

{loadposition annualreport2016} **Regional framework for action**

The Third United Nations General Assembly High-level Meeting on Non-communicable Diseases will be held in 2018 to review progress made in implementing the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases. Ahead of this, sustained technical support continues to be crucial in guiding countries in articulating comprehensive national noncommunicable diseases responses and implementing the recommended strategic priority interventions in the four areas of the regional framework for action (governance, surveillance, prevention and health care).

Despite a clear roadmap and a renewed interest in mainstreaming noncommunicable diseases as part of the SDG agenda, many countries of the Region are still experiencing challenges in implementing key strategic interventions and demonstrating significant improvement in the 10 global progress indicators that will be used to report on progress at the third High-level Meeting in 2018.

There remain persistent barriers impeding progress in the Region. These include a lack of multisectoral coordination and engagement, especially of non-health sectors, the paucity of financial and human resources, and weak national capacities for prevention and control of noncommunicable diseases. Political instability, protracted crises and wars further compound the situation, limiting strategic planning and the scaling-up of interventions.

Against this backdrop, WHO intensified its technical support in 2016, providing and developing guidance in the four areas of the regional framework to enable countries to implement the key recommended measures before the upcoming global review.

## **Governance**

Throughout 2016, support has been provided to countries in developing multisectoral noncommunicable disease action plans, incorporating noncommunicable diseases into national development plans, including United Nations development assistance and cooperation framework plans, and setting national noncommunicable diseases targets. Integrated support across the three levels of WHO has been provided in selected “fast-track” countries (Islamic Republic of Iran and Oman in the Region) and the country support mechanism of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases has been strengthened, providing enhanced coordinated support to countries, building

investment cases for noncommunicable diseases and advocating for effective inclusion of noncommunicable diseases into development plans.

WHO continues to promote collaboration with sectors beyond health and between government and non-state actors. Building on the first regional meeting on strengthening partnership with civil society organizations for the prevention and control of noncommunicable diseases, held in 2015, capacity-building training was organized in collaboration with the NCD Alliance, and efforts are under way to facilitate the creation of a regional noncommunicable diseases alliance of civil society organizations.

## **Prevention and control of risk factors**

In 2016, tobacco control activities focused on supporting implementation of the WHO Framework Convention on Tobacco Control (FCTC) at the national level. Countries are facing several challenges in moving forward their tobacco control agendas due to a number of factors, including higher health priorities for decision-makers, such as the emergency situations in the Region, tobacco industry interference to undermine tobacco control efforts and produce new products that are not covered under current regulations, and a lack of understanding at the legislative level of the requirements of tobacco control legislation.

In preparation for the Seventh session of the FCTC Conference of Parties (COP7), a meeting was arranged jointly with the WHO FCTC Secretariat to allow regional Parties the chance to review the documentation and prepare for their negotiations during COP7. At COP7, held in New Delhi, India, in November 2016, regional Parties led three decisions on noncommunicable diseases, tobacco advertising, promotion and sponsorship, and waterpipe tobacco.

A meeting was held jointly with the WHO African Region on the implementation of large graphic health warnings and plain packaging. In association with the meeting, a database of copyright-free graphic health warnings was developed with the WHO FCTC Secretariat for the use of countries in the Region. Understanding of the Protocol to Eliminate Illicit Trade in Tobacco Products was increased through high-level communication with Ministers of Health and through specific country activities, such as video conferences with experts and targeted seminars.

Technical support was provided to countries on a range of tobacco control areas, including national programme capacity-building, health cost research, needs assessment, training media personnel, combating tobacco growing, legislation and taxation. To support this work, a number

of information resources were developed on the tobacco industry, second-hand smoke, and graphic health warnings and plain packaging (in collaboration with University of Waterloo, Canada), while WHO publications on waterpipe tobacco smoking and the earmarking of tobacco taxes were translated into Arabic.

Regionally, progress in implementing WHO recommendations on controlling unhealthy food in children has been slow, despite clear commitment by countries, while expenditure on promoting energy-dense diets has grown considerably in recent years. The foods most frequently advertised are soft drinks, savory snacks, confectionery and fast food. The advertising of foods and beverages is largely undertaken on television and during the period between 14:00 and 21:00, when children are highly exposed. Only 19% of the countries of the Region have implemented WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

Nutrition data collection and analysis are a challenge in the Region. Policy-making and accountability require effective nutrition surveillance and a monitoring and evaluation system for effective implementation. Integrating nutrition within the health system is another challenge in most countries, where most people suffer from the double burden of malnutrition and have limited access to health services, including disease prevention, treatment and rehabilitation, which contributes to increased inequalities. The security situation and political unrest are other key difficulties facing many countries, and while the problem of malnutrition is huge, financial resources are limited.

Developing a roadmap for action to promote healthy diet and address nutrition-related noncommunicable diseases risk factors (salt, sugar and fat reduction intake) continues to be a priority. In 2016, Morocco, Somalia and Sudan joined most other countries of the Region in developing post-2015 national action plans to implement the recommendations of the Second International Conference on Nutrition (ICN-2). A nutrient profiling model was developed and field tested in seven countries. This will help countries to improve food labelling and promote healthy food.

Throughout 2016, technical support and capacity-building was provided to countries in growth monitoring, food-based dietary guidelines, obesity control and prevention, and promoting healthy diet. Many countries have developed nutrition surveillance systems and are generating regular data for most indicators. WHO will continue to monitor and evaluate the implementation of policy guidance on salt, fat and sugar reduction strategies, and finalize the regional policy on obesity and diabetes prevention.

## **Surveillance, monitoring and evaluation**

Building on efforts begun in 2015, support was provided to countries to strengthen noncommunicable diseases and noncommunicable diseases risk factor surveillance systems. This included implementation of the Global Tobacco Surveillance System in several countries of the Region, including the Global Youth Tobacco Survey (Islamic Republic of Iran, Morocco and Oman) and the integration of tobacco questions into ongoing national level surveys (Egypt, Iraq, Morocco, Oman and Sudan). A number of countries implemented the WHO STEPwise approach to Surveillance (STEPS) (Iraq, Morocco, Oman and Sudan), while others completed planning for national noncommunicable diseases surveys (Djibouti, Egypt, Jordan, Somalia and United Arab Emirates).

Support was also provided to countries to strengthen cancer surveillance in collaboration with the International Agency for Research on Cancer (IARC). Oman took steps to update its cancer registry system using the most recent software (CanReg5) and following international standards (ICD-10), while a cancer registry assessment workshop was held in Iraq on improving cancer registration, focusing on the three major regions of the country, and another workshop was conducted in Libya on establishing a functional population-based cancer registry.

During 2016, countries participated in the country capacity survey to assess progress made on noncommunicable diseases. The information collected through the survey covers public health infrastructure, partnerships and multisectoral collaboration for noncommunicable diseases and their risk factors, the status of noncommunicable diseases-relevant policies, strategies and action plans, health information systems, monitoring, surveillance and surveys for noncommunicable diseases and their risk factors, and the capacity for noncommunicable diseases early detection, treatment and care within the health system. The results will assist in planning technical support to address noncommunicable diseases and their risk factors. The information will also be used for the indicators that Member States have agreed to monitor and will be held accountable for at the United Nations General Assembly and World Health Assembly in 2018.

## **Health care**

Several countries are undergoing major health sector reform, with significant implications in terms of the content of the essential service delivery package, models of care and/or health care financing to expand coverage and enhance financial protection. In view of these reforms, strategic guidance continues to be given to countries in reorienting and strengthening health systems to address noncommunicable diseases, prioritizing cost-effective interventions with a focus on the integration and management of noncommunicable diseases in primary health care

in both stable and emergency settings.

Drawing on work done in 2014–2015, and based on the regional framework on strengthening the integration and management of noncommunicable diseases in primary health care in the Region, country missions were organized to review the status of noncommunicable diseases in primary health care (Islamic Republic of Iran, Kuwait and Saudi Arabia). In addition, continued attention was given to countries in high-grade emergencies, including Iraq, Syrian Arab Republic and Yemen, to support noncommunicable diseases readiness and health system resilience assessments, the procurement of noncommunicable diseases medicines and tailored training of primary health care providers, while also developing normative guidance in this area. A milestone was the finalization of a noncommunicable diseases emergency kit to be piloted in Iraq and Syrian Arab Republic in 2017.

Progress was made in the area of cancer control with the development of regional guidance on the early detection of five priority cancers in the Region and the first draft of a regional framework on cancer prevention and control. As part of an IARC/WHO regional partnership for scaling up cancer surveillance and research, support was provided to eight countries on cancer registries and research. Another positive development in 2016 was the designation of two new WHO Collaborating Centres in the Region: the WHO Collaborating Centre on Cancer Education, Training and Research at the King Hussein Cancer Centre in Jordan and the WHO Collaborating Centre for Research on Noncommunicable Diseases and Gastrointestinal Cancers at the Digestive Diseases Research Institute in Islamic Republic of Iran.

## **Mental health**

The area of mental health and substance abuse is the focus of increasing attention, especially following the adoption by the 62nd session of the Regional Committee of the regional framework to scale up action on mental health in the Region, operationalizing a comprehensive action plan for mental health (2013–2020). A major impetus to raising the profile of mental health and substance abuse in the Region has been the number of countries experiencing complex emergency situations, increasing the need and demand for mental health and psychosocial support services. Globally, milestones have included a joint WHO and World Bank event on mental health and development and the United Nations General Assembly Special Session on Drugs in April 2016 and the inclusion of dementia in the World Innovation Summit for Health in Qatar.

A key achievement in many countries was the initiation and consolidation of the WHO Mental Health Gap Action Programme (mhGAP) programme to bridge the treatment gap for priority mental health problems through integration in primary health care. Draft guidance on the

integration of mental health in primary health care is being finalized for 2017. A second regional leadership course in mental health was conducted in collaboration with the American University in Cairo and a regional capacity-building workshop for mid-level managers on substance use policy development and service delivery was developed and conducted in collaboration with the National Rehabilitation Centre in Abu Dhabi. To support the work in this area, atlases were published on the resources and capacities available for mental health and substance abuse in countries of the Region. The Regional Office is also contributing to the revision and field trial of different versions of Chapter VI of International Classification of Disease, Eleventh Revision (ICD-11) and to the finalization of the treatment standards for substance use disorders being developed by WHO and the United Nations Office on Drugs and Crime (UNODC).

Support was provided for the review, development and updating of mental health strategies and legislation in many countries, in accordance with the indicators and targets agreed upon as part of the comprehensive action plan for mental health (2013–2020) and the provisions of the Convention on the Rights of Persons with Disabilities. Autism and dementia plans were developed in several countries, while others were supported to develop and strengthen national suicide prevention plans. Additionally, a school mental health package was developed and is being piloted in countries of the Region. Support was also given for the provision of mental health and psychosocial support in Iraq, Libya, Yemen and countries affected by the Syrian Arab Republic crisis, in coordination and collaboration with United Nations agencies, nongovernmental organizations, national stakeholders and academic institutions. This led to the development and piloting of a regional mental health and psychosocial support capacity-building course.

Mental health continues to have a low political and public health profile, and the stigma attached to it cuts across all aspects of mental health care, impacting on service development, delivery and utilization. Mental health suffers from chronic under-funding, a lack of research and data to inform planning and service development, and a lack of specialist staff and services, while the skills of general health workers to deliver mental health care remain limited.

In view of ongoing resource constraints, and in line with the Organizational reform process and regional strategic priorities, WHO will deepen its collaboration with regional and global partners to implement the provisions of the regional framework for action in countries of the Region and the comprehensive action plan for mental health (2013–2020). Support will continue to be given to countries in reviewing and developing their national policies, strategies and programmes on mental health and substance abuse, and for scaling up mental health and psychosocial support in countries experiencing humanitarian crises.