Q: What is the "Regional framework for action"?

The "Regional framework for action" is a roadmap for countries in the Region to implement the "United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases". The regional framework includes 17 strategic interventions in the four components of the framework (governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care), and 10 indicators against which countries can measure their progress (1).

Q: Why was the" Regional framework for action developed"?

The "Regional framework for action" was developed to transform the global agenda into a regional vision and operationalize the United Nations Political Declaration commitments. In October 2012, the WHO Regional Committee for the Eastern Mediterranean endorsed the Regional framework for action.

Q: What are the benefits of the" Regional framework for action"?

The Regional framework for action focuses country efforts on strategic interventions that, if implemented, will prevent and control noncommunicable diseases. Moreover, implementation of the regional framework will contribute to progress on the nine global targets to be attained in 2025, which include a 25% relative reduction in premature mortality from noncommunicable diseases by 2025 (2).

Q: What are the measures included in the "Regional framework for action"?

All the measures included in the "Regional framework for action" are high-impact, evidence-based, cost-effective and affordable (best buys) and can be implemented by all countries irrespective of income. They 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:

developing policies to reduce population salt intake;

developing policies to reduce saturated fat intake and eliminate industrially produced transfats;

developing guidelines on marketing to children;

implementing 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 noncommunicable diseases 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.

Q: How can countries use the framework document?

WHO supports countries in using the framework document by providing them with technical guidance for the implementation of cost-effective population-wide and individual interventions (also known as best buys). In addition, to complement the framework and to inspire countries to move ahead and achieve the targets, profiles are produced every six months to assess countries and benchmark their achievements (3).

Q: What has been the progress achieved to date by using the Regional framework for action?

Many countries across the Region are moving forward in the prevention and control of noncommunicable diseases using the Regional framework for action. Profiles are being produced every six months on each country's response based on the progress indicators in the framework. The framework is referenced in all high-level briefings, meetings and conferences to encourage its effective use.

Based on the framework, WHO has developed practical technical guidance on how to implement the interventions, such as tobacco control measures, salt, sugar and saturated fat reduction and elimination of industrially produced transfat, and on legislation to reduce risk factors. These guidelines are now available and are being used by many Member States. Two other major areas of focus are considered vitally important – guidance on integration of health care into primary care and continuity of treatment during emergencies and the surveillance framework that should be used by countries to monitor progress.

Q: How will the regional framework continue to be used in the future?

Building on the progress already achieved using the regional framework, WHO and countries will continue to use it in the future. Moreover, WHO will continue to support countries and to develop the tools and guidance necessary for them to deliver on their commitments.

In 2018, all Member States will be reporting to the third United Nations high-level meeting on noncommunicable diseases on 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.

Progress has begun and momentum is building for political and health leaders. The way forward for Member States in confronting noncommunicable diseases – the world's biggest killers – is to ramp up the progress made so far to meet the goals between now and 2025.

For 2018 and 2025, countries need to deliver on the commitments included in the regional framework. For 2018, countries need to deliver on four-time bound commitments: setting national targets; developing multisectoral plans to achieve these targets; reducing risk factors for noncommunicable diseases; and strengthening health systems to address these diseases. For 2025, countries need to deliver on the nine voluntary global targets, to reduce premature deaths from noncommunicable diseases by 25%.

References

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