



**Comprehensive overview of the Secretariat's technical work:  
A complement to the report by the Director-General to  
the 154<sup>th</sup> session of the WHO Executive Board on the  
political declaration of the third high-level meeting  
of the General Assembly on the prevention and  
control of non-communicable diseases**

**Prevention and management of noncommunicable diseases, promotion of  
mental health and well-being, and treatment and care of mental health  
conditions**

This comprehensive overview complements document EB154/7, Report by the Director-General on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

## **CONTEXT**

This report details the status of the Secretariat's technical work to support Member States in implementing the global action plan for the prevention and control of noncommunicable diseases (NCDs) and to fulfil the relevant commitments made for such prevention and control and the promotion, protection and care of mental health by the United Nations General Assembly following the guidance provided by the Health Assembly to realize these commitments, including attention to the follow up to decision WHA75(11) (2022).

The actions, approaches and initiatives outlined in the report demonstrate alignment of the Secretariat's work in supporting Member States progress towards achieving the nine voluntary global NCD targets by 2025, SDG target 3.4 by 2030 reduce by one-third pre-mature mortality from NCDs through prevention and treatment and promote mental health and wellbeing, contributions to other SDG, such as SDG 3.5 and 3.8, GPW 13 and the 5 priorities outlined by the WHO Director-General to focus WHO's work to accelerate country progress towards the 'triple billion targets' and the SDGs.

The report presents the Secretariat's detailed progress across the three strategic shifts that guide the WHO's work in achieving the 'triple billion targets' of the 13<sup>th</sup> General Programme of Work – "stepping up leadership; driving public health impact in every country; and focusing global public goods on impact".

## SITUATIONAL ANALYSIS

### Where we are today

One decade after the first high-level meeting of the United Nations General Assembly on the prevention and control of NCDs, new data from WHO shows that the NCDs targets are not just aspirational but achievable<sup>1</sup>:

- A total of 34 countries have implemented 10 or more of the commitments made on the prevention and control of NCDs at the United Nations General Assembly<sup>2</sup>, while 66 countries have implemented fewer than 5 commitments, including 4 countries that have implemented none of them.
- No countries are on track to achieve all nine voluntary global targets for 2025 set by the World Health Assembly in 2013 against a baseline in 2010<sup>3</sup>.
- Only a handful of countries are on track to meet SDG target 3.4 for 2030<sup>4</sup>, as measured by indicator 3.4.1, set by the United Nations General Assembly against a 2015 baseline, and most of these are countries without robust vital registration systems so it's difficult to know if their modelled progress reflects the reality on the ground.
- The COVID-19 pandemic has significantly disrupted NCD services, set back advances on NCD risk factor reduction policies, and interrupted surveillance as described further below; all these disruptions are expected to negatively impact NCD mortality in the future.
- The COVID-19 pandemic of coronavirus disease has highlighted the urgent need to strengthen health systems through a radical reorientation towards primary health care as

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<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/EB150/B150\\_7-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf)

<sup>2</sup> Commitments contained in United Nations General Assembly resolutions 66/2, 68/300 and 73/2, as monitored through the WHO NCD Progress Monitor in line with the WHO technical note issued in May 2015 and updated in September 2017 in response to decision EB136(13) (see <https://www.who.int/nmh/events/2015/Updated-WHO-Technical-Note-NCD-Progress-Monitor-September-2017.pdf>)

<sup>3</sup> The set of nine voluntary targets was adopted in res WHA66.10 in 2013. Steps to accelerate their implementation were set out in document EB150/7 para 6 and the global action plan for the prevention and control of noncommunicable diseases.

<sup>4</sup> Bennet et al. NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. Lancet Vol. 392. London: Elsevier. 2018

the foundation for progress towards universal health coverage, as well as to ensure health security and achieve health and well-being for all. The prevention and control of NCDs and the promotion, protection and care of mental health are integral to this reorientation.

The data broadly show that countries with policy, legislative and regulatory measures, including fiscal measures, for the prevention and control of NCDs, as well as strong and inclusive health systems have had the best outcomes against NCDs. In those countries, people living with and affected by NCDs are more likely to have access to effective NCD services, including protection against NCD risk factors, detection of hypertension and diabetes, treatment of NCDs and consistent, quality follow-up and care.

### **The global burden of NCDs and risk factors**

NCDs continue to cause more deaths than all other causes of deaths combined. In 2019, NCDs caused 41 million deaths globally<sup>5</sup>, a number that is expected to increase as populations expand, especially that of older adults. The global share of NCD deaths among all deaths increased from 61% in 2000 to 74% in 2019. Of the 10 leading causes of death globally, seven were NCDs: ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, dementias, diabetes and kidney diseases; together these comprise 44% of deaths globally <sup>6</sup>:

- The world's biggest killers are cardiovascular diseases, which are responsible for one in three deaths globally. Since 2000, deaths due to these diseases increased the most, to reach 17.9 million deaths in 2019.
- Cancer is responsible for 9.96 million (1 in 6) deaths per year.
- Diabetes has entered the top 10 causes of death, following a significant percentage increase of 70% since 2000.
- Chronic respiratory diseases cause 4.1 million deaths per year. Most common among these are asthma and chronic obstructive pulmonary disease (COPD), the latter of which is the 3<sup>rd</sup> leading cause of death globally.
- Every 2 seconds someone under 70 dies of an NCD. In 2019, 17 million people died of NCDs before reaching the age of 70, with 86% of these deaths taking place in low- and middle-income countries.
- In 2019, Alzheimer's disease and other forms of dementia ranked as the 7<sup>th</sup> leading cause of death.
- Kidney diseases have increased from the world's 13<sup>th</sup> leading cause of death to the 10<sup>th</sup> leading cause, from 813,000 deaths in 2000 to 1.3 million deaths in 2019.

Globally, the greatest decline in NCD mortality between 2000 and 2019 was seen for chronic respiratory diseases, with a 37% decline for all ages, followed by cardiovascular diseases (27%)

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<sup>5</sup> Global health estimates 2019: deaths by cause, age, sex, by country and by region, 2000–2019. Geneva: World Health Organization; 2020 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/>, accessed 15 September 2023).

<sup>6</sup> Global health estimates 2019: deaths by cause, age, sex, by country and by region, 2000–2019. Geneva: World Health Organization; 2020. (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>, accessed 17 November 2023).

and cancer (16%)<sup>7</sup>. However, the progress is not comparable to that made for curbing communicable diseases and is unequal across regions and income groups<sup>8</sup>.

Deaths due to NCDs between the ages of 30 and 70 (“premature” deaths) – the most economically productive age span – are rapidly increasing. Cardiovascular diseases continue to be the main NCD that claims the largest number of lives among people in the 30–70 age group.

Globally, a person aged 30 years in 2019 had a 17.8% chance of dying from one of the four major NCDs before the age of 70 years (Sustainable Development Goal target 3.4 is to reduce premature mortality from NCDs by a third by 2030 as measured by indicator 3.4.1). This figure represents progress in all regions and a 22.2% relative decline in premature deaths globally since 2000.

However, progress has slowed since 2015 when the era of the Sustainable Development Goals began and even more as NCD conditions exacerbated the impact of the pandemic of coronavirus disease (COVID-19) on excess mortality. The global ARR in premature NCD mortality has decreased since 2015 to just below 1%, from the 1.4% ARR observed between 2000–2015<sup>9</sup>. The South-East Asia Region and the Eastern Mediterranean Region had the slowest 20-year declines, at about 13%, less than half of that seen in the European Region (31%) and the Western Pacific Region (27%). The African Region (20%) and the Region of the Americas (23%) had similar reductions since the start of the century.

The burden of disease experienced by people living with NCDs is also significant. In 2019, diabetes was the direct cause of 1.5 million deaths, and 48% of all deaths due to diabetes occurred in people before the age of 70 years<sup>10</sup>. There is also an increasing burden of diabetes-related kidney failure and challenges in access to transplantation. Another 460 000 deaths from kidney disease were caused by diabetes and raised blood glucose concentrations caused around 20% of cardiovascular deaths globally. Between 2000 and 2019, there was a 3% increase in age-standardized mortality rates from diabetes. In 2020, it was estimated that more than 19 million people developed new cases of cancer and nearly 10 million died from cancer. An estimated one in five people will develop cancer in their lifetime. Cancer is also responsible for one in six deaths<sup>1112</sup>. By 2040, the burden is expected to nearly double with the most rapid increased burden in the least-developed countries<sup>13</sup>. About 400 000 children are diagnosed with cancer each year; 90% of these diagnoses occur in low- and middle-income countries<sup>14</sup>.

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<sup>7</sup> World Health Statistics 2020. A visual summary. Geneva: World Health Organization; 2020.

<sup>8</sup> World health statistics 2021: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2021.

<sup>9</sup> SDG Target 3.4 Non-communicable diseases and mental health. Geneva: World Health Organization ([https://www.who.int/data/gho/data/themes/topics/sdg-target-3\\_4-noncommunicable-diseases-and-mental-health](https://www.who.int/data/gho/data/themes/topics/sdg-target-3_4-noncommunicable-diseases-and-mental-health) ).

<sup>10</sup> Global health estimates 2019: deaths by cause, age, sex, by country and by region, 2000–2019. Geneva: World Health Organization; 2020 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/>, accessed 15 September 2023).

<sup>11</sup> Available at <https://gco.iarc.fr/today/data/factsheets/cancers/39-All-cancers-fact-sheet.pdf>

<sup>12</sup> Available at <https://gco.iarc.fr/tomorrow/en/dataviz/bubbles?sexes=0>

<sup>13</sup> Global Cancer Observatory: Cancer today. Lyon: International Agency for Research on Cancer; 2020 (<https://gco.iarc.fr/today>, accessed 31 August 2023).

<sup>14</sup> CureAll framework: WHO Global Initiative for Childhood Cancer. Increasing access, advancing quality, saving lives. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240025271>, accessed 31 August 2023).

Cervical cancer is the fourth most common form of cancer among women worldwide, with some 600 000 women developing new cases and more than 300 000 dying of this cancer every year. The annual number of new cases is projected to increase to 700 000 by 2030, raising the annual death toll to 400 000<sup>15</sup>.

Breast cancer accounts for nearly 12% of all annual cancer cases worldwide and is the leading cause of cancer deaths among women<sup>16</sup>. In 2020, there were 2.3 million new cases of breast cancer in women - and 7.8 million women who had breast cancer in the previous five years were still alive, making breast cancer also the most prevalent malignancy.

Globally about 1.3 billion adults had hypertension in 2019, twice as many as in 1990. An estimated 54% have been diagnosed with hypertension, 42% are being treated for their hypertension and 21% have had their hypertension controlled. Women at all ages and in all regions are more likely to be treated for their hypertension than men: globally, 47% of women are treated for their hypertension, compared with only 38% of men<sup>17</sup>.

Oral diseases affect half of the world's population, even though they are largely preventable. The consequences of untreated oral diseases – including physical symptoms, functional limitations and detrimental impacts on emotional, mental and social well-being – are severe and debilitating. The *Global Oral Health Status Report*<sup>18</sup>, launched in November 2022, underscored the alarming state of global oral health. Nearly 3.5 billion people in all age groups suffer from oral diseases, with 3 out of every 4 affected people living in low- and middle-income countries. Global cases of oral diseases have increased by 1 billion over the last 30 years showing that in many countries, oral healthcare services are not available or not affordable to most people<sup>19</sup>.

At least 2.2 billion people in the world have a near or distance vision impairment. At least one billion of these cases, could have been prevented or addressed<sup>20</sup>. The population coverage of the most cost-effective eye care interventions is low – only 17% of people in need of cataract surgery and 36% of people in need of spectacles have been able to access the care they need<sup>21</sup>. Reducing exposure to NCD risk factors in the whole population is an essential component of cost-effective pathways to reduce NCD burden and mortality<sup>22</sup>.

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<sup>15</sup> Global Cancer Observatory: Cancer today. Lyon: International Agency for Research on Cancer; 2020 (<https://gco.iarc.fr/today>, accessed 31 August 2023).

<sup>16</sup> Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M et al. Cancer today. Lyon: International Agency for Research on Cancer; 2020 (<https://gco.iarc.fr/today>, accessed 29 September 2023)

<sup>17</sup> NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. *Lancet*. 2021;398(10304):957-980. doi: 10.1016/S0140-6736(21)01330-1.

<sup>18</sup> Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO (<https://iris.who.int/handle/10665/364538>, accessed 27 September 2023).

<sup>19</sup> Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO (<https://iris.who.int/handle/10665/364538>, accessed 27 September 2023).

<sup>20</sup> Available at <https://www.who.int/publications/i/item/9789241516570> (accessed 1 October 2023)

<sup>21</sup> Report of the 2030 targets on effective coverage of eye care, World Health Organization, Geneva, 2023

<sup>22</sup> NCD Countdown 2030 Collaborators. NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries. *Lancet* (London, England). 2022 Mar 26;399(10331):1266.

- Tobacco is a leading cause of preventable premature death in the world, killing more than 8 million people globally each year, including around 1.3 million people that die from exposure to second-hand tobacco smoke<sup>23</sup>. In 2022, the global prevalence of current tobacco use among adults was estimated at 20.9%, translating to around 1.25 billion tobacco users in the world<sup>24</sup>. Existing data indicate that, while 56 countries are on track to achieve the tobacco use reduction target by 2025, there will be 1.23 billion people in the world still using tobacco by 2025<sup>25</sup>.
- In 2016, more than 1.9 billion adults were overweight and of these over 650 million were obese, while 37 million children under age five were overweight. If nothing is done, the global costs of overweight and obesity will overwhelm health systems and hold back economies.
- Unhealthy diets account for 8 million premature deaths. Diets are unhealthy mainly due to high sodium intake (global mean sodium intake is more than double the WHO recommendations<sup>26</sup>), but also to insufficient consumption of wholegrain cereals, fruits, vegetables, legumes.
- Globally, total alcohol consumption per capita has declined since 2015, but regional trends are uneven, with declines in the African and European regions but increases in the South-East Asia and Western Pacific regions<sup>27</sup>. Globally, men consumed nearly four times more pure alcohol per capita per annum than women did, namely, 8.7 litres versus 2.2 litres in 2019<sup>28</sup>.
- Regular physical activity promotes and protects both mental and physical health. Yet more than one in four adults and more than 80% of adolescents do not meet WHO's recommended levels of physical activity for optimum health<sup>29</sup>.
- Globally, 99% of the population is exposed to air quality that does not meet the levels recommended in the WHO global air quality guidelines and 2.3 billion people globally relied primarily on polluting fuels and devices for cooking in 2021<sup>30</sup>. Polluted air is now the fourth leading risk factor for health overall, contributing to 6.7 million deaths annually. Most of these deaths, 85% or about 5.7 million, are due to NCDs<sup>31</sup>.

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<sup>23</sup>GBD 2019 Risk Factors Collaborators, Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (The Lancet, Volume 396, Issue 10258, 17–23 October 2020, Pages 1223-1249)

<sup>24</sup> Forthcoming WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization (in press)

<sup>25</sup> WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240039322>, accessed 26 September 2023).

<sup>26</sup> (WHO global report on sodium intake reduction. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO)

<sup>27</sup> World Health Statistics 2023: monitoring health for the SDGs. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240074323>, accessed 15 September 2023).

<sup>28</sup> World Health Statistics 2023: monitoring health for the SDGs. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240074323>, accessed 15 September 2023)

<sup>29</sup> Global status report on physical activity 2022. World Health Organization, Geneva, 2022.

<sup>30</sup> The Global Health Observatory: Air pollution data portal. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/air-pollution>, accessed 15 September 2023).

<sup>31</sup> Available at <https://www.who.int/data/gho/publications/world-health-statistics> (accessed 1 October 2023).



## National capacity for NCD prevention and control

The results of the 2021 assessment of national capacity for NCD prevention and control through the use of a global survey to all Member States known as the NCD Country Capacity Survey<sup>32</sup> showed that there has been considerable progress, but that gaps and weaknesses remain. Although nearly all countries (95%) reported they have staff responsible for NCDs in their ministry of health or equivalent entity, government funding for NCD-related activities, such as primary prevention and early detection and screening, varies widely across income groups, with just half of low-income countries reporting any funding for such activities. Although NCDs have generally been incorporated into the outcomes or outputs of national health plans (86% of countries), multisectoral action plans on NCDs are lacking in roughly half of countries, a figure that is consistent across all country income groups. Management guidelines for the four major NCDs are far more available than they were just a decade ago, yet cancer screening programmes and many essential medicines are still lacking in many low- and lower-middle-income countries.

## Mental health

Although now past the acute phase of the COVID-19 pandemic, which saw a marked increase in rates of stress, anxiety, depression, neurological manifestations and alcohol and drug use in some segments of populations, as well as significant disruptions to service delivery, the global situation for mental health remains challenging. Apart from the lingering impacts of the COVID-19 pandemic, threats in the form of the cost-of-living and climate crises, as well as an increasing number of people exposed to humanitarian emergencies, are placing ever greater strains on population mental health. With close to one billion people living with a mental health disorder<sup>33</sup>, the persisting under-investment in mental health services means the gap between the need for and availability of quality care and support remains as wide as ever. Mental health conditions account for 1 in 6 years lived with disability and just two conditions, depression and anxiety, cost US\$ 1 trillion every year in lost economic productivity<sup>34</sup>. Those with severe mental health conditions, including schizophrenia and bipolar disorder, die on average 10 to 20 years earlier than the general population, while one out of every 100 deaths are due to suicide, approximately 703 000 deaths annually<sup>35</sup>. Yet, in the most recent WHO Mental Health Atlas, large gaps in response to these issues were reported.

Neurological disorders are the leading cause of disability-adjusted life years (DALYs)<sup>36</sup> with the five largest contributors being stroke, migraine, dementia, meningitis and epilepsy. Globally in 2019, more than 50 million children younger than 5 years had developmental disabilities and 95%

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<sup>32</sup> Noncommunicable disease surveillance, monitoring and reporting: NCD country capacity survey. Geneva: World Health Organization, 2022 (<https://www.who.int/teams/ncds/surveillance/monitoring-capacity/ncdcs>, accessed 17 November 2023).

<sup>33</sup> World Mental health Report, Geneva: World Health Organization; 2022 available at <https://www.who.int/publications/i/item/9789240049338> (accessed 20 October 2023)

<sup>34</sup> World Mental health Report. Geneva: World Health Organization; 2022 available at <https://www.who.int/publications/i/item/9789240049338> (accessed 20 October 2023)

<sup>35</sup> World Mental health Report. Geneva: World Health Organization; 2022 available at <https://www.who.int/publications/i/item/9789240049338> (accessed 20 October 2023)

<sup>36</sup> Global, regional, and national burden of neurological disorders, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol.* 2019;18(5):459–480. doi: 10.1016/S1474-4422(18)30499-X. (accessed 20 October 2023)

of these children lived in low- and middle-income countries<sup>37</sup>. In 2019, more than 50 million adults worldwide lived with dementia, over 60% of them in low- and middle-income countries. Dementia was the 7th leading cause of death, with 1.6 million deaths in 2019 attributable to Alzheimer disease and other dementias. The global economic cost of dementia was estimated at US\$ 1.3 trillion<sup>38</sup>. Globally, dementia has a disproportionate impact on women, both direct and indirect. Of all deaths due to dementia 65% are in women.

Further, most recent estimates indicate that in 2019 there were approximately 400 million people with alcohol use disorders, of which 209 million had alcohol dependence<sup>39</sup>; in addition, there are an estimated 36 million people with drug use disorders<sup>40</sup>. Heavy episodic drinking continues to be prevalent among the drinking population. Worldwide, 3 million deaths every year result from harmful use of alcohol. This represents 5.3% of all deaths. Overall, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs)<sup>41</sup>. Even though some reduction in alcohol related harms have taken place since 2010, current and predicted trends indicate that the goals set in the Global Alcohol Action Plan will not be met by 2030.

## **WORK BY THE SECRETARIAT: STATUS, FOLLOW-UP AND NEXT STEPS**

WHO's Thirteenth General Programme of Work (2019–2025) centres on three interconnected strategic priorities aimed at ensuring the well-being and health of all individuals at every stage of life: achieving universal health coverage, addressing health emergencies and promoting healthier populations. Effective and equitable responses for the prevention and control of NCDs and the promotion, protection and care of mental health are an integral part of the three priorities. These priorities are supported by three strategic shifts: stepping up leadership; driving public health impact in every country; and focusing global public goods on impact – which in turn reflect WHO's six core functions.

WHO's NCD programme involves coordinated work across the three levels of the Organization - Headquarters, Regional Offices and Country Offices. Together these are coordinated through the WHO Technical Expert Network for NCDs and Health Promotion (TEN NCDs/HPR). As mandated by the Global NCD Action Plan 2013-2030, WHO's NCD programme provides an integrated approach that supports all the triple billion targets and addresses guidance from the three high level meetings of the UN General Assembly on NCDs, as well as several inter-linked strategic plans across the four main NCDs and mental health and their five shared and modifiable risk factors.

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<sup>37</sup> Global report on children with developmental disabilities. Geneva: World Health Organization; 2023. Figure 2.2. Available at: <https://www.who.int/publications/i/item/9789240080232> (accessed 20 October 2023)

<sup>38</sup> <https://www.who.int/news-room/fact-sheets/detail/dementia#:~:text=In%202019%2C%20dementia%20cost%20economies,care%20and%20supervision%20per%20day.> (accessed 20 December 2023)

<sup>39</sup> Global Status report on alcohol and health. Geneva: World Health Organization; 2018 Available at <https://www.who.int/publications/i/item/9789241565639> (accessed 20 October 2023)

<sup>40</sup> UNODC (2019). World drug report 2019; Available at: <https://www.unodc.org/unodc/en/frontpage/2019/June/world-drug-report-2019> (accessed 20 October 2023)

<sup>41</sup> <https://www.who.int/news-room/fact-sheets/detail/alcohol> (accessed 20 December 2023)



The 2023 annual update on the Secretariat's technical work is presented across the three strategic shifts of GPW 13 and highlights current status and next steps of key actions, approaches and initiatives that support Member States in fulfilling the relevant commitments made for the prevention and control of NCDs and the promotion of mental health. These include follow up by the Secretariat to the guidance provided by the World Health Assembly to realize these commitments, with particular attention to actions, approaches, initiatives, action plans and strategies that support decision WHA75(11) (2022) adopted by the World Health Assembly in 2022.

**I. STEPPING UP LEADERSHIP:** *based on WHO's core function of providing leadership on matters critical to the health of all people and engaging in partnerships where joint action is needed.*

WHO's NCD, mental health and health promotion programmes continue to exercise their leadership and coordination role and remain the credible leaders in promoting and monitoring action for the prevention and control of NCDs in relation to the work of the UN Development System and beyond and provides global leadership at relevant fora. The Secretariat leverages the power of purpose, the strength of multi-stakeholder collaborations, new initiatives, global communications strategies and creative storytelling to mobilize action, shape policies and define priorities for the preparatory process leading to the fourth UN High-level Meeting on NCDs, in 2025, supporting country efforts to build forward better are sensitive to the needs of people living and affected by NCDs. It also leverages on Regional and country offices initiatives, such as regional roadmaps, collaboration with the European Commission, Eurasian Economic Union or the NCD Council in the WHO European Region, to steer political commitment and stakeholders' engagement to reduce NCDs. The Secretariat also works closely with global donors such as Bloomberg Philanthropies, the largest philanthropic donor for NCDs and injuries to date.

The *Implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030*<sup>42</sup> continues to serve as an overarching guide for regions and countries, entities in the United Nations system and non-State actors in order to accelerate ongoing national NCD responses, in line with its three strategic directions: understanding the drivers and trajectories of NCD burden across countries and epidemiological regions; scaling-up the implementation of most impactful and feasible interventions in the national context; and ensuring timely and reliable data on NCD risk factors, diseases and mortality for informed decision-making and accountability.

Political championing at the highest levels of government to address NCDs and mental health is viewed as invaluable in advancing policies on NCDs and their risk factors. During 2023 the following key activities were undertaken or supported.

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<sup>42</sup> Available at [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_10Add8-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add8-en.pdf) (accessed 29 September 2023).

## Noncommunicable diseases

### Updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases

The updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (issued in 2022 as the updated Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030) provides one of the most important resources for countries to scale up their national responses, prioritizing and integrating NCD best buys and other recommended interventions as part of their national health benefits package. A publication and interactive webpage are being developed by the Secretariat to further disseminate and support their uptake. WHO has also sought to increase awareness and use of return-on-investment figures demonstrating the potential gains of WHO NCD Best Buy policies at the global and country level.

### SIDS Ministerial Conference on NCDs and mental health

The 2023 *Bridgetown Declaration on NCDs and mental health*<sup>43</sup> was launched during the SIDS Ministerial Conference on NCDs and mental health (Bridgetown, 14–16 June 2023). The outcome document outlined bold steps to address the social, environmental, economic and commercial challenges that have triggered the high burden of NCDs and mental health conditions in SIDS.

The Secretariat issued a report on *Noncommunicable diseases and mental health in small island developing states*<sup>44</sup> and created a dedicated NCD SIDS data portal<sup>45</sup>. A separate portal on *SIDS commitments for NCDs and mental health*<sup>46</sup> was launched to invite small island developing Member States to make commitments and submit specific actions for the implementation of cost-effective interventions to accelerate progress on NCDs, mental health and environmental action in the face of climate change. A high-level policy expert group was formed to provide strategic expert guidance to the SIDS high-level technical meeting and ministerial conference on NCDs and mental health and has a special focus on channeling inputs into the preparatory process for the fourth United Nations high-level meeting on NCDs.

### Global Group of Heads of State and Government for the Prevention and Control of NCDs

The *Global Group of Heads of State and Government for the Prevention and Control of NCDs*<sup>47</sup> and the *Global NCD Compact 2020–2030*<sup>48</sup> were launched in 2022. In September 2023, the Group, chaired by the President of Ghana, held its annual meeting on the margins of the seventy-eighth session of the United Nations General Assembly in New York to foster political momentum and raise the priority accorded to NCDs in countries and globally.

### Preparatory process for the fourth High-level Meeting of the United Nations General Assembly on the prevention and control of Noncommunicable diseases in 2025

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<sup>43</sup> Available at <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>

<sup>44</sup> Available at <https://www.who.int/publications/m/item/ncds-and-mental-health-in-sids-report> (accessed 12 December 2023)

<sup>45</sup> Available at <https://sids.ncdportal.org> (accessed 12 December 2023)

<sup>46</sup> Available at SIDS commitments for NCDs and mental health (who.int) (accessed 3 October 2023)

<sup>47</sup> Available at <https://www.who.int/publications/m/item/global-group-of-heads-of-state-and-government-for-the-prevention-and-control-of-ncds---terms-of-reference> (accessed 3 October, 2023)

<sup>48</sup> Available at <https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030> (accessed 3 October 2023)

The Secretariat will continue to host strategic events as critical steps towards building and pursuing a collective vision and course of action for accelerating progress towards SDG target 3.4 on NCDs and mental health and SDG target 3.8 on universal health coverage. This process will include a series of co-hosted events such as those on NCDs and mental health in small island developing States (SIDS), NCDs in emergencies, and health financing mechanisms for NCDs and mental health.

As part of the preparatory process the Secretariat will also outline additional guidance and process for Member States to consider an updated Global Monitoring Framework and set of global targets for NCDs for beyond the current dates of 2025 and 2030 to 2050 in order to ensure continued accountability and progress in preventing and controlling NCDs. These activities will also build on the monitoring frameworks already developed for specific diseases such as cancer and diabetes.

### *Global Diabetes Compact*

The *Global Diabetes Compact*<sup>49</sup>, launched in 2021, continues to unite stakeholders in a common vision of reducing the risks of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. The Seventy-fifth World Health Assembly in 2022 adopted global diabetes coverage targets to be achieved by 2030. To realize this vision, the Global Diabetes Compact works across six workstreams: Access to essential diabetes medicines and health technologies; technical products; health literacy and prevention of type 2 diabetes; country support; research and innovation and governance, strategy and partnerships.

In the past year, WHO received a three-year, USD \$10,680,670 grant from The Leona M. and Harry B. Helmsley Charitable Trust to accelerate the work of the Global Diabetes Compact. This is the largest grant awarded to WHO for diabetes prevention and control and will be critical to strengthening WHO's global leadership in diabetes and accelerating progress toward the global diabetes coverage targets.

Additionally, WHO has supported several initiatives to increase access to high-quality, effective, safe and affordable essential medicines and health technologies. Ongoing engagement with the private sector has catalyzed important commitments by leading pharmaceutical companies to transfer rights and technology that allows for the local production of insulin in Africa. This underscores the power of dialogue and collaboration across governments, international organizations, and private sector entities. WHO has also prequalified human insulin and insulin glargine.

As a result of broader efforts to engage and align key stakeholders, including non-state actors, around a common diabetes agenda, the Global Diabetes Compact Forum has grown to more than 100 member organizations.

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<sup>49</sup> Available at <https://www.who.int/initiatives/the-who-global-diabetes-compact/> (accessed 3 October 2023)

## Cancer

WHO has launched and implemented three integrated initiatives on childhood, cervical and breast cancers. These continue to build on the campaign launched in 2022 to amplify the lived experience of people affected by cancer, in line with the WHO framework for the meaningful engagement of people affected by noncommunicable diseases.

### - *Global Initiative on Childhood Cancer*

The *Global Initiative for Childhood Cancer*<sup>50</sup>, launched in 2018, is now active in more than 70 countries and has been implemented with the support of more than 200 international partners. The goal of GICC is to achieve at least 60% survival for all children with cancer by 2030 and to reduce suffering for all. The CureAll<sup>51</sup> framework and technical package supports governments and other stakeholders assess current capacity, set priorities, generate investment cases, develop evidence-based standards of care and monitor progress. A community of practice has been organized, using *WHO's Knowledge Action Portal*<sup>52</sup>. WHO, in partnership with St Jude Children's Research Hospital (Memphis, Tennessee, United States of America), continues to support the Global Platform for Access to Childhood Cancer Medicines to address persistent challenges to essential health products.

### - *Global Breast Cancer Initiative*

The *Global Breast Cancer Initiative*<sup>53</sup> (GBCI), launched in 2021, has the goal of reducing breast cancer by 2.5 percent per year, which over a 20-year period would save 2.5 million lives. More than 50 organizations have supported GBCI define the global response and implementation framework, using a three-pillar strategy following the patient care pathway.

Technical packages to support scale-up of implementation continue to be under development. Normative guidance materials for programme development and health systems strengthening have been developed and will be included in the core framework document.

### - *Cervical Cancer Elimination Initiative*

The Secretariat launched the *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem*<sup>54</sup> in November 2020, to support Member States achieve the elimination target of an incidence rate below four per 100,000 women. The Secretariat submitted its first report on the progress in the implementation of the global strategy to WHO Governing Bodies in 2022.

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<sup>50</sup> Available at <https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer> (accessed 3 October 2023)

<sup>50</sup> Available at <https://www.who.int/publications/m/item/who-cervical-cancer-elimination-initiative--from-call-to-action-to-global-movement> (accessed October 5, 2023)

<sup>51</sup> Available at <https://www.who.int/publications/i/item/9789240025271> (accessed 12 December 2023)

<sup>52</sup> Available at <https://www.knowledge-action-portal.com/> (accessed 12 December 2023)

<sup>53</sup> Available at <https://www.who.int/initiatives/global-breast-cancer-initiative> (accessed 12 December 2023)

<sup>54</sup> Available at <https://www.who.int/publications/i/item/9789240014107> (accessed 12 December 2023)

A brochure on the WHO Cervical Cancer Elimination Initiative<sup>55</sup>, issued in May 2023, summarizes the major achievements and national and regional commitments to implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem. Attaining and maintaining the 90–70–90 targets of that strategy would yield significant returns with about 300 000 cumulative cervical cancer deaths averted by 2030, more than 14 million by 2070 and more than 62 million by 2120. Very recently, a WHO implementation network has been launched to accelerate progress toward the targets by better coordinating efforts across the three pillars of the initiative and enhancing alignment among multisectoral partners toward greater impact.

WHO has continued to release normative products to support the implementation of the interventions recommended in the global strategy across all three pillars, including tools for monitoring and evaluation. Member States are receiving tailored technical support according to needs and context to introduce Human Papillomavirus (HPV) vaccines, HPV testing and treatment of precancerous lesions, to increase access to radiotherapy, as well as capacity-building in screening and treatment of precancerous lesions, cervical cancer prevention, or palliative care.

#### HEARTS Initiative on Hypertension

HEARTS is the public health approach to treating hypertension and associated risk factors at the primary care level. The HEARTS technical package<sup>56</sup> brought together 11 organizations who are led by WHO. The HEARTS partnership supports countries on the implementation of HEARTS technical package in various ways including providing technical expertise, catalytic funding, capacity building and evidence generation and dissemination.

Implementation of HEARTS in coordination with our partners and in approximately 30 countries has demonstrated HEARTS to be effective, achievable and a pathfinder for universal health coverage. Through country implementation and contextualization more than seven million people are now on treatment for hypertension using a simple, algorithmic approach. WHO has developed and updated technical products at the global and regional levels to support HEARTS expansion. Regional initiatives, such as Hearts in the Americas being implemented in over 20 countries, have further expanded implementation of the global Hearts technical package to improve hypertension control.

#### The WHO Acceleration Plan to STOP Obesity

Currently, no country is on track to meet the obesity targets. In 2022, the Health Assembly not only adopted new recommendations for the prevention and management of obesity over the life course and targets but also the *Acceleration plan to STOP Obesity*<sup>57</sup>. The plan aims to consolidate, prioritize, and accelerate country-level action against the obesity epidemic through coherent and harmonized efforts and in alignment with the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes with a timeline

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<sup>55</sup> Available at <https://www.who.int/publications/m/item/who-cervical-cancer-elimination-initiative--from-call-to-action-to-global-movement> (accessed 12 December 2023)

<sup>56</sup> Available at <https://www.who.int/publications/i/item/9789240001367> (accessed 12 December 2023)

<sup>57</sup> Available at <https://www.who.int/publications/i/item/9789240075634> (accessed 26 December 2023)

between now and 2030 timeline. The plan has been designed to stimulate country-level action against the obesity epidemic between now and 2030. The plan is moving towards its execution phase with ambitious but achievable road maps agreed by an initial group of 28 countries.

Using the whole of society and comprehensive recommendations endorsed at the 75th World Health Assembly in 2022, WHO developed a WHO Technical Package to Stop Obesity to support the countries to design the response to the obesity epidemic. The technical package consists of a consolidated set of policies which have been selected based on their proven potential to achieve outcomes. The package is based on a review of guidelines and cost-effective interventions across different areas, and on consultative processes with Member States and other stakeholders at global, regional, and country level. The package supports population-based measures to promote healthy diets and physical activity, across all settings and stages of life starting from the early food environment and individual-based measures to strengthen delivery of health services to prevent and manage obesity across the life course, according to a primary health care approach. It includes policies to protect people from the harmful impact of food marketing; nutrition labelling policies (including front-of-pack labelling); fiscal policies (including taxes and subsidies to promote healthy diets); public food procurement and reformulation policies; as well as school food and nutrition policies (including school food standards, food provision and nutrition education).

#### Implementation of the Global Oral Health Action Plan

The *Global Oral Health Action Plan*<sup>58</sup> (GOHAP) requested by Member States through the 2021 Resolution on oral health (WHA74.5) is a concrete response to the alarming oral health situation. The GOHAP was noted by Member States during the WHA 2023, serving as overarching guidance to improve oral health globally. More than 100 actions across six strategic objectives are suggested for Member States, the WHO Secretariat, international partners, civil society and the private sector. The accompanying monitoring framework is based on two overarching and nine global targets to be achieved by 2030. In response to the Resolution on oral health (WHA74.5), a report on “Implementation of the Global Oral Health Action Plan 2023-2030 as part of NCD agenda – tracking the global targets towards UHC for all” is proposed to provide detailed information on status, gaps and challenges related to the achievement of the two overarching global targets and nine global targets of the *Global Oral Health Action Plan*, building the foundation for tracking progress every three years until 2030.

Additionally, in 2021 the Health Assembly requested the Director-General to develop best-buy interventions on oral health, as part of an updated Appendix 3 to the global action plan on the prevention and control of noncommunicable diseases. The first set of interventions are: (1) to implement a population-wide mass media campaign to promote the use of toothpaste with a fluoride concentration of 1000–1500 ppm; (2) to apply silver diamine fluoride for arresting dental caries and its progression; and (3) to use glass ionomer cement as a filling material for cavities, after removal of decayed tooth tissue using hand instruments.

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<sup>58</sup> Available at [https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-\(2023-2030\)](https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-(2023-2030)) (accessed 12 December 2023)



### *The United Nations Inter-Agency Task Force on the Prevention and Control of NCDs*

The WHO-led Task Force brings 45 United Nations system agencies and intergovernmental organizations together to support governments reduce the burden of noncommunicable diseases (NCDs), including mental health conditions, to meet the goals and targets of the 2030 Sustainable Development Agenda.

The Task Force provides tailored support to over 40 countries, including through (i) partnering with heads of state and government and their ministers, parliamentarians, and development partners, including civil society in a way that no one agency could achieve alone; (ii) enhanced the UN to work as one: at global, regional and country levels to support Member States. Year on year, ever greater numbers of UN sustainable development cooperation frameworks prioritize mental health and NCDs - especially during the pandemic; (iii) empowering governments to ensure increased attention, investment and action to prevent and control NCDs and improve mental health.

The Director-General provided his most recent report on the activities of the Task Force to the Economic and Social Council of the United Nations<sup>59</sup> in 2023. The report includes a set of recommendations for the Council, including intensifying the use of digital health technologies, including solutions for community-led monitoring, for the prevention and control of NCDs and mental health conditions.

### *United Nations Multi-Partner Trust Fund to Catalyze Country Action for Noncommunicable Diseases and Mental Health (Health4Life Fund)*

The Health4Life Fund (H4LF) was established in 2021 by WHO, UNDP, and UNICEF to jointly address mental health and noncommunicable diseases (NCDs) and their development dimensions at the country level. Thanks to a multi-year GBP 2.5 million contribution from the government of Scotland, H4LF announced its initial call for proposals in December 2023. As the first donor country, Scotland joins Uruguay, Kenya, and Thailand (strategic partners), and NCD Alliance and United for Global Mental Health (observers) on the Steering Committee. H4LF establishes a unique global financing partnership with low- and middle-income countries to reduce premature and preventable loss of life and productivity and accelerate progress on achieving SDG 3.4. It comes in response to recent resolutions, decisions, declarations, and reports calling for catalytic resources to support Member States in this regard.

H4LF is harnessing the full force of the United Nations system in providing a platform for countries to identify, finance, and scale local solutions for the prevention of risk factors and management of noncommunicable diseases and mental health conditions. H4LF will also further enable south-south technical cooperation and shared learning from the experience of its many partners. Ahead of the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in 2025, the success of H4LF in enabling countries to galvanize greater domestic financing through country-led, participatory, and inclusive approaches will be a significant demonstration of the added value of coordinated action in

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<sup>59</sup> Available at <https://undocs.org/E/2023/86> (accessed 12 December 2023)

achieving SDG 3.4. H4LF is, furthermore, recognized as an important enabler for implementing the road map 2023–2030 for the Global NCD Action Plan, 2013–2030.

#### Access to medicines

The *WHO Model List of Essential Medicines*<sup>60</sup> is regularly updated to promote global access to the most cost-effective and safe medicines for mental and neurological disorders. WHO's Expert Committee on the Selection and Use of Essential Medicines at its 24th meeting (Geneva, 24–28 April 2023) accepted 11 proposals to update the mental health section to align it with the latest evidence. Continued leadership was provided to integrate NCDs and mental health into primary health care and universal health coverage through the activities under WHO's Universal Health Coverage Partnership, including dissemination of and mobile applications for the WHO Package of Essential Noncommunicable (PEN) Disease Interventions and the UHC Compendium.

The Global Platform for Access to Childhood Cancer Medicines – a partnership between WHO and St Jude Children's Research Hospital, launched in Dec 2021, continues to promote the provision of reliable, safe and affordable medicines to all children with cancer. This platform offers end-to-end support consolidating global demand to shape the market; assisting countries with the selection of medicines; developing treatment standards; and building information systems to track that effective care is being provided and to drive innovation.

#### Strategic and Technical Advisory Group for NCDs (STAG-NCD)

The WHO established the *Strategic and Technical Advisory Group for Noncommunicable Diseases* (STAG-NCD) in August 2021, as an advisory body to WHO to further its efforts and work in addressing the prevention and control of NCDs to ensure attainment of the global NCD targets and the Sustainable Development Goal (SDG) target 3.4 on NCDs. In its capacity as an advisory body to WHO, the STAG-NCD has the following functions: to identify and describe current and future challenges; to advise WHO on strategic directions to be prioritized; to advise WHO on the development of global strategic documents; and to propose other strategic interventions and activities for implementation by WHO. It has met in three occasions since its launch and has provided concrete guidance and recommendations across WHO's five strategic priorities, through the STAG-NCD's key focus areas: leadership, country support, health promotion, digital health and innovation, data and impact, partnerships, and WHO core capacity.

#### Technical Advisory Groups:

The *WHO Technical Advisory Group on NCD-related research and innovation* (TAG-NCD R&I) met in October 2023. The TAG-NCD R&I have published a commentary highlighting key areas for the Secretariat to support; identifying research gaps and priorities, capacity strengthening, and advocacy for resources.<sup>61</sup> A subgroup of the TAG-NCD R&I is working with the Secretariat to support Member States to conduct NCD-related implementation research, focusing on NCD integration in primary health care through WHO technical packages. Implementation research projects on this topic have been developed in Ethiopia, Ghana, India and Nepal, with support

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<sup>60</sup> Available at <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02> (accessed 12 December 2023)

<sup>61</sup> Hyder AA, Rylance S, Al Saegh A WHO NCD R&I TAG, et al, Strengthening evidence to inform health systems: opportunities for the WHO and partners to accelerate progress on non-communicable diseases, *BMJ Global Health* 2023;8:e013994 <https://gh.bmj.com/content/8/11/e013994>

from the WHO Norway Flagship Initiative on NCDs, in collaboration with the Alliance for Health Policy and Systems Research.

The *WHO Technical Advisory Group of Experts on Diabetes* (TAG-D) was established in August 2021. TAG-D experts are assigned for a 2-year period. An expression of interest for the next cycle of TAG-D was shared July 2023, and the final selection is currently undergoing internal approval. The number of interested candidates were double compared with the first TAG-D call in 2021. WHO will appoint 12 TAG-D experts with representation from each WHO region. The TAG-D represents a broad range of disciplines relevant to diabetes. In its capacity as an advisory body to WHO, the TAG-D has the following functions related to diabetes; to identify and describe current and future challenges in relation to WHO's aims; to advise WHO on strategic directions to be prioritized; to advise WHO on the development of global strategic documents, and to propose other strategic interventions and activities for implementation by WHO.

#### WHO Youth Council

The *WHO Youth Council* is a dynamic network that will amplify the voices and experiences of young people, and leverage their expertise, energy and ideas to promote public health. Through the Youth Council, WHO seeks to deliver on sustained, meaningful youth engagement and will prioritize the co-development of an inclusive WHO Youth Engagement Strategy. The Youth Council has established a Noncommunicable Diseases Working Group, who have focused specifically on the commercial determinants of NCDs, WHO has supported Youth Council members through conducting two capacity building webinars on the commercial determinants of health, as well as a consultation on the forthcoming WHO Global Report on the Commercial Determinants of Health.

## NCD risk factors

### Strategic communications

One of the most important ways of reducing deaths from NCDs is to control the risk factors that lead to their development. These include reducing the use of tobacco and the harmful use of alcohol, maintaining an active lifestyle and consuming a healthy diet, and improving air quality. Ensuring public and policymaker awareness of these risk factors and modifiable actions that can be taken is an essential part of effective NCD prevention. WHO leads numerous advocacy efforts to highlight these issues, targeting different audiences and engaging a wide variety of champions. These include activities under the WHO Global Ambassador for NCDs and Injuries, a role which advocates for global, national and local governments to focus on preventing these issues.<sup>62</sup> WHO continued to promote the report, *Invisible Numbers*, which sought to make the data on NCD prevalence and impact more visible to governments and policymakers. WHO's strategic communications work also involves assessing public understanding of NCDs to inform messaging around specific issues.

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<sup>62</sup> The WHO Global Ambassador for NCDs and Injuries is a position currently held by Mr Michael Bloomberg. This is Bloomberg's third renewal as Ambassador, having first been appointed to the role in 2016.

### *Strengthening the global policy framework on prevention of alcohol consumption and health*

The 75<sup>th</sup> World Health Assembly adopted the action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. This global action plan sets targets to monitoring its implementation, its reporting and to strengthening the accountability among stakeholders. A set of initiatives have been adopted by the Secretariat to prepare an increased demand of technical support by countries. These include a portfolio of policy guidance and intercountry learning platforms across regions to implement the SAFER technical package.

Extensive consultations and dialogues have taken place with key stakeholders to explore opportunities for international collaboration and to discuss potential roles and activities related to the *Global Alcohol Action Plan 2022-2030*. Monitoring and surveillance efforts have been reinforced, including the WHO global survey on progress towards SDG health target 3.5 (2023) that will generate baseline data for monitoring progress with implementation of the global alcohol action plan.

The fourth edition of the WHO Global Forum on Alcohol, Drugs and Addictive Behaviours was organized with more than 150 participants from Member States, academia and civil society. Implementation of alcohol policy measures and SAFER initiative, as well as public health dimensions of cannabis use, gambling and (video) gaming were prominently featured in deliberations of the forum.

WHO will soon issue the *Global Report on progress towards Sustainable Development Goal target 3.5 (strengthen prevention and treatment of substance abuse)*, providing data and trends on alcohol exposure from 1990 to 2020, as well as information on the health consequences of alcohol use and WHO's estimates for alcohol-attributable disease burden (2019) and drug-attributable disease burden (2019). Additionally, it includes data on alcohol policy for Member States in 2020 and the Service Capacity Index for substance-use disorders for Member States in 2019. WHO has further strengthened partnerships with several entities in the United Nations system and global civil society organizations to roll out the implementation of high-impact strategies in the context of the Global alcohol action plan 2022–2030 to strengthen implementation of the Global Strategy to reduce the Harmful Use of Alcohol.

### *Tobacco Control*

WHO is working with the Secretariat of the WHO Framework Convention on Tobacco Control (FCTC) as well as with a global network of partners to prevent tobacco-related illnesses, promote healthy living and save lives. WHO's strategic approach in tobacco control is focused on countries where the burden of tobacco-attributable mortality and morbidity, and thus the potential impact, is highest.

The WHO Framework Convention on Tobacco Control and its guidelines for implementation provide the foundation for countries to implement and manage tobacco control. To help make

this a reality, WHO introduced the MPOWER measures. These measures are data-driven, cost-effective approaches to help countries make definite, measurable progress in global tobacco control:

- Monitor tobacco use and prevention policies;
- Protect people from tobacco smoke;
- Offer help to quit tobacco use;
- Warn about the dangers of tobacco;
- Enforce bans on tobacco advertising, promotion and sponsorship; and
- Raise taxes on tobacco.

These measures are rigorously and systematically assessed and reported biennially in *WHO's Report on the Global Tobacco Epidemic*<sup>63</sup>, which help WHO, countries and global tobacco control partners assess and accelerate the global status of tobacco control and provide countries an opportunity to benchmark their policy progress.

There is also a strong emphasis on continuing to raise awareness about the health and socioeconomic harms of tobacco and related products. For example, World No Tobacco Day (WNTD) is an opportunity for WHO to reach the general public with tobacco control messaging. Every year, on 31 May, WHO is working with partners around the world to celebrate WNTD and highlight a different theme to cover the broad range of tobacco control topics. In 2023 the Secretariat ran a far-reaching World No Tobacco Day campaign and launched an innovative livelihoods initiative in the African Region in collaboration with several organizations in the United Nations system and other partners.

### Three new cross-cutting units

The Fiscal Policies for Health Unit has been established to provide strategic leadership, capacity building and specialized technical assistance in the field of fiscal measures for health, particularly on excise taxation on tobacco, alcohol and sugar-sweetened beverage products. In addition, the unit leads WHO's work on the development of tools, normative evidence, and market surveillance to provide best practice guidance for countries on how to use fiscal measures to improve health, reduce healthcare costs and generate a revenue stream for development. Technical products published to date include the *WHO technical manual of tobacco tax policy and administration*<sup>64</sup> and the *WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets*<sup>65</sup>. Building on its strong expertise and track record advising Member States on tobacco taxation, the TAX team in the Health Promotion Department serves as the overall coordinator on health taxes work within WHO, building on lessons learned from tobacco taxation work. The unit works across a wide range of countries, including high tobacco burden countries like China, India and Indonesia, as well as other countries such as across Africa where the tobacco epidemic presents a clear and present public health risk.

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<sup>63</sup> Available at <https://www.who.int/publications/i/item/9789240077164> (accessed 12 December 2023)

<sup>64</sup> Available at <https://www.who.int/publications/i/item/9789240019188> (accessed 12 December 2023)

<sup>65</sup> Available at <https://www.who.int/publications/i/item/9789240056299> (accessed 12 December 2023)

The Public Health Law and Policies Unit assists governments to develop new laws and regulations, such as by advising on the experience of other jurisdictions and how to minimize litigation risk, by reviewing and commenting on draft legislation and regulations, and assisting in legislative drafting.

The team assists governments to defend implementation of WHO guidance in the event of legal challenge, particularly where a government's right to regulate to protect public health is questioned. Examples include providing background technical briefings on factual or legal issues, providing formal letters for presentation before courts and, in some instances, amicus briefs. LAW provides training and capacity building tailored to lawyers and policy focal points relating to specific health interventions or bodies of law. The team also supports development of new international norms and standards within WHO and through engagement with other intergovernmental organizations.

The Economic and Commercial Determinants of Health (CED) cross-cutting function has been established to address the economic and commercial determinants of health across public health priorities, health-impacting industries, and populations. The CED team aims to support countries in preventing public health harms and safeguarding against conflicts of interest while leveraging the potential of the commercial sector. As part of this work, the team maintains the factsheet on the commercial determinants<sup>66</sup>, convenes a regular expert meeting on the economic and commercial determinants, and runs a webinar series on the commercial determinants<sup>67</sup>.

In March 2023 a commentary was presented by the Director General titled Achieving health for all requires action on the economic and commercial determinants of health and published as part of the Lancet series on the commercial determinants of health<sup>68</sup>. As part of this workstream, WHO participates in the open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights which includes the discussions on the draft legally binding instrument. These contributions acknowledge that businesses have both positive and negative impacts in terms of noncommunicable disease risk factors and health outcomes.

#### Interagency Working Group on Health Taxes

An increasingly highlighted approach to prevent NCDs is through health taxes, which are designed to reduce the consumption of products with a negative public health impact. Increasing excise taxes on tobacco, alcohol and sugar-sweetened beverage products have been identified as cost-effective interventions among the menu of policy-options in the *WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030*<sup>69</sup>.

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<sup>66</sup> Available at <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health> (accessed 19 December 2023)

<sup>67</sup> Available at <https://www.who.int/teams/social-determinants-of-health/economic-and-commercial-determinants-of-health/who-commercial-determinants-of-health-webinars> (accessed 19 December 2023)

<sup>68</sup> Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00574-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00574-3/fulltext) (accessed 19 December 2023)

<sup>69</sup> Available at <https://www.who.int/publications/i/item/9789241506236> (accessed 12 December 2023)



Despite their demonstrated benefits, health taxes remain underutilized globally. In response, WHO has stepped up its leadership and advocacy role by raising global awareness of health taxes, engaging with a wide range of stakeholders, leading inter-agency collaboration and collecting accurate and reliable data which are made available to the public.

WHO leads the health taxes inter-agency working group (IAWG), a coalition of 14 agencies bound together by a common goal of advancing the health taxes agenda. Each partner brings to the table their respective core competencies and comparative advantages. The group aims at strengthening collaboration among the various global partners working in the area of health taxes by:

- Raising the profile and awareness of health taxes as an effective health and domestic resource mobilization intervention, particularly among policy makers in low- and middle-income countries.
- Helping ensure that knowledge products which partners produce are aligned in terms of substantive and advocacy content.
- Providing a platform to coordinate and support technical assistance to countries.

## Mental Health

### *Global Report on Children with Developmental Disabilities: From the margins to the mainstream*

In order to increase awareness on the significance of investing in intersectoral approaches to promoting health, well-being, and participation and access to quality care for children with developmental disabilities, the Secretariat developed, along with UNICEF, the *Global Report on Children with Developmental Disabilities: From the margins to the mainstream in 2023*<sup>70</sup>. The global report provides a framework for action to accelerate changes in sociocultural, legal and care systems to provide inclusive and enabling environments and responsive care for all children and young people with developmental disabilities. It also draws attention to the imperative of strengthening accountability at all levels. Two high-level advocacy events hosted by Member States were organized in 2023 to disseminate the report messages.

### *Substantial revision of the WHO Model Lists of Essential Medicines to promote global access to the most cost-effective and safe medicines for mental and neurological disorders*

Since 1977, the WHO Model Lists of Essential Medicines (EML) has been a benchmark to guide procurement of medicines. A comprehensive review and revision of the whole section has never been attempted. Aiming to increase the use of the WHO EML to expand the selection of the most effective and safe medicines for mental disorders, the 24th WHO Expert Committee on the Selection and Use of Essential Medicines accepted 11 proposals to update the mental health section. The revised WHO EML's mental health section aligns the list with the latest evidence. In addition, for the first time medications have been added for the treatment of multiple sclerosis. It offers a unique opportunity for countries to promote access to the most effective, safe, and

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<sup>70</sup> Global Report on Children with Developmental Disabilities: From the margins to the mainstream in 2023. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF); 2023. Available at <https://www.who.int/publications/i/item/9789240080539> (accessed 12 December 2023)

cost-effective medicines for priority mental and neurological disorders, contributing to the achievement of universal health coverage and global mental health equity.

*WHO Policy Brief on the health aspects of decriminalization of suicide and suicide attempts and resource for media professionals on preventing suicide*

Reducing the global suicide mortality rate by a third by 2030 is a target of both the UN Sustainable Development Goals and the WHO Global Mental Health Action Plan. However, an impediment to meeting this goal is the fact that suicide and suicide attempts remain illegal in at least 23 countries worldwide. Decriminalization of suicide and suicide attempts represents one critical step governments can take in their efforts to prevent suicide. The WHO Policy Brief on the health aspects of decriminalization of suicide and suicide attempts cites data and research to make a case for decriminalizing suicide globally. It outlines key recommendations that can be taken by countries towards decriminalization and draws lessons learned from case examples from countries that have recently decriminalized suicide and suicide attempts.

Another factor that can help or hinder suicide prevention is the nature of media reporting. The WHO Preventing suicide: a resource for media professionals has been updated to emphasize proactive reporting on survival stories, the positive influence of suicide prevention reporting, themes of hope and recovery, and tailored recommendations for online, digital, and social media platforms.

*Coordination of mental health and psychosocial support in emergencies*

The interagency MHPSS rapid deployment mechanism continues to provide timely needed expertise of MHPSS coordination through standby partners; since its launching, 45 countries have received deployments of MHPSS coordinators through this mechanism hosted by WHO, UNICEF, UNHCR, ACF, and IOM. WHO and IFRC currently trained more than 280 international experts available in a roster for deployment through this mechanism. The Secretariat actively supports MHPSS operations through the three levels of technical support in a wide range of countries affected by acute and protracted crises, such as Afghanistan, Syria, Ukraine, Turkey, Chad, Yemen, Sudan, Ethiopia and DRC, among many others. Finally, in response to the need to develop and strengthen mental health services as part of strengthening preparedness, response, and resilience, the Secretariat continued its work on integrating mental health and psychosocial support and disaster risk reduction and preparedness training. In 2023, the first-ever series of full-scale multisectoral field-based MHPSS interagency simulation exercises were launched. More than 140 participants from over 50 organizations participated in three iterations of the exercises.

*Global Dementia Observatory*

At WHA76, the secretariat provided a formal progress report on the implementation status of the global action plan on the public health response to dementia 2017-2025 using data submitted by Member States to the *Global Dementia Observatory*<sup>71</sup> (GDO). To monitor continued progress towards reaching the 2025 dementia targets the secretariat commenced the next round of GDO

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<sup>71</sup> Available at <https://www.who.int/data/gho/data/themes/global-dementia-observatory-gdo> (accessed 12 December 2023)

data collection in late 2023. The new data will inform Member States on remaining implementation gaps ahead of the action plan's expiry date in 2025.

#### *Strategic and Technical Advisory Group on Mental Health, Brain Health and Substance Use*

A Strategic and Technical Advisory Group on Mental Health, Brain Health and Substance Use (STAG-MNS) has been established to advise the Director-General on matters relating to mental health, neurological disorders, substance use and addictive behaviours. At its second meeting in April 2023, the STAG-MNS presented a series of recommendations to the Director-General spanning three thematic areas: strategic value and policy coherence; governance, leadership and service development; communications, partnerships and media. The Secretariat is now considering options and mechanisms for their uptake and implementation.

**II. FOCUSING GLOBAL PUBLIC GOODS ON IMPACT:** *based on 3 of WHO's core functions: setting norms and standards and promoting and monitoring their implementation; monitoring the health situation and assessing health trends; and shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge. WHO's normative, data, and research and innovation activities drive the creation of global public goods.*

### **Noncommunicable diseases**

#### *First global report on hypertension*

WHO launched its first global report on hypertension, *Global report on hypertension: the race against a silent killer*<sup>72</sup>, detailing the far-reaching consequences of uncontrolled hypertension, including heart attacks, strokes and premature death, along with substantial economic losses for communities and countries. The report included information on the global, regional and country-level burdens of hypertension and progress of control efforts. Scaled-up efforts could save 76 million lives between 2023 and 2050, with economic benefits of improved hypertension treatment programmes outweighing the costs by about 18 to 1. The report concludes that improving the prevention and treatment of hypertension is feasible, low-cost, safe and necessary to achieve global and national targets, including those of the SDGs. Effective hypertension management will bring health, wellbeing, and economic benefits. It will reduce burdens on acute-care services, increase integration of health care systems and, most importantly, reduce the deaths, suffering and costs arising from complications such as heart attack, stroke and kidney failure.

#### *Implementation guidance on integrating NCDs into HIV/AIDS, tuberculosis and sexual and reproductive health programmes*

To facilitate the integration of services for the prevention and control of NCDs into universal health care, WHO launched a guidance document *Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health*

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<sup>72</sup> Global report on hypertension: the race against a silent killer. Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240081062> (accessed 12 December 2023)

*programmes: implementation guidance*<sup>73</sup>. The guidance examines experience in and barriers to integration of programmes for the prevention and treatment of NCDs into primary health care (PHC). The implementation guidance is designed to guide a paradigm shift in health systems to maximize the impact of health services and extend access to NCD care.

#### *Implementation framework for the Global Breast Cancer Initiative*

The *Global Breast Cancer Initiative* strives to reduce breast cancer mortality by 2.5 percent per year, which over a 20-year period can save 2.5 million lives. To strengthen guidance provided to Member States as part of WHO's global cancer initiatives, the Secretariat released an implementation framework for the Global Breast Cancer Initiative, providing a common evidence-based systematic approach for assessing, strengthening and scaling up services for the early detection and management of breast cancer. The purpose of this core technical package is to outline a pathway for incremental, sustainable improvements tailored to country-specific needs based on three key strategies and objectives: health promotion for early detection; timely diagnosis; and comprehensive breast cancer management. This document provides a common framework linking policy makers, stakeholders, the clinical community, program managers and civil society to evidence-based systematic approaches that can facilitate health systems strengthening and reduce inequities in women's health throughout their life cycles.

#### *Global Diabetes Compact*

As part of its core function, the *Global Diabetes Compact* is advancing several technical products to support Member States in advancing diabetes prevention and control. This includes an operational handbook on the integration of service delivery for diabetes and tuberculosis, guideline on hyperglycaemia during pregnancy, guideline on insulin management of people with type 1 diabetes, and a monitoring framework for the global diabetes coverage targets. WHO will soon be launching the first prioritized research agenda for diabetes. Through collaboration with the Global Tuberculosis programme, WHO released an information note on integrating service delivery for diabetes and tuberculosis.

#### *Access to medicines*

WHO released a report entitled *Access to NCD medicines: emergent issues during the COVID-19 pandemic and key structural factors*<sup>74</sup> examining both the effect of the COVID-19 pandemic on access to NCD medicines and the policies and strategies implemented by countries and health systems to anticipate and mitigate stresses across NCD medicine supply chains. The full range of upstream and downstream impacts are investigated, including manufacturing; procurement, importation and last mile delivery; patient-level effects through affordability and availability; and the effects on NCD medicine availability by category of disease. The report culminates in recommended actions and interventions for key stakeholders in the NCD pharmaceutical supply

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<sup>73</sup> Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance. Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240061682> (accessed 12 December 2023)

<sup>74</sup> Access to NCD medicines: emergent issues during the COVID-19 pandemic and key structural factors. Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240069442> (accessed 12 December 2023)

chain, including governments, regulatory authorities, manufacturers and the private sector; as well as directions for future research for improving access and supply chain access resilience.

#### Surveillance and Monitoring Data Portal, facility-based data

WHO has continued to support countries to strengthen and increasing their capacity to improve the quality of noncommunicable diseases and risk factor surveillance and information processes through the development of new and updated surveillance and monitoring tools. The Secretariat updated with recent data and translated into all UN languages the noncommunicable diseases data portal (*NCD data portal*)<sup>75</sup> which aims to raise awareness on progress in tackling NCDs and their risk factors and strengthen accountability for action by countries. It displays data to highlight current status of NCD mortality, morbidity and risk factor exposures, and track global and national progress against key targets, identify common challenges, and signpost useful resources. Users can explore the data below by country, accessing detailed information on noncommunicable diseases and their key risk factors. A mobile app, the *NCD datafinder*, has also been developed and will be launched shortly.

The Secretariat also produced and disseminated an NCD facility-based monitoring guidance *Noncommunicable disease facility-based monitoring guidance: framework, indicators and application*<sup>76</sup> to support improved patient management and facility coordination to allow tracking of patients across the care cascade. The Secretariat is currently developing an accompanying comprehensive digital solution for patient-level and facility-level management of NCDs (termed the *Comprehensive NCD e-registry*), including reporting of NCD facility-based core and optional indicators.

#### WHO global mapping report on multisectoral actions to strengthen the prevention and control of NCDs and mental health conditions

In response to a request to the Director-General in decision WHA72(11) (2019) the Secretariat developed a compendium report of country case studies selected from the recently published WHO global mapping report on multisectoral actions to strengthen the prevention and control of NCDs and mental health conditions<sup>77</sup>, which analyses successful approaches for NCD multisectoral actions. The Secretariat also launched a publicly accessible repository of multisectoral actions on NCDs<sup>78</sup> to serve as a tool for governments to draw attention to national or local multisectoral projects in support of attainment of Sustainable Development Goal target 3.4, in line with Annex 7 of document EB148/7.

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<sup>75</sup> WHO NCD Data Portal <https://ncdportal.org/> (accessed 12 December 2023)

<sup>76</sup> Noncommunicable disease facility-based monitoring guidance: framework, indicators and application, Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO (<https://iris.who.int/handle/10665/364538>, accessed 27 September 2023) Available at <https://www.who.int/publications/i/item/9789240057067>, accessed 12 December 2023)

<sup>77</sup> Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: experiences from around the world. Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240074255> (accessed 12 December 2023)

<sup>78</sup> Available at [https://knowledge-action-portal.com/en/msa\\_repository](https://knowledge-action-portal.com/en/msa_repository) (accessed 12 December 2023)

## NCD Risk Factors

As a support to Member States in realizing their commitment to promote, inter alia, fiscal measures, as appropriate, aiming at minimizing the impact of the main risk factors for NCDs, and promote health and wellbeing (paragraph 21 of the 3rd UN Political Declaration on NCDs), the Secretariat will support capacity-building through public health work on tobacco control, reduction of alcohol consumption and work on health-promoting settings and programs for more physical activity. In addition to the normative work, the Secretariat will support Member States with appropriate health promotion instruments such as health literacy, tools for managing conflict of interest, empowerment and community engagement, public health legislation and fiscal measures to design well-being societies

### Global strategy to reduce the harmful use of alcohol as a public health priority

In decision WHA75(11) (2022), the Health Assembly adopted, inter alia, the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Accordingly, the Secretariat has focused on providing support to Member States to implement the action plan and its high-impact strategies and interventions, by means that include WHO's SAFER initiative; and strengthening global advocacy, coordination, monitoring and capacity-building activities on issues around alcohol and health.

### Tobacco control

To provide support to countries in the implementation and strengthening of the WHO Framework Convention on Tobacco Control (Sustainable Development Goal target 3.a), the Secretariat released four technical products in 2023: (1) the *WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke*<sup>79</sup>, the ninth such report on monitoring progress in the adoption of tobacco control measures globally; (2) the ninth report of the WHO study group on tobacco product regulation<sup>80</sup>; (3) a summary of research and evidence of the health impacts of heated tobacco products; and (4) WHO's Standard operating procedure for determination of nicotine, glycerol and propylene glycol content in the tobacco of heated tobacco products<sup>81</sup>.

### Unhealthy diets

In 2023 WHO launched the *WHO global report on sodium intake reduction*<sup>82</sup>, which indicates that an estimated 1.89 million deaths each year are associated with excessive intake of sodium. The estimated potential impact of policy implementation would be a 23% reduction in sodium intake and a 3% reduction in cardiovascular deaths globally by 2030.

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<sup>79</sup>WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. Geneva: World Health Organization; 2023 available at <https://www.who.int/publications/i/item/9789240077164> (accessed 12 December 2023)

<sup>80</sup> WHO study group on tobacco product regulation: report on the scientific basis of tobacco product regulation: ninth report of a WHO study group. Geneva: World Health Organization; 2023 available at <https://www.who.int/publications/i/item/9789240079410> (accessed 12 December 2023)

<sup>81</sup> Standard operating procedure for determination of nicotine, glycerol and propylene glycol content in the tobacco of heated tobacco products: WHO TobLabNet Official Method SOP15 Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240079304> ((accessed 12 December 2023)

<sup>82</sup> WHO global report on sodium intake reduction Geneva: World Health Organization; 2023 Available at <https://www.who.int/publications/i/item/9789240069985> (accessed 12 December 2023)



WHO published the fourth annual report on global progress towards the 2023 target for global elimination of industrially produced *trans*-fatty acids (TFA) *Countdown to 2023*<sup>83</sup>. Mandatory TFA policies are currently in effect for 3.4 billion people in 60 countries (43% of the world population); of these, 43 countries have best-practice policies in effect, covering 2.8 billion people (36% of the world population).

To provide evidence-informed nutrition guidance for prevention of obesity and diet-related NCDs, WHO develops a series of guidelines on topics related to healthy diets. Guidelines on potassium intake and sodium intake were published in 2012, followed by a guideline on sugars intake in 2015. In 2023, the following WHO guidelines related to healthy diets were released:

- Saturated fatty acid and trans-fatty acid intake for adults and children (July 2023)<sup>84</sup>
- Total fat intake for the prevention of unhealthy weight gain in adults and children (July 2023)<sup>85</sup>
- Carbohydrate intake for adults and children (July 2023)<sup>86</sup>
- Use of non-sugar sweeteners (May 2023)<sup>87</sup>

The WHO guideline on polyunsaturated fatty acid intake for adults and children and the WHO guideline on use of low-sodium salt substitutes are currently being finalized and are planned for release in early 2024. WHO is also initiating the process to develop a guideline on tropical oil consumption.

WHO has released a new guideline on policies to protect children from the harmful impact of food marketing<sup>88</sup>. The guideline recommends countries implement comprehensive mandatory policies to protect children of all ages from the marketing of foods and non-alcoholic beverages that are high in saturated fatty acids, *trans*-fatty acids, free sugars and/or salt (HFSS).

WHO also published *Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes*<sup>89</sup>. This guidance applies to marketing of products within the scope of the Code as well as foods for infants and young children that are not breast-milk substitutes.

### Subnational implementation

As well as supporting global and national action to prevent and control NCDs, WHO is contributing to subnational efforts at the city level. Rapid and poorly planned urbanization can increase exposure to environmental risk factors such as poor air quality, lack of safe spaces for physical activity, or limited access to healthy food. In addition, subnational actors play a key role in supporting the implementation of national legislation and policies. WHO supports city-level

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<sup>83</sup> Available at <https://www.who.int/publications/i/item/9789240067233> (accessed 26 December 2023)

<sup>84</sup> <https://www.who.int/publications/i/item/9789240073630>

<sup>85</sup> <https://www.who.int/publications/i/item/9789240073654>

<sup>86</sup> Available at <https://www.who.int/publications/i/item/9789240073593> (accessed 26 December 2023)

<sup>87</sup> Available at <https://www.who.int/publications/i/item/9789240073616> (accessed 26 December 2023)

<sup>88</sup> Available at <https://www.who.int/publications/i/item/9789240075412> (accessed 26 December 2023)

<sup>89</sup> Available at <https://www.who.int/publications/i/item/9789240084490> (accessed 26 December 2023)

action on NCDs through initiatives such as the *Partnership for Healthy Cities*<sup>90</sup>, a global network of cities committed to preventing NCDs and injuries through policies and programs based on the WHO NCD Best Buys and other evidence-based interventions. WHO also leads the *Urban Health Initiative*<sup>91</sup>, which aims to reduce deaths and diseases caused by air pollution in urban settings, and co-leads the *BreatheLife* campaign<sup>92</sup>, a global advocacy network that works to raise awareness of the health effects of air pollution in cities. In June 2023 WHO also released a joint brief with UN-Habitat on *NCDs in urban settings*<sup>93</sup>.

#### Global report on the commercial determinants of health

WHO is developing the first Global Report on the Commercial Determinants of Health (TP2679) in response to resolution WHA62(14) (2009) and the 2011 Rio Political Declaration on Social Determinants of Health and as part of operationalising resolution WHA74(16) (2021) on Social Determinants of Health. The Global Report's development will reflect the importance of a more systematic approach to determining the contribution of harmful commercial products and practices to the global burden of disease and the need for approaches that prevent public health harms and safeguard against conflicts of interest while leveraging the potential of the commercial sector.

### **Mental Health**

#### Global monitoring of substance use disorders

New data on alcohol consumption, alcohol-related harm and policy responses, including country level estimates, have been generated for inclusion in the *WHO Global Information System on Alcohol and Health (GISAH)*<sup>94</sup>, which allows to monitor progress and impact on population health of measures to reduce the harmful use of alcohol. In line with SDG health target on strengthening prevention and treatment of substance abuse, the methodology for assessment of service capacity index for substance use disorders (SUDs) has been developed, and data generated for monitoring progress with development of services for SUDs.

#### Global Scales for Early Development package for measuring child development.

Despite growing interest in early childhood development globally, internationally validated tools to assess the development of children under the age of three at population level remain scarce. In the Global Scales for Early Development (GSED) project, existing efforts have been brought together to develop a harmonized new methodology to assess development in children up to 36 months through measures that are culturally neutral, easy to administer, open access and acceptable and understandable to caregivers and children. The *Global Scales for Early Development (version 1.0)*<sup>95</sup>, launched in February 2023, offers a new methodology and package of measures and implementation materials to monitor the holistic development of children at

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<sup>90</sup> Available at <https://cities4health.org/> (accessed 20 December 2023)

<sup>91</sup> Available at <https://www.who.int/initiatives/urban-health-initiative> (accessed 20 December 2023)

<sup>92</sup> Available at <https://breathelife2030.org/> (accessed 20 December 2023)

<sup>93</sup> [https://cdn.who.int/media/docs/default-source/unitaf/unia tf\\_unhabitat\\_web\\_v01\\_310523.pdf](https://cdn.who.int/media/docs/default-source/unitaf/unia tf_unhabitat_web_v01_310523.pdf) (accessed 20 December 2023)

<sup>94</sup> Available at <https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health> (accessed 13 December 2023)

<sup>95</sup> Global Scales for Early Development (version 1.0) Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/WHO-MSD-GSED-package-v1.0-2023.1> (accessed 13 December 2023)

population level in the critical first three years of life. The package is now being expanded to include global norms and standards and to allow for identification of children with and at risk for neurodevelopmental impairments.

#### *Integration of perinatal mental health in maternal and child health services*

A guide for integration of perinatal mental health in maternal and child health services<sup>96</sup> was published in 2022 and outlines an evidence-informed approach to support maternal and child health providers in promoting good mental health, identifying symptoms of mental health problems and responding in a holistic, person-centered way. The Secretariat is working with regional and country colleagues to support country adaptation and implementation of the guide.

#### *Guidelines for assessment and management of mental, neurological and substance use conditions*

WHO's *mhGAP Intervention Guide*<sup>97</sup> has been used in over 100 Member States. Updated mhGAP guidelines were published in November 2023. Subsequently, WHO will update related products to reflect the new recommendations. An mhGAP e-learning course is being prepared and will be one of the first 10 courses that will be available on the WHO Academy platform.

#### *Development, testing and dissemination of scalable psychological interventions*

In 2023, the Secretariat continued efforts to develop and disseminate psychological interventions scalable across settings and contexts. An Implementation manual for integrating psychological interventions into existing services to guide Member States will be published in the last quarter of 2023.

#### *Guidance for mental health and psychosocial support in emergencies*

In January 2023, the Secretariat launched, in partnership with UNICEF, UNHCR, UNFPA, the IASC mental health and psychosocial support minimum services package (MHPSS MSP) and digital platform, a costed package of essential activities that integrate mental health and psychosocial support across sectors, prioritizes activities and promotes efficiency. The work on developing and field testing operational and joint assessment tools to facilitate the roll-out of the MHPSS MSP will continue as a joint interagency project during the next three years. Similarly, to build capacity in the integration of mental health into universal health coverage, the Secretariat also developed an online certified course for public health program managers on mental health and psychosocial support on the OPENWHO platform, currently available in multiple languages and to date has more than 21,500 enrollments. The Secretariat also led the development of the IASC Handbook on Mental Health and Psychosocial Support Coordination, an IASC guidance note on preventing suicide in humanitarian emergencies and published a global evidence review on mental health and migration.

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<sup>96</sup> WHO guide for integration of perinatal mental health in maternal and child health services Geneva: World Health Organization; 2022. Available at <https://www.who.int/publications/i/item/9789240057142> (accessed 13 December 2023)

<sup>97</sup> mhGAP Intervention Guide - Version 2.0 Geneva: World Health Organization; 2019. Available at <https://www.who.int/publications/i/item/9789241549790> (accessed 13 December 2023)

### Guidance on mental health, human rights and legislation

Mental health is growing as a public health priority and human rights imperative, and an increasing number of countries are wishing to adopt or reform legislation related to mental health. WHO, jointly with the Office of the High Commissioner for Human Rights, has developed a publication entitled *Mental health, human rights and legislation: Guidance and practice*<sup>98</sup>. The guidance proposes new objectives for law, including setting a clear mandate for mental health systems to adopt a rights-based approach. It outlines the legal provisions required to promote deinstitutionalization and access to good quality, person-centred community mental health services. It also highlights how laws can address stigma and discrimination and concrete measures to eliminate coercion in mental health services in favour of practices that respect people's rights and dignity. Guidance is also provided on how to adopt a human rights-based approach when reviewing, adopting, implementing and evaluating mental health related laws.

### WHO QualityRights e-training on mental health, recovery and community inclusion

The uptake of the WHO QualityRights e-training continues to expand across countries. The course provides an interactive and dynamic environment to build the capacity of stakeholders on critical issues related to mental health, disability, human rights, recovery and community inclusion. To date 105,500 have registered on the e-training, with 45,800 already having completed the course and received their certificate.

**III. DRIVING PUBLIC HEALTH IMPACT IN EVERY COUNTRY:** *based on two of WHO's core functions: articulating ethical and evidence-based policy options; and providing technical support, catalysing change, and building sustainable institutional capacity.*

WHO's NCD programme aims to meet the demands from countries for technical assistance to adapt and titrate WHO NCD packages and signature solutions to epidemiological, health system and resource contexts. This should enable all Member States to prioritize and accelerate best buy interventions, with a focus on population wide prevention, PHC and UHC, and to increase investment in NCD prevention and control through domestic financing including through health taxes and to mobilize external aid from international financial institutions and development cooperation agencies.

The Secretariat is delivering results commensurate to the speed and scale needed by Member States to achieve SDG 3.4 by 2030 by strengthening partnerships and coalitions to promote the roll-out of the *WHO NCD Implementation Roadmap 2023-2030*<sup>99</sup>. This includes strategic partnerships to improve access to medicines and technologies, for implementation research, and capacity building initiatives to strengthen the health workforce particularly for population-wide prevention of NCD.

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<sup>98</sup> Mental health, human rights and legislation: guidance and practice Geneva: World Health Organization; 2023. Available at <https://www.who.int/publications/i/item/9789240080737> (accessed 13 December 2023)

<sup>99</sup> Available at <https://www.who.int/teams/noncommunicable-diseases/governance/roadmap> (accessed 13 December 2023)

## Noncommunicable diseases

### Global diabetes compact

Regionalizing the *Global Diabetes Compact* across the six WHO regions is instrumental to driving public health impact at the country level. Regional adaptation has already been successful in EUR and AMR with increased advocacy and expansion of implementation of diabetes guidelines and mobilization of partners in diabetes. Other regions have shown engagement through other regional initiatives, e.g., Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region. Technical support is provided to the African Region to develop the diabetes blueprint.

Additionally, the *Global Diabetes Compact* has undertaken missions to Ghana, Uganda and Canada to promote political prioritization of diabetes and implementation of WHO packages, such as HEARTS-D and WHO PEN, at the country level. Additionally, Member States in the SEARO region have established national targets for coverage and control of diabetes and hypertension. India has committed to place 75 million people with hypertension and/or diabetes on standard care by 2025. Other countries in the region have also committed to achieving targets for coverage of diabetes and hypertension care, including Bangladesh (3 million people), Bhutan (50,000 people), Nepal (1.5 million people) and Timor-Leste (50,000 people).

### The prevention and control of NCDs in humanitarian emergencies

While countries still emerge from the impacts of the COVID-19 pandemic, several acute and protracted emergencies and humanitarian crises continue to draw attention to the needs to maintain and preserve, in any type of humanitarian crisis, essential services of people living with NCDs. Through its Incident Management System, WHO has supported continuity of care for essential NCD and rehabilitation services, for instance through the deployment of NCD emergency kits, and the procurement of essential medicines, technologies and assistive products for more specialized services such as dialysis, cancer care and wheelchairs in selected countries including Sudan, Syrian Arab Republic, Türkiye and Ukraine. Operational reviews after or during ongoing emergencies provided important insights on how to better integrate NCDs into WHO's emergency preparedness and response.

### Health systems strengthening and integration

The Secretariat, through WHO's Universal Health Coverage Partnership, provided support to more than 20 countries for integrating NCD services into health systems to strengthen the delivery of condition- and disease-specific service coverage results.

Additionally, the Secretariat supported the integration of NCDs and mental health as comorbidities into country proposals under the Strategy (2023–2028) of the Global Fund to Fight AIDS, Tuberculosis and Malaria to support the delivery of integrated, people-centred quality services. As a result, 26 countries so far have included NCDs or mental health in their proposals.

### WHO Acceleration Plan to STOP Obesity - country roll-out

WHO has continued to advance roll-out of tailored support to countries for the implementation of the Acceleration Plan to stop obesity, delivered in a phased incremental approach across the

six WHO regions, and coordinated across the three levels of the organization. WHO's tailored implementation support is geared to:

- Increase the number of countries implementing effective policies to address prevention and management of obesity.
- Improve policy efficiency and coverage and expanded access to obesity prevention and management services.
- Improve trends in obesity rates across the life course.

The roll-out of the Acceleration Plan started with regional intercountry dialogues, which included national government policy makers and other stakeholders, including people with lived experience of obesity, their families, and communities. These dialogues were focused on unpacking the current impact, successes and challenges of existing activities and governance structures in the country, identify key priority interventions to be included in the country roadmaps, and developing practical strategies to execute the plan, including through the development of stakeholder engagement and communication strategies and accountability routines.

The country roadmaps have been completed and countries are now moving to execution with mid-term (2025) and long-term (2030) delivery points.

Through the intercountry dialogue and further discussion with government counterparts and other stakeholders operating at national level, these countries have prioritized policy interventions for immediate implementation such as regulation to restrict marketing of unhealthy food, adopt sugar-sweetened beverages (SSB) and unhealthy food taxes, integrate obesity prevention and management health service delivery as part of primary health care, adopt front of pack labelling, improve urban environment and physical activity, progress school nutrition interventions, strengthen the early food environment, invest in health promotion and communication campaigns.

Also significant is the emergence, on the back of the WHO Plan, of a global platform that is uniting communities living with, and affected by, obesity, with government leaders, UN agencies, other stakeholders and civil society organizations in response to the obesity epidemic as a global health emergency.

#### Health4Life Fund

WHO has supported the mobilization of country resources through the United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health (the Health4Life Fund) which was established in 2021 by WHO, UNDP and UNICEF with the aim of pooling funding from Member State and non-State actors so as to provide catalytic support to low- and middle-income countries for scaling up their NCD and mental health responses. This resource mobilization has been supported by a multisectoral working group in Sierra Leone which is elaborating a proposal that will guide country implementation. The Health4Life Fund secured a multi-million-dollar pledge from Scotland during 2023.



### Accelerating implementation of dental amalgam provisions

In March 2023, the project to *Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention* (Phasing Down Dental Amalgam project) was officially launched. The three-year project is funded by the Global Environment Facility (GEF) with the United Nations Environment Programme (UNEP) and WHO respectively as implementing and executing agencies. In alignment with the Minamata Convention on Mercury, the project's overall objective is to protect human health and the environment from harmful effects of mercury. The project comprises three components, including 1) Phase down of dental amalgam use through improved policies and technical capacity, 2) Improve management of mercury and hazardous waste from dental use, and 3) Knowledge management and global awareness. While the main focus of activities is placed on the project countries Senegal, Thailand and Uruguay, sharing knowledge and raising awareness on a global level.

### **NCD risk factors**

#### Rolling out policy, systems and practice for alcohol control in every country

Following the adoption of the Global action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, the Secretariat has supported countries in implementation of evidence-based, population-wide and high-impact interventions. The SAFER inter-country learning uses a blended capacity-building approach and technical assistance to support national teams in analyzing the country context to propose policy options for implementing high-impact interventions to curb alcohol consumption and has been rolled out in 15 Member States.

#### Strengthening the implementation of the WHO FCTC using the MPOWER technical package of measures that effectively reduce tobacco use

SDG 3.A commits to “strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate”. The Secretariat continues to provide technical support to Member States to help implement the WHO FCTC and focuses on the high impact cost-effective measures included in the MPOWER technical package. The Secretariat consolidates and coordinates efforts through partnerships with civil society to support all the high burden countries on tobacco control, as also LMICs especially in African region, to prevent the tobacco epidemic. Priority countries identified through the Triple Billion analyses are provided support in key policy areas. Progress towards the NCD GAP global target to achieve a 30% relative reduction in the prevalence of tobacco use by 2025 is monitored in the biennial *WHO global report on trends in prevalence of tobacco use*. The most recent report, published in 2023, identified 56 countries on track to reach the target. Despite the promising progress, efforts to accelerate tobacco control must continue and must be strengthened to avoid a future resurgence of tobacco use. The tobacco industry continues to be a major threat, constantly evolving its tactics to weaken tobacco control by constructing an industry oriented ‘harm reduction’ narrative

and aggressively targeting vulnerable populations, such as children and young people, to secure its profits, while tobacco is responsible for over 8 million deaths, globally every year.

#### Supporting countries to promote physical activity

The Secretariat provided support to more than 20 countries to strengthen governance and policy frameworks to promote, enable and protect opportunities and places for people to be more physically active. This backing included technical support on national policy, guidelines and actions plans as well as the development of an investment case for walking and cycling.

#### Unhealthy diets

Through the implementation of the REPLACE package, WHO has supported the establishment of regulatory actions to eliminate industrial trans-fats from the food supply, including the establishment of monitoring mechanisms. It established a programme to validate such elimination of trans-fatty acids, and, with the most recent policies, 54% of the world population is now covered by mandatory limits on trans-fatty acids. The objective of global elimination is close, as only five countries account for two thirds of the estimated remaining deaths due to trans-fatty acids.

### **Mental Health**

#### Support for strengthening prevention and treatment of disorders due to substance use and addictive behaviours

A comprehensive update of the WHO publication (2016) on health and social effects of non-medical cannabis use will contribute to the ongoing cannabis policy debates at different levels. The 24th WHO Expert Committee on the Selection and Use of Essential Medicines updated the section “Medicines for disorders due to psychoactive substance use” and included separate subsection for medicines for alcohol, nicotine and opioid use disorders. Two medicines for treatment of alcohol dependence were recommended for the inclusion in the core list of the EML that will increase capacity of health services to address alcohol use disorders in primary health care and other settings. In collaboration with UNODC support has been provided to countries in developing their treatment systems for drug use disorders, including prevention and management of opioid overdose. In collaboration with UNITAID, technical support has been provided to introduce and evaluate new approaches to opioid agonist maintenance treatment in less-resourced settings.

#### WHO Special Initiative for Mental Health

Thus far, WHO’s *Special Initiative for Mental Health*<sup>100</sup> has enabled 40 million more people to have mental health services available in their communities. The *Special Initiative for Mental Health* aims to give 100 million more people access to quality and affordable mental health care. Working with ministries of health to lead mental health systems transformation, the Initiative acts on two strategic priorities: 1) advancing policy, advocacy, and human rights for mental, neurological and substance use conditions; and 2) scaling up the availability of mental health services. Current implementing countries include Argentina, Bangladesh, Ghana, Jordan, Nepal,

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<sup>100</sup> Available at <https://www.who.int/initiatives/who-special-initiative-for-mental-health> (accessed 13 December 2023)

Paraguay, the Philippines, Ukraine and Zimbabwe. Although facing constrained financial and human resources, the initiative is substantially improving the landscape of mental health services in participating countries. This has only been feasible via WHO's 3-levels of support (to each other and to ministries of health), engagement with over 450 collaborators and the inclusion of people with lived experiences of mental health conditions.

#### *WHO-UNICEF Joint Programme on the Mental Health and Psychosocial Well-being and Development of Children and Adolescents*

Recognizing the urgent need to accelerate action for young people's mental health, WHO and UNICEF intensified efforts toward implementation of UNICEF-WHO Joint Programme on the mental health and psychosocial well-being and development of children and adolescents, mobilizing complementary strengths at the three levels of both organizations. A transformed approach to partnership, with a focus on joint delivery for country impact and the commitment of Core Voluntary Contributions (CVC) funding, enabled WHO, in partnership with UNICEF, to support cross-ministerial coordination and the development and initiation of implementation of context-specific multi-sectoral plans in thirteen countries, where an estimated 107 million children and adolescents stand to benefit. These countries are Albania, Bhutan, Colombia, Côte d'Ivoire, Egypt, Guyana, Jordan, Malaysia, Maldives, Mozambique, North Macedonia, Papua New Guinea, and Serbia.

#### *Supporting implementation of the intersectoral global action plan on epilepsy and other neurological disorders 2022-2031*

A range of technical products are being developed to support implementation of the action plan. An Implementation toolkit will provide a rationale and framework for the integrated approach to neurological disorders and will be accompanied by practical, step-by-step modules to support implementation of the action plan. The Secretariat also developed the Global Status Monitoring Questionnaire to collect baseline data on the global targets, and undertook a landscape analysis on development, availability, distribution, provision, and use of medicines for neurological disorders especially in low- and middle-income countries.

#### *Supporting implementation of the global dementia action plan*

In order to support countries in implementing the global dementia action plan, WHO organized one inter-regional capacity-building workshop in the Eastern Mediterranean Region attended by delegates from EMR, EUR and AFR countries. The workshop resulted in individual country implementation plans that Member States can take forward to strengthen their national responses to dementia. The Secretariat continued to support Member States in adapting, implementing and evaluating iSupport, WHO's training programme for carers of people living with dementia. As of August 2023, iSupport has been or is being adapted, field-tested, and implemented in 38 languages in over 40 countries worldwide.

#### *Supporting access to evidence-based services for autism and other developmental disabilities*

In line with the requirements of resolution WHA67.8 (2014) on autism, the Secretariat continues to support efforts to improve countries' capacities to ensure access to evidence-based services

for autism and other developmental disabilities, with a focus on supporting competency-based training at primary care and community levels through in-person and remote delivery. WHO's Caregiver skills training for families of children with developmental delays and related eLearning course are being utilized by families in more than 60 countries. Parenting for children and adolescents with developmental disabilities is also being promoted as part of an interagency global initiative on parenting. Regional convening in 4 regions were organized by WHO, along with partners, to discuss evidence-based parenting to improve health outcomes.

#### *Supporting integration of mental health in HIV and TB services*

Recognizing co-morbidities as an essential component of HIV and TB programming, MSD and NCD departments in HQ, regional and country offices worked together to support the inclusion of mental health in funding requests made to the Global Fund.

## **CONTEXTUALIZING THE NCD IMPLEMENTATION ROADMAP 2020-2030 AT REGIONAL AND COUNTRY LEVELS**

### **WHO OFFICE FOR THE AFRICAN REGION (AFRO)**

#### **Introduction**

To address the challenges presented by NCDs, the WHO African Region has focused on (i) providing support on the adaptation and utilization of WHO guidance documents for the prevention and control of NCDs and mental health conditions; (ii) strengthening the capacity of human resources for health and, improving access to essential NCD and mental health services in PHC facilities to deliver NCD and mental health conditions prevention and control services; (iii) and strengthening and integrating NCD and mental health conditions surveillance systems into health management information systems.

#### **Progress and results**

##### **Noncommunicable diseases**

For NCDs integrated service, AFRO has leveraged “Regional Framework for Integrating Essential NCD Services in Primary Health Care”<sup>101</sup> to support countries in developing and implementing national NCD policies and plans. This has included building the capacity of countries to adopt, adapt, and implement various WHO's technical packages, such as HEARTS and PEN, as an approach to support decentralizing NCD services at the primary care level and enhancing the accessibility and affordability of screening, diagnosis, and treatment services for major NCDs in Africa. So far, 58% of countries have implemented the WHO PEN programme to various degrees of coverage. With funding from the NORAD, AFRO has supported Ethiopia and Ghana to scale up NCD integrated services by strengthening health system building blocks through implementing the WHO PEN programme.

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<sup>101</sup> WHO Regional Office for Africa (2017). The Regional Framework for integrating essential NCD services in primary health care. <https://apps.who.int/iris/handle/10665/334349>

The second broad area is that of integration. WHO has supported countries to integrate mental health into various health program areas, such as NCDs, in Ghana, Nigeria and Ethiopia; in HIV and TB, through supporting countries to develop modules on mental health and NCDs for the Global Fund projects. In Namibia, and Zambia, the integration work was done in partnership with CDC and PEPFAR respectively. Mental health is also being integrated into maternal health programming. A guideline is being contextualized in Kenya and Tanzania.

“WHO PEN Plus: A Regional Strategy to Address Severe Noncommunicable Diseases at First-Level Referral Health Facilities”<sup>102</sup> was endorsed during the 72<sup>nd</sup> session of the Regional Committee. This strategy aims to improve access to prevention, treatment, and care for chronic and severe NCDs, such as type 1 diabetes, sickle cell diseases (SCDs), acute rheumatic fever, and rheumatic heart disease. With financial support from the Hemsley Charitable Trust, AFRO is implementing a project to strengthen the implementation of the PEN-Plus Regional Strategy in 20 countries in the region. AFRO has also developed a Guidance Framework for Integrated Sickle Cell Disease Treatment in Sub-Saharan Africa and a harmonized guide for SCD management. This is in addition to training of healthcare providers in managing SCDs and in newborn screening in three countries.<sup>103</sup>

For cancer control, AFRO has launched a pilot initiative to boost integrated cervical and breast cancer services in Cote d’Ivoire, Kenya, and Zimbabwe in September 2023. This project aims to support these countries with better access to breast and cervical cancer detection, treatment, and care services over the next three years through taking the PHC approach.<sup>104</sup>

AFRO is in the process of collecting data on the status of childhood cancer and progress on the Global Initiative for Childhood Cancer in the focus countries in the region. AFRO is finalizing the production of advocacy materials for childhood cancer by working with Member States, professional associations, and civil societies in the region. Zambia, Zimbabwe, and Ghana developed country-specific treatment guidelines.

Concerning palliative care (PC), AFRO is implementing projects on PC and mental health and psychosocial support (MHPSS) in Burkina Faso. AFRO is piloting “MHPSS standards for childhood cancer” and has set up two sites to produce morphine syrup in a national hospital. The national training modules for PC have been developed, and the training of health workers has been carried out in 15 health districts.

For surveillance, AFRO has supported six countries in implementing the STEP survey in 2023.<sup>105</sup> To strengthen oral health and support the implementation of the global oral health action plan in the region, AFRO has 1) supported six countries to develop an oral health policy, including

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<sup>102</sup> WHO Regional Office for Africa (2022). PEN-plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities. <https://iris.who.int/handle/10665/361838>

<sup>103</sup> Guinea, Mauritania and Zimbabwe

<sup>104</sup> WHO Regional Office for Africa (2023). News. Three African countries pilot initiative to boost cervical and breast cancer care.

<https://www.afro.who.int/countries/cote-divoire/news/three-african-countries-pilot-initiative-boost-cervical-and-breast-cancer-care>

<sup>105</sup> Benin, Gambia, Ghana, Nigeria, Tanzania, Uganda

Noma<sup>106</sup>, 2) supported Senegal to implement the project to phase-down use of dental amalgam project<sup>107</sup>, 3) launched the first online course for community health workers to enhance task sharing of oral health interventions among oral and non-oral health professionals to responds to unmet needs for oral health services<sup>108</sup>, and 4) conducted the research prioritization project on oral health to accelerate the development and implementation of evidence-informed oral health policy in the region. For ear health, AFRO has conducted a situation analysis to understand the current health system's capacity to address ear health issues and ongoing preparation of the ear health module to integrate the WHO-PEN programme.

## Mental health

With regards to mental health, following regional guidance such as The Framework to Implement the Comprehensive Mental Health Action Plan in the WHO African Region (2022)<sup>109</sup> and The Framework for Implementing the Global Alcohol Action Plan in the WHO African Region (2023)<sup>110</sup>, AFRO has supported countries<sup>111</sup> to develop Mental Health Investment Cases. In addition, to increase service coverage, as part of The WHO Director General's Special Initiative for Mental Health, AFRO has provided technical and financial support to Zimbabwe in developing implementation frameworks, including a scaling up of human rights approach at the community and primary care levels. Furthermore, AFRO has taken a more integrated approach by integrating mental health into neglected tropical diseases, tuberculosis, HIV, early childhood development, and maternal health in different countries,<sup>112</sup> as well as ongoing implementation of WHO and UNICEF's joint project.<sup>113</sup>

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<sup>106</sup> Botswana, Burkina Faso, Lesotho, Mali, Nigeria, and Sierra Leone

<sup>107</sup> World Health Organization (2023). News. Senegal, Thailand and Uruguay unite to reduce dental mercury.

<https://www.who.int/news/item/28-04-2023-senegal-thailand-and-uruguay-unite-to-reduce-dental-mercury>

<sup>108</sup> OpenWHO (2023). Oral Health Training Course for Community Health Workers in Africa. <https://openwho.org/courses/oral-health-community-AFRO>

<sup>109</sup> WHO Regional Office for Africa (2022). Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region: report of the Secretariat. <https://iris.who.int/handle/10665/361849>

<sup>110</sup> WHO Regional Office for Africa (2023). Framework for implementing the global alcohol action plan, 2022–2030 in the WHO African Region: report of the Secretariat. <https://iris.who.int/handle/10665/372385>

<sup>111</sup> Kenya, Uganda and Zimbabwe

<sup>112</sup> Ghana, Kenya, Mozambique, Nigeria, Tanzania

<sup>113</sup> Cote d'Ivoire, Mozambique



## WHO OFFICE FOR THE REGION OF THE AMERICAS (AMRO)

### Introduction

NCDs are the leading causes of death (81% of all deaths) in the Region of the Americas - a third of which occur prematurely (between ages 30 and 70 years). Current estimates are that 240 million adults in the Americas live with at least one NCD and require access to continuous care<sup>114</sup>. Progress to address NCDs and their risk factors is slow and very few countries are on track to meet the NCD target of 25% reduction in premature mortality by 2025. Only one country in the Americas (Chile) is expected to achieve the SDG goal of a reduction in premature NCD mortality by a third (relative to 2015 levels) by 2030.

Significant gaps persist in the availability of quality health services in the Region, exacerbated by the COVID-19 pandemic, which also led to disruptions in health services leading to delayed and foregone care. Massive investments and capacity building to strengthen the primary care response for NCDs and improve rates of diagnosis, treatment and control for the main NCDs are needed, along with improvements in information and surveillance systems to provide more timely data on NCDs and outcomes of care for people with NCDs. Hearts continues to be implemented throughout the region with several countries adopting standardized hypertension treatment guidelines and developing clinical pathways to improve hypertension control. In addition, AMRO has launched a new initiative, Better Care for NCDs to accelerate integration of comprehensive NCD interventions within primary health care services and improve diagnosis, treatment and control for the main NCDs – cardiovascular diseases, diabetes, cancers amenable to screening in primary care, and chronic respiratory diseases.

A high burden of mental health conditions, low treatment coverage, and rising suicide rates make mental health a serious public health problem in the Region of the Americas. Alcohol consumption has a large impact on the region: 8.2% of the general population over 15 years of age has an alcohol use disorder. Mental disorders and substance use are risk factors for suicide, which claims nearly 98,000 lives annually. The region's suicide rate has increased by 28% since 2000, with two countries (Guyana and Suriname) in the Americas among the 10 countries with the highest suicide rates globally. The Americas is the only WHO region where suicide is rising. Despite the high costs of mental health and neurological conditions and suicides in the Region, mental health remains underprioritized and significantly underfinanced, with low levels of recovery-oriented and human rights-principled treatment coverage. The COVID-19 pandemic has worsened the situation by contributing to the development of new mental health conditions and worsening preexisting ones, as well as by decreasing access to essential mental health services. Other humanitarian emergencies, including migration, worsened by the global climate crisis, also pose a significant threat to mental health.

While the prevalence of tobacco use in the region is still higher among men than women, the difference between the two sexes is one of the lowest among WHO regions and this phenomenon

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<sup>114</sup> <https://www.paho.org/en/documents/better-care-ncds-accelerating-actions-primary-health-care#:~:text=The%20aim%20of%20this%20initiative, services%20in%20primary%20health%20care.> (accessed 20 December 2023)

is even more pronounced when the data for young people aged 13-15 is analyzed. In some countries in the region, tobacco use among girls is similar or even higher than among boys. While the WHO FCTC contains all the measures necessary for curbing the tobacco epidemic, progress in its implementation in the Americas has been uneven in terms of the type of measures implemented and when comparing progress per subregion. Many parties in the Region still apply a low tax share on tobacco products, allow for advertising and promotion of tobacco products and do not regulate novel products such as electronic cigarettes. According to Member States themselves, the difficulty in approving legislation in line with the FCTC is largely explained by lack of adequate funding, persistent interference by the tobacco industry, and difficulties in establishing a multisectoral approach.

Challenges exist, related to the lack of effective legislation on the demand for and offer of processed and ultra-processed product and enforcement of such policies, as well as resistance to mandatory adoption of sodium target reductions in line with AMRO regional targets and elimination of industrially produced trans fatty-acids (i-TFA).

## Progress and results

### Noncommunicable diseases

#### NCDs and mental health in SIDS

Barbados co-hosted the small island developing states (SIDS) global ministerial conference on the prevention and control of NCDs and mental health, setting an ambitious agenda to transform the capability of SIDS countries to proactively respond and effectively deliver health outcomes in relation to NCDs and mental health. This high-level meeting represents a critical step towards building and pursuing a collective vision and course of action for accelerating progress towards SDG target 3.4 on NCDs and mental health and SDG target 3.8 on universal health coverage (UHC). In this meeting, SIDS identified the issues and drivers at the heart of the twin challenge posted by NCDs and mental health, and climate change, and committed to action by mobilizing resources, showcasing successes, and collaborating with non-traditional partners, across many of the current frameworks and actions plans that guide these interconnecting agendas and vulnerabilities. SIDS pledged to continue to call for solutions to these challenges through an integrated, global and coherent “climate change and health approach”, implemented by contextual whole-of-government and whole-of-society responses that are grounded in local culture and traditional knowledge and address the interconnected social, environmental, economic and commercial determinants.

#### Strengthening the primary health care response for comprehensive NCDs

AMRO developed an inter-programmatic initiative aiming at strengthening the primary health care response for comprehensive NCDs (hypertension, diabetes, cancer screening, chronic respiratory diseases), by developing and implementing NCD services in the first level of care, prioritizing communities and people living in vulnerable conditions. Implementation of the AMRO Initiative on Better Care for NCDs will begin in 2024 and includes:

- conducting primary health care NCD needs assessment and plan to improve NCD services.
- updating evidence based NCD guidelines.
- training of multidisciplinary care teams.
- expanding access to essential NCD medicines and technologies through the AMRO Strategic Fund.
- community outreach strategies, including self-care approaches, to improve NCD screening, diagnosis, treatment and control rates.
- improving facility-based information systems for NCD monitoring and improvement of care.

### Implementation of HEARTS in the Americas

To date, seventeen countries are implementing the HEARTS model in 3,232 PHCs [up from 2,476 PHCs in 2022], and 15 of those regularly report data. There have been increases in the number of adults covered by HEARTS (now 32.7 million) and the number of patients with hypertension treated according to the protocols (now 3.9 million). In addition, capacity-strengthening continues, with 755,000 health professionals trained via virtual courses, 245,000 downloads of the HEARTS App and 16 million CVD risk estimations performed. Nineteen HEARTS countries have developed the HEARTS Clinical Pathway, which provides standardized guidelines to improve the delivery of care, integrate hypertension treatment with CVD primary and secondary prevention, including diabetes and chronic kidney disease care in PHC settings. AMRO has simultaneously advanced the roll-out of Module D: Diagnosis and Management of Type 2 Diabetes of HEARTS, including support to Argentina, Chile, the Dominican Republic and Suriname. In Chile, a high-level meeting between AMRO and the Ministry of Health reached the agreement to integrate HEARTS-D into the chronic care model, design the diabetes clinical pathway for Chile, evaluate the replacement of Glibenclamide by some other sulfonylurea, and assess the formation of a multisectoral diabetes technical committee.

### Cervical cancer

In 2023, HPV testing was introduced in 3 countries (Antigua and Barbuda, Belize, Brazil). AMRO supported the introduction of HPV testing in Antigua and Barbuda through a pilot project that screened 1,500 women. As a result, Antigua and Barbuda decided to procure HPV tests through the AMRO Strategic Fund and continue offering HPV testing in primary care services. In addition, a colposcopy training course was delivered to improve management of women with abnormal screening results in the country. AMRO also provided technical assistance to Brazil to implement HPV testing in the state of Pernambuco as a demonstration project. In Belize, AMRO provided technical assistance to introduce HPV testing and to establish a quality assurance program for the laboratory. Regional workshops with 20 Latin American countries were held with cervical cancer program managers and immunization managers, to develop national cervical cancer elimination plans.

### Childhood cancer

AMRO is actively implementing the Global Initiative for Childhood Cancer, CureAll Americas, in 18 countries (Argentina, Brazil, Bolivia, Colombia, Chile, Costa Rica, Honduras, Mexico, Dominican Republic, Ecuador, El Salvador, Guatemala, Suriname, Nicaragua, Peru, Panama, Paraguay, and Venezuela). These countries are developing or strengthening national childhood cancer plans and improving access to diagnosis and treatment services, with a notable 62% increase in countries implementing national cancer control plans including childhood cancer from 2017 to 2022. AMRO's GICC working groups have collaborated with regional experts to develop guidelines and projects focusing on early diagnosis, psychosocial support, nutrition, treatment abandonment, supportive care, nursing, and palliative care in childhood cancer. Technical guidelines and regional snapshots have received over 10,992 downloads, and virtual courses on childhood cancer have engaged more than 100,137 participants, with 66,865 certificates issued across 112 countries. In February 2023, a regional campaign was launched to raise awareness, early detection and diagnosis of childhood cancer and improve access to high-quality care, garnering over 13,916 views. An AMRO Journal Special Supplement on Childhood Cancer was published to disseminate the results of regional and country specific work on the GICC, and a webinar with over 700 participants launched the journal and highlighted GICC results following its 5-year anniversary.

#### NCD Surveillance

Seven countries have been advancing the implementation of STEPS surveys, producing data for more than 14 NCD and risk factor thematic areas to inform decision-making. This included two countries (Paraguay and Saint Lucia), now in the process of data analysis and report writing; one country which is completing fieldwork (Cuba); two countries in which training took place and fieldwork is now in progress (Aruba and Cayman Islands); and two countries (Sint Marteen and Antigua & Barbuda) where the implementation plan, operational plan and preparations for fieldwork training have been developed.

#### **NCD risk factors**

##### *Reducing salt/sodium consumption and eliminating industrially produced trans-fatty acids (IP-TFA)*

Panama, Costa Rica and Peru developed 5-year roadmaps to adopt the updated AMRO Regional Sodium Reduction Targets using a mandatory approach, while research in Argentina, Costa Rica, Panama and Peru is underway to support policy development processes.

Situational analyses to support the adoption of mandatory sodium targets were coordinated with Chile, Dominican Republic, Paraguay, Suriname, and Trinidad & Tobago. AMRO organized a webinar on monitoring sodium content and the adoption of sodium reduction targets in foods during Salt Awareness Week.

In line with AMRO's Plan of Action for the elimination of IP-TFA, the Region continued to make advances towards the elimination of this harmful substance from the food supply. The region has now reached 79% of the overall population protected by best-practice policies for the elimination of IP-TFA, which have already been implemented, or have been adopted with implementation to start in 2023 and 2024. Supporting policies for the elimination of IP-TFA also include the

application of warning labels for trans fats as well as for saturated fats, to avoid unhealthy replacement of fats and oils in the food supply.

*Promote regulatory policies for healthy diets and implement WHO Acceleration Plan to STOP Obesity*

- Healthy eating laws adopted in Paraguay, Bolivia, Ecuador and Honduras:
  - Paraguay adopted a healthy eating law and preparation of its regulation is underway
  - Bolivia's MOH drafted a bill on the healthy eating law that meets AMRO best practices and is producing evidence to inform this policy.
  - Ecuador drafted a new regulation updating its decree on FOPL to align it with AMRO recommendations.
  - Honduras drafted a bill for a comprehensive healthy eating law.
- Costa Rica, El Salvador, Guatemala and Panama launched advocacy campaigns for the adoption of healthy eating draft legislation.
- Caribbean countries submitted their opinions on the CARICOM Regional Organization for Standards and Quality (CROSQ) subregional standard on food labeling. The majority appear to be in favor of keeping the originally proposed FOPL system in line with AMRO recommendations. The next step is for countries to submit their votes for adopting such a system.
- AMRO and the Organization of American States (OAS) launched the Interamerican Program on healthy food and physical activity policies in school environments.
- The WHO Acceleration Plan to STOP Obesity completed its first planning stage in the Region including the preparation of roadmaps for the 9 frontrunner countries.
- AMRO and its sister UN Agencies successfully completed the Regional UN Food Systems Summit Stocktaking Moment, with the health agenda solidly included in country roadmaps to transform the food systems. All countries concluded their roadmaps that were presented in the global stock take.
- Colombia introduced a tax on sugar-sweetened beverages (SSBs) and on processed food high in fats, sugars and/or salt.

*Advances towards tobacco control*

The Final Report of the Strategy and Plan of Action for Tobacco Control in the Americas 2018-2022 was presented to the AMRO Executive Committee. While Member States noted the advances made and highlighted their commitment to tobacco control in the Region, the Secretariat emphasized the need to accelerate action.

Advances were made at country level with support and guidance from AMRO:

- Comprehensive tobacco control bills were drafted in The Bahamas and Belize.
- The Health Commissions of the Congress in Peru approved a bill banning all forms of advertisement, promotion, and sponsorship of tobacco.
- Venezuela developed a draft of decree banning commercialization of novel and emerging nicotine and tobacco products.

- Enactment of a resolution banning commercialization of heated tobacco products (HTPs) in Argentina.
- A bill was presented to the Congress for ratification of the FCTC in Argentina
- Health warning labels on individual cigarettes in Canada.
- Brazil's House of Representatives approved the creation of an excise tax on goods and services harmful to health and the environment in the context of the tax reform debate.
- Support to drafting bills on tobacco tax increases in Colombia (for debate at the Congress) and Costa Rica.

### *Tobacco Control and Health taxes*

Positioning tobacco control within the health agenda among high-level authorities in the Americas: The Final Report of the Strategy and Plan of Action for Tobacco Control in the Americas 2018-2022 was presented to the Executive Committee in June 2023. The report was well received, with interventions from Chile, Mexico, and Brazil, among others. Member States highlighted their commitment to tobacco control, and AMRO's Regional Director emphasized the need to accelerate tobacco control, indicating that while the Final Report shows progress, we should not be satisfied and do more. The Final Report will now be presented for approval to the 60th Directing Council, 75th Session of the Regional Committee of WHO for the Americas, in September 2023. Regional initiatives, such as the Strategy and Plan of Action, have further expanded the implementation of the MPOWER technical package, clearly showing that these measures—which require multisectoral consensus and multidisciplinary evidence—are economically, legally, and politically viable. Furthermore, in alignment with the Strategy and Plan of Action mandates, the Pan American Sanitary Bureau (PASB) has taken significant steps to address a crucial data gap: information concerning Member States' capacity to counter interference by the tobacco industry (indicator 4.1.1 of the Strategy and Plan of Action). This information is the only data not collected biennially since 2007 in the WHO Report on the Global Tobacco Epidemic framework. PASB, in collaboration with experts in the field and guided by Article 5.3 of the FCTC, has developed a methodology for calculating the indicator. This pioneering effort lays the foundation for potential future expansion of data collection and standardization at a global scale.

MPOWER implementation: AMRO has supported several national authorities by providing timely country-tailored technical, economic, and legal assistance through delivering presentations before legislative bodies as well as through submissions of official technical notes with revisions and comments on draft legislation and regulations, advising on the experience of other Member States and assisting governments in the event of legal challenges. This support has led to policy changes in Argentina, Brazil, and Venezuela and the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products in Paraguay. In addition, support has been provided to ongoing policy processes during 2023 such as the drafting of comprehensive tobacco control bills in the Bahamas and Belize, contributing to countering opposing arguments within the debate of a comprehensive tobacco control bill in Jamaica, towards the adoption of plain packaging and a total ban on tobacco advertising, promotion and sponsorship in Costa Rica and Peru, and supporting the process of ratification of the WHO FCTC in Argentina.



Promoting the Public Health Agenda of Health Taxes: Despite the extensive and robust evidence regarding the benefits of health taxes, they remain underutilized, with tobacco taxes being the least implemented tobacco control measure in the Region. Therefore, AMRO, has intensified its advocacy efforts by raising awareness about the health and economic benefits of using health taxes and engaging with various stakeholders -including close collaboration with the World Bank- to provide Member States with tailored, accurate, and up-to-date data, including the generation and dissemination of policy-oriented evidence as well as tailored policy documents for national authorities in Brazil, Colombia, Costa Rica, Mexico and Peru, and virtual trainings organized jointly with Bloomberg Initiative Partners.

Development of updated resources: The evidence and policy analysis published in the special issue on tobacco control of the Pan American Journal of Public Health titled “Tackling tobacco control beyond health: a comprehensive approach” were strongly disseminated to contribute to policy process debates in the region. This package of systematized evidence relevant to policy design compiles information on the health and economic benefits of tobacco control as well as an assessment of the progress made and the pending tobacco control agenda. In addition, AMRO contributed to the conclusion and release of the night edition of the WHO Report on the global tobacco epidemic, published in July 2023. This contribution encompassed the analysis and validation of the data collected for the Americas, assistance in drafting the Region’s study cases (about Mexico, Peru, and Surinam) in direct collaboration with AMRO country offices and providing feedback on various draft versions of the report.

### **Mental health**

At the 172nd Executive Committee, Member States approved a new Strategy for Improving Mental Health and Suicide Prevention, while in June 2023 the High-Level Commission on Mental Health and COVID-19 launched its landmark report providing 10 recommendations to advance Mental Health in the Americas.

AMRO and the Government of Barbados co-hosted a SIDS High-level technical Meeting and Ministerial Conference on NCDs and mental health, resulting in a new Declaration to act on NCDs and mental health in SIDS.

At the country level, Suriname established its first pesticide control board as a means to advancing suicide prevention. The board ensures regulation and monitoring of all aspects of the pesticide life cycle. In Trinidad and Tobago, the mental health program in the Ministry of Health grew from a single person to a full-time staff team of more than ten persons. There is a gradual reduction of beds in psychiatric hospitals and an increase in community mental health centers. Through activities under the Special Initiative for Mental Health in Paraguay, mental health treatment coverage has increased five-fold in the Department of President Hayes via the implementation of virtual consultations. Grenada, Saint Vincent and The Grenadines, Barbados and Jamaica all continue to advance in the review of their mental health legislation as an important step towards reforming mental health services. To further support this country work,

PAHO continues to provide capacity-building for mental health via its Virtual Campus of Public Health; four new self-learning courses reached 6 914 participants with certification.

### Challenges

- Insufficient political support exists for the strengthening of primary care services for hypertension, diabetes, cancer screening, coupled with limited health investments for NCDs.
- There is significant need for continuous quality improvement in services and interventions to improve the quality of care for people with NCDs.
- A lack of and/or gaps in health information systems results in the inability to collect routine health data, particularly at the PHC (Primary Health Care) level for people with NCDs.
- Limitations in access to and availability of effective NCD medications (including single-pill combinations for hypertension) and appropriate technologies/devices such as blood pressure measuring devices, glucose monitoring devices, HPV tests and thermal ablative devices.
- Need to strengthen NCD surveillance capacity in order to better respond to increasing demands from Member States.
- Despite the visibility brought to mental health by the COVID-19 pandemic, most of the countries continue not to prioritize the scaling up of mental health and substance use services in their mental health systems.
- Interference by the alcohol, tobacco, and food industry on national decision-making processes, as reported by Member States, has continued to pose a threat to control of these risk factors, and the adoption of related policies and plans. These challenges have been particularly evident in Caribbean countries. In Central America, the industry has been promoting misinformation that countries cannot adopt domestic regulations unless the entire subregion has done so, as it pushes for deregulation.
- Vertical approaches to reducing alcohol-related problems have had limited public health impact but continue to be prioritized over population-based policies, which are known to be cost-effective, owing to a limited understanding of alcohol consumption as a public health threat.
- Use of taxation on health harming products such as tobacco, alcohol and sugar-sweetened beverages (SSB) remains underutilized despite abundant evidence of its benefits, in particular due to misinformation by the respective industries.

### The way forward

- Massive investments and capacity building to strengthen the primary care response for NCDs and improve rates of diagnosis, treatment and control for the main NCDs are needed, along with improvements in information and surveillance systems to provide more timely data on NCDs and outcomes of care for people with NCDs. AMRO will strengthen the primary health care response for comprehensive NCDs through the implementation of the inter-programmatic Initiative on Better Care for NCDs.
- Multisectoral action is vital to tackle NCDs. Evidence has consistently demonstrated that the health sector cannot tackle the NCD epidemic alone. Cooperation and strategic action with relevant sectors such as finance, trade, agriculture, transportation, foreign affairs, and education, which all play a role particularly in addressing NCD risk factors, allow for a

strengthened response. Unless urgently and adequately addressed, the health and economic burden of NCDs will continue to rise. Support and technical assistance to health authorities in bringing economic reasoning and evidence into their dialogue with other sectors is very needed. This serves to build bridges between public health and non-health sectors to advance all-of-government action on NCD prevention.

- Continue to advocate with Ministers of Health to ensure that NCDs and mental health are a core component of health reforms, especially to integrate NCDs and mental health in primary care. This includes advocating for higher prioritization of hypertension, diabetes, cervical cancer elimination and mental health in the national health programs, budgets and as part of health workforce development.
- It is important to strengthen the institutional capacity of health authorities to effectively regulate tobacco, alcohol and consumption of unhealthy foods and beverages through improved governance, transparency processes, accountability, and appropriate management of conflicts of interest.
- Taxation is the most cost-effective measure to reduce consumption of tobacco and alcohol and is also effective in reducing SSB consumption. There is a need to scale up AMRO's convening power to bring together ministries of health and ministries of finance to promote the use of excise taxes as an NCD prevention tool in the context of tax reforms in the current global and regional post-pandemic fiscal context.
- Strengthen capacity at country level (both CO and national authorities) to counter misleading information by the tobacco industry, as well as alcohol and unhealthy foods and beverage industry. Capacity in economic and legal arguments supporting action on tobacco and alcohol control and promotion of healthy eating needs to be revamped.
- Diversify the strategic approach to advance regulatory measures for healthy eating. The subregional consensus within integration mechanisms is important but very complex and work must continue to ensure progress at the national level in tackling risk factors.
- Strengthen the capacity and increase involvement of ministries of health in intersectoral work for development of regulatory policies.
- Need to increase capacity of civil society organization for advocacy and awareness raising.

## WHO OFFICE FOR THE EASTERN MEDITERRANEAN REGION (EMRO)

### Introduction

In September 2018, the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (NCDs) was endorsed by Member States at the Third High-level Meeting of the United Nations (UN) General Assembly on the Prevention and Control of NCDs.

In October 2019, the WHO Regional Committee for the Eastern Mediterranean in its 66th session endorsed in resolution EM/RC66/R.6 an updated regional framework for action to implement the UN Political Declaration on NCDs, including indicators to assess country progress – an update to the 2012 regional framework for action on NCDs that was developed following the first UN political declaration in 2011.<sup>115</sup> The regional framework for action consists of 19 strategic interventions for countries to implement and has 15 progress indicators to monitor its implementation.

Through the resolution, the Regional Committee requested the EMRO Regional Director to report on the progress made by Member States in the prevention and control of NCDs to its 68th and 70th sessions. A progress report was submitted and discussed at the 68th session of the Regional Committee (EM/RC68/INF.DOC.8). This report summarizes the additional progress made by countries and territories in the Eastern Mediterranean Region since then in implementing the strategic interventions in the regional framework for action, using mainly country progress information reported to WHO as part of the Noncommunicable Diseases Progress Monitor 2022<sup>116</sup> and the Noncommunicable Disease Document Repository.<sup>117</sup>

The Regional framework to scale up action on mental health in the Eastern Mediterranean Region<sup>118</sup> was endorsed by RC62 in 2016 and the Regional framework for action to strengthen the public health response to substance use<sup>119</sup> endorsed by RC66 in 2019. The framework provide strategic guidance on operationalizing the WHO comprehensive mental health action plan 2013 - 2030<sup>120</sup>.

### Progress and results

#### Noncommunicable diseases

##### Noncommunicable Disease multisectoral planning

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<sup>115</sup> Framework for action to implement the UN Political Declaration on NCDs, including indicators to assess country progress by 2030. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/EMRPUB-NCD-146-2019-EN.pdf?ua=1>).

<sup>116</sup> Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240047761>).

<sup>117</sup> Noncommunicable Disease Document Repository. Geneva: World Health Organization (<https://extranet.who.int/ncdccs/documents/Db>, accessed on 19 June 2023).

<sup>118</sup> Regional framework to scale up action on mental health in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2016 ([https://applications.emro.who.int/dsaf/EMROPUB\\_2016\\_EN\\_18700.pdf?ua=1&ua=1](https://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf?ua=1&ua=1)).

<sup>119</sup> Regional framework for action to strengthen the public health response to substance use. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/EMRPUB-MNH-225-EN.pdf?ua=1&ua=1>).

<sup>120</sup> Available at [https://www.who.int/mental\\_health/action\\_plan\\_2013/en/](https://www.who.int/mental_health/action_plan_2013/en/) (accessed 12 December 2023)

The progress report submitted at the 68th session of the Regional Committee showed 12 countries (55%) in the Region had an operational multisectoral national strategy or action plan that integrates the major NCDs and their shared risk factors. In comparison, in 2022, only 11 countries (50%) had such a plan (the de facto authorities in Afghanistan have not yet endorsed a national NCD prevention and control plan, although the country previously had one). Despite declared political commitments, no additional country has developed and operationalized a multisectoral national strategy or action plan. Moreover, since 2021 no further country in the Region has set NCD targets that are in line with the nine voluntary global targets in the WHO Global Monitoring Framework for NCDs, beyond the 14 (64%) countries/territories that had done so. The stagnation of progress is due in part to the shifting of priorities during the COVID-19 pandemic which undermined previous efforts. The current public health landscape will allow for more focused advocacy and support, leveraging the increased understanding of the importance of NCD prevention and control as part of pandemic and other emergency preparedness efforts. In fact, in the second half of 2023 WHO has supported the development of national NCD roadmaps in Djibouti and Somalia, including relevant resource mobilization strategies, to guide Ministries of Health multisectoral action for NCD prevention and control.

#### *NCD investment cases*

WHO has supported the development and publishing of six NCD investment cases<sup>121</sup> in member countries of the Cooperation Council for the Arab States of the Gulf (GCC) in collaboration with the United Nations Development Programme (UNDP), as part of the wider UN Interagency Task Force on the Prevention and Control of NCDs, and with technical and financial assistance from the Gulf Health Council.<sup>122</sup> The concerned countries requested WHO and UNDP to conduct a costing exercise at the primary health care level, which was initiated in 2022. Preliminary results highlight that current expenditure for NCD-related services is not sufficient to address the NCD burden across the six countries. Following up on the investment cases and PHC costing exercises, WHO and UNDP have supported GCC Member States developing economic analyses modeling the adoption of health taxes (ie excise taxes on health harming products) to curb population exposure to risk factors such as tobacco and sugar-sweetened beverages, while generating domestic revenues. In addition, an NCD investment case for the Islamic Republic of Iran was published in 2022.

#### *Implementing the Global Initiative on Childhood Cancer (GICC) in EMRO*

The Global Initiative on Childhood Cancer (GICC) has galvanized action in the Region on this increasingly important health priority by providing country-level stakeholders with funds (US\$ 180 000) to push forward relevant work across the CureAll technical package pillars. A call for proposals was disseminated to encourage countries to take action. Six successful proposals from Iran (Islamic Republic of), Iraq, Jordan, Palestine, Pakistan and Yemen enabled these countries to obtain support in implementing activities, in addition to the support provided to Morocco, the

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<sup>121</sup> Noncommunicable diseases investment cases. Cairo: World Health Organization; 2021 (<https://www.emro.who.int/noncommunicable-diseases/publications/case-for-investment-in-prevention-and-control-of-non-communicable-diseases.html>).

<sup>122</sup> Non-communicable disease prevention and control: a guidance note for investment cases. Geneva: World Health Organization and United Nations Development Programme; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/311180/WHO-NMH-NMA-19.95-eng.pdf?sequence=1&isAllowed=y>).

GICC focus country in the Region. As a result, the six countries significantly delivered in the categories of enhanced governance, strengthened human and technical capacity, effective monitoring and surveillance systems, and increased service coverage to address the burden posed by childhood cancers. Based on the demonstrated success achieved in childhood cancer control, five additional countries in the Region have been selected as GICC focus countries (Pakistan, Jordan, Palestine, Egypt, and Lebanon). Jordan is the first pilot country in the Region to participate in the Global Platform for Access to Childhood Cancer Medications, a joint initiative between WHO, St. Jude and the United Nations Children's Fund (UNICEF) to overcome the global shortage of childhood cancer medications and increase access to high-quality drugs; Pakistan aims to scale up childhood cancer interventions, through standardization of care across provinces; Palestine has been dedicating to build capacity, including at the PHC level, to promote timely diagnosis and early referral of children with cancer.

### Palliative care

To operationalize World Health Assembly resolution 67.19 on strengthening palliative care as a component of comprehensive care throughout the life course, WHO led the establishment of a regional palliative care expert network in 2019 to provide technical input and expertise to guide the regional palliative care agenda. The network, which includes 22 representatives from 12 countries of the Region, is an important platform for regional collaboration and exchange and has provided extensive technical support as well as contributing to the development of a regional road map and workplan for palliative care. The workplan includes strategic objectives and concrete deliverables across the domains of policy, human resources and service delivery to inform health policies and support capacity-building in countries. The network has also provided a draft regional curriculum for second-level training, capacity-building of regional palliative care professionals through WHO collaborating centres on palliative care in India, a webinar series on COVID-19 and palliative care with regional palliative care nongovernmental organization Sanad, a list of essential medicines and supplies, a regional advocacy video, an Eastern Mediterranean Health Journal special issue on palliative care and a set of 15 regional indicators to guide assessment of palliative care development in the Region (an assessment of 11 Member States will be published in 2023).

### Regional cervical cancer elimination strategy

In alignment with the Global Cervical Cancer Elimination Initiative, a regional cervical cancer elimination strategy has been developed.<sup>123</sup> Following its launch in January 2023, intense advocacy and rollout in the Region is being led and supported by a cross-departmental WHO task force that provides technical support to Member States that prioritize cervical cancer elimination. WHO supported the training of healthcare workers in Morocco to facilitate the human papillomavirus (HPV) vaccine introduction, and five countries have now introduced the HPV vaccine. Advocacy efforts and technical support are underway to facilitate the introduction of the vaccine in countries eligible to apply for vaccine support from Gavi, the Vaccine Alliance

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<sup>123</sup> Regional cervical cancer elimination strategy for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023 (<https://apps.who.int/iris/handle/10665/369359>).



(Afghanistan, Djibouti, Pakistan and Sudan). Nine countries in the Region now provide cervical cancer screening services, and some countries are looking at ways to shift towards HPV testing. Protocols for the training of healthcare workers on the screening, diagnosis and management of cervical precancer have been developed for country-level capacity-building through the WHO Academy. Furthermore, WHO conducted an assessment in 2022 to identify bottlenecks to implementation within the Region with support from the Australian Center for Prevention of Cervical Cancer, to guide country implementation efforts. WHO has conducted a regional mapping of stakeholders and services and an investment case, including a return-on-investment analysis, around breast and cervical cancer, to advocate for ever greater prioritization of the relevant services.

Assessment of cancer prevention and control has been supported in four Member States (Djibouti, Jordan, Iraq, and Syrian Arab Republic) through integrated missions of the Programme of Action on Cancer Therapy (imPACT reviews) in coordination with the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC). A mid-term review of cancer programming was also conducted for the Islamic Republic of Iran to enhance cancer governance and planning. Greater engagement with civil society, academia and people with lived experience has been demonstrated.

#### *Noncommunicable Disease Management*

Considerable progress has been made by Member States in integrating NCDs at the primary health care level using WHO NCD packages. The HEARTS package has been implemented successfully in seven countries (32%). An online course for training clinicians and managers on the HEARTS package has been launched to encourage capacity-building.

In 2021, the Regional Committee endorsed a regional framework for action on diabetes prevention and control. Currently, 17 countries in the Region (77%) report that NCD services are included in their national essential package of health services or universal health coverage-priority benefit packages, and 18 (82%) indicate that they have evidence-based national guidelines or protocols for the management of diabetes in primary health care.<sup>124</sup>

#### *Regional framework on NCDs in emergencies*

In 2023, the Regional Committee endorsed a regional framework for action on addressing noncommunicable diseases in emergencies. The prevalence of NCDs in the Eastern Mediterranean Region is high, with an estimated 66.5% of deaths attributed to them. Emergencies appear to increase the risk of NCD-related complications. The framework aims to reduce morbidity and mortality from NCDs in emergency settings and outlines a set of interventions for Member States to consider in order to step up their efforts and take concerted action to integrate NCDs in national preparedness and response plans and annual humanitarian response plans.<sup>125</sup>

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<sup>124</sup> Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2021 country capacity survey in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean (in press).

<sup>125</sup> Draft resolution on addressing noncommunicable diseases in emergencies: a regional framework for action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023 (<https://applications.emro.who.int/docs/Addressing-NCDs-emergencies-finalize-publis h-D-eng.pdf>).

WHO provided technical support to emergency countries to ensure continuity of services and medication, and to support the procurement and deployment of NCD kits during emergencies (for example, in Pakistan during the 2022 floods and in the Syrian Arab Republic during the 2023 earthquake). The impact of the COVID-19 pandemic amplified the need to address NCDs in emergencies. A WHO global and regional technical meeting on addressing NCDs in emergencies was held in December 2022 to showcase WHO efforts to strengthen the integration of NCDs as part of emergency response and preparedness and to recommend strategic approaches to improve WHO technical support to countries across the preparedness, response and recovery phases.

#### *Regional framework on acute rheumatic fever and rheumatic heart disease*

In October 2019, the Regional Committee endorsed a regional framework for action on acute rheumatic fever (RF) and rheumatic heart disease (RHD) in resolution EM/RC66/R.1.<sup>126</sup> With the support of the RF/RHD regional expert network, WHO has supported countries to review their national programmes and develop RHD guidelines. An online course on RHD was released (in Arabic and English) to build the capacity of the health workforce at the primary healthcare and community level.

#### *Noncommunicable Disease Surveillance*

Strengthening national capacity for planning and implementing surveillance activities and programmes remains key to achieving the WHO global voluntary targets for NCDs by 2025. In 2020–2022, Oman adopted the WHO Global Monitoring Framework for NCDs and published an endorsed national-level monitoring framework for NCDs, including a set of core indicators to support assessing progress towards achieving NCD and Sustainable Development Goal targets, as well as other national-level visions. The United Arab Emirates is currently working with national stakeholders on adapting this framework, following WHO guidance.

Regarding NCD risk factor surveillance, in 2021 both Libya and Palestine conducted surveys using the WHO STEPwise approach to NCD risk factor surveillance (STEPS). Kuwait and Qatar have completed preparation for STEPS survey repeats, while Djibouti, Tunisia and Yemen have started adaptation of the survey protocol. Most countries/territories in the Region (90%) have data for adolescents from the Global School-based Student Health Survey (GSHS), while survey repeats and updates are being implemented by Jordan, Morocco, Oman, the Syrian Arab Republic, and five sites of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Pakistan completed the preparation for GATS, of the Global Adult Tobacco Survey (GATS) repeats. Saudi Arabia completed the implementation of a further round of the Global Youth Tobacco Survey (GYTS), while Kuwait, Morocco and UNRWA completed their GYTS repeats.

Most countries/territories in the Region (91%) have developed a system for cancer surveillance, including hospital-based or population-based cancer registries; however, a lower proportion

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<sup>126</sup> Framework for action on acute rheumatic fever and rheumatic heart disease in the WHO Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/FS-NCD-147-eng.pdf>).

(68%) have been able to scale up their registries following WHO and IARC recommended guidance on developing population-based registries.

Several countries progressed in strengthening NCD monitoring at the primary health care level following the WHO NCD Facility-based Monitoring Guidance, which includes a framework and set of relevant, valid and feasible standardized indicators to guide the recording and reporting of health service data at the primary care level.

A report is being prepared for publication on national capacity for the prevention and control of NCDs in the Region, based on the results of the 2021 global NCD country capacity survey. The report includes an analysis of country's progress on indicators reported in the NCDs Progress Monitor 2022 Report.

## **NCD risk factors**

### **Nutrition**

The existence of double burden of malnutrition characterizes the nutrition status in the Eastern Mediterranean Region (EMR). To promote healthy lifestyles in the Region, WHO-EMRO supported five frontrunner countries (the Islamic Republic of Iran, Bahrain, Kuwait, Egypt, and Jordan) to develop and finalize the WHO Acceleration Plan to Stop Obesity. Furthermore, WHO RO communicated with United Arab Emirates (UAE), Saudi Arabia, Qatar, Oman, and Morocco to develop comprehensive action plans to Stop Obesity. During the Regional expert meeting on policy action for healthy diets with more focus on GCC countries, held in Dubai, UAE in February 2023, WHO RO developed a framework of action for promoting a healthy diet for GCC, supported by the implementation plan.

The countries in the EMR committed to stepping up efforts to improve nutrition across the board by 2030 by approving the WHO Strategy on Nutrition for the EMR (2020-2030). All EMR countries, except for Libya, had created a national nutrition strategy or action plan by August 2023. Likewise, all EMR countries, except for Afghanistan, Djibouti, Iraq, Pakistan and Somalia, had developed a strategy for preventing obesity. These strategies aim to enhance nutritional status by reframing nutrition as a core component of their development agenda. Furthermore, fifteen countries in the EMR (68%) have developed food-based dietary guidelines that offer dietary recommendations for the general population for healthy nutrition and daily lifestyles associated with a reduced risk of diseases.

To alleviate the high level of anaemia prevalence in the region, flour fortification has been applied through voluntary and mandatory regulations in all EMR countries, except Libya, Somalia and Tunisia. The most common nutrients that have been used to fortify wheat flour in the EMR are iron and folic acid (15 and 19 countries, respectively). In addition to B vitamins in 9 countries. Currently, fortification with vitamin A and/or zinc (6 countries) and vitamin D (2 countries) is uncommon in the region. In 1991, the WHO urged all countries to scale up salt iodization. Salt iodization has been implemented in all EMR countries through voluntary and mandatory regulations, subsequently, only three out of the 22 countries in the EMR suffered from insufficient iodine intake (Iraq, Lebanon and Libya). In the same context, national guidelines on

vitamin D were developed in Lebanon in 2022 by WHO Collaborating Center (AUB), and WHO representatives contributed to the launching event.

To support healthy diet and to reduce nutrition-related risk factors of NCDs, most of the EMR countries have developed policies against unhealthy diets. So far, 13 countries territories in the Region (59%), including all high-income countries (GCC) and seven middle-income countries (Iraq, Jordan, Egypt, Iran, Morocco, Palestine and Tunisia) reported that they had adopted national policies to reduce population salt and sodium consumption in 2022. Policy commitment towards salt reduction have been made in Afghanistan and Djibouti, and voluntary measures have been adopted in Lebanon.

Twelve countries/territories (50%) have introduced taxes of up to 50% on carbonated or sugar-sweetened beverages, including all six high-income countries (GCC) and six middle-income countries (Egypt, Iran, Morocco, Palestine, Tunisia and Pakistan).

Initiatives to limit trans-fatty and saturated fatty acids and virtually eliminate industrially-produced trans-fatty acids in foods have been undertaken in 15 countries and territories (68%), including all high-income countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE), and all upper and lower-middle-income countries except Djibouti and Libya.

Eighteen countries/ territories in the Region (82%) have enacted legislation, regulations, or both, fully or partially implementing the International Code of Marketing of Breast-milk Substitutes.

Understanding population diets depend on having reliable, pertinent and recent data on the composition of regularly consumed foods, since 2016, EMRO in collaboration with its partners has been assisting the Member States with updating and consolidating their databases on food composition and providing technical support to the EMR countries to expand and raise the available data on food composition. After a regional project on capacity development in the use of improved standardized methodologies to update food composition data that was organized with technical partners, twelve countries in the region developed and updated their national food composition databases totally or partially according to WHO-FAO recommendations (Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Sudan, and Tunisia). Efforts are being made to expand the database to cover all the EMR countries in the future.

In 2023, EMRO developed and published Nutrition Country profiles for all countries of the Region. Additionally, in September 2023, an Intercountry Meeting for Nutrition Focal Points in the EMR was held in Jordan to develop regional research priorities in nutrition and food systems in the EMR and to highlight the role of private clinical dieticians in addressing obesity and NCDs.

The WHO Nutrition-Friendly Schools Initiative provides a framework for integrated measures to improve health and nutrition through the school setting and has been widely implemented in the Region. In addition, the WHO/UNESCO Global Standards for Health Promoting Schools provide a resource package for schools to promote healthy diet and physical activities. Egypt

has been selected as an early adaptor, with further implementation in five other countries of the Region. Twelve countries or territories in the Region (55%) have established rules for the foods and beverages available in schools, and five countries (23%) have banned vending machines from school premises. Twelve countries in EMR (all high-income countries and Jordan, Lebanon, Egypt, Iran, Morocco, and Pakistan) have implemented the WHO set of recommendations and developed a policy to reduce the impact of the marketing of foods and non-alcoholic beverages to children. Nine countries/territories (41%) have banned the sale or provision of products such as soft drinks, potato crisps and sweet biscuits in schools including Bahrain, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar and Saudi Arabia. Morocco and UAE have school food policies limiting or prohibiting such foods.

Five countries (23%) reported having implemented at least one recent (in the past two years) national public awareness and motivational communication promoting physical activity, such as mass media campaigns for physical activity behavioural change, including Egypt, Iraq, Oman, Qatar and the United Arab Emirates. While two reported partial implementations. In addition, Yemen organized a physical activity campaign in collaboration with the World Bank during Ramadan 2023, using a social behaviour change approach and featuring an evaluation component.

### *Tobacco Free Initiative*

Policy development in tobacco control has improved significantly in the Region since the adoption of the updated regional framework for action on NCDs. Based on the WHO report on the global tobacco epidemic 2023 (GTCR) <sup>127</sup>, the status of implementation of MPOWER policies and the demand reduction measures of the WHO Framework Convention on Tobacco Control (FCTC) includes the following:

- Three countries (14%) have imposed the highest level of taxes on tobacco products.
- Fourteen countries (64%) have completely banned tobacco advertising, promotion, and sponsorship, the highest percentage among all WHO Regions.
- Nine countries (41%) have banned tobacco use in all public places, although a complete ban existed in 17 countries during the COVID-19 pandemic, including the use of waterpipes.
- Six countries (27%) adopted a graphic health warning on tobacco packs. Additionally, one country successfully implemented plain packaging, with another country also adopting plans for its future implementation.
- Five countries (23%) achieved the highest level in the adoption of cessation measures, despite the significant impact it could have in the Region.

Nonetheless, it is noteworthy that certain countries have witnessed advancements in tobacco policy measures. For instance, five GCC countries and Yemen, have introduced excise taxes on tobacco products. Additionally, some countries have achieved remarkable strides in implementing graphic health warnings. Notably, Bahrain, Jordan, Kuwait, and the UAE, have made significant progress in this regard. Furthermore, Sudan and Tunisia have implemented

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<sup>127</sup> WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. Geneva: World Health Organization; 2023 (<https://iris.who.int/bitstream/handle/10665/372043/9789240077164-eng.pdf?sequence=1>).

graphic health warnings covering more than 70%, surpassing the WHO's recommended percentage.

In terms of surveillance recent surveys have been conducted in Qatar, Saudi Arabia, Occupied Palestine territory, and Libya.

Despite progress, achieving the 30% reduction target in tobacco use by 2025 requires continued efforts. Fortunately, anticipated policy changes in the near future hold promise for further improving the situation.

During the 70th session of the WHO Regional Committee meeting for the Eastern Mediterranean, it was approved that the implementation period for the Regional Strategy and Action Plan for Tobacco Control will be extended until 2030.

### **Mental Health and Substance Use**

The work of the EMRO is guided by the regional framework for scaling up mental health programmes endorsed by the RC 62 in 2015 and the regional framework for strengthening public health responses to substance use problems endorsed by RC66 (2019).

Efforts are ongoing to integrate mental health care in PHC, and WHO invested in developing a package for integration of mental health in PHC and an online course based on the package was launched in 2023.

Healthcare workers were trained using the Mental Health Gap Action Programme in 14 Member States (Afghanistan, Egypt, Jordan, Libya, Pakistan, Saudi Arabia, Sudan, Iraq, Lebanon, Palestine, Syria, Tunisia, United Arab Emirates and Yemen). Regional guidance on Integrating mental health in PHC was finalized and an online course based on the guidance was launched in 2023.

Ten Member States (Afghanistan, Egypt, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Somalia, Sudan and the United Arab Emirates) were supported to review, develop or update their mental health strategies in accordance with the targets and indicators contained in the WHO Mental Health Action Plan 2013-2030 and in addition, Yemen adopted a National Mental Health Strategy and Jordan adopted the National Mental Health and Substance Use Action Plan in 2022.

The special initiative for Mental health by the DG is being implemented in Jordan.

EMRO developed and launched a media monitoring tool for responsible reporting on Suicide in 2023 as part of the suicide prevention efforts in the Region.

EMRO has expanded mental health and psychosocial support (MHPSS) services in Afghanistan, Djibouti, Iraq, Lebanon, Libya, Palestine, Somalia, Sudan, the Syrian Arab Republic and Yemen. MHPSS technical working groups are operational in all these countries, ensuring coordination of MHPSS services across health, education, protection, nutrition and WASH sectors.



Capacity building for non-specialists on recognition of priority mental health conditions and their management using the mhGAP Humanitarian Intervention Guide (HIG) and related psychosocial intervention packages have been conducted in Afghanistan, Djibouti, Iraq, Lebanon, Libya, Palestine, Somalia, Sudan, the Syrian Arab Republic and Yemen

In addition, basic psychosocial skill training packages (BPSS) for first responders, volunteers and community health workers were developed and capacity building on BPSS and PFA were conducted in Afghanistan, Jordan, Lebanon, Libya, Palestine, Somalia, Sudan and Yemen

The online mental health and psychosocial support platform was developed for MHPSS and has been accessed by more than 250,000 people. It helped users assess their psychological well-being; offered them advice on stress management; managing substance use, suicidal behaviors and advice for frontline workers and provided them contacts for further help, if needed. Available in Arabic, English and French.

EMRO leveraged interest in mental health due to emergencies and COVID-19 pandemic to mobilize resources for Afghanistan, Jordan, Lebanon, Palestine, Somalia, Sudan and Yemen. The Regional Office has also recently established a platform for live monitoring of MHPSS resources, capacities and activities in selected countries.

The Joint WHO/UNICEF project on child and adolescent mental health, well-being and development is being implemented in Egypt and Jordan guided by global, and regional resources and joint action plans.

EMRO published the Mental Health ATLAS 2020 and Substance Use ATLAS 2021 to monitor the progress made in the implementation of the regional frameworks for mental health and substance use disorders in the Region.

EMRO supported the initiation of an opioid agonist maintenance treatment (OAMT) programme in Egypt and Pakistan in 2023. In Afghanistan, the European Union has funded a project on MHPSS and substance use that includes OAMT.

The Regional school mental health package is being implemented in Egypt, Iran, Libya, Jordan, Pakistan, Syria, UAE and Qatar.

To promote mental health literacy, combat stigma and discrimination and empower people with lived experience, WHO developed a regional framework to enhance engagement with people living with NCDs and mental health conditions. The Regional office is in the process of establishing a regional forum for civil society organizations working on mental, neurological and substance use conditions.

EMRO supported the creation of an international diploma on mental health, law, human rights and universal health coverage in Pakistan.

In order to support countries in implementing the global dementia action plan, WHO organized one inter-regional capacity-building workshop that was attended by approximately 40 delegates from EMR, EUR and AFR countries and an intercountry workshop for the Eastern Mediterranean Region with the support of the State of Qatar. The workshop resulted in individual country implementation plans that Member States can take forward to strengthen their national responses to dementia.

Regarding the WHO global strategy to reduce the harmful use of alcohol, nine countries in the Region (41%) have fully enacted and enforced restrictions on the physical availability of retailed alcohol (through reduced hours of sale); 11 countries (50%) have fully enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media); and 10 countries (45%) have fully applied an increase in excise taxes on alcoholic beverages.

We are now exploring the possibility of setting up a regional Mental Health Technical Advisory Group to support the accelerated implementation of Global action plans and regional frameworks on Mental health and substance use and continue to support the regional leadership course on mental health currently in its 10th year.

Digital technology initiatives such as Be He@lthy, Be Mobile (in collaboration with the International Telecommunication Union) and other digital health innovations and applications are being used in the Region to address NCD risk factors by supporting people to make healthier lifestyle choices. The use of these applications increased throughout the COVID-19 pandemic, including support for people living with NCDs in the GCC countries using telemedicine and SMS.

## Challenges

- The countries of the Region unfortunately remain off track to achieve the SDG health targets by 2030; these targets include a one-third reduction in premature deaths from NCDs through prevention and treatment. Countries have been slow to apply lessons learned during the COVID-19 pandemic to strengthen the health system response to NCDs and be better prepared for future health emergencies. Moreover, the operationalization of multisectoral action plans has been challenging in view of the lack of engagement of sectors beyond the health sector.
- Persistent challenges hindering progress in the Region include health service disruption due to natural disasters; political instability, conflict and humanitarian crises; insufficient political commitment and capacity in countries to develop and implement multisectoral plans that prioritize the key strategic interventions of the regional framework for action; and lack of sustainable funding and insufficient national investment in NCD programmes.
- Critical challenges remain in building robust national NCD surveillance systems along the WHO-recommended pillars of exposure (risk factors), outcome (morbidity and mortality) and health system response.

- Uptake of WHO global cancer initiatives (Global Breast Cancer Initiative, GICC, Global Cervical Cancer Elimination Initiative) does not match the increasing cancer burden within the Region.

### **The way forward**

NCDs must be urgently addressed in the Region if the NCD voluntary targets and SDG health targets are to be achieved by 2025 and 2030, respectively, preventing the premature loss of many lives. This should be done through:

- providing more focused support to countries and intensifying advocacy efforts augmented by tools to support high-level multisectoral engagement, and adopting whole-of-government, whole-of-society, cross-sectoral policy approaches that deliver health in all policies;
- strengthening national governance to include NCDs in national emergency response plans to build back better after the COVID-19 pandemic and other crises;
- implementing and scaling up national programmes with strong leadership from ministries of health, involving all sectors, including legislative bodies and institutions for trade and finance;
- investing in the prevention of NCD risk factors as part of a healthy and sustainable recovery from COVID-19, using the available guides, frameworks and tools; and
- fostering the use of technology to support NCD surveillance and service delivery, with a focus on monitoring service coverage of NCDs at the primary health care level, including the use of a facility-based monitoring framework that contains a clear set of core and optional indicators to monitor health care system response, with the aim of standardizing the surveillance, monitoring, reporting and evaluation of service provision across the different systems in place.

WHO will continue to work with Member States by providing guidance and technical support for scaling up the implementation of the strategic interventions across the four priority areas of the updated regional framework for action on NCDs.

## WHO OFFICE FOR THE EUROPEAN REGION (EURO)

### Progress and results

#### Noncommunicable diseases

##### Noncommunicable diseases in general (100-week challenge)

In order to accelerate the response to the rising burden of NCDs, EURO has established the Special Initiative on NCDs and innovation (SNI) to support Member States in their work to free the WHO European Region from avoidable NCDs. The Initiative recognizes both the urgency for immediate action as well as the need for a visionary paradigm shift that puts NCDs higher on the political and health agendas for future generations. Therefore, SNI takes a dual-track approach, promoting accelerated progress towards the NCD-related Sustainable Development Goal (SDG) commitments for 2030 (RACE to the Finish) while simultaneously championing the key generational shifts required, to address NCDs within the permacrisis (Vision 2050) and achieve a sustainably healthier European Region. SNI's commitment is to support Member States to achieve a healthier population and to close the gap in NCDs including cancer, cardiovascular diseases (CVDs), chronic respiratory diseases and diabetes that persist within countries and across the Region. WHO Regional Director for Europe, Dr Hans Kluge, has launched the RACE to the finish during the 73rd Regional Committee for Europe, during which Ministers of Health and heads of MS delegations have conducted a prioritization exercise regarding the implementation of quickest buys – a subset of best buys with potential to reduce avoidable mortality from NCD very fast.

##### NCDs and emergencies

The WHO Europe region has seen at least three Grade 3 emergencies (COVID-19, the war in Ukraine and 2023 earthquake in Turkey and the surrounding region) in the last three years with another war in Israel and Gaza, all showing that no region is exempt from health crises. These along with recurrent heat waves, dry weather conditions, forest fires, dust storms, floods and the potential for other emergencies such as volcanic eruptions and other events, make preparedness and resilience work for those with and at risk of NCDs even more critical.

Traditionally emergency preparedness and response has tended to focus more on communicable diseases, trauma and injuries; however, with a growing proportion of the population at risk of and living with NCDs, there is a need to correct this imbalance in light of the permacrisis.

People living with NCDs were more susceptible to the risk of developing severe COVID-19 symptoms and were the most affected by the pandemic. In addition, NCD prevention and control efforts were hampered by lack of universal access to quality, safe, effective and affordable essential health services, medicines, diagnostics and health technologies as well as a global shortage of qualified health workers.

In September 2023, EURO conducted a regional consultation to advocate NCD actions from permacrisis to resilience. It resulted in a joint agreement on the way forward to incorporate

effective NCD measures in the Regional Preparedness 2.0 strategy and upcoming action plan, and the national health emergencies prevention, preparedness, response and recovery plans.

A regional landscape review with selected country cases on NCD response measures and experience was jointly prepared by SNI and WHE teams in collaboration with the WHO consultants from London School of Hygiene and Tropical medicine. The findings of evidence-based measures, innovations and gaps in the response were presented during the consultation. Two in depth operational reviews will be conducted for Ukraine and Moldova to learn their country experience for addressing NCD in emergency settings.

All mentioned above preparatory work formed the basis for the upcoming Global high-level meeting on NCD and emergencies, planned in UN city Copenhagen in February 2024.

### Respiratory diseases

To tackle inequities in the WHO European region in chronic respiratory diseases, EURO in collaboration with European Respiratory Society (ERS) initiated development of the European regional report on CRD and inequities. The report will support situational analysis of existing data and evidence, country policies, organization of care, share country examples, identify further regional priorities and way forward. Inter-country technical consultations planned next year to enrich the report.

For next biennium country support, EURO is finalizing the integrated inter-programmatic country support aligning CRD measures with all tobacco best buys, air pollution and health system strengthening to ensure access to acute and long-term treatment of COPD and asthma for priority countries.

### Vulnerable populations

EURO has engaged with organizations and stakeholders like Ministry of Justice and Ministry of Interior, being uniquely positioned to represent and reach vulnerable populations, developing policy briefs on intersectoral work and transition of prison health services from Justice to Health sectors and factsheets on NCDs highlighting the need to include NCDs as part of the public health priority in prison settings. The Health In Prisons Programme developed the WHO Prison Health Framework<sup>128</sup> to standardize data collection on prison health systems' performance and on the health status of those deprived of liberty. The second round of Health In Prison European Database (HIPED) survey supported data collection from 36 Member States<sup>129</sup> and is publicly available through the Global Health Observatory<sup>130</sup>. The most recent Status report highlighted one third of people living in prisons have mental health disorders and this led the Netherlands to identify this area as the core theme for the 8th international conference to be held in 2024.

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<sup>128</sup> Available at <https://www.who.int/europe/publications/i/item/9789289055482>

<sup>129</sup> Available at <https://www.who.int/europe/publications/i/item/9789289058674>

<sup>130</sup> Available at [https://www.who.int/data/region/europe/health-in-prisons-european-database-\(hiped\)](https://www.who.int/data/region/europe/health-in-prisons-european-database-(hiped))

Presentation of main findings occurred in several fora, leading countries to request support in undertaking additional evaluations of their prison systems in specific areas (e.g., HIV and viral hepatitis in Azerbaijan), to collaborate in international visibility of their practices (e.g., managing infectious diseases in the UK where the 7th international conference on prison health was held involving over 160 participants from all WHO regions) or to support the development of strategic plans to improve the conditions of people living in detention places more broadly (e.g., Portugal). EURO has produced a vast range of resources in various areas, initially adopting more a top-down approach by developing advocacy briefs (e.g., on COVID-19 vaccination) and policy briefs (e.g., on noncommunicable diseases<sup>131</sup>), and more recently prioritizing workforce competence development, adopting a bottom-up approach in capacity building initiatives resorting to technical reports (e.g., on making prisons resilient to infectious diseases<sup>132</sup>) and to different learning methods focusing on different topics<sup>133</sup>.

### Oral Health

Following the launch of the Global Oral Health Status Report, EURO developed a regional summary and conducted a webinar to bring attention to the topic and discuss with Member States, academia, civil society and other stakeholders, the burden of oral diseases, essential oral health services and importance of universal health coverage in the region.

EURO is negotiating with Member States the opportunity to strengthen the regional office capacity and fund-raising opportunity to support country implementation of the global oral health action plan 2023-2030 , adjusting essential oral health packages at PHC in countries and strengthening oral health monitoring and surveillance systems in the next biennium.

### NCD surveillance and Digital4NCDs

Numerous surveillance activities have been conducted during the year in the WHO European Region. Regional and sub-regional assessments of progress towards agreed NCD targets have been presented and published. WHO STEPS surveys have been implemented in Kazakhstan, Kyrgyzstan, Tajikistan, Türkiye, and Turkmenistan, including 24h salt surveys in selected countries. STEPS report has been published and launched at the first ever NCD conference in Kosovo (REF).

Childhood Obesity Surveillance Initiative (COSI) collected new measured data on levels of childhood obesity and nutritional and physical activity behaviors from many countries and has published a report on impact of COVID pandemic on weight gain and health related behaviors. Strengthened implementation of health examination surveys like STEPS has been advocated, among others through a session at the European Public Health Conference, and good practice examples on use of digital technologies to fight NCDs from counties showcased, among others at the Second WHO Digital Health symposium. Surveillance of relevant policies was implemented

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<sup>131</sup> Available at <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-4912-44675-63435>

<sup>132</sup> Principles for making prisons and places of detention resilient to infectious diseases, including epidemic and pandemic threats (who.int)

<sup>133</sup> Available at <https://www.who.int/italy/events/item/2023/09/25/default-calendar/who-europe-training-course-for-prison-health-care-workers-prevention-and-management-of-infectious-diseases-in-places-of-detention>

through the 2023 round of the NCD Country Capacity survey, and response rate of 100% was achieved.

## **NCD risk factors**

### **Tobacco**

EURO continued capacity-building activities in Member States to improve the implementation of evidence-based tobacco control activities. Virtual and in-person trainings have been provided in several key areas of tobacco control including product regulation on the novel and emerging nicotine and tobacco products; tobacco cessation; plain packaging and smoke-free environments, covering representatives of various subregions, including the CIS and the Western Balkans. Strengthening the provision of tobacco cessation services was launched in several countries, including Kazakhstan, Montenegro, and Ukraine.

To increase the protection of children and youth from the uptake of tobacco and nicotine products EURO developed the Nicotine- and tobacco-free schools: policy development and implementation toolkit, launched in September 2023 and provided support to countries to pilot it. EURO also raised awareness on the dangers of using nicotine and tobacco products. Video messaging in English and Russian was developed on the use of electronic nicotine delivery systems and heated tobacco products that targeted policymakers as well as the general public, and were subsequently translated into Estonian, French, Slovenian and Spanish. EURO also published podcasts and factsheets covering various aspects of tobacco control.

EURO has been working closely with Member States to enhance their monitoring systems of tobacco use and the implementation of tobacco control policies.

In collaboration with the Commonwealth of Independent States Interparliamentary Assembly, EURO developed a draft Model Law on Tobacco and Nicotine Control for CIS countries. A number of countries have strengthened their tobacco control legislation, namely Azerbaijan, Kyrgyzstan, Tajikistan and Ukraine.

### **Nutrition, physical activity, and obesity**

EURO reestablished the member state focal points network focusing on nutrition and obesity. WHO Europe Regional Obesity Report was launched in 2022 which continues to be a key resource driving obesity related actions in the region and beyond (more than 60,000 downloads during last six months of 2023). In addition to that several thematic Member State led action networks continue to meet and discuss national level policy implementation and challenges. They include Sugar and Calorie Reduction network currently led by UK, European Salt Action Network currently led by Switzerland and Reducing Marketing Pressure to children network led by Portugal. The Second edition of the WHO Europe Nutrient Profile Model was launched in May 2023 enabling countries to identify which foods cannot be marketed to children. EURO and European Commission Sports Unit collaboration continues to promote health enhancing physical activity (HEPA) in the EU. This includes focal point network and development of country factsheets, monitoring of indicators and provision of technical support to improve the areas measured by indicators. WHO and the Organization for Economic Co-operation and Development (OECD) –



“Step up! Tackling the burden of insufficient physical activity in Europe” report was launched in 2023 February, and it explains how increasing physical activity to the recommended levels could prevent thousands of premature deaths in the EU and save billions in health-care spending. Several tools were developed and launched to address challenges faced by Member States. They include KidAD mobile application to monitor digital marketing of unhealthy products to children and Diet Impact Assessment (DIA) tool to quantify health, environmental and affordability impact of diet related policies. Promoting physical activity and healthy diets for healthy ageing in the WHO European Region report was launched in 2023 October. July 2023 Summer school in Nice, France: A systems approach to the promotion of healthy lifestyles was one of the key trainings organized.

### Alcohol

EURO has fostered an active network of Member State focal points, WHO Collaborating Centres and partners from civil society organizations and academia, to gather data, synthesize evidence and share experiences to support implementation of effective and cost-effective alcohol policies across the WHO European Region. Throughout face to face and online events and technical meetings, more than 37 Member States were involved in discussing progress and continuing challenges, as well as practical actions for national, transnational and intersectoral collaboration. In December 2022, WHO/Europe launched the EU-funded Evidence into Action Alcohol Project<sup>134</sup>[1] to support implementation of the EU’s Europe’s Beating Cancer Plan. Through this project, WHO/Europe supported the 27 the EU countries, Iceland, Norway and Ukraine fostering increased awareness by public and policy makers of the links between alcohol consumption and cancer risks and building support for evidence-based alcohol policy measures to reduce these risks. In addition, to provide an opportunity to broaden knowledge and build capacity to work on the topic of alcohol and public health, WHO/Europe established an early Career Researcher Network, linked to a Public Health seminar series, for graduate and postgraduate students, early career researchers and young professionals in the areas of public health, social and political sciences, medicine, economics and related fields. The results of their work were presented during a research-to-policy conference in Barcelona[2], Spain, organized jointly by WHO/Europe and the newly established WHO Collaborating Center on Substance Use, Noncommunicable Diseases and Policy Impact in Barcelona.

Through this project, EURO is also supporting development and implementation of training packages for EU Member States on brief interventions and strengthening capacity in national health authorities to apply innovative methods in health promotion activities on reducing harms due to alcohol consumption. EURO has also been taking action to support research in areas such as labelling to expand the evidence base for effective policies.

In May 2023, WHO organized an intersectoral health tax workshop for Estonia<sup>135</sup> to discuss taxation of harmful products such as alcohol, tobacco and sugar-sweetened beverages so as to protect the health of the population and generate tax revenue, and supported parliamentarians’

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<sup>134</sup> Available at <https://www.who.int/europe/activities/partnering-with-the-eu-to-reduce-harms-from-alcohol>

<sup>135</sup> A week of capacity-building, training and policy dialogues on alcohol control (who.int)

discussions on Moldova. A series of meetings also took place in Stockholm, Sweden in May 2023. This included a meeting, supported by the Swedish EU Presidency, of EU Health Attachés and representatives of the Swedish retail monopoly, Systembolaget to discuss how the system can support public health objectives. WHO also met with representatives from the Nordic countries, who are in charge of the alcohol monopoly systems to plan collaboration for research on alcohol labelling in retail settings.

EURO hosted the Baltic Alcohol Control Dialogue in Tallinn, Estonia<sup>136</sup>, in May 2023. This was an intersectoral exchange meeting for researchers and policymakers, specifically representatives of different ministries, institutes and technical agencies from the Baltic states and neighboring countries. Results were presented on a WHO-supported project investigating the impact of alcohol control policies on both people's health and the countries' economies in Estonia, Latvia and Lithuania. The key findings of the project demonstrate that alcohol control policies such as taxation and availability measures decrease all-cause mortality and reduce inequalities, and that dismantling alcohol control policies has the opposite effect on population health.

Substantial work was undertaken to build and consolidate information networks and further expand the evidence base of alcohol digital marketing and the interlinks with other harmful products using a participatory approach and involvement of communities. WHO hosted an expert meeting on alcohol digital marketing in Vilnius, Lithuania in June 2023. WHO is currently engaged in co-creating with young people a practical and accessible tool/guide that will help them understand and respond to the risks associated with alcohol digital marketing.

Providing support to Member States to tackle “commercial determinants” of health is a high priority for WHO. In December 2022, 17 Member States received training from WHO on how to recognise and manage conflicts of interest in relation to alcohol policies. Further activities are planned, including the launch of the WHO Alcohol Control Playbook, which will highlight some of the challenges faced by public health bodies in countering industry actions and misinformation, and some evidence-based arguments that may be used to overcome these challenges.

## **Mental health**

In the European Region, the Mental Health Flagship has created and is in the process of implementing the WHO European framework for action on mental health (2021–2025), endorsed by Member States at the 71st Regional Committee in September 2021. Implementation is taking place through the pan-European Mental Health Coalition was launched in Brussels, Belgium in September 2021, with the goal of making mental health systems in the WHO European Region better suited to tackling widespread mental ill health, more resilient to emergencies, and better able to protect and promote well-being across the life course.

Throughout 2022 and 2023, the Coalition has acted as a platform for the exchange of knowledge and expertise across the entire region. At the 2nd meeting of the Coalition in Ankara, Türkiye, in

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<sup>136</sup> Research-to-policy conference on population-level impact of alcohol control policies in the EU (who.int)

November 2022 – attended by over 300 ministers, academics, health and care professionals, and people with lived experience from all over the European region – participants showcased local and national initiatives for strengthening mental health systems, painting a picture of what works, the challenges faced, and how to achieve enduring change.

Four subregional meetings were organized jointly with Member States, respectively for the Nordic/Baltic countries, Central Asian Republics, Western Balkans countries and Small Countries Initiative member states, where subregional networks were forged, and progress was achieved on subregional roadmaps for health and well-being.

The flagship organized 17 technical meetings, 6 webinars and 4 workshops that collectively represented the 53 member states of the Region, exploring innovations such as artificial intelligence in planning mental health services and promoting new and better ways of working in areas such as mental health of children and adolescents, youth participation, and ending stigma and discrimination. The flagship did also contribute to other regional events by mainstreaming mental health in their programmes, such as the High-level Regional Meeting on Health and Care Workforce in Europe: time to act, 22–23 March 2023, Bucharest, Romania, the 9th High-level Meeting of WHO/Europe's Small Countries Initiative (SCI), Luxembourg 10-12 May 2023, the dialogue between public health, central banks and finance sectors held in Venice, 9 June 2023.

Through over 37 country missions, the flagship supported national mental health processes, action plans and frameworks, and capacity building in Albania, Andorra, Armenia, Belarus, Bosnia and Herzegovina, Denmark, Estonia, Greece, Iceland, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Montenegro, Norway, North Macedonia, Poland, Romania, Russian Federation, Serbia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan and more. The flagship has been instrumental in coordinating, implementing and building capacity for mental health and psychosocial support for the more than 1.9 million refugees from Ukraine in Bulgaria, Czech Republic, Estonia, Hungary, Moldova, Poland, Romania, and Slovakia.

The Mental Health Flagship is closely working with the European Commission in alignment with its recently launched EU's new comprehensive approach to mental health. Support has been provided to the EU Joint Action ImpleMENTAL. In this frame, the flagship carried out a survey of mental health system capacities in EU Member States and Norway and Iceland. This survey is now underway in non-EU Member States.

The flagship engaged with two new academic institutions towards their designation as WHO Collaboration Centres and is working with King's College London to fulfil recommendations of the Lancet Commission on ending stigma and discrimination in mental health by creating a toolkit to aid development of evidence-based anti-stigma interventions, which will be ready in 2024.

In all the above, the Flagship is aligning its work with the WHO Headquarters especially in the area of delivering MHPSS support to Ukraine and countries receiving refugees and is taking stock of developments in other WHO regions such as the Eastern Mediterranean Region and their work in integrating mental health in primary health care, or the region of the Americas and their work on ending stigma and discrimination in mental health.

## WHO OFFICE FOR THE SOUTH-EAST ASIA REGION (SEARO)

### Introduction

Noncommunicable diseases (NCDs), for nearly 9 million of the total number of 13.2 million deaths in the South-East Asia Region (SEAR). CVD are the leading cause of NCD-related deaths, with approximately 3.9 million total annual fatalities. More than 245 million people aged above 30 years have hypertension, and approximately 100 million adults are living with diabetes with estimated half of the individuals are unaware of their conditions. Cancer is estimated to occur in 2.2 million and lead to 1.4 million deaths annually. Countries in the Region have implemented a range of 'best buys' steered by the Regional NCD Flagship Priority since 2014. The age-adjusted premature mortality from cardiovascular diseases has shown a reduction from 129 per 100 000 in 2000 to 108 per 100 000 in 2019. However, the rate of decline is uneven across countries and not sufficient to achieve the Regional NCD targets and SDG 3.4 target for 2030.

SEAR is the first region to have the implementation roadmap for the prevention and control of NCDs 2022-2030, endorsed by the Regional Committee in 2022<sup>137</sup>. The Roadmap is also offered as a web app<sup>138</sup> to make it easy to access the different tools and resources. A special feature is the WHO SEARO Impact Simulation tool<sup>139</sup> to support the Member States in identifying the most impactful NCD interventions based on the national context. A regional workshop on implementing the roadmap, was conducted in June 2023 in Dhaka, Bangladesh to support the Member States in prioritizing and accelerating the NCD prevention and management.

South-East Asia is also the first region to have an action plan for oral health 2022–2030<sup>140</sup> endorsed by the Regional Committee for implementation. A Regional meeting was conducted in March 2023 to support the Member States to adapt the action plan and identify actions to be taken in a phased manner to reach the expected outcomes in each of the six strategic areas.

### Highlights in 2023

- SEARO launched the SEAHEARTS Initiative, in 2022 and in 2023 the Member States endorsed the 'Dhaka Call to Action Dhaka– Accelerating the control of cardiovascular diseases in a quarter of the world's population' a collective effort to strive towards achieving realistic but ambitious interim milestones by 2025, using SEAHEARTS strategies. The milestones are:
  - 100 million people with hypertension and/or diabetes are placed on protocol-based management,
  - One billion people are covered by at least three WHO MPOWER measures for tobacco control,
  - One billion people are covered with at least one of the WHO SHAKE package measures for reducing salt intake, and

<sup>137</sup> Available at <https://apps.who.int/iris/bitstream/handle/10665/363096/sea-rc75-r2-eng.pdf?sequence=1&isAllowed=y>

<sup>138</sup> Available at [homev2 | WHO South-East Asia Regional NCD Roadmap](https://homev2.who.int/WHO_South-East_Asia_Regional_NCD_Roadmap)

<sup>139</sup> Available at <https://apps.searo.who.int/whoroad/south-east-asia-region-ncd-impact-simulation-tool>

<sup>140</sup> Available at 9789290210061-eng.pdf (who.int)

- Two billion people are protected from the harmful effects of trans-fatty acids through best practices or complementary policy measures of WHO REPLACE
- Five countries officially announced their targets for placing hypertension and/or diabetes patients on protocol-based management. India's target of reaching 75 million people with hypertension and diabetes under standard care by 2025 is the largest cover of NCDs for primary health care in the world.
- The 'South-East Asia Cancer Grid' titled as SEACanGrid was formed as a platform to facilitate collaboration in cancer care in the Region.
- South-East Asia Childhood cancer network member institutes provided improved care to over 5000 children with cancer in the region.
- The WHO SEARO NCD dashboard was launched as a platform to provide information on different aspects of NCDs in the Region.
- Maldives launched a demonstration site to pilot a project on integration of NCD services, selected mental health conditions and screening for selected cancers to the existing primary health care system
- Bhutan carries out nationwide screening and treatment for high burden cancers in the country with coverage of 90.1% for H. Pylori testing for gastric cancer, 90.8% for HPV DNA testing for cervical cancer (90.8%), and 84.2% for clinical breast examination followed by 91% for mammography for breast cancer. All of those diagnosed with cancer were provided with appropriate treatment.
- Nepal has developed clear policy and program strategies to strengthen the delivery of NCD and mental health services. Integration of mental health services into the Mental Health Gap Action Programme (mhGAP) and Package of Essential Noncommunicable (PEN) interventions have been scaled up through Special Initiative for Mental Health (SIMH) in 14 districts and the NCD initiative in 8 districts.
- The Hypertension Care Cascade initiative was established as a field laboratory for NCD care delivery for in Kavre district for improving NCD management in the country. The WHO HEARTS technical package strategies were implemented that will pave the path for the ambitious goal of ensuring that 1.5 million individuals are on treatment for hypertension and diabetes by the year 2025.
- Sri Lanka passed a best practice policy on regulating trans fatty acids in the food supply.
- Timor-Leste Decree-law for regulating the marketing of Breast Milk Substitutes 2023 was passed.
- Timor-Leste passed taxation on sugar sweetened beverages and on sugar, becoming one of the first countries to levy additional taxes on sugar, beyond SSB taxes.

## Progress and results

### Noncommunicable diseases

#### Strengthening action on NCDs

The SEAHEARTS Initiative, launched in 2022, aims to emphasize the use of technical packages MPOWER for tobacco control, SHAKE for salt reduction, REPLACE for trans-fatty acid elimination and HEARTS to scale up CVD management in primary health care.

The region endorsed Dhaka Call to Action Dhaka– Accelerating the control of cardiovascular diseases in a quarter of the world’s population’ a collective effort to strive towards achieving realistic but ambitious interim milestones for 2025 using SEAHERTS strategies:

- 100 million people with hypertension and/or diabetes are placed on protocol-based management,
- One billion people are covered by at least three WHO MPOWER measures for tobacco control,
- One billion people are covered with at least one of the WHO SHAKE package measures for reducing salt intake, and
- Two billion people are protected from the harmful effects of trans-fatty acids through best practices or complementary policy measures of WHO REPLACE.

Of the 11 countries in the Region, six have made official announcements on national targets:

- Bangladesh: three million with hypertension and diabetes placed on protocol-based care by 2025
- Bhutan: at least 50 000 Bhutanese on hypertension and diabetes protocol-based management by 2025
- India: 75 million people with hypertension or diabetes on standard care by 2025
- Nepal: 1.5 million people with hypertension and diabetes on protocol-based treatment by 2025
- Timor-Leste: 50,000 people with hypertension and diabetes on standard care by 2025
- Thailand: Improving hypertension care cascade with more than 60% control rate through innovation

The countries have now set up subnational targets and are implementing subnational plans to deliver the services as per the protocols by strengthening health workforce capacity, ensuring continuous supply of essential medicines, equipment and laboratory testing at primary care level. The WHO SEARO *NCD dashboard* <sup>141</sup> was launched along with a webinar to orient the potential users. Dashboard is a dynamic, interactive, and responsive tool where the users can readily access the information on different aspects of NCDs.

India and Thailand scaled up hypertension control. In India the programme was expanded to 104 districts across 21 states and almost 2.4 million people in 15 420 health facilities, including 10 222 health & wellness centres, enrolled with tangible improvement in hypertension control.

Stroke care appraisal in the countries was strengthened, along with interventions to improve acute stroke care services in the Region.

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<sup>141</sup> Available at <https://whosearo.viewzenlabs.in/home> (accessed 13 December 2023)

### Cancer

South-East Asia Cancer Grid (SEACanGrid) was established as a network of institutions leading cancer services in the Member States with the aim of facilitating sharing experiences on best practices, establishing standards of care, professional development, and technical collaboration.

Strengthened cancer registries of seven Member States through support of a collaborating center. Technical support was provided in formulating the national cancer policies in Maldives and Nepal. Childhood cancer support was provided to Myanmar, Sri Lanka, and Nepal with focus on advocacy, quality improvement, and strengthening of satellite center network. Institutions from ten member states in South-East Asia Childhood Cancer Network have provided improved services to patients with childhood cancer.

A Regional workshop was conducted on expanding availability and access to palliative care in SEAR in October.

WHO initiatives for childhood cancer and elimination of cervical cancer as a public health programme were taken up by the Member States of the Region and support was provided to implement them.

### NCD surveillance

Nine countries in the region have evidence on NCDs and NCD risk factors of adults generated within the last five years through surveys based on WHO STEPS survey approach. The National Survey on NCDs and NCD risk factors among adults and NCD services in health facilities in Timor-Leste is designed as an integrated approach to surveys to generate NCD related information in an efficient manner.

### Integrating NCD services in PHC

Maldives launched a demonstration site to pilot a project on integration of NCD services, selected mental health conditions, and screening for selected cancers within the existing primary health care facilities /system.

### Training and capacity building for NCDs

The following online courses in the Open WHO platform were developed and launched:

- SEARO NCD PEN-HEARTS is a series of four courses focusing on Hearts of NCD: an integrated approach to management of NCDs in PHC, NCDs interventions and diabetic foot care and palliative care: models of service delivery and symptom management. SEARO NCD PEN-HEARTS
- Four courses on oral health: 1) phasing down dental amalgam and implementing environmentally sound practices to manage amalgam waste; 2) promoting oral hygiene and identifying oral diseases in primary healthcare settings; and 3) use of fluoride varnish to prevent dental caries and oral health care of pregnant women and newborns.



## **NCD risk factors**

### **Promoting healthy diets**

The Region has a significant double burden of malnutrition with 21.5% of adults estimated to be overweight, while estimates report 50 million children stunted and 24 million as acutely malnourished.

The national legislation promulgated in Bangladesh and India on elimination of trans fatty acids will be implemented in 2022 in India and 2023 in Bangladesh. This will result in 1.5 billion people being protected from the harmful effects of trans fatty acids on cardiovascular health.

WHO advocated and provided technical support to Sri Lanka to pass the national regulation for limiting trans fatty acids through a WHO recommended best practice policy in 2023. Timor-Leste Decree-law for regulating the marketing of Breast Milk Substitutes 2023 was passed, supported by WHO and UNICEF.

Timor-Leste was supported to pass taxation on sugar sweetened beverages and on sugar, becoming one of the first countries to levy additional taxes on sugar, beyond SSB taxes

Four Member States, India, Indonesia, Sri Lanka and Thailand, participated in an intercountry workshop on accelerating prevention of obesity that identified actionable areas of work to prevent obesity. This was organized in coordination with WHO HQ, WPRO and Vic Health Australia.

### **Tobacco control**

SEARO supported national World No Tobacco Day campaigns, including through the production and distribution of the video “tobacco – a threat to our environment” and other advocacy material. Support was provided to Member States to address the growing use of new and emerging nicotine products such as electronic nicotine delivery systems (ENDS) among youth by sharing updated evidence and best practices through an expert group consultation.

Countries are stepping up to the challenge of tobacco control. Indonesia and Timor-Leste raised taxes on tobacco, while Indonesia developed a “smoke-free dashboard” for monitoring smoke-free regulations at the subnational level. SEARO supported countries in further strengthening tobacco cessation services including as part of the implementation of WHO PEN at the primary health care level. The first-ever “WHO quit tobacco” mobile app was developed.

In addition to strengthening tobacco control policies, countries across the Region have also taken steps to improve tobacco surveillance and monitoring. SEARO supported the development and review of reports for the first round of the Global Adult Tobacco Survey (GATS) in Sri Lanka and the second round of GATS in Indonesia. SEARO assisted Thailand in carrying out the Global Youth Tobacco Survey. Inputs from all countries were provided for the next edition of the Global Tobacco Control Report (IX GTCR) in coordination with WHO country offices. SEARO supported the Global Tobacco Surveillance System (GTSS) to strengthen tobacco surveillance in the Region in coordination with the US Centers for Disease Control and Prevention (US CDC), Atlanta.

### *Harmful use of alcohol*

Following the adoption of the Global Alcohol Action Plan to effectively implement the global strategy to reduce the harmful use of alcohol 2022–2030, SEARO, in close collaboration WHO HQ, conducted an in-depth process of capacity enhancement for alcohol control through high impact interventions (SAFER measures) in SEAR Member States.

### *Physical inactivity*

Indonesia, Sri Lanka and Thailand and Bangladesh were supported in a national situational assessment of existing physical activity policies to prioritize physical activity measures.

A community of practice was created through three capacity building webinars which identified good practices in physical activity promotion and a mapping of physical activity stakeholders in the Region was carried out.

Maldives developed guidelines on physical activity for its population.

### *Addressing air pollution*

The South-East Asia Region has the biggest burden of NCD diseases and deaths caused by the ambient and household air pollution. In 2019 SEARO endorsed a Resolution on the Regional Plan of Action for Implementing the WHO Global Strategy for Health, Environment and Climate Change, 2020–2030: Healthy environments for a healthier population (SEA/RC72/R4) to deal with environmental health issues affecting the Region including the urgent need to address air pollution issues.

A Regional Meeting on Air Pollution and Health was held on 14 to 15th March 2023 to identify key barriers and actions at regional and country levels to reduce impacts of air pollution on health, identify areas for strengthening health system capacity to address impacts, and discuss a draft regional roadmap to accelerate actions to reduce health impacts caused by air pollution.

In collaboration with Member States, a Draft Roadmap to Accelerate and Scale-up Actions to Reduce the Impact of Air Pollution on Health in the South-East Asian Region is being prepared. The draft Roadmap will focus on strengthening the health sector capacity in working with other sectors in four areas of work – (a) scaling-up primary prevention to deal with air pollution in different settings such as workplaces, schools, and healthcare facilities; (b) building cross-sectoral action, governance, and political support to build investment to reduce the health impacts caused by air pollution; (c) strengthening the health sector leadership and convening power to deal with air pollution; and (4) enhancing evidence base and risk communication on air pollution and health.

### *Addressing Chemical Safety and NCDs*

A Regional Workshop on Strengthening Poisons Centres in the WHO South-East Asia Region was held from 28 to 31 August 2023 in Bangkok, Thailand to facilitate discussions to establish new poison centres in the Member States of the Region; to understand and gather information on the status of existing poison centres in the region to identify opportunities for further strengthening;

to create a networking mechanism among poison centres for information and data. The vision is to ensure that all the Member States in the Region will have a poison centre to deal with chemical poisonings, both unintentionally and intentionally.

#### *Addressing Occupational Health and NCDs*

A Regional Workshop on Strengthening Occupational Health in the WHO South-East Asia Region was held on September 19 to 22, 2023, in Colombo, Sri Lanka to review the current challenges faced in the implementation of occupational health in countries, sharing knowledge and experiences related to occupational health, and identifying priority actions to fortify occupational health practices in the Region. Member States developed plans and priorities for advancing occupational health.

#### *Economic and Commercial Determinants of Health in South-East Asia*

In October 2023, SEARO convened a consultation focused on the economic and commercial determinants of health in the region. The event attracted representatives from almost every Member State in South-East Asia, as well as civil society, experts, and practitioners from other intergovernmental organizations. This consultation was the first of its kind for the region and the second globally. The meeting fostered valuable exchanges of knowledge and insights among Member States, deepening the understanding of regional health priorities and strategic alignments suitable in the regional context. Attendees were briefed on both global and regional conceptualizations and evidence on the commercial determinants of health, as well as the forthcoming WHO Global Report on the Commercial Determinants of Health. As a result of the consultation, SEARO will develop an updated regional review of the economic and commercial determinants of health, and a meeting report, to capture the experiences, challenges, inputs, and priorities shared by the region's Member State representatives and other participants.

#### **Mental Health**

Health Ministers of the WHO South-East Asia Region adopted PARO Declaration universal access to people-centred mental health care and services September 2022, at the Ministerial Round Table on mental health, at the 75th Regional Committee. It provides clear guidance for strengthening action on mental health and prioritizing community-based mental health services.

The Mental Health Action Plan for WHO South-East Asia Region (2023-2030) was developed in consultation with Member States and was finalized through a regional meeting where government focal points and experts participated, to enable implementation of the recommendations of the Paro Declaration.

The WHO Special Initiative on Mental Health, the global initiative to increase access to comprehensive mental health services for at least 100 million people is being implemented in Bangladesh and Nepal, with progress being made to strengthen mental health services through the primary care system. Continuous technical support is being provided by SERO that includes country missions.

County context reports on mental health for all Member States were published. The reports summarize mental health laws, policies and regulations, epidemiological and health systems data and the current gaps and challenges.

An interactive dashboard that provides data on the prevalence and burden of mental and neurological conditions, substance abuse and self-harm was developed and launched, which provides Regional and country specific disaggregated data visualizations.

The report “Mental, neurological and substance use disorders in WHO South-East Asia Region” was produced. The report contains epidemiological and burden data of the Region.

The “Regional Meeting on Expanding community mental health services (CMHS) in the WHO South-East Asia Region: scaling-up care for impact”, was organized in Colombo, Sri Lanka from 20-22 June 2023. This meeting included mental health experts, government focal points and WHO country office focal points participated.

Country support provided to Indonesia for establishing and expanding community health services in three districts and supporting the government of India to evaluate and strengthen its tele-mental health project.

In partnership with UNICEF, a project providing technical support to “Helping adolescents thrive” (HAT) was implemented in Bhutan and Maldives. A regional HAT workshop was conducted in collaboration with UNICEF.

Regional inputs provided through virtual regional meetings to “WHO Guidance on mental health policies & strategic action plans: Promoting person-centered and rights-based approaches”.

Technical guidance and country-support was provided to the evaluation of TELEMANS (tele mental health) in India, in close collaboration with WHO HQ, WHO India and national and local stakeholders.

A webinar series on prevention of suicide was commenced. Three webinars have been completed on different topics related to suicide prevention.

## Challenges

- Service coverage for NCDs shows the lowest improvement in the Region. Moreover, SEAR has the highest out-of-pocket health expenditure of any WHO region globally. Several countries face health system challenges, related to availability of medicines and laboratory facilities at primary health care level and health information system not being able to monitor facility and patient level information to track facility performance and patient outcome and using digital solutions.
- The COVID-19 pandemic has reversed some of the momentum that was acquired with NCD control in most Member States over the past few years.

- Limited resources and capacity for robust implementation of NCD best buys, enforcement of regulations on NCD risk factors, multisectoral engagement, and inadequate capacity on research and information systems to address NCD challenges.
- Significant countrywide implementation challenges for ‘best buys’ and other strategic interventions to effectively control NCDs include:
  - o suboptimal resources (financial and human), inadequate capacity at the country level and health system bottlenecks and weaknesses;
  - o divergent sectoral mandates, industry interference, political pressure and lack of clarity of roles.

### **The way forward**

The South-East Asia Region has prioritized control of CVD risk factors and integrated delivery of NCD services in primary care settings and all countries have shown progress in reducing risk factors and improving health systems to manage CVDs. Given that seven years remain towards the SDG target deadline of 2030, an acceleration of the national responses is essential. The proposed “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”, will provide a roadmap for implementing SEAHEARTS initiative to accelerate the control of cardiovascular diseases and progress towards the NCD and SDG targets.

SEACanGrid will catalyze the efforts of countries in managing cancer by promoting collaboration among grid member institutions, leveraging on the resources available within the Region.

## WHO OFFICE FOR THE WESTERN PACIFIC REGION (WPRO)

### Introduction

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region, posing a significant health challenge that requires immediate attention. NCD prevention and control interventions in the region aims to support the Sustainable Development Goal Target 3.4 of reducing premature NCD mortality by one-third by 2030. WPRO is working with countries in the region to reduce the burden of NCDs and manage their associated risk factors such as tobacco use, unhealthy diet, and alcohol use. WPRO supports NCD prevention and control through comprehensive strategies, including NCD surveillance and analysis, evidence-based policies, and collaborative efforts across sectors.

In 2022, Member States endorsed the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific. This framework aims to improve national responses and increase investments in the prevention and control of NCDs. Aligning with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030, the Framework recommends a paradigm shift to turn the current “sick system” in which people continue to experience more chronic diseases under inadequate social and health systems into a “healthy system” in which social and health systems support individuals to live longer, healthier and more productive lives. The framework outlines an integrated, cross-sectoral and pragmatic approach that builds on existing capacities, strengths and initiatives to address NCDs in the Region. Since its endorsement, WPRO has been working closely with Member States to implement the framework and develop customized solutions that are tailored to the specific needs of each country.

### Progress and results

#### Noncommunicable diseases

##### Integrating essential NCD services into primary care

The work for strengthening NCD services through a primary health care approach is ongoing with support from donors such as Denmark, Japan, and Korea, hypertension control support through Resolve to Save Lives (China, Philippines, Vietnam), and cancer control support through St. Jude Children’s Research Hospital (Mongolia, Philippines, Vietnam). National NCD action plans are being developed in Mongolia and the Solomon Islands with support from WPRO. The integration of NCD services into primary care clinics is also underway in Cambodia, China, Malaysia, Mongolia, Papua New Guinea, the Philippines, and Vanuatu.

##### Enhancing NCD management, prevention and patient empowerment

WPRO is enhancing NCD management and patient empowerment through localizing the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care. For example, in the Lao People’s Democratic Republic, guidelines were revised and resources developed for opportunistic screening of NCDs at the primary healthcare level.

WPRO also supported the establishment of a digital peer-to-peer network for tobacco cessation services in Cambodia and provided assistance in developing information, education, and communication (IEC) materials about hypertension, diabetes, and smoking for village health volunteers in the Lao People's Democratic Republic, empowering them to identify signs and symptoms of NCDs and promote health-seeking behaviors.

### **NCD risk factors**

#### **Tackling NCDs through evidence-based approaches**

Technical assistance was provided to strengthen the regulation of tobacco products and ENDS/ENNDS in Cambodia, China, the Lao People's Democratic Republic, Mongolia, Palau, Vanuatu, and Vietnam. WPRO also assisted Mongolia in implementing alcohol control interventions in the country. Initiatives to reduce salt intake were implemented in Brunei Darussalam, Cambodia, China, Mongolia, the Philippines, and Vietnam. WPRO also supported the elimination of trans-fats in different food products in the Philippines. Currently, WPRO has supported 15 countries in the region in establishing national legal measures to regulate the marketing of breastmilk substitutes. This helps protect infant health and promote breastfeeding. Seventeen countries have adopted policies to shield children from the adverse effects of food marketing, contributing to healthier diets among young populations. Twenty-five countries and areas in the region strengthening or enacting laws and regulations related to tobacco and nicotine products. This has been crucial in curbing tobacco related NCDs.

#### **Collecting and utilizing data to shape health policies and programs**

Effective data collection and utilization guided WPRO in providing evidence-based solutions to health challenges in the Region. For instance, in Mongolia, data utilization played a crucial role in providing recommendations on regulating electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS). Similarly, in the Philippines, data analysis and focus group discussions helped identify NCD priority challenges in Tolosa, Leyte, which led to tailored solutions co-created with local stakeholders.

#### **Promoting health beyond the health sector**

WPRO worked with local governments and the non-health sectors in Cambodia and the Philippines to enforce smoke-free policies. WPRO also actively supported Pacific Island Countries in enhancing their capacity for health taxes and fiscal measures for the prevention of NCDs. In Fiji, WPRO collaborated with multi-sectoral governmental partners to strengthen the implementation of tobacco control laws. Lastly, WPRO worked closely with a civil society partner to organize a fellowship program to establish sustainable financing mechanisms for health promotion by advocating for and utilizing revenue from tobacco and alcohol excise taxes. Fellows from Cambodia, the Lao People's Democratic Republic, and Vanuatu benefited from this program.

### **Mental health**

WPRO has taken concrete steps in the implementation of the Regional Framework for the Future of Mental Health by convening a series of multi-sectoral leadership and capacity building workshops to drive progress in suicide prevention and community-based mental health. The



workshops brought together leaders and decision-makers from Cambodia, Malaysia, Mongolia, Palau, Philippines and Viet Nam.

WHO's Special Initiative for Mental Health continues to support the Philippines in strengthening local mental health systems in order to expand access to vulnerable populations.

The WHO-UNICEF joint program on mental health and psychosocial support will benefit children, adolescents and families in Malaysia and Papua New Guinea.

Recently approved guidelines in Viet Nam will bring mental health interventions closer to the community, expanding access to non-pharmacological interventions for millions of people.

High-level advocacy events were organized in China and Cambodia to advocate for policy and program reform and engage with a wide range of actors to advance the national mental health agenda.