedback loop to track NCDs amongst employees. With the advent of smart monitors and access to community-collected data, this information can support the more formal survey by MoH, and help identify data collection hotspots.
Annex 1. Members of the Joint Mission (agencies and individuals)

**UNDP**  
Elfatih ABDELRAHEEM  
Policy Specialist and Team Leader for HIV, Health & Development in Arab States, Istanbul Regional Hub

**UNICEF**  
Naseem AWL  
Deputy Representative, Gulf Area Office, Riyadh

**UNHABITAT**  
Graham Alabaster  
Chief Waste Management & Sanitation, Urban Basic Services Branch

**WHO**  
Nick BANATVALA  
Head of Secretariat, UN Interagency Task Force on the Prevention and Control of NCDs

**Asmus HAMMERICH**  
Coordinator, Noncommunicable Diseases, and Acting Director NMH Division WHO/EMRO

**Slim SLAMA**  
Medical Officer, Noncommunicable Diseases, and Acting Director NMH Division WHO/EMRO

**Background and rationale**

More than 14 million people aged between 30 and 70 die prematurely every year from Noncommunicable diseases (NCDs), 85% of whom live in developing countries. Up to two thirds of these deaths are associated with exposure to risk factors such as tobacco use, unhealthy diet, lack of physical exercise and alcohol abuse. The remainder is associated with weak health systems that cannot meet the health needs of people with NCDs in an effective or equitable manner. Most of these premature deaths from NCDs could be prevented by adopting a range of simple, effective and affordable solutions tailored to each country’s needs.

In September 2011, Heads of State and Government adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and urged the World Health Organization (WHO), as the primary United Nations specialized agency for health, and all other agencies of the United Nations and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States committed themselves to take steps to: (i) develop national targets and indicators based on national situations; (ii) develop, allocate and execute budgets for national multisectoral policies and plans in the area of NCDs; (iii) prioritize the implementation of cost-effective and affordable interventions; and (iv) strengthen national NCD surveillance systems and measure the outcomes.

To fulfill the commitments undertaken in the 2011 Political Declaration, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was drafted and adopted by the World Health Assembly in May 2013. The Global Action Plan includes a series of actions which, when implemented collectively by Member States, international partners and WHO, will help to achieve the global target of a 25%-reduction in premature deaths due to NCDs by 2025.

The Global Action Plan requests the United Nations Country Teams to provide technical support to countries in the area of strengthening national interventions to prevent and control NCDs. Specifically, the Plan calls on WHO and other United Nations agencies and entities to mobilize teams to strengthen the links between NCDs, Universal Health Coverage (UHC) and sustainable development.

The need for a coherent response by the United Nations system to step up technical assistance in support of national efforts to control NCDs in line with the Global Action Plan was the impetus for the establishment of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF). UNIATF was set up by the Secretary-General of the United Nations in July 2013 under the leadership of WHO and has begun the process of supporting national efforts to address the issue of NCDs. The Task Force has undertaken missions to Barbados, Belarus, Bhutan, DRC, India, Kenya, Kyrgyzstan, Mongolia, Mozambique, Paraguay, Sri Lanka, Tonga, Oman, Turkey, Vietnam and Zambia. Further missions are planned for 2017, and a mission to Kuwait is scheduled for the first six months of the year.

A review of changes that have occurred in the last four years since the Political Declaration in 2011 show that much has been achieved globally, for example the adoption by the World Health Assembly of the Global Action Plan and the inauguration of the NCD Global Monitoring Framework, the establishment of UNIATF and the Global Coordination Mechanism on NCDs. However, despite some clear improvements, general progress at national level continues to be uneven and insufficient. Despite the increase in the number of national multisectoral plans to address NCDs in many countries, a number of countries still lack the capacity to translate commitments into action.

**NCD Situation in Kuwait**

Noncommunicable diseases – cardiovascular disease (CVD), cancers, chronic respiratory disease and diabetes – are an important and increasing cause of premature mortality and ill health in Kuwait. NCDs cause around 4,000 deaths each year – approximately 73% of overall mortality. A matter of great concern is that a person in Kuwait has a 12% chance of dying prematurely from a NCD.
Kuwait has given the prevention and control of NCD high priority in their national health and development agenda based on the regional framework for action, the Kuwait Declaration 2014 and the GCC Action plan for NCD 2014-2025. NCDs are addressed in the Kuwait Developmental Plan 2015-2020 and there is a high-level national committee on NCDs led by the Minister of Health, with multisectoral representation in specific subcommittees.

A National Strategy 2016-2025 for the prevention and control of NCDs is in the final stage of development, covering four strategic areas of governance, prevention, surveillance and healthcare, with specific national targets, as recommended by WHO. Discussions are also underway to create a specific NCD department in order to address the fragmentation across MoH departments and better align their respective contributions to the prevention and control of NCDs. Decisive steps to curb the NCD epidemic have been taken, in particular in the field of risk factors prevention and reduction but increased attention is needed to better oversee the engagement, policy coherence and accountability within MOH and with other sectors including UN agencies, civil society and the private sector (1st axis of NCD National Strategy). However, momentum must be maintained in order not to lose the gains already achieved. For example, in the area of tobacco control, although an old timer party to the WHO FCTC and historically a key player in tobacco control in the region, Kuwait is still struggling to achieve the highest level of the WHO FCTC and MPOWER measures.

**NCDs in UNDAF 2012-2016 and plans for the next edition**
The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnerships between resident UN agencies and the different ministries of the Government of Kuwait in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets. By hosting a Task Force Mission, the UN agencies in Kuwait agree to follow up action on NCDs by establishing a mechanism to ensure that coordinated action on NCDs is able to be progressed.

The core team of the mission, led by WHO, will comprise participants from Headquarters, Regional and Country Offices of UNDP, UNICEF, UN-HABITAT and WHO. At the country level, the mission will be coordinated by the WHO Desk Office for Kuwait, in close collaboration with WHO EMRO, and the Ministry of Health and the Office of the UN Resident Coordinator in Kuwait.

**Overall approach**
The joint UNIATF mission is intended to enhance the support of UN agencies to the Government of Kuwait to scale up the National Multisectoral Response to NCDs, and establish a national multisectoral action plan for NCD prevention and control in line with WHO Regional and Global NCD Action Plan 2013-2020.

The mission will be carried out in line with the Terms of Reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Kuwait, including exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda. In advance of the mission the UN agencies will consider options for a mechanism to take forward NCDs within them and the preferred approach will be shared with the Task Force during the mission.

Based on the recommendations of the UN High-level Meeting held in September 2011, the focus of the Mission will be on cardiovascular diseases, diabetes, chronic respiratory disease and cancers. Major areas of primary NCD intervention in Kuwait, including tobacco control activities, promoting physical activity and healthy diet and progressing the secondary and tertiary preventive NCD interventions will be highlighted during the Mission. In addition, the Mission will also consider broader social determinants of NCDs. These might include exposure to environmental and occupational hazards, mental health conditions, violence or road safety, as well as communicable diseases and perinatal conditions.

**Purpose and objectives of the mission**
The purpose of the Joint UNIATF Mission to Kuwait will be to support the UN agencies to:

- Understand the relevance of NCDs to their individual human development efforts in the country and support implementation;
• Scale up national multisectoral actions on the prevention and control of NCDs across government, the UN system and other partners;
• Support the establishment of a national NCD action plan, as well as sustainable mechanisms within Resident UNCT and the Government to implement the NCD action plan and NCD-related actions in line with national development goals;
• Provide a clear road map for NCD action, with roles and responsibilities clearly defined;
• Advocate to non-health sectors about the burden of NCDs and the importance of this coordination;
• Draw lessons from ongoing efforts by WHO and other UN agencies working with the Government of Kuwait in the area of NCD prevention and control.

Specific objectives for the Joint Mission are to support the Government of Kuwait with the following:
• Map ongoing bilateral and multisectoral processes to support the government in its efforts to address NCDs within the context of the UNDAF 2017-2021 (TBC) between Kuwait and UN Agencies;
• Advocate for effective multisectoral response and increased multisectoral investments for NCDs at the country level, including development of national multisectoral action plan on NCDs and the country cooperation strategies of respective UN agencies;
• Advocate for health policies across government line ministries, including strengthening of prevention and early detection of NCDs;
• Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs.
Annex 3. Joint Mission Programme

<table>
<thead>
<tr>
<th>Sunday, 7 May 2017 (Day 1)</th>
<th>08.00-09.00</th>
<th>Meeting of the UNIATF team members to finalize the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09.00-10.00</td>
<td>Meeting with UN Resident Coordinator and UN Country Team</td>
</tr>
<tr>
<td></td>
<td>11.30-13.00</td>
<td>Meeting with MoH Directors and programme managers</td>
</tr>
<tr>
<td></td>
<td>13.00-14.00</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>14.00-16.00</td>
<td>Meeting with National Assembly</td>
</tr>
<tr>
<td></td>
<td>17.00-18.00</td>
<td>Wrap Up Meeting</td>
</tr>
<tr>
<td>Monday, 8 May 2017 (Day 2)</td>
<td>07:00-08:30</td>
<td>Kuwait Television (Arabic) Morning Show (7:15 meeting time)</td>
</tr>
<tr>
<td></td>
<td>10.00-11.30</td>
<td>Hawally Governorate Visit</td>
</tr>
<tr>
<td></td>
<td>12.30-14.00</td>
<td>Capital Governorate Visit</td>
</tr>
<tr>
<td></td>
<td>17:30-1900</td>
<td>Kuwait Television Channel 2 (English)</td>
</tr>
<tr>
<td>Tuesday, 9 May 2017 (Day 3)</td>
<td>09.00-10.00</td>
<td>Meeting with MOF</td>
</tr>
<tr>
<td></td>
<td>11.00-12.00</td>
<td>Meeting with H.E. Secretary of the Cabinet on behalf of the Prime Minister</td>
</tr>
<tr>
<td></td>
<td>12.00-13.00</td>
<td>Meeting with Dr Haitham Al Athari (Undersecretary, Ministry of Education)</td>
</tr>
<tr>
<td>Wednesday, 10 May 2017 (Day 4)</td>
<td>08.00-09.00</td>
<td>Meeting with Head of Higher Council of Planning Dr. Khalid Mahdi</td>
</tr>
<tr>
<td></td>
<td>09.00-10.00</td>
<td>Meeting with Mr Saleh Al Otaibi, Director of media promotion, Ministry of Information Affairs</td>
</tr>
<tr>
<td></td>
<td>10.00-11.00</td>
<td>Meeting with Ministry of Labour and Social Development</td>
</tr>
<tr>
<td></td>
<td>11.00-12.00</td>
<td>Meeting with Ministry of Commerce and Industry</td>
</tr>
<tr>
<td></td>
<td>13.00-14.00</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>14.00-15.00</td>
<td>Meeting with Ministry of Municipal Affairs</td>
</tr>
<tr>
<td></td>
<td>15.00-18.00</td>
<td>Wrap up meeting</td>
</tr>
<tr>
<td>Thursday, 11 May 2017 (Day 5)</td>
<td>9.00-10.00</td>
<td>Debrief for UNRC/UNCT</td>
</tr>
<tr>
<td></td>
<td>11.00-12.00</td>
<td>Debrief for MoH senior officials</td>
</tr>
<tr>
<td></td>
<td>Afternoon</td>
<td>Departure of participants</td>
</tr>
</tbody>
</table>

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

(iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

**Kuwait**

Total population: 3 250 000  
Income group: High  
Percentage of deaths from NCDs: 73%  
Total number of NCD deaths: 4 000  
Probability of premature mortality from NCDs: 12%

<table>
<thead>
<tr>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National NCD targets and indicators</td>
<td></td>
</tr>
<tr>
<td>2. Mortality data</td>
<td></td>
</tr>
<tr>
<td>3. Risk factor surveys</td>
<td></td>
</tr>
<tr>
<td>4. National integrated NCD policy/strategy/action plan</td>
<td></td>
</tr>
</tbody>
</table>
| 5. Tobacco demand-reduction measures:  
  a. taxation |  
  b. smoke-free policies |  
  c. health warnings |  
  d. advertising bans |  
| 6. Harmful use of alcohol reduction measures:  
  a. availability regulations | no data |  
  b. advertising and promotion bans | no data |  
  c. pricing policies | no data |  
| 7. Unhealthy diet reduction measures:  
  a. salt/sodium policies |  
  b. saturated fatty acids and trans-fats policies |  
  c. marketing to children restrictions |  
  d. marketing of breast-milk substitutes restrictions |  
| 8. Public awareness on diet and/or physical activity |  
| 9. Guidelines for the management of major NCDs |  
| 10. Drug therapy/counselling for high risk persons |  

- = not achieved  
● = partially achieved  
☆ = fully achieved  
- - documentation not available  
* = data not validated

Annex 6. Evidence-based cost-effective interventions for the prevention and control of NCDs\textsuperscript{15}

\textit{Tobacco use}\textsuperscript{16}

- Increase excise taxes and prices on tobacco products
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke

\textit{Harmful use of alcohol}

- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

\textit{Unhealthy diet}

- Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
- Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
- Reduce salt intake through a behaviour change communication and mass media campaign

\textsuperscript{15} Taken from the WHA A70/27 (http://apps.who.int/ebwha/pdf_files/WHA70/A70_27-en.pdf). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

\textsuperscript{16} These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.
• Reduce salt intake through the implementation of front-of-pack labelling

**Physical inactivity**

• Implement public awareness and motivational communications for physical activity, including mass media campaigns for physical activity behavioural change

**Cardiovascular disease and Diabetes**

• Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and non-fatal cardiovascular event in the next 10 years

• Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk (≥ 20%) of a fatal and non-fatal cardiovascular event in the next 10 years

**Cancer**

• Vaccination against human papillomavirus (2 doses) of 9–13 year old girls

• Prevention of cervical cancer by screening women aged 30–49, either through:
  - Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions
  - Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions
  - Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions
Annex 7. Outline of the WHO-UNDP led Joint Programme to activate national responses to NCDs