



### **Comprehensive overview of the Secretariat's technical work:**

#### **A complement to the report by the Director-General to the 152<sup>nd</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 noncommunicable diseases**

This comprehensive overview complements document EB152/6, 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).

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 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>; and
- a total of 14 countries are on track to meet SDG target 3.4 for 2030, as measured by indicator 3.4.1, set by the United Nations General Assembly against a 2015 baseline.
- 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; and which is expected to increase NCD premature mortality in the near 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 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**

Deaths from NCDs are on the rise. The global share of NCD deaths among all deaths increased from 61% in 2000 to 74% in 2019. At the global level, 7 of the 10 leading causes of death in 2019 were NCDs<sup>4</sup>:

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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> WHO. 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 2022).

- 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 9.3 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 and the only NCD with an increase in premature mortality.
- 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 mortality between 2000 and 2019 was seen for chronic respiratory diseases, with a 37% decline for all ages, followed by cardiovascular diseases (27%) and cancer (16%)<sup>5</sup>. However, the progress is not comparable to that made for curbing communicable diseases and is unequal across regions and income groups<sup>6</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, yet the progress of mortality reduction is slowest no matter the country-income groups. Some 85% of premature deaths from NCDs in 2019 occurred in low-and middle-income countries due to demographic trends and health transitions in low-income and lower-middle-income countries<sup>7</sup>.

Measuring the risk of dying between the ages of 30 and 70 from any cardiovascular disease, cancer, diabetes or chronic respiratory disease (SDG indicator 3.4.1 against a 2015 baseline) is important to assess the extent of burden from mortality due to NCDs in a population. The global risk has declined more than one fifth, from 22.9% in 2000 to 17.8% in 2019<sup>8</sup>.

Despite the reduction achieved at the start of this century, this progress has not been sustained. Data shows a slowdown in the rate of decline, from an average annual relative reduction (AARR) of -1.5% in the period 2000–2010 to an AARR of -1.2% in the period 2010–2019<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.

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<sup>5</sup> World Health Statistics 2020. A visual summary. Geneva: World Health Organization; 2020.

<sup>6</sup> World health statistics 2021: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2021.

<sup>7</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>8</sup> World Health Statistics 2020. A visual summary. Geneva: World Health Organization; 2020.

<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) ).

The burden of disease experienced by people living with NCDs is also significant. 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. Furthermore, oral health shows stark inequalities with a higher disease burden for the most vulnerable and disadvantaged population groups within and across societies. With their unparalleled burden, stark inequalities and risk factors shared with other NCDs, oral diseases have a major impact on health, well-being, health care systems and economies, adding to the increasing burden of NCDs.

Premature mortality and morbidity from NCD parallels – and can partly be attributed to – a lack of success in addressing many NCD behavioural risk factors.

- Tobacco is the leading cause of premature death in the world, killing more than 8 million people each year, including more than 1 million people that die from exposure to second-hand tobacco smoke. In 2019, there were an estimated 1.3 billion current tobacco users in the world,<sup>10</sup>. Existing data indicate that, while 60 countries are likely to achieve the tobacco use reduction target by 2025, there will be 1.27 billion people in the world still using tobacco by 2025<sup>11</sup>.
- Globally, in 2019, over 14% of adults were projected to be obese, up from 9% in 2000 and 5% in 1975. Rates among children and adolescents are particularly concerning: 8% of children and adolescents aged 5–19 were projected to be obese in 2019, a figure that has more than doubled since 2000.
- The pace of reduction in alcohol consumption has been slow and uneven globally while per capita alcohol consumption is increasing in the South-East Asia Region<sup>12</sup>.
- In 2019, air pollution caused approximately 6.7 million deaths, of which 85% are from NCDs, mostly cardiovascular diseases. More than 9 in 10 people breathe air that is not healthy, and 2.4 billion people still rely on polluting fuels and technologies for cooking.

### **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>13</sup> showed that there has been considerable progress in some areas. The percentage of countries who have set national NCD targets based on the WHO Global Monitoring Framework has increased from just under one in three (30%) in 2015 to well over half (56%) in 2020. Similar progress was seen in the percentage of countries who have operational integrated, multi-sectoral action plans on NCDs as well as management guidelines for the 4 main NCDs. However, other areas have not seen such marked progress: risk factor surveillance activities and public awareness campaigns to promote physical activity saw a decline in the last survey, no doubt due in part to the COVID-19 pandemic.

### **Mental health**

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<sup>10</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>11</sup> WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition (2021)

<sup>12</sup> World Health Statistics 2020. A visual summary. Geneva: World Health Organization; 2020.

<sup>13</sup> WHO. Noncommunicable disease surveillance, monitoring and reporting: NCD country capacity survey. Geneva: World Health Organization (<https://www.who.int/teams/ncds/surveillance/monitoring-capacity/ncdcss>, accessed 17 November 2022).

The global situation for mental health remains challenging. Nearly 1 billion people live with a mental disorder, including around 8% of the world's young children (aged 5-9 years) and 14% of the world's adolescents (aged 10-19). Approximately 82% of these people live in low- and middle-income countries. Further, most recent estimates indicated there were approximately 283 million people with alcohol use disorders in 2016 and 36 million with drug use disorders in 2019. Mental disorders result in a severe impact, accounting for 1 in 6 years lived with disability and with just two conditions, depression and anxiety, costing US\$ 1 trillion every year in lost economic productivity alone. Moreover, people 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 is due to suicide, approximately 703 000 deaths annually. Yet, in the most recent WHO Mental Health Atlas, large gaps in response to these issues were reported. While the majority (75%) of WHO Member States indicated the existence of mental health policies or plans, only a third (31%) reported these were being implemented. Member States also reported a median allocation of just 2% of health budgets to mental health. In low-income countries, there are fewer than one mental health workers of any kind per 100 000 population and around half of the world's population lives in countries where there is just one psychiatrist serving 200 000 or more people.

Neurological disorders are the leading cause of disability-adjusted life years (DALYs) and second leading cause of death. The five largest contributors of neurological DALYs in 2016 were stroke (42.2%), migraine (16.3%), dementia (10.4%), meningitis (7.9%) and epilepsy (4.9%). Globally in 2016, 52.9 million children younger than 5 years had developmental disabilities and 95% of these children lived in low- and middle-income countries.

In 2019, approximately 55.2 million people worldwide lived with dementia, over 60% of them in low- and middle-income countries. Dementia is the 7<sup>th</sup> 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, which are projected to rise to US\$1.7 trillion by the end of this decade. Globally, dementia has a disproportionate impact on women, both direct and indirect. Sixty-five percent of total deaths due to dementia are in women, and DALYs due to dementia are roughly 60% higher in women than in men.

Progress on mental health-related SDGs are as follows:

- 3.4.2. Global crude suicide rate: estimated at 9.0 per 100,000 population for 2019 (a 3% reduction in the crude rate of suicide since 2015).
- 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders: despite some positive trends in development of treatment systems for substance use disorders, little progress made in treatment coverage for substance use disorders since 2010.
- 3.5.2. In 2019, alcohol consumption in the world, measured in litres of pure alcohol per person of 15 years of age or older, was 5.8 (a 5% relative decrease from 2010).

## **The COVID-19 pandemic**

The pandemic continues to be a major disrupter to progress on noncommunicable diseases:

- 87% of countries reported that all or some ministry of health staff with responsibility for NCDs and their risk factors were supporting COVID-19 efforts either full-time or along with routine NCD

activities, including 8% of countries that reported that all NCD staff were working full-time on COVID-19.

- 64% of countries reported some disruption to ministry of health NCD activities in the preceding three months.
- 37% of countries have reported complete or partial disruptions to services dealing with the management of hypertension or diabetes. Asthma services, cancer treatment and urgent dental care were each reported as disrupted in 30% of countries. Services for cardiovascular emergencies were reported as disrupted in 22% of countries.
- COVID-19 had broad and diverse negative effects on NCD service provision. A systematic review identified 38 different categories of delays and disruption in aspects of cancer services, primarily affecting facility capacities (up to 78%), supply chain (up to 79%), and personnel availability (up to 60%)<sup>14</sup>. There have been limited measuring and reporting of mitigation strategies affecting patients' outcomes and thus a scarcity of high-quality evidence to inform policy or programme development<sup>15</sup>.
- NCD risk factors also play a major role in the impact of COVID-19 outcomes. During the COVID-19 pandemic, there was a notable rise in alcohol consumption in some populations, particularly among already heavy alcohol users. Alcohol consumption increased the risk of complications and death for many NCDs following a COVID-19 infection<sup>16</sup>. A systematic review found that mortality from COVID-19 among hospitalized patients with liver cirrhosis was twice likely as those without. Higher levels of self-reported anxiety were correlated with increased self-reported heavy episodic drinking. At the same time, the high levels of stress experienced because of the COVID-19 pandemic may have generated physical and mental distress, leading to excessive drinking as a coping mechanism.

The pandemic also continues to be a major disrupter to progress on improving mental health:

- The Secretariat published a scientific brief on COVID-19 and mental health.[1] In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by an estimated 25% due to the impact of the pandemic. A fact sheet on alcohol and COVID-19 was also published in the European Region to address misinformation in social media and increased risks of methanol poisoning seen in early stages of the epidemics.
- The neurology and COVID-19 scientific brief provides a comprehensive overview of acute as well as long-term neurological manifestations of COVID-19; the risk of infection, severe illness and mortality from COVID-19 for people with pre-existing neurological conditions; the extent of disruptions to neurological services caused by the pandemic and mitigation strategies to address these disruptions; and emerging evidence for neurological complications following COVID-19 vaccination. [2]

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<sup>14</sup> Riera R, Bagattini ÂM, Pacheco RL, Pachito DV, Roitberg F, Ilbawi A. Delays and Disruptions in Cancer Health Care Due to COVID-19 Pandemic: Systematic Review. *JCO Glob Oncol*. 2021 Feb;7:311-323. doi: 10.1200/GO.20.00639. PMID: 33617304; PMCID: PMC8081532.

<sup>15</sup> Pacheco RL, Martimbianco ALC, Roitberg F, Ilbawi A, Riera R. Impact of Strategies for Mitigating Delays and Disruptions in Cancer Care Due to COVID-19: Systematic Review. *JCO Glob Oncol*. 2021 Feb;7:342-352. doi: 10.1200/GO.20.00632. PMID: 33656910; PMCID: PMC8081509.

<sup>16</sup> <https://apps.who.int/iris/bitstream/handle/10665/363123/9789240057043-eng.pdf>

- People living with mental health conditions prior to the pandemic were at higher risk of contracting COVID-19 and experiencing severe illness, hospitalization and death as a result of the virus.[3]
- The increase in mental health problems has coincided with severe disruptions of mental health services, leaving huge gaps in care for those who need it most. Throughout much of the pandemic, mental, neurological and substance use (MNS) services were reported to be the most disrupted among essential health services. Between November and December 2021, over 33% of WHO Member States reported ongoing disruptions to mental, neurological and substance use (MNS) services. School mental health programmes (56%) and alcohol prevention and management programmes (51%) are among the most predominantly disrupted.

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

WHO's 13<sup>th</sup> General Programme of Work (GPW 13) is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier population. Effective and equitable response to address the prevention and control of noncommunicable diseases and the promotion of mental health are an integral part of the three interconnected strategic 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 (TEN NCDs). As mandated by the Global NCD Action Plan 2013-2030, WHO's NCD programme provides an integrated approach that supports all of 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 five main NCDs and their five shared and modifiable risk factors.

The 2022 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) 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 Programme will continue exercising its leadership and coordination role and remaining the credible leader 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 to provide the 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.

#### *Noncommunicable diseases*

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

The Secretariat will be hosting the following 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 in preparation for the second High-level Meeting of the United Nations General Assembly on Universal Health Coverage in 2023 and the fourth High-level Meeting on NCDs in 2025.

- Political championing at the highest levels of government to address NCDs and mental health is viewed as invaluable in advancing policies on these matters. In that regard, the Governments of Ghana and Norway and WHO hosted the International Strategic Dialogue on NCDs and the SDGs, in Accra, Ghana on 12 April 2022. The outcome of the Strategic Dialogue was the establishment of an informal Group of Heads of State and Government on prevention and control of NCD, under the leadership of the President of Ghana and the Prime Minister of Norway, and the launch of the Global NCD Compact 2020-2030 containing 5 key commitments and actions. The multi-year aim of the Global NCD Compact and the Global Group of Heads of State and Government is to accelerate progress towards SDG 3.4 and 3.8 by 2030 by calling on countries to align strategies and operations with universal commitments made to accelerate and scale up the global collective efforts to prevent and control NCDs and achieve UHC. The First Annual Gathering of the Global Group of Heads of State and Government for the prevention and control of NCDs was held on 21 September 2022 on the occasion of 77th high-level General Debate of the UN General Assembly. Several Heads of State and Governments, convened by the President of Ghana, the Prime Minister of Norway, WHO Director-General, and Michael. R. Bloomberg, WHO Special Ambassador for NCDs and Injuries, highlighted concrete commitments to the Global NCD Compact 2020-2030. With a view to showcase how non-State actors are, or can be, committed to support the Global Group of Heads of State and Government in their national NCD efforts, WHO hosted a multistakeholder dialogue "Achieving multistakeholder and multisectoral collaborations for advancing the Global NCD Compact", on 7 October 2022.
- WHO Small Island Developing States (SIDS) High-level Technical Meeting on NCDs and Mental Health is scheduled to be held in Barbados, 17-18 January 2023; to be followed by a WHO SIDS Ministerial Conference on NCDs and Mental Health in Barbados in June 2023.
- Global Meeting on addressing NCDs and Humanitarian Emergencies, tentatively scheduled to be held in Cairo, Egypt in Cairo, Egypt, 13-15 December 2022
- Second Global Meeting on Financing for NCDs is being planned to take place in early 2023
- Global Symposium on People Living with NCDs and Mental Health Conditions, planned to take place in 2024, with the aim of meaningfully engaging and mobilizing people living with NCDs and



mental and neurological conditions and civil society organizations to co-develop a transformative narrative in the lead up to the fourth High-level Meeting on NCDs in 2025. . This Global Conference will be the follow up to the first ever consultation with people living with NCDs and mental health, held through all WHO Regional Offices, which yielded valuable insights and learnings on how to adapt and consider NCD and mental health policies and programs to better meet the needs of people living with health conditions and their families.

### **Global Diabetes Compact**

Responding to the increasing burden of diabetes around the world, the Secretariat launched the Global Diabetes Compact in April 2021. The Global Diabetes Compact is a broad WHO initiative engaging all three levels of the organization and uniting all stakeholders with the vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care.

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.

Currently, the Secretariat has activities to strengthen and monitor diabetes responses and develop a global prioritized research agenda. To increase access to essential diabetes medicine and health technologies, engagement with the private sector is ongoing. The Secretariat will support Member States with technical products including a monitoring framework and estimates of costs of achieving the endorsed diabetes coverage targets. WHO Regional and Country Offices are active in supporting countries to improve diabetes care and prevention of complications, as well as in the development of tools for example EURO's work reviewing the evidence on screening for diabetes and therapeutic patient education. In addition, regional adaptation of the Global Diabetes Compact 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.

### **Global Initiative on Childhood Cancer**

In response to Resolution WHA70.12, WHO launched the Global Initiative for Childhood Cancer (GICC) in 2018, with the support of St. Jude Children's Research Hospital. WHO GICC is now active in more than 60 Member States at different phases of implementation in building and sustaining high-quality childhood cancer programmes as part of integrated cancer control and linked to child health.

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 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. An information-sharing portal is facilitating knowledge sharing, and a network is now being co-created with families affected by cancer to better understand and define community needs.

WHO is supporting governments to implement the CureAll framework by providing leadership and technical assistance and by working with more than 100 international stakeholders across sectors to implement priority activities. Regional initiatives include the CureALL Americas adaptation, led by AMR,

which provides technical cooperation, guidance documents, advocacy and knowledge transfer with 18 countries involved to improve childhood cancer care. These interventions have included introducing new policies or plans to incorporate childhood cancer in national strategies, legislation and/or health benefit packages; significantly increasing workforce capabilities; increasing access to childhood cancer medicines including in health emergencies and conflicts; and supporting the construction of new cancer centres. GICC will also enable comprehensive capacity building to Member States participating in the Global Platform for Access to Childhood Cancer Medicines. Under this global initiative, the EUR region has published a report on Childhood Cancer Inequalities which provided the first ever overview of cancer inequalities within and across countries in Europe.

### **Global Breast Cancer Initiative**

WHO launched the Global Breast Cancer Initiative (GBCI) in 2021 with 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.

The GBCI technical packages will be launched in Q1 2023 to scale-up implementation. Normative guidance materials for programme development and health systems strengthening have been developed and will be included in the core framework document. Initial technical support has been provided, through an integrated approach of cancer and women's health, to enable equitable policies in select Member States.

Best practices have been gathered based on an intensive analysis of Member States that have successfully reduced national breast cancer mortality. The defining features of reducing breast cancer mortality are sufficient early diagnosis strategy (at least 60% of the invasive breast cancers are stage I or II) as well as inclusion of breast cancer in UHC benefit packages and sufficient public cancer centre capacities. Together with WHO AFRO, a user manual for Clinical Breast Assessment programme is being organized to assist Member States where late-stage presentation is common and mammographic screening programmes are not achievable. For settings in which an organized breast cancer screening programmes is feasible, guidance is in development to improve the availability, coverage and effectiveness of mammographic screening services.

### **Cervical Cancer Elimination Initiative**

The Secretariat launched the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in November 2020, in response to WHA 73.2<sup>[1]</sup>, 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<sup>[2]</sup>.

Following the adoption of the global strategy, regional implementation frameworks were adopted in the African and South-East Asian regions in 2021. In September 2022, the European Region adopted its implementation road map, and the Eastern Mediterranean and Western Pacific regions are expected to do so in October 2022.

WHO has released new or updated 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. A cervical cancer screening pilot programme using an HPV test to strengthen country's capacity and prepare scaling up the prevention of cervical cancer was successfully piloted in Uzbekistan. Through regional initiatives, such as in AMR, several governments have been provided with technical cooperation to update cervical cancer screening guidelines, develop national elimination plans, knowledge transfer, equipment, supplies to facilitate the adoption of HPV testing and ablative treatment.

In April 2022, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) reviewed the evidence on single-dose HPV vaccine schedule and concluded that national immunization programmes can use either a single-dose or a two-dose schedule for the primary target of 9-14-year-old girls [31].

WHO has continued its partnerships with other UN Agencies and other stakeholders such as GAVI, Unitaaid, or Commonwealth to support the implementation of the global strategy in Member States and advocate for cervical cancer elimination.

### **HEARTS Initiative on Hypertension**

Globally, cardiovascular disease (CVD) is the leading cause of death and account for 17.9 million deaths annually. Hypertension - the leading single risk factor of deaths worldwide (10.8 million deaths annually) - is one of the most important risk factors for CVD.

HEARTS is the public health approach to treating hypertension and associated risk factors at the primary care level. The HEARTS technical package 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.

Over the past 5 years and across 9 countries, implementation of HEARTS in coordination with our partners and in approximately 30 countries we have demonstrated HEARTS implementation to be cost 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 plans on scaling up implementation and aiming for approximately 14 million more people on treatment by the end of 2023, including by developing and updating technical products at the global and regional levels to support this 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 United Nations Inter-Agency Task Force on the Prevention and Control of NCDs**

WHO continues to lead the work of the Task Force, which currently has 45 members. 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 in 2022.[1] The report also includes a set of recommendations for the Council. The report describes the four priorities of the Task Force Strategy, 2022–2025: (i) supporting countries in accelerating multisectoral action on the NCD-related and mental health-related SDG targets; (ii) mobilizing resources to support the development of country-led responses to meet the NCD-related and mental health-related SDG; (iii) harmonizing action and forge cross-sectoral partnerships; and (iv) being an for an ever more effective United Nations system. The strategy will support delivery of the road map 2023–2030 for

the Global NCD Action Plan, 2013–2030. An evaluation of the 2022–2025 strategy will be conducted ahead of the fourth High-level Meeting on NCDs in 2025 to inform the preparatory process. The Director-General will provide a further report to the Council in 2023

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

The Health4Life Fund was established in 2021 by WHO, UNDP and UNICEF in response to recent resolutions, decisions, declarations and reports,[1] to catalyse the scaling up of action to reduce NCDs and mental health conditions in low- and middle-income countries, including through: (i) the development and implementation of fiscal, legislative and regulatory measures; (ii) the strengthening of health systems as part of broader efforts to achieve universal health coverage; (iii) national financing; and (iv) engagement with communities and affected populations.[2] Uruguay, Kenya and Thailand are founding strategic partners. The Health4Life Fund is an important enabler for implementing the road map 2023–2030 for the Global NCD Action Plan, 2013–2030. The relationship between COVID-19 and NCDs and mental health described above highlights the importance of a fully resourced and operational Health4Life Fund. The Health4Life Fund aims to raise US\$250 million over its first five years. A number of partners have expressed their desire to partner and resource the Health4Life Fund.

### **Extended mandate of the WHO Global Coordination Mechanism on NCDs (GCM/NCD)**

Through decision WHA74(11)<sup>[3]</sup>, Member States confirmed ‘the role of the GCM/NCD in WHO’s work on multistakeholder engagement for the prevention and control of NCDs’ and extended its terms of reference until 2030. The extended mandate of the GCM/NCD is a validation of the priority of promoting, enhancing, and enabling multisectoral and multistakeholder responses at country level to accelerate progress towards achieving SDG 3.4 and national NCD targets. As requested in WHA74(11), GCM/NCD focuses its work on five key strategic areas: knowledge collaboration and dissemination; global stocktaking of multistakeholder action; guidance on engagement with non-State actors; capacity development for multistakeholder responses; and awareness raising and capacity development for the meaningful engagement of people living with NCDs and mental and neurological conditions. This is reflected in the GCM/NCD workplan 2022-2025, adopted through decision WHA75(11).

GCM/NCD’s work is integrated in WHO’s ongoing efforts for the prevention and control of NCDs, and contributes to ‘strengthen national capacity, leadership, governance, multisectoral action and partnerships’ as set in the Global NCD Action Plan 2013–2030 and the NCD implementation roadmap 2023-2030. Implementation models across all GCM/NCD activities and initiatives are designed to formalize more effective engagement with GCM/NCD non-State actor participants, improve accountability and responsiveness of GCM/NCD to the needs of Member States, and to enhance country-level impact to ensure focused support implementation of the Global NCD Action Plan.

### **Access to medicines**

The Global Platform for Access to Childhood Cancer Medicines – a partnership between WHO and St Jude Children’s Research Hospital – was launched in Dec 2021 with the objective to provide 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. It is anticipated that medicines will be distributed to 12 low- and middle-income countries in its first phase of implementation (2022-2023). Regional initiatives, such as in AMR with the PAHO Strategic Fund, are working with Member States on pooled procurement for essential NCD medicines to increase availability and access to quality medications.

### **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. 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. Progress in the work of the WHO EURO NCD Advisory Council has led to development of a proposal for a tax share on alcohol and the EURO network of First ladies and first Gentlemen on childhood obesity.

### **Technical Advisory Groups:**

- The WHO Technical Advisory Group on NCD-related research and innovation (TAG-NCD R&I) was established in July 2021. The TAG-NCD R&I has identified key areas for the Secretariat to support; identifying research gaps and priorities, capacity strengthening, and advocacy for resources. 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 activities in the past year include training workshops, tailored technical support to refine research proposals, and development of practical resources to assist implementers and researchers.

- The WHO Technical Advisory Group of Experts on Diabetes (TAG-D) was established in August 2021. WHO has appointed TAG-D members 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.

In 2022, the WHO/EURO office established the WHO Technical Advisory Group for alcohol labelling. In its capacity this TAG will advise on building evidence for alcohol labelling, including the specific task of developing evidence on the impact of health warning labels and producing specific guidance to inform decisions of Member States

### **The WHO Acceleration Plan to STOP Obesity**

Currently, no country is on track to meet the obesity targets with over one billion people live with obesity and almost 5 million deaths associated with obesity every year. These numbers continue to rise, and the economic costs of obesity and obesity-related diseases also continue to rise. Global costs are reaching US\$

990 billion per year, which accounts for over 13% of all healthcare expenditure. However, reducing projected obesity and overweight prevalence by 5% annually from current trends or keeping it at 2019 levels will translate into average annual reductions of US\$429 billion.

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. The WHO Acceleration Plan to STOP Obesity 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 between now and 2030 timeline.

The acceleration plan, a cross-cutting initiative throughout the three levels of the organization, is designed to stimulate efforts to address the multiple drivers of obesity through five workstreams which identify priority actions for impact, support implementation of country-level actions, engagement of partners and stakeholders, particularly people living with obesity and civil society, to build a cross-cutting social movement and raise awareness at all levels of our communities. It also includes global and country advocacy campaigns to highlight obesity as a political priority and a public health major issue.

In 2022 WHO Regional Office for Europe published the European Regional Report on Obesity. This report presents obesity related data and recommended policies across the life course. It also summarized evidence related to obesity and cancer.

#### *NCD Risk Factors*

#### **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. In the EUR Region where 1 in every 10 deaths each year is caused by alcohol, the European framework for action on alcohol 2022–2025 was adopted at RC 72 in September 2022 envisaging a Region with improved health and social outcomes for individuals, families and communities, and considerably reduced morbidity and mortality from alcohol consumption and ensuing social consequences. As well as aiming to reduce harms due to alcohol consumption, the framework is intended to reduce stigma and discrimination related to alcohol use, and to support the recovery of individuals and communities.

#### **Tobacco Control**

One in ten deaths around the world is caused by tobacco use. WHO is working with the Secretariat of the WHO Framework Convention on Tobacco Control 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, 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.

Building on the success of the MPOWER measures in countries, WHO has recently addressed the increased need for cessation support by scaling up digital tools, such as WHO's first AI health worker "Florence", as well as harnessing other digital solutions, for example cessation chatbots and mobile applications. An Investment Case for tobacco cessation was conducted in 2021 to analyze the health and economic benefits from investing in evidence-based interventions to support tobacco cessation in low- and middle-income countries. The goal is to provide policymakers, donors, advocates, and other relevant stakeholders with a sound and evidence-based economic case for investing in and scaling up these measures. WHO also provides evidence-based recommendations on effectively regulating nicotine and tobacco products to facilitate implementation of Articles 9 and 10 of the WHO FCTC.

In addition, 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.

### *Mental Health*

#### **World Mental Health Report: Transforming mental health for all**

In order to provide further guidance and inspire transformation of mental health services for all, the Secretariat published the *World Mental Health Report: Transforming mental health for all* in 2022.<sup>[3]</sup> The report outlines the latest evidence and key statistics available, provides examples of good practice from around the world and highlights the voices of people with lived experience. Included in the report is a discussion of why and where change is most needed and how stakeholders can work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health. The report is being disseminated in countries, with multiple stakeholder briefings and ongoing advocacy continuing to increase recognition of and access to its recommendations.

#### **Framework to Implement the Comprehensive Mental Health Action Plan 2013 to 2030 in the WHO African Region**

The 72nd African Regional Committee held August 2022 endorsed the Framework to Implement the Comprehensive Mental Health Action Plan 2013 to 2030 in the WHO African Region. Member States committed to strengthen effective leadership, governance, and financing for mental, neurological and substance use conditions; to increase coverage of and access to quality mental, neurological and substance



use services, with a focus on strengthening services at the primary and community levels; and to increase the health workforce for mental, neurological and substance use conditions.

### **Mental health and psychosocial support in humanitarian emergency settings**

In humanitarian emergency settings, the Secretariat continued its co-chairing role of the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings while providing ongoing intensive support to all countries with L3 emergencies and many countries with L2 emergencies. This includes through continued support to first global interagency rapid deployment mechanism for mental health and psychosocial support.<sup>[17]</sup> Through this reference group, the Secretariat has and will continue to lead the coordination MHPSS responses in emergency settings and produce important technical guidance, including a wide range of resources for responding to the mental health and psychosocial impacts of COVID-19, the recently released IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0)<sup>[18]</sup> and an IASC Guidance Note on Suicide Prevention in Humanitarian Settings.

In the African Region, WHO has supported the 3 Level MHPSS response in Ethiopia, including 3 missions made to Ethiopia. MHPSS plans have been developed and funds mobilized, a Dutch Surge Support MHPSS officer was deployed to Tigray for 6 months, and an International MHPSS Technical officer consultant has been in country for 6 months. Psychotropic medications have been procured, and MHGAP manuals printed as well as funds provided for the roll out of MHGAP training in the three affected Regions. In addition to this work in Ethiopia, WHO and UNICEF have piloted and evaluated a Minimum Services Package for MHPSS in South Sudan and NE Nigeria. AFRO is also supporting five countries to strengthen the implementation of NCD and Mental health programming in the COVID-19 response. In addition, two regional situation analyses are being carried out, one that investigated the deadly interplay of COVID-19 with NCDs and Mental health and the second is a regional MHPSS situation analysis.

### **Establishment of the Global Air Pollution and Health – Technical Advisory Group**

With the mandate to advise on interventions to address health impacts of air pollution

### **Commercial determinants of health**

A new dedicated unit has been established in the Department of Social Determinants of Health,<sup>1</sup> which also supports internal coordination mechanisms to ensure coherence in addressing the commercial determinants of health. Given the crosscutting nature of the workstream, contributions to work in this area are also made by work on health taxes, food systems, obesity, environmental degradation and urban health, as well as programmatic workstreams in strategic priorities Billion 1 and Billion 2. The priority in 2020–2021 has been to strengthen the evidence base and increase internal and external awareness of economic and commercial determinants, as well as to conduct internal and external needs-assessment and scoping exercises. The biennium 2022–2023 will provide an opportunity to develop this workstream further and provide Member States with guidance for addressing the economic and commercial determinants of health, including through a strengthened common United Nations approach.

## **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*

### **Draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs of the WHO Global NCD Action Plan**

Through this report, the Secretariat provides its response to WHA72(11) (2019) “*Propose updates to the appendices of WHO's global NCD action plan and WHO's comprehensive mental health action plan, as appropriate, in consultation with Member States and taking into account the views of other stakeholders, ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of NCDs, including SDG target 3.4 and other related goals and targets*” and WHA75(11) (2022) “*Propose updates focused on the prevention and management of NCDs to Appendix 3 to the NCD GAP 2013–2030, in consultation with Member States, United Nations organizations and non-State actors, for consideration by the governing bodies*”. Annex 1 to this report provides a draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs of the WHO Global NCD Action Plan (The 2022 Update of Appendix 3) which will support countries in further prioritizing and scaling up the implementation of most impactful and feasible interventions in their national context.

### **Operationalizing the NCD Implementation Roadmap 2023-2030**

The 2022 Update of Appendix 3 is one of a series of tools being developed by the Secretariat, as part of the NCD Implementation Roadmap 2023-2030, to support Member States progress towards achieving the nine voluntary global NCD targets by 2025 and 2030 SDG target 3.4 on NCDs by i) accelerating national NCD responses based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries, ii) prioritizing and scaling up the implementation of most impactful and feasible interventions in the national context, and iii) ensuring timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability. The Technical Products developed or being developed by the Secretariat to support the NCD Implementation Roadmap 2023-2030 across its 5 action areas are outlined in Table 3.

**Table 3. Operationalizing the NCD Implementation Roadmap 2023-2030: technical products that empower the Member States to accelerate global NCD outcomes**

<b>Implementation Roadmap Actions</b>	<b>Technical Products developed or being developed by the Secretariat<sup>17</sup></b>
ENGAGE	<ul style="list-style-type: none"> <li>• Tool proposed to support Member States in their decision-making on engaging with private sector entities for the Prevention and Control of NCDs – Q3 2023</li> <li>• WHO Framework for the meaningful engagement of people living with NCDs, mental health conditions and neurological conditions– Q2 2023</li> <li>• Case Studies on Multisectoral Action for NCDs and mental health conditions – Q3 2023</li> </ul>

<sup>17</sup> Non-exhaustive list. For more information, please contact the Secretariat

	<ul style="list-style-type: none"> <li>• Compendium of WHO and UN guidance on health and environment, featuring practical actions against air pollution</li> </ul>
ACCELERATE	<ul style="list-style-type: none"> <li>• INTEGRATE technical package.</li> <li>• The eighth WHO Report on the Global Tobacco Epidemic</li> <li>• UHC compendium.</li> <li>• Rehabilitation Competency Framework.</li> <li>• Collaborative framework for care and control of TB and diabetes.</li> <li>• WHO recommendations on screening and treatment to prevent cervical cancer among women living with HIV.</li> <li>• Comprehensive package SAFER – Q2 2023</li> <li>• WHO study group on tobacco product regulation: report on the scientific basis of tobacco product regulation: Eighth report of a WHO study group</li> <li>• WHO TobLabNet SOP11 – Standard operating procedure for determination of nicotine, glycerol and propylene glycol in e-liquids</li> <li>• WHO TobLabNet SOP 12 – Standard operating procedure for determination of nicotine content in smokeless tobacco products</li> <li>• WHO TobLabNet SOP 13 - Standard operating procedure for determination of moisture content in smokeless tobacco products</li> <li>• WHO TobLabNet SOP 14 - Standard operating procedure for determination of the pH of smokeless tobacco products.</li> <li>• Benefits of Action to Household Air Pollution (BAR-HAP) – a global planning tool for assessing the health, financial, and environmental costs and benefits of intervention aiming at reducing cooking-related household air pollution</li> </ul>
INVEST	<ul style="list-style-type: none"> <li>• 2022 update of the Appendix 3 of the NCD GAP 2013-2030</li> <li>• Web-based simulation tool</li> <li>• Costing tool for prioritized interventions</li> <li>• The Global Investment Case for Tobacco Cessation</li> <li>• UN Multi-partner Trust Fund on NCDs and Mental Health</li> <li>• WHO Tobacco Cessation Consortium</li> <li>• COVID-19 Strategic Preparedness and Response Plan</li> <li>• Position paper on scaling up implementation research and innovation</li> </ul>
ALIGN	<ul style="list-style-type: none"> <li>• WHO menu of cost-effective interventions for mental health.</li> <li>• WHO Global Air Quality Guidelines.</li> <li>• Updated WHO Air Quality Guidelines with recommendations on guideline levels and interim targets for six key air pollutants</li> <li>• Building climate resilient health systems.</li> <li>• Health in All Policies (HiAP) Framework for country action.</li> <li>• Healthy Cities Effective Approach to a Changing World.</li> <li>• SDG GAP and PHC implementation framework.</li> <li>•</li> </ul>
ACCOUNT	<ul style="list-style-type: none"> <li>• Guidance on NCD surveillance, monitoring programme and facility indicators and reporting for countries.</li> <li>• NCD data portal.</li> <li>• Global report on attainment of SDG health target 3.5</li> <li>• Updated database with air quality from 6'700 cities worldwide</li> <li>• Repository of guidance existing UN documents to measure SDG indicator 11.6.2</li> </ul>

## NCDs in PHC and UHC

At the first High-level Meeting of the UN General Assembly on UHC, Heads of State and Government agreed to “progressively cover all people by 2030 with quality essential health services and quality, safe,

effective, affordable and essential medicines, vaccines, diagnostics and health technologies for the prevention, screening, early diagnosis and treatment of NCDs”. The Declaration of Astana stipulates that primary health care will provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases.

In the 2021 UHC Monitoring Report, the infectious diseases and the RMNCH sub-index showed significant progress, but NCDs and service capacity and access components showed slower gains. This has been made worse by the Covid-19 pandemic where NCD services were disrupted. In order to improve and build back better, WHO provides the necessary technical support to Member States in integrating the prevention and control of NCDs and the promotion of mental health into primary health care services. The support made possible through NORAD and other donors and through the UHC Partnership, focusses on using strategic levers in PHC of policy planning, standard setting and priority setting, and translating into operational plans for service delivery at national, sub-national and local levels.

In order to support Member States reorient health systems towards primary health care, as the foundation of universal health coverage as well as health security and health and well-being for all, the Secretariat is developing evidence-based implementation guidance and tools to maximize the impact of disease response, and scale-up the access of NCDs services through primary health care. These include guidance for integration of NCD into programs and health systems; a Guide to prioritizing NCD in UHC Benefit Packages; NCD Financing Needs Tool; NCD Ready Workforce Learning Framework; Task-sharing evidence for NCD services; Forecasting Tool for NCD medicines; Facility Based and Patient Program Monitoring Indicators. These are developed as part of the broader health system strengthening guidance and in consideration of the effective linkage of NCD services, with response of other disease programs such as HIV/AIDS, TB, maternal and child health, with lenses of equity, cost-effectiveness and efficiency.

### **Implementing the WHA74.5 Resolution on Oral Health**

In response to resolution WHA74.5, the Secretariat developed the global oral health action plan (GOHAP), including a framework for tracking progress with measurable targets to be achieved by 2030. The GOHAP translates the vision, goal and strategic objectives set out in the Global Strategy on Oral Health (A75/10 Add.1) into action-oriented guidance on interventions for stronger and more coordinated action on oral health. The GOHAP provides Member States with a series of evidence-informed actions that can be implemented at national and sub-national levels. The accompanying draft global monitoring framework including targets for key indicators will be a tool to measure and monitor progress on oral health globally, within the context of the broader UHC and NCD agendas towards 2030. The draft GOHAP has been developed through a series of consultations with Member States and other stakeholders, supported by Regional and Country Offices.

In addition, the Global Oral Health Status Report 2022 was launched in November 2022. The report provides comprehensive baseline statistics on oral diseases and is an important milestone in the larger process of mobilizing political action and resources for oral health.

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

The main objective of the WHO NCD Surveillance, Monitoring and Reporting Unit<sup>18</sup> is to support the collection, analysis, and dissemination of country-level risk factor information to inform and improve public health policy. The Surveillance unit focuses on the following overall strategic areas

1. Developing global standards for noncommunicable disease surveillance and risk factor assessment, including standard methodologies for collecting, analyzing, and displaying data.
2. Providing support to countries (through WHO regional and country offices) and increasing their capacity to improve the quality of noncommunicable diseases and risk factor surveillance and information processes.

The Secretariat launched a noncommunicable diseases data portal (NCD data portal)<sup>19</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.

### **WHO Framework for Meaningful Engagement of People Living with NCDs, Mental Health Conditions and Neurological Conditions**

The high-level political commitment contained in paragraph 42 of the 2018 Political declaration of the 3rd UNGA high level meeting on NCDs, calls on ‘promoting meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of NCDs, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by NCDs’.

In response, WHO is developing a ‘Framework for the meaningful engagement of people living with NCDs, mental health conditions and neurological conditions’ to support WHO and its Member States in operationalizing meaningful engagement of individuals with lived experience. The framework and the supporting activities contribute to the advancement of understanding, knowledge and action on meaningful engagement and other related participatory approaches through an evolving evidence base. In addition, it provides guidance and actions on how to transition from intention to action in meaningful engagement.

WHO has completed all activities associated with the co-creation and participatory approaches ensuring a bottom-up approach with individuals with lived experiences central to the process. The framework is expected to be launched in 2023 followed by pilot testing activities in countries across the six WHO regions, alongside the simultaneous development of additional derivative products to support contextual implementation.

#### *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

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<sup>18</sup> WHO Noncommunicable Disease Surveillance, Monitoring and Reporting <https://www.who.int/teams/noncommunicable-diseases/surveillance>

<sup>19</sup> WHO NCD Data Portal <https://ncdportal.org/>

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

### **Health Literacy and Digital health**

WHO will support countries to scale-up telehealth, mobile health and other digital technologies, using lessons learned in the COVID-19 pandemic, to strengthen health literacy, advocacy for NCD prevention, empowerment of communities and to assist community health workers to provide equitable NCD care to remote populations.

The development of effective and inclusive health literacy approaches is a crucial success factor for contextual and equitable NCDs responses. To support Member States in these efforts, the Secretariat published, in 2022, a report entitled “Health Literacy development for the prevention and control of NCDs”, product of a 3-year WHO Working Group on health education and health literacy on NCDs, composed of Member State representatives. The report provides a pragmatic approach to health literacy development for the prevention and control of NCDs as a critical enabler to improving health promotion for wellbeing, equity, and sustainable development. It provides new insights for global, national and sub-national policy makers that refine the concept of health literacy to maximize its global relevance and utility for improving health and wellbeing through an equity-lens and reveal the mechanisms behind how people, communities, and organizations learn and can be supported to take action against NCDs, including their risk factors and determinants. Importantly, recommended actions and practical processes are presented for developing health literacy, including through sixteen case studies across low- to high-income countries.

### **Portfolio of policy interventions to tackle the acceptability, availability and affordability driving alcohol consumption**

The Secretariat has intensified the development of a range of normative technical products to support countries in their endeavours to reduce alcohol consumption. The portfolio includes policy briefs on high-impact interventions, manuals on alcohol taxation and legislation, hands-on guidance on alcohol outlet licensing, regulating zero and low alcoholic beverages, digital marketing, health warning, among others. The Secretariat is also committed to expand the evidence base for low and middle-income countries as well as regularly updating the database on alcohol and health.

As part of this efforts the WHO EURO regions has published a report on Alcohol Minimum pricing and on Alcohol Digital marketing and will develop tools to support country implementation. In the African Region, WHO, with the support of NORAD, supported the development of a SAFER Implementation Roadmap in Uganda in 2021 and is supporting implementation of the Roadmap in 2022 and going forward. This will provide useful lessons for other countries in the Region, as well as globally, on how a package of cost-effective interventions can be delivered in a coordinated and collaborative manner, with the participation and contributions of different sectors as well as non-state actors.

### **Global Report on the Commercial Determinants of Health**

As part of the efforts by the Secretariat to scope the commercial determinants of health including the impact on and action to tackle NCDs, preparations are underway for a Global Report on the Commercial Determinants of Health. In 2021-2022 three expert consultations were held to provide initial considerations for the Global Report. Further consultations were held internally within WHO. In addition to this key geographical and thematic technical papers were commissioned to inform the scoping process for the global report. Further consultation will continue in 2022 with technical experts, stakeholders, and end users including UN agencies to ensure relevance and alignment. The report will be overseen by a High-Level Steering Group and scientific oversight will be provided by an Editorial Committee. The report is expected to be developed over a two-year period and completed in 2024.

### **WHO Tool to support Member States in their decision-making on engaging with private sector entities for the prevention and control of NCDs**

Through a cross-departmental working group, involving the three levels of the Organization – Headquarters and Regional and Country Offices, WHO is developing a tool to support Member-States in their decision-making on engaging with private sector entities for the prevention and control of NCDs (i.e.; Decision-making Tool). The Tool responds to a Member-States’ request, noted in the [WHA74\(11\)](#), and contributes to addressing the gap identified in the Director General’s report to the 71<sup>st</sup> World Health Assembly regarding the limited capacity of Member States to establish and manage cross-sectoral partnerships with the private sector entities for the benefit of public health.

The Decision-making Tool supports Member State’s capacities to prevent and manage risks, including conflicts of interest and undue influence, when considering the opportunity to harness alignment and support from private sector entities to advance national NCD responses, the implementation of the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2030) and achieving SDG 3.4.

During the development of the draft Decision-making Tool (2022-2023), WHO is engaged in a series of workshops at country level to assess relevance and acceptability of the draft tool, that can incorporate national and subnational experiences and contexts. The Decision-making Tool is expected to be launched in 2023 followed by capacity development activities and the development of case studies in selected countries.

### **Case Studies on Multisectoral Action for the Prevention and Control of NCDs and Mental health**

Member States, aiming to advance the implementation of multisectoral NCD responses and recognizing the fundamental importance of sharing information, knowledge, and best practices, have requested the WHO Secretariat at the Seventy-Second World Health Assembly (WHA 72) , to “present, based on a review of international experiences, an analysis of successful approaches to multisectoral action for the prevention and control of noncommunicable diseases, including those that address the social, economic and environmental determinants of such diseases”.

As a first step, WHO has mapped 96 experiences from 46 countries using multisectoral action (MSA) for the prevention and control of NCDs and mental health. This mapping was an initial step and part of a broader WHO initiative that selected 20 best experiences to be developed further into case studies, highlighting practices and successful approaches implementing multisectoral actions for the prevention and control of NCDs and mental health.

All cases studies will be in a special report, Collection of Case Studies on Experiences of MSA to Strengthen Collaboration for the Prevention and Control of NCDs and Mental Health, which will include an analysis of successful approaches. This report will be submitted to the WHO Executive Board in 2023. The cases studies will be accessible online and disseminated widely through WHO channels and networks. Further knowledge collaboration and exchange activities will take place to showcase these successful experiences

### *Mental Health*

#### **Guidelines on Mental Health and Work**

An estimated 15% of working-age adults have a mental disorder at any point in time. People living with severe mental health conditions are largely excluded from work despite participation in economic activities being important for recovery. In order to address the issue, the Secretariat published guidelines on mental health at work<sup>[1]</sup> to provide evidence-based recommendations to promote mental health, prevent mental health conditions, and enable people living with mental health conditions to participate and thrive in work. The recommendations cover organizational interventions, manager training and worker training, individual interventions, return to work, and gaining employment. The guidelines aim to improve the implementation of evidence-based interventions for mental health at work. Based on this work, WHO and the International Labour Organization jointly developed a Mental health at work: policy brief<sup>[2]</sup> to provide a pragmatic framework for implementing the recommendations of the WHO guidelines on mental health at work. This policy brief provides actions for governments, employers, employers' and workers' organizations, civil society and health service planners to prevent work-related mental health conditions, protect and promote mental health at work and support workers with mental health conditions. Next steps include wider dissemination and promotion for uptake by employers and workplaces globally.

#### **Updating Clinical Guidelines for the Assessment and Management of Priority Mental, Neurological and Substance use Conditions (MNS)**

To reduce the treatment gap and to enhance the capacity of countries to respond to the growing challenges presented by mental, neurological and substance use conditions, WHO developed the Mental Health Gap Action Programme (mhGAP).<sup>[3]</sup> An essential component of mhGAP is an integrated package of evidence-based guidelines for Mental Neurological and Substance use disorders identified as conditions of high priority. The mhGAP guideline was first published in 2010 and last updated in 2015. In 2022, the Secretariat undertook another update of these guidelines, including updates to ten modules: depression; psychosis and bipolar disorders; epilepsy and seizures; child & adolescent mental disorders; dementia; alcohol use disorders; drug use disorders; self-harm and suicide; conditions related to stress & other significant emotional and medical unexplained somatic complaints. Additionally, this update included the development of first-time guidelines on anxiety disorders, identified as a priority in countries. Draft recommendations by the Guideline Development Group have been developed, with the aim of finalizing and publishing these updated guidelines in 2023.

The WHO mhGAP guidelines have been translated into French, with the support of WHOCC Lille, as well as Expertise France. They have been piloted and validated in Burkina Faso. Plans are underway to roll out the French mhGAP in the African Region.

#### **Supporting implementation of the Comprehensive mental health action plan 2013-2030**

The Secretariat also continues to provide technical support to Member States on the priority areas identified in the Comprehensive mental health action plan 2013-2030. In 2022, a number of tools were launched to advance this support, including the Ensuring Quality in Psychological Support (EQUIP) platform, a tool to improve the competence of helpers providing mental health and psychosocial support interventions and the consistency and quality of training and service delivery,<sup>[4]</sup> a Mental Health and Climate Change: Policy brief, outlining key evidence and recommendations to address the situation,<sup>[5]</sup> a training manual on the mhGAP Humanitarian Intervention Guide designed to guide facilitators in training non-specialist health care providers to manage mental, neurological and substance use conditions in humanitarian emergency settings,<sup>[6]</sup> a field-test guide on implementing Collaborative Care models for the treatment of mental health conditions in persons with physical health conditions and a guide on the integration of HIV and mental health services to promote better overall health,<sup>[7]</sup> in partnership with UNAIDS. To further understand and promote the human rights and recovery of people living with mental health conditions, the Secretariat also began the global roll-out of the QualityRights online training.<sup>[8]</sup>

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

The Secretariat also continued its partnership with UNICEF, UNHCR and UNFPA to develop the mental health and psychosocial support minimum services package (MHPSS MSP), a costed package of essential activities that integrates mental health and psychosocial support across sectors, prioritizes activities and promotes efficiency.<sup>[19]</sup> In 2022, the MHPSS MSP has been field-tested in a range of emergency settings and was published by the Inter-Agency Standing Committee. 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 programme managers on mental health and psychosocial support on the OPENWHO platform<sup>[20]</sup> and led the development of the *IASC Handbook on Mental Health and Psychosocial Support Coordination*. Finally, in response to the need to develop and strengthen mental health services as part of strengthening preparedness, response and resilience to COVID-19 and future PHEs expressed by WHO Member States during the Seventy-fourth World Health Assembly, the Secretariat continued its work on integrating mental health and psychosocial support and disaster risk reduction as well as preparedness training. In 2022, a training package on MHPSS preparedness was developed and field tested in four countries. Next steps include finalizing the package and organizing global capacity building and emergency simulation exercises.

### **Global status report on the public health response to dementia**

In support of decision WHA70(17) on the global action plan on the public health response to dementia 2017-2025, the Secretariat released the Global status report on the public health response to dementia in 2021<sup>[1]</sup>. The global status report took stock of implementation progress of the global dementia action plan, its seven strategic action areas and the associated the global targets, using data submitted by 62 Member States to the Global Dementia Observatory<sup>[2]</sup>; these countries together cover 66% of the world population and 74% of the world population aged 60 or older. While some progress is being made, urgent increased efforts across all action areas are needed globally to reach the dementia targets by 2025. For instance, in 2021 only 26% of Member States (n=50) had a national dementia plan (stand-alone, integrated or subnational), instead of 75% of Member States required to meet the global target.

### **Optimizing brain health across the life course: WHO position paper**



As a technical complement to the Intersectoral global action plan on epilepsy and other neurological disorders 2022-2031, the Secretariat developed a position paper on optimizing brain health across the life course [11](#). The position paper synthesizes the evidence for a wide range of interconnected brain health determinants that – if addressed comprehensively – can optimize brain health across the life course. This will in turn reduce rates of neurological disorders and other chronic health conditions and create social and economic benefits beyond health that help advance sustainable development globally.

**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. 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.

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

In response to the request from Member States for support in strengthening the design and implementation of policies to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies, the Secretariat advanced its work as outlined in Annex 4 EB150/7<sup>20</sup>. This includes a global landscape review of WHO's support to Member States in integrating NCDs across emergency preparedness, response and recovery. Findings of this review will inform a series of meetings planned from December 2022 to June 2023 with the aim to contextualize the recommendations adopted during WHA75, taking into consideration different regional emergency risk profiles and capacities (e.g., natural disasters, fragile conflict-affected and vulnerable settings). These regional consultations will further provide inputs to a global meeting on NCD in emergencies, planned for June 2023 as part of the processes and high level meetings leading to the fourth High-level Meeting on NCDs in 2025. Regional initiatives, such as through AMR, have expanded the use of the NCD emergency kits by mobilizing kits to several countries and training providers in their use.

WHO developed and disseminated guides targeting the general population and health care workers in response to significant pandemic-related disruptions to the provision of NCD and mental health services.

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<sup>20</sup> Annex 4 EB Document 150/7: [Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases \(who.int\)](#)

These included strategies and approaches to ensure continuity, prevent nosocomial and health worker infection at health facilities, and provide critical mental health and psychosocial support. In the African region, Mental health and psychosocial support were provided in three countries<sup>[1]</sup> in response to grade 3 humanitarian crises, and to all countries in response to COVID-19. Three countries<sup>[2]</sup> integrated mental health into NCD multisectoral plans to increase service coverage at primary health care level.

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

WHO has launched the roll-out of tailored support to countries for the implementation of the Acceleration Plan, delivered in a phased incremental approach across the 6 WHO regions, and coordinated across the three levels of the organization. Its success will rely on country leadership, political commitment, and the adoption of a whole-of-society approach where all stakeholders play a part in tackling obesity, including people with lived experience of obesity, their families and communities.

WHO's tailored implementation support aims 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; and
- Improve trends in obesity rates across the life course.

Through Triple Billion analytics, 24 frontrunner countries across the 6 WHO regions have been identified for the first phase of the roll-out of tailored support to countries for the implementation of the Acceleration plan. The support will start with the Intercountry Dialogues (ICDs), between October 2022 and first quarter of 2023. The objective of the ICDs will be to present country obesity work - impact, challenges, gaps, and priorities - and to discuss practical ways to accelerate country impact, with the aim to develop the first draft of the country roadmaps and plan next steps towards the finalization and execution. Execution of country roadmaps is planned to start sequentially in 2023, with mid-term (2025) and long-term (2030) delivery points. WHO Regional Office for Europe organized two sub regional policy dialogues on obesity, in Western Balkan regions and for Central Asian countries.

### **Improving the quality of integrated maternal, newborn and child health and NCDs**

WHO has signed a Memorandum of Understanding with the Russian Federation to implement a Project on improving the quality of integrated maternal, newborn and child health (MNCH) and NCD care to reduce maternal, newborn, and child deaths and accelerate the achievement of the SDG health targets in Tajikistan, Kyrgyzstan, and Viet Nam. The Project is being implemented in a collaborative manner including

Ministries of Health in targeted countries, MCA, SRH, NCD Departments and the Global NCD Platform, as well as EURO, WPRO and country offices.

The Project targets over 40 facilities to demonstrate a quality improvement system that can be scaled up in a sustainable manner at national, regional, and global levels. It also aims to strengthen health systems by integrating NCD prevention and management into existing maternal and child health protocols of care and treatment guidelines to influence health before and during pregnancy, as well as to help shape future parents' attitudes and practices to infant and young child care. The Project has a significant reproductive health and NCD research component as well. WHO Regional Office for Europe developed a model law - Effective regulatory frameworks for ending inappropriate marketing of breast-milk substitutes and foods for infants and young children

### **Implementation research to scale-up national responses on NCDs to achieve SDG target 3.4**

The WHO Global NCD Platform in collaboration with the UNIATAR's Defeat-NCD Partnership and Alliance for Health Policy and Systems Research rolled out an incentive grants programme for young researchers to strengthen the capacity for implementation research in low- and middle-income countries. The programme facilitates the development of and demand for locally generated research to address context-specific problems and propose action-oriented solutions. The programme will build a critical mass on national researchers and encourage partnerships among implementers, policy-makers, and researchers to identify the barriers to scaling up NCD and mental health interventions and improve the uptake of research results for effective policy and programme development. WHO Regional Office for Europe launched an implementation research project in Uzbekistan, Kyrgyzstan and Azerbaijan with multiple stakeholders to build the capacity and identify implementation outcomes through participatory approaches.

#### *NCD Risk factors*

### **Nutrition and obesity**

WHO EURO organized several workshops for public health stakeholders, health care professionals and national focal points for multisectoral work in the areas childhood obesity, salt reduction policies engaging with different partners like OECD, UNICEF, EAEU (Trans Fatty acid). Engagement and knowledge exchange was scaled up through continuous support to networks -European Heart Network (EHN) for salt reduction and marketing of unhealthy products to children, the WHO HEPA-Europe network on physical activity. In addition, protocols to assess the nutritional quality of plant-based foods, measuring the impact of SSB tax on childhood obesity, and to build evidence and new tools to promote nutrition and physical activity were developed with WHO Collaborating Centres and involvement of several partners. New products were developed to address digital environment as a determinant of NCDs, namely the CLICK tool.

### **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 will support countries in implementation of evidence-based, population-wide and high-impact interventions. Particularly focus will be given to the application of the SAFER package and to continue building the evidence on alcohol policy impact and raising awareness of alcohol impact on health, in particular as a risk factor for cancer, through regional and country collaboration.. WHO EURO engaged in multisectoral policy dialogues , including through the CIS policy network to enhance the use of fiscal measures to reduce health care costs and

generate a domestic revenue (KAZ) as well as to address health inequalities. To advance health literacy, communication, and education on the dangers of alcohol, the WHO/Europe launched podcasts in the Russian language that feature various aspects of alcohol control, widely used by countries to raise awareness..

### **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 2021, identified 60 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, in order to secure its profits, while tobacco is *responsible for over 8 million deaths, globally every year*. In collaboration with the Commonwealth of Independent States Interparliamentary Assembly, WHO/Europe developed a draft Model Law on Tobacco and Nicotine Control for CIS countries. A number of countries has strengthened their tobacco control legislation, namely Ukraine, Kyrgyzstan, Republic of Moldova and Georgia, A number of countries has strengthened their tobacco control legislation, namely Ukraine, Kyrgyzstan, Republic of Moldova and Georgia,

### **COP9 Declaration on WHO FCTC and Recovery from the Covid-19**

The Ninth Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control adopted the COP9 Declaration on WHO FCTC and Recovery from the Covid-19 in November 2021. It calls on the Parties to include actions to achieve SDG Target 3.a on implementation of WHO FCTC and SDG Target 3.4 on NCDs as an integral component of national recovery from the COVID-19 pandemic, including in national SDG plans.

### **Commercial determinants of health**

The Secretariat is working closely across the three levels of the organization to ensure a coordinated approach to the scoping of the area of commercial determinants of health. Regional reviews have been concluded in five of the six regions; regional technical meetings have been undertaken in the Americas and South-East Asia regions. The Eastern Mediterranean Region concluded a review of commercial determinants of health through its work under the Regional Commission on Social Determinants of Health for the Eastern Mediterranean Region ‘Do Something, Do More, Do Better’.

### *Mental Health*

## **The WHO Special Initiative for Mental Health**

WHO's Special Initiative for Mental Health<sup>[1]</sup> aims for 100 million more people have access to quality and affordable mental health care. Current implementing countries include Argentina, Bangladesh, Ghana, Jordan, Nepal, Paraguay, the Philippines, Ukraine and Zimbabwe. 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. These strategic priorities will further Global Goals and WHO's GPW13s triple billion goals and Universal Health Coverage agenda. It is also intended to demonstrate transformation of mental health services recommended in WHO's World Mental Health Report and to illustrate how targets in WHO's Comprehensive Mental Health Plan 2013-2030 can be achieved.

Launched in 2019, WHO's Special Initiative for Mental Health has made steady and positive progress in most participating countries, gradually scaling up services and fostering change. However, the success of WHO's Special Initiative for Mental Health remains uncertain due to constrained financial and human resources which has limited planned activities with ministries of health. Greater investment to WHO's Special Initiative for Mental Health will be critical for countries to meet the needs for adequate mental health services, necessary to serve the health needs for some of the world's most vulnerable people.

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

The UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents<sup>[2]</sup> (the "Joint Programme") has the following goal: By 2030, children and adolescents living in countries targeted under the Joint Programme will experience reduced suffering and improved mental health and psychosocial well-being and development. Positioned as one of the four priority areas in UNICEF-WHO Strategic Collaboration Framework, the Joint Programme aims to achieve its goal by strengthening the capacity of countries to implement evidence-informed and human-rights based multisectoral strategies to support children, adolescents and their caregivers. In 2021-2022, eight countries were identified for targeted support: Bhutan, Colombia, Egypt, Guyana, Jordan, Maldives, Mozambique and Papua New Guinea and more countries will be identified moving forward. In 2022, WHO and UNICEF facilitated the development of country cases for support, providing priorities and opportunities for joint action and also committed internal resources for a total of 5 million to support the start-up implementation of the Joint Programme in 2022 and 2023. Multisectoral action plans tailored to the country-specific priorities are being defined, in consultation with Member States. The Joint Programme is also advocating at the global level. In 2022 UNICEF and WHO led on the organization of high-level advocacy events during the Transforming Education Summit, co-sponsored also by UNESCO and the Government of Thailand, and a thematic session during the Global Mental Health Summit, hosted by the Government of Italy.

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

With adoption by WHA75 of the intersectoral global action plan on epilepsy and other neurological disorders 2022-2031, the Secretariat will support Member States in addressing the challenges and gaps in providing care and services for people with epilepsy and other neurological disorders that exist worldwide and ensure a comprehensive, coordinated response across sectors. The Secretariat will monitor implementation of the action plan through the global targets and report to Member States, as appropriate,

on progress made. The newly released position paper on optimizing brain health across the life course[9] will support the implementation of the intersectoral global action plan, the Secretariat has released by outlining a wide range of determinants to promote brain health, improve overall health and well-being and produce wider societal and economic benefits. As part of the technical series for neurological disorders, WHO published the Parkinson disease technical brief that provides considerations for policies, implementation and research with a focus on low- and middle-income countries[10].

In the European Region, the Mental Health Flagship has incited action on mental health following adoption of the European Framework for Action on Mental Health 2021-2025 by the 71st Regional Committee for Europe on 14 September 2021:

- Launch of the pan-European Mental Health Coalition, a network of institutions and individuals focused on coordinating actions to implement the Framework, in Brussels (30 September 2021) with the attendance of Her Majesty Queen Mathilde of the Belgians.
- A regional technical consultation on the implementation of the Framework (15-16 February 2022) was held to capture, tune and match the Region's mental health priorities and expectations with available evidence-based tools and good practices.
- The first meeting of the Coalition (4-5 May 2022), consisting of five parallel working groups, was held to develop the strategic basis and content for five priority areas (leadership; mental health of children, adolescents and young people [CAY]; mental health of older adults; mental health in workplaces; and service transformation).

During these last months, a series of mapping exercises have taken place to identify best practices around each Coalition working package and to build around those the technical products to mainstream and scale up mental health and wellbeing within the region. Work to create a quality of care framework has started with the support of a expert technical working group.

- WHO/Europe launched a rapid, decisive and well-resourced mental health and psychosocial support (MHPSS) response in the first weeks of the war in Ukraine, deploying experts to neighboring countries set up technical working groups (TWGs) and address the needs of the growing refugee population. WHO is supporting the expanding MHPSS TWG in Ukraine in all major actions, including technical support, capacity-building, promoting best practices, and needs assessments. A roadmap for action has been developed and shared with countries receiving large numbers of refugees to coordinate all efforts and actions.
- Meanwhile, the Flagship has continued to support countries engaging in dialogues on mental health frameworks and scaling up mental health activities such as WHO QualityRights and mhGAP in Estonia, Lithuania, Turkmenistan, Armenia, Türkiye.
- Subregional discussions, such as in the Western Balkans, have taken place to define and draw the work on transforming mental health systems, including better integration in primary health care, tackling mental health stigma, increase suicide prevention and implement digital mental health tools.

### **Supporting implementation of the global dementia action plan (decision WHA70.11)**

As the Global status report on the public health response to dementia<sup>[REF]</sup> demonstrated, countries are not on track to achieve the global targets outlined in the global dementia action plan by 2025. Dementia is still not prioritized in national policies of most countries; too many people with dementia continue to lack access

to diagnostic and post-diagnostic services; and carers of people with dementia remain socially isolated and without support [\[REF\]](#). Increased efforts are required at all levels and across all seven strategic areas to accelerate progress. In order to support countries in implementing the global dementia action plan, WHO provided individual country support to 11 countries and organized two regional/multi-regional workshops to facilitate mutual learning across WHO regions and countries, bringing together stakeholders from 41 countries including governments, civil society, academic institutions and people with dementia. These workshops aim to strengthen country capacity to formulate comprehensive national responses to dementia through the adaptation and implementation of available technical tools and products[\[11\]](#). In 2022, the Secretariat released the following products:– Towards a dementia-inclusive society: WHO toolkit for dementia-friendly initiatives[\[12\]](#); mDementia handbook[\[13\]](#); iSupport training for dementia carers[\[14\]](#); the updated Global Dementia Observatory Data Portal[\[15\]](#) and Knowledge Exchange Platform[\[16\]](#) and a Blueprint for dementia research [\[17\]](#).

### **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. To that end, the Secretariat released a package on Caregiver skills training for families of children with developmental delays or disabilities along with an eLearning course, being translated in 10 languages. Parenting for children and adolescents with developmental disabilities is also being promoted as part of an interagency global initiative on parenting. A regional convening was convened by WHO, along with partners, to discuss evidence-based parenting in the African region. To improve impact in countries, and through strengthened collaboration with UNICEF in the Joint Programme, a global report on developmental disabilities and a technical brief on nurturing care for children with developmental disabilities are being developed with the active contribution of advocates and users.

### **Air pollution**

In line with resolution WHA68.8 (2015), the Secretariat provides support and guidance for Member States in implementing the WHO air quality guidelines, with a focus on the recently launched 2021 global update. To promote dissemination and uptake, WHO/Europe has translated the global guidelines into 11 European languages, organized intersectoral science-policy events in Poland, Bulgaria and at the regional level, and participated at high-level meetings in the European Union institutions and other high-profile events. In addition, WHO/Europe is completing a package of key WHO and UN resources on air quality management for the European Region, as well as updating the AirQ+ software with the new guideline values, to facilitate guideline implementation at the country level. WHO/Europe will also provide assistance to Member States to increase awareness and communicate to the general public and stakeholders about the effects of air pollution and actions to reduce it through publishing best practices for health messaging within air quality indices and guidance on actions to reduce individual exposure to air pollution.

### **Vulnerable populations**

WHO EURO also 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

## **Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels**

### **WHO Office for the Region of the Americas**

In PAHO/AMRO, the regional network of national NCD program managers were convened in a series of virtual meetings earlier in 2022, to discuss the NCD implementation roadmap, progress and barriers to advance on the NCD global goals and targets and to define needs for technical assistance. Funding and priority setting for NCD interventions, were among the most commonly noted needs identified by Member States

Barbados in collaboration with WHO, will co-host a SIDS High-level Technical Meeting on NCDs and Mental Health in January 2023 followed by a Ministerial Conference of SIDS on the Prevention and Control of NCDs and Mental Health later in the year.

These Conferences would build on the outcomes of the Declaration of Port of Spain (2007), the SAMOA pathway, the virtual WHO SIDS Summit for Health convened in June 2021, as well as the evaluation of the NCD Global Action Plan, the proposed pathways to transformation presented in the WHO World Mental Health Report and the progress reports towards achieving the SDGs. The Conferences would set out an ambitious agenda to transform the capability of SIDS countries to respond and effectively deliver health outcomes related to NCDs and mental health, in order to achieve SDG target 3.4. The outcome document of the Ministerial Conference will serve as an input into the preparatory process leading to the fourth High-level Meeting of the United Nations General Assembly on NCDs in 2025 and to future global summits on mental health.

### **WHO Office for the African Region**

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; (ii) strengthening the capacity of human resources for health and, improving access to essential NCD services in PHC facilities to deliver NCD prevention and control services; (iii) and strengthening and integrating NCD surveillance systems into health management information systems.

All Member States have strengthened the continuity of NCD services as part of COVID-19 response using the WHO guidance Q&As addressing the impact of COVID-19 on specific NCDs including Sickle cell disease; cardiovascular diseases; Diabetes; Chronic respiratory diseases; Oral health; Ear and eye health; and mental health. So far, 31 Member States [10] in the African Region have developed and are implementing multisectoral national plans in alignment with the WHO Global NCD Action Plan 2013-2020. Development and implementation of multisectoral plans ensures a coherent, whole of government and multisectoral approach to reducing the prevalence of NCD risk factors and a whole of society ensuring quality services delivered for NCD management. Following the adoption of the “Regional Framework for Integrating Essential NCD Services in Primary Health Care” at the 67th session of the Regional Committee, Member States have introduced and scaled up the WHO Package of NCD Interventions (WHO PEN). To facilitate the roll out of comprehensive NCD related prevention and control services in PHC settings, the



WHO PEN guidelines as well as HEARTS have been adapted and capacity of hundreds of frontline health care workers improved. By June 2021, a total of 27 Member States are implementing an integrated approach to management of NCDs at PHC moving towards the attainment of UHC.

To address inequitable access to cancer prevention and control, WHO implemented three major global cancer initiatives [11] to sustain and accelerate the elimination of cervical cancer as a public health problem in the Region, and to improve childhood cancer survival rates through the implementation of the Global Initiative for Childhood Cancer (GICC). The Framework [12] for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region was adopted at the 71st Regional Committee for Africa in 2021 and following this adoption, WHO has been supporting member states to implement the priority interventions in the framework. Eleven countries [13] have been supported to switch to the recommended high-performance screening test for cervical cancer. Kenya was implementing a community-based HPV test using community health workers, and Liberia had established the first public sector cervical cancer screening and breast cancer early detection clinics, with WHO support. Under the GICC, Zambia and Ghana developed country-specific treatment guidelines and established hospital-based pediatric registries.

Oral health action plans focusing on noma are being successfully implemented in ten high-burden countries [14] to eliminate noma as a public health problem by ensuring inter and multisectoral collaboration towards UHC following the step-by-step guidance document [15]. Sixteen Member States [16] have strengthened the implementation of their respective policies and legislations on alcohol. This will reduce the impact of harmful use of alcohol and ensure better health for the populations.

With regards to mental health, the DG Special Initiative for mental Health is being implemented in Ghana and Zimbabwe. Both countries completed development of the Frameworks and have begun implementation. In Zimbabwe, training of primary health care workers has begun. Uganda, Kenya, and Zimbabwe completed Mental Health Investment cases and the reports were launched. The three countries are developing health communication materials to use the reports for advocacy. Mental health integration into NTDs (Nigeria), TB (Ghana and Kenya) and with ECD and maternal health (Kenya, Tanzania and Mozambique) programming was piloted. The lessons learned will be used to scale up in these countries and replicate in other countries of the Region and globally.

### **WHO Office for the Eastern Mediterranean Region**

#### **Noncommunicable Disease Prevention (NCP)**

- Scaling up implementation of the WHO Global Initiative for Childhood Cancer in EMR countries: In preparation for the launch of the CureAll technical package on International Childhood Cancer Day on 15 February 2021, EMRO launched a regional call for proposals to the scale up implementation of the childhood cancer agenda. 96 entries were received from 18 out of the 22 Member States.
- Development of palliative care atlas: The Eastern Mediterranean Regional Palliative Care Expert Network in collaboration with experts from the University of Navarra in Spain collected data based on 15 regional quality indicators. The atlas will be published in the first half of 2023.
- Scaling up implementation of the cervical cancer initiative in EMR countries: Following the official launch of the WHO Global strategy to accelerate the elimination of cervical cancer in November 2020, the regional taskforce on cervical cancer elimination continues to support the implementation

of the strategy in the EMR countries. EMRO together with UNAIDS and regional civil society organizations arranged the public webinar on “Mobilising and actioning community and civil activism in the Middle East and North Africa and Eastern Mediterranean Regions for the elimination of cervical cancer as a public health problem by 2030”.

- NCD investment cases for countries of the Gulf Cooperation Council: EMRO, in collaboration with the UNDP and the GHC, finalized six NCD investment cases in 7 EMR countries. These investment cases generated an economic analysis showing the return on investment for countries when directed towards the prevention and control of NCDs.
- Morocco childhood cancer action plan and cancer strategy (being finalized): Morocco is the first focus country for the WHO Global Initiative for Childhood Cancer in the EMR. The childhood cancer action plan forms an integral component of Morocco's overall national cancer strategy for 2020–2030. It is the result of a development process that brought together the MOH, Lalla Salma Foundation, national pediatric oncology experts and civil society organizations.
- Pushing forward cervical cancer elimination in EMR countries: EMRO is disseminating a regional cervical cancer survey during 2022, to better understand the health system readiness and potential barriers to the implementation of the global cervical cancer strategy in the EMR, and allow for close interaction with national stakeholders to help understand the perceptions of policymakers.
- Roll out of the WHO Global Breast Cancer Initiative in EMR countries: The initiative will set the ground for country-level implementation during 2022, especially in countries interested in pursuing women's health initiatives addressing reproductive cancers – cervical and breast – collectively.
- Regional Expert Network on Palliative Care: The EMR Expert Network on Palliative Care was established in 2019 to push forward palliative care in the Region. The Expert Network has ended its term for the 2020–2021 biennium and will be renewed for a second term in 2022–2023.

## Nutrition

- Progress in the development and implementation of policies and programmes: EMRO supported EMR countries to develop national nutrition policies and strategies during 2021. 21 countries have a national nutrition strategy or action plan. 20 countries applied flour fortification through voluntary and mandatory regulations. Breastfeeding is being promoted through the implementation of the Code of Marketing of Breast-milk Substitutes. EMRO also developed and supported "EMRFOODS".
- Management of acute malnutrition in emergency countries: EMRO supported the EMR countries in emergencies to establish well-constructed nutrition programmes, provided financial support for the rehabilitation of stabilization centers, and conducted a mapping exercise to assess the capacity of health facilities for service delivery for the prevention and treatment of child malnutrition.
- Regulating the handling and marketing of energy drinks in Bahrain: Bahrain introduced a 100% excise tax on energy drinks in 2017. In 2021, Bahrain set more restrictions on handling and marketing energy drinks to children under 18; selling them in restaurants, school canteens, health or educational establishments; and marketing them to adults.
- Management of acute malnutrition in Sudan: Sudan's MOH updated the Sudan National Nutrition Policy for 2021–2025. WHO supported nutrition services, through capacity building of the stabilization center staff. 144 stabilization centers were functional nationwide and treated approximately 38 399 under 5 children with medical complications.

- Support acceleration plan to address obesity, especially in high-income countries: EMRO is supporting the Global initiative to develop an acceleration plan for obesity prevention. EMRO will organize a regional workshop in 2022 to generate more commitment from high- and middle-income countries.
- Launch of national nutrition strategies: WHO will provide technical support for the preparation and launch of national nutrition strategies for at least three countries (Egypt, Jordan and UAE).
- Support to low-income countries and countries with emergencies: Considering the disruption caused by the COVID-19 pandemic, tackling malnutrition during emergencies will remain a high priority in 2022 and beyond.

#### Tobacco Free Initiative (TFI)

- Building capacity of Member States in tobacco control: EMRO focused on building the capacity of EMR countries in tobacco control through innovative approaches and evidence. A regional meeting was held to disseminate the report on Applying the interactive smoking projection and target-setting tool. Eight virtual missions were conducted in 2021
- Policy-level engagement to advance tobacco control: EMRO provided legal support to six EMR countries. The implementation of the Global Adult Tobacco Survey in countries of the Gulf Cooperation Council is planned to be finalized by 2022.
- Development of documentation and guidance on tobacco and COVID-19 and adaptation of content for different events, campaigns and platforms: EMRO contributed to the completion and release of the eighth edition of the WHO Report on the global tobacco epidemic. Despite significant challenges faced by all countries due to the COVID-19 pandemic, tobacco control has continued to progress. 22 countries adopted one or more best-practice MPOWER measures since 2018.
- MPOWER implementation in Sudan and Pakistan: It has led to bans on tobacco advertising, promotion and sponsorship, and tobacco-free public places despite the instability.
- Fostering policy-level engagement to advance tobacco control in the Region: The work of the High-level Ministerial Group on the Control of Tobacco is expected to have a positive impact on moving the tobacco control agenda forward.

#### Noncommunicable Disease Management (NCM)

- Addressing diabetes as a public health challenge in the Eastern Mediterranean Region: EMRO adopted a resolution on addressing diabetes as a public health challenge and the Regional framework for action on diabetes prevention and control. Both documents provide a clear road map for Member States to accelerate strategic actions to combat the diabetes epidemic in the Region.
- Scaling up implementation of the regional framework for action on rheumatic fever and rheumatic heart disease in the Eastern Mediterranean Region: Moroccan and Sudanese national programmes for rheumatic heart disease (RHD) were reviewed by EMRO. EMRO developed an advocacy film on RF and RHD (available in English, Arabic and French). The course aims to accelerate the integration of NCDs in the context of primary health care.
- Strengthening health system response to NCDs with a focus on the management and integration of NCDs in primary health care, in stable and emergency settings: To improve access to UHC and accelerate the integration of NCDs in PHC, EMRO supported the EMR countries in assessing their HS readiness, and prioritizing essential NCD interventions as part of their benefit package.

- Maintaining access to cancer care in Morocco during the COVID-19 pandemic through an early coordinated response, outreach services and universal access to cancer treatment: Morocco's MOH worked with the United Nations Multi-Partner Trust Fund to draw up a plan to maintain care for cancer patients. Locally adapted guidelines were formulated for the management of cancer patients during the pandemic. These measures collectively reduced the total admissions to oncology hospitals by over one-third.
- Towards building a stronger health system in Sudan to maintain essential NCD services during emergencies: The MOH assessed the impact of COVID-19 on access to essential health services using the PULSE survey (a WHO tool). A substantial reduction in healthcare utilization was reported during the first half of 2020 with a second round in early 2021. A primary care hotline and physicians were trained to use telemedicine and complete electronic patient records.
- Providing essential NCD services to vulnerable populations at Médecins du Monde primary care facilities in Yemen during the COVID-19 pandemic: Humanitarian organizations provided essential medicines, medical supplies, equipment and ventilators, as well as infection control training and support for running of isolation units. An extra COVID-19 budget was provided by donors and additional staff were hired to cover triage.
- Maintaining essential NCD services in the Eastern Mediterranean Region during the COVID-19 pandemic: Development of a regional report on the extent and duration of disruption to essential NCD services, the main causes of the disruption, and the various mitigation measures implemented by countries to maintain essential NCD services during the pandemic.
- Appraising the national health system readiness/capacity for scaling up and scaling out NCD services: An assessment of the progress of NCD integration into primary health care (PHC) using the PHC measurement framework was conducted in six EMR countries

#### Mental Health and Substance Use (MNS)

- Development of publications and communication campaigns: Finalized the regional Mental health atlas to map the resources and capacities for mental health (which is under publication). Rapid assessment of the impact of COVID-19 on mental, neurological and substance use services. Documented country case studies and promoted mental health literacy to combat stigma and discrimination.
- Addressing mental health and psychosocial support needs throughout the COVID-19 pandemic and beyond: Established country-level MHPSS coordination platforms. Supported countries in maintaining essential MHPSS services and enhancing capacity using technology such as: hotlines, web platforms and telepsychiatry services. Developed an online training course for community workers on basic psychosocial skills and expanded the MHPSS platform.
- Promoting integration of mental health in primary health care through capacity building: Conducted training for healthcare workers using the mhGAP suite of tools and guidance in 5 EMR countries. Published the Regional technical guidance for integrating mental health in PHC, supported by a training package, and conducted an online course based on the guidance. Created job aid for the mhGAP-IG.
- Strengthening research and evidence generation: EMRO reviewed the literature on the prevalence of mental, neurological and substance use disorders, suicide situations and drunk driving in EMR. multicentred randomized controlled trials were completed for: parent skills training for children with intellectual and developmental disabilities, the EASE, STARS, and HAT.

- Provision of support for school mental health and child and adolescent mental health: EMRO has published a school mental health package for the Middle East, North Africa and Sub-Saharan Africa. Eight countries have already implemented the package. The project is part of the wider WHO-UNICEF collaborative framework on child and adolescent mental health.

#### Noncommunicable Disease Surveillance (NCS)

- Progress towards achieving SDG target on NCDs: EMRO continued its assessment of the progress towards achieving the SDG target on NCDs (3.4.1) by 2030. Technical guidance and resources were provided for building institutional capacity to adapt NCD health survey implementation in EMR countries. Progress indicators were produced and submitted as part of progress monitor indicators for the prevention and control of NCDs.
- Scaling up regional and national data systems and data collection and analysis tools/protocols to harmonize reporting on set indicators and targets on NCDs and mental health: Several EMR countries moved forward with the preparations for NCD surveys implementation and data collection, and the adaptation of the GSHS, G-SHPPS, GTSS, and GYTS. GATS implementation was introduced in all GCC six countries, under a self-funding mechanism and in partnership with WHO, CDC and the MOH.
- Strengthening NCD surveillance, monitoring and evaluation in EMR countries: In 2021, Oman adopted and launched its National Monitoring Framework on NCDs. A similar approach was initiated by Saudi Arabia and UAE. Several EMR countries started developing a system for monitoring NCDs at PHC level. In the area of cancer surveillance, WHO and IARC continued to provide technical support to countries. Progress was made in strengthening cancer registries in emergency countries.
- Digital innovation stories during COVID-19: Success stories for seven EMR countries were documented on the use of digital health interventions for NCD service delivery during the COVID-19 pandemic. NCD and mental health helplines and COVID-19 prevention awareness campaigns for people living with NCDs were the most mentioned interventions by countries.
- Enhancing the use of technology and digital health interventions to support NCDs: Digital health interventions for NCD service provision were widely implemented during the COVID-19 pandemic in high, middle and low-income settings. Use of technology and especially digital platforms has proven to be useful and hence needs to be further developed. There is a high potential for incorporating digital health interventions within health systems to increase access to health services beyond the pandemic.

#### **WHO Office for the European Region**

In the European Region, the Mental Health Flagship has incited action on mental health following adoption of the European Framework for Action on Mental Health 2021-2025 by the 71st Regional Committee for Europe on 14 September 2021:

- Launch of the pan-European Mental Health Coalition, a network of institutions and individuals focused on coordinating actions to implement the Framework, in Brussels (30 September 2021) with the attendance of Her Majesty Queen Mathilde of the Belgians.

- A regional technical consultation on the implementation of the Framework (15-16 February 2022) was held to capture, tune and match the Region's mental health priorities and expectations with available evidence-based tools and good practices.
- The first meeting of the Coalition (4-5 May 2022), consisting of five parallel working groups, was held to develop the strategic basis and content for five priority areas (leadership; mental health of children, adolescents and young people [CAY]; mental health of older adults; mental health in workplaces; and service transformation).

During these last months, a series of mapping exercises have taken place to identify best practices around each Coalition working package and to build around those the technical products to mainstream and scale up mental health and wellbeing within the region. Work to create a quality of care framework has started with the support of a expert technical working group.

- WHO/Europe launched a rapid, decisive and well-resourced mental health and psychosocial support (MHPSS) response in the first weeks of the war in Ukraine, deploying experts to neighboring countries set up technical working groups (TWGs) and address the needs of the growing refugee population. WHO is supporting the expanding MHPSS TWG in Ukraine in all major actions, including technical support, capacity-building, promoting best practices, and needs assessments. A roadmap for action has been developed and shared with countries receiving large numbers of refugees to coordinate all efforts and actions.
- Meanwhile, the Flagship has continued to support countries engaging in dialogues on mental health frameworks and scaling up mental health activities such as WHO QualityRights and mhGAP in Estonia, Lithuania, Turkmenistan, Armenia, Türkiye.
- Subregional discussions, such as in the Western Balkans, have taken place to define and draw the work on transforming mental health systems, including better integration in primary health care, tackling mental health stigma, increase suicide prevention and implement digital mental health tools.

### **WHO Office for the South-East Asia Region**

*Prevention and control of noncommunicable diseases through multisectoral policies and plans, with a focus on 'best buys'*

### **Introduction**

Noncommunicable diseases (NCDs), principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, impose a major and growing burden on health and development in the South-East Asia Region. NCDs and their impact on the socioeconomic fabric of countries, particularly low- and middle-income countries has gained increased attention in recent years. The prevention and control of NCDs have been identified as global, regional and national priorities. The countries of the Region also carry a huge burden of cases of mental disorders and the effects of air pollution.

South East Asia is the first region to have the implementation roadmap for the prevention and control of NCDs 2022-2030, endorsed by the Regional Committee<sup>21</sup>

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<sup>21</sup> <https://apps.who.int/iris/bitstream/handle/10665/363096/sea-rc75-r2-eng.pdf?sequence=1&isAllowed=y>

The implementation roadmap has three strategic directions.

1. Sustain the progress made in the national response to NCDs.
2. Prioritize and accelerate the implementation of the most impactful and feasible interventions in the national context, including through digital health and other innovations.
3. Promote accountability through timely, reliable and sustained national data on NCD risk factors, diseases and mortality.

Digital tools are being developed to guide countries to identify priorities based on their local context and impact on SDGs. An NCD tool kit will provide the countries a one stop shop access to all the relevant resources.<sup>22</sup>

South East Asia is the first region is also the first region to have the Action plan for oral health 2022–2030<sup>23</sup> endorsed by the Regional Committee for implementation. The action plan sets out a vision for oral health in the region, asking for “universal coverage for oral health for all people of the South-East Asia Region by 2030, empowering them to enjoy the highest attainable state of oral health and enabling them to live healthy and productive lives”. The goal of the action plan is to guide and support Member States and partners to accelerate the implementation of appropriate and impactful actions to promote oral health in the South-East Asia Region.

The latest estimates of 2021 show that:

- 62% of all deaths in the Region are due to NCDs;
- 48% of all deaths from NCDs in the Region are below 70 years of age;
- 8.5 million people die of noncommunicable diseases every year in the Region;
- the Region accounts for 34%, or 2.4 million, of the 7 million premature deaths globally caused by household and ambient air pollution together every year,
- for urban-dwellers in the Region, 99% breathe air with the level of pollutants being much higher than those prescribed in WHO guidelines;
- 1.6 million deaths annually are attributable to tobacco in the SE Asia Region;
- alcohol accounts for one in every 20 deaths in the Region; and
- 21.5% of adults are estimated to be overweight.

### *Highlights (2015–2021)*

<b>2021</b>
<ul style="list-style-type: none"><li>• NCD services were provided in Cox’s Bazar, the most densely populated camps in the world using WHO PEN.</li><li>• India and Thailand scaled up hypertension control. In India the programme was expanded to 104 districts across 21 states and enrolled almost 2.4 million people in 15,420 health facilities including 10,222 Health &amp; Wellness Centres, with improvement in hypertension control.</li><li>• Regional roadmap to implement the Global Action Plan for Physical activity launched</li></ul>
<ul style="list-style-type: none"><li>• Sri Lanka implemented settings based actions to limit salt intake by setting public food procurement standards for specific government institutions</li><li>• Global initiative for childhood cancer initiated in Nepal, Myanmar and Sri Lanka.</li><li>• Bhutan scaled up primary care for NCDs with care and compassion</li><li>• Timor Leste supported restoration of NCD services during COVID-19 using WHO NCD kits.</li></ul>
<ul style="list-style-type: none"><li>• Regional Plan of Action for the Global Strategy on health, environment and climate change (2020–2030)</li><li>• Thailand becomes the first country to ban trans fat</li></ul>

<sup>22</sup> <https://www.who.int/southeastasia/publications-detail/9789290210054>

<sup>23</sup> [9789290210061-eng.pdf \(who.int\)](#)

<ul style="list-style-type: none"> <li>Indonesia regulated mandatory back of panel food labels, and a voluntary front of pack label</li> </ul>
<ul style="list-style-type: none"> <li>Thailand becomes the first country in the region to introduce plain packaging for tobacco</li> <li>India establishes the first multisectoral, inter-ministerial committee and develops the first ever national multisectoral Action Plan on the prevention and control for NCDs</li> </ul>
<ul style="list-style-type: none"> <li>Male Declaration on building health systems resilience to climate change</li> <li>Thailand and Maldives introduced SSB taxes for Sugar Sweetened Beverages</li> <li>Maldives and Sri Lanka introduce restrictions to marketing of foods and non-alcoholic beverages to children</li> <li>WHO country cooperation strategy in Democratic People's Republic of Korea prioritized prevention and control of NCDs.</li> </ul>
<b>2016</b> <ul style="list-style-type: none"> <li>Colombo Declaration on Strengthening health systems to accelerate deliver of NCD services at the PHC levels, launched</li> </ul>
<b>2015</b> <ul style="list-style-type: none"> <li>Dili declaration on tobacco control promulgated</li> </ul>

## Progress and results

### *Progress on prevention and control of NCDs in the South-East Asia Region, 2021*

- Ten countries in the Region have prioritized prevention and control of NCDs and had set time-bound national targets, and have an operational multisectoral national strategy or action plan in place.
- All countries have made progress in improving monitoring and surveillance for NCDs, having conducted at least one population-based survey in the past five years.
- Tobacco demand reduction measures include the following:
  - six countries have implemented standardized packaging and/or graphic health warnings on all tobacco packages;
  - two countries have enforced comprehensive bans on tobacco advertising, promotion and sponsorship.
- On reduction measures on harmful use of alcohol, six countries in the Region have imposed bans on advertisements and restrictions on the physical availability of alcohol though substantial policy space.
- Unhealthy diet reduction measures include the following:
  - all countries are committed to address obesity with the adoption of the Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025;
  - three countries have introduced restrictions to marketing of foods and non-alcoholic beverages to children;
  - six countries have implemented national public education and awareness campaigns.
- Six countries have taken up national communication campaigns to promote physical activity.
- Seven countries reported implementing evidence-based national guidelines for the management of major NCDs through a primary care approach.
- Three countries have reported high coverage of drug therapy and counselling for eligible persons at high risk.

## Strengthening action on NCDs



- A progress report on the 10 Voluntary Targets of the Regional Strategic Action Plan was presented to the Seventy-fourth session of the WHO Regional Committee in September 2021. The Regional Committee requested WHO to develop a Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and the context of the COVID-19 pandemic.
- In 2021, the Regional Office supported Member States to extend their national multisectoral action plans (MSAP) till 2030 while a regional training manual was developed to guide the functioning of the newly established multisectoral coordination mechanisms to operationalize these MSAPs.
- To mobilize the highest level of political support and advocate for sustained national investments for the prevention and control of NCDs, Thailand prepared and published an investment case for NCDs.
- In 2021, the WHO PEN package was adopted for expanding access to essential NCD management at the PHC level. Training modules for PEN and healthy lifestyle interventions were developed and adapted as online courses for wider dissemination and use for training health-care workers on the delivery of people-centred NCD services.
- 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.
- 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.

#### Addressing mental health, brain health and substance use disorders

- In collaboration with partners, the Regional Office led a campaign to protect and preserve the mental health of the people through WHO's website and social media. With support from Norwegian Agency for Development Cooperation (NORAD), the "Special Initiative on Mental Health" project was started in Bangladesh and Nepal as part of the global initiative to increase access to comprehensive mental health services for at least 100 million people between 2019 and 2023.
- A mental health and well-being portal with detailed information on coping skills was launched for use by WHO staff.
- The Regional Office supported Member States to implement the mental health and psychosocial support (MHPSS) framework developed by WHO for addressing mental health issues during emergencies.
- The Regional Office played a key role in providing resources to strengthen country capacities in launching digital technology platforms through which health-care workers received training and remote supervision and mentoring.

#### Tackling NCD risk factors

##### *Promoting healthy diets*

- A virtual Regional Stakeholder Consultation on addressing overweight and obesity (prevention, identification and management) among young children was organized in November 2021.

- 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. Further, WHO has provided technical support to Sri Lanka to draft the national regulation for limiting trans fatty acids, and 34 laboratory personnel from Nepal and Sri Lanka were trained in monitoring the level of trans fats in diets.

### *Tobacco*

- Work on pro-health taxation for tobacco was supported in five countries and all Member States were supported to accelerate and strengthen their efforts to help tobacco users quit as part of the World No Tobacco Day “Commit to Quit” campaign that was observed throughout the year. WHO supported Timor-Leste to develop its National Action Plan for tobacco cessation and establish a quit line and tobacco cessation clinic.
- To enhance regional capacity and support countries, the drug toxicology laboratory at the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore, India, was provided with the latest, state-of-the-art equipment including a smoking machine by the WHO Regional Office. The Regional Office also supported its participation in global testing and validation projects for smokeless tobacco and e-liquids used in e-cigarettes and heated tobacco products.
- A special issue on progress in tobacco control in South-East Asia was published in the *Asia Pacific Journal of Cancer Prevention*.

### *Harmful use of alcohol*

- With increased use of alcohol reported during the pandemic, the Regional Action Plan to implement the Global Strategy to reduce the harmful use of alcohol in the SE Asia Region 2014–2025 was further intensified. A communication campaign on the harmful use of alcohol was launched in 2021 involving audio and video stories disseminated through multiple channels.

### *Physical inactivity*

- The Regional Roadmap for implementing the Global Action Plan for Physical Activity (GAPPA) 2018–2030 in the South-East Asia Region was launched. In addition, Indonesia, Sri Lanka and Thailand were supported in a national situational assessment of existing physical activity policies in order to prioritize physical activity measures.

### *Addressing air pollution*

The Southeast Asian Region has the biggest burden of NCD diseases and deaths caused by the ambient and household air pollution. In 2019 the WHO-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 workshop with key stakeholders from the health and environment sectors across countries of the Region was convened virtually in December 2021 to support the implementation of the new standards stated in the Global Air Quality Guidelines.

- 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.

#### *Enhancing food safety*

- In collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (WOAH), WHO organized a tripartite webinar on the “One Health” approach to AMR mitigation and safer food in the Asia-Pacific Region.
- A regional situation analysis of chemical contaminants in food and antibiotic use in animal husbandry and food production and the agriculture sector, and its impact on food safety and AMR, was carried out.

#### *Addressing disability and injury prevention and rehabilitation*

- Drowning is the third leading cause of injuries in the Region, especially among children. The *Regional Status Report on Drowning in South-East Asia* was launched in 2021.
- To uphold the rights of people living with disabilities, a rapid assistive technology (AT) assessment was conducted in seven countries to understand unmet needs and plan interventions.
- A situation analysis on refractive errors and cataract was conducted and presented at the Seventy-fourth session of the Regional Committee. It will be used to develop the Regional Action Plan on people-centred integrated eye care to be presented to the Regional Committee at its Seventy-fifth Session in September 2022.

#### *WASH and climate change*

- To address the challenge of proper management of health-care waste, WHO developed a white paper on health-care management in the SE Asia Region, which proposes effective, low-cost and sustainable measures to manage COVID-19 waste.
- A web-based advocacy toolkit on climate change and health, a first from WHO, was developed and launched at the 26th Session of the Conference of Parties (COP26) to the United Nations Framework Convention on Climate Change (UNFCCC), held in Glasgow, United Kingdom, by the Regional Director. The toolkit allows users to explore the impact of climate change and provides them with necessary tools and guidance to advocate for health–climate resilience and to act appropriately at the individual, community and state level.
- E-learning courses on climate change and health were developed by the Regional Office to facilitate self-paced training on key topics for staff in the ministries of health and other health-care organizations.
- Guidelines on mainstreaming gender, disability and social inclusion in WASH and climate change programmes and activities at the country level were developed and an assessment on the status of

health-care facilities in the Region was completed, along with the identification of interventions to integrate climate resilience into the operations of such facilities.

#### *Addressing social determinants of health*

- Home to around 627 million children and youth under the age of 18 years, nearly 184 million students were impacted by prolonged school closures in the SE Asia Region in 2021.
- To ensure safe return to school and support the implementation of new global standards and guidelines for health-promoting schools launched by WHO and UNESCO in 2021, the Regional Office convened a ministerial meeting for both health and education sectors. This led to the Ministerial Call for Action on “Making every school a health-promoting school: scaling up implementation of comprehensive school health programmes for promoting health and well-being of students and staff”. To lend UN support, the regional leadership of WHO, WFP, UNFPA, UNICEF and UNESCO held a summit meeting and signed a “Joint UN Statement on strengthening education, school health, nutrition and well-being” to collectively advocate for a healthier generation and provide harmonized technical support to countries.

#### Challenges

- 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

There is a need for streamlining NCD care in PHC, including areas beyond common NCDs, and including them within the gamut of UHC. This is particularly valid for essential services to be available at frontline health operations. Further, there is a need to build local capacity to develop NCD information systems, including NCD surveillance and disease registration.

#### **WHO Office for the Western Pacific Region**

The Western Pacific Region is facing a high, and growing, burden of NCDs. In 2019, NCDs were the primary cause of death for 12 million people, or 87% of all deaths in the region. The increasing burden of NCDs in the region threatens sustainable development by increasing costs of care and reducing productivity. As part of a united plan to combat this deadly disease trend, Member States endorsed the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* in October 2022. The Framework, aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030*, calls on governments to implement evidence-based, cost-effective

policies and reorient their health systems to transform the current “sick system” (in which unhealthy environments contribute to the NCD burden and the health system is oriented around treating disease) to a “health system” in which society builds health-enabling environment and the health system becomes more people-centred, accompanying individuals throughout their lives.

The Regional Action Framework provides recommended actions for Member States to counter and reverse the growing burden of NCDs, categorized into five objectives:

1. Strengthen the mechanism to collect and use data and information for planning, monitoring progress, and evaluating policies and programmes.
2. Develop policies that go beyond the health sector to enable health-promoting environments and address social determinants of health at national and subnational levels.
3. Screen the population for major NCDs.
4. Strengthen primary health care to provide people-centred NCD management.
5. Empower patients for self-management and adherence through health promotion, prevention, and individualized data.

Following the vision and approach of our regional *For the Future* report, countries are encouraged to adopt innovative approaches based on their unique contexts to achieve the goals of the framework. The WHO Regional Office for the Western Pacific supports Member States in the operationalization of the Regional Action Framework by developing technical guidance, helping to tailor and implement solutions to the national context, and facilitating knowledge exchange.

### **Framework for the Future of Mental Health in the Western Pacific Region**

The 73rd session of the Regional Committee for the Western Pacific endorsed the Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030. This framework takes a transformative approach, in line with the shared thematic priorities of the Region’s For the Future vision and aligned with the WHO Comprehensive Mental Health Action Plan 2013–2030. Member States have strongly reaffirmed their commitment to advancing the mental health agenda and ensuring the mental health and well-being of all people in our Region.

### **Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030**

The member states of the Western Pacific Region committed to eliminating cervical cancer and endorsed the *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030* during the 73<sup>rd</sup> Regional Committee Meeting in Manila.

The framework focuses on the global targets and the three pillars of prevention through HPV vaccination, screening and early treatment of precancerous lesions, and access to diagnosis and treatment services. The member states will continue to build on existing work and accelerate efforts to meet the 2030 prevention and control targets toward the elimination of cervical cancer within the next century.