

Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region / World Health Organization. Regional Office for the Eastern Mediterranean

p.

WHO-EM/NCD/067/E

1. Chronic Disease - Eastern Mediterranean Region – prevention and control 2. Regional Health Planning - Eastern Mediterranean Region 3. Regional Medical Programs - Eastern Mediterranean Region I. Title
II. Regional Office for the Eastern Mediterranean

(NLM Classification: WT 500)

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Contents

Preface	5
Introduction.....	7
Section 1. Vision, scope, goal and guiding principles	9
Section 2. Objectives of the action plan	11
Objective 1	11
Objective 2	13
Objective 3	16
Objective 4	19
Objective 5	20
Objective 6	22
References	24
Annex 1. Monitoring indicators.....	25
Annex 2. Examples of research areas.....	27

Preface

The regional burden of noncommunicable diseases continues to grow. Tackling it constitutes one of the major challenges for development in the 21st century. Cardiovascular disease, cancer, diabetes and chronic pulmonary diseases accounted for 50% of all deaths in 2005. Globally, an estimated 35 million deaths, related to noncommunicable diseases, occur every year, representing 60% of all deaths, with 80% of these deaths occurring in developing countries. Approximately 16 million of these deaths occur among people under 70 years of age. The total number of deaths from noncommunicable diseases is projected to increase by a further 17% over the next 10 years, WHO estimates that the highest increase in the number of deaths will occur in Africa (27%), followed by the Eastern Mediterranean Region (25%).

The cost of treatment of chronic noncommunicable diseases can be impoverishing for people and families in the lowest income groups, and behaviours associated with risk factors, such as tobacco use, weigh heavily on family incomes. If left unaddressed, the economic impact of noncommunicable diseases will be enormous to both sufferers and society. To this end, interventions aimed at reducing the burden of noncommunicable diseases and the main modifiable risk factors will provide the highest return on investment.

Guided by the *Global action plan for the global strategy for the prevention and control of noncommunicable diseases*, endorsed by the World Health Assembly in May 2008 and in consultation with Member States, the Regional Office for the Eastern Mediterranean has developed a regional plan of action for the prevention and control of noncommunicable diseases through a consultative process involving regional and international experts to oversee its development.

This action plan represents a step forward in preventing noncommunicable diseases in the Region, and in strengthening regional efforts to implement noncommunicable prevention and control programmes for the treatment of noncommunicable diseases. The action plan addresses six identified objectives to be supported by Member States, WHO and international partners over a six-year time period covering three biennia 2010–2015.

This publication is targeted at decision-makers, policy analysts and health professionals in the Region to assist them in designing appropriate noncommunicable diseases prevention and control programmes that will enhance the ability of Member States to improve the health outcomes for major noncommunicable diseases and provide technical assistance to Member States.

Introduction

The regional burden of noncommunicable diseases continues to grow and tackling this burden constitutes one of the major development challenges of the 21st century. Cardiovascular diseases, cancer, diabetes and chronic pulmonary diseases caused an estimated 35 million worldwide deaths in 2005. This figure represents 60% of all deaths, with 80% of deaths due to noncommunicable diseases occurring in developing countries and approximately 16 million deaths involving people under 70 years of age. Total deaths from noncommunicable diseases are projected to increase by a further 17% over the next 10 years (1), WHO estimates that the highest increase in deaths will occur in Africa (27%), followed by the Eastern Mediterranean Region (25%). (2)

In the Eastern Mediterranean Region, noncommunicable diseases and injuries accounted for 50% and 11% of all deaths in 2005, respectively. (3) The prevalence of risk factors for noncommunicable diseases is high in most countries of the Region. Data collected by the STEPwise survey among adults, aged 15–65 years, in the Region showed that almost one quarter of the adult population was found to be hypertensive. A high prevalence of hypercholesterolaemia was noted with a range between 20% and 40% (4). Furthermore, 6 out of 10 countries with the highest prevalence of diabetes in the world are from the Region – Bahrain, Egypt, Kuwait, Oman, Saudi Arabia and United Arab Emirates. (5)

Overweight and obesity are potent risk factors for noncommunicable diseases and they are major contributors to premature deaths. Compiled data for adults, aged above 15 years, from the Region show the highest levels of overweight in Bahrain, Kuwait, Egypt, United Arab Emirates, Saudi Arabia and Jordan, where the prevalence of overweight/obesity ranges from between 74% and 86% in women and 69% and 77% in men (6,7). The escalating level of overweight and obesity among children and adolescents is of particular concern, given the fact that changes in food habits are evident in all Eastern Mediterranean countries. (8)

The costs of treatment of chronic noncommunicable diseases can be impoverishing for people and families in the lowest income groups, and behaviours associated with risk factors, such as tobacco use, weigh heavily on family incomes. If left unaddressed, the economic impact of noncommunicable diseases will be enormous to both sufferers and society. To this end, interventions aimed at reducing noncommunicable diseases and the main modifiable risk factors will provide the highest return on investments. (3)

Yet, the challenge is to implement proven intervention methods effectively into clinical reality. To achieve this, action is needed not only in the field of policy development but also in the development of targeted intervention programmes which address the needs of people with an increased noncommunicable diseases risk, clinical- and community-based health care professionals and the general population (9).

To address the challenges posed by noncommunicable diseases at the global level, the 53rd World Health Assembly (WHA) in May 2000 endorsed in resolution WHA53.17, the Global Strategy for Prevention and Control of Noncommunicable Diseases. The Strategy aims to map the emerging epidemics of noncommunicable diseases and analyse their social, economic, behavioural and political determinants; reducing the level of exposure of individuals and population to modifiable risk factors; and strengthening health care for people with noncommunicable diseases. At the 61st WHA, in resolution WHA61.14, Member states endorsed the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008–2013). The Action Plan translates the Strategy into concrete action for countries, WHO and international partners; and provides guidance to Member States to address the challenge of noncommunicable diseases (1).

The development of this regional action plan was guided by the Global Action Plan for the Prevention and Control of Noncommunicable Diseases. This regional plan represents, therefore, an additional call-to-action to prevent noncommunicable diseases in the Region and will strengthen will regional efforts to implement prevention and control programmes for the treatment of noncommunicable diseases (10).

Section 1. Vision, scope, goal and guiding principles

Vision

Morbidity and premature deaths due to noncommunicable diseases are minimized in the Eastern Mediterranean Region; rates of preventable noncommunicable diseases are at a minimal; and curable noncommunicable diseases are detected early and treated effectively, with a special focus on reaching the most vulnerable populations and working with all concerned parties in harmony to achieve this vision.

Scope

The *Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region* addresses six identified objectives to be supported by Member States, WHO and international partners over a six-year time period covering three biennia 2010–2015. To achieve each objective, the plan frames and proposes a number of strategic steps to Member States, WHO and international partners. In close collaboration with WHO headquarters, the Regional Office and WHO country offices will provide support in developing priority interventions and act as a catalyst to increase the flow of funds and resources from external sources for implementation of national strategies and the plan of action. Due to the need for multisectoral action for the prevention and control of noncommunicable diseases, WHO collaboration will maintain contact with key sectors involved at country level. Also, the WHO programme on noncommunicable diseases will ensure close linkages and synergy with concerned health programmes in areas such as nutrition, health education, environmental health safety and health system development.

To guide the progress, monitoring and smooth implementation of national/WHO collaborative activities based on the WHO mid-term strategic objectives, regional expected results and indicators will be set. WHO will provide technical support in all aspects, especially for assessment, surveillance and capacity-building. WHO will provide financial support from the regular budget for catalytic strategic activities. In addition, all effort will be made to mobilize resources from internal, regional and international sources.

The *Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region* will form the basis for the respective strategic direction in the Country Cooperation Strategies (CCSs) and guide the preparation of biennial operational plans in the Joint Programme Planning and Review Missions (JPRM).

Goal

The goal of this plan of action is to contribute to improved performance of noncommunicable diseases programmes in all countries of the Region and to reduce the burden of noncommunicable diseases and mortality. This will be achieved through supporting Member States to ensure coordinated comprehensive and integrated implementation of strategies using evidence-based interventions across the range of individual diseases and risk factors and through concerted action by all partners.

Guiding principles

The guiding principles of the regional plan of action for the prevention and control of noncommunicable diseases are aligned with the objectives and principles of the global action plan – equity and cultural relevance, community participation and life-stages care continuum. In the context of the Eastern Mediterranean Region the plan will be guided by:

- regional/cultural relevance
- the high priority accorded to prevention of primary causes
- intensive technical support to countries with disrupted or poorly-functioning health systems and those in conflict and complex emergencies
- a focus on the disadvantaged, poor and vulnerable segments of populations
- making noncommunicable diseases services more responsive by empowering the users of the health care system and making providers more accountable
- addressing the determinants of noncommunicable diseases by adopting a comprehensive approach through greater public and private participation and intersectoral action for better health
- close collaboration with relevant health programmes in areas such as health system development, community-based initiatives (CBI), food safety, nutrition, environmental health and school health.

Section 2. Objectives of the action plan

The six objectives of the action plan are detailed in this section, in addition to proposed action for Member States, WHO and international partners.

Objective 1

Raise the priority accorded to noncommunicable diseases in development work at global and national levels and integrate prevention and control of such diseases into policies across all government departments.

Noncommunicable diseases are closely linked to global social and economic development. These diseases and their risk factors are also closely related to poverty and contribute to poverty. The regional development agenda should explicitly address the prevention and control of noncommunicable diseases. Therefore, advocacy and policy development efforts for the prevention and control of noncommunicable diseases at national and regional level should focus on:

- influencing public policies in sectors such as trade, taxation, education, agriculture, urban development, nutrition, food and pharmaceutical production, rather than by just making changes in health policy alone. The key to significant success is the adoption of a multisectoral approach, where all government departments and other key stakeholders work together to prevent and control communicable diseases.
- strongly advocating for, and working to, achieve equity in protection from exposure to risk and access to care. Regional and national actions must respond to the social and environmental determinants of noncommunicable diseases in each country.

In all countries, the priority is the prevention of primary causes, especially through mechanisms such as the Millennium Development Goals and strategies for poverty alleviation, which can facilitate synergy and harmony between related sectors and encourage external aid support.

Proposed action for Member States

It is proposed that, in accordance with their legislation and as appropriate in view of their specific circumstances, Member States in the Region should undertake the following set of actions.

1. Strengthen the capacity of the Ministry of Health and other concerned institutions and provide adequate resources to assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.
2. Develop multisectoral advocacy and orientation processes with the aim of raising awareness on noncommunicable diseases and their impact with a special focus on key people involved in policy development in different sectors.
3. Adopt approaches to policy development that involve all government departments, parliamentary and policy advisory committees, ensuring that public health issues receive an appropriate cross-sectoral response.
4. Incorporate the prevention and control of noncommunicable diseases explicitly in economic development plans in concerned sectors and in development plans, and in relevant social and economic policies, especially in poverty-reduction strategies.
5. Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to: health and nutrition in early childhood and adolescence, the health of the urban poor, such as through the healthy city and basic development needs (BDN) programmes, fair financing and equitable access to primary health care services.

Proposed action for WHO

1. Raise the priority given to the prevention and control of noncommunicable diseases on key WHO/government strategic collaborative planning such as the CCS, JPRM, as well as in the agenda of relevant high-level forums and meetings at national and regional levels, such as the sessions of the Regional Consultative Committee and Regional Committee for the Eastern Mediterranean. Advocate for inclusion of the noncommunicable diseases prevention and control agenda in different regional forums, such as in meetings of the League of Arab States and Gulf Cooperation Council (GCC) Health Committee, and in annual meetings of Regional Directors of United Nations agencies and other key national high-level forums and meetings on development.
2. Work with countries in developing advocacy and awareness programmes, especially in building and disseminating information based on evidence-based surveillance data in order to inform and orientate policy-makers on the relationship between the economic burden of noncommunicable diseases, poverty and development.
3. Develop and disseminate tools that enable decision-makers to assess the coherence and impact of policies on the determinants of, risk factors for, and consequences of, noncommunicable diseases and provide models of effective, evidence-based policy analysis/policy-making.
4. Advance the findings of the WHO Commission on Social Determinants of Health on the prevention and control of noncommunicable diseases at national and regional levels.

Proposed action for regional and international partners

1. Include the prevention and control of noncommunicable diseases as an integral part of collective support and investment decisions for development at country level through the United Nations Development and Assistance Framework (UNDAF) and agenda of aid coordinating mechanisms, as well as through regional development funds and banks.
2. Work with Member States and WHO to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of public health problems caused by these diseases.
3. Support Member States/WHO in creating national and regional forums through which key stakeholders, including nongovernmental organizations, professional associations, academia, research institutions and the private sector can contribute and take concerted action against noncommunicable diseases.

Objective 2

Establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases.

In all countries of the Region, regardless of their economic status national authorities need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the three components given below, with special attention paid to gender, ethnic and socioeconomic inequalities and the needs of persons with disabilities.

- Develop a national multisectoral framework for the prevention and control of noncommunicable diseases.
- Integrate the prevention and control of noncommunicable diseases into national health development plans.
- Reorient and strengthen health systems, enabling them to respond more effectively and equitably to the health care needs of people with chronic/noncommunicable diseases.

Proposed action for Member States

National multisectoral framework for the prevention and control of noncommunicable diseases

1. Develop and implement a comprehensive policy and plan for the prevention and control of major noncommunicable diseases, through a consultative and participatory process involving key stakeholders and sectors.
2. Establish/strengthen a high-level national multisectoral mechanism or make use of an existing one for planning, guiding, monitoring and evaluating

enactment of the national policy with the effective involvement of sectors outside the health system, including academia, concerned members of civil society and professional associations.

3. Conduct a comprehensive assessment and analysis of the characteristics of noncommunicable diseases and the scale of the problems they cause, including the impact of policies of different government sectors on the risk factors, prevention or prevalence of these diseases.
4. Review and strengthen the relevant legislation, together with facilitating fiscal and other relevant policies in reducing modifiable risk factors and their determinants.

Integration of prevention and control of noncommunicable diseases into national health development plans

1. Establish/strengthen an adequately staffed and funded noncommunicable diseases and health promotion directorate/department within the Ministry of Health or other comparable government health authority.
2. Develop a mechanism to support the input of the private health sector, professional associations and civil society in prevention and control of noncommunicable diseases.
3. Establish/strengthen surveillance and monitoring systems based on the WHO framework for noncommunicable diseases surveillance.
4. Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems

1. Enhance the capability of the health system to adequately address the prevention and control of chronic noncommunicable diseases with an emphasis on primary health care.
2. Ensure that the health system, including private sectors, has essential infrastructure and elements for effective management and care of chronic noncommunicable diseases. Such elements may include appropriately trained human resources, adequate access to essential medicines, basic technologies, standards for primary health care and well-functioning referral mechanisms.
3. Establish standards of health care and evidence-based guidelines for screening/early detection and management of chronic noncommunicable diseases.
4. Strengthen human resources capacity through improved training and continuing medical education.
5. Take action to assist people with noncommunicable diseases to manage their own conditions better by providing them with education, incentives and tools for self-management and care.
6. Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

Proposed action for WHO

National multisectoral framework for the prevention and control of noncommunicable diseases

1. Conduct a review of regional experiences in the prevention and control of noncommunicable diseases, with a special focus on intersectoral action and community-based programmes and identify and share with Member States regional and global lessons learnt.
2. Develop a guideline based on regional and global experience covering essential elements and approaches to be adapted by Member States for intersectoral collaboration approaches against noncommunicable diseases.
3. Provide guidance for the development of national policy frameworks, including evidence-based public health policies for the reduction of risk factors and provide technical support to countries in adapting these policies to their national context.

Integration of the prevention and control of noncommunicable diseases into national health development plans

1. Enhance the technical capacity of WHO Regional Office and country offices and develop national and regional networks of experts and collaborating or reference centres in selected countries to assist subregions.
2. Develop evidence-based regional guidelines for surveillance for primary and secondary prevention.
3. Support countries in assessing their training needs and building capacity in management and control of noncommunicable diseases.

Reorientation and strengthening of health systems

Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems, especially in low-income countries of the Region.

1. Provide technical guidance to countries in integrating cost-effective interventions for major noncommunicable diseases into their health systems, with special focus on integration in primary health care.
2. Provide support to countries in enhancing access to essential medicines and affordable medical technology, building on existing WHO programmes promoting both good-quality generic products and the improvement of procurement, efficiency and management of medicine supplies.
3. Develop simple approaches that increase access of people to health care for noncommunicable diseases in countries of complex emergencies in the Eastern Mediterranean Region and support country implementation to ensure that care for noncommunicable diseases is incorporated in all phases of emergency preparedness, response and recovery.

4. Assess existing models for self-examination and self-care in countries of the Region and assist countries in adapting/designing improved affordable models where necessary, with a special focus on low-income countries and populations with low health awareness and/or literacy.

Proposed action for regional and international partners

1. Assist in development/strengthening of national alliances and networks to assist countries in mobilizing resources to build effective national programmes to meet the growing challenges posed by noncommunicable diseases.
2. Mobilize regional resources and funds to support country programmes.
3. Adopt elements of the global strategy starting with creating links between different stakeholders.
4. Support implementation of intervention projects, the exchange of experience among stakeholders and regional and international capacity-building programmes.

Objective 3

Promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

Underlying determinants of noncommunicable diseases often lie outside the health sector. Therefore, strategies for reducing risk factors for noncommunicable diseases put special focus on multisectoral actions involving the elaboration of high-level policies and plans, as well as programmes related to advocacy, community mobilization, environmental interventions, health system organization and delivery, legislation and regulation. The main frame of strategies is the involvement of both public and private sectors in multiple sectors such as agriculture, finance, trade, transport, urban planning, management, education and sport. In countries of the Region, based on lessons learnt, approaches such as those followed in the healthy city and BDN programmes and health-promoting school initiatives have been effective avenues for promotion and awareness-raising. However, more efforts and firmer policy and procedural directives and orientation of players are needed to mobilize and sustain coordinated action and partnership at an operational level. These approaches, if supported adequately, have an excellent potential to strengthen primary prevention monitoring and the care system for noncommunicable diseases.

Member States may ratify and implement the WHO Framework Convention on Tobacco Control (FCTC), implement the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding and other relevant regional strategies, policies and action plans.

Proposed action for Member States

Tobacco control

Consider implementation of the FCTC and its guidelines and the following package of six cost-effective policy interventions (the MPOWER package), which build on measures to reduce the demand for tobacco contained in the *WHO Framework Convention for Tobacco Control*.

1. Monitor tobacco use and tobacco prevention policies.
2. Protect people from tobacco smoke in public places and workplaces.
3. Offer assistance to people who want to stop using tobacco.
4. Warn people about the dangers of tobacco.
5. Enforce bans on tobacco advertising, promotion and sponsorship.
6. Raise tobacco taxes and prices.

Promoting healthy and balanced diet

Implement the actions recommended in, but not limited to, the *Global Strategy on Diet, Physical Activity and Health*, and its regional framework, as well as the regional nutrition strategy in order to:

1. Promote and support exclusive breastfeeding for the first six months and encourage its continuation for up to two years of life and ensure optimal feeding for all infants and young children, particularly in disadvantaged and low-income areas.
2. Develop/strengthen a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities, including the control of diet-related noncommunicable diseases.
3. Establish and implement food-based dietary guidelines and support the healthier composition of food by: reducing salt and sodium levels, eliminating industrially produced trans-fatty acids, decreasing saturated fats and limiting free sugars, and promoting consumption of fruits and vegetables.
4. Strengthen food safety programmes and food inspection, especially in public eating places and food industries to support a healthy diet by reducing excessive use of salt and saturated fats and harmful food additives.
5. Ensure proper food labelling and information to consumers through national legislation and regulations.
6. Adopt and implement the WHO recommendations on marketing of food and alcoholic beverages to children to promote the responsible marketing of foods and non-alcoholic beverages to children in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt.
7. Ensure that safety net programmes and food subsidy schemes are nutritionally balanced.

Promoting physical activity

Adopt the actions recommended in, but not limited to, the *Regional Framework on Diet, Physical Activity and Health*, to:

1. Develop and implement national guidelines on physical activity for health.
2. implement school-based programmes in line with the WHO Regional Office and UNICEF school health curriculum or health-promoting schools initiative.
3. Promote and support the concept of a “walkable community” in urban and rural development and facilitate safe walking, cycling and other forms of physical activity.
4. Create space and facilities for recreation and sport, especially enabling girls and women to do sport, paying attention, in particular, to low-income areas.

Reducing the harmful use of alcohol

1. Consider developing/implementing laws and procedures to:
 - prevent under-age drinking
 - ban driving or operating machinery while under the influence of alcohol
 - ban the consumption of alcoholic beverages that have been illegally produced and distributed.
2. Develop health education material and opportunities to inform people, especially the young adult males, with the aim of preventing:
 - drinking to intoxication
 - alcohol-use disorders
 - the harmful use of alcohol by women of reproductive age
 - the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases and injuries.
3. Provide counselling facilities and care for people with alcohol-use disorders and monitor the use of alcohol and its consequent harmful physical and social effects.

Proposed action for WHO

1. Promote the use of existing global and regional strategies and frameworks, such as the *Framework Convention on Tobacco Control*, the *Global Strategy on Diet, Physical Activity and Health*, the *Global Strategy on Infant and Young Child Feeding* and other regional relevant strategies that have been the subject of resolutions adopted by the World Health Assembly and Regional Committee for the Eastern Mediterranean, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce risk factors for noncommunicable diseases and their determinants.

2. Expand on ongoing prevention and control of noncommunicable diseases through BDN and healthy city programmes and provide support to countries to adopt/initiate similar projects and actions on a wider scale and strengthen the noncommunicable diseases component of the CBI regional network.
3. Expand on the current tobacco free initiative and support more countries of the Region in implementing the FCTC and its guidelines and the MPOWER package with particular focus on the increasing use of tobacco among youth and women.

Proposed action for regional and international partners

Provide support for, and participate in, the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for noncommunicable diseases.

Objective 4

Promote research for the prevention and control of noncommunicable diseases.

A coordinated agenda for noncommunicable diseases research is an essential element in the effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to enhance international, regional and national collaboration to promote and support the multidimensional and multisectoral research that is needed in order to generate or strengthen the evidence base for cost-effective prevention and control strategies. Priority areas include the analytical, the health system and operational, economic and behavioural research that is required for programme implementation and evaluation.

Proposed action for Member States

1. Review and document existing research and studies and translate research into action.
2. Invest in epidemiological, behavioural and health system research as part of national programmes for the prevention of noncommunicable diseases and develop, jointly with academic and research institutions, a shared agenda for research based on national priorities.
3. Designate/establish national reference centres and networks to conduct research on: socioeconomic determinants, gender, cost-effectiveness of interventions, the participation and input of the private health sector, health system reorientation and workforce development.
4. Encourage national medical associations to initiate and become involved in scientific and operational research.

Proposed action for WHO

1. Contribute to the development of a global research agenda for noncommunicable diseases, in close collaboration with WHO headquarters.
2. Develop an Eastern Mediterranean Region research agenda, collaborating with partners and regional health research institutions, public health institutions and medical associations and representatives from key sectors, with the basic aim of generating knowledge and options for strengthening approaches and institutional capacities and innovative approaches to strengthen national programmes for the prevention and control of noncommunicable diseases and to reduce the cost of interventions. The regional agenda may include the list in Annex 1 taken from the *Global Strategy for the Prevention and Control of Noncommunicable Diseases*.
3. Develop a regional network of researchers and research institutions and encourage and facilitate joint operational research between regional institutions and those of developed countries to further strengthen research capacity in the Region.

Proposed action for regional and international partners

1. Support low- and middle-income countries of the Region in building capacity for epidemiologic, health system and operational research in noncommunicable diseases.
2. Support countries in priority research on noncommunicable diseases focusing on socioeconomic determinants, lifestyle, behaviour, community-based interventions, equity, reorientation of health systems and primary health care.
3. Support research at country and regional level that explores models of care that are applicable to resource-poor settings.
4. Join WHO regional offices in mobilizing resources for research from regional sources.

Objective 5

Promote partnerships for the prevention and control of noncommunicable diseases.

In countries of the Region, resources for the prevention and control of noncommunicable diseases are limited. In most countries the cost is borne by the people who can afford it. Noncommunicable diseases are a significant cause of catastrophic medical expenses for the poor and even the middle classes. As the prevalence of noncommunicable diseases due to increasing risk factors is rapidly increasing, an increased burden is projected in terms of costs to individuals and health systems. The rates of diabetes in the Region are very high. Therefore, it is vital to foster national and regional partnership and contribute to creating an international alliance for the prevention and control of diseases. At the national and

regional level collaborative work should be fostered among United Nations agencies, regional institutions, academia, research centres, nongovernmental organizations, consumer groups and the business community. A joint objective of collaborative effort is to develop a strong process and lobby for raising resources from regional sources, including religious and social charities.

Proposed action for Member States

1. Undertake studies and analyse the status and dynamics of collaboration between sectors and establish frameworks and mechanisms to enhance partnership between different sectors at national, provincial and local levels for the prevention and control of noncommunicable diseases.
2. Develop collaborative networks to streamline the coordination of the role and inputs of key stakeholders, including external support agencies and other players to strengthen partnership for optimal use of resources and opportunities.
3. Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.

Proposed action for WHO

1. Establish a regional technical advisory group for noncommunicable diseases with members selected from among leading national experts, policy and planning specialists, members of national professional associations, representatives from key UN and donor agencies to provide strategic and technical input for advancing progress in countries of the Region.
2. Strengthen WHO noncommunicable diseases collaborating centres in the Region to undertake a review and evaluation of progress in prevention and control of noncommunicable diseases in the Region.
3. Facilitate and support collaboration with international partners and other research centres and national and global networks by hosting a regional network in WHO Regional Office and encourage and assist regional institutions, especially collaborating centres and cooperate with institutions in developing countries.

Proposed action for regional and international partners

1. Collaborate closely with, and provide support to, Member States and WHO in implementing the various components of regional action plans for the prevention and control of noncommunicable diseases.
2. Give priority to noncommunicable diseases in regional initiatives to strengthen health systems based on primary health care.
3. Support the establishment and strengthening of national and regional networks for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region.

Objective 6

Monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels.

The monitoring and surveillance status of noncommunicable diseases in countries of the Region are at various stages of development. In low-income countries, the priority is in capacity-building training procedure and process development. In countries with underdeveloped health systems, and especially low-income countries in complex emergency, capacity development and monitoring should be based on incremental and realistic goals. Efforts are needed to facilitate intercountry collaboration, where countries with higher status of monitoring capabilities assist other countries in need. National monitoring of noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and action. Monitoring is not limited to tracking data on the magnitude of, and trends in, noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

Proposed action for Member States

1. Develop/identify a set of indicators to monitor the trends of noncommunicable diseases and their risk factors and establish a mechanism for the sustainable collection of data.
2. Strengthen national capacity for data collection, analysis and use to inform policy.
3. Incorporate data collection on noncommunicable diseases into national health surveys, whenever possible.
4. Establish a mechanism for networking and the sharing of information from different partners at the national level.

Proposed action for WHO

1. Provide technical support to countries for standardized collection of data for surveillance, monitoring and evaluation and to strengthen their capacities.
2. Facilitate analysis and dissemination of data relevant to noncommunicable diseases and their risk factors to conduct advocacy and track progress of actions and interventions in the prevention and control of noncommunicable diseases.
3. Form part of the global reference group for noncommunicable diseases and risk factors, made up of experts in epidemiology, in order to support the work of WHO and advise countries on data collection and analysis.
4. Establish a mechanism to monitor the implementation of the noncommunicable action plan.

5. Strengthen WHO's regional and country level presence and capacity to provide technical support to Member States in improving their collection of data and statistics on risk factors, determinants and mortality.
6. Support the Regional Advisory Group in order to evaluate progress on implementation of this regional action plan and contribute to evaluation of global progress.
7. Facilitate networking for the sharing of information, experience and expertise.
8. Assess the performance and the contribution of WHO CCSs in implementation of the noncommunicable diseases action plan.

Proposed action for regional and international partners

1. Work collaboratively and provide support for the actions set out for Member States and WHO in monitoring and evaluating, at the regional and global levels, progress in prevention and control of noncommunicable diseases.
2. Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

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Annex 1. Monitoring indicators

There is a need for measurable process and output indicators to permit accurate monitoring and evaluation of actions taken and their impact. Indicators are essential in order to measure progress in implementing the action plan and will focus on actions taken by the WHO Secretariat and on the actions of Member States, including in resource-poor settings. Each country may develop its own set of indicators, based on priorities and resources; however, in order to track prevention and control of noncommunicable diseases at regional level, there is a need to collect data and information in a standardized manner.

The indicators below are examples of measurements that WHO will use to monitor and report on the regional status of the prevention and control of noncommunicable diseases. Baseline values are available from WHO for many of the indicators; however, where baselines are not currently available, mechanisms are in place to collect relevant data.

1. Number of countries that have an established unit for the prevention and control of noncommunicable diseases (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority.
2. Number of countries that have adopted a multisectoral national policy for noncommunicable diseases in conformity with the regional action plan for the prevention and control of noncommunicable diseases.
3. Number of countries with reliable, nationally representative mortality statistics by cause.
4. Number of countries with reliable standardized data on the major noncommunicable diseases risk factors (based on WHO tools).
5. Number of countries with reliable population-based cancer registries.
6. Number of countries that have excise tax rates of at least 50% on the retail price of a pack of the cigarettes.
7. Number of countries with complete smoke-free legislation covering all types of places and institutions, as defined in the *WHO Report on the Global Tobacco Epidemic, 2008*.
8. Number of countries with bans on tobacco advertising, promotion and sponsorship, as defined in the *WHO Report on the Global Tobacco Epidemic, 2008*.

9. Number of countries that have incorporated smoking cessation support (including counselling and/or behavioural therapies) into primary health care, as defined in the *WHO Report on the Global Tobacco Epidemic, 2008*.
10. Number of countries that have adopted multisectoral strategies and plans on healthy diet, based on the *WHO Global Strategy on Diet, Physical Activity and Health* and the *Regional Framework on Diet and Physical Activity*.
11. Number of countries that have adopted multisectoral strategies and plans on physical activity based on the *WHO Global Strategy on Diet, Physical Activity and Health* and the *Regional Framework on Diet and Physical Activity*.
12. Number of countries that have developed national food-based dietary guidelines.
13. Number of countries that have developed national guidelines/plans on physical activity for health.
14. Number of countries that have developed policies, plans and programmes for preventing public health problems caused by harmful use of alcohol.
15. Number of countries with a national research agenda and a prioritized research plan for noncommunicable diseases and their risk factors in line with WHO's global research strategy.
16. Number of countries that provide early detection and screening programmes for noncommunicable diseases.
17. Number of countries with comprehensive national cancer control programmes.
18. Number of countries providing early detection and screening programmes for cervical cancer and/or breast cancer.
19. Number of countries in which patients have access to affordable essential medicines for pain relief and palliative care, including oral morphine.
20. Number of radiotherapy devices per 100 000 population.
21. Number of countries in which the WHO essential medicines list for management of chronic respiratory diseases, hypertension and diabetes are affordable and accessible in primary health care.
22. Prevalence of tobacco use among adults aged 25–64 years.
23. Prevalence of low consumption of fruit and vegetables among adults aged 25–64 years.
24. Prevalence of low levels of physical activity among adults aged 25–64 years.
25. Prevalence of raised blood pressure among adults aged 25–64 years.
26. Prevalence of raised fasting blood glucose concentration among adults aged 25–64 years.

Annex 2. Examples of research areas

Examples of research areas to be covered under the research agenda include:

- assessment and monitoring of the burden of noncommunicable diseases
- monitoring of the impact of poverty and other indicators of socioeconomic disparity on the distribution of risk factors
- assessment of national capacity for the prevention and control of noncommunicable diseases and the evaluation of approaches to fill existing gaps in capacity
- evaluation of impact of community-based interventions on risk factor levels and on morbidity and mortality associated with noncommunicable diseases in different populations
- assessment of the cost-effectiveness of clinical and public health interventions for improving health behaviours and health outcomes
- evaluation of different strategies for early detection and screening of noncommunicable diseases in different populations, with an emphasis on cancers, diabetes and hypertension
- evaluation of interventions for secondary prevention on cardiovascular diseases outcomes in different settings
- study of the effectiveness of different organizational patterns in health care institutions in improving health care for chronic conditions, with a special focus on primary health care
- analysis of research on factors affecting consumer behaviour and dietary choices, including marketing
- study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care; and of approaches for improving the development of affordable new drugs for neglected diseases like Chagas diseases and for rheumatic fever, together with vaccines such as the human papillomavirus vaccine
- assessment of the role, efficacy and safety of traditional medicines in the management of noncommunicable diseases.



Cardiovascular disease, cancer, diabetes and chronic pulmonary diseases accounted for 50% of all deaths in 2005. Tackling the growing regional burden of noncommunicable diseases constitutes one of the major challenges for development in the 21st century. Globally, an estimated 35 million deaths, related to noncommunicable diseases, occur every year, representing 60% of all deaths. The total number of deaths from noncommunicable diseases is projected to increase by a further 17% over the next 10 years, with the highest increase in Africa and the Eastern Mediterranean Region. The Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region represents a step forward in preventing noncommunicable diseases in the Region, and in strengthening regional efforts to implement prevention and control programmes. It is aimed at decision-makers, policy analysts and health professionals involved in designing appropriate and effective noncommunicable disease prevention and control programmes.