

{loadposition healthfuture} **Situation in 2012**

Noncommunicable diseases are the biggest killers worldwide, including in the Eastern Mediterranean Region, where all types of noncommunicable disease accounted for 57% of all deaths – more than 2.2 million people – across the Region in 2012. In group 1 and many group 2 countries up to 75% of deaths are due to these diseases. It is estimated that up to half of these deaths occur prematurely in some countries. The majority of death and disability is preventable, through evidence-based interventions that address the four main groups of diseases – heart disease, chronic lung disease, cancer and diabetes – and their related risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

Recognizing the devastating social, economic and public health impact of noncommunicable diseases, world leaders gathered at the United Nations General Assembly in 2011 and agreed on a roadmap of concrete commitments to address the global burden. Therefore the main priority for WHO and Member States, in 2012 and beyond, was to focus on implementation of that roadmap. Priorities included advocacy for higher levels of political commitment and multisectoral engagement and provision of technical support in developing multisectoral plans and implementing the actions recommended in the declaration, and to develop monitoring frameworks, including a set of national targets and indicators.

Progress 2012-2016

In October 2012, the Regional Committee endorsed a framework for action to implement the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases. The framework comprises a set of strategic measures that countries should take in four areas of work: governance, prevention and reduction of risk factors, health care and surveillance. The regional framework approved by the Regional Committee is a milestone as it commits countries to very specific, evidence-based progress measures in the four areas. All the measures included in the framework are high-impact, evidence-based, cost-effective and affordable (best-buys) and can be implemented by all countries irrespective of income. The progress indicators include:

developing and implementing an operational multisectoral national strategy/action plan;

setting time-bound national targets and indicators based on WHO guidance;

implementing four demand-reduction measures of the WHO Framework Convention on Tobacco Control at the highest level of achievement: taxation, smoke-free policies, health warnings and advertising bans;

implementing four measures to reduce unhealthy diet: policies to reduce population salt intake; policies to reduce saturated fat intake and eliminate industrially produced trans fats; guidelines on marketing to children; and recommendations of the International Code of Marketing of Breast-Milk Substitutes;

implementing a national public awareness programme on diet and/or physical activity;

implementing, as appropriate, according to national circumstances, the three evidence-based measures to reduce the harmful use of alcohol: developing and enacting regulations; advertising and promotion bans; and pricing policies;

strengthening monitoring of noncommunicable diseases and their risk factors by implementing the WHO NCD surveillance framework, including a functioning system for generating reliable cause-specific mortality data on a routine basis;

integrating the management and health care of people with noncommunicable diseases into primary health care and provision of drug therapy (including glycemic control) and counselling to people at high risk of heart attacks and strokes.

A dashboard of priority legal interventions to address noncommunicable diseases has been produced by the Region. It includes raising tobacco taxes and banning tobacco advertising and promotion, eliminating artificial trans fat from the food supply and reducing salt in processed foods, and protecting public health policies from the interference of vested interests. Brief profiles are produced annually by the Region on each country's national noncommunicable disease response based on the progress indicators outlined in the regional framework.

Heart disease, lung disease, cancer and diabetes all require chronic care services for positive health outcomes and population health. Two areas are critically important: integrating health

care for common conditions into primary care and continuity of treatment during crises and emergencies. A regional framework on the integration and management of noncommunicable diseases into primary care has been developed with policy options for all three groups of countries to consider. Maintaining health care during national emergencies is a difficult process, especially for displaced persons and in areas where health care facilities have been damaged or destroyed and health care workers have fled. In this respect, an emergency health kit for noncommunicable diseases is under development that includes the necessary essential medicines and technologies to maintain continuity in treatment for 10 000 people for 3 months, in areas when regular supply of medicines and technologies has been disrupted.

Mental health disorders are also a leading cause of disease burden in the Region. The majority of people with moderate to severe mental health disorders have no access to essential health and social care. The global strategy on mental health provides a comprehensive list of interventions to strengthen national mental health programmes and to improve access to care. Intensive work with international and regional experts resulted in the development of a more focused regional framework to scale up action on mental health which is now available to countries. The framework provides a set of evidence-based cost-effective and affordable interventions which, if implemented, will have a high impact on improving the mental health of populations. The framework covers measures in four areas: governance, health care, promotion and prevention, and surveillance and monitoring. All countries can implement these measures, irrespective of their income.

Environmental health is an area of growing importance for the Region. Air pollution, unsafe drinking-water, inadequate sanitation, contaminated food and chemical exposures are particular concern, together with the anticipated impacts on health of climate change. In 2013 the Regional Committee approved a regional strategy on health and the environment with a framework for action for 2014–2019. Subsequently, several countries have developed national frameworks for action while others are embarking on implementation of the regional strategy. A regional food safety assessment and national profiling mission was completed in 15 countries. WHO and countries are following up on the findings and recommendations, and a regional action plan to strengthen food safety systems is being developed.

Way forward

In 2018, all Member States will be reporting to the third United Nations high-level meeting on noncommunicable diseases on the progress made in implementing the key commitments included in the 2011 political declaration, which are included in the regional framework for action. Clear indicators have been developed and will be used to measure progress. A recent review of progress on the indicators shows that a lot of work still needs to be done. For example, only 9% of countries have achieved full implementation on tobacco taxation, 18% on marketing restrictions to children, and 27% on risk factor surveys. In perhaps no other areas are

targeted and time-bound actions so clear as in noncommunicable diseases response.

Progress has begun and momentum is building for political and health leaders. The way forward for Member States in confronting the world's biggest killers is to ramp up the progress made so far to meet the goals between now and 2025. For 2018, countries need to deliver on the commitments included in the regional framework.

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