

Summary report on

**On the Road to
2025: a WHO Eastern
Mediterranean Region
multi-stakeholder
consultation in preparation
for the Fourth UN High-
level Meeting on NCDs**

Virtual Consultation
13 August 2024



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

The fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable diseases (NCDs) will be convened in 2025, as requested by Member States through General Assembly resolution A/RES/73/2 (2018). The meeting will provide an opportunity to adopt a new, ambitious and achievable political declaration on NCDs towards 2030 and 2050, based on evidence and grounded in human rights. This will serve as an important framework to accelerate the prevention and control of NCDs worldwide from 2025 onwards. The agenda fully aligns with the commitments to reduce air pollution and promote mental health and well-being already made as part of the “5x5” agenda, as expressed in the political declaration of the third High-level Meeting of the General Assembly on the Prevention and Control of NCDs, including achieving the Sustainable Development Goals (SDGs) by 2030.

The preparatory process for the fourth High-level Meeting on NCDs aims to address gaps and identify solutions to accelerate progress towards achieving SDG target 3.4 on NCDs and mental health by 2030 (to reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being), and to set strategic directions towards the anticipated 2050 agenda. The process will include high-level global and technical meetings, expert committees and consultations co-sponsored by WHO and relevant partners, which may serve as technical inputs into the negotiations among Member States on the outcome document of the fourth High-level Meeting. Furthermore, they may inform the recommendations to be included in the report of the WHO Director-General to the 78th World Health Assembly in May 2025 through the 156th Executive Board, titled Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of NCDs.

The WHO Secretariat has launched a consultative process to enable Member States, United Nations organizations, non-State actors and individuals with lived experience of health conditions to provide inputs into the preparation for the fourth High-level Meeting on NCDs. Building on a global consultation held by WHO headquarters in June 2024, the WHO Regional Office for the Eastern Mediterranean conducted a web-based consultation on 13 August 2024 to provide a more Region-specific context to the recommendations.

The two-hour consultation was facilitated by WHO technical staff from the Regional Office and WHO headquarters. Participants included NCD technical focal points from WHO country offices, representatives of civil society organizations, academia and people with lived experience, and managers and focal points from concerned ministry of health programmes, such as primary health care, NCDs, tobacco control, nutrition, health promotion, healthy cities, physical activity and environmental health. In total, 188 participants from 20 Member States in the Region attended the consultation.

To complement the feedback given by Member States during the global and regional consultations, online written submissions were sought. All feedback received is summarized below.

2. Summary of discussions

The Dr Asmus Hammerich, Director of the Noncommunicable Diseases and Mental Health Department of the WHO Regional Office for the Eastern Mediterranean, inaugurated the consultation by welcoming the participants, and emphasizing the urgency of addressing NCDs and their risk factors, a leading cause of death and disability globally, and particularly in the Eastern Mediterranean Region. He noted that a key objective of the regional consultation was to prepare the Member States

of the Region for the upcoming fourth High-level Meeting on NCDs, scheduled for September 2025 in New York City.

Dr Hammerich highlighted the expanded focus of the global NCD agenda since the 2018 political declaration, which introduced the “5x5” agenda, to now include mental health conditions and air pollution in the main NCDs and risk factors, respectively. He noted the impact of the COVID-19 pandemic and regional emergencies, which had severely hindered progress on NCDs, stressing the importance of the upcoming High-level Meeting as a critical milestone and opportunity to agree on suitable solutions and accelerators towards set targets. Dr Hammerich observed the economic impact of NCDs, arguing that addressing the rising burden and preventing premature mortality should be seen as an investment, with significant potential returns. He acknowledged that, despite some progress, NCD-related mortality had increased, and many people still lacked access to NCD health services.

Dr Hammerich also pointed to the valuable guidance offered by the recently extended Global Action Plan (GAP) for the Prevention and Control of NCDs 2013–2030, which had steered programmatic work in Member States and enhanced progress. He encouraged stakeholders to sustain the momentum and fulfill past commitments, emphasizing the importance of continued dialogue and action beyond the consultation.

Global overview

Dr Bente Mikkelsen, Director of the Noncommunicable Disease Department at WHO headquarters, emphasized the need for wide engagement and collective efforts to bring about significant change, particularly in addressing NCDs and mental health.

She stressed the need for bold action and highlighted key initiatives, such as preparations for the fourth High-level Meeting on NCDs, the launch of the Global Diabetes Compact, and various regional meetings. Dr Mikkelsen also mentioned the significance of past High-Level Meetings and ongoing efforts, including sustainable financing for NCDs and mental health, and upcoming global conferences on oral health and air pollution. She urged continued engagement and action at the national level to drive meaningful change.

Regional perspectives

Dr Hammerich initiated the regional overview by reflecting on current NCD metrics, milestones and ongoing efforts to increase political attention to NCDs in the Eastern Mediterranean Region. Progress over the past two decades was highlighted, including political declarations and global outcome documents, underscoring the importance of regular appraisal of emerging concerns to ensure significant progress on the political declaration on NCDs and the Sustainable Development Agenda. Global commitments have been pursued regionally through various resolutions of the WHO Regional Committee for the Eastern Mediterranean over the past decade, with the regional framework for action on the prevention and control of NCDs, also known as the “orange framework”, placing a major focus on the four domains of governance, risk factor reduction, surveillance and health care delivery.

Recent progress in health policy development, financing and multisectoral coordination was shared with participants, highlighting advancements in surveillance, capacity-building and health care delivery. Dr Hammerich also briefed participants on the updated list of NCD “best buys”, launched in May 2024, that offers a menu of evidence-based cost-effective interventions to tackle NCDs in all settings.

NCD governance and cancer

NCD governance has been identified as a key priority, particularly for ensuring that appropriate and operational coordination mechanisms involving different sectors are in place, and that adequate financial commitments are made and sustained. As of 2022, half of the Region's Member States had developed multisectoral action plans, with some countries also developing investment cases to support advocacy efforts for greater NCD investments. Significant efforts have been made to engage people living with NCDs, with upcoming country projects in six Member States of the Region, particularly in the area of cancer. The goal is to ensure that policy-making and service delivery decisions genuinely involve the voices of those affected.

The WHO framework for action on cancer prevention and control in the Eastern Mediterranean Region, also known as the “blue framework” guides cancer-related work and is aligned with the broader NCD governance framework. It covers key areas such as governance, prevention, early detection, management, palliative care and surveillance. The WHO Regional Office is prioritizing WHO's global cancer initiatives, including on childhood cancer, breast cancer and the elimination of cervical cancer. Current efforts are centred on the Women's Cancer Initiative, which aims to integrate breast and cervical cancer outreach for more comprehensive care.

Through inter-agency collaboration with the International Agency for Research on Cancer (IARC) and International Atomic Energy Agency (IAEA), WHO has developed a number of comprehensive assessments of national responses to cancer ([imPACT reviews](#)), identifying gaps and key priorities and providing Member States with guidance to maximize resource efficiency. Priorities include expanding the implementation of WHO global initiatives, integrating cancer care into emergency

responses and enhancing cancer planning. Cancer surveillance is essential to inform these efforts, and partnerships play a critical role in advancing cancer-related work in the Region.

Nutrition

There is a clear link between diet and NCDs. Several World Health Assembly resolutions and resolutions of the WHO Regional Committee for the Eastern Mediterranean have highlighted the importance of addressing obesity to prevent NCDs. The regional framework for action on obesity prevention 2019–2023 (which includes policies to reduce salt, sugar and fat intake) was developed to guide countries on context-specific and effective population-level public health interventions. Obesity prevalence is rising among both adults and children in the Region, though early interventions, such as breastfeeding promotion, have helped control obesity rates in children under-5. Currently, five countries in the Region are involved in the rollout of the WHO Acceleration Plan to Stop Obesity, with plans to engage an additional five more in the near future. Significant progress in policy development has been made over the past decade. National strategies now include measures such as front-of-pack labelling, salt reduction, limiting trans fats and taxes on soft drinks. However, although policies are now in place, stronger enforcement is still needed.

High-income countries have made notable progress with so-called “sin” taxes, while more modest advances are observed in middle-income countries. Low-income countries still face challenges related to malnutrition but are being encouraged to prepare to address a double burden, with a strong focus on NCD risk factors through multisectoral action. Technical support by WHO focuses on counteracting the ongoing digital marketing of unhealthy foods, improving front-of-pack labelling and promoting breastfeeding for young children.

Tobacco control

Tobacco control and monitoring has made significant progress in the Eastern Mediterranean Region, echoing the strong commitment at the national level, with WHO ready to support further efforts. However, the high prevalence of tobacco use among youth, particularly boys, remains a major concern. Without radical national action, such as ongoing awareness-raising, stronger regulations for all tobacco products and confronting the actions of the tobacco industry, the situation could worsen. The Region requires substantial policy action and enhanced implementation to meet the 2025 and 2030 targets. Currently, only two countries are on track to achieve a 30% reduction in tobacco use by 2030, highlighting the urgent need for greater and more sustainable efforts.

NCD management

Effective NCD management entails transforming health care systems to achieve better and more equitable outcomes. This requires a comprehensive approach, prioritizing actions and implementing changes effectively. Key priorities include integrating essential NCD services into primary care for early detection and management and ensuring a well-trained workforce with access to essential medicines.

A people-centred model of care is recommended, moving towards chronic disease management that includes prevention and self-care, along with task shifting and community engagement. Expanding benefit packages under universal health coverage schemes to include NCD services is key to ensuring access to care without financial hardship.

Addressing NCDs during humanitarian emergencies has emerged as an essential component of a successful NCD response, particularly in the Eastern Mediterranean Region. Integrating NCDs into emergency

preparedness, response and recovery plans is needed to ensure continued services and treatment, with the COVID-19 pandemic demonstrating how people living with NCDs can be affected by the sudden and sustained disruption of essential health services. Digital health technology will be critical for scaling up early detection, enhancing self-care management and improving care quality.

Public-private partnerships are also key, entailing engagement with the private sector through innovative financing and corporate social responsibility mechanisms to enhance NCD efforts. Capacity development is also important, focusing on building the skills of human resources, not just in understanding what needs to be done, but how to do it effectively. To support these efforts, WHO has developed tools and guidance, including the PEN package, HEARTS package and tools for integrating NCDs into primary health care. Regional frameworks for action, including on addressing NCDs in emergencies, have been developed to help countries integrate NCDs into preparedness, response and recovery plans.

Physical activity

Physical inactivity is a major risk factor for NCDs. The strategies to address this include creating healthy environments (e.g. healthy cities, age-friendly settings), promoting health and well-being, using behavioural insights, enhancing health literacy and engaging communities.

In the Eastern Mediterranean Region, physical inactivity is alarmingly high, with 32.8% of the population being not sufficiently active, surpassing the global average of 27.5%. Notably, inactivity is higher among females, at 39.9%. Countries such as Kuwait and Qatar have high inactivity rates, though Qatar is making strides to promote physical activity using major sports events as a platform. Jordan has the lowest inactivity rate in the Region and is working to sustain this trend.

Before the COVID-19 pandemic, the WHO global action plan on physical activity 2018–2030 was adapted to the Region’s context, identifying barriers such as unfavourable weather, rapid urbanization, cultural issues and misconceptions about physical activity. Initiatives such as health-promoting shopping malls are being promoted to counteract these barriers.

Opportunities to enhance physical activity include leveraging the youth population, promoting healthy settings, engaging communities and using major sports events to shift mindsets. Despite the challenges, targeted interventions and community engagement offer significant potential for improving physical activity levels in the Region.

Air pollution

The impact of air pollution on health is significant in the Eastern Mediterranean Region; 1 million of the 13.7 million premature global deaths occurring annually are within the Region, according to WHO estimates. Air pollution accounts for, and contributes to, a significant proportion of NCD-related morbidity and mortality. Air pollution, occupational risks and lead exposure all contribute to chronic obstructive pulmonary disease (COPD), lung cancer, stroke and heart disease. All countries in the Region are affected, particularly those with limited response capabilities.

While the health sector is not directly responsible for air pollution management, it plays a vital role in advocating for cross-sectoral action, such as promoting public transport, low-emission vehicles, emission reduction in industries and improved waste management. Developing early warning systems and building health workforce capacity to address air pollution impacts are also crucial. Other vital actions include addressing indoor air quality, which involves promoting clean fuels, restricting unprocessed coal and discouraging kerosene use. The health

sector can play a role in highlighting the benefits of air pollution policies and advocating for energy-efficient home designs.

Mental health and substance use

Mental health is a domain of health. There is a bi-directional relationship between mental health conditions and NCDs. Individuals with mental health conditions are at increased risk for both communicable and noncommunicable diseases and tend to have poorer lifestyle choices, leading to higher mortality rates, often 10 to 20 years earlier than those without mental health conditions. This is due to diagnostic overshadowing and a lack of holistic care.

The Eastern Mediterranean Region has the second highest prevalence of mental health, neurological, and substance use (MNS) conditions among WHO regions (16.4 versus 14.2%), largely due to ongoing emergencies. Mental health conditions account for approximately 25–30% of years lived with disability (YLD), with higher rates in the Region compared to the global median. Although the suicide rate in the Region is lower than the global average (6.4 per 100 000 versus 9.6 per 100 000) the rates of depressive and anxiety disorders are well above the global median.

NCDs, such as diabetes, cardiovascular diseases, cancers and COPD, are often comorbid with MNS conditions, and affected individuals often receive less timely and comprehensive care. Therefore, it is crucial for the health care workforce to be trained to provide integrated care that addresses both physical and mental health needs. Adopting a task-shifting approach and a stepped-care model can ensure that mental health interventions are available alongside medical treatments for NCDs.

Integrated care offers benefits such as improved quality of life, better treatment adherence and reduced mortality rates. Tools such as the WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide provide guidelines for managing common mental health problems and associated conditions.

NCD surveillance and monitoring

Recent regional statistics (2019) reveal that NCDs account for 66% of all deaths, with cardiovascular disease and cancer as the leading causes of death. Despite some declines, the Eastern Mediterranean Region is not on track to meet the SDG target (3.4.1) of reducing premature NCD mortality by one third by 2030, with obesity, physical inactivity, hypertension and blood glucose levels remaining critical issues.

The Region needs to accelerate its efforts to achieve SDG target 3.4.1. Low rates of hypertension diagnosis, treatment and control are a concern, with data showing 51%, 61% and 84% of cases are undiagnosed, untreated and uncontrolled, respectively. While progress varies by country, challenges persist, with disparities between high-, middle- and low-income countries.

The NCDs Progress Monitor, assessing 21 indicators and sub-indicators, plays a key role in defining country and regional progress ahead of the 2025 fourth High-level Meeting on NCDs. While Progress Monitor indicators on tobacco control have improved, further efforts are needed, especially regarding the implementation of the provisions of the WHO Framework Convention on Tobacco Control (FCTC). Additionally, nutrition policies continue to be inadequate to address the double burden of overweight/obesity and malnutrition in some countries of the Region.

Discussion

The key points raised in discussion are collated below to assist in shaping the NCD agenda for 2030 and 2050 to be elaborated in the upcoming political declaration, building upon the 2018 declaration that emphasized the “5x5” agenda.

Question 1: Looking towards 2030 and 2050, how should the NCD agenda be framed in the new political declaration?

- **Multisectoral involvement, collaboration and partnerships:** The importance of coordinated efforts across countries was emphasized, along with increased collaboration between health systems, nonprofit organizations and civil society. The need for mutual understanding and support across the Region was highlighted. Advocacy for greater engagement of sectors such as education, agriculture and urban planning is essential to create environments that support healthy behaviours.
- **Meaningful engagement:** Greater involvement of people living with NCDs, particularly in underserved regions, is crucial. Participants requested the new political declaration to include recommendations that directly address civil society organizations and individuals with lived experience. The need for advocacy toolkits and technical documents to empower these groups was also stressed.
- **Artificial intelligence (AI) integration, innovation and emerging trends:** Utilizing digital health technologies, precision medicine and AI was recommended to improve patient self-management and overall NCD care. The need to advocate for more investment in technological solutions to enhance integration between primary and tertiary health care levels was highlighted, enabling more comprehensive NCD management at the primary care level.

- Prevention and early intervention: The importance of focusing on prevention and early intervention strategies to reduce the NCD burden was emphasized.
- Health equity: The need for the NCD agenda to address health inequities, especially among vulnerable populations, was stressed.
- Sustainable development alignment: Alignment of the NCD agenda with the Sustainable Development Agenda, including emerging issues such as environmental sustainability and economic development, was discussed.
- Data tracking and monitoring: Strengthening data collection and monitoring systems to track NCD progress and ensure accountability, was called for. There is a need for greater focus on strengthening data on patient cohorts and treatment outcomes in existing data portals. Additionally, alignment in all data collection tools, such as the global asthma report currently being prepared, requires engagement from all concerned parties.
- Emergency preparedness, war and conflict: The impact of war on mental health and the need for modifications in care algorithms to ensure continuity in conflict zones were highlighted. The importance of including war and conflict considerations in public health strategies and professional education was emphasized, as well as the need to incorporate NCD services into emergency preparedness and response plans in conflict-affected regions.

The discussion underscored the need for holistic approaches, incorporating technological advancements, multisectoral collaboration, health equity and considerations for conflict zones, to effectively frame the NCD agenda for 2030 and 2050. Participants emphasized the need for greater engagement of people living with NCDs, enhanced technology integration and increased collaboration among health systems, the nonprofit sector and civil society. Key issues included the use of AI for management, focusing on prevention and early

intervention, addressing health inequities and involving multiple sectors, such as education and urban planning. The Agenda should ensure alignment with, and progress towards, the SDGs through improved data collection and monitoring, while incorporating considerations for conflict zones and emergency preparedness. The goal is to create a comprehensive approach that leverages innovation and addresses both current and emerging challenges in NCD care.

Question 2: What are the regional priorities for NCDs and mental health that should be reflected in the WHO Director-General's report to the Seventy-eighth World Health Assembly in 2025?

- Building on successes: It was recommended to recognize regional success in NCD governance and multisectoral engagement, especially amidst the emergencies that have been affecting the Region.
- Support for improving infrastructures: Greater financial support, including from international cooperation and domestic resource mobilization, is needed to improve NCD-related infrastructure.
- Technology and AI: The need to improve access to new technologies, digital health and AI for better measurement and treatment of NCDs was emphasized.
- Tobacco control: The rise in tobacco use among youth was noted, and new interventions were called for to reduce smoking in the Region.
- Lessons learned from the COVID-19 pandemic: It was emphasized that no country is immune to emergencies, and that the severe disruption of NCD services during the pandemic had highlighted the need to ensure the continuity of NCD-related services during emergencies and crises.
- Nongovernmental organization and civil society data: There is a need to accommodate contributions from nongovernmental and civil society organizations in regional NCD presentations and to clarify how these organizations can further engage with WHO and ministries of health to collaborate on NCD advocacy.

- **Community engagement:** The importance of community-based interventions and management in preventing and fighting NCDs and mental illnesses was stressed. The need for community engagement and empowerment in these efforts was highlighted.
- **Equitable access to medications and technology in emergencies:** The need to address equitable access to NCD and mental health prevention and control in protracted emergency and fragile contexts was emphasized.
- **Unified guidelines:** The need to strengthen WHO's normative role for the development of evidence-based, adaptable guidelines for the management of NCDs was suggested.

Participants emphasized the importance of framing the regional situation for NCDs and mental health within the context of emergency preparedness, digital health, health equity and multisectoral action, which should be reflected in the WHO Director-General's report to the World Health Assembly in 2025. Regional priorities for the report should include ensuring the continuity of NCD services during emergencies, improving monitoring and evaluation frameworks, and enhancing infrastructure and financial support. Emphasis was placed on advancing technology and AI for NCD management, addressing rising tobacco use and integrating data from nongovernmental organizations and civil society into regional NCD strategies. The need for community engagement, equitable access in emergency contexts and unified guidelines for managing NCDs and mental health was highlighted. The focus should also be on building upon existing successes, reinforcing governance mechanisms, addressing overlooked risk factors and strengthening data and surveillance systems.

Survey

A survey was shared with participants to gather additional inputs and identify NCD-related priorities for the Region. A review of the responses highlighted the following themes:

- **Global coordination and integration:** Effective NCD prevention and control require a coordinated global effort. Establishing a global body to integrate resources and strategies is essential for sustaining the fight against NCDs. This body would also help ensure that countries prioritize NCDs within their national policies and development plans.
- **Climate change and health:** As climate change continues to impact health globally, its effects on NCDs must be addressed. Integrating climate change considerations into health policies and strategies is vital to mitigating its impact on disease prevalence and risk factors. This includes promoting sustainable urban planning and reducing exposure to environmental hazards.
- **Mental health integration:** Mental health must be fully integrated into NCD management, particularly through primary health care systems. Early intervention programmes are crucial for addressing the mental health issues that often accompany NCDs. A holistic approach that includes mental health screening and support is necessary to improve overall health outcomes.
- **NCD risk factors and patient advocacy:** With the growing prevalence of NCDs, addressing the associated risk factors has become increasingly urgent. Empowering patients and communities to advocate for better health outcomes is key to combating these diseases. Efforts should focus on reducing disparities in access to care, particularly between high-income and low- and middle-income countries.
- **Sustainable financing and capacity-building:** Sustainable financing is critical for strengthening health systems and supporting NCD

prevention and control. Investing in capacity-building for health care workers, particularly in low- and middle-income countries, is essential for delivering high-quality care. This includes ensuring that primary health care systems are equipped to manage NCDs effectively.


- Data collection and monitoring: Robust data collection and monitoring systems are needed to track NCD trends, evaluate the effectiveness of interventions and inform policy decisions. Leveraging technology, such as AI-powered dashboards, can enhance these efforts by providing real-time insights and enabling more responsive strategies.
- Emergency preparedness and health system resilience: Integrating NCD services into emergency preparedness plans is crucial for maintaining continuity of care during crises. Building resilient health systems that can withstand emergencies and conflicts is essential for protecting populations with chronic conditions and ensuring long-term health security.

3. Conclusion

In his closing remarks, Dr Hammerich acknowledged the active participation of the more than 200 online attendees, underscoring the attention given to the NCD agenda in the Region. Participants were encouraged to review the shared material and provide feedback, especially on data issues. Additional subregional consultations would be organized upon request to respond to queries and concerns from Member States.

Looking ahead, Dr Hammerich emphasized the importance of participating in the upcoming global events, opening new communication channels and gathering field experiences to enhance the understanding of NCDs and mental health. Ongoing dialogue and follow-up with countries or groups would continue to strengthen regional engagement and collaboration.

He concluded that, based on Member State comments and questions raised, online “deep dive” sessions would be held on NCDs in emergencies, the surveillance and monitoring of NCDs, including registries, and the meaningful engagement of people living with NCDs.



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