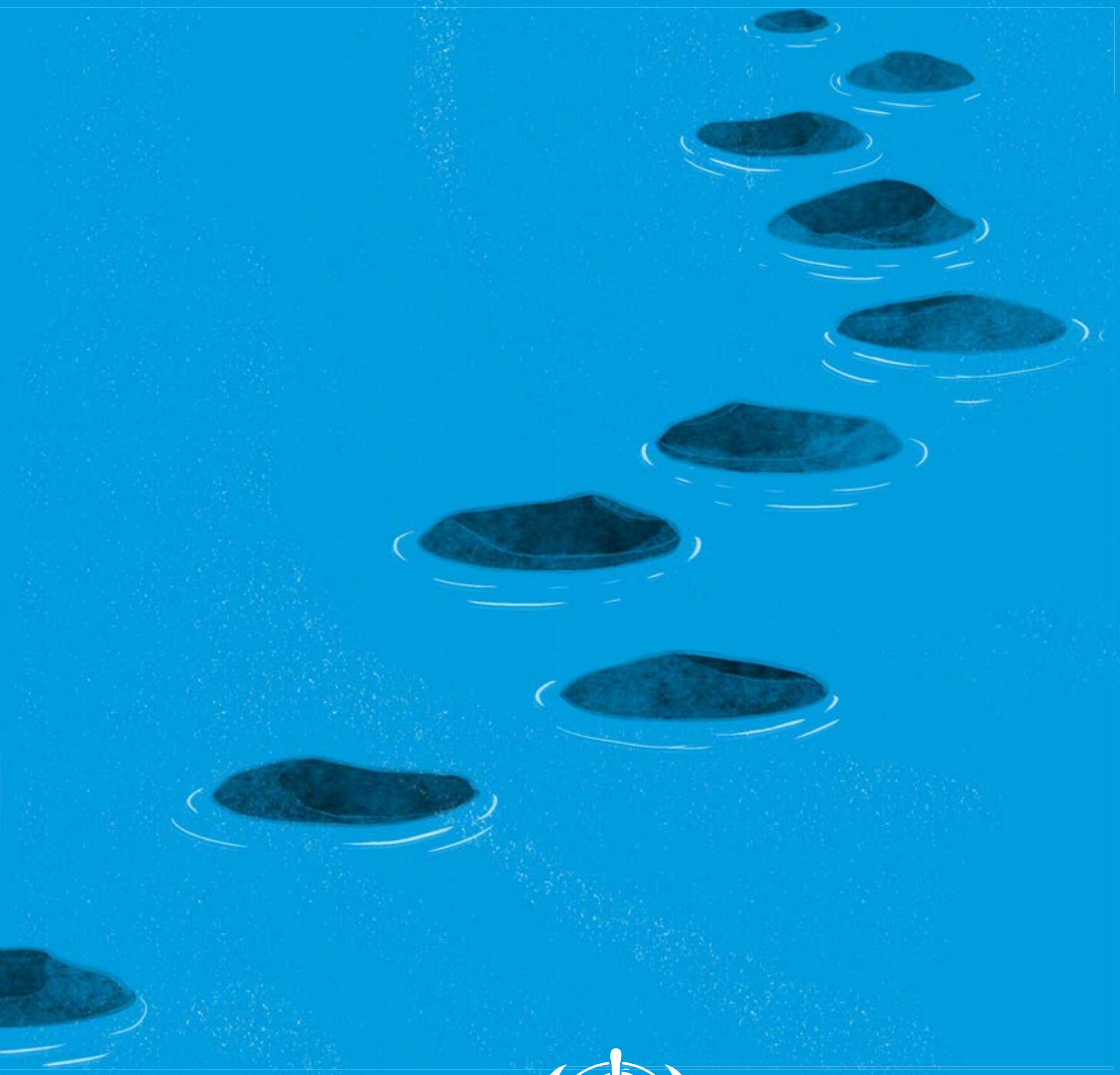
Stories from the Field

Sharing successful strategies from the Eastern Mediterranean Region in mitigating noncommunicable diseases and mental health disorders during the COVID-19 pandemic and beyond



World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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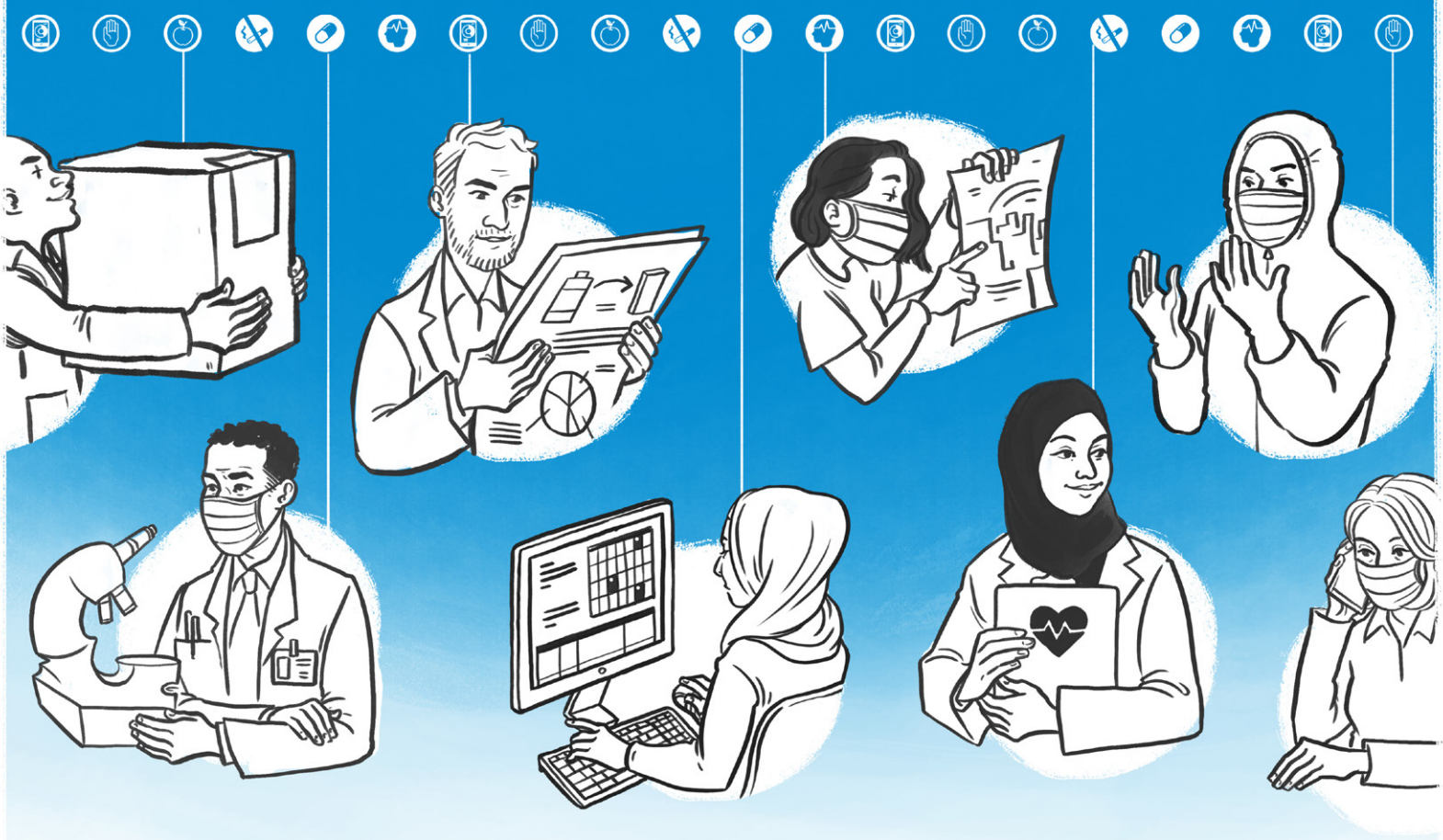
Contents

Introduction



The COVID-19 pandemic has been a global challenge. The countries of the WHO Eastern Mediterranean Region have risen to this challenge and acted decisively to protect their citizens. Here, as elsewhere, COVID-19 has turned so-called "normal" life on its head, affecting everything from health and well-being to personal freedoms.

However, while the pandemic has raged, other threats to health have remained. Noncommunicable diseases (NCDs) are still the world's biggest killers. The four major NCDs are: cardiovascular disease, chronic respiratory disease, cancer and diabetes. Known as chronic or lifestyle diseases, NCDs are a leading cause of death in the Eastern Mediterranean Region. In 2012, more than 2.2 million people in the Region died from NCDs, a figure that is predicted to rise to 2.4 million by 2025 unless significant action is taken.

Mental health is another leading public health issue, which has been magnified by the pandemic. Fears about catching COVID-19 and anxiety caused by lockdowns and economic strains have increased the burden of mental health conditions.

Before COVID-19 struck, the WHO Regional Office for the Eastern Mediterranean had been working with countries across the Region to combat NCDs and mental health conditions. It would have been easy, in the darkness of the pandemic, for countries to abandon NCD and mental health mitigation, and concentrate solely on COVID-19 measures. Instead, there was a glimpse of hope as, with WHO support, countries showed ingenuity and fortitude in finding ways to continue treating, tracking and preventing NCDs and mental health conditions throughout the pandemic.

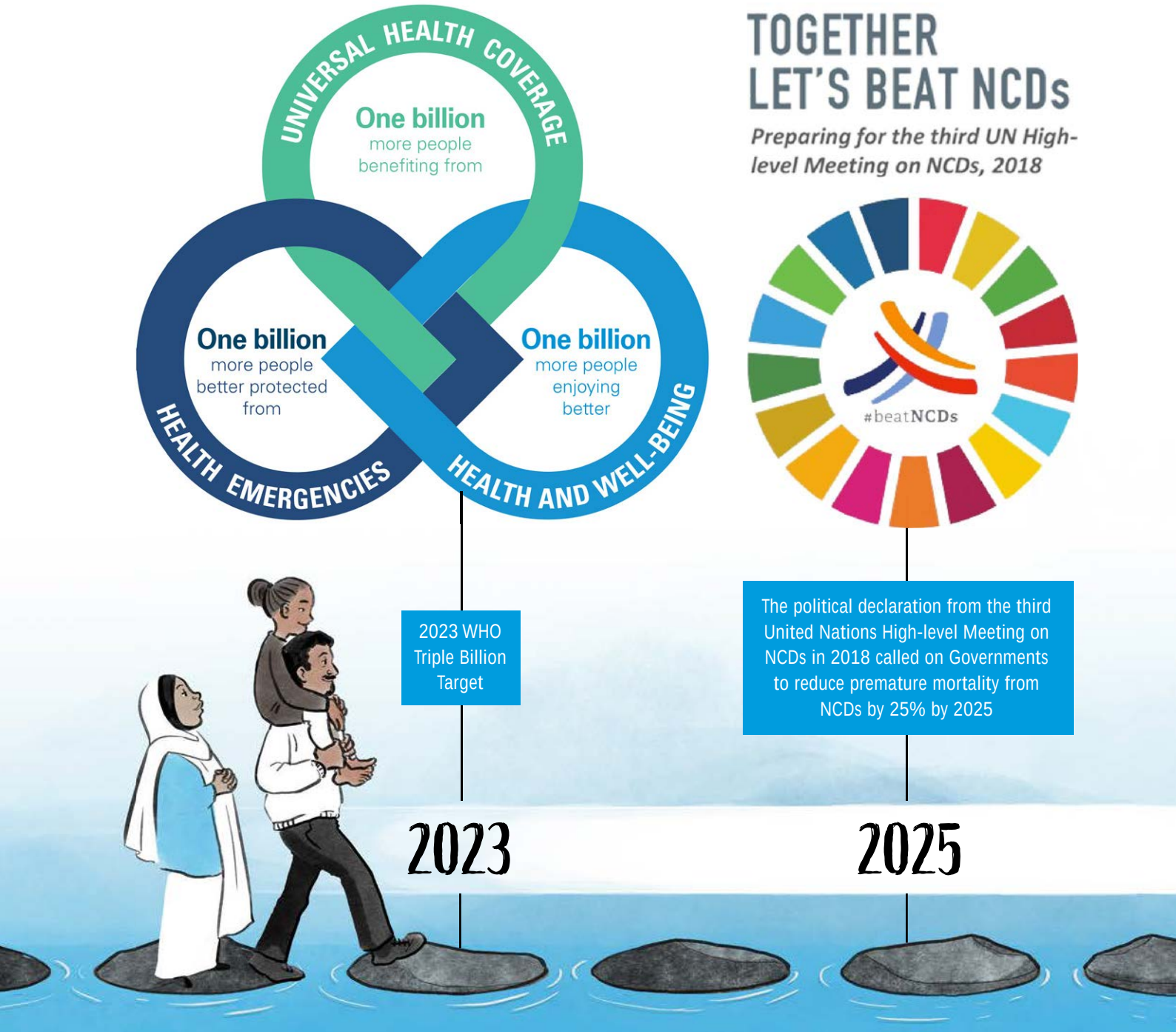
The diverse Eastern Mediterranean Region includes some of the world's wealthiest and poorest nations. Conflict, population displacement and other crises have added to the strain that many countries have felt during the pandemic. And yet, in many cases, countries have taken steps forward in combating NCDs and mental health issues. They have shown their commitment to the long-term health and well-being of their citizens through innovations and cross-cutting strategies, which they can continue to use after the pandemic is over.

This publication concentrates on unpublished accounts of what each country has done to address NCDs and mental health issues, both before and during the pandemic. The aim is not to give a complete picture of each country's overall strategy, but to share knowledge and experience with other countries around the world as we confront the global challenges of mental health and NCDs.

Where are we now?

In 2011, the 193 countries of the UN adopted the NCD Global Monitoring Framework, which included nine global targets to combat mortality from the four main NCDs. The aim was to reduce premature mortality from noncommunicable diseases by 25% by 2025. Working towards this commitment paved the way for the current 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals (SDGs). These aim to achieve a better and more sustainable future for all.

We can only meet targets through focus and consistent work. That's why WHO and Member States of the Eastern Mediterranean Region set milestones to help the world stay on track to achieve the 2030 SDGs.



We are already a long way down the road towards 2030, with these milestones fast approaching. Whether or not the world can meet these milestones, they provide focus. They enable us all to think about how far we have come, how the COVID-19 pandemic has affected our progress, and what we need to do to complete the journey to 2030 and beyond.

The following SDGs are focused on in this report:

TARGET 3.4

Reduce mortality from noncommunicable diseases and **promote** mental health

TARGET 3.5

Prevent and **treat** substance use

TARGET 3.8

Achieve universal health coverage

TARGET 3.a

Implement the WHO Framework Convention on Tobacco Control

SDG 3 aims to ensure good health and well-being. Within that goal, target 3.4 singles out noncommunicable diseases and mental health.

The target is ambitious:

"By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being."

2030

The areas we work in...

The WHO Regional Office for the Eastern Mediterranean is applying its vision of Health for All by All to help the countries of the Eastern Mediterranean Region meet their SDG 3 targets. We work with different sectors and partners in each country to give practical and strategic support in tackling noncommunicable diseases (NCDs). No two nations have the same needs, so what we offer and the approaches we take are those best suited to each nation. At the same time, we aim to meet regional and global commitments.
WHO has been working with countries in six vital categories that have a major impact on reducing NCDs.

Noncommunicable disease prevention

Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are the leading cause (accounting for 77%) of NCD deaths in the Eastern Mediterranean Region. Two thirds of these deaths are linked to specific modifiable behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Many countries have taken important actions on these risk factors through a range of different strategies and interventions.

Nutrition

Countries in the Region have worked hard against the double burden of malnutrition. Malnutrition causes problems such as vitamin and mineral deficiencies, wasting and stunting. These issues are particularly acute for refugees and displaced populations. Diets that are high in salt, sugar and industrially-produced trans-fats cause obesity, hypertension and coronary heart disease. WHO has helped countries identify nutritional problems and implement solutions to alleviate them.

Tobacco

The health risks of using tobacco in any form are very well documented, resulting in various dangers from cancers to respiratory and cardiovascular diseases. WHO has been working with countries to curb the use of tobacco and emerging products through a range of effective measures including awareness campaigns and advertising legislation. The added danger posed by the combination of COVID-19 and tobacco has galvanised countries in the Region to take unprecedented steps to reduce tobacco use.

Noncommunicable disease management

There are more than 150 million people living with NCDs across the Region. This poses problems for all countries, especially lower income countries, because NCDs need constant management. Pre-pandemic, WHO coordinated with countries to manage NCDs through lifestyle measures and treatment. COVID-19 has posed major challenges to NCD management, but countries have met these with technological and other innovations.

Mental health and substance abuse

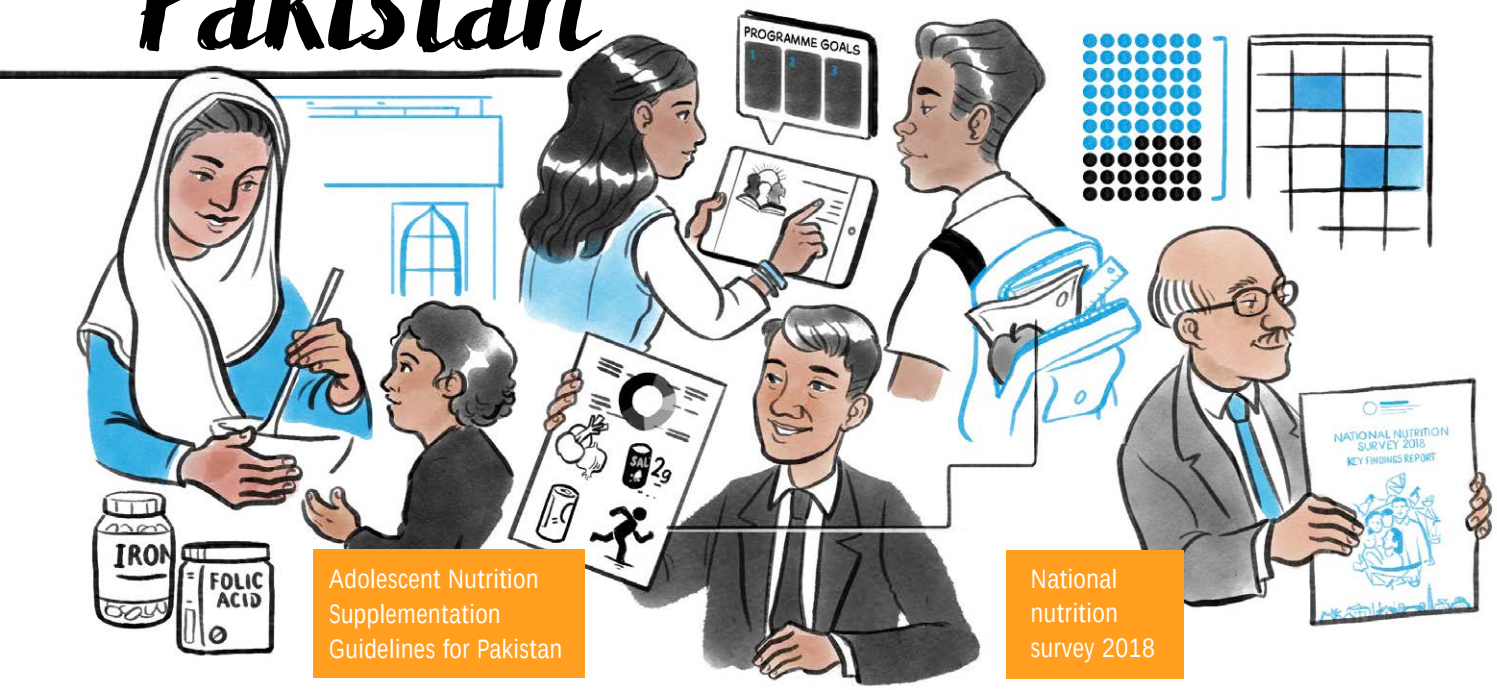
One in ten people at any given time suffers from mental health problems. In areas affected by conflict, that number rises to one in five. Treating people suffering from mental health and substance use disorders takes time and is often complicated by issues such as social stigma. Countries have made great steps forward to implement strategies and interventions to combat these NCDs, which have been magnified by the mental toll of COVID-19.

Noncommunicable disease surveillance

Without reliable data, it is hard to gauge the scale of a problem or track progress in dealing with it. That's why it's important to monitor chronic conditions through surveillance of risk factors and assessment of health systems. We have been supporting countries to set up systems to monitor NCDs so that they have a clear picture of what is happening and how they need to concentrate their efforts to make progress.

Pakistan

SHINE: school mental health services



Adolescent Nutrition Supplementation Guidelines for Pakistan

National nutrition survey 2018

Pakistan carried out a noncommunicable disease (NCD) risk-factor surveillance (STEPS) survey in 2013. The Government has used the results to develop a range of evidence-based policies and establish a Noncommunicable Diseases Unit at federal level. Pakistan has taken a multisectoral approach, prioritizing malnutrition and mental health problems early in life, to give people better chances for the future and reduce the likelihood of NCD burdens in later life.

Pakistan launched Umang in 2018 - its first 24/7 mental health helpline. It offers support while actively breaking down the stigma surrounding mental health.

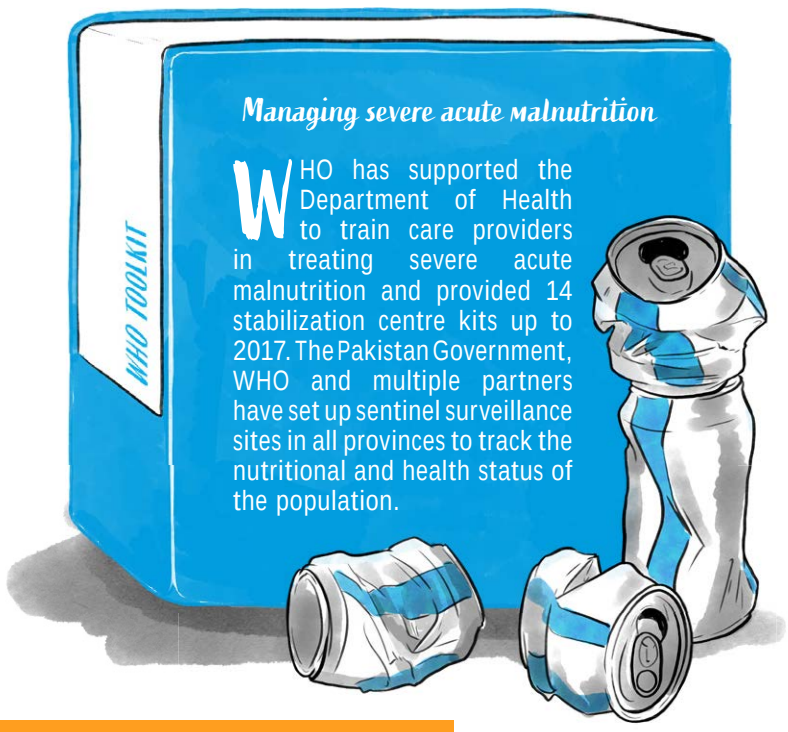
SHINE - Pakistan is collaborating with Egypt, the Islamic Republic of Iran and Jordan on a project investigating the scaling up of mental health services in schools.

Pakistan collaborated with UNICEF to carry out a national nutrition survey in 2018, to get a clear picture of the nutritional challenges facing the country.

In the light of the 2018 survey results, Pakistan has put in place a five-year nutrition strategy, which will take the country through to 2025, with a particular focus on combating malnutrition and stunting.

2019 – Pakistan launched Ehsaas, a multi-billion-Pakistani Rupee programme to eradicate poverty, which also supported Pakistan's poorest people during the pandemic.

2020 – the Government created the Adolescent Nutrition Supplementation Guidelines to ensure that proper nutritional standards were met for young people through to adulthood.



2017 – Punjab Government bans sales of soft drinks within 100 metres of schools

The Government of Pakistan is tackling the challenges of malnutrition and stunting through its Multisectoral Nutrition Strategy for 2018 – 2025. Regional work is being overseen by national advisory bodies including the National Nutrition Working Group, Technical Working Group for Community Management of Acute Malnutrition, Technical Advisory Group for Infant and Young Child Feeding, and an Early Childhood Task Force.

At the same time, Pakistan has launched its biggest poverty eradication programme – Ehsaas. With funding of over 80 billion Pakistani Rupees for nutrition-sensitive and nutrition-specific programmes, Ehsaas aims to change the lives of millions of Pakistan's poorest people. During the COVID-19 pandemic, the Ehsaas Emergency Cash Programme has been a lifeline to 13.2 million people, giving lower-income families a monthly stipend to help them through.

In 2018, the Government of Pakistan and UNICEF carried out a national nutrition survey which included children, women of reproductive age and adolescent boys and girls. The survey assessed nutritional status and evaluated important factors affecting nutrition, including infant and young child feeding practices, household food insecurity and implementation of universal salt iodization.

The results highlighted the increasing prevalence of the double burden of malnutrition. They showed that almost one in three children under five are underweight, while the percentage of overweight children in the same age group was 9.5% – a figure that has almost doubled between 2011 and 2018.

This research helped to inform Pakistan's 2020 launch of the Adolescent Nutrition Supplementation Guidelines. These give a series of recommendations to improve adolescent nutrition, from lifestyle guidance around healthy eating and physical activity, to prohibiting the sale of unhealthy drinks and snacks in schools. The guidelines also include standards for screening adolescents in schools, health facilities and in the community to identify and help at-risk adolescents, as well as including nutrition standards for school meals. There are also recommendations of daily iron and folic acid supplements for non-pregnant married women, with micronutrient tablets and counselling on healthy diet provided for those who are underweight. These actions ensure the health of women and reduce the likelihood of babies being born with spina bifida.

Umang is Pakistan's first 24/7 mental health helpline. In 2018, a group of physicians created this free service, funded by Ferozsons Pakistan, to address the gap between the increase in reported mental health conditions and the lack of accessible mental health services. The helpline is run by a team of 200 clinical psychologists, therapists, counsellors and psychiatrists, all of whom are Good Clinical Practice certified. To date, the team has provided over 5000 therapeutic sessions, completed over 7000 consulting hours and has reached out to more than 10 000 individuals. Most traffic comes from Google, Facebook and Instagram. Umang is also actively working to break down taboos and stigma surrounding mental health conditions.

SHINE is the School Health Implementation Network: Eastern Mediterranean Region. It is a collaborative research project between Egypt, the Islamic Republic of Iran, Jordan and Pakistan, aiming to address the challenges of scaling up school-based mental health services. Ten to twenty per cent of children are affected by socio-emotional problems globally, with the heaviest burden in low- and middle-income countries.

Evidence suggests that school-based interventions, which assess child mental health across whole schools and also target individuals most in need, can help children thrive socially, emotionally and academically. Researchers have been conducting the implementation study in rural Rawalpindi, Pakistan, adapting WHO's School Mental Health Programme manual into an algorithm-based chatbot to help teachers identify and manage low-intensity mental health problems in their students. Egypt, Islamic Republic of Iran and Jordan are pushing forward with capacity-building activities based on the shared results of the implementation study. The hope is that this cross-disciplinary and cross-sectoral collaborative network will help children in the Region to get the mental health support they need.

Afghanistan

Over the last 20 years, Afghanistan has led the way in proving the importance and feasibility of tackling noncommunicable diseases (NCDs) in emergency situations. The country has shown that partnerships and a multisectoral approach, involving everyone from international government to local community leaders, are essential to deliver results. This commitment to addressing NCDs that cause 44% of the country's deaths has continued, despite the COVID-19 pandemic.

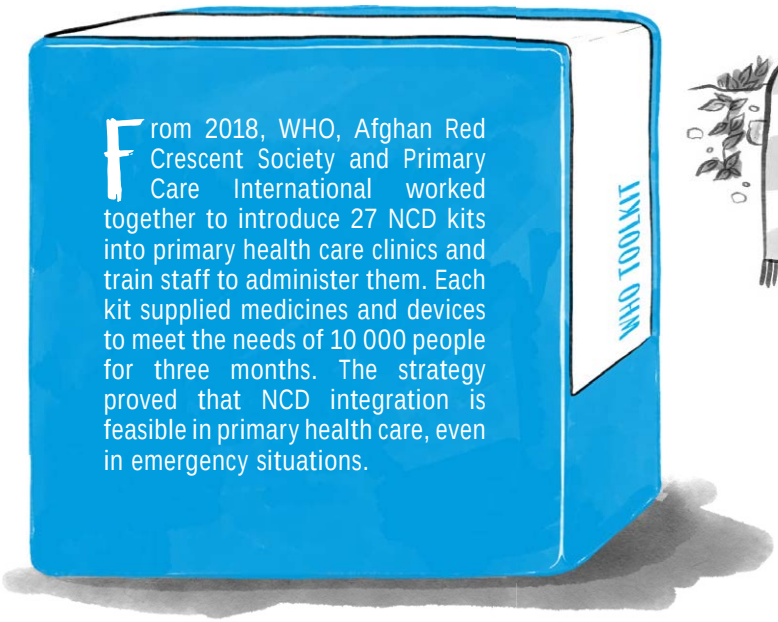
Afghanistan has worked over a number of years to introduce bans on tobacco advertising, promotion and sponsorship.

Authorities introduced a baby-friendly village strategy to help families give their children the best start in life.

The Government introduced sentinel-based nutrition surveillance to combat the dangers of malnutrition across the country.

Since 2001, Afghanistan has implemented a complete reform of its mental health system, putting mental health treatment at the heart of its health care strategy.

The Government showed its commitment to mental health by ensuring continuity of mental health support during COVID-19.



From 2018, WHO, Afghan Red Crescent Society and Primary Care International worked together to introduce 27 NCD kits into primary health care clinics and train staff to administer them. Each kit supplied medicines and devices to meet the needs of 10 000 people for three months. The strategy proved that NCD integration is feasible in primary health care, even in emergency situations.

Afghanistan ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2010. The National Tobacco Control Coordination Committee has been supporting that commitment by encouraging partnerships between Government ministries, UN agencies, the private sector and civil society to curb tobacco use. This strong, multisectoral coordination led to Afghanistan's first law dedicated to tobacco control in 2015, which included a comprehensive ban on tobacco advertising, promotion and sponsorship, with fines for violations.

The Government has used TV, radio and social media to publicize anti-tobacco messages and has also:

- Designated three national parks in Kabul city as tobacco-free areas
- Implemented a checklist for monitoring smoking in public places
- Ensured organisations adhere to the clear positioning of tobacco health warning signs in public places
- Trained hospital staff, teachers and police on tobacco monitoring
- Stopped tobacco use in public buildings

Political commitment and a multisectoral approach have led to the implementation of a wide range of successful actions preventing the dangers of tobacco use.

In 2009, Afghanistan piloted a baby-friendly village project to promote and support breastfeeding beyond hospitals in community settings across Takhar, Badakhshan and Kunduz provinces. The project engaged mothers, fathers, mothers-in-law, and their social support networks to promote appropriate infant feeding practices. By the end of the project, exclusive breastfeeding for babies up to six months in age had increased from 47.4% to 79.4%. Success was achieved by working at the village level through support groups and at health facilities through young child feeding counsellors. This project informed the development of the Ministry of Public Health's national community-based nutrition programme in 2017.

Meanwhile, a sentinel site nutrition surveillance system has been helping to shape programmes to improve nutrition across the country since 2013. One hundred and seventy-five sentinel sites gather data for children aged up to two years old, while a total of 953 health posts act as community-based sentinel sites, gathering data with the support of community health workers. The system, which was set up with the support of WHO, UNICEF and funding from the Government of Canada, enables action to be taken swiftly against malnutrition and is an important part of Afghanistan's progress towards the 2030 goals.

Afghanistan has put mental health at the heart of its health care strategy since 2001, when there were just two psychiatrists and 138 health care staff to meet the needs of 25 million people.

Rebuilding the mental health system has required strong political will and multi-agency coordination between Government, donors and nongovernmental organizations. The Ministry of Public Health focused on integrating mental health into primary health care and training general health workers in basic psychiatry alongside psychological and social interventions.
By 2013, this policy was described as "One of the continent's most successful experiences in integrating and scaling up mental health care in selected areas of a country." (Building Back Better, 2013)

This ongoing commitment has trained more than 1000 health workers in basic mental health care, established a mental health hospital, set up a drug rehabilitation centre and provided essential care for hundreds of thousands of patients.

However, the COVID-19 pandemic has had a major impact on public mental health, affected medical supplies and reduced the public's willingness to visit mental health facilities.

Afghanistan responded quickly to ensure the continuity of mental health services throughout the pandemic by:

- Launching six helplines in May 2020 to provide remote health and psychosocial support
- Distributing psychosocial support guidance, translated into local languages
- Tracing and contacting people who tested positive for COVID-19 to offer psychosocial support
- Setting up units in six COVID-19 hospitals to give support to health care workers and families of patients

Through interdepartmental collaboration and community engagement, Afghanistan ensured that primary health care centres and general hospitals could maintain mental health services during the pandemic.

Islamic Republic of Iran

The Islamic Republic of Iran has acted on a wide range of noncommunicable disease (NCD) issues with innovative strategies that can be replicated by other countries. Alongside creating strong multi-stakeholder and cross-sectoral collaborations, the Ministry of Health and Medical Education has leveraged the country's strong primary health care system, skilled general practitioners and community health workers to take major steps on their journey to 2030.

The Iranian High Council of Health and Food Security has been reducing malnutrition and ensuring nutrition security by institutionalizing management, policy-making, evaluation and coordination since 2004.

Ban on radio and television advertising of soft drinks to protect children and adolescents, as well as bans on unhealthy food in school canteens and vendors near schools.

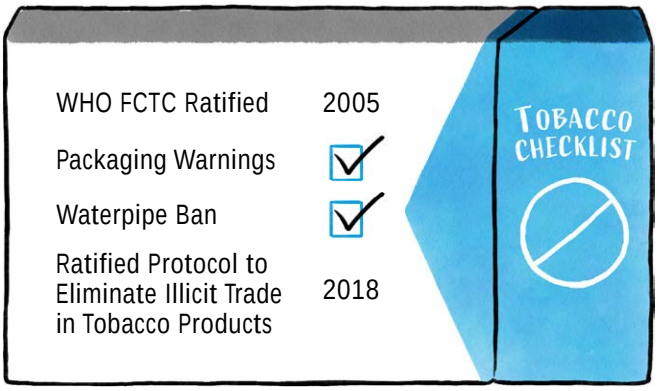
2016 – mandatory traffic light labelling on the front of food packaging to help people make healthier choices. Includes calories, sugars, total fat, trans fat and salt.

Nationwide tobacco free initiative from 2020. This focuses on the WHO MPOWER strategy, which helps countries to reduce the demand for tobacco products.

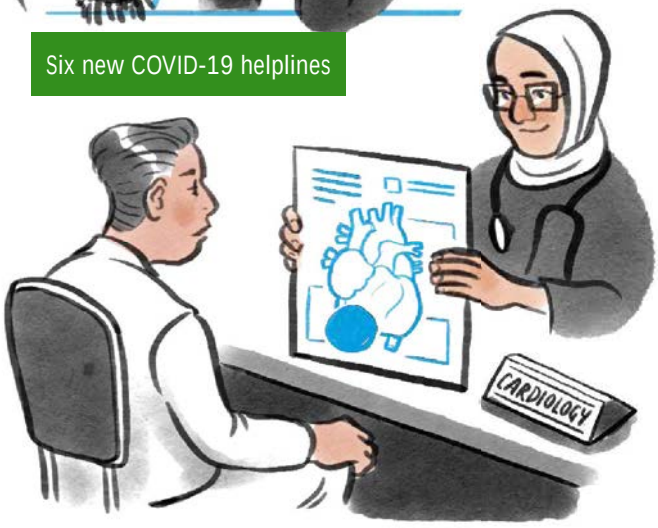
Ban on waterpipe use in public places, reinforced with fines or the closure of premises. Launch of health awareness campaigns to counteract misinformation from the tobacco industry.

2020 – Qom becomes Islamic Republic of Iran's first tobacco-free city after collaboration with local and religious leaders. The five-year plan will make 63 cities and 63 villages in Islamic Republic of Iran tobacco free.

SHINE – Islamic Republic of Iran is one of four countries collaborating on this project researching the challenges of scaling up mental health services in schools. See Pakistan for details.



Six new COVID-19 helplines



Face-to-face consulations for Cardiac Rehabilitation

Radio and TV ban on advertising soft drinks

Mandatory traffic light labelling of food packaging

The COVID-19 pandemic has affected every aspect of life – even the act of burying and mourning loved ones. The Ministry of Health and Medical Education developed measures to help people suffering with grief by collaborating its internal Department for Mental Health And Substance Abuse and with the Iranian Psychiatric Association and Iran University of Medical Sciences.

Measures included:

- Guidance on safe ways to commemorate loved ones
- Training hospital staff to deliver bad news
- Guidelines on balancing safe burial practices with mourners' needs
- Training mental health staff at Islamic Republic of Iran's 63 medical universities to give structured psychological counselling to help people cope better with loss
- Face-to-face or telephone counselling for families of COVID-19 victims, with referral pathways for those needing psychiatric care

This strategy helped people to navigate their grief, identified families in need of social and financial support, and detected cases of domestic violence and psychiatric or substance abuse problems.

Since 2003, Islamic Republic of Iran has integrated a child abuse prevention programme into the public health care system. The National Parenting Skills Training Programme works to improve communication between parents and children, which is recognized as one of the preventive measures that mitigates child abuse.

Goals include:

- Improving the mental health literacy of parents with children aged between 2 and 17 years
- Improving child-parent interactions
- Preventing child maltreatment
- Preventing mental health problems, specifically behavioural problems in children and adolescents

This programme, which is still ongoing, trained over 2 million parents in group sessions between March 2018 and March 2019. It has drawn on the knowledge and support of multiple partners including the Ministry of Youth Affairs and Sports, WHO and UNICEF. This breadth of experience is one of the reasons for its lasting success.

Set up in 2007, the National Suicide Prevention Programme is an example of Islamic Republic of Iran's long-term commitment to tackling mental health issues. National and international experts recently assessed and revised the programme in order to:

- Improve the accuracy of statistics on suicide and suicide attempts
- Reduce stigma associated with suicide
- Increase access to and provision of mental health and psychiatric services
- Engage the media to improve the reporting of suicidal behaviour
- Reduce access to frequently-used methods of suicide
- Upscale research to understand the epidemiology and risk factors of suicide

In the pilot study, carried out in the Iranian city of Khorramabad before the Suicide Prevention Programme was rolled out nationwide, suicide mortality fell from 12.5 to 5.3 per 100 000 people in one year. The current, revised programme is ongoing and includes treatment, care and aftercare services such as psychosocial intervention and telephone follow-ups.

Islamic Republic of Iran quickly switched to digital health and telemedicine formats during the COVID-19 pandemic to ensure the continuity of services for people living with NCDs. The 4030 helpline offered continuity of care, follow-ups, counselling and advice for cancer patients and people under immunosuppressive therapy. Meanwhile, community health workers supported, advised and trained patients with high blood pressure or raised blood sugar levels on how to self-manage their conditions. This remote care was a very successful approach for these vulnerable groups.

The Iranian government set up three COVID-19 helplines in September 2020. In the first phase, this initiative was delivered at primary health care (PHC) level, and over the first six months around 78 million people were screened by phone or online (self-screening). In November 2020, the initiative was extended to outpatient care. In addition, services such as extensive contact tracing were provided to identified vulnerable and high-risk groups. It was a scale up of Islamic Republic of Iran's pre-COVID "Each Home One Health Post" initiative, which engages local communities and local stakeholders to support vulnerable households.

IraPEN is Islamic Republic of Iran's adaptation of WHO's Package of Essential NCD (PEN) Interventions for primary health care. The Ministry of Health and Medical Education launched IraPEN in 2014 as part of the National NCDs Plan. Piloted in four cities across 600 000 people, IraPEN offered screenings for three preventable cancers (cervical, breast and colorectal), screening for asthma and chronic obstructive pulmonary disease, and cardiovascular risk assessments including testing for blood sugar and cholesterol.

The IraPEN pilot was a success, with diabetic patients showing improvements in HbA1c levels and patients with hypertension reporting improved blood pressure control, among other results. This success was built on high-level political commitment, local partnerships, broad stakeholder commitment and a strong health workforce at PHC level with in-service training supported by universities.

By piloting IraPEN, authorities were able to identify any bottlenecks and gaps in the referral system that needed to be bolstered before scaling up. Through innovative thinking and collaboration, Islamic Republic of Iran has shown that countries can adapt a WHO package to suit their unique needs.

Alongside a well-established comprehensive cardiac rehabilitation (CR) programme, Islamic Republic of Iran has been pursuing innovative CR strategies since 2016, including:

- Hybrid CR with face-to-face consultations leading to telephone follow-ups and home CR sessions
- Home-based CR targeting moderate and low-risk patients, in the hope of empowering patients and their families with self-care plans
- CR programmes for women
- Encouraging patient-physician communications
- Insurance companies agreeing to cover some CR costs
- Patient feedback to physicians to improve referrals

In 2014, Islamic Republic of Iran formed the Iranian Non-Communicable Diseases Committee. It comprised members of different governmental bodies, and the aim was to accelerate the control and prevention of NCDs. The Committee developed a national action plan in collaboration with WHO, setting national targets for NCDs which are fully supported by the President and achieved through multisectoral dialogue, cross-ministry cooperation and NCD surveillance and monitoring systems.

These strategies are successfully addressing Islamic Republic of Iran's high burden of cardiovascular diseases. There is strong engagement from stakeholders including the Government, doctors, patients and their families, insurers and civil society. Islamic Republic of Iran is using CR to tackle cardiovascular diseases and their consequences beyond just medical rehabilitation, with services that also focus on health promotion, education and awareness raising. Future aims include the expansion of home-based and hybrid methods of CR, developing smartphone applications for home-based CR, implementing cardiac rehabilitation in PHC, designing community-based programmes, and developing a CR network in the Eastern Mediterranean Region.

Advertising is key to the success of the tobacco industry, but it is hard to control because of the wide variety of types, methods and channels of advertising, including cross-border. Legislation banning tobacco advertising, promotion and sponsorship (TAPS) is often not enough on its own.

Therefore, Islamic Republic of Iran's Ministry of Health and Medical Education created the National Tobacco Control Headquarters to give national focus to the problem and bring together key authorities, ministers and relevant nongovernmental organizations. Collaboration between the National Tobacco Control Headquarters and Headquarters for Combating the Smuggling of Commodities and Foreign Exchange led to an innovative approach to effectively enforce the ban on TAPS. In June 2019, the Cabinet and the President designated all promotional tobacco products as smuggled goods.

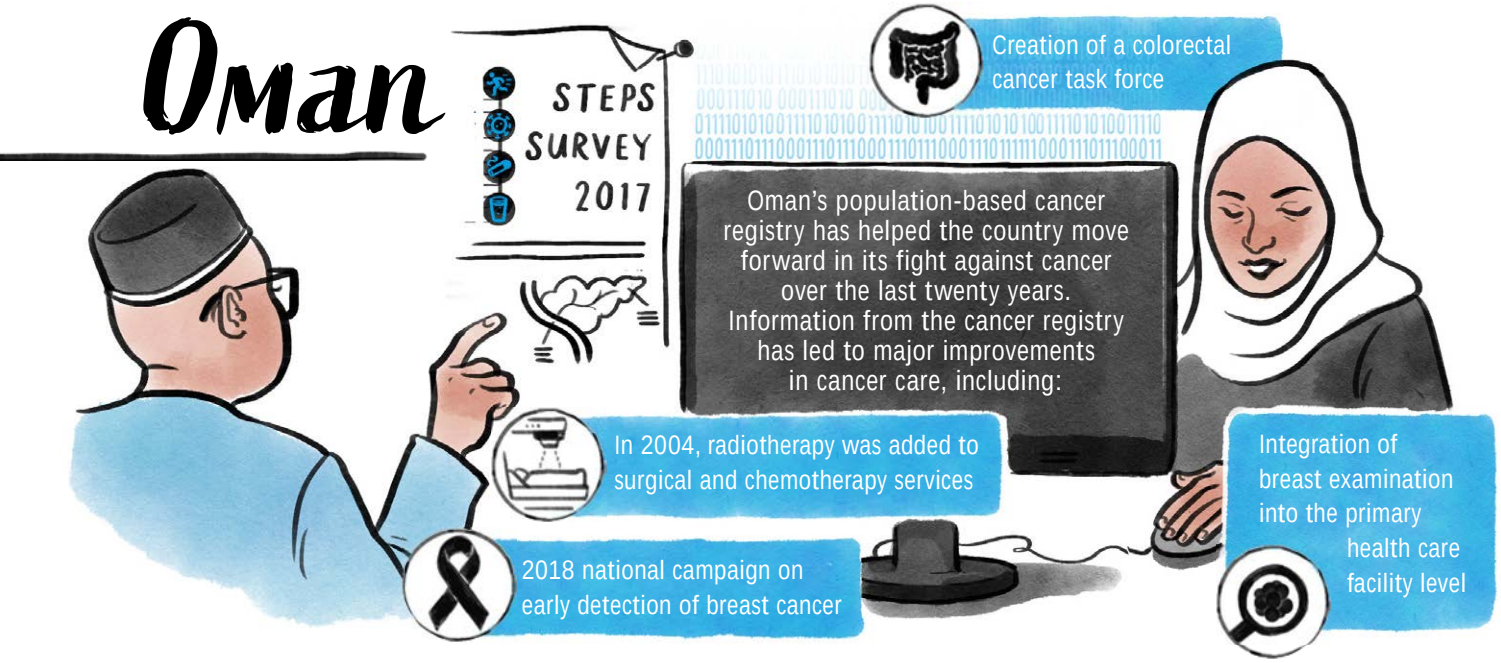
Based on existing law, these smuggled goods would be collected from the market and destroyed, and the owners of the promotional tobacco products would be fined. This was bolstered by a 200% increase in advertising penalties.

More than 6000 environmental health inspectors now ensure compliance with tobacco control regulations in public places as part of their regular supervisory visits, which makes monitoring cost effective. Inspectors ensure that all storage units designed to sell tobacco are covered, so that there is no advertising at point of sale. Violations in cyberspace and on the internet are reported to the cyber police to block offending sites.

By adding all emerging tobacco products to the executive guidelines on TAPS, Islamic Republic of Iran is particularly protecting its young population from the lure of novel products. As the catalyst for intersectoral collaboration and by enforcing the ban on TAPS, the National Tobacco Control Headquarters is central to this successful strategy. Finally, by designating promotional tobacco products as smuggled goods, all related legislation is applicable to these products. This enables multiple Government departments to act together to ensure full compliance.

From their experience of addressing the various issues surrounding tobacco, Iranian authorities have recognized that effective tobacco control must be based on reliable data. Islamic Republic of Iran has shown its commitment to reducing tobacco consumption and demonstrated that to make informed policy decisions, it is important to have a tobacco control surveillance, monitoring and evaluation system that employs a results-based management approach.

Oman



Noncommunicable diseases (NCDs) account for 72% of deaths in Oman, with almost one third of the population suffering from high blood pressure. Most people living with NCDs receive health services through primary health care centres. Oman worked quickly and effectively to adapt primary health care services to meet the sudden pressure of COVID-19 and to continue providing NCD services while integrating remote technologies. These technologies can continue to be used after the pandemic.

Oman banned the public use of waterpipes in March 2020. This was reinforced with an extensive awareness-raising campaign, mainly via Facebook and Twitter.

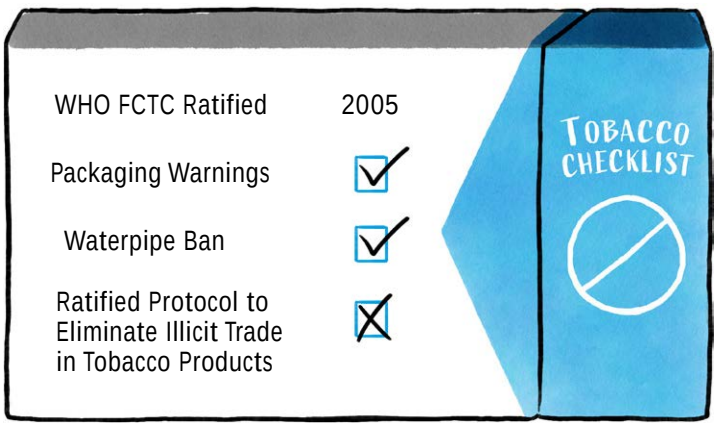
World No Tobacco Day 2020 – The Ministry of Health released video clips at peak TV viewing times linking tobacco use to the transmission of COVID-19.

In 1996, the Ministry of Commerce, at the request of the Ministry of Health, mandated the fortification of wheat flour with iron and folic acid. This strategy continues to reduce the occurrence of spina bifida.

The Ministry of Health is working with other ministries and partners to promote sustainable food systems. Strategies include increasing local production and consumption of fruits, vegetables and fish.

World No Tobacco Day 2020

Fortification of wheat flour



Between 2013 and 2018, Oman adopted a comprehensive ban on tobacco advertising and promotion. The National Committee for Tobacco Control, including the Ministry of Information, the Ministry of Commerce, Industry and Investment Promotion, the National Coordinating Mechanism and local municipalities worked closely together over five years to enact the ban.

They worked step by step to close off all legal loopholes that could be exploited by tobacco companies.

2013

Ban on all forms of direct and indirect tobacco promotion

2015

Ban on all direct and indirect discounts on all tobacco products

2016

Ban on all forms of tobacco advertisement in all forms of media, including electronic media

2018

Final legal loophole is closed in the ban on all forms of tobacco advertisement with the addition of the words "wherever it is found".

This success was only made possible through concerted multisectoral collaboration. Oman has shown that by taking carefully thought-out steps, every country can make significant progress on their journey to 2030.

When the COVID-19 pandemic hit, the Ministry of Health reassigned many primary health care (PHC) centres to the management and treatment of COVID-19 patients. As a result, authorities rearranged health services for people living with NCDs, most of whom were being treated at PHC centres.

These primary health care centres triaged patients with NCDs according to how well controlled their conditions were in order to identify the best way to treat their needs. Centres then offered remote health services to those living with controlled NCDs through telemedicine and mHealth, primarily by way of phone consultations, and collaborated with volunteers to deliver medicines to patients' homes.

Other remote services included:

- Helplines for people living with mental health conditions
- NCD and mental health self-management information through mass and social media
- Appointment management
- Medical prescription management

The Ministry of Health undertook two rapid assessments of the new remote services, to see whether they were meeting patients' needs. The findings of these assessments helped the Ministry of Health to adapt the services to improve access. Further changes included:

- Incorporating telemedicine consultations into the main health care information management system to ensure proper reporting and documentation
- Developing eHealth and telemedicine standard operating procedures for NCD services in primary health care
- Developing standard operating procedures for psychiatrists working remotely
- Introducing strategies and interventions to help patients and their carers to self-manage conditions
- Investing in technology to reinforce patient self-management, create training platforms and expand the use of telemedicine and digital health for services provision

The 2017 STEPS survey in Oman revealed that:

of the population are affected by raised blood sugar

have raised blood pressure

of the population are obese

As primary health care is the first point of entry to health services for most patients in Oman, the Ministry of Health acted to strengthen and equip PHC facilities to prevent, screen and manage NCDs. The National Non-Communicable Diseases Screening Programme was integrated into PHC centres which were given standardized disease registers for diabetes, hypertension and asthma, so that chronic disease clinics could be monitored. Patients are now registered in these clinics when they are diagnosed and given booklets to record follow-ups and medication.

The disease registers collect a range of information about the patients and help the Ministry of Health to:

- assess the burden of disease in primary care
- monitor the work carried out in PHC centres
- tailor interventions to each facility

As well as the benefit of high-quality data driving better decision-making, the primary care surveillance system has also led to improvements such as new medicines being provided at PHC level and the introduction of well-being and obesity clinics.

Work is underway to convert the system to an electronic register, while future developments could include adding data from the private health sector to give an even clearer picture of the total burden of NCDs in the country.

Oman made mental health a central pillar of its COVID-19 response and worked to mitigate the psychological consequences of the pandemic, such as isolation, fear and stigmatization.

The Ministry of Health developed guidelines on managing mental health, while the public and private sectors used virtual technology and social networks to promote good mental health and ensure continuity of care during the pandemic.

Smartphone apps aimed at reducing stress, such as Nafas, offer guided meditations in Arabic, while helplines such as “Not Alone” provide support to anyone experiencing mental health issues including depression, anxiety and suicidal thoughts. During the pandemic, the Ministry of Health and the Ministry of Information collaborated to broadcast advice on mental health issues from experts via radio and television.

Outpatient services were adapted to prioritize emergency cases and those needing close follow-up to stabilize their conditions, while stable patients were given two to three months of medication.

Psychiatric clinics also liaised with PHC facilities to provide psychosocial support services.

Ban on waterpipes

As the COVID-19 pandemic spread, 15 countries across the Region acted decisively to reduce transmission by temporarily banning the use of waterpipes in public places. The gravity of this step cannot be underestimated, given the deep cultural and historic nature of waterpipe use throughout the Region. Two more countries – Iran and Pakistan – already had bans in place on the public use of waterpipes prior to the pandemic.

The ban was an essential tool in reducing the transmission of COVID-19. The sharing of mouthpieces and hoses was a clear means of spreading the virus, and the communal nature of waterpipe use in cafes and restaurants made physical distancing impossible.

The waterpipe ban was put in place quickly, with most countries announcing it by mid-March 2020. It was an immediate success, with very high levels of compliance.

Countries that implemented a ban on waterpipe use in public places in response to the pandemic

- Bahrain
- Egypt
- Iraq
- Jordan
- Kuwait
- Lebanon
- Occupied Palestinian territory
- Oman
- Qatar
- Saudi Arabia
- Sudan
- Syrian Arab Republic
- Tunisia
- United Arab Emirates
- Yemen

The success of the ban stemmed from a powerful combination of high-level political will, a multisectoral approach, strict monitoring and enforcement, clear penalties for breaching the rules and impactful awareness campaigns. Each country used its own combination of these strategies to make the ban work for them.

Below are a few examples of the ways countries were able to tailor strategies to their own unique circumstances.

Multisectoral approach

Sudan: the Government collaborated with WHO, UNICEF, United Nations Population Fund, Save the Children, the Sudanese Red Cross and nongovernmental organizations to fund and distribute messages highlighting the risks of smoking and COVID-19.

Qatar: the Ministry of Public Health worked closely with the Ministry of Commerce and Industry to ensure that restaurants and cafes did not have waterpipe licences.

Penalties

Kuwait: authorities enforced the closure of all places selling or using waterpipes with fines, confiscations or prison terms of between three months and ten years.

Bahrain: the Minister of Trade banned the delivery of all tobacco products, including waterpipes, to stop cafes from delivering waterpipes to homes. Penalties for breaking this law included the closure of the business and a fine of up to 9000 Bahraini Dinars, equivalent to about US$ 25 000.

Monitoring and enforcement

Saudi Arabia: teams from the National Committee for Tobacco Control, alongside those from local municipalities, patrolled 24/7 to enforce the ban.

Islamic Republic of Iran: used the waterpipe ban as part of a wider nationwide tobacco-free initiative. Police forces have used court orders to close 16 000 violating establishments.

Awareness

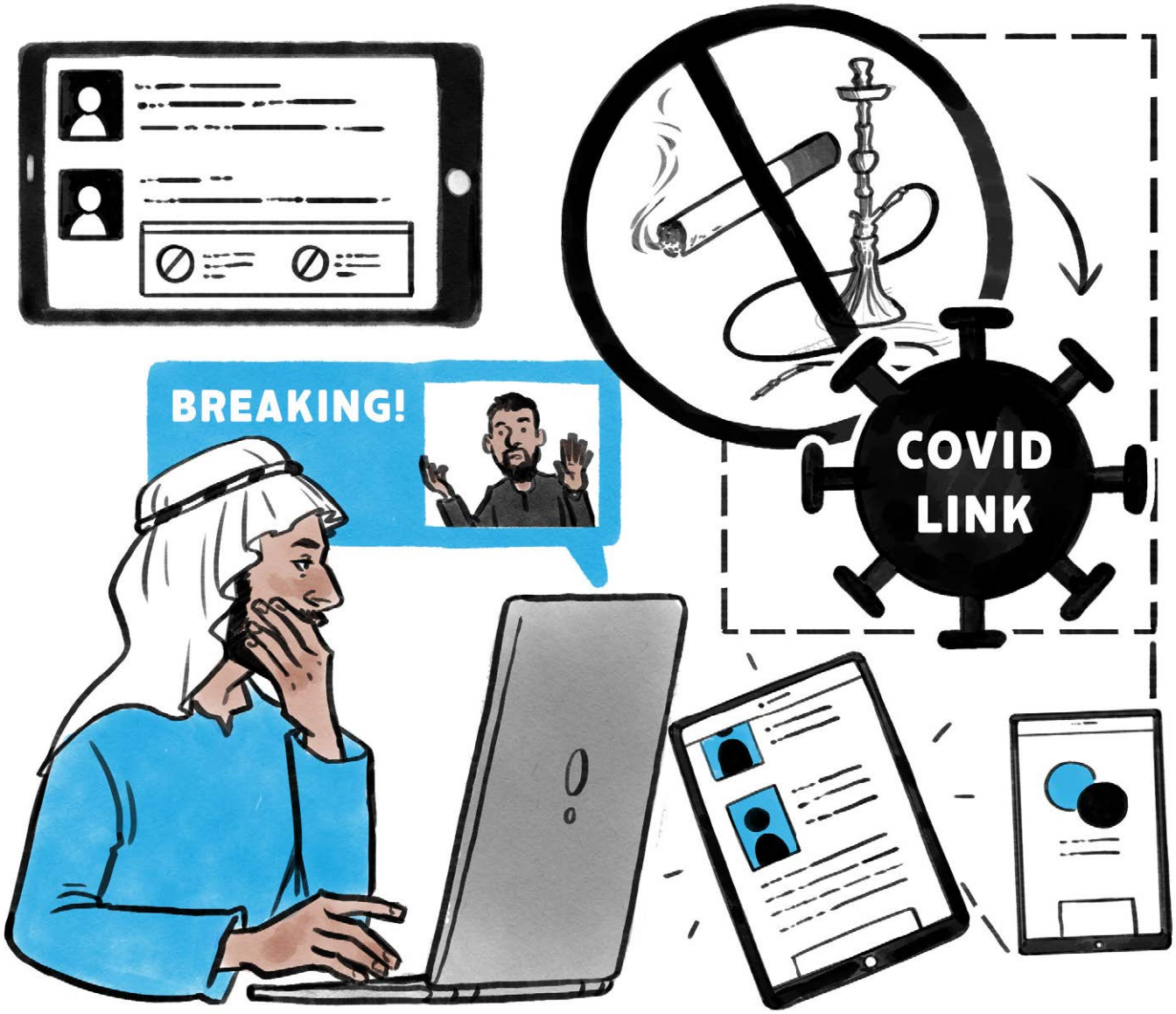
United Arab Emirates: leveraged its social media presence in a wide-scale awareness campaign to link smoking to COVID-19 transmission. The Government engaged hundreds of thousands of people through Facebook, Instagram and Twitter.

Egypt: the Ministry of Social Solidarity, in collaboration with WHO, released a series of short films featuring celebrities calling on people to protect themselves from the risk of infection by not using waterpipes. This was part of a wider social media campaign to raise awareness of the link between COVID-19 and waterpipe use.

Awareness campaigns have been particularly important across the Region to explain the science behind the public waterpipe ban and counter misinformation, such as the erroneous claim that smoking 'protects' people from catching COVID-19.

The fact that 17 countries have been able to implement and successfully enforce the ban on waterpipe use, proves that it is possible to enact comprehensive bans on tobacco smoking in public places. However, the pandemic experience shows us that legislation is not enough on its own, and that governments need to set up mechanisms for enforcement, public engagement, monitoring and evaluation for such policies to be a success.

One of the great challenges for individuals giving up tobacco is breaking the habit of tobacco use. The ban on waterpipes during the pandemic has broken national habits that in some cases go back hundreds of years. The WHO Regional Office is therefore encouraging Member States to maintain the ban on waterpipe use and tobacco smoking in public places to protect public health. Research shows that bans on smoking tobacco in public places can reduce the prevalence of tobacco use by up to 15% over five years. Maintaining the waterpipe ban could therefore be another positive step in helping the countries of the Region meet their 2030 SDG commitments.



United Arab Emirates

In the United Arab Emirates, noncommunicable diseases (NCDs) account for 77% of deaths nationwide. The country is successfully using technology, backed by support from the highest levels of government, to counter the effects of these NCDs. The use of telemedicine and mHealth to transform NCD services during the pandemic and the establishment of an electronic cancer registry, has helped the country move forward against NCDs.

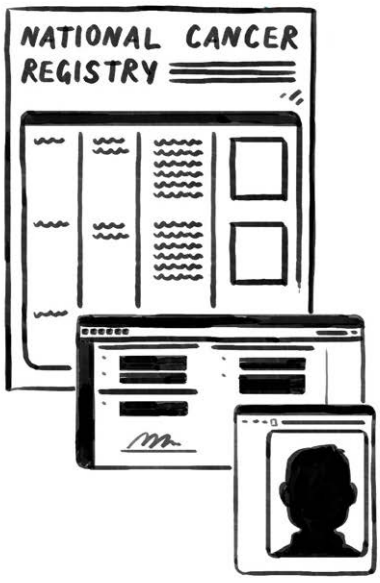
The United Arab Emirates shifted its NCD services from face-to-face consultations in primary health care settings to telemedicine and mHealth. This ensured continuity of service throughout the pandemic.

A ban on the use of waterpipes in public places was strengthened using a wide-scale awareness campaign via social media linking smoking to COVID transmission.

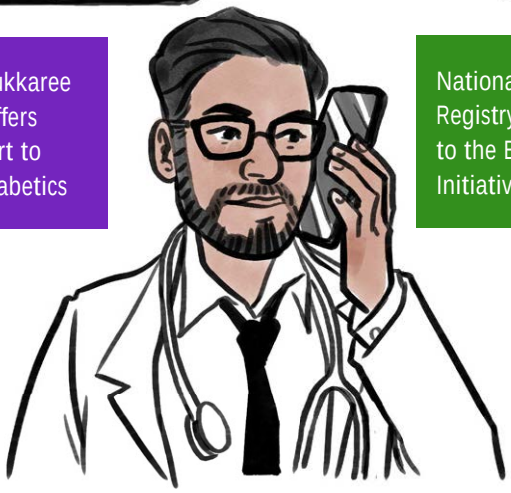
The National Cancer Registry was set up in 2014. Its insights have driven evidence-based decision-making to prevent the most common cancers in the country.

MOHAP services adapted to telemedicine

The Sukkaree app offers support to pre-diabetics



National Cancer Registry 2014 led to the Basmah Initiative 2017



The Maternal and Child Health Central Administration has been promoting a Baby-Friendly Hospital Initiative since 1993, which expanded to include baby-friendly community health centres in 2002. In 2018, UNICEF recognised the city of Sharjah as the first Child-Friendly City in the Gulf. Given the well-documented benefits of a good start in life, this initiative is a vital part of the country's NCD response.

The Ministry of Health and Prevention set up the National Cancer Registry in 2014. From the start, the emphasis was on meeting international standards of data collection and analysis, while creating an electronic register that could easily source information from a range of national and international databases.

To ensure high-quality information collection and analysis, the Ministry of Health and Prevention brought in expert talent including a certified tumour registrar, clinical coders and an epidemiologist to manage the data. The Ministry also worked with WHO and the International Agency for Research on Cancer to train cancer registry staff in extracting data to international standards.

Furthermore, the development of a web-based enterprise data warehouse has automated data collection and facilitated data cleaning and extraction.

The National Cancer Registry has identified breast, colorectal and thyroid cancers as the most common cancers in the United Arab Emirates. As a result, the National Cancer Control Plan has launched a range of awareness and prevention programmes to educate and empower citizens to combat breast and colorectal cancer.

Information from the National Cancer Registry also led to the introduction of the Basmah Initiative in 2017, which provides financial coverage for certain cancers under the essential basic package in the mandatory health insurance scheme. This includes all steps from screening to treatment for three types of cancer – breast, colorectal and cervical.

This population-based registry gives an unbiased profile of the country's cancer burden and has quickly become an essential component of the country's cancer control programme.

During the pandemic, the United Arab Emirates focused on three main areas of tobacco control: A ban on the use of waterpipes in public places, which was monitored closely, with fines and premises closures where necessary.

An awareness campaign via social media, highlighting the links between tobacco use and transmission of, or complications from COVID-19. The campaign reached over half a million users between April and June 2020 alone.
Moving all smoking cessation services to virtual primary health care e-clinics during the pandemic, with specialist physicians providing counselling via video call or online chat.

Future plans include a training programme for all physicians and dentists to provide basic smoking cessation advice to patients.

Before the COVID-19 pandemic, NCD services were integrated into primary health care through specialized clinics with well-trained multi-disciplinary teams providing a comprehensive service.

To protect vulnerable patients and ensure continuity of service during the pandemic, the Ministry of Health and Prevention adapted a range of NCD services to telemedicine and mHealth formats. This work was supported by His Highness Sheikh Mohammed bin Zayed Al Nahyan Crown Prince of Abu Dhabi and all services were monitored by the office of the Prime Minister of the United Arab Emirates.

Services included:

- A rapid needs assessment for people living with NCDs and an electronic prioritization system
- An e-visit system with phone or video consultations and e-prescriptions for pick up or home delivery
- An e-clinic to encourage smoking cessation
- Screening of all NCD patients during e-consultations to detect mental health conditions and treat them accordingly
- A helpline providing mental health services
- Guidance for self-management of NCDs via social media and the Ministry of Health and Prevention website
- The Sukkaree app, providing consultations and support to pre-diabetics
- Clinics at district level with a triage system and protective measures at entrances for high-risk NCD patients needing urgent assessment or those refusing e-consultations.

The Ministry of Health and Prevention also protected supply chains for essential NCD medicines. Ninety-day supplies of these medicines were delivered to patients, and those with uncontrolled diseases also received regular follow-up phone consultations.

Based on the success of this strategy, the United Arab Emirates is scaling-up telemedicine and mHealth services to cover all essential health services at primary health care level and adopt more simplified elderly-friendly ways to remotely access health services.

Saudi Arabia

Transforming health care is an important aspect of The Kingdom of Saudi Arabia's ambitious Vision 2030 strategy. Saudi Arabia is therefore taking decisive action to combat noncommunicable diseases (NCDs), which are responsible for approximately 78% of all deaths in the country. Imposing taxes, adopting legislation and using new technology have all been essential tools for mitigating NCDs both before and during the COVID-19 pandemic.

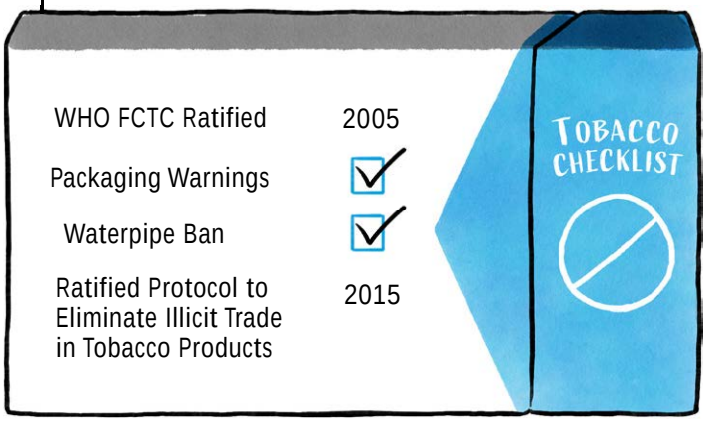
Saudi Arabia enforced a ban on the use of waterpipes in public places, while running multiple tobacco and COVID-19 awareness campaigns through broadcast and via social media.

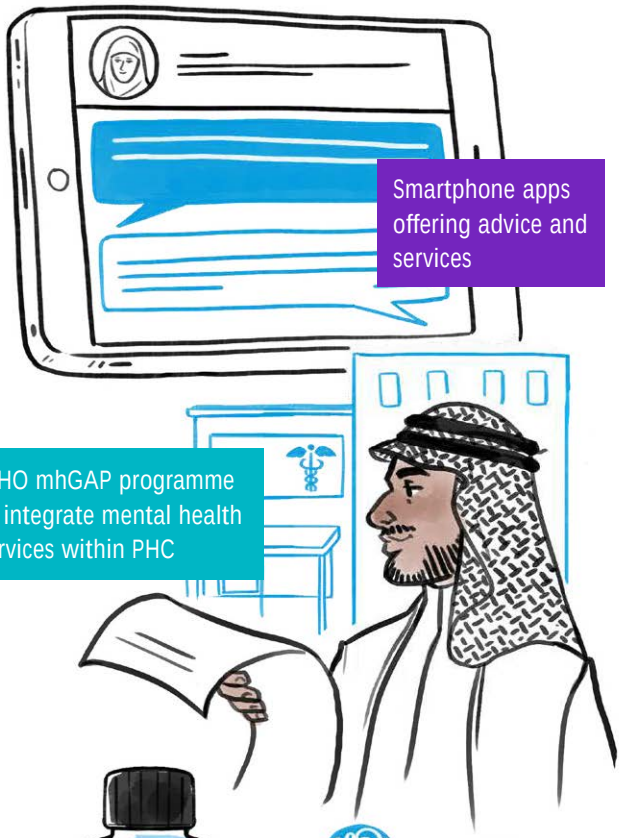
Over 1000 specialized tobacco cessation clinics offered free services across Saudi Arabia. These services were successfully adapted to online and phone consultations during the pandemic.

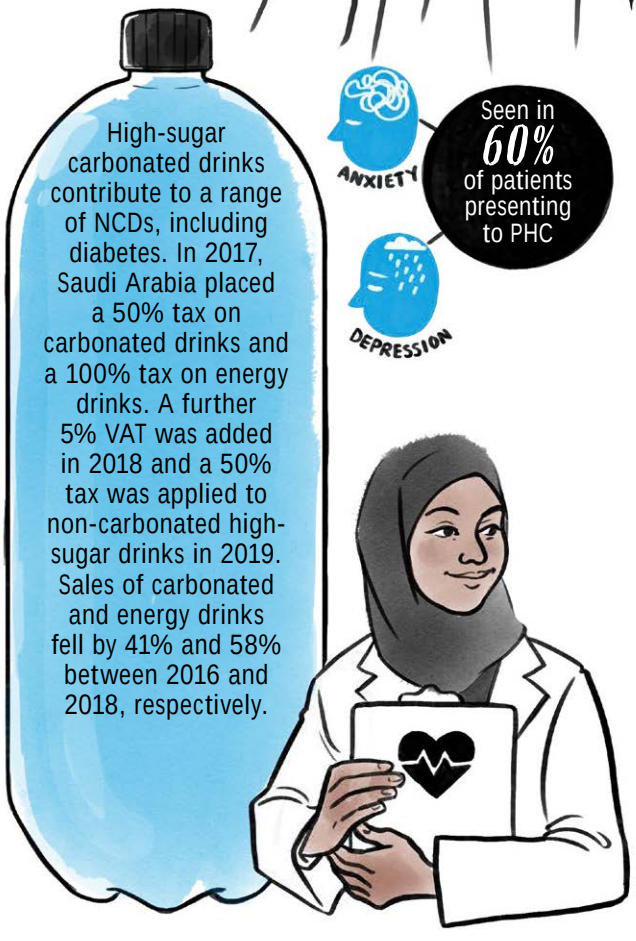
The country is continuing to take great strides in tackling tobacco use, including the implementation of advertising bans, making changes to packaging and controlling illicit tobacco trade.

By using a wide range of smartphone apps, consultations online and via telephone, Saudi Arabia successfully ensured the continued delivery of essential health services throughout pandemic lockdowns.

Saudi Arabia has prioritized mental health services by integrating them into primary health care through extensive training, links with mental health specialists and increasing community awareness.







Saudi Arabia's national tobacco strategy aims to reduce the prevalence of tobacco use to 5% by 2030. Two central milestones for this strategy were:

- The ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products in 2015
- The ban on Tobacco Advertising, Promotion and Sponsorship (TAPS) in 2017

The TAPS ban covers direct and indirect sponsorship of tobacco or any of its products across all media including newspapers, radio, television, films, and all electronic platforms. The Ministry of Commerce monitors the ban, while the National Tobacco Control Committee regularly updates regulations.

To eliminate illicit tobacco trade, Saudi Arabia introduced plain packaging for both the import and marketing of all tobacco products by 2020. This was adopted after a careful series of technical and legal reviews led by the Saudi Food and Drug Authority in consultation with the World Trade Organization.

In August 2019, the General Authority of Zakat and Tax introduced a "tax stamp" for all tobacco products. This allows tracking of all imported tobacco products and prohibits the import or distribution of any tobacco products without tax stamps.

As a result of these successful strategies, the Kingdom of Saudi Arabia received the WHO Award for Excellence in Tobacco Control in 2019.

Before the COVID-19 pandemic, primary health care (PHC) offered integrated NCD services and covered essential medicines. Secondary and tertiary care at hospitals provided comprehensive management of chronic diseases. Call centres and mobile applications also gave access to a range of services.

During the pandemic, the Ministry of Health provided remote services by using technology, mHealth and social media platforms to ensure continuity of care, as COVID-19 control measures significantly disrupted the normal provision of NCD services.

The '937' helpline offered 24/7 telephone consultations and support, which was extended to include services via WhatsApp. A range of smartphone applications offered different services, including:

- Seha app: medical consultations with specialists and general practitioners, as well as AI-powered COVID-19 advice and tips for maintaining health and well-being.
- Sehhaty app: telephone consultations, digital prescriptions, COVID-19 test booking, a pharmacy-finder and PHC in-person bookings.
- Wasfaty app: linked users to a wide network of pharmacies to fill new prescriptions or refill repeat prescriptions.

Other apps covered everything from e-bookings to contact tracing, and issued movement permits during curfew periods. Saudi Arabia is planning to maintain digital health and telemedicine formats in the future, refining the current platforms to provide more integrated, complementary and accessible services.

Early diagnosis and treatment of mental health conditions greatly increases the likelihood of positive outcomes. Authorities in Saudi Arabia noted that while mental health concerns such as anxiety and depression were seen in approximately 60% of patients presenting to primary health care, doctors were not always equipped or trained to detect and manage mental health conditions.

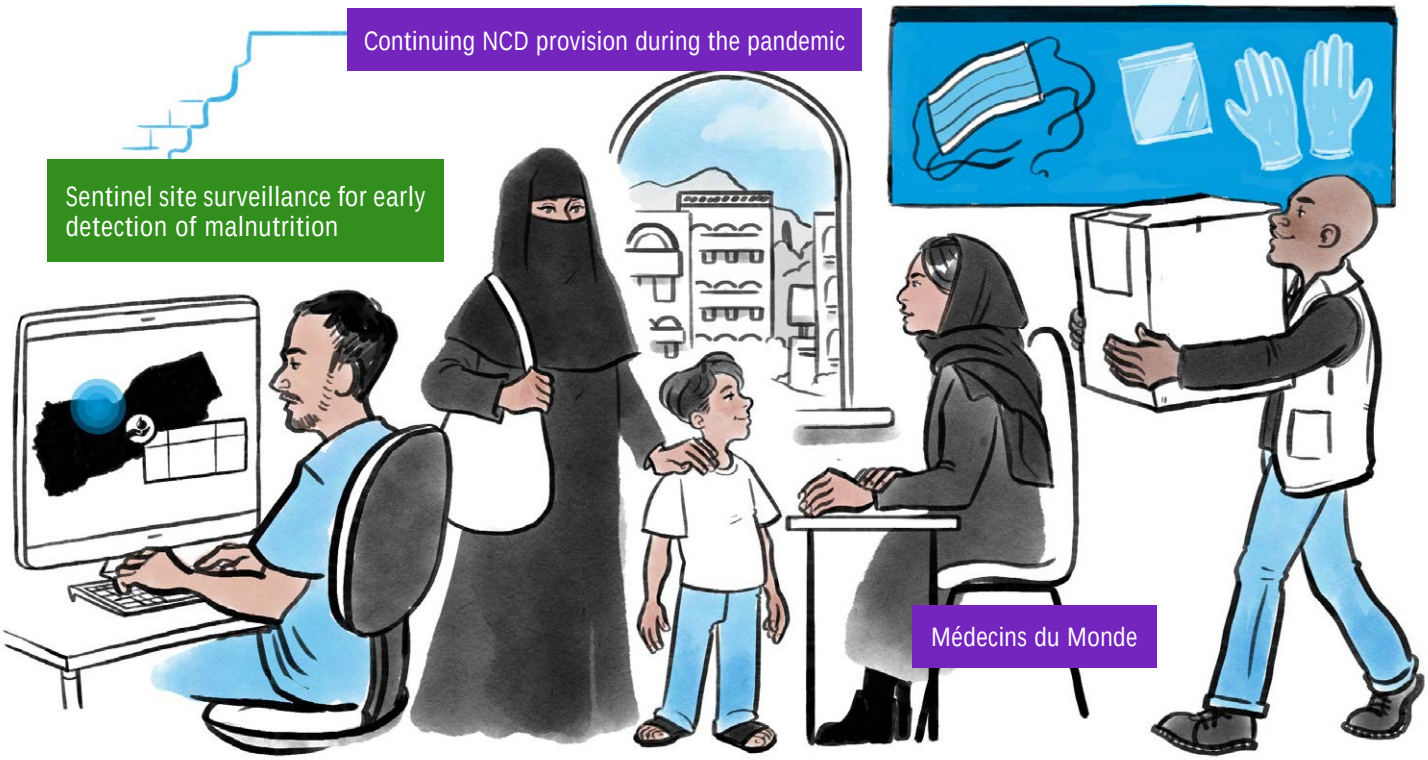
Therefore, the Ministry of Health implemented the WHO Mental Health Gap Action Programme (mhGAP) to integrate mental health services within PHC centres. The programme empowers PHC staff by training them to better diagnose and treat mental health conditions through a five-step innovative patient interview approach.

So far, the programme has trained over 5000 health care professionals and over 1000 PHC doctors, covering 41% of Saudi Arabia's PHC centres. The programme has treated over 44 000 patients and is successfully providing mental health services within primary health care settings, training PHC staff and connecting them with mental health specialists. It is also enhancing community mental health awareness which, in turn, minimizes stigma.

This ongoing strategy is a vital part of Saudi Arabia's journey towards 2030.

Yemen

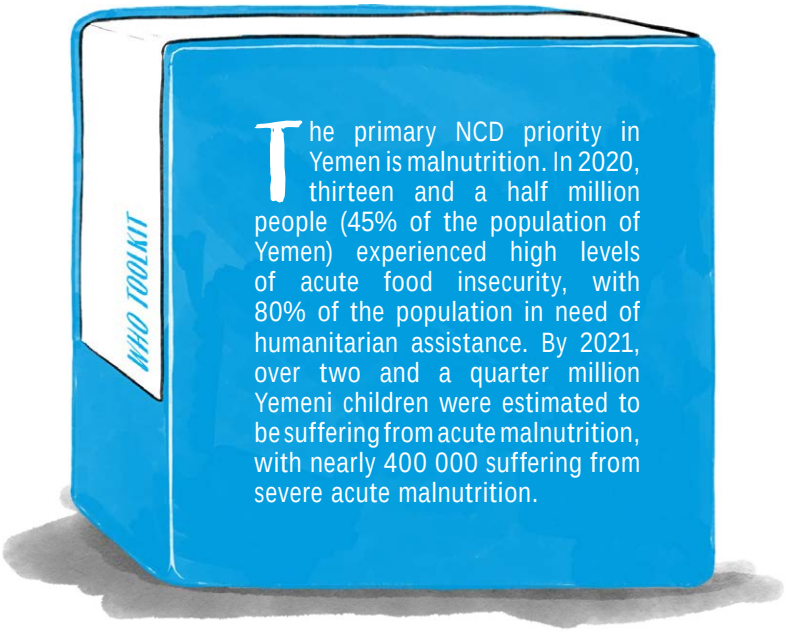
Yemen was the centre of the world's greatest humanitarian crisis for several years before the COVID-19 pandemic struck. Conflict and infrastructure collapse has left only 50% of health facilities fully functional. Poor vaccination coverage, minimal sanitation and population displacement have left the country vulnerable to disease outbreaks such as cholera and diphtheria. Noncommunicable disease (NCD) services are limited, with the majority of services offered by nongovernmental organizations. However, these organizations have collaborated with the Government to adapt and continue NCD provision during the pandemic.



The Ministry of Public Health and Population, with support from WHO and the World Bank, has established sentinel site surveillance in Yemen for early detection of malnutrition.

Médecins du Monde has provided vulnerable populations with essential NCD services in primary care facilities during the pandemic.

Yemen has adapted its nutrition programme to maintain the delivery of essential nutrition services to children under five and ensure COVID-safe screening and nutritional assessments.



The primary NCD priority in Yemen is malnutrition. In 2020, thirteen and a half million people (45% of the population of Yemen) experienced high levels of acute food insecurity, with 80% of the population in need of humanitarian assistance. By 2021, over two and a quarter million Yemeni children were estimated to be suffering from acute malnutrition, with nearly 400 000 suffering from severe acute malnutrition.

The Ministry of Public Health and Population, working with WHO, has established the Nutritional Surveillance System, a facility-based sentinel site surveillance system in district hospitals across Yemen. All children attending these health facilities are screened for all forms of malnutrition, so that treatment can be offered as early as possible.

In 2020, the Nutritional Surveillance System screened 307 000 children aged under five for malnutrition at over 140 nutritional surveillance sites across 21 governates. Screening enables early identification of individual cases and close monitoring of high-risk areas. For example, screening revealed that in July 2019, 41 districts reported very high rates of stunting.

The surveillance system is a collaboration between the Ministry of Public Health and Population and international partners, which shows that it is possible to set up surveillance systems even in conflict zones. Such systems enable authorities and nongovernmental organizations to target resources and interventions where they are most needed.

At the outbreak of the COVID-19 pandemic, health service provision in Yemen was already heavily reduced by conflict, with only 50% of facilities fully functional. The pandemic has further stretched these services and affected supply chains, which have been experiencing shortages since 2015.

Médecins du Monde has offered NCD support services directly through their own teams or through government facilities. Other humanitarian organizations have provided various other health services.

In one Médecins du Monde facility in Yemen's largest city, Sana'a, 30–40% of patients presented with NCDs. After the outbreak of the pandemic, Médecins du Monde rented a house near to its facility and used it as a triage and isolation building so that nurses could check the temperature of all patients and isolate those with COVID-19 symptoms. They set up a one-way system, gave all patients an appointment card for their next visit, a telephone consultation number and two to three months of medication where available.

This triage system provided a model for neighbouring facilities and is likely to be continued beyond the pandemic.

WHO Yemen launched a nutrition programme in 2016. The goal was to improve child nutritional status through identification, referral, and treatment of children with wasting; to reduce morbidity and mortality associated with severe acute malnutrition; and to monitor the country's nutritional situation.

The two key pillars of this ongoing programme are:

- Inpatient management of children suffering from severe acute malnutrition and related medical complications
- The Nutritional Surveillance System

To increase access to treatment for severely malnourished children with medical complications, WHO has been covering the running costs of therapeutic feeding centres in 222 of Yemen's priority districts and providing them with medical and non-medical supplies.

However, in order to ensure the continuity of these services during the pandemic, the nutrition programme had to be quickly adapted.
It was adapted in five steps:

1. Situation analysis – identification of specific programmatic changes to be introduced to ensure the continuity and safety of prevention and treatment services during the pandemic
2. Development of guidance documents, such as standard operating procedures aimed at infection control
3. Consultation process about proposed standard operating procedures with all partners, including the Ministry of Health
4. Capacity-building programmes to make it possible to introduce new standard operating procedures in nutrition services
5. Incorporating the adaptation of the programme within nutrition services

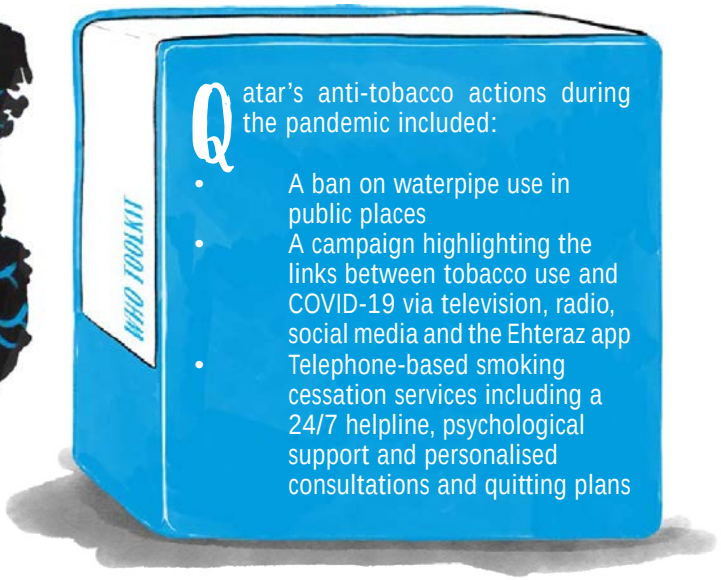
The service adaptation was then implemented across Yemen and supported by WHO through the provision of PPE supplies.

As of September 2020, the Nutritional Surveillance System, therapeutic feeding centres, and isolation unit services shifted their standard operating procedures into context-specific adaptations. Standard operating procedure training was given to almost three thousand individuals by December 2020.

These adaptations allowed the nutrition programme to continue identifying and treating children suffering from malnutrition and its complications, even during the pandemic. Furthermore, the steps taken can be used as a blueprint for adapting such programmes to changing circumstances during emergency situations in any country.

Qatar

Surveilliance systems tackling NCDs



Qatar's anti-tobacco actions during the pandemic included:

- A ban on waterpipe use in public places
- A campaign highlighting the links between tobacco use and COVID-19 via television, radio, social media and the Ehteraz app
- Telephone-based smoking cessation services including a 24/7 helpline, psychological support and personalised consultations and quitting plans

Surveillance systems, such as the Death Registry, are key to Qatar's success in tackling noncommunicable diseases (NCDs). These systems not only drive evidence-based policy decisions, but also measure the success of those policies. This has allowed Qatar to make significant progress across a wide range of NCDs and their risk factors, even during the COVID-19 pandemic.

Telephone and online mental health services have been a lifeline for those living with mental health conditions during the pandemic, ensuring continued access to professional support.

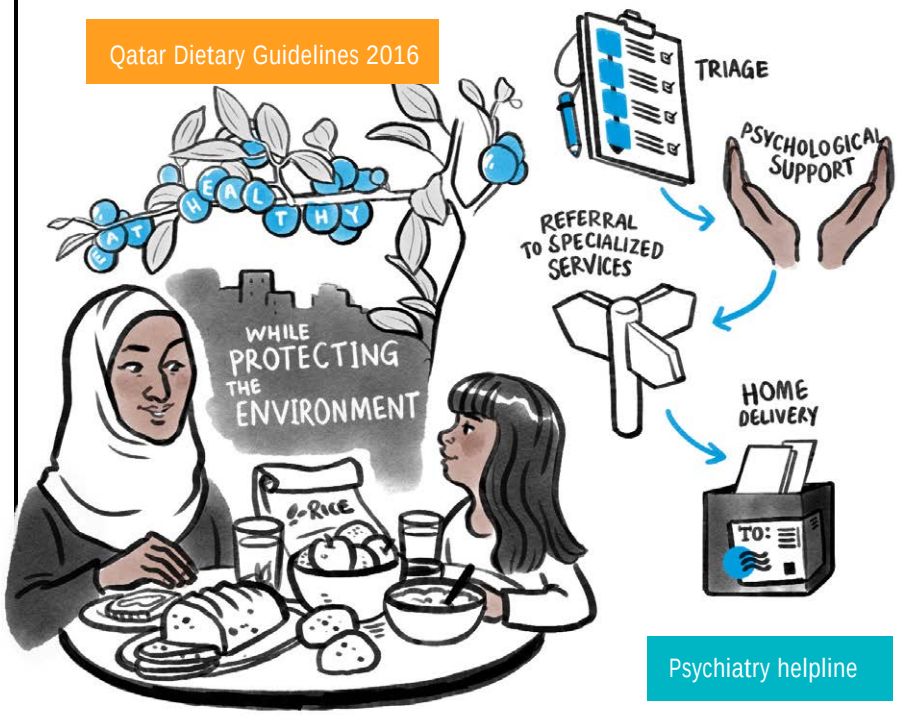
In 2020, Qatar conducted a Mental Health Attitudes and Awareness Survey, which has helped the Ministry of Public Health and key stakeholders to develop mental health awareness strategies.

The Ministry of Public Health fast-tracked digital health services to ensure NCD patients got the care they needed from home without the risk of getting COVID-19 during in-person consultations.

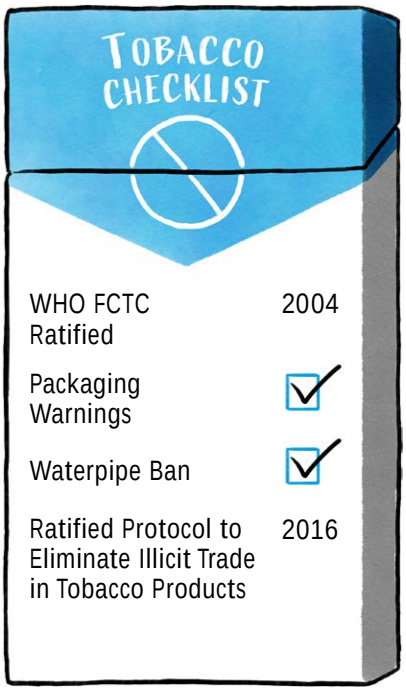
Qatar's tobacco control initiatives include a comprehensive advertising ban, health warnings on packaging, monitoring tobacco use and ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products.

The Qatar Dietary Guidelines from 2016 encouraged people to "eat healthy while protecting the environment", placing emphasis on a plant-based diet, sustainability and water conservation.

Qatar Dietary Guidelines 2016



Psychiatry helpline



The Ministry of Public Health collaborated with Hamad Medical Corporation, Primary Health Care Corporation and others to implement digital health services to ensure the safe continuity of NCD treatment during the pandemic.

Innovations included:

- Video consultations
- Home delivery of medication
- A self-assessment chatbot, available in six languages
- Virtual health services for labourers living in compounds
- E-Jaza electronic system to issue sick leave certificates
- The Communicable Disease Surveillance System and Vaccination Registration System, which is Qatar's comprehensive COVID-19 reporting, tracing and management system

These services have worked effectively, and Qatar is expanding video consultations to include more services and specialists so that more people can access treatment.

Qatar set up its Death Registry to provide complete, accurate, and continuous data on the mortality statistics of the population. This data is critical to formulating policies and programmes to reduce premature mortality.

The Ministry of Public Health and WHO have offered training courses to health care professionals in using the mortuary management system and correct reporting of the information required by the Registry.

The Death Registry has shown that diseases of the circulatory system (high blood pressure, diabetes and high cholesterol) are responsible for the majority of deaths in Qatar. This information has shaped policies on tobacco consumption laws, tax increases on energy drinks and screening for diabetes and cardiovascular diseases.

In July 2004, Qatar was the first country of the Gulf Cooperation Council to ratify the WHO Framework Convention on Tobacco Control. Qatar immediately followed Global Tobacco Surveillance System recommendations to start a systematic surveillance programme for monitoring tobacco use. Using the Global Youth Tobacco Survey, Global Adult Tobacco Survey, and the STEPS NCD risk factors survey over the last 16 years has shown the clear landscape of tobacco use in Qatar and has informed the country's tobacco control policies.

These policies have included:

- Signing the Protocol to Eliminate Illicit Trade in Tobacco Products in 2013. This was reinforced in 2016 with a law to control and regulate the tobacco supply chain through quality specifications, the creation of an enforcement unit and inspections of all imported tobacco products.
- Mass media campaigns across broadcast, print and social media to highlight the dangers and effects of tobacco use.
- A comprehensive ban on Tobacco Advertising, Promotion and Sponsorship (TAPS) in 2016 with strict penalties for violations. The ban prohibited all direct and indirect advertising, promotion, and sponsorship of tobacco products through all media channels such as radio, television, print, internet and social media.
- Health warnings on all tobacco packaging, occupying at least 50% of main display areas.

The effectiveness of these interventions will continue to be measured over time, as the Global Adult Tobacco Survey and STEPS are being conducted every five years to continue this evidence-led approach.

Mental health services are at the heart of Qatar's National Health Strategy (2018-2022). Given the stigma in the country surrounding mental health and the historic low levels of public awareness on the subject, the Ministry of Public Health developed the Qatar Mental Health Attitudes and Awareness Index to gain an accurate understanding of the attitudes and awareness to mental health in Qatar.

The plan is for this survey to be carried out every two years, measuring the effectiveness of activities aimed at increasing mental health awareness and reducing stigma. It also helps the country to develop future awareness strategies.

The first two rounds of the survey show that there has been a shift towards greater acceptance and understanding of mental illness in Qatar, especially among younger people.

As COVID-19 hit the country, the Ministry of Public Health set up a psychiatry helpline, staffed by a team of mental health professionals who assessed callers and provided support. Callers were offered: triaging to assess needs; psychological support; referral to specialized psychiatric services and home delivery of medication. The Ministry also launched online mental health awareness campaigns via social media and dedicated websites. These provided information on how to seek help, and tips for mental well-being during the pandemic.

As a result of the helpline's success, the Ministry plans to integrate telephone psychiatric services into future mental health services.

Mental health

An integral part of Sustainable Development Goal 3.4 is "…to promote mental health and well-being".

Mental and physical health are closely connected. Many people with chronic noncommunicable diseases (NCDs) also experience mental health conditions such as anxiety or depression. Mental health conditions can also take a physical toll on people experiencing them. And yet, historically, mental health conditions have often been ignored, misunderstood, or treated with fear.

There is a great deal of stigma and taboo surrounding mental health conditions, which stop many people from seeking help. In the Middle East, the fear of bringing shame upon oneself or one's family by admitting to a mental health condition is very real, and is still a barrier that prevents people from seeking treatment. This problem is not unique to the countries of the WHO Eastern Mediterranean Region, but it does affect every country in this Region.

However, attitudes to mental health are changing. In this publication, 16 of the countries in the Region have outlined strategies and actions they have taken to address mental health and well-being either before or during the COVID-19 pandemic.

Countries taking steps on mental health

- Afghanistan
- Bahrain
- Egypt
- Islamic Republic of Iran
- Iraq
- Jordan
- Kuwait
- Lebanon
- Occupied Palestinian territory
- Oman
- Pakistan
- Qatar
- Saudi Arabia
- Sudan
- Syrian Arab Republic
- Tunisia
- United Arab Emirates

Some actions have targeted specific issues, like the Syrian Arab Republic's "My Hero Is You" campaign to reduce anxiety and fear in children. Other actions have been part of broader, system-wide changes. For example, over the last decade, Afghanistan, Jordan and Lebanon have all undertaken extensive reforms of their mental health systems:

- In Afghanistan, the focus was to make mental health a top priority and integrate it into the basic package of health services. New care facilities included the country's first mental health hospital, a drug rehabilitation centre and setting up mental health units in key provincial hospitals.

- Reports estimate that 500 000 displaced Iraqis with high rates of psychological distress were living in Jordan in 2007. To address this, part of Jordan's extensive reform of its mental health system was to provide community-based mental health care.

- Lebanon merged humanitarian and development agendas when it devised its mental health reform. The country implemented a cost-effective community-based model of mental health service delivery, which integrated mental health and psychosocial support into primary health care centres.

Other countries across the Region, including Kuwait and Saudi Arabia, have also been working to integrate mental health services into primary care centres. For example, Saudi Arabia has implemented the WHO Mental Health Gap Action Programme (mhGAP) to enable primary health care staff to better diagnose mental health conditions. So far, the programme has trained 5243 health care professionals.

Countries are also working together to share knowledge and develop new mental health initiatives. One example is SHINE – the School Health Implementation Network: Eastern Mediterranean Region. This collaborative project is looking at how mental health services in schools can be scaled up. Egypt, the Islamic Republic of Iran, Jordan and Pakistan have been working together on this project to address the socio-emotional problems affecting between 10% and 20% of children globally.

Sometimes, deteriorating mental health conditions can lead people to commit suicide. This is an act which not only causes grief, regret and even anger for family members left behind, but can also be a source of shame, which families don't want to talk about or admit to. For public health services, getting accurate statistics on suicide and understanding the driving forces behind it can therefore be very difficult.

Islamic Republic of Iran and Tunisia have both tackled this issue in recent years. In 2007, Islamic Republic of Iran set up the National Integrated Suicide Prevention Programme, and in 2015 Tunisia developed the Suicide Prevention Project. Both programmes have introduced systems to accurately record suicides, understand risk factors and train health care professionals to identify and treat people who need help.

The COVID-19 pandemic had a serious impact on mental health and well-being, which had to be addressed by countries across the Region. The mental and emotional strain of lockdowns, financial worries, the fear of infection, domestic violence, grief caused by the loss of loved ones and many other anxieties affected millions of people. These problems were further exacerbated by the fact that access to health services was reduced because of the pandemic.

Most countries took direct action by setting up mental health helplines which offered a range of services including:

- Telephone consultations with either a psychiatrist, or personnel trained in counselling
- Referral for face-to-face psychiatric treatment if necessary
- Dispensing prescriptions for psychiatric medications

These helplines were widely promoted, which brought mental health into the public conversation during the pandemic.

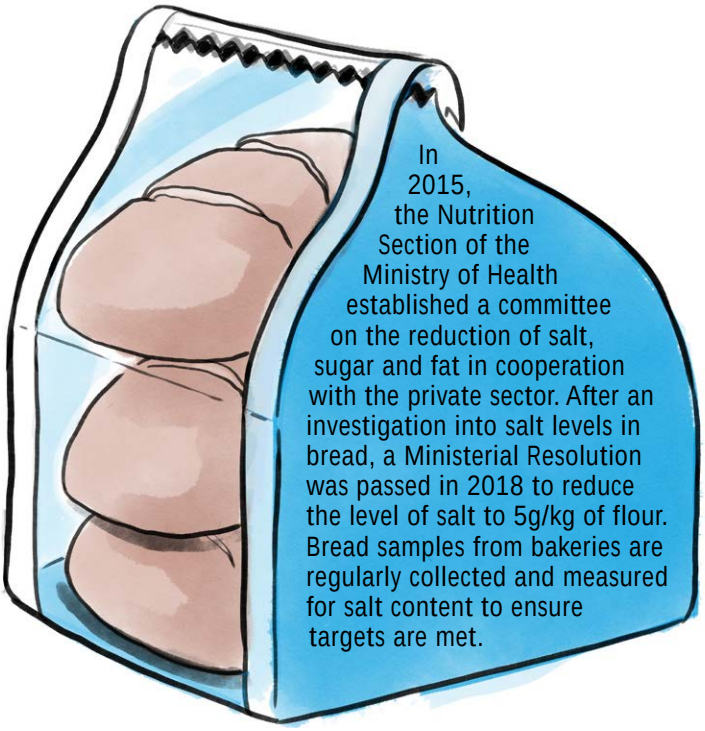
As well as offering remote psychiatric services, countries also made inpatient provisions for people with mental health conditions during the pandemic. In Morocco, the University Psychiatric Hospital of Fes created a specialized inpatient unit for psychiatric patients affected by COVID-19. In Afghanistan, mental health units were established in six COVID-19 hospitals from February to May 2020 to support the families of people suffering from the virus, and to give support to care workers.

Another common feature of the COVID-19 response was the training given to doctors, nurses and other health care workers to identify and support patients with mental health conditions. For example, in Sudan, health workers and frontline care providers were trained to provide psychological first aid. Although training varied from country to country, the result was that across the Region, health care professionals began actively screening all incoming patients for mental health conditions – regardless of the patient's reason for accessing health services. This has brought mental health awareness to the forefront of everyday health care.

Attitudes to mental health within the medical profession and among the general public have changed during the pandemic. Mental health has been openly discussed, and awareness campaigns have educated people about mental health, while challenging the taboos and stigma attached to mental health conditions.

Bahrain

Nutrition and tobacco use are two major risk areas for noncommunicable diseases (NCDs). This section highlights Bahrain's commitment to identifying and reducing public health threats posed by unhealthy eating, lifestyle and tobacco use. The country has been a trailblazer in some areas of tobacco policy and has taken forward-thinking action during the pandemic to protect its citizens.



In 2015, the Nutrition Section of the Ministry of Health established a committee on the reduction of salt, sugar and fat in cooperation with the private sector. After an investigation into salt levels in bread, a Ministerial Resolution was passed in 2018 to reduce the level of salt to 5g/kg of flour. Bread samples from bakeries are regularly collected and measured for salt content to ensure targets are met.

In 2018, a Ministerial Resolution reinforced the existing legislation on the use, marketing and promotion of breast milk substitutes.

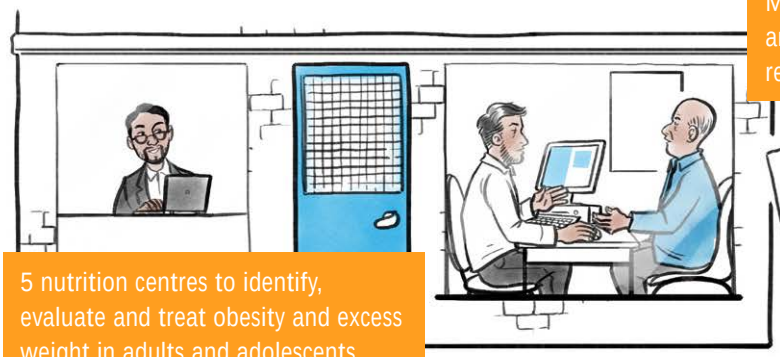
A range of initiatives are targeting internationally-acknowledged dangers to public health including trans fats, energy drinks and foods that are high in fat or salt.

In 2020, Bahrain collaborated with WHO in drafting guidelines for healthy eating and living, using Bahraini slang to encourage better eating and cooking habits.

Between 2008 and 2018, the Ministry of Health set up five nutrition centres to identify, evaluate and treat obesity and excess weight in adults and adolescents.

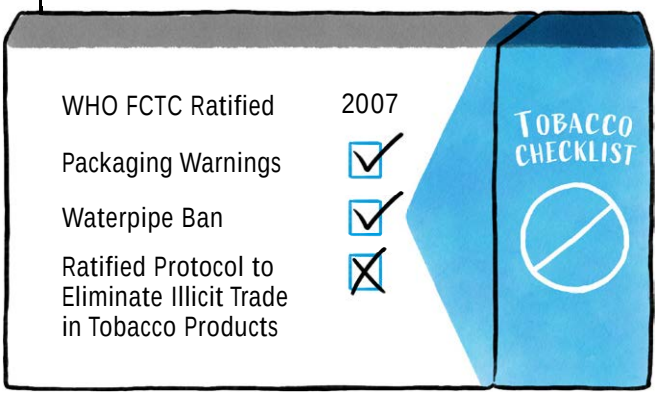
Bahrain has implemented a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS). The ban's implementation has been strictly monitored and compliance data shows it is effective.

Since introducing health warning labelling on all types of tobacco packaging in 2009, Bahrain has steadily increased the size and severity of these warnings.



5 nutrition centres to identify, evaluate and treat obesity and excess weight in adults and adolescents

Monitoring of anaemia in women of reproductive age



Collaboration with WHO to draft guidelines for healthy eating and living

In 2011, Bahrain banned tobacco advertising, promotion and sponsorship (TAPS) across all media channels including TV, radio, print media, online and social media. It also prohibited discount offers or free samples as well as advertising and promotion at point of sale.

The key to the ban's success has been the strict monitoring of its implementation and the prosecution of violators. However, monitoring social media has been a challenge, which has led to a collaboration between the Ministry of Health and the Cyber Crimes Directorate in the Ministry of Interior to stop online violations.

Health warnings on tobacco packaging have also played a major role in Bahrain's tobacco control strategy since they were introduced in 2009. Bahrain and other countries of the GCC worked together through the GCC Standardization Organization to develop the GSO 246/2011 regulation on the labelling of tobacco product packages. This led to Bahrain requiring pictorial health warnings for all tobacco product packaging in 2012. Implementation and enforcement of the new requirement was overseen by the Ministry of Health, the Ministry of Interior (Customs Directorate) and the Ministry of Industry and Commerce.

Bahrain is currently considering plans either to upgrade the size of pictorial health warnings to cover 70% of both front and back display areas of tobacco product packaging, or to implement plain packaging in line with Saudi Arabia.

These tobacco control policies helped give impetus to the March 2020 ban on the public use of waterpipes, with heavy fines for businesses that violated the ban. This was followed by a Ministry of Trade ban on the home delivery of all tobacco products, including waterpipes, in April 2020. The Ministry of Health supported these bans with a campaign linking tobacco use to the transmission of COVID-19. Bahrain plans to continue prohibiting public waterpipe use beyond the COVID-19 pandemic.

Bahrain has recognized the essential role that good nutrition can play in reducing or preventing the development of NCDs, especially if addressed early in life.

For this reason, the country has adopted a range of controls and legislation including:

- Controls to implement the International Code of Marketing of Breast-Milk Substitutes. This was implemented in Bahrain in 1995 and strengthened with enforcement powers in 2018.
- Fortifying flour with 60ppm iron and 1.5ppm folic acid in 2002. Monitoring shows that the prevalence of anaemia in women of reproductive age has decreased since 2002 from 51.3% to 35.4%, and in 9-month-old children from 58.2% to 41%.
- Introducing a standard to reduce trans fats to a maximum of 2% of total fats in products in 2016. This was reinforced with training workshops for food suppliers on eliminating trans fats in 2019, and the implementation of trans fat declarations on product labels in 2020.
- Imposing a 100% excise tax on energy drinks in 2017. In 2021, this was followed by restrictions on the sale of energy drinks to children under the age of 18 in restaurants, school canteens, health or educational establishments.
- Creating a healthy menu for schools in 2016, which reduced the levels of salt, sugar, fat and trans fats in food. The menu was designed by a multisectoral committee using WHO guidelines. It was bolstered with training workshops on diet and healthy cooking for food vendors and random checks on school canteens. Penalties for not following the rules are being applied from 2022.

Kuwait

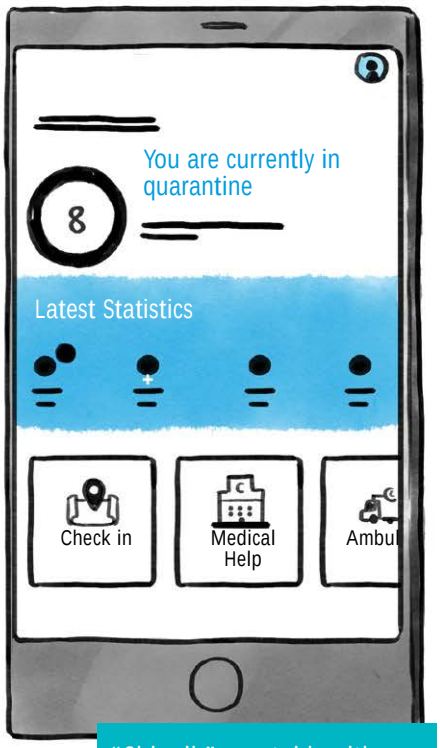
200 physicians trained in mental health services

12 mental health clinics created within PHC settings

Kuwait has made significant progress in addressing the root causes of noncommunicable diseases (NCDs), such as tobacco use and salt consumption, while taking innovative actions to increase access to mental health services. Multisectoral collaboration has been key to the country's success and is the blueprint for future progress as Kuwait works to reduce NCDs before 2030.

Kuwait recognized the impact of the pandemic on the population's mental health, and the Ministry of Health offered support through helplines, online services and an app.

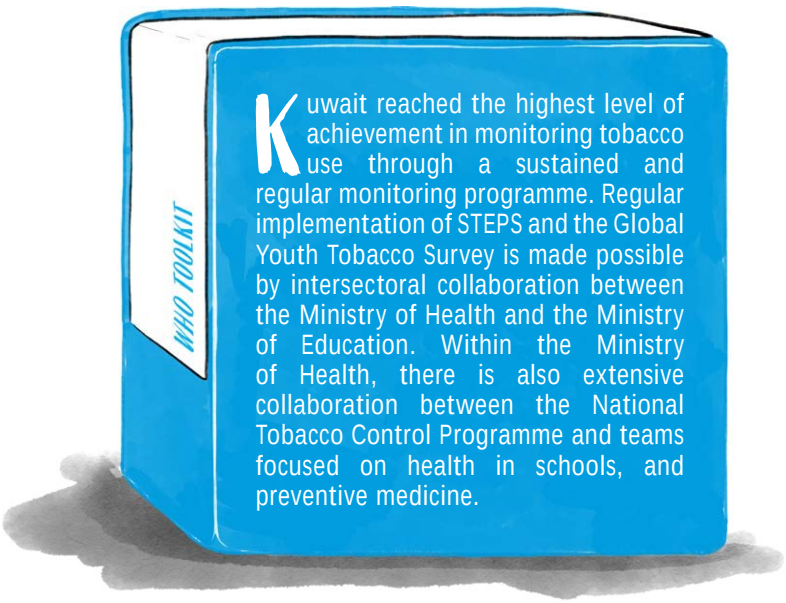
By integrating mental health into primary health care settings, Kuwait is simultaneously increasing mental health provision, creating cost-effective services, raising awareness and tackling stigma.



"Shlonik" mental health app

Since ratifying the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2006, Kuwait has used multisectoral collaboration within government and international collaboration to reduce tobacco consumption both domestically and regionally.

Kuwait has pioneered tobacco cessation services as part of its tobacco control policy since the 1980s. This forward-thinking outlook helped shape tobacco control strategies during the pandemic, such as the ban on waterpipes.



Helping tobacco users to quit has been an essential part of Kuwait's tobacco control policy since the Region's first tobacco cessation clinic opened in Kuwait in the early 1980s. By 2003, there were cessation clinics in every governorate, providing medical assessment, nicotine replacement therapy and counselling.

Over the years, these clinics have come under scrutiny. In order to keep operating they have had to: present scientific evidence of the effectiveness of cessation clinics in tobacco control; train doctors, nurses and health inspectors to bring them up to international standards and update the protocol for managing nicotine addiction treatment.

Today, clinics are supervised by a national programme, staff have certified training, and the number of clinics is increasing, with some integrating into primary health care centres.

Kuwait's role in advancing the Protocol to Eliminate Illicit Trade in Tobacco Products is to continue this innovative, science-led approach. Kuwait became a signatory to the Protocol in 2012 and hosted the first Gulf Cooperation Council Regional meeting on the subject in 2015.

The Ministry of Health collaborated with the Ministry of Finance, the Ministry of Commerce and Industry, customs authorities and the Ministry of Foreign Affairs to work through all the legal processes to ratify the Protocol in 2019.

In March 2020 when the pandemic hit, the country banned waterpipe use in public places. Kuwait used World No Tobacco Day as the fulcrum for an awareness campaign via mass and social media linking tobacco use and the transmission of COVID-19. Future plans include:

- Continuing the waterpipe ban beyond the pandemic
- Including smoking as part of the medical history of all diagnosed or suspected COVID-19 patients
- Cross-cutting collaboration between the National Anti-Smoking Programme and the Ministry of Industry to regulate electronic nicotine delivery systems by developing legislation for a Kuwaiti standard specification

High salt intake is a recognized risk factor for a range of NCDs. To mitigate this problem, the Kuwaiti Food and Nutrition Administration developed a salt reduction strategy in 2013. They worked with private companies to determine why and how to reduce sodium levels as part of a collaborative salt reduction plan. By the end of the year, the country's main supplier of bread (Kuwait Flour Mills and Bakeries Company) had reduced salt levels by 20% in all but one of its breads.

Kuwait has been working on a programme to integrate mental health services into primary care by training family physicians to carry out primary, secondary and tertiary prevention for mental health issues.

Primary prevention aims to prevent mental health disorders before they occur, through reducing risk factors such as stress and increasing protective factors such as involving patients in community groups. Secondary prevention aims to detect existing mental health disorders and promptly intervene to ensure the disorder doesn't worsen, for example, by screening patients for depression or suicide risk and intervening accordingly. Tertiary prevention aims to prevent mortality, relapses of illness and reduce disability. This is achieved through all forms of rehabilitation and reintegration.

Before this programme began in 2011, there were fewer than 84 psychiatrists in a country of 4.5 million people. Most people seeking psychiatric help presented to primary care, which was the stimulus for giving mental health training to primary care physicians. By 2019, the programme had: created 12 mental health clinics within primary care settings; trained over 200 physicians; implemented campaigns to raise public awareness of mental health conditions, while reducing the stigma associated with receiving care and increased the availability of antidepressant and antipsychotic medications in primary care centres

The success of this programme and the raised profile of mental health helped to mitigate the psychological effects of the COVID-19 pandemic and related measures such as lockdowns. To ensure continuity of care, all outpatient psychiatric consultations and mental health clinics in primary care settings switched to offering online services from March 2020.

During lockdowns, health providers offered a range of services:

- The Kuwait Center for Mental Health set up a helpline to deliver remote consultations
- The Ministry of Health launched the interactive "Shlonik" app which supported people in quarantine and provided psychosocial support
- A psychiatric helpline was provided specifically for health care workers
- Support was offered through social media on how to cope with stress and users were linked to mental health resources

The Ministry of Health is looking to build on platforms like "Shlonik" to make mental health services more widely available in the future.

Iraq

Iraq has been making good progress on reducing noncommunicable diseases (NCDs). The focus of this section is the country's efforts to control and reduce tobacco use in the population. Iraq has taken actions to control tobacco that involve multi-ministry coordination, and collaborations with WHO and local and religious leaders. Iraq is also working with neighbouring countries on bilateral treaties to combat illicit trade in tobacco products.

Iraq set up a multisectoral Crisis Committee in response to the COVID-19 pandemic, which took the decision to close all venues offering public use of waterpipes.

The Ministry of Health has collaborated with other ministries and religious leaders to launch a series of mass media campaigns highlighting the dangers of tobacco use.

TOBACCO CHECKLIST

WHO FCTC Ratified	2008
Packaging Warnings	☑
Waterpipe Ban	☑
Ratified Protocol to Eliminate Illicit Trade in Tobacco Products	2015

Iraq ratified the WHO Framework Convention on Tobacco Control in 2008 and in 2012 passed the Anti-Smoking Act No. 19 to reduce tobacco use in the population.

However, the Government quickly realised that more was needed to be done, as most imported tobacco products were not controlled; smuggling was rife; and tobacco products were cheap and easily available, even to younger people. Therefore, after evidence-based input from the WHO Tobacco Free Initiative, Iraq became the second country in the Eastern Mediterranean Region to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products in 2015.

Traceability of products is an essential part of the Protocol, which led Iraq to amend its standard specifications for tobacco products. These amendments have resulted in the addition of labelling on all tobacco products, and the tracking of country of origin and country of sale. Tax increases on imported tobacco products aim to reduce tobacco use.

Today, Iraq is sharing tobacco smuggling information and experiences with other countries that have ratified the Protocol. It is also actively communicating with neighbouring countries and countries across the Region to encourage them to ratify the Protocol and work together to control illicit tobacco trade.

Alongside regular mass media anti-tobacco campaigns, the Ministry of Health has run targeted campaigns. One such campaign ran for three consecutive weeks in October and November 2018. Run in collaboration with religious leaders, the campaign targeted the millions of people visiting the Holy City of Karbala during a religious event. Videos, leaflets and posters warned people of the dangers of smoking and passive smoking, with a focus on waterpipes. Other campaigns have included anti-tobacco seminars and lectures at health centres and in schools.

In the same year, the Ministry of Health set up a stand at the 45th Baghdad International Fair, offering information on the dangers of tobacco and advice on how to quit. This included Iraq's first public exhibition of a carbon monoxide analyser to show people how toxic tobacco smoke really is. This had an impact on visitors, many of whom were keen to quit smoking immediately.

The campaigns have been a success. This is largely due to the involvement of multiple ministries and authorities across government, which have worked together to highlight the dangers of tobacco use.

Iraq's response to the COVID-19 pandemic was coordinated by the multisectoral Crisis Committee. It worked closely with the Higher Committee for Anti-Smoking at the Ministry of Health, with the latter developing an emergency tobacco control plan based on the WHO MPOWER package.

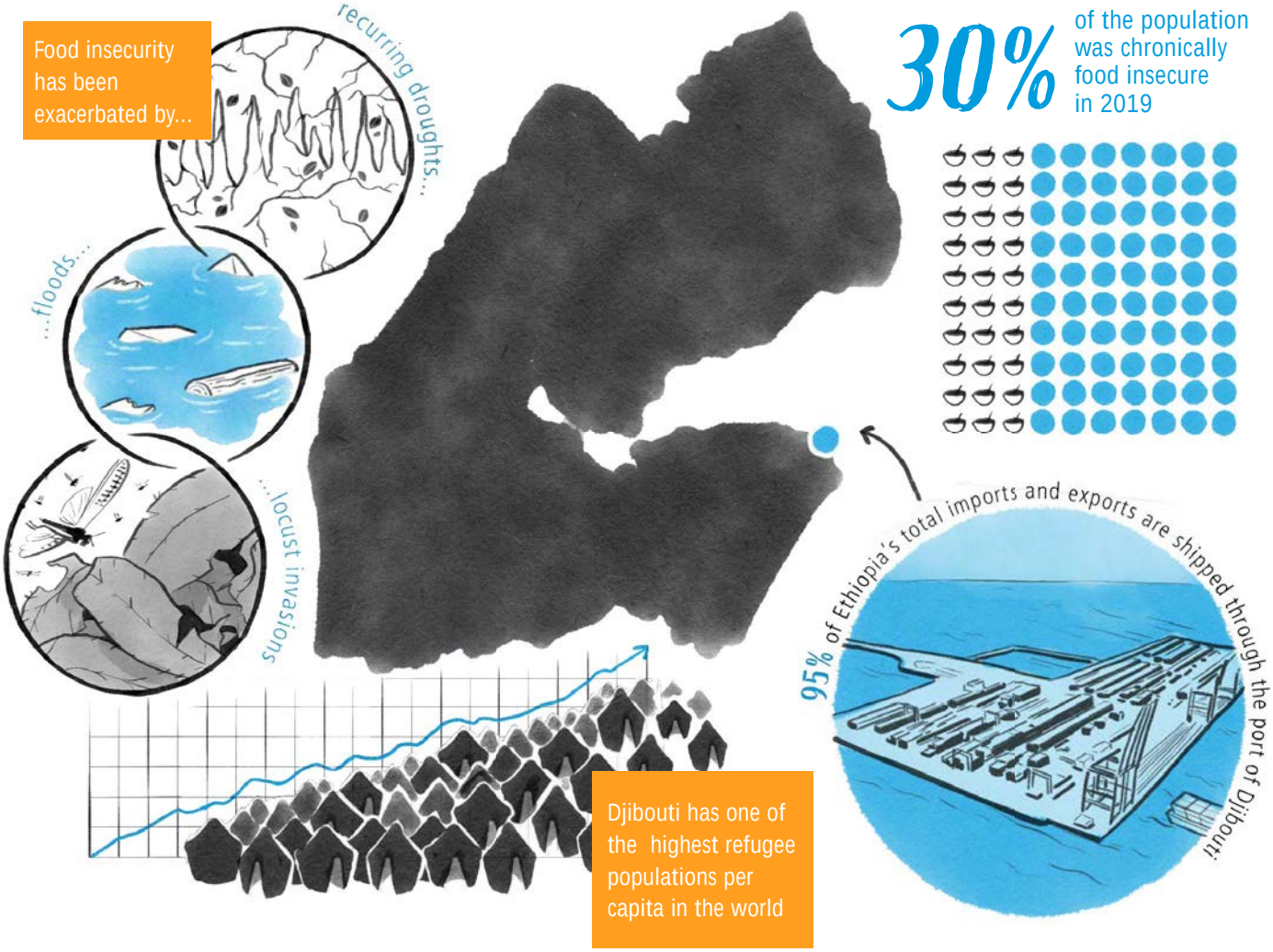
In March 2020, Iraq closed all cafes and restaurants as part of its COVID-19 pandemic response. By extension, this ended the public use of waterpipes. Authorities also prohibited the use of waterpipes in outdoor public spaces by using the Anti-Smoking Act No. 19 of 2012.

At the same time, the Government ran an awareness campaign linking tobacco use and the severity of COVID-19 via television, radio, print and by directly engaging with people in markets and public places.

The Ministry of Health also hosted a webinar on World No Tobacco Day in 2020 entitled "Protecting youth from tobacco companies' tricks and preventing them from smoking". This was run in collaboration with WHO and was attended by representatives from more than 14 government departments.

In all these examples of Iraq's work to reduce tobacco consumption, success has been achieved through multisectoral collaboration. Iraq is using this collaborative mindset as the platform for its future strategies to reduce tobacco use.

Djibouti

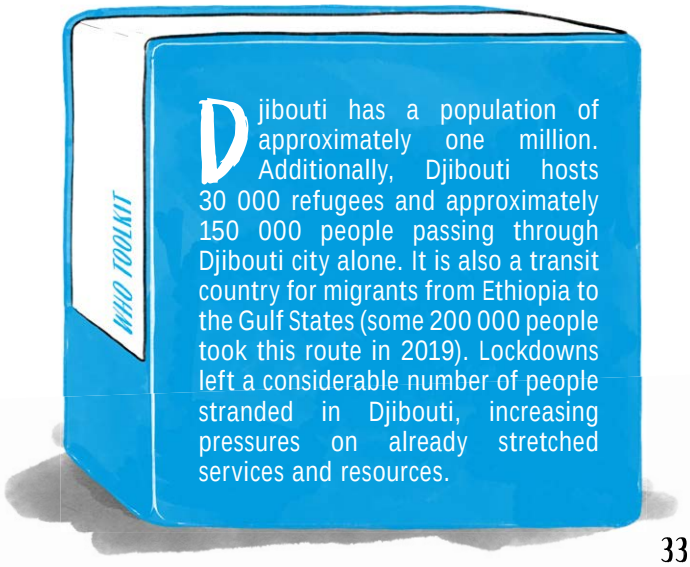


Djibouti has been working to improve access to quality preventive and curative health care, including services for noncommunicable diseases (NCDs), through its National Health Development Plan since 2018. However, the COVID-19 pandemic severely hampered service provision. As a result, the Government implemented the Pacte de Solidarité Nationale to meet immediate needs and enable the country to "build back better" after the pandemic.

Djibouti worked with 23 partners, including 15 UN entities, 6 international nongovernmental organizations and 2 national nongovernmental organizations to ensure the provision of essential services.

The Africa Centres for Disease Control and Prevention used innovative messaging services to disseminate accurate, trustworthy information on COVID-19 and to tackle misinformation.

Monitoring was an essential part of the emergency response. Tools such as the Financial Tracking System allowed the country to follow its progress in different sectors.



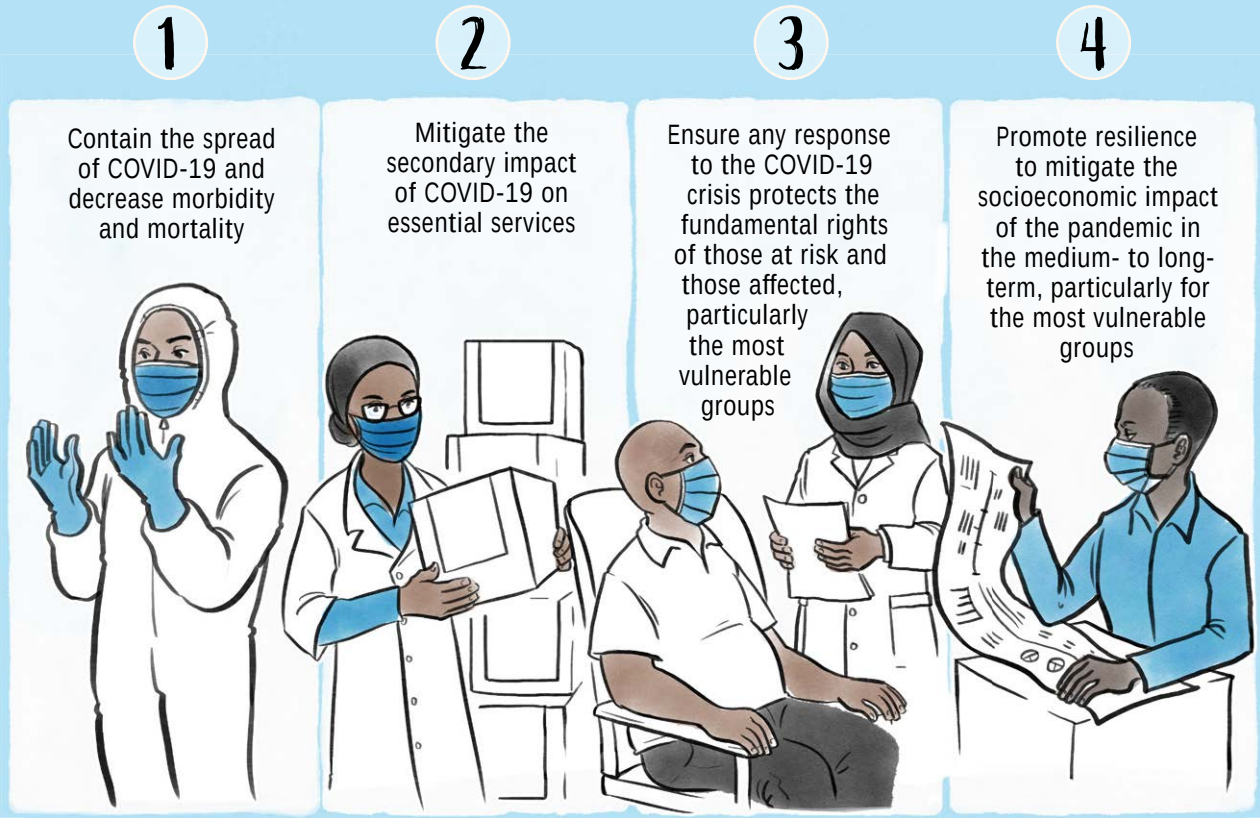
Before the COVID-19 pandemic had even begun, Djibouti's infrastructure had been severely affected by natural disasters including droughts, floods and locust invasions. The country's high proportion of refugees and migrants strained health services and other resources further.

COVID-19 and the efforts to contain it, such as lockdowns, had a major impact on the country, trapping migrants and reducing access to vital health care. Restrictions on movement affected the country's ability to transport medical supplies, affecting people living with NCDs and other vulnerable groups in particular.

The pandemic also had an adverse effect on nutrition services – a serious problem in a country where almost a third of the population experience chronic food insecurity. Disruption to markets reduced access to healthy, affordable food, and restrictions on movement caused attendance levels of the moderate acute malnutrition treatment programme to drop.

The Government of Djibouti launched the Pacte de Solidarité Nationale in April 2020, which framed the response to the pandemic and highlighted the funding needs of three priority sectors: health, social measures, and economic measures.

To support the Pacte and other sectoral plans, the UN collaborated with a range of partners to draw up the COVID-19 Response Plan in February 2020. This focused on urgent actions to address the immediate public health crisis and the secondary impacts of the pandemic on vulnerable groups. The Plan had four strategic objectives:



The UN and partners worked alongside the Ministry of Social Affairs and Solidarity, taking a "leave no one behind" and "reach the furthest behind first" approach to support the most vulnerable. Partners distributed food and cash transfers in rural areas, food vouchers for vulnerable families in Djibouti city and food in transit/quarantine centres created by the Government for migrants.

The multi-agency response ensured continued access to basic services including health, education, water, sanitation and hygiene, livelihood, food security and nutrition for vulnerable people. The response also aimed to support the Government in building and managing a strategic food stock as a priority.

The pandemic has had a direct impact on some SDGs, such as the eradication of poverty and hunger and the promotion of health for all. However, Djibouti has placed 2030 SDGs at the heart of their recovery programme. The aim is to build back better, taking long-term measures and making investments to ensure recovery, create stability and look to the future with hope.

Helplines

The COVID-19 pandemic led to difficulties in accessing health care for people across the Region. The main reasons for this reduced access were:

- Lockdowns/restrictions of movement
- Health facility closures to avoid the spread of COVID-19
- Facilities or staff re-tasked to dealing with COVID-19

More than half of the countries in the Region turned to telecommunications to ensure continuity of care. Helplines and telephone services gave people access to vital information on a wide range of issues from COVID-19 symptoms to diabetes care.

Many helplines also offered much more than just information. Callers could get consultations with specialist physicians who were able to diagnose conditions, prescribe medications and make referrals via telephone. Some services enabled callers to book face-to-face consultations, order repeat prescriptions and even arrange for their medication to be delivered to their home.

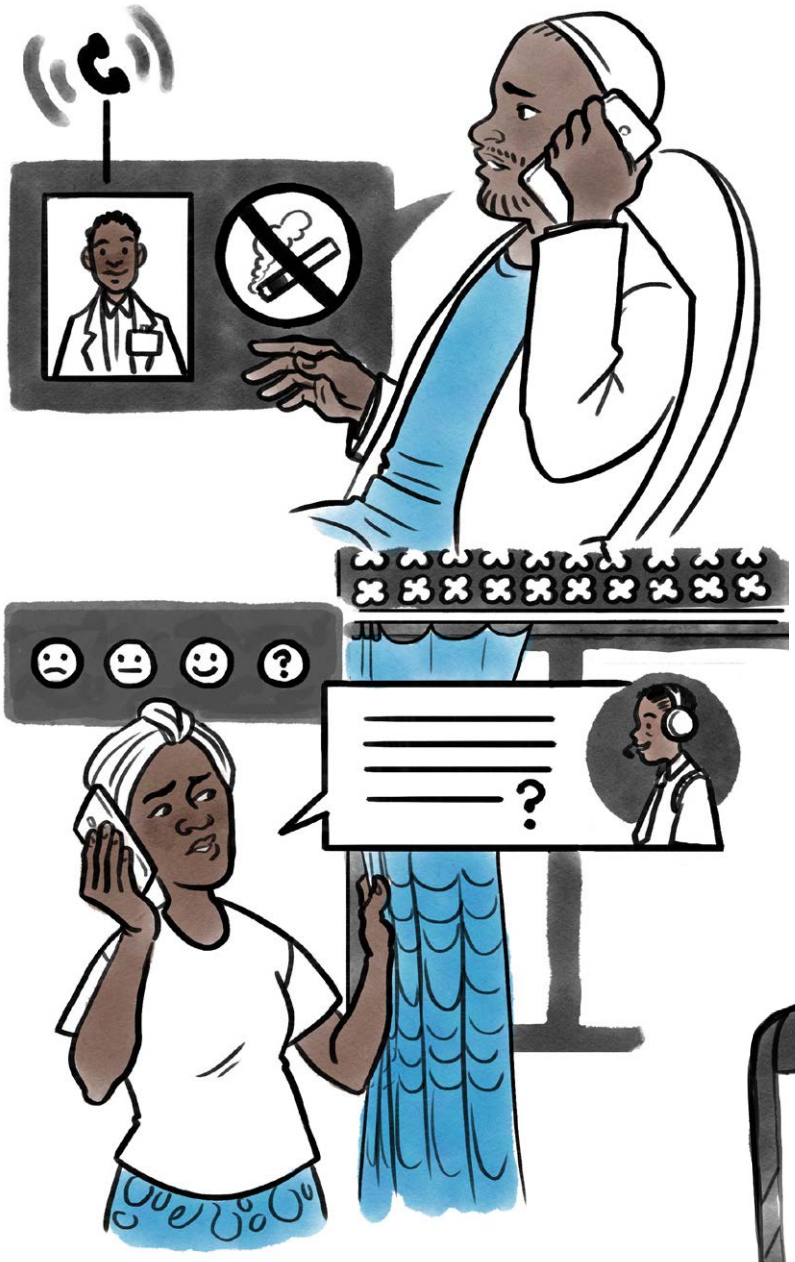
For many people living with noncommunicable diseases (NCDs), helplines gave them the support they needed to continue managing their conditions with as little disruption to treatment as possible. This was particularly important, because a large proportion of people living with NCDs access services and prescriptions through primary health care, much of which was severely restricted during the pandemic. Helplines were able to bridge the gap and provide many services typically offered by primary health care. They were also vital for people presenting with NCDs for the first time, allowing patients to be diagnosed, referred and treated in a timely fashion.

Countries that introduced helplines

- Afghanistan
- Islamic Republic of Iran
- Jordan
- Kuwait
- Lebanon
- Morocco
- Occupied Palestinian territory
- Oman
- Pakistan
- Qatar
- Saudi Arabia
- Sudan
- Syrian Arab Republic
- United Arab Emirates

Helplines were often the result of intersectoral collaboration. Government ministries, nongovernmental organizations, professional organizations and international agencies worked together in a variety of ways to create helplines to meet people's needs. In Morocco, for example, the Faculty of Medicine and Pharmacy of Casablanca, worked with the WHO Collaborating Centre in Casablanca to set up a dedicated helpline for medical students, offering them psychological support and consultations. This highly-targeted service highlights the flexibility of helplines. They can be used to target broad populations or specific groups, generalized problems or rare conditions.

The pandemic brought on a range of pressures that affected people's mental health – anxiety caused by lockdown, fear of infection, grief caused by the loss of family members, financial worries and many more. Helplines gave people easy access to psychosocial support in a way that reduced the risk of catching COVID-19, and also helped them to avoid any social stigma that might come from traditional methods of accessing psychiatric care.



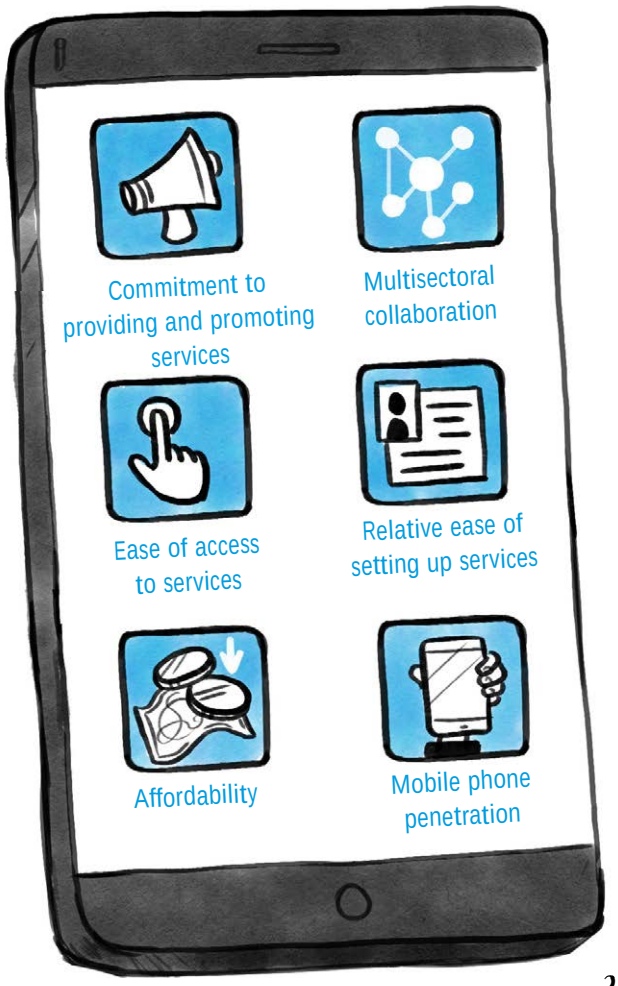
Mobile phones have given people in large countries with dispersed rural populations the opportunity to easily access services. For example, according to the World Bank, mobile phone penetration reached 80.3% in Sudan in 2020. Therefore, when Sudan introduced helplines and telemedicine services during the pandemic, a very large proportion of the population was able to access the services with ease. For health care in Sudan, helplines and telemedicine have been game changers.

Of course, helplines aren't the answer to everything, but they have proven to be an essential tool for improving access to health care, even in emergency settings. They not only provide essential information and services, but also serve to extend the reach of primary health care. The fact that people can access services without the risk of exposure to potential infections makes helplines particularly useful for vulnerable people such as those living with NCDs. The pandemic experience has shown that helplines are an economical tool that countries can use to improve the health of their populations as they move forward towards 2030.

Mental health helplines were widely promoted across the Region as a tool to help people cope with the pandemic. One of the effects of promoting such helplines was to bring mental health into mainstream conversation as an important part of general health. This shift in public attitudes towards mental health could give people more confidence to seek treatment in the future.

Many countries in the Region promoted tobacco cessation helplines. These were especially important given the higher risk of complications and severe infection from COVID-19 faced by tobacco users. The services offered by tobacco cessation helplines varied from country to country, but all offered telephone consultations. The helpline set up in Jordan was a collaboration between the Ministry of Health, the Ministry of Digital Economy and Entrepreneurship and the National Call Centre, offering tobacco cessation services to Jordanians and refugees. People living with NCDs, adults over 60 years old and health care workers were given priority support, which included free consultations and medications to help them quit.

Helplines have proven successful during the pandemic, with almost every country that has introduced them planning to keep them in operation once life returns to "normal". Factors contributing to the helplines' success include:



Syrian Arab Republic

Years of conflict has severely affected the Syrian Arab Republic health system, which is being supported by nongovernmental organizations and UN agencies, including WHO. Emergencies, complicated by high numbers of displaced people, mask noncommunicable disease (NCD) issues and make them more difficult to treat. The aim of WHO and others is to address NCDs and other problems, while creating systems that can be taken forward by Syrian Arab Republic authorities.

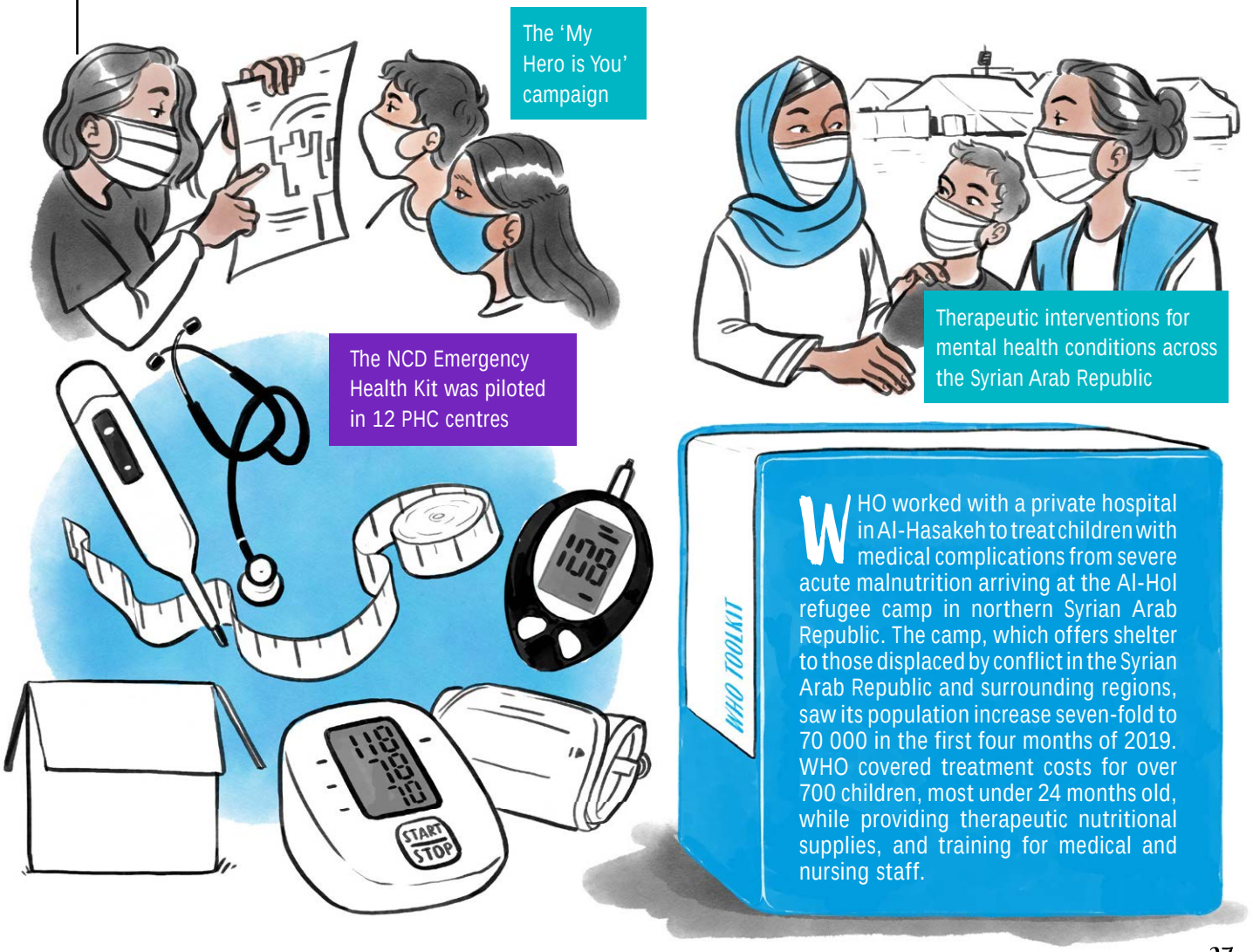
WHO has piloted the NCD Emergency Health Kit in 12 primary health care centres to help people manage diabetes, hypertension, chronic respiratory disease, and certain mental health conditions.

The Syrian Arab Republic enforced a ban on waterpipe use in public places, reinforced by an awareness campaign linking tobacco use with the spread of COVID-19.

In 2021, WHO Syrian Arab Republic and local nongovernmental organizations in rural Damascus launched the "My Hero Is You" campaign to reduce COVID-19 anxiety and fear in children.

With WHO support, nongovernmental organizations have been integrating mental health and psychosocial support at community level through family well-being centres and mobile teams.

In 2021 alone, WHO funded around 50 000 mental health consultations across the Syrian Arab Republic through community-based projects and over 65 000 consultations through primary health care centres.



The Ministry of Health of the Syrian Arab Republic banned the use of waterpipes in public places and ran an awareness campaign highlighting the link between smoking and COVID-19. It also addressed the issue of private tobacco use. It successfully launched a smoke-free home initiative with the message "Stay home without smoking", while opening 11 tobacco control clinics across the country.

The Ministry of Health also collaborated with the Ministry of Higher Education to launch the Tobacco-Free Universities Initiative.

WHO has developed a programme to deliver community-based mental health support in the Syrian Arab Republic, by working with nongovernmental organizations running community centres across the country. By creating family well-being spaces within these community centres, WHO and its partner nongovernmental organizations have been integrating mental health and psychosocial support services where they are needed most – in the heart of the community.

The programme provides mental health and psychosocial support services to the whole family, not just individuals. Mobile teams can also offer treatment. Services include:

- Support for people with mental health and psychological conditions as well as victims of domestic violence and survivors of gender-based violence
- Vocational activities designed to reduce psychological distress and encourage well-being
- General health services, including family consultations and psychiatric assessments. MhGAP-trained doctors have been working to strengthen the link between public health and mental health services.

In 2019, family well-being centres and mobile teams provided approximately 89 000 mental health and psychosocial support consultations, including over 55 000 group sessions and 9000 individual sessions.

In 2021, WHO and its partners across the Syrian Arab Republic delivered over 323 000 courses of treatment as part of therapeutic interventions for mental health conditions.

Behind each intervention is a person whose life has been affected by mental health issues. For example, Batoul is a young woman who received treatment as an internally displaced person living in Al-Hol camp. She was anxious, hearing voices and self-harming to control her symptoms.

After assessment she was referred to a psychiatrist, who diagnosed schizophrenia and gave her an individually tailored treatment plan. Batoul is now "living a normal life" after receiving treatment, nine months of counselling, and support from a WHO-supported community worker.

One in ten people in the Syrian Arab Republic live with a mild to moderate mental health condition and the COVID-19 pandemic has strained the population's mental health and well-being further. In 2020, the UN's Inter-Agency Standing Committee developed "My Hero Is You" - a storybook to help children and parents around the world to think together about the pandemic and its effects. In 2021, WHO Syria worked with the Solidarity Response Fund, and Al-Tal and Al-Qutayfah nongovernmental organizations to pilot a project adapting "My Hero Is You" to the Syrian Arab Republic setting. The aim was to empower children, parents and caregivers by giving them the tools and skills to reduce anxiety, stay mentally resilient and adapt to "a new normal".

The pilot reached 5000 children and provided psychosocial support sessions and focus group discussions to parents, caregivers and health educators. WHO plans to replicate this successful initiative in Homs, Aleppo and other governates.

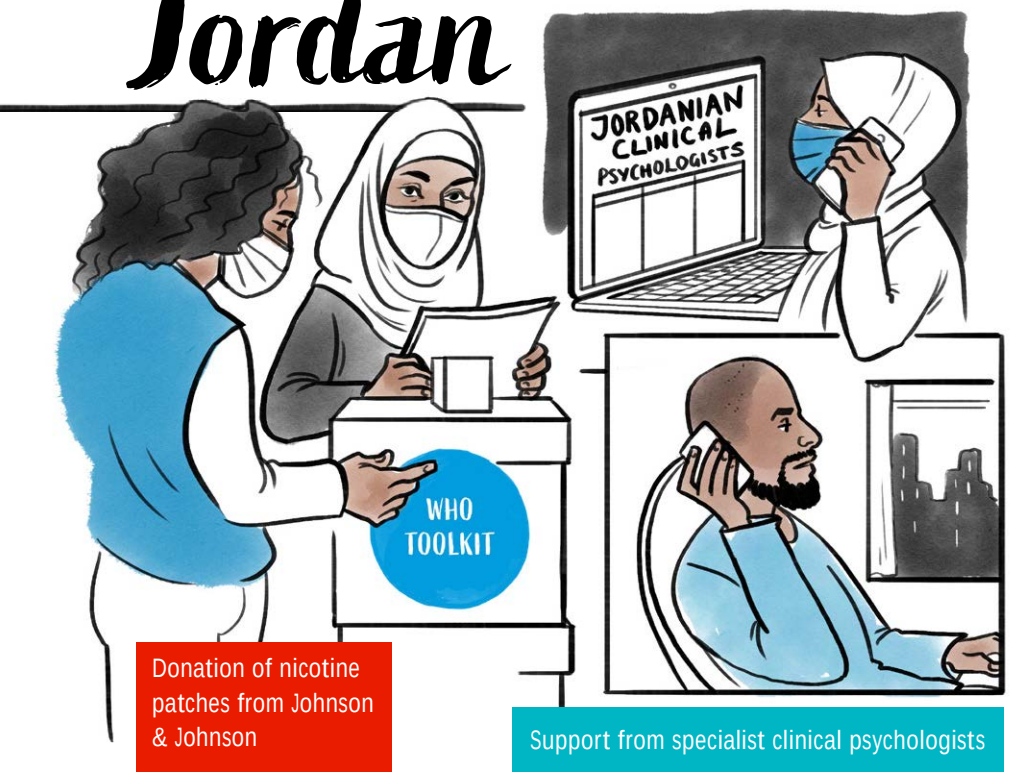
Even during times of conflict, NCDs have been estimated to account for 44% of deaths in the Syrian Arab Republic. Addressing NCDs in emergency settings is complicated, but the Syrian Arab Republic experience gives an example of how it can be done.

In 2016, WHO established the Gaziantep Hub for northwest Syria in order to provide mental health and psychosocial support alongside NCD initiatives, including the training of over 200 physicians. The Gaziantep Hub then piloted the introduction of the NCD Emergency Health Kit to three primary health care centres in 2018 and nine more centres across north-west Syrian Arab Republic in 2019. Each NCD kit provides the medicines, devices and supplies required to meet the priority NCD health needs of 10 000 people for three months.

The nine additional primary health care centres also established an NCD system of care, adapting the WHO Package of Essential NCD interventions, and following the HEARTS technical package for the prevention and management of cardiovascular diseases. The centres created dedicated NCD care teams, which developed standard operating procedures and trained physicians on the Mental Health Gap Action Programme (mhGAP), enabling them to treat mental health disorders in addition to the mental consequences of NCDs. The centres saw over 23 000 new and follow-up cases in eight months and screened all those aged 40 and above for cardiovascular disease.

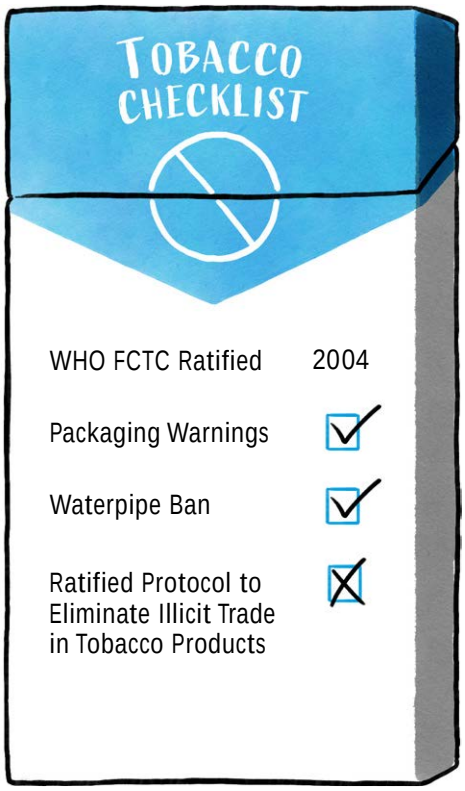
Integrating NCDs into these primary health care centres has improved patient outcomes and contributed to the development of northwest Syria's district health information system.

Jordan



Donation of nicotine patches from Johnson & Johnson

Support from specialist clinical psychologists



Jordan addressed tobacco use and mental health as two public health priorities both before and during the pandemic. Through extensive multisectoral collaboration, bringing together multiple government departments, nongovernmental organizations and international agencies, Jordan has taken effective steps to address tobacco use and mental health. It has also used this collaborative approach to tackle noncommunicable disease (NCD) risk factors as the country moves towards its 2030 goals.

Jordan has successively raised tobacco taxes between 2010 and 2019, including on e-cigarettes and heated tobacco products in its campaign to reduce tobacco use.

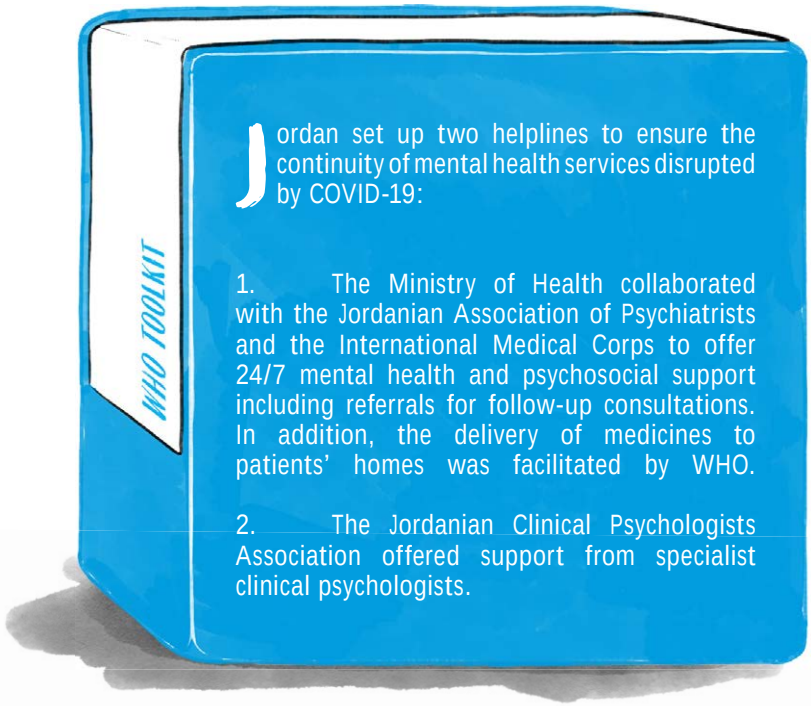
During the pandemic, Jordan set up remote tobacco cessation services, which were assisted by the donation of thousands of nicotine patches from Johnson & Johnson.

The Ministry of Health used a web-based assessment tool to assess the impact of COVID-19 on access to medication for NCD and other chronic disease patients.

Jordan has carried out wide-ranging reforms on its mental health system since 2008 with a focus on community mental health services.

Jordan met the increasing demand for mental health services caused by the pandemic by including mental health and psychosocial support interventions in essential health services.

SHINE – Jordan is one of four countries collaborating on this project researching the challenges of scaling up school-based mental health services. See Pakistan for details.



Jordan set up two helplines to ensure the continuity of mental health services disrupted by COVID-19:

1. The Ministry of Health collaborated with the Jordanian Association of Psychiatrists and the International Medical Corps to offer 24/7 mental health and psychosocial support including referrals for follow-up consultations. In addition, the delivery of medicines to patients' homes was facilitated by WHO.

2. The Jordanian Clinical Psychologists Association offered support from specialist clinical psychologists.

A multisectoral technical committee on nutrition is working to reduce levels of obesity in Jordan. The committee includes members from a range of government departments and medical services, as well as academics. Its work has led to:

- The elimination of trans fats and non-dairy fats from dairy products
- The reduction of salt in flat bread from 1.5% to 1%
- Prohibiting the use of trans fats, margarine and saturated fats in food supplied by public institutions including hospitals
- The publication of food composition tables for traditional Jordanian foods, dietary guidelines for managing NCDs, and food-based national dietary guidelines.

The Ministry of Health collaborated with WHO and the Center for Strategic Studies at the University of Jordan to assess the impact of COVID-19 on access to medication for NCD and other chronic disease patients. The web-based assessment tool also identified those who had not received medication, which the Ministry of Health then delivered to their homes. The assessment guided proposals to establish helplines to give patients better access to the health care system and set up home delivery of medications and remote health care services.

Smoking is one of the main risk factors for NCDs in Jordan. Therefore, in an effort to curb tobacco use, the Ministry of Health worked with the Income and Sales Tax Department of the Ministry of Finance to raise taxes on tobacco products – more than doubling the retail prices of tobacco between 2010 and 2018. Jordan also introduced a tax on heated tobacco products and e-cigarettes in 2019.

Alongside taxation, tobacco cessation services are a vital tool in reducing tobacco use. The Ministry of Health collaborated with the National Call Centre and the Ministry of Digital Economy and Entrepreneurship to provide remote tobacco cessation services during the pandemic, including free consultations and medications.

This policy was bolstered by a donation of nicotine patches worth US$ 1 million by Johnson & Johnson Consumer Health, through the Access Initiative for Quitting Tobacco. Jordan was the first country in the world to benefit from this initiative.

Jordan also introduced the population to WHO's first-ever virtual health worker, Florence, who uses AI to dispel myths around COVID-19 and smoking, while helping people develop a personalized plan to quit tobacco.

The Ministry of Health, with support from WHO, led the reform of the mental health system from 2008, focusing on the development of community mental health services. Since 2011, as part of Jordan's first Mental Health Policy and Plan, the Ministry of Health has set up:

- A Mental Health Unit within the Ministry to lead the governance of mental health services
- Community mental health centres in existing Ministry facilities to provide comprehensive psychosocial support services
- Mental health care for children and adolescents with collaboration from the University of Jordan and WHO
- The integration of mental health in primary health care
- Mental health training for general medical and non-medical staff

The policy also implemented the Our Step Association project to advocate for the rights of mental health service users and include them in mental health strategic planning in Jordan. The result is that people with lived experience are now part of the national mental health technical committee and the mental health and psychosocial support coordination group.

These reforms helped Jordan to respond effectively to the increasing demand for mental health and psychosocial support services during the pandemic. The Directorate for Disability and Mental Health remained open during lockdowns, answering calls, making referrals and providing care and support. It also collaborated with the Syrian American Medical Association to train health care staff in psychological first aid.

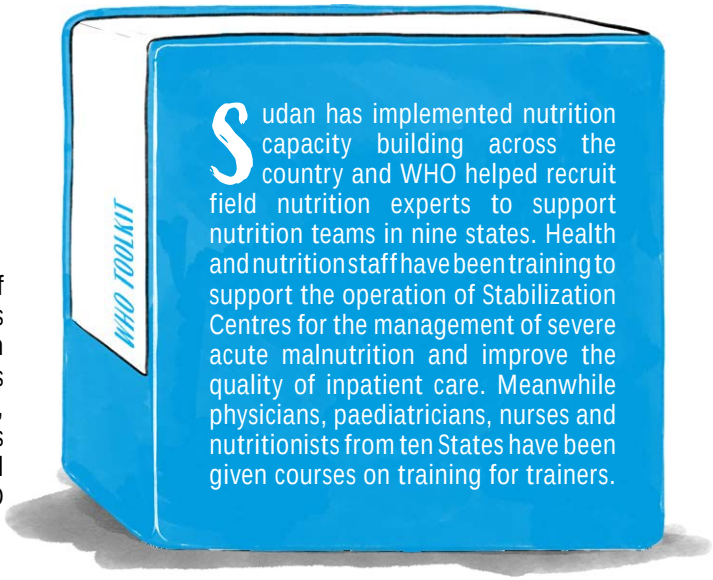
Meanwhile, the National Center for Mental Health acted to:

- Deliver free treatment to patients in their homes through the "Watan" initiative in collaboration with the Jordanian Medical Association
- Give psychological support to health care staff
- Increase awareness of mental health issues during the pandemic by collaborating with media outlets

Jordan sees multisectoral collaboration as central to improving and scaling up mental health and psychosocial support and NCD services in the future.

Sudan

Noncommunicable diseases (NCDs) account for 52% of deaths in Sudan, but addressing the burden of NCDs is not straightforward. Sudan is home to over 1.2 million refugees, and geographic, demographic and financial factors add to the complexity of the country's NCD burden. However, through strong collaboration across government departments and with nongovernmental organizations, international agencies and foreign governments, Sudan has improved NCD service provision during the COVID-19 pandemic.



Sudan took multisectoral action to ensure the provision of mental health and psychosocial support services during the pandemic, both at state and federal levels.

Sudan, the United Nations High Commissioner for Refugees (UNHCR) and WHO worked together to integrate mental health and psychosocial support services within humanitarian assistance programmes and build health care capacity in the country.

The Federal Ministry of Health collaborated with WHO to deliver telemedicine services during the pandemic to replace face-to-face services.

Sudan banned the public use of waterpipes during the pandemic and worked with international agencies and nongovernmental organizations to create an awareness campaign linking smoking and COVID-19.

Organizations including the Sudan Heart Society and the Sudanese American Medical Association created the "SUR I CAAN" framework to diagnose and treat rheumatic heart disease, raise awareness and train health workers.

Sudan has a high burden of rheumatic heart disease. To address this problem, experts from the Sudan Heart Society, the Sudan Association of Paediatricians and the Sudanese American Medical Association have collaborated to create the "SUR I CAAN" framework.

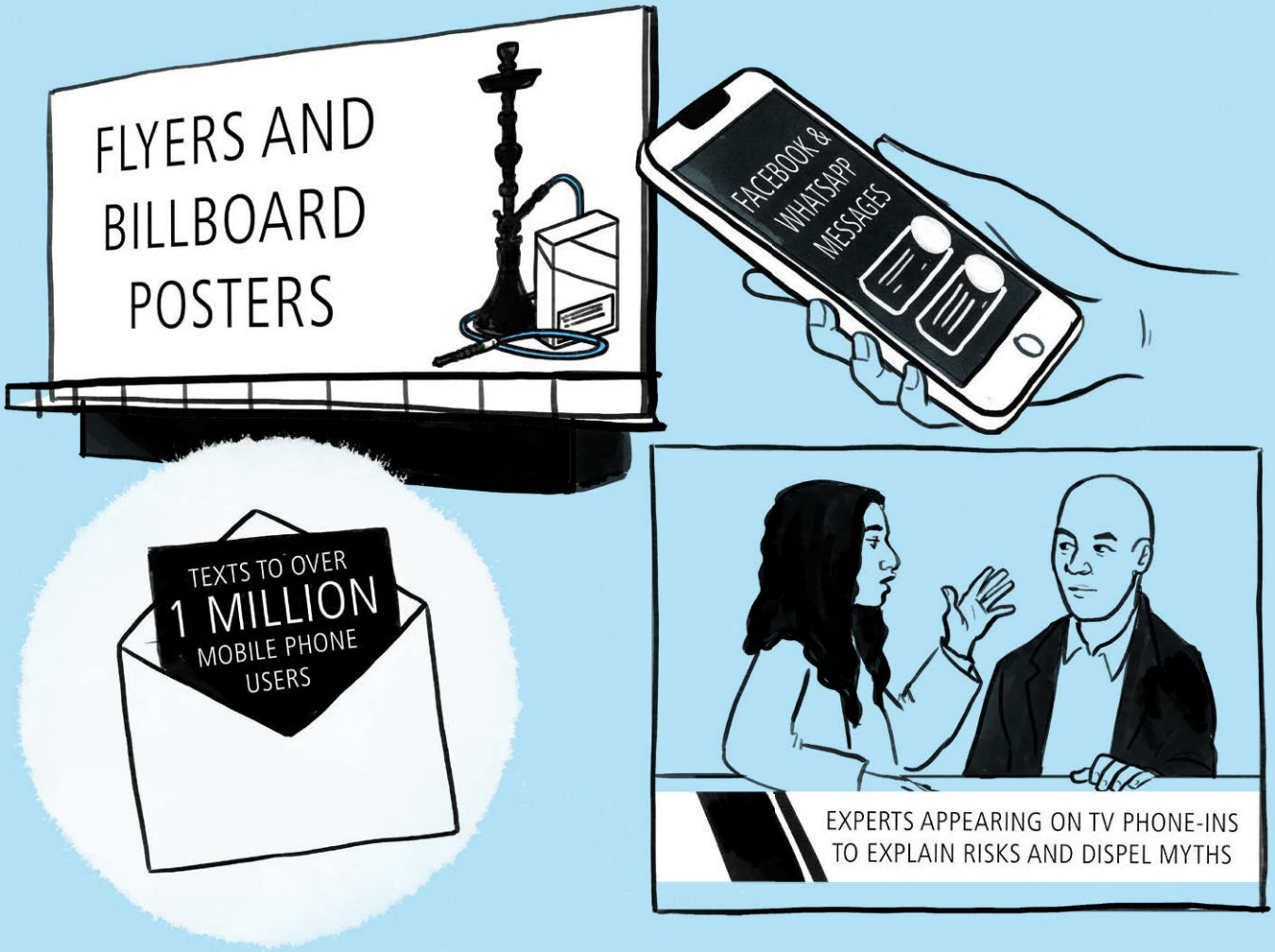
This is based on:

- **Sur**veillance – an electronic registry for two referral centres (1200 patients) and echocardiography screening using handheld echo in five states
- **I**ntegration – it was successfully implemented within the WHO Package of Essential Noncommunicable Diseases (PEN)
- **C**ollaboration – with nongovernmental organizations and WHO to deliver the programme
- **A**wareness – campaigns targeted high-burden areas using local media channels
- **A**dvocacy – the programme targeted medical, social and political groups
- Trai**n**ing – through workshops and materials to train physicians, medical assistants, health workers and lay health workers

Collaboration with multiple partners, including the Sudanese Children's Heart Society and Miraglo, has been key to the framework's success. The Federal Ministry of Health is now looking to incorporate rheumatic heart disease-specific activities into the NCD package and prioritize PHC-level interventions to ensure accessibility.

Sudan banned the use of waterpipes in March 2020. The accompanying awareness campaign was co-funded by and implemented with a range of international agencies and nongovernmental organizations.

The campaign included:



Sudan intends to continue the waterpipe ban after life returns to "normal", continue health warnings on cigarette packs, and enact a comprehensive ban on tobacco advertising.

The COVID-19 pandemic severely disrupted health services, especially at primary health care (PHC) level, which is the access point for most NCD patients. Cancer care and kidney dialysis services were also interrupted. The Federal Ministry of Health worked closely with WHO and over a dozen stakeholders to implement a range of responses.

Telemedicine was a vital component of these responses. PHC physicians were rapidly trained to provide telephone consultations and complete electronic patient records through the primary care helpline. The helpline offered:

- Medical consultations
- Triaging
- Health education
- Counselling
- SMS messages to deliver laboratory results and prescriptions
- An interactive voice recorder to identify a patient's geographical location and their chronic diseases

Physicians could also refer patients to face-to-face appointments at PHC centres or specialist facilities. Funding for the helpline came from the governments of Denmark and Canada.

Educating patients about COVID-19 and the continuation of NCD care was primarily achieved through television and social media. Meanwhile, 71, 000 patients who were subscribed to an SMS service as part of the "end diabetes" project, were sent information on COVID-19 from WHO.

Other actions included:

- Allowing NCD patients to get three months' supply of medicines directly from pharmacies
- Safety measures, including screening, isolation, and triage at facility entrances
- Making a list of essential services and prioritizing time-sensitive cancers, such as leukaemia
- Teleconsultations with oncologists
- Making chronic anticancer treatments available for purchase directly from pharmacies without monthly prescriptions

Many of these successful policies – such as those on digital health and telemedicine – will be continued after the pandemic and have helped to build infrastructure and partnerships for the future.

The National Mental Health Programme led the development and implementation of a multisectoral plan to make mental health teams part of the COVID-19 emergency response.

The programme was able to:

- Set up mental health and psychosocial support helplines for patients in isolation centres
- Train health workers and frontline care providers to provide psychological first aid
- Engage community leaders so that they could explain the mental health aspects of the pandemic to their communities

The continued provision of mental health and psychosocial support services gave Sudan the opportunity to incorporate them into humanitarian response efforts, as tens of thousands of additional refugees entered Sudan from Ethiopia during the pandemic. Although one in five refugees is likely to have a mental health disorder, these are often overlooked by humanitarian assistance programmes.

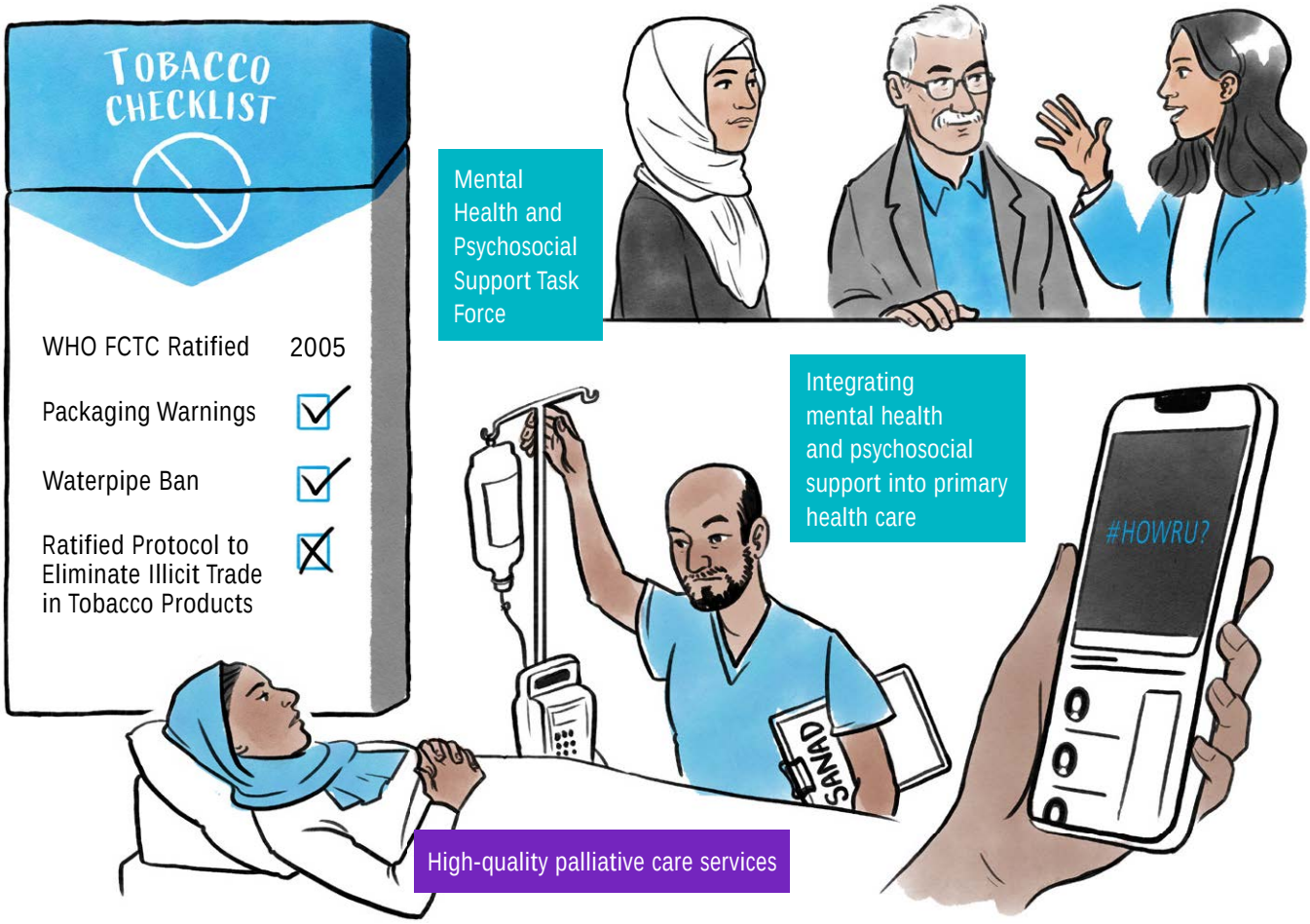
Sudan worked with WHO and UNHCR to create an approach to refugee mental health and psychosocial support services with 3 core elements:

- The engagement of community leaders
- Integration of support within the broader health system
- Ensuring service quality through supportive supervision

This approach, with mental health and psychosocial support built into the response, gave vulnerable people the essential treatments they needed, but also helped to strengthen Sudan's national mental health system.

Lebanon

Lebanon was already facing crises before the COVID-19 outbreak, including economic collapse and the world's highest number of refugees per capita. The Beirut Port explosion in August 2020 further devasted the country's economy. Despite all this, Lebanon has taken effective steps to combat noncommunicable diseases (NCDs), which are responsible for approximately 91% of all deaths in the country.

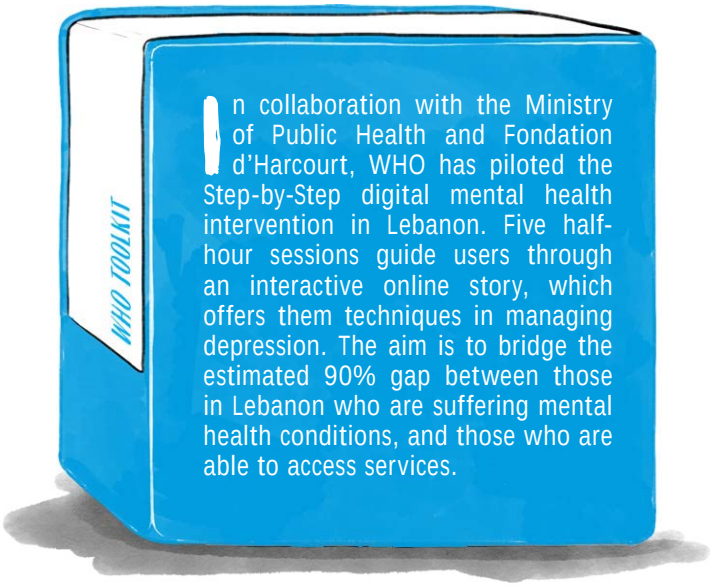


Over the last decade, Lebanon has implemented a major reform of its mental health system, making it more resilient to emergencies such as the COVID-19 pandemic.

Lebanon has developed a nutrition strategy to achieve greater food security and build resilience. The strategy is informed by extensive surveillance of the country's food security situation.

The chronic medications programme, run in collaboration with YMCA, has improved access to quality NCD medications for both Lebanese nationals and Syrian refugees.

Lebanon introduced a ban on public waterpipe use and increased access to tobacco cessation services during the pandemic.



In 2016, cancer accounted for 27.2% of all NCD-related premature deaths, but many Lebanese hospitals lack palliative care services. Lebanon has begun bridging this gap by working with SANAD, a non-profit nongovernmental organization specializing in home-based hospice care.

The Ministry of Public Health collaborated with WHO, Rafik Hariri University Hospital and other stakeholders to invite SANAD to set up and train a palliative care team in Rafik Hariri University Hospital. The team of 36 physicians, nursing supervisors, nurses, pharmacists and social workers have delivered high-quality palliative care services, working closely with the hospital's oncology departments.

The result is an accessible, affordable service with high patient and caregiver satisfaction, which proves that palliative care can be integrated into large public hospitals in Lebanon. The Ministry of Public Health is building on this success, with WHO support, by expanding the programme to Ain Wazein Hospital and inviting SANAD to train an outreach team to deliver community palliative care services.

Lebanon has developed its first National Nutrition Strategy and Action Plan (2021–2026). WHO Lebanon led the development of the strategy, consulting with key stakeholders including the ministries of Public Health, Agriculture, Economy and Trade throughout the process.

The strategy is vital, as the country is going through a nutrition transition from a traditional, varied diet towards more "western" high-calorie, highly processed, lower fibre foods. The result is a "double burden of malnutrition" where undernutrition affects some parts of the population, while others suffer from obesity. Food insecurity has been affected by the multiple crises that have hit Lebanon since 2019. Not least, the destruction of the Port of Beirut, along with much of the country's grain reserves, which closed the entry point for around 60% of Lebanon's food imports.

Surveillance is being used to inform the nutrition strategy. The Nutrition Assessment System is a mobile app that was used to collect data between November 2020 and March 2021. It revealed that more than 70% of households in Lebanon skip meals to spare food. Using the Arab Family Food Security Scale, 75.4% of households are severely food insecure. Meanwhile, the percentage of respondents who reported being below the poverty line tripled from 4.6% before the pandemic to 13.5% since the outbreak.

This information is informing the evidence-based strategy for food security interventions, with the aim of building more resilient households, communities, and food systems for the future.

Lebanon has been working to reduce its high rates of tobacco use since ratifying the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2005. A long-running campaign by numerous stakeholders, including the National Tobacco Control Programme, led to the passing of Law 174 in 2011, which made Lebanon smoke free.

These steps made it easier for Lebanon to implement a ban on the use of waterpipes in public places during the pandemic. The waterpipe ban was led by the Ministry of Public Health and enforced with heavy fines by the Ministry of Interior and the Ministry of Tourism.

At the same time, the Ministry of Public Health set up a tobacco cessation helpline and worked with seven cessation centres across Lebanon to help people quit tobacco.

In 2014, the Ministry of Public Health created the National Mental Health Programme to reform the country's mental health system and scale up services by merging humanitarian and development agendas. The programme launched the Mental Health and Substance Use Strategy for Lebanon 2015–2020, with the goal of re-orientating services towards a cost-effective community-based model.

The Mental Health and Substance Use Strategy included seven cost-effective and evidence-based interventions:

- Development of community-based multidisciplinary mental health teams
- Evidence-based psychotherapy training
- Piloting guided self-help digital mental health services
- Development of an intersectoral referral system for crisis management
- Rolling out psychological first aid training
- Regular monitoring of mental health facilities using the WHO QualityRights tool kit to ensure that the rights of persons with mental disorders are protected, particularly in the case of women and children
- Integration of mental health into primary health care using the WHO Mental Health Gap Action Programme adapted for Lebanon

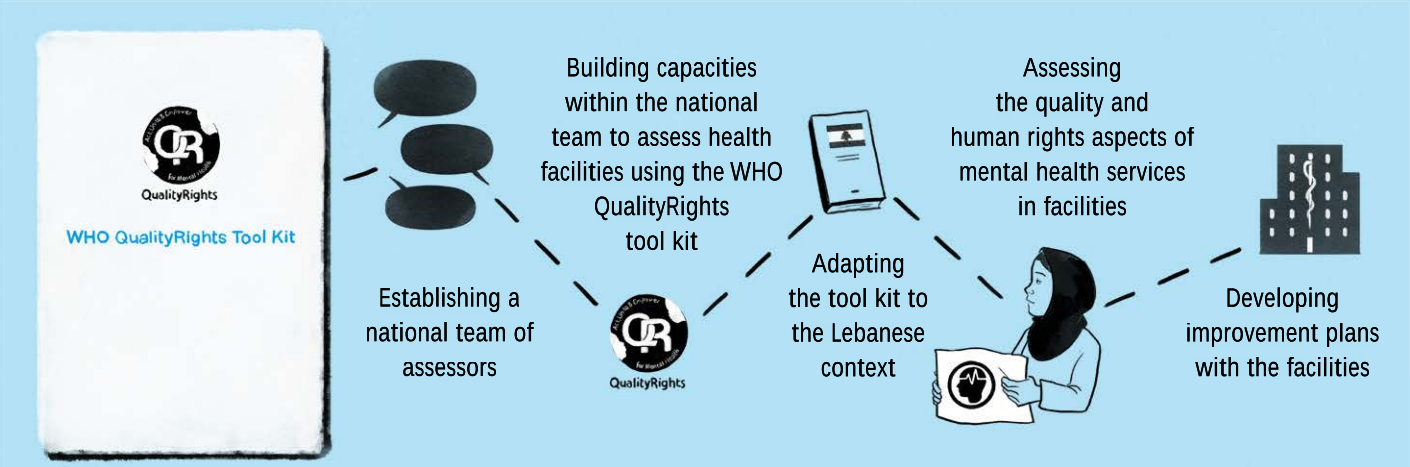
The last of these interventions delivers collaborative stepped-care mental health services through a supportive network of specialists at 27 primary health care (PHC) centres across Lebanon. This is essential in a country where 30% of the total population are refugees, many of whom have mental health burdens and are less able to access mental health care in refugee camps.

The Ministry of Public Health is also leading the Mental Health and Psychosocial Support Task Force. This includes more than 60 organizations working on the Syrian crisis response in Lebanon, with the aim of improving access to care while harmonizing and mainstreaming mental health and psychosocial support in all sectors.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) started training multidisciplinary staff in mental health and psychosocial support in 2013. It began a full integration of mental health and psychosocial support services in its primary health care centres from 2017. As well as providing training for staff such as doctors, nurses, midwives and pharmacists, the programme includes:

- Community engagement through mental health and psychosocial support awareness sessions
- Regular peer support groups in each health centre
- Ensuring supply of essential psychotropic medications at health centres
- Coordination and joint work with the UNRWA's Education, Relief and Social Services, and Protection Units
- Coordination with the National Mental Health and Psychosocial Support Task Force and organizations providing mental health and psychosocial support services

The move to improve the quality and human rights aspect of mental health services by using the WHO QualityRights tool kit has seen the successful engagement of the private health care system. Core elements of the intervention included:



The Ministry of Social Affairs is represented on the national assessment team. The Ministry's involvement is essential in the successful implementation of the project and its potential scaling-up to different types of facilities.

Every aspect of the successful reform of mental health services has relied on strong multi-level, intersectoral collaboration. By addressing mental health as a priority, Lebanon is in a much better position to deal with the psychological shocks of emergencies. This fact can be seen clearly in its response to the COVID-19 pandemic.

The National Mental Health Programme developed a national action plan with WHO and UNICEF to ensure continuity of mental health care, while supporting the mental health of people in quarantine, their families and health care workers. Actions included:

- Offering remote support to those experiencing emotional distress linked to COVID-19 through the "Embrace Lifeline", the National Emotional Support and Suicide Prevention Helpline
- Remote mental health service provision
- Providing medicines at primary health care and community mental health centres
- Integrating mental health related questions into an online survey given to people quarantining at home
- Offering telephone support to people quarantining at home
- Training nurses to use a mental health checklist for patients to help identify those requiring referrals to mental health services
- An extensive mental health education and awareness campaign during the pandemic across all media and social media. The campaign included a WhatsApp chatbot and an eight-episode Zoom series called #HowRU to support the mental health needs of young people.

Following its work over the last decade and throughout the pandemic, Lebanon can take all its experience forward as it continues to respond to the mental health needs of its citizens and refugees.

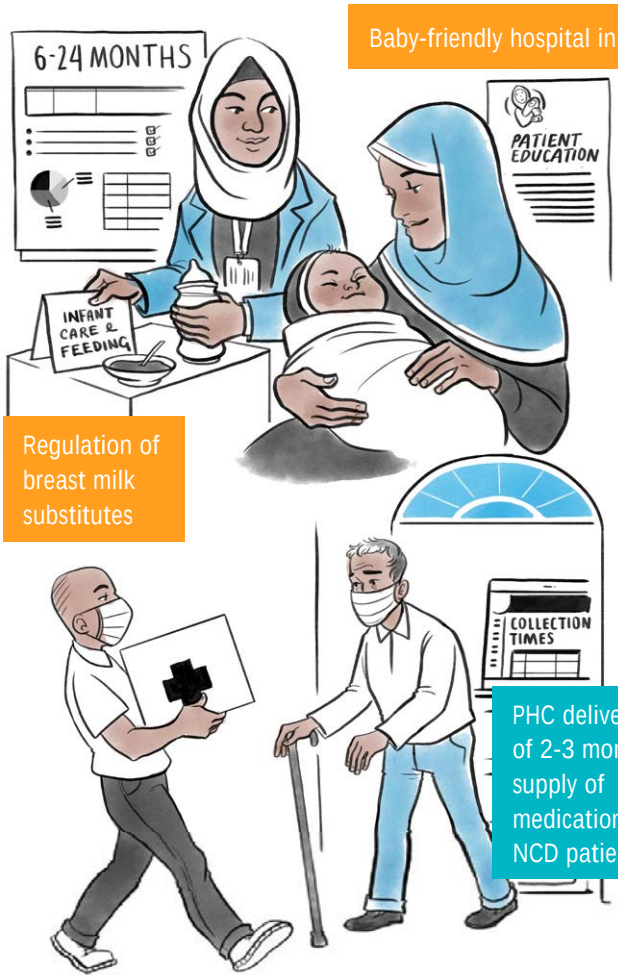
Occupied Palestinian territory (including East Jerusalem)

The unique political circumstances of occupied Palestinian territory create challenges to health care provision that most countries don't face, such as intermittent electricity supply and unpredictable changes to medicine supplies. This affects how occupied Palestinian territory is able to treat noncommunicable diseases (NCDs), which are responsible for 70–80% of all deaths in the country. In spite of the challenges they face, authorities have steadily improved service provision for people living with NCDs over the last decade.

The Ministry of Health has been working with WHO and the European Union to improve access to mental health services and integrate them into primary health care (PHC).

Since 2013, occupied Palestinian territory has been implementing and expanding a Baby-Friendly Hospital Initiative to give babies the best possible start in life.

Occupied Palestinian territory used existing medicine management systems, which are designed to cope with emergency situations, to ensure the supply of NCD medicines and others during the pandemic.



Since 2001, occupied Palestinian territory has been working with WHO and a range of partners including the EU to reform mental health provision. The early aim of the reform was to deinstitutionalize mental health services, traditionally concentrated in tertiary psychiatric facilities; redistribute mental health resources into a community-based system; and collaborate with other bodies such as nongovernmental organizations.

These goals were broadly achieved by 2011, through the Strategic Operational Plan created by the Ministry of Health, WHO and the EU. Achievements of the plan included:

- Establishing a mental health unit in the West Bank and a mental health directorate in Gaza Strip
- Training 40–50% of PHC general practitioners and nurses on integrating mental health into primary health care
- Creating a Master's programme to train 45 Ministry of Health nurses on community mental health nursing and a postgraduate diploma on psychological therapies to train 20 Ministry of Health psychologists
- Establishing two family and users' associations
- Establishing a social inclusion programme in Bethlehem hospital

Since 2011, the Strategic Operational Plan has been integrating mental health services into all governmental primary health care facilities in Gaza Strip and 12 primary health centres in the West Bank. It has also worked to integrate mental health care into two general hospitals in Gaza Strip and incorporate social inclusion programmes in the two psychiatric hospitals and all community mental health centres in the West Bank and Gaza Strip.

The plan also delivered: community mental health education programmes; training on key clinical interventions for mental health professionals; and monitoring, evaluation and improvement of mental health information management.

Occupied Palestinian territory's successful integration of mental health services into primary care has shown that it is possible to develop mental health services in low-resource and conflict-affected settings.

Occupied Palestinian territory launched its Baby-Friendly Hospital Initiative in 2013. This supports and promotes exclusive breastfeeding for children under six months as well as complementary breastfeeding for children aged 6 to 24 months.

The Nutrition Department of the Ministry of Health supported the initiative by developing:

- Implementation action plans
- An infant and young child feeding strategy and policy
- A staff training plan
- A patient education plan
- Data collection tools
- A national regulation covering the marketing of breast-milk substitutes
- Technical regulations relating to infant formula and follow-on formula

An external evaluation is required before a facility can obtain a "Baby-Friendly Hospital" accreditation, which lasts three years. Audit tools were developed for use in such evaluations. The Ministry of Health ensures that standards of care are met through ongoing data collection and quality improvement activities.

By September 2019, 23 facilities in occupied Palestinian territory had been given Baby-Friendly accreditation. These facilities were from public, private and nongovernmental sectors, as well as the United Nations Relief and Works Agency.

Since nutrition in early years can have a major impact on the development of NCDs in later life, these significant efforts by occupied Palestinian territory are a simple, cost-effective way of giving its children greater protection in the future.

The Ministry of Health and the United Nations Relief and Works Agency are the main health care providers, with additional health facilities provided by nongovernmental organizations, the military and the private sector.

The health system is set up for almost constant emergency, with a centralized electronic system for monitoring medication levels and reporting stockouts. Medications are organized into strategic stock for crises and a stock for routine dispensing, with many medications manufactured locally. However, people living with NCDs can only receive two weeks' supply of their medication at primary health facilities, because of frequent shortages.

When news of the outbreak of COVID-19 was reported from China, occupied Palestinian territory immediately started stockpiling and rationing key medications and alcohol disinfectants, such as hand sanitizer and alcohol wipes. Each hospital formed its own COVID-19 committee and trained teams in infection prevention measures.

From the beginning of the first lockdown in March 2020, the Ministry of Health put in place a number of measures to help people living with NCDs:

- Created a helpline, through which patients could order medicines for home delivery
- Supplied NCD patients with two to three months' medicines, through primary health care centres
- Advertised medicine collection times through social media, at mosques and in municipalities

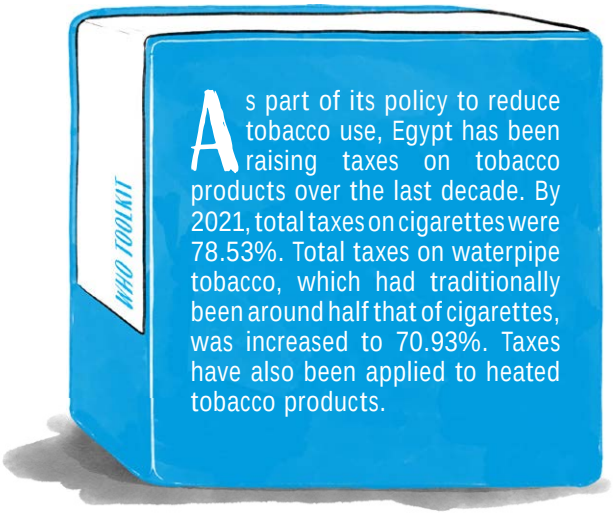
The gaps in supply were bridged by United Nations Relief and Works Agency outreach clinics during the first six months of lockdown. Supermarkets and pharmacies also cooperated informally to work around curfews and ensure people received medicines.

Although occupied Palestinian territory's general emergency preparedness helped the country to mobilize quickly and flexibly during the pandemic, lack of resources and an intermittent electricity supply created serious challenges. However, this spotlight on weaknesses in occupied Palestinian territory's health care system allows the country to see where improvements can be made in the future.

Egypt

Specialist tobacco surveys

Water pipe ban in cafes and myth-debunking awareness campaigns



As part of its policy to reduce tobacco use, Egypt has been raising taxes on tobacco products over the last decade. By 2021, total taxes on cigarettes were 78.53%. Total taxes on waterpipe tobacco, which had traditionally been around half that of cigarettes, was increased to 70.93%. Taxes have also been applied to heated tobacco products.

Laws to protect people from tobacco smoke on public transport

Egypt has been making progress in implementing policies that are proven to reduce tobacco use – one of the major risk factors for noncommunicable diseases (NCDs). Given how the country has successfully addressed tobacco use as part of its journey to meeting its 2030 SDG goals, we are therefore putting the spotlight on this aspect of its NCD response in this publication.

Egypt banned water pipe use in cafes, bolstering the ban with an awareness campaign to debunk the myths surrounding tobacco use and COVID-19.

Since 1981, Egypt has passed a series of laws to protect people from tobacco smoke at work, on public transport and in public places.

Egypt has been working with WHO and other international organizations to plan and implement changes to the packaging and labelling of tobacco products.

In 2007, Egypt reached the highest level of achievement in monitoring tobacco use and has continued its extensive surveillance programme to inform policies and decision-making.

SHINE – Egypt is one of four countries collaborating on this project researching the challenges of scaling up school-based mental health services. See Pakistan for details.

TOBACCO CHECKLIST

WHO FCTC Ratified	2005
Packaging Warnings	☑
Waterpipe Ban	☑
Ratified Protocol to Eliminate Illicit Trade in Tobacco Products	2021

Reliable data is vital for any country wanting to address tobacco use. The Ministry of Health and Population has collaborated with WHO and the Central Agency for Public Mobilization and Statistics to conduct a range of surveys in Egypt. The data from these surveys has helped to evaluate initiatives, inform policy and assess the need for interventions.

Egypt has conducted the following specialist tobacco surveys:

- The Global Youth Tobacco Survey in 2001, 2005, 2009 and 2014
- The Global Adult Tobacco Survey in 2009
- The Global Health Professions Student Survey, conducted in medical schools in 2005

The Ministry of Health and Population has used Tobacco Questions for Surveys to add internationally standardized questions about tobacco into a wide range of general surveys. This has enabled the Ministry to get an even clearer picture of the landscape of tobacco use in Egypt. Such surveys have included:

- The WHO STEPS survey for NCD risk factors, conducted in 2005, 2011/2012 and 2017
- The Household Income, Expenditure and Consumption Survey in 2012/2013 and 2017/2018
- The National Health Accounts 2008/2009

This tobacco surveillance programme is ongoing, and Egypt will conduct further Global Youth Tobacco Surveys, as well as monitoring trends in tobacco use, such as electronic nicotine delivery systems.

Egypt's journey to protect people from tobacco smoke began in 1981, with laws prohibiting smoking on public transport, in open and enclosed public spaces, and in workplaces during work hours. Law Number 4 of 1994 Promulgating the Environment Law reinforced the ban on smoking on public transport and in public places, while laws in 2007 and 2010 expanded the scope of smoke-free areas to settings including health care, places of education and government facilities.

Overall, the Law was not strictly enforced and compliance was low – even in government facilities. However, this is beginning to change and compliance is increasing, especially in health and educational facilities. Also, a 3.8% reduction in tobacco use by young people between 2001 and 2009 suggests a direct impact of the smoke-free policy . Furthermore, the President's "100 Million Healthy Lives" initiative, launched in 2018, has prioritized NCDs and helped to revitalize Egypt's efforts to protect its citizens from tobacco smoke.

In Egypt, health warnings on tobacco packaging have had a similar trajectory to the laws protecting people from tobacco smoke. In 1981, the government mandated text-based health warnings occupying at least 30% of tobacco packaging.

These warnings were increased in 2007 to occupy at least 50% of packaging, and Egypt adopted pictorial health warnings in 2008. The implementation of these changes was achieved by collaboration between the Ministry of Finance and the Ministry of Health and Population, as well as collaboration with WHO and other international organizations.

The process is ongoing and is enhanced by Egypt's advanced tobacco surveillance programme, which allows the Ministry of Health and Population to assess the impacts of awareness campaigns or changes to warnings on packaging .

In March 2020, Egypt banned the use of waterpipes in cafes, with penalties of fines and closures for non-compliance. The Ministries of Health and Population, Local Development and Social Solidarity worked to implement and enforce the ban, supporting it with awareness campaigns.

The Ministry of Health and Population ran a campaign highlighting the link between tobacco use and the transmission of COVID-19 using social media platforms and the Egypt Health Passport mobile application. At the same time, the Ministry disseminated accurate information about COVID-19, which debunked claims that smoking protects people from the effects of the virus. Meanwhile, the Ministry of Social Solidarity collaborated with WHO on a video campaign featuring celebrities explaining the waterpipe ban and the danger of spreading COVID-19.

In January 2021, at the height of the pandemic, Egypt ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. This was a major step in controlling tobacco use and a clear example of the country's commitment to addressing NCDs by 2030.

Tunisia

Tunisia has taken a range of measures to reduce noncommunicable disease (NCD) risk factors, including ratifying the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2010, and banning waterpipe use in public places during the COVID-19 pandemic. However, the focus of this publication is Tunisia's policy to eliminate iodine deficiency disorders, and the country's suicide prevention strategy. These areas reflect the importance of surveillance when addressing public health matters.

The Tunisian Suicide Prevention Project

To reduce the incidence of iodine deficiency disorders, Tunisia implemented a universal salt iodization programme in 1996. This programme was a success, with 97% of households reportedly using iodized salt by the year 2000. Tunisia was the second country in the Eastern Mediterranean Region to be declared "iodine deficiency disorder-free".

However, by 2017 this progress had stalled, with only half of households using adequately iodized salt. Furthermore, research showed large variability in the iodine content of salt used in Tunisian households, with around 6% using non-iodized salt and around 34% using excessively iodized salt. While urinary iodine concentrations were acceptable at the population level, there were regional disparities.

This shows that even though it is possible to make progress on addressing specific NCDs through effective action, ongoing surveillance is also needed to ensure that progress continues.

This issue can be improved by strengthening the regular monitoring of iodized salt production and working with salt producers to eliminate the variability of iodine content in salt. Authorities can promote iodized salt production and conservation procedures through awareness campaigns that engage the public, producers and retailers.

Tunisia began its Suicide Prevention Project in 2015 to reduce the incidence of suicide and suicidal behaviours. It also aimed to gain a better understanding of the causes of suicidal behaviour in the country.

The project used a multisectoral strategy and a participatory approach with partners including WHO, the National Institute of Public Health, Tunisia's Institute of Press and Information Science, civil society, university hospitals and others.
Actions included:

- Setting up a training programme for health professionals on screening and intervention for people experiencing suicidal thoughts. The programme included training for trainers and the development of training guidelines.
- Making media professionals aware of the complexity of suicide and how it should be covered, and forging partnerships with key players.
- Establishing a National Registry of Suicide in partnership with the ten forensic services in Tunisia, the National Institute of Public Health and the Centre Informatique du Ministère de la Sante.
- Promoting research, such as a project on the causes of suicide, focusing on young people. This was undertaken in partnership with the McGill Group for Suicide Studies.

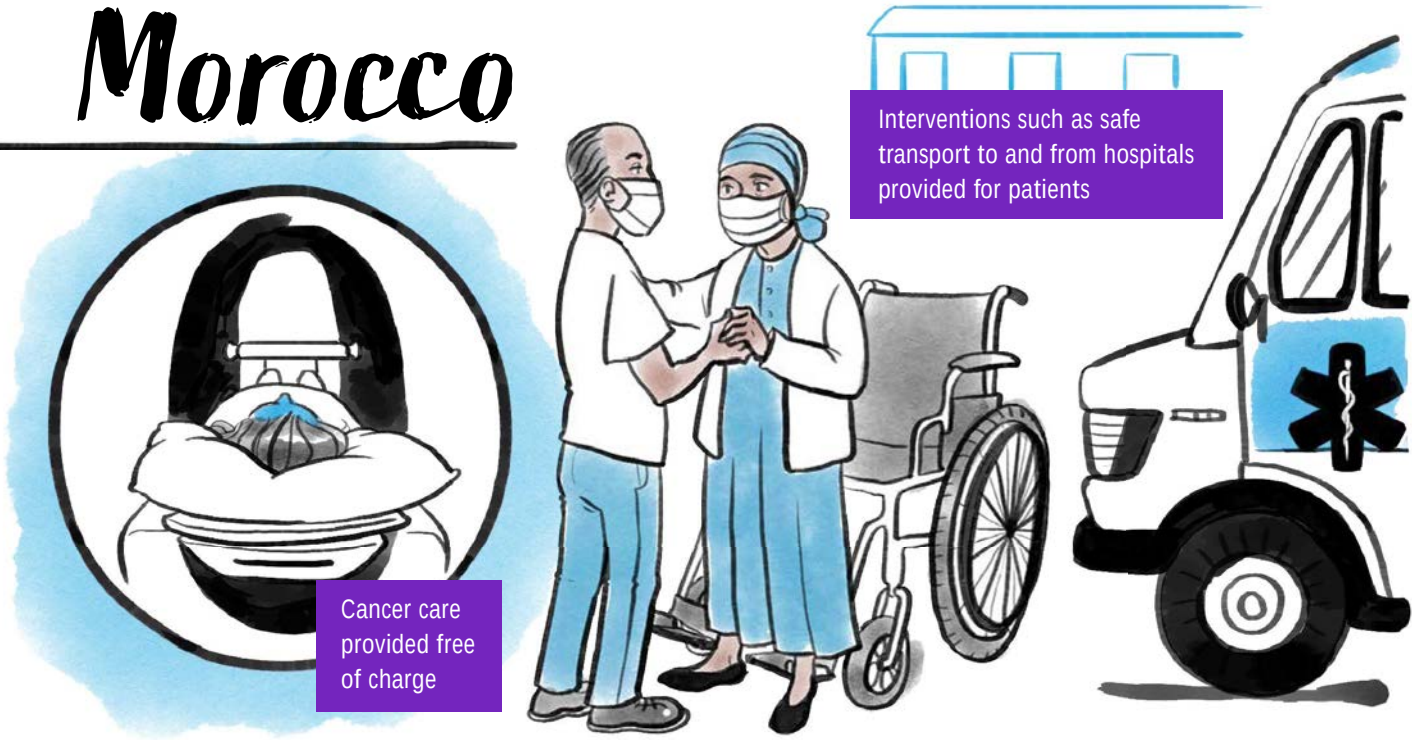
To date, training on suicide intervention and screening has been given to 367 general practitioners, 41 psychologists, 21 nurses, 9 psychiatrists and various other health professionals. The project has also delivered five training workshops to media professionals in order to improve media coverage of suicides. One of these workshops was aimed at future journalists.

These are all important steps, as suicide has not traditionally been a subject for discussion in Tunisia.

Future aims include:

- Forming a dedicated team within the Ministry of Health to ensure the implementation of actions that have been initiated
- Developing a comprehensive information system to provide reliable data on suicide in Tunisia
- Gaining a better understanding of the complex and specific causes of suicide in Tunisia.

Morocco

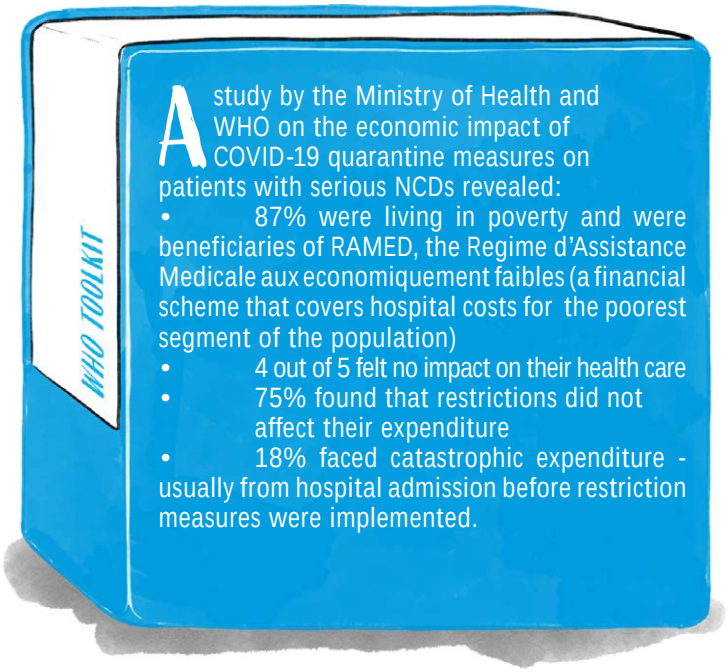


Morocco's 2011 constitution recognized the right to health care and since then, the country has been taking steps towards universal health coverage. The country is also addressing noncommunicable diseases (NCDs), with a focus on mother, infant and child nutrition. During the extensive actions to combat COVID-19, Morocco ensured continuity of care for cancer patients and worked to protect the mental health of its citizens.

The Ministry of Health collaborated with Moroccan scientists, the United Nations Multi-Partner Trust Fund and WHO throughout the pandemic to deliver uninterrupted cancer care services.

Since 2011, Morocco has revitalized its Baby-Friendly Hospital Initiative, alongside a raft of other measures to ensure the good health of mothers and babies.

The Ministry of Health implemented a set of initiatives to support the mental health of vulnerable groups and the general population during the pandemic.



80% of table vegetable oil is fortified with vitamins A and D

42% of homes were using iodized salt

Since its new constitution was created in 2011, Morocco has revitalized the Baby-Friendly Hospital Initiative, which encourages exclusive breastfeeding for the first six months of a baby's life. In addition to applying the clinical and management practices needed in hospitals to support and encourage mothers to breastfeed, other actions included:

- Training health professionals to provide infant and young child feeding counselling
- Implementing National Breastfeeding Promotion Week (La semaine nationale de promotion de l'allaitement maternel)
- Hosting awareness-raising sessions for mothers in health facilities

To further support breastfeeding, Morocco has followed WHO guidance and does not provide breastfed newborns with any food or fluid other than breast milk, unless medically indicated.

Between 2011 and 2018, exclusive breastfeeding rates rose from 27.8% to 35%, and the median duration of breastfeeding increased from 14.3 to 17.4 months.

The country has also been tackling micronutrient deficiencies, particularly among children and women of childbearing age through a series of initiatives:

- Salt iodization was introduced in 1996. By the year 2000, 42% of homes were using iodized salt.
- Morocco launched a national micronutrient programme in 2000. Today, 80% of vegetable oil is fortified with vitamins A and D.
- By 2008, more than 75% of industrial soft wheat flour was fortified with iron and vitamins.
- Children under five years old receive at least one dose of both vitamin A and vitamin B. By 2018, the coverage for children across the country stood at 90% and 97% respectively.

The Moroccan Ministry of Health collaborated with a wide variety of organizations to protect the mental health of its citizens during the pandemic.

Helplines were an important tool for giving people support during lockdowns. At least nine helplines were set up, including:

- A helpline launched by the Moroccan Society of Clinical Psychologists and other similar organizations to support doctors, paramedics, patients with COVID-19 and their families, as well as people affected by lockdowns.
- A helpline created by the l'Association Marocain d'Addictologie (Moroccan Association for Addiction) providing medical and psychological assistance to substance users and their families.
- A helpline, set up by the National Federation for Mental Health, run by psychiatrists, psychologists and facilitators, all trained on the referral programme for people with mental disorders and their families.

Some health facilities, such as Le Centre Medico Psycho Social Moulay Rachid in Casablanca turned to telephone consultations as a way of continuing care. The virtual system that allowed the centre to operate remotely was created by The Peer Helpers Association for Psychosocial Rehabilitation and AFAK Association in Casablanca. Meanwhile, in-person support was offered by the University Psychiatric Hospital of Fes, which created a specialized inpatient unit for psychiatric patients affected by COVID-19. Collaborations between state and non-state actors ensured continuity and scaling-up of care, which can be built on in the future.

Morocco has a cancer care programme to cover the period 2020 – 2029, and cancer treatment is provided free of charge even for patients without health insurance. Collaborations with nongovernmental organizations including the Lalla Salma Foundation have been advancing cancer care in the country since 2010.

Morocco was therefore in a good position to maintain care for cancer patients during the pandemic, even though the majority of health care providers were re-tasked with responding to the COVID-19 crisis. The Ministry of Health worked with the United Nations Multi-Partner Trust Fund and WHO to draw up a plan of action, and a central committee for the management of the crisis gave advice to cancer centres across the country. Interventions included:

- Rapidly training all staff on how to stay COVID-safe while providing care
- Providing safe transport for patients from their homes to oncology centres and back
- Setting up mobile palliative care units across four provinces
- Accelerating the development of two new hospital-based palliative care units, which opened in Agadir and Beni Mellal in 2021
- COVID-19 triaging at cancer centres, with suspected cases being tested and isolated
- Telephone consultations for routine follow-up of stable patients and cancer survivors
- Reducing the number of visits by prolonging the intervals between chemotherapy appointments, and switching to oral chemotherapy where possible

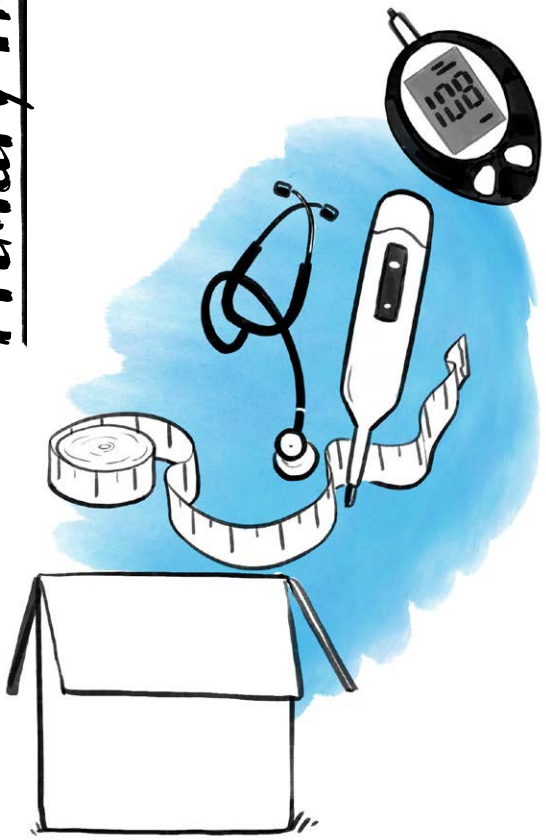
These actions and others ensured successful continuity of care for cancer patients. The response highlights Morocco's robust cancer care infrastructure and puts the country in a strong position to continue improving its cancer care in the future.

Primary Health Care

Primary health care (PHC) is a whole-of-society approach to health. It is an inclusive, equitable, cost-effective and efficient way of ensuring people's physical and mental health and well-being. PHC can be seen as the first link in the care chain, giving people easy access to health promotion, disease prevention, treatment, rehabilitation and palliative care in the heart of their community.

Primary health care is also an effective tool in combating noncommunicable diseases (NCDs). Conditions can be identified and, in many cases, treated in local settings. This gives patients easier access to medical expertise and the medicines they need.

Many countries across the Eastern Mediterranean Region have committed to strengthening primary health care and expanded the services people can access through it. As a result, large numbers of people living with NCDs ranging from diabetes to heart disease and even cancer, rely on their local primary health care facilities for their continued care.



Countries taking steps on primary health care

- Islamic Republic of Iran
- Jordan
- Kuwait
- Lebanon
- Occupied Palestinian territory
- Oman
- Qatar
- Saudi Arabia
- Sudan
- Syrian Arab Republic
- United Arab Emirates
- Yemen

In Oman, for example, the Ministry of Health has equipped PHC facilities with the tools to prevent, screen and manage noncommunicable diseases. It has empowered PHC centres to provide new medications, open well-being and obesity clinics, and contribute to the National Screening Programme for noncommunicable diseases.

In the Syrian Arab Republic, NCD emergency health kits were integrated into 12 primary health care centres. Staff were trained to administer the kits, which provide medicines and devices to meet the needs of 10 000 people for three months. This successful integration showed how responsive and flexible PHC services and staff can be, and how they can improve patient outcomes even in emergency situations.

Countries across the Region have also begun integrating mental health and psychosocial support services into PHC facilities. Part of the reason for this policy is that many people seeking psychiatric help go to primary health care first of all. Also, a significant proportion of patients attending PHC facilities with physical conditions also display symptoms of mental health conditions. By training primary health care practitioners to identify and either treat or refer such individuals, more people can access the mental health support they need at a community level.

Kuwait has been training family physicians to carry out primary, secondary and tertiary prevention for mental health issues.

Primary prevention aims to prevent mental health disorders before they occur, through reducing risk factors such as stress and increasing protective factors such as involving patients in community groups.

Secondary prevention aims to detect existing mental health disorders and promptly intervene to ensure the disorder doesn't worsen. For example, by screening patients for depression or suicide risk and intervening accordingly.

Tertiary prevention aims to prevent mortality, relapses of illness and reduce disability. This is achieved through all forms of rehabilitation and reintegration.

The Kuwaiti programme to integrate mental health services into primary health care has resulted in 12 primary mental health clinics being established so far. It has also made antidepressant and antipsychotic medications more readily available for primary care physicians to prescribe to patients requiring them.

COVID-19 had a major impact on primary health care, as most facilities closed their doors to avoid spreading the virus. The risk of a treatment gap for millions of patients was very real, and people living with NCDs and other chronic conditions worried about how they might get repeat prescriptions. At the same time, people who would usually have gone to see their general practitioners with potentially serious new conditions were unable to do so.

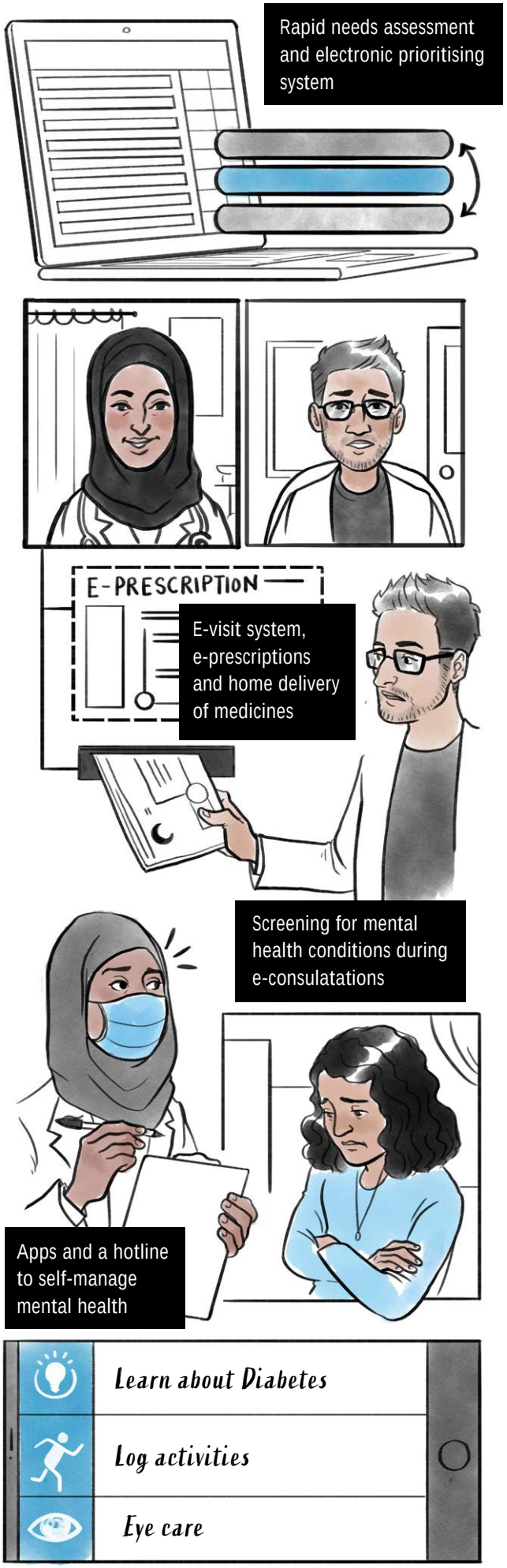
Health ministries in every country worked quickly to establish ways of accessing PHC services by telephone, online or through apps. To achieve this, general practitioners and primary health care workers received rapid training in providing remote services. For example, in Sudan, PHC general practitioners were trained to deliver telephone consultations and complete electronic patient records through the primary care helpline.

The remote services provided by the United Arab Emirates are a good example of the range of assistance patients could receive during the pandemic. The United Arab Emirates offered:

- A rapid needs assessment for people living with NCDs and an electronic prioritizing system
- An e-visit system with phone or video consultations and e-prescriptions for pick up or home delivery
- An e-clinic to encourage smoking cessation
- Screening of all NCD patients during e-consultations to detect mental health conditions and treat them accordingly
- A helpline providing mental health services
- Self-management guidance for NCDs via social media and the Ministry of Health and Prevention website
- An app, providing consultations and support to pre-diabetics
- Clinics at district level with a triage system and protective measures at entrances for high-risk NCD patients needing urgent assessment or those refusing e-consultations.

Most countries in the Region adjusted their services or offered remote solutions to ensure the continued provision of primary health care throughout the pandemic.

COVID-19 forced health ministries to re-imagine primary health care. They made rapid advances in using technology to provide services, and in most cases primary health care is now in a much better position to deal with emergency situations than before the pandemic. Some countries, such as Sudan, have seen the scope of their PHC services greatly increased by technology, especially in rural areas. Looking to the future, many countries see continued access to remote services as part of the "new normal" for primary health care. Meanwhile, primary health care itself is seen as increasingly important in protecting and improving the health of people across the Eastern Mediterranean Region.



Conclusion

The countries of the Eastern Mediterranean Region have made progress in mitigating noncommunicable diseases (NCDs) and in addressing the mental health needs of their citizens, while rising to the unprecedented challenge of the COVID-19 pandemic. The accounts given in this publication reveal strategies that have brought success in many countries across the Region, and which can help other countries around the world in their work to address NCDs and mental health disorders.

A multisectoral approach

Countries had their greatest success by taking a multisectoral approach to addressing NCDs and mental health disorders. This approach has spanned international cooperation between governments, cross-ministry cooperation within countries, support from WHO and other international agencies, collaboration with nongovernmental organizations, and engagement with community and religious groups.

The multisectoral approach taken by countries across the Region is necessary because the drivers of NCDs and mental health disorders are complex. Their root causes are embedded in every aspect of the lives that people lead. It is therefore not enough for a health ministry to simply treat the effects of NCDs or mental health disorders. Surveillance, management and prevention of NCDs and mental health disorders require a whole-of-government and whole-of-society approach. Multiple government ministries need to coordinate to provide regulatory and other legislation, as well as enforcement of new laws, the provision of lifestyle awareness campaigns and a range of other measures. Often, individual and even cultural habits need to be addressed to effect change, which requires the engagement of every part of society to achieve progress.

This coordinated approach has been used successfully by countries across the Region to deal with drivers of NCDs, such as diets that are high in fat, sugar and salt. The approach has also brought positive results in tackling mental health disorders, including anxiety caused by the COVID-19 pandemic.

The vital role of primary health care

COVID-19 had a major impact on primary health care (PHC), disrupting the provision of services across the Region. However, countries worked very hard to adapt PHC facilities to the ‘new normal’. By sharing strategies, and with guidance from WHO, countries ensured the safety of their PHC facilities. One-way systems, triaging patients, re-working clinic schedules and using technology enabled PHC facilities to provide continuous care to vulnerable patients.

Physicians, nurses and other PHC practitioners also adapted, learning new skills so that they could offer services both in person and remotely via telephone or online. Many PHC practitioners have also been trained to look for mental health disorders as a matter of course when assessing patients for unrelated health problems. This has brought mental health further into the mainstream of health provision, helped to break down social stigma surrounding it, and helped patients receive faster access to the treatments they need.

The pandemic has put a spotlight on the vital role PHC plays in protecting and improving the health of populations right in the heart of their communities. For many people with NCDs and mental health disorders, PHC facilities have proved to be a lifeline during a time of extreme uncertainty. Countries across the Region have been successful in maintaining and even broadening access to PHC during the COVID-19 pandemic. This shows how investing in PHC and the skills of the practitioners who work in it can be a highly successful and cost-effective way of providing health care more widely across populations.

How technology can improve access to health care

Restrictions imposed to contain the spread of COVID-19 forced many countries to think ‘outside the box’ in delivering treatments and services. The use of technology to give people continued access to medical services quickly spread beyond the treatment of COVID-19 to include care provision for NCDs and mental health disorders.

The way in which countries used technology reflected the diverse nature of the Eastern Mediterranean Region. For some countries, the adoption of smartphone apps gave people instant access to a wide range of services from booking home

deliveries of essential drug treatments to remote mental health checks. In other countries, the use of even the simplest mobile phones enabled patients to talk directly to physicians without having to travel. This particularly empowered rural populations and gave them ease of access to primary and other health care services.

These innovations in technology also fed through to training for medical staff, who were educated to make telephone and online assessments and empowered to prescribe treatments directly or make referrals for more complicated cases.

The way in which countries have used technology to cope with the extreme pressures of the COVID-19 pandemic has literally put access to health professionals into the hands of millions of people across the Region. Furthermore, these technologies and methods can be easily replicated by other countries around the world.

Sharing success

It is important to share successful strategies. NCDs are the world's biggest killers, while mental health disorders have a devastating effect on the lives of millions. Sharing successful strategies in addressing these problems is a vital part of moving forward as a global community.

While there is always more work to do, many of the countries across the Region, with support from WHO, have taken significant steps to protect their citizens from NCDs and improve their mental health. Furthermore, they've achieved these successes while dealing with the challenge of the COVID-19 pandemic. This shows that even at the height of an unprecedented global crisis, it is possible for countries to make fast progress towards the 2030 goals of reducing premature deaths from NCDs by one third and promoting mental health and well-being. To achieve even more, countries need to scale up provisions for addressing NCDs and mental health disorders.

We hope that the diverse nature of the countries of the Eastern Mediterranean Region ensures that the success stories in this publication can be used to inspire an equally diverse range of countries around the world.

Noncommunicable diseases (NCDs), such as cardiovascular disease, chronic respiratory disease, cancer and diabetes, are a leading cause of death in the Eastern Mediterranean Region. The WHO Regional Office for the Eastern Mediterranean has been working with countries across the Region to combat NCDs and mental health conditions both before and during the COVID-19 pandemic.

These stories from the field showcase the strategies that countries took to mitigate NCDs and ensure continuity of care for patients, while simultaneously protecting them and the wider population from COVID-19. As the pandemic took hold, countries took bold steps to protect their citizens: from banning the public use of waterpipes to using technology to improve access to primary health care. Many of these strategies can be used to improve both public health and access to health services beyond the pandemic.

Countries across the Region also focused on the mental health of their citizens. New and innovative ways of accessing mental health support, despite pandemic restrictions, helped people receive the treatment they needed. Countries also turned the anxiety caused by the pandemic and its social and economic effects into an opportunity to break down taboos and promote the discussion of mental health issues.

The Eastern Mediterranean Region is diverse and includes some of the world's highest and lowest income countries. The work they have undertaken to address NCDs and mental health disorders in the face of not only COVID-19, but other crises, including conflict and population displacement, can therefore offer insights to a wide range of countries around the world. By sharing these stories from the field, WHO and countries of the Region aim to promote successful strategies to mitigate NCDs and mental health disorders now and in the future.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean