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Noncommunicable diseases: Implementation of the Political Declaration of the United Nations General Assembly, and follow-up on the UN Review Meeting in July 2014

Executive summary

1. The Regional Committee for the Eastern Mediterranean in its Fifty-ninth and Sixtieth sessions in October 2012 and October 2013, respectively, adopted two resolutions (EM/RC59/R.2 and EM/RC60/R.4) concerning the implementation of the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. Central to both resolutions is a regional framework for action to implement the Political Declaration, comprising commitments by Member States to implement a set of strategic interventions in four priority areas: governance; prevention and reduction of risk factors; surveillance; and health care. This report provides a summary of the progress made in implementing the resolutions of the Regional Committee and the regional framework for action, and discusses the way forward for scaling up action in the Region. It provides a set of process indicators against which Member States and the Regional Committee can measure progress in the Region.

2. New WHO estimates indicate that, in 2012, noncommunicable diseases caused over 2.2 million deaths, or 57% of all deaths in the Region. Over half of these deaths occurred prematurely. Evidence from the first study of noncommunicable diseases-specific health accounts indicate that these diseases account for considerable health spending. These data indicate the high burden these diseases place on public health and development.

3. WHO's work over the past two years has focused on translating the clear vision of the global strategy for the prevention and control of noncommunicable diseases (2000) and of the road map developed by WHO and the General Assembly (2011) into practical guidelines and actions to support Member States in implementing the strategic interventions contained in the regional framework for action, in line with the Regional Committee resolutions. A major outcome of this work is an updated regional framework for action and a set of process indicators against which Member States and the Regional Committee can measure progress in the Region.

4. WHO also extended support to Member States in the preparation for the High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, held in July 2014. While the high-level meeting adopted many of the recommendations of a regional meeting held in Cairo in April 2014, it did not adopt arecommendation for a monitoring and evaluation mechanism, based on a specified set of indicators, to assess the progress made by countries by 2018. This might require further debate by WHO's governing bodies. The development of process indicators was the subject of intensive discussions by Member States during regional meetings held in 2013 and 2014 and the adoption by Member States of the Region of indicators to measure progress will facilitate such debate.

5. While there has been progress in Member States in implementing the strategic interventions contained in the regional framework for action, substantial gaps persist including, for example, in developing operational multisectoral national plans, in implementing the best buys for prevention, in integrating noncommunicable diseases in primary health care, and in developing comprehensive surveillance systems.

6. The selection by all Member States of noncommunicable diseases as a priority in their joint programme of collaborative work with WHO for 2014–2015, the ongoing planning for 2016–2017 and the commitments of the General Assembly in July 2014 create opportunities for Member States and WHO to work together. This is essential if the Region is to scale up and address the gaps in implementation of the regional framework, based on indicators that measure progress along the road to the second review by General Assembly in 2018. The Regional Committee is invited to discuss and endorse the updated regional framework for action and the indicators proposed.

Introduction

7. The WHO Regional Committee for the Eastern Mediterranean, at its Fifty-ninth and Sixtieth sessions in October 2012 and October 2013, respectively, adopted two resolutions (EM/RC59/R.2 and EM/RC60/R.4) concerning the implementation of the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. Central to both resolutions is a regional framework for action to implement the Political Declaration. The framework comprises commitments by Member States to implement a set of strategic interventions in four priority areas: governance; prevention and reduction of risk factors; surveillance; and health care. The Regional Committee also requested the Regional Director to undertake measures to support implementation of the Political Declaration and the strategic interventions in the regional framework for action.

8. Important achievements and developments at the global level have taken place since the Sixtieth session of the Regional Committee, including the convening of a high-level review meeting of the United Nations General Assembly of the progress achieved in the prevention and control of noncommunicable diseases, held in New York July 2014.

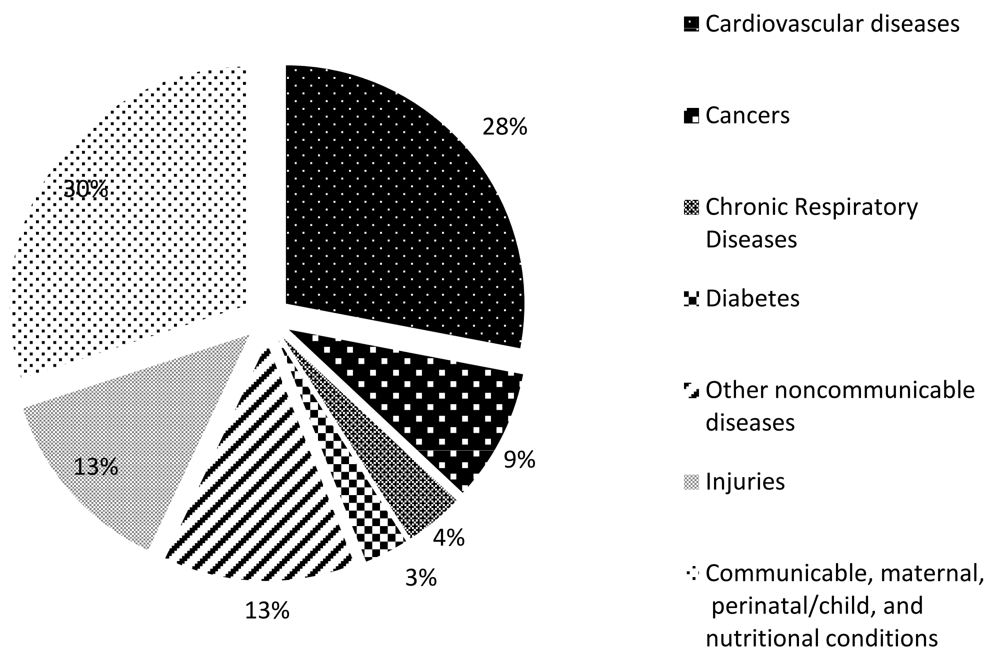
9. This report provides a summary of the progress made in implementing the resolutions of the Regional Committee and the regional framework for action, and discusses the way forward for scaling up action in the Region. It provides a set of process indicators against which Member States and the Regional Committee can measure progress in the Region.

Current burden of noncommunicable diseases

10. New WHO estimates for mortality due to noncommunicable diseases in 2012 *(1)*, indicate the high burden these diseases place on public health and development. Noncommunicable diseases accounted for 57% of all deaths in the Region (over 2.2 million out of a total of 3.8 million deaths) but for ≥65% of deaths in 13 countries[1], and for ≥75% of deaths in nine of these 13 countries. The four main groups of disease, i.e. cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, were responsible for 77% of deaths due to noncommunicable diseases and 44% of all deaths (Fig. 1).

11. Premature mortality due to noncommunicable diseases, with its profound socioeconomic impact, continues to be a major challenge. The probability of dying from the four main groups of noncommunicable diseases between the ages of 30 and 70 years has been stagnant at 21% since 2008. Consequently, deaths below the age of 70 years accounted for 51% of deaths due to noncommunicable diseases.

[1] Bahrain (78%), Egypt (84%), Islamic Republic of Iran (76%), Jordan (76%), Kuwait (73%), Lebanon (85%), Libya (78%), Morocco (75%), Oman (68%), Qatar (69%), Saudi Arabia (78%), Tunisia (82%) and United Arab Emirates (65%).



Source: *(1).*

Fig.1. Proportional mortality (% of total deaths, both sexes) in the Eastern Mediterranean Region

12. WHO is currently updating prevalence estimates for risk factors for noncommunicable diseases in consultation with Member States and these will be released later in 2014. Current data *(1)* indicate that the main shared risk factors for noncommunicable diseases remain highly prevalent in the Region, representing a missed opportunity for prevention.

13. Evidence indicates that scaling up efforts to reduce risk factors in the Region can pay substantial dividends in reduced risk factor prevalence and, consequently, deaths due to noncommunicable diseases. For example, a study commissioned by WHO of the impact of adopting six proven tobacco control measures (MPOWER)[2] in 14 countries in the Region, based on methodology used to generate global estimates *(2),* shows that cigarette smoking prevalence rates can be substantially reduced if the complete set of the measures are implemented to the highest possible level of achievement recommended by WHO (Table 1). This translates into millions of averted deaths due to cigarette smoking over the coming decades.

14. Another study, using methodology that has generated global estimates *(3)*, shows that achieving the risk factor targets[3] endorsed by the Sixty-sixth World Health Assembly in resolution WHA66.10 (Appendix 2) in 2013, would lead to substantial reductions in deaths by 2025 in the Region. This would bring the Region close to achieving the target of 25% reduction in premature mortality from the four main groups of noncommunicable diseases.

[2] MPOWER measures: 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.

[3] The six risk factor targets in the global monitoring framework are: a 10% relative reduction in prevalence of insufficient physical activity; a 30% relative reduction in mean population intake of salt/sodium; a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years; a 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances; halt the rise in diabetes and obesity; and at least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.

Table 1. Estimated impact of implementing the highest policies of the MPOWER measures on smoking prevalence in 14 countries in the Eastern Mediterranean Region

Country	Current situation (2010)		Estimated impact of MPOWER policies	
	Cigarette smoking prevalence rates	Cigarette smoking prevalence rates	Relative reduction in smoking prevalence in 5 years (%)	Relative reduction in smoking prevalence in 15 years (%)
	(%) Males	(%) Females	All smokers	All smokers
Bahrain	25.5	5.3	30	40
Egypt	37.7	0.5	20.6	28.7
Iran, Islamic Republic of	22.5	1.4	34	48
Jordan	48.6	4.1	33	42
Lebanon	45.1	29.1	32.1	43
Morocco	30.6	0.1	35	46
Oman	22.9	0.3	36	46
Pakistan	32	6	35.3	45
Qatar	21.5	3.0	43	56
Saudi Arabia	25.4	1.5	31	40
Sudan	6.3	2.8	30	40
Syrian Arab Republic	44.2	8.3	26	34
Tunisia	53.3	1.5	25.4	32
United Arab Emirates	15.3	1.2	34	42

Source: WHO, unpublished study, 2014

Progress made by Member States in implementing the regional framework for action

Governance

15. All Member States placed noncommunicable diseases among the top priorities for their joint programme of collaborative work with WHO for 2014–2015. This signals recognition of the need for urgent action to address the rising burden of noncommunicable diseases as a national health and development priority. Morocco, Lebanon, Sudan and Yemen are in the process of developing national multisectoral action plans for noncommunicable diseases, with support from WHO, before the end of 2014. Member countries of the Gulf Cooperation Council have selected all nine global targets for 2025 as their targets for national action on noncommunicable diseases. However, commitments still have to be translated into comprehensive action in many Member States.

16. A total of 19 countries now have directorates/units for noncommunicable diseases within the Ministry of Health, or equivalent, with designated managers/focal points. National programmes of noncommunicable diseases are now funded in 18 countries through general government revenues, health insurance, international donors, earmarked taxes on alcohol and tobacco, and other sources. However, the financial resources allocated for such programmes remain limited and well below what is needed to meet the national commitments and implement the strategic interventions defined in the regional framework for action.

Prevention and reduction of risk factors

17. Tobacco: In conjunction with persistent high tobacco prevalence rates among adults, there is an alarming trend of increasing tobacco use among youth and adolescent girls, especially of waterpipe smoking. Some countries have witnessed a reversal of prior tobacco control gains. Overall, the Region is not faring well in implementing the WHO Framework Convention on Tobacco Control (WHO FCTC). Two countries, Morocco and Somalia, have not yet ratified the WHO FCTC. There are significant gaps in adopting the MPOWER measures in the Region *(4)*. Among the Parties to the WHO FCTC, the Islamic Republic of Iran and Kuwait have achieved the highest level in five and three, respectively, of the six measures, while 12 countries have achieved the highest level in only one or two measures. The rest have not achieved the highest level in any of the measures.

18. Unhealthy diet: The current regional situation of high intake of salt, sugar and fat is of great concern. The average salt intake is 10 g/day per person, double the WHO recommended level. Some countries have made progress in initiating salt intake reduction programmes. Kuwait has reduced salt content in bread by 20%. Bahrain and Qatar are moving in the same direction. In the Islamic Republic of Iran, maximum levels have been established for salt in tinned foods, such as tomato paste, and in snacks which are consumed in large quantities. The High Council of Health and Food Security in the Islamic Republic of Iran has issued a decree to reduce the level of *trans*-fat to less than 2% in food oil industry products, while the Ministry of Trade has reduced palm oil imports to 30% of total food oil imports in 2014 and will further reduce it to 15% in 2015. Member countries of the Gulf Cooperation Council are in the final stages of developing legislation to eliminate the use of *trans*-fat in locally produced or imported foods. Kuwait and Qatar are in the process of subsidizing healthy oils in order to reduce demand for unhealthy oils. Despite these promising initiatives, progress in implementing the cost-effective dietary interventions remains generally slow in the Region.

19. Physical inactivity: Physical inactivity and sedentary behaviour are highly prevalent in the Region. In 2013 the regional situation with regard to physical activity was mapped. While it highlighted initiatives in some countries, it also highlighted gaps in leadership and capacity to implement the multisectoral strategies needed to promote physical activity. No country has adopted a national multisectoral action plan on physical activity.

Surveillance, monitoring and evaluation

20. Although all countries have some elements of a surveillance system for noncommunicable diseases, none has developed a comprehensive system with all three basic components, integrated with the national health information system and linked to policy development and action. Establishment of such systems is a priority for all countries in light of the requirements for global reporting on noncommunicable diseases to which all Member States agreed in the global monitoring framework. The regional strategy on civil registration and vital statistics and the new initiative on core surveillance indicators provide technical guidance to countries in strengthening surveillance of risk factors and determinants, cause-specific mortality and health system performance.

Health care

21. All countries provide, to varying degrees of coverage and quality, basic health care services for noncommunicable diseases. More and more countries are now focusing on strengthening the integration and management of noncommunicable diseases within primary health care. However, the data required to allow in-depth assessment or cross-country comparisons is limited at present. Improving health care, especially at the primary health care level, is the focus of WHO's work with Member States in 2014 and beyond.

Progress by WHO in implementation of the Regional Committee resolutions

22. In 2013, the Regional Committee requested the development of an updated version of the regional framework for action and of a set of process indicators (EM/RC60/R.4). The updated framework (Annex 1) reflects updated strategic interventions and WHO tools and incorporates recommendations made by Member States during the second annual regional meeting to scale up implementation of the United Nations Political Declaration on noncommunicable diseases, held in April 2014. The process indicators are intended to guide Member States in measuring their progress in implementing the strategic interventions in the updated regional framework. A core set, presented in Annex 1, is the outcome of discussion with Member States in two regional meetings held in 2013 and 2014. An expanded set has also been developed to help Member States track progress in each strategic intervention.

23. To support countries in implementing the regional framework for action, the following actions and initiatives have been taken by the Regional Office.

- As part of its assignment to develop model legal instruments to guide the development of national legislation for the prevention and control of noncommunicable diseases, WHO is collaborating with the O'Neill Institute for National and Global Health Law at Georgetown University to review international experiences and best practices, and develop a dashboard of legal instruments for consideration by Member States.
- To promote operational research, WHO convened a strategic meeting on 'Research for shaping the future of health in the Eastern Mediterranean Region' in February 2014. The meeting led to the identification of priorities for implementation research which will be promoted in Member States of the Region. WHO is also supporting capacity development and applied research in economic evaluation of prevention interventions in collaboration with the Department of Global Health at the University of Washington, as part of the Disease Control Priorities Network.
- To strengthen the engagement of the Region in global discussions on noncommunicable diseases, WHO was active in sharing information on developments leading to the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, in July 2014, with the aim of ensuring that regional positions and priorities were reflected in the outcome document of the meeting. The second annual regional meeting to scale up the implementation of the United Nations Political Declaration on noncommunicable diseases, held in April 2014, focused primarily on providing input to the General Assembly process which was set to negotiate the contents of the outcome document. The regional meeting resulted in a report *(5)* with clear recommendations which were transmitted to the co-facilitators appointed by the President of the United Nations General Assembly and Member States' representatives in New York. The same recommendations were communicated to ministers of health and of foreign affairs. Although the outcome document included most of the recommendations submitted by the Eastern Mediterranean Region, the negotiations in New York did not include a key recommendation, i.e. the establishment of a monitoring and evaluation mechanism based on a specified set of indicators to assess the progress that will be made by countries and other stakeholders between 2014 and the next review meeting of the General Assembly on noncommunicable diseases in 2018. Without such a mechanism, which would have motivated stronger action by all stakeholders, it will be difficult to assess the progress.

24. WHO also gave attention to supporting the implementation of the regional framework for action at country level.

25. In the area of governance, WHO extended technical and financial support to four countries to develop multisectoral national action plans on noncommunicable diseases. WHO, the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC)

conducted joint comprehensive national cancer control review and assessment missions in Lebanon, Pakistan and Tunisia, bringing to eight the total number of countries where such missions have been conducted.

26. In the area of prevention and reduction of risk factors, WHO focused on supporting the implementation of cost-effective interventions (‘best buys’). Particular attention was paid to tobacco taxation, treatment of tobacco dependence and tobacco industry interference. Extensive work, with the engagement of international experts, civil society, selected industry representatives and Member States, was done on the development of practical guidance to policy-makers for implementing the best buys to promote healthy diet, particularly reduction of salt and saturated fat intake and elimination of *trans*-fat. The guidelines, which were circulated to Member States, provide tools for country-based action and are being adopted and used in several Member States. WHO also focused on supporting countries to implement the WHO recommendations on marketing of foods and non-alcoholic beverages to children. Exclusive breastfeeding is one of the best buys recommended to prevent noncommunicable diseases. In this respect, a policy statement and plan to implement the International Code of Marketing of Breast-milk Substitutes was developed and disseminated. Ongoing technical support is provided to Member States in these areas.

27. WHO has given the promotion of physical activity strategic attention with the convening of a high-level regional forum on a life course approach to promoting physical activity in February 2014. The forum produced a roadmap with clear strategic interventions for various sectors and settings, including transportation, urban planning, education, sports, health and worksites, to promote physical activity. Follow-up work continues in 2014 and beyond.

28. In the area of surveillance, monitoring and evaluation, WHO developed and promoted a surveillance framework to monitor noncommunicable diseases and their determinants. As part of the framework, core indicators to monitor risks and determinants, outcomes and health system response were agreed in consultation with Member States. Considering the weaknesses in surveillance capacity in most Member States, the focus in 2013 and beyond was to build such capacity and develop a network of regional and international surveillance experts to support countries in integrating the WHO surveillance framework into their national health information systems. Intensive work was initiated in 2013 to prepare for a capacity-building workshop for experts in September 2014 in collaboration with the Eastern Mediterranean Public Health Network (EMPHNET). WHO has extended support to 13 countries for tobacco surveys in youths and adults.

29. In the area of health care, WHO is building its capacity through recruiting a dedicated medical officer. A regional situation analysis and in-depth country case studies are now under way to assess the integration and management of noncommunicable diseases in primary health care and identify regional experiences and best practices. The results of this regional review will be presented during a regional meeting on the integration and management of noncommunicable diseases in primary health care in September 2014. The meeting will bring national managers of both noncommunicable diseases and primary health care programmes to ensure coordinated action.

30. The area of cancer received strategic attention over the past year. A regional meeting on cancer control and research priorities, organized jointly with IARC in October 2013, produced concrete recommendations in the areas of cancer registration and surveillance, research on specific causative factors, and early detection of priority cancers. The recommendations, which were shared with the Regional Committee in October 2013, were translated to a joint WHO/IARC programme of work. One of the outcomes is a joint IARC/WHO training course on cancer registration in September 2014 to strengthen regional capacity and improve cancer registration. Access to quality cancer treatment, which has traditionally received less attention, is now a priority for the Regional Office. A programme of collaboration, engaging international and regional experts, has now been established to provide practical guidance on improving cancer health care in the Region.

High-level meeting of the General Assembly: a renewed opportunity

31. Discussions during the preparation, especially the negotiation, of the outcome document, and during the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, emphasized the need to strengthen national action on noncommunicable diseases. Acknowledging that “many countries, in particular developing countries, are struggling to move from commitments to action”, the outcome document (6) adopted by the General Assembly in New York in July 2014 included many commitments by Member States that require intensive work from all Member States over the next two years. These include several time-bound commitments that reflect the recommendations made during the second annual regional meeting to scale up the implementation of the United Nations Political Declaration on noncommunicable diseases. These commitments are now included in the updated regional framework for action.

Way forward

32. The United Nations Political Declaration on noncommunicable diseases, based on the pillars set out in the global strategy for the prevention and control of noncommunicable diseases adopted by the World Health Assembly in 2000, continues to guide national policy on noncommunicable diseases. The updated regional framework for action, with its strategic interventions and process indicators, provides a clear roadmap for national action on noncommunicable diseases. With the availability of evidence-based WHO tools, including those developed by the Regional Office, the time for scaling up implementation has never been more opportune.

33. While the regional recommendations made in the second annual regional meeting to scale up the implementation of the United Nations Political Declaration on prevention and control of noncommunicable diseases advocated for a monitoring and evaluation mechanism, based on a specified set of indicators, to assess the progress made by countries by 2018, the outcome document of the high-level meeting of the General Assembly in July 2014 did not include such a mechanism. The absence of consensus on indicators to monitor country action and to assess progress on the commitments of other stakeholders will therefore require further debate by WHO’s governing bodies. The adoption by Member States in the Eastern Mediterranean Region of process indicators to measure progress will facilitate such debate.

34. Countries need careful and strategic planning to achieve the progress needed by the time of the next United Nations review in 2018 and the global and national targets by 2025. Implementing the combined set of commitments, in the outcome document of the high-level meeting of the General Assembly in July 2014 and the updated regional framework for action, is the only way to reverse the tide of noncommunicable diseases in the Region. The process indicators proposed will help countries measure progress towards this goal on an annual basis over the next four years leading up to the next review meeting at the General Assembly in 2018.

35. The joint programme of collaborative work between Member States and WHO for 2014–2015, with noncommunicable diseases selected as priorities in all countries, offers Member States and WHO the opportunity to implement high-impact activities. The current planning process for 2016–2017 offers additional opportunities for strategic planning. Needless to say, countries need to allocate substantial additional national resources as part of broader efforts to strengthen national governance and multisectoral action for noncommunicable diseases.

36. WHO’s work will continue to centre around supporting Member States to meet their global, regional and national commitments and targets in the prevention and control of noncommunicable diseases. WHO will focus on the most pressing needs of Member States, particularly in developing and strengthening operational multisectoral national action plans, and implementing the cost-effective interventions in the areas of prevention and health care.

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Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018

Updated August 2014, based on resolutions EM/RC59/R.2 & EM/RC60/R.4

Commitments	Strategic interventions	Process indicators
In the area of **governance**	**Each country is expected to:** • Integrate noncommunicable diseases into national policies and development plans • By 2015, establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on national situation and WHO guidance • By 2014, establish a high-level national multisectoral commission, agency or committee to oversee engagement, policy coherence and accountability of sectors beyond health • By 2015, increase and prioritize budgetary allocations for noncommunicable diseases and implement viable financing mechanisms based on taxation of tobacco, alcohol and other unhealthy products • Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools	**Country has:** • An operational multisectoral national strategy/plan with clea roles and responsibilities for various sectors • National targets and indicators for 2025 based on WHO guida • An operational unit/department in the ministry of health or equivalent with responsibility for noncommunicable diseases • A proportional increase in budgetary allocations for noncommunicable disease prevention

Commitments	Strategic interventions	Process indicators
In the area of **prevention and reduction of risk factors**	**Each country is expected to:** • By 2015, implement evidence-based cost-effective interventions (“best buys”) for prevention • Accelerate implementation of the WHO Framework Convention on Tobacco Control and ratify Protocol to Eliminate Illicit Trade in Tobacco Products • Implement interventions to ensure healthy nutrition in early life (promote breast feeding; implement the International Code of Marketing of Breast-milk Substitutes and the WHO recommendations on the marketing of foods and non-alcoholic beverages to children) • Implement interventions to reduce salt intake • Replace *trans*-fat with polyunsaturated fat and reduce intake of saturated fats • Conduct media campaigns on diet and physical activity • Raise tax/levy on alcohol and impose a total ban on advertising where it is marketed	**Country has:** • National tobacco legislation that adopts the highest level of a least three of the six MPOWER measures • Implementation of WHO recommendations on marketing of and non-alcoholic beverages to children • Implementation of a national plan to reduce salt intake • Implementation of a national plan to replace *trans*-fat with polyunsaturated fat and reduce intake of saturated fats • An operational strategy/plan to promote physical activity

Commitments	Strategic interventions	Process indicators
In the area of **surveillance, monitoring and evaluation**	**Each country is expected to:** • By 2015, implement the WHO framework on noncommunicable diseases surveillance by monitoring mortality and morbidity, risk factors and determinants, and health system capacity and response • Integrate surveillance and monitoring schemes for noncommunicable diseases into national health information systems • Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation	**Country has:** • A functioning system for generating reliable cause-specific mortality data on an annual basis • An operational population-based cancer registry • A STEPS survey or a comprehensive health examination surve every 5 years • Monitoring of effective coverage of hypertension and diabet

Commitments	Strategic interventions	Process indicators
In the area of **health care**	**Each country is expected to:** • By 2015, implement “best buys” in health care (drug therapy and counselling, including glycaemic control, to eligible persons at high risk to prevent cardiovascular events; aspirin for acute heart attacks; and access to vaccination to prevent cancers based on national priorities) • By 2015, integrate and finance interventions for early detection and management of common noncommunicable diseases into the essential primary care package • Improve access to safe, affordable and quality essential medicines and technologies for common noncommunicable diseases • Improve access to essential palliative care services	**Country has:** • A financed package of essential interventions for noncommunicable diseases in primary health care • Guidelines and/or protocols for screening, prevention and management of noncommunicable diseases and risk factors i primary health care • Regular availability of essential medicines for common noncommunicable diseases and risk factors in public primary health care facilities

Note: WHO tools are available to support implementation of the strategic interventions