

**EASTERN MEDITERRANEAN REGIONAL CONSULTATION
ON THE DEVELOPMENT OF AN UPDATED ACTION PLAN
FOR THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES
(2013 – 2020)**

30 June – 2 July, 2012

EMRO, Cairo, EGYPT

SUMMARY REPORT OF THE MEETING

Introduction

The Regional Office of the Eastern Mediterranean (WHO-EMRO) conducted a consultative meeting to discuss with Member States the Regional input for the development of an updated Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (NCD).

The current Action Plan (AP) covers the period 2008-2013 and is therefore due for an update next year. It is built around six objectives, each carrying a set of actions to be performed by the Secretariat, Member States and international partners, covering the three pillars of the Global Strategy: surveillance, prevention and management. The AP provides concrete examples of actions that are needed to be implemented during the six-year period for NCD prevention and control, as an integral part of sustained socioeconomic development, and the gains which can be achieved by influencing multisectoral policies.

Objectives

The objectives of the Regional Consultation were four-fold:

- To review the progress of implementing the Action Plan for the Global Strategy for the Prevention and Control of NCDs in Member States of the WHO Eastern Mediterranean Region.
- To discuss the political and policy relevance of the 2008-2013 Action Plan in rallying Member States, international partners and the WHO Secretariat around a common agenda and in galvanizing country-level action to reduce the toll of morbidity, disability and premature mortality related to NCDs.
- To identify new challenges, opportunities, and recommended actions for Member States, international partners and the WHO Secretariat which are not included in the 2008-2013 Action Plan.

- To discuss the role of Member States of the region in supporting the preparations for the development of an updated global action plan covering the period 2013-2020. A detailed working paper was prepared by WHO-EMRO and circulated to Member States for review before the consultation (Annex I).

Over 40 participants representing Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Qatar, Sudan, Syria, Tunisia, UAE, Yemen attended the meeting, as well as Directors of WHO collaborating centres and Regional NCD Alliances, staff members from the WHO Headquarters and EMRO.

The meeting was opened with welcoming remarks from Dr Ala Alwan, Regional Director (RD), EMRO. He presented the background and the overall aim of this consultation, focusing on assessment of progress, challenges and opportunities to advance NCD policies and programs. RD briefed the participants on the current NCD situation, the broad strategic directions of the Global Strategy, WHO's positions on NCD prevention and control as outlined in the Global Status Report of 2010, and the key recommendations of the political declaration that emerged from the high level meeting of the United Nations General Assembly, held in September 2011. The expected outcome of the discussions at this Regional Consultation will serve as regional input to the work of the WHO Secretariat to develop a 'zero draft' updated Action Plan covering the period 2013–2020, for consideration by Member States and UN agencies at a global informal consultation with Member States and UN agencies in August 2012, prior to discussion during the forthcoming sessions of the Executive Board and the World Health Assembly.

The theme of the three-day regional consultation was based on the objectives shared previously, and included a plenary discussion to review the six objectives of the 2008-2013 Action Plan along with roundtable discussions focusing on four main areas (surveillance, prevention, management and capacity building).

Participants were asked to share their critical view and overall assessment of the vision and impact of the six objectives of the Global NCD Action Plan based on their own national experience. The plenary discussion focused on three basic questions:

- Relative importance of each of the six objectives, and whether the objective should be modified or deleted globally and/or regionally?
- Lessons learned during the last five years that need to be taken into account during the development of the updated plan.
- Specific areas, actions and interventions that will have to be included in the updated plan.

The second day was composed of three roundtable sessions focusing on: 1) promoting NCD prevention and risk factors reduction, 2) strengthening health systems to address NCD prevention and control, and 3) NCD surveillance and monitoring. The objective of the three sessions was to debate emerging issues and needs that have some implications on the regional response for the new global Action Plan. The Regional Office has prepared a list of questions/issues to be addressed during the discussion. The list is included in Annex I. The

questions were forwarded to participants in a working document prior to the meeting. NCD capacity building and recommendations/suggestions for the new updated plan were discussed on day three.

This summary provides a briefing on the main discussion points and the Regional input to the development of an updated Global Action Plan covering the period 2013-2020.

Regional Challenges

- Despite the increasing level of unhealthy lifestyles and risk factors for NCDs in the EMR, policies, plans and programs still require considerable strengthening in most countries.
- National policies and plans for the prevention and control of NCDs are often underfunded. Sustainable health financing is challenged by inadequate government expenditure on health in low- and middle-income countries, increasing out-of-pocket expenditures on NCDs that burden individuals and families, and a general lack of social health insurance benefits, as well as inefficient systems in high-income countries where ample funding does not translate into health gains.
- There is a major gap in surveillance of NCDs and their risk factors. Morbidity and mortality data are inadequate in most countries. A substantial proportion of countries are not regularly reporting reliable cause-specific mortality. When health information, including risk factors data, is available, it is not integrated into the national health information systems, making it difficult to use for advocacy, policy development, framing effective action to reach those in need, evaluating the effectiveness and impact of interventions and assessing progress made.
- Despite improvements in health across the region, health systems are often unable to respond effectively, equitably and in a timely manner to the health care needs of people with NCDs, in particular the poor and vulnerable ones, as demonstrated by the lack of operational plans, inadequately trained workforce, poor access to essential technologies and medicines, rising costs of healthcare, gaps in health financing, bureaucratic inefficiency, and weak governance, including legislation, in some countries. Health care systems are sometimes led down by a narrow focus on hospital and curative care, or profitable high-technology hospitals that provide expensive state-of-the-art treatment for only a small minority of citizens.
- Insufficient resources are allocated to strengthening national capacity and conduct of prevention and implementation research. In most countries, there is a lack of serious governmental action to control advertising and marketing for unhealthy products and practices, and inadequate action on food labelling and nutrition profiling.
- Many countries in the EMR have not yet made substantial progress in implementing the “best buys” despite their well-known high impact and low cost implications.

The above regional challenges should be adequately addressed in the updated Action Plan. The sound vision and clear roadmap provided by WHO and the United Nations Political Declaration should now be translated into concrete action points in the new plan.

Discussion points

- Participants emphasized that the United Nations Political Declaration on NCDs provides a clear road map for Member States and WHO in addressing the growing epidemic in the Region.
- Participants acknowledged that the Action Plan for the Global Strategy should provide a common and unifying framework for the prevention and control of NCDs, with a particular focus on developing countries.
- Participants acknowledged that despite the scarcity of funding in many countries, significant reduction in the NCD burden can still be achieved by implementing the “best buys” recommended by WHO.
- Participants offered examples of best practices that could be scaled up and replicated in order to accelerate the implementation of the outcome of the UN High Level Meeting on NCDs.
- Participants emphasized the need to establish and strengthen mechanisms to ensure the effective involvement of (public and private) sectors outside health in the prevention of NCDs, and uphold their accountability in relation to the impact of their policies on health.
- Participants reached consensus that countries should develop standards, rules and regulations, for marketing and advertising of tobacco, food and non-alcoholic beverages, and other unhealthy goods, according to their needs and local contexts.

Recommendations

Participants discussed the structure, architecture and possibility of modifying and/or deleting some objectives for the new updated AP. Three main options were discussed as follows:

- Option 1: Keep the six objectives as is in the current global AP of 2008-2013.
- Option 2: Have three objectives addressing the three main areas of surveillance, prevention and management respectively.
- Option 3: Update the action plan with a mixture of 1 and 2 objectives.

Participants reached consensus to follow option 3 on the structure, which means to keep objective 1 focusing on integrated NCDs into the development agenda and into policies across all government departments and objective 3 on risk factors, have an objective on healthcare through health systems strengthening, an objective on monitoring and surveillance, and one on strengthening country capacity. Participants debated whether or not to have an objective on

supporting research. The point was made that research should be cross-cutting and can be integrated into practically all objectives.

Perspectives shared on objectives in the Action Plan of 2008-2013

- On **objective 1**, participants identified the need to take into account issues of impoverishment and sustainable development goals. Emphasis on intersectoral action and the whole-of-government approach needs to be heightened because it is a challenge that will continue over the next six years. Within the same objective, the point was made that both member states and international partners have to increase commitments and consider approaches for higher level of funding for NCD prevention. For both WHO and Member States, the need for countries to examine their priorities and budgets to include NCDs should be given precedence.

As far as actions are concerned, the following conclusions were made:

- Importance of generating more evidence-based data required for advocacy in relation to the whole-of-government approach and intersectoral action, and the importance of strengthening WHO's work in developing convincing messages based on robust evidence on the links between socioeconomic development and NCDs.
 - Important of strengthening the role of Non Governmental Organizations (NGOs). International NGOs have been very active over the last two years in global advocacy. In addition to their continued global advocacy, international NGOs should now focus on national action through their national associations to increase the commitment, raise the priority given to NCD prevention, and push for government action to implement the political declaration. Measures defining roles, responsibilities, accountability and management of conflict of interests should also be undertaken.
 - Need to update public health laws to support NCD prevention and control. This needs to be covered by the updated plan.
 - Further work needs to be done in developing effective approaches to multisectoral action.
 - The new plan should focus on approaches to include NCDs in the post 2015 development agenda.
- On **objective 2**, consensus was reached on replacing the current objective 2 by an exclusive focus on health care and health systems strengthening. In terms of actions, the following conclusions were made:
 - The need for guidance on the governance aspects of national NCD programmes in relation to overall integrated action plan (NCD integrated versus disease-specific plans).
 - Focus on addressing the gaps that exist in Member States in relation to the health systems building blocks, particularly relative to the health workforce, access to essential medicines and financing the package of essential healthcare interventions at primary healthcare.
 - Need to review international experience in promoting NCD healthcare, particularly the lessons learned for integrating NCD into primary health care.

- Training of health professionals is key. Need for integrating NCDs into the curricula of health professional education programs.
 - The need to provide guidance on self-care. This was an important missing link in the key current plan and should now be given priority.
 - Consensus to include evidence-based strategies; i.e. clinical management guidelines, and provide guidance on screening in primary healthcare. The screening guidelines available today are either outdated, or they lack clarity. The emphasis is to develop guidance that is practical, evidence-based and relevant to primary care.
 - Need to identify the role of private sector in providing healthcare for NCDs.
 - NCD-related management costs contribute towards catastrophic health expenditures, hence, WHO can provide assistance to examine the cost effectiveness of some clinical interventions that are consuming a large proportion of the healthcare budget.
- On **objective 3**, the risk factors reduction objective, the point was made to change the language so that the title starts with “reduce exposure” rather than “promote interventions.” The statements in this objective should be as bold and as stringent/direct as possible, avoiding the use of words like “considering.” A major focus will be on the “best buys.” In terms of actions, the following conclusions were reached:
 - Need to improve understanding of matching action to evidence through application of the “best buys.” How to implement the best buys should receive the highest priority in the updated plan.
 - Need to provide regional guidance/technical assistance on implementing salt reduction strategies, trans fat (including how they translate into daily pattern), fruits and vegetables in limited resource areas), as well as regional/local mass media campaigning.
 - The new action plan should cover the work needed to refine the evidence and summarize the lessons learned in the area of tobacco taxation. Gaps and questions raised by finance ministries as well as counter arguments should be given a priority.
 - A focus on earmarking for health linked to increase taxation on tobacco, alcohol and possibly certain food products. International experience in this regard should be reviewed and disseminated widely to Member States.
 - Focus on the global recommendations on physical activity promotion and the need for national action plans for physical activity.
 - The focus on intersectoral action (ISA) should be included here in this objective. More work is needed on the mechanisms for facilitating ISA at national level based on existing recommendations appearing in Annex 6 of the 2010 Global Status Report. Successful experiences should be disseminated. A network of experts to support policy makers in Member States should be established.
 - Lessons learned should be studied on the removal of subsidies of food items like fat and sugar.
 - Need to address the high cost of certain healthy food items recommended, the issue of unhealthy and processed food being cheaper and widely available. Need to identify economic and healthy options that fit into the overall dietary pattern.
 - Need to look at adopting innovative measures of raising taxes on sodas and using the money generated towards mass media campaigning or other health initiatives.

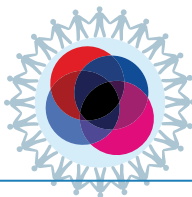
- Need to include approaches for promoting physical activity and tackling cultural constraints for women in developing countries.
 - Incentives for subsidies to promote healthy eating and also on building physical activity friendly buildings.
 - Need to develop guidelines on nutrition of pregnant women as they relates to NCD.
 - Need to build grassroots efforts and scale up advocacy capacity measures of NGOs. Very limited advocacy exists for NCD when compared with tobacco-related NGOs.
 - Although evidence is available and enough is known to initiate risk reduction programmes, there is also a need for additional research on other causations and possible risk factors.
- On **objectives 4 and 5**, participants felt that the actions included under these two objectives can be integrated, as appropriate, within the objectives proposed earlier under option three. In relation to research, consensus was reached on supporting prioritized research as an integral component of all other objectives. The fact that there is currently no global target on research, within the global monitoring framework, constitutes a challenge by itself. In terms of actions that can be integrated into other objectives, the followings points were raised:
 - Need to determine the role that WHO can play at different levels to influence the prioritized research agenda recommended by WHO.
 - Need to address the extent of which research informs policy and practice.
 - Need to build capacity in operational research, among other types of research; i.e., qualitative research and statistical analysis.
 - Need to capitalize on existing WHO collaborating centres, as an action point in the updated plan.
 - Need to strengthen establishment of research committees and/or plans in countries where no committee and/or plan exist.
 - Need guidelines for data sharing.
 - On **objective 5**, here again the consensus was to consider partnership as a cross-cutting element across all objectives while taking into account issues of managing the conflict of interest, having defined roles and responsibilities for partners while specifying areas of effective partnership, addressing country's ownership, and considering indicators for addressing partner action/impact.
 - On **objective 6**, consensus was reached on the need to focus on surveillance and monitoring. In this respect, the action points were proposed:
 - The WHO framework on surveillance should continue to be adopted. The new action plan should focus on finalizing the core indicators under each of the three components of the NCD surveillance scheme. In particular, more work is needed on reaching consensus on the core indicators for the social determinants (under the exposures component) and health system performance (under the health capacity and interventions component).
 - Extensive work will be needed to address the existing gaps in monitoring exposures and in strengthening mortality statistics.

- Appropriateness of health indicators, sources of data available, way which data are managed and converted into information products, and dissemination and use of health information are all among common issues raised.
 - Need to expand platforms on vital registration and cause of death, and support countries in monitoring mortality.
 - Need to improve quality and coverage of routinely collected data, including STEPS.
 - Need guidelines regarding data-sharing, including methodologies used in data collection.
 - The new action plan should develop concrete guidance on health information systems and how to integrate NCD surveillance into such systems.
 - Work should start immediately to develop the second global status report which should be finalized before the end of the first year of the updated action plan.
- Consensus was reached on devising a new strategic objective in relation to capacity building. Action points raised include the following:
 - There is a need to include in the updated action plan another global survey on assessing national capacity for NCD prevention into 2015.
 - WHO to continue providing the international seminar: Epidemiology of NCDs and the public health approach with a focus on WHO global strategy and action plan with emphasis on the political declaration. WHO to provide course materials on the website, including curriculum, documents and presentations. Suggestion to tag the course with regional conferences.
 - WHO to explore producing regional version of the seminar in partnership with relevant international stakeholders and key academic/research institutions in the region. WHO must seek provision of the course in Arabic.
 - Expand capacity building to cover other health professionals as well as decision makers in other sectors. Guidelines should be developed to assist Member States in initiating effective training programs. Lessons learned from successful experiences should first be reviewed for this purpose.
 - Suggestion to proceed with Train-the-trainer (TOT) opportunities, and expand coverage to include journalists and mass media professionals.
 - WHO to forge partnerships with countries, including collaborating centres, national public health institutions and other international and regional partners involved in capacity building. Twinning of institutions between industrialized and developing countries should be given priority.
 - WHO may need to look at expanding internship opportunities in the region.
 - Participants also identified the following cross cutting areas to be reflected upon and included as appropriate within objectives:
 - a. Partnerships to promote international cooperation and results-oriented partnerships at global, regional and country levels for NCD prevention and control through action across all the objectives
 - b. Generation of predictable and sustainable financial resources
 - c. UN agenda Post MDG, Post 2015

- d. Rio declaration, sustainable development, climate change.
- e. Emergency preparedness. In this respect, there is currently a huge gap in addressing the NCD needs during crisis. Important initiatives were made during the implementation of the existing action plan but not followed up. There is a need to finalize the guidelines on managing common NCDs during disasters and other crisis, and to finalize work on including essential drugs for NCDs in the emergency health kits.

Summary of proposed strategic objectives

- **Objective 1:** To raise the priority accorded to NCDs in development work and to promote a whole-of-government and multisectoral action.
- **Objective 2:** To strengthen and reorient health systems to address NCDs through a primary health care approach.
- **Objective 3:** To reduce main shared modifiable risk factors for NCDs (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol), and create health - promoting environments.
- **Objective 4:** To monitor and evaluate progress of NCD prevention and control at national, regional and global levels using a uniform surveillance and monitoring framework.
- **Objective 5:** To build capacity at the individual, institutional and national levels to empower workforce to effectively engage in NCD prevention, management and control.



ANNEX I: DISCUSSION PAPER

REGIONAL CONSULTATION IN THE EASTERN MEDITERRANEAN ON THE DEVELOPMENT OF AN UPDATED GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs (2013 – 2020)

Cairo, Egypt, 30 June -2 July 2012

Developing an updated Action Plan for the Prevention and Control of Noncommunicable Diseases

This Eastern Mediterranean Regional Consultation, to be held in Cairo from 30 June to 2 July 2012, aims to review the progress in implementing the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008-2013), identify new challenges and opportunities and discuss the priorities of Member States in this region in implementing the Political Declaration of the UN General Assembly on the Prevention and Control of NCDs. The Regional Consultation will also provide input to the development of an updated Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) covering the period 2013-2020. This Discussion Paper presents background information to stimulate the discussion during the Regional Consultation.

The Political Declaration on NCDs: A breakthrough in the fight against NCDs

The Political Declaration on NCDs, adopted by the United Nations General Assembly in September 2011, is a major breakthrough in international health. It acknowledges the rapidly increasing magnitude of NCDs and their devastating impact on health and socioeconomic development, particularly for low- and middle-income countries.

There is now global consensus that:

- The highest level of political commitment should be given to NCD prevention and control
- Governments have the primary role and responsibility to address the rising magnitude of NCDs, including the promotion of healthy environments and lifestyles
- Governments need to integrate NCD policies and programmes into the national development agenda
- A whole-of-government and a whole-of-society effort are needed
- Governments should develop and strengthen multisectoral national policies and plans
- There are clear roles and responsibilities for other stakeholders, in particular civil society and the private sector
- International cooperation, including collaborative partnerships, should be strengthened

- Monitoring and evaluation, guided by global and national targets and using standardized indicators and methodologies, should be initiated as soon as possible.

The Political Declaration on NCDs urges countries to continue to implement the 2008-2013 Action Plan of the Global Strategy for the Prevention and Control of NCDs and to develop an updated plan for implementation beyond 2013.

The 2008-2013 Action Plan: what is it and what has it achieved?

The Action Plan focused on four diseases and four risk factors. Together these four diseases accounted for about 80% of deaths caused by NCDs worldwide.

Four NCDs...

- cardiovascular disease
- diabetes
- cancers and
- chronic respiratory disease

... and four shared risk factors

- tobacco use
- physical inactivity
- unhealthy diet and
- harmful use of alcohol.

The 2008-2013 Action Plan was developed to translate the Global Strategy for NCDs Prevention and Control, endorsed at the World Health Assembly in 2000, into action. The 2008-2013 Action Plan was also built on the WHO Framework Convention on Tobacco Control (WHO FCTC) and the WHO Global Strategy on Diet, Physical Activity and Health. The 2008-2013 Action Plan was designed to provide Member States, WHO, and the international community with a roadmap to establish and strengthen initiatives for the surveillance, prevention and management of NCDs -- the three pillars of the Global Strategy for the Prevention and Control of NCDs.

The 2008-2013 Action Plan sets out six objectives. Under each objective, there are actions for the Secretariat, proposed actions for Member States and proposed actions for international partners.

The six objectives of the 2008-2013 Action Plan

- Objective 1: To **raise the priority** accorded to NCDs in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.
- Objective 2: To establish and strengthen **national policies and plans** for the prevention and control of NCDs.
- Objective 3: To promote interventions to **reduce the main shared modifiable risk factors for NCDs** : tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.
- Objective 4: To **promote research** for the prevention and control of NCDs.
- Objective 5: To **promote partnerships** for the prevention and control of NCDs.
- Objective 6: To **monitor NCDs** and their determinants and evaluate progress at the national, regional and global levels.

Important achievements have been made in implementing the Action Plan

The focus of the Action Plan enabled the energies of Member States and their partners to be channelled with intensity across the six objectives.

There was undoubtedly success in raising the priority accorded to NCDs (Objective 1) at the global level, represented by the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (New York, 19-20 September 2011), the commitments of the Heads of State and Government and the road map provided by the Political Declaration. Awareness on the need to address NCDs as a national and global priority has been greatly increased. Over the lifetime of the Action Plan there has been an increase in the number of national NCD plans and programmes (Objective 2). A package of essential NCD interventions for primary care in low-resource settings is now available to help guide countries in implementing NCD activities in primary care settings.

The plan has also promoted key interventions to tackle the four major risk factors (Objective 3). A global strategy to reduce the harmful use of alcohol was agreed by the World Health Assembly in 2011 and a set of "best buy" interventions was identified based on review of evidence and cost-effectiveness. There has been an expansion in activities to reduce tobacco use, and to implement the MPOWER package, but much more needs to be done. Technical guidance on the promotion of physical activity has been strengthened.

The evidence base for preventing and controlling NCDs has grown over the last four years. Between 2008 and 2010, a prioritized research agenda to guide future investment in this area was developed through a series of consultations, working papers, reviews and a survey for ranking research priorities (Objective 4). The 2008-2013 Action Plan has also had success in catalysing

partnerships between UN agencies, civil society, the private sector and national governments at the global and regional level (Objective 5). A global NCD network, NCD net, was established and a global forum was organised in 2010.

Monitoring NCDs and their determinants is a basic component of the Action Plan. WHO developed concrete guidance on the key components of NCD surveillance, a set of core indicators for each component and recommendations on integrating NCD surveillance as an integral part of national health information systems. Work, initiated in January 2011, to reach consensus on a set of evidence-based global targets resulted in a concrete proposal which has been submitted to the World Health Assembly in May 2012 (Objective 6).

Finally, WHO Global Status Report on NCDs 2010 was developed and launched in April 2011, during the First Ministerial Global Conference on Healthy Lifestyles and NCD Control (Moscow, 27-28 April 2012). The report has two aims: a) it provides --for the first time ever -- estimates for NCD specific mortality and risk factors level for WHO Member States and therefore serves as the baseline for future monitoring of NCDs at the global level (Objective 6), and b) it provides clear guidance and positions from WHO on the three major components of NCD prevention: surveillance, prevention and health care.

Gaps in action and examples of areas requiring focus by the updated plan

- Despite the impressive increase in awareness and the remarkable achievement in raising the priority given to NCDs worldwide over the last four years, there has not been a parallel rise in resources allocated to NCD prevention in low- and middle-income countries, where the major burden is.
- Although it is now generally recognised that engagement of non-health sectors is a prerequisite to effectively reduce exposure to risk factors for NCDs, multisectoral action is still a major challenge. Review of international experience and lessons learned have been helpful in developing guidance on mechanisms and approaches to facilitate multisectoral work, but this guidance has not been tested in Member States and further elaboration is needed to support policy makers in addressing this challenge.
- The cost-effective interventions or the “best buys” provide a convincing and evidence-based approach to risk factors reduction for all countries, but there are still gaps in our experience in implementing these interventions. Our experience in tobacco control measures is gradually building up, but implementing salt reduction projects, effective early detection programmes, and secondary prevention initiatives require more evidence and concrete know-how. There is also a need to consider the cost effectiveness of clinical interventions commonly practiced.
- In addition to the “best buys” covered in the WHO Global Status Report on NCDs 2010, health professionals and policy makers will also require evidence-based guidance in relation to the cost-effectiveness of clinical interventions at both primary health care and hospital levels.

- There is now much better clarity on the key components of NCD surveillance and there are now concrete proposals on core indicators that can be used at the country and global levels. However, there are major constraints in establishing information systems capable of effectively monitoring some basic elements such as risk factors and determinants, cause-specific mortality and health system performance. Guidance on bridging these constraints and in integrating NCD surveillance into health information system is the key challenge for the updated plan.
- Unhindered access to the essential standards for health care for people with NCDs, including early detection and timely treatment, is crucial. Integrating the management of the four major groups of NCDs into primary health care is now an agreed strategy, but there is a pressing need to learn from international experience and the successes and failures of existing programmes. Many countries also need to address gaps in their health systems, like inadequate financing, constraints related to the health workforce, inadequate access to essential health technologies and medicines, weak information systems and lack of proper monitoring and evaluation. A key priority in the updated plan is to develop strategies and approaches for health system strengthening that address these constraints. For example, equitable access to medicines and technologies can be achieved through rational selection, prioritizing the use of generic preparations, better procurement and distribution policies, controlling wholesale and retail mark-ups through regressive mark-up schemes, exempting essential medicines from import tax and local tax, and use the flexibilities of international trade agreements to introduce generics while a patent is in force.
- Strengthening partnerships for NCDs prevention is key. Fragmentation, duplication and weak coordination, sometimes driven by competing interests and diverse aims, impede progress in global and national efforts to prevent and control NCDs. Concrete partnerships that focus on uniting stakeholders around the objectives of the Action Plan have not been encouraged by the majority of development agencies and donor countries, who are still reluctant to consider NCDs as a development strategy. Overall, NCDnet has, for example, not been able to maintain the drive that was expected at the onset because of competing initiatives and lack of funding. There is a pressing need to develop mechanisms for strengthening partnerships that take focus on facilitating multisectoral work to implement the Political Declaration on NCDs and, at the same time, take into account the importance of preventing any conflict of interest. As mentioned before, the WHO Global Status Report on NCDs 2010 provides a more detailed resource for Member States. The report sets out recent statistics, evidence and experience in preventing and controlling NCDs.

What do we need to consider in the updated plan?

- Developments during the implementation of the Action Plan have resulted in a significant change in priorities and areas of focus. This is also evident in the Political Declaration which calls for an accelerated response in the three components of the Global Strategy: surveillance, prevention and health care. The gaps and areas of new focus mentioned in the previous section provide examples of the unfinished work that needs to be included in the agenda of

the updated plan. However, there are several other emerging issues which have to be considered.

- The multidimensional challenges posed by NCDs, and the importance of addressing the complexity of the issue is now widely recognized by political leaders. Some progress has been made over the last four years in understanding mechanisms that facilitate the active engagement of non-health sectors, but more concrete guidance is needed by policy makers.
- Recent health technology innovations are changing the landscape for NCDs, providing opportunities for prevention and control. Examples include internet health goods and services, telemedicine and remote patient monitoring, mobile health, and new and health care diagnostic tools. With these new technologies comes a range of partners developing and providing such innovations. A significant challenge will be for ministries of health and service providers to maximize the use of cost-effective technologies.
- In the current financial climate, a major challenge is to ensure that countries and their partners are investing adequately in cost effective prevention and health care. Governments, particularly health, planning, and finance ministers, will need to consider effective mechanisms for allocating adequate, predictable and sustained financial resources for health promotion, including NCD prevention. Such mechanisms include innovative approaches to financing and resource mobilization. Based on the recommendations of the High-Level Task Force on Innovative Financing, a proposal on a solidarity tobacco levy was developed by WHO . The WHO World Health Report 2010 subsequently highlighted innovative financing as a key way of supplementing national health budgets, whether directly in countries or via global pooled mechanisms. There is also experience in implementing "sin" taxes on tobacco or alcohol and more recently on unhealthy food to finance national health programmes. Fiscal policy options include taxation for products such as tobacco and alcohol, and potentially for foods that are unhealthy, as well as consideration of subsidies and incentives. Governments are increasingly looking at possibilities for raising taxes on tobacco, alcohol and other products harmful to health.

Issues for discussion

While the above reflections and other issues will be discussed in some depth during the Regional Consultation, participants are invited to consider structuring their discussion around a set of questions and issues that are directly relevant to the key recommendations of the Political Declaration. The aim is to focus on the way forward in supporting countries to meet the expectations of the United Nations General Assembly through the updated Action Plan.

(1) Surveillance

Integrating the key components of NCD surveillance into national health information system is the most important challenge in monitoring trends and action to prevent and control NCDs. Needless to say, such monitoring is essential in policy development, planning and evaluation. As mentioned before, the fact that we now have consensus on the key components and a list of

potential core indicators is a major step forward. However, countries will experience constraints and capacity gaps in implementing the monitoring framework. Therefore, the next step is to discuss how countries will be assisted in scaling up capacity and strengthening the generation of reliable and standardized data on risk factors, cause specific mortality and health system performance.

In this respect, questions and issues that may be raised include the following:

- What are the key gaps in NCD monitoring in your countries?
- What difficulties will countries face in adopting the NCD surveillance framework recommended by WHO (in monitoring exposures like risk factors, outcomes, specially mortality, and in tracking progress)?
- What should countries do to strengthen their information systems and address currently encountered gaps and constraints?
- How can countries assess outcomes in the absence of reliable and complete mortality data?
- What should countries monitor in situations where capacity is very limited?
- What support is needed from WHO?
- What support is needed from other partners?

(2) Prevention: reduction of exposure to risk factors for NCDs

In the presence of political will and commitment, making a difference in reducing risk factors level or arresting the rising trend will depend on the adoption and implementation of high-impact measures at the population level, coupled with active engagement of the relevant health sectors.

Questions that may be raised include:

- How do you prioritize the “best buys” proposed by WHO? What is practical and feasible and what is not?
- What other interventions, not included in the WHO recommended list, need to be included in the package of essential (core) NCD interventions?
- Why countries of the Region are slow in implementing the FCTC and tobacco control measures (MPOWER); i.e. tobacco best buys? How can we scale up? What is needed from WHO and other international partners to accelerate action?
- What do countries need to initiate salt reduction programmes?
- What do we need to do about fruit and vegetable consumption? How feasible are the country strategies in promoting fruit and vegetable consumption?
- Is reducing trans-fat an important and practical option for your countries? What difficulties do you anticipate in implementation and how can they be overcome?
- How do we strengthen public health mass media campaigns and improve our health education efforts?
- Why are countries slow in implementing the WHO recommendations on marketing of foods and non-alcoholic beverages to children? What marketing control measures are needed?

- What should be done to counteract the unopposed promotional and marketing strategies and actions of the industry (tobacco, alcohol and food)?
- How can we sustain health financing through innovative approaches like earmarking revenue from alcohol and tobacco taxes? Consider disincentives (tax sugar sweetened beverages and high fat/high sugar foods), and incentives (subsidies on nutritious foods; i.e. fruits and vegetables)
- How can we align national policies on agriculture, trade, industry and transport to promote improved diets, increase physical activity and reduce harmful use of alcohol?
- What models can be adopted for population-based, family-based and individual-based counselling on risk factor management (smoking cessation, healthy diet and weight control) and chronic disease management?

(3) Engaging non health sectors and prompting multisectoral action

WHO has reviewed some of the lessons learned and developed a report on mechanisms for strengthening multisectoral action. The content of the report is summarized in chapter 6 of the WHO Global Status Report on NCDs 2010. More work is needed to translate the broad recommendations in the report into more specific guidelines for policy makers.

Questions that may be raised include:

- What have we learned in the region on multisectoral action for the prevention and control of NCDs? What lessons exist in this region that could be used by countries?
- How useful are the recommendations of the Global Status report? What area (s) should be strengthened?
- Is pursuit of public-private partnerships to promote multisectoral NCD policies worth it in EMR? Why or why not?

(4) Health care

Countries differ in health and socioeconomic status and access to health care interventions. Although some of the constraints in improving access to quality health care are shared by almost all countries, there are specific challenges that are uniquely encountered in each of the three categories of Eastern Mediterranean Member States?

Questions that may be raised include:

- What are the shared challenges and what is unique to each of the three categories of countries?
- What is the regional experience in integrating NCD management into primary health care? Is there a successful model? What are the constraints?
- Are the cost-effective “best buys” measures recommended by WHO adequate for countries of the region? What is missing?
- Is there enough evidence-based guidance on early detection of common NCDs? What is needed?

- Is there a need to focus on clinical and hospital interventions? And if yes, what do countries need in terms of guidance?
- Is there a need for developing evidence-based clinical guidelines for managing common NCDs? And if yes, should WHO provide the guidance?
- What are the priority research areas? How can we strengthen research capacity in the region?

(5) Research

- Does the WHO prioritized agenda for NCD research reflect the needs of Member States in strengthening NCD prevention programmes?
- How can Member States build capacity in NCD research?
- How can regional research and academic institutions contribute to national NCD prevention and control programmes?
- What are the lessons learned from existing networks to facilitate and coordinate research and training?
- What is the role of WHO?

(6) Country support

WHO has conducted three global surveys to assess country capacity in addressing NCDs between 2000 and 2010. Although there are improvements, countries still have major gaps in terms of policies and plans, infrastructure, human resources, and access to essential health technologies and medicines. WHO has organized, over the last two years, five international seminars to train national programme managers and has organized the first international conference on healthy lifestyles and NCD prevention. WHO is also advising and building capacity in surveillance, national programme development and management in primary health care.

Questions that may be raised include:

- How can we motivate policy makers and increase their commitment to strengthen the capacity to prevent and control NCDs?
- How can we use the outcome of the General Assembly High-level Meeting to motivate countries to meet the obligations stated in the political declaration?
- What are the priorities for WHO's technical support to countries?

ANNEX II

REGIONAL CONSULTATION IN THE EASTERN MEDITERRANEAN ON THE DEVELOPMENT OF AN UPDATED GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDS (2013–2020)

Cairo, Egypt, 30 June -2 July 2012

PROGRAMME

Saturday, 30 June 2012		
08:30 – 09:00	Registration	
09:00 – 10:30	Opening Session <ul style="list-style-type: none"> • Address by Regional Director • Introduction of participants • Objectives and expected outcomes • Group photo 	Dr Ala Alwan, RD, WHO/EMRO
10:30 - 11:00	Coffee Break	
11:00 - 12:30	First Plenary discussion on NCD Action Plan : Objective 1: To raise the priority accorded to NCDs... and to integrate prevention and control of such diseases into policies across all government departments (<i>Dr Sania Nishtar</i>) Objective 2: To establish and strengthen national policies and plans for the prevention and control of NCDs (<i>Dr Jawad Al-Lawati</i>) Objective 5: To promote partnerships for the prevention and control of NCDs (<i>Dr M. Shalaan</i>)	<i>Questions for the plenary discussions:</i> 1. <i>Should the objective be modified or deleted globally? regionally?</i> 2. <i>Lessons learned to be fed into the update?</i> 3. <i>Interventions which may raise new questions for the update?</i>
12:30 - 13:30	Lunch break	
13:30 -15:00	Second Plenary discussion on NCD Action Plan: Objective 3: To promote interventions to reduce the main shared modifiable risk factors for NCDs: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol (<i>Dr Nahla Houalla</i>) Objective 4: To promote research for the prevention and control of NCDs (<i>Dr Shanti Mendis</i>) Objective 6: To monitor NCDs and their determinants and evaluate progress at the national, regional and global	

	levels (Dr Edouard Tursan D'Espaignet)	
Sunday, 1 July 2012		
09:00 - 10:30	First Round Table Discussion : Theme: Reducing the exposure of population and individuals to NCD risk factors (prevention) Moderators: Dr Ali Jafar, Dr Francesco Branca	Refer to questions on NCD prevention in the "Discussion Paper"
10:30 - 11:00	Coffee Break	
11:00 - 12:30	Second Round Table Discussion: Theme: Enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs (Management) Moderators: Dr Nasr El Sayed, Dr Shanthi Mendis	Refer to questions on NCD management in the "Discussion Paper"
12:30 - 13:30	Lunch break	
13:30 - 15:00	Third Round Table Discussion: Theme: NCD Surveillance : Setting national targets and measure results Moderators: Dr Abba Sibai, Dr Edouard Tursan D'Espaignet	Refer to questions on NCD surveillance and research in the "Discussion Paper"
Monday, 2 July 2012		
09:00-10:30	Plenary Discussion Building Capacity in Public Health Aspect of NCDs in Lausanne. Dr. Pascal Bovet	
10:30 - 11:00	Coffee Break	
11:00 - 13:00	Fourth Round Table Discussion: Theme: Regional recommendations on the update NCD Action Plan for prevention and control Moderators: Dr Ibtiha Fadhil, Dr Salim Adib	<ul style="list-style-type: none"> • Do we have to develop a new architecture for the updated plan? • Do we have to add/modify or delete some of the strategic objectives or sets of interventions? • How can the updated plan address the multisectoral dimensions of action globally? Specifically for the EMR?

ANNEX III

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