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Prevention and control of noncommunicable diseases – third annual regional meeting

Introduction

The global burden of noncommunicable diseases constitutes one of the major challenges for development, undermining social and economic progress and threatening the achievement of internationally-agreed development goals. These diseases are now the world's biggest killers and are a leading cause of death in the Eastern Mediterranean Region, and yet many of these deaths could be prevented through simple lifestyle-related changes and cost-effective interventions implemented by national governments. In our Region, for all noncommunicable diseases:

2.2 million lives are lost annually

51% of lives lost are premature, i.e. before 70 years old

65% of deaths are linked to risk factors

Background

In September 2011, the General Assembly of the UN adopted a Political Declaration[1] to address the prevention and control of noncommunicable diseases worldwide, with a focus on developmental and other challenges and social and economic impacts, particularly for developing countries.

In this context, the WHO Regional Office for the Eastern Mediterranean organized the first annual regional meeting on the prevention and control of noncommunicable diseases and risk factors in Kuwait in April 2013. One of the outcomes was the Kuwait Call for Action,[2] in which Member States reaffirmed their commitment to scale-up the prevention and control of noncommunicable diseases including the key strategic interventions outlined in the regional framework for action. The second annual regional meeting was held in Cairo in April 2014, to

further develop the ongoing work in the Region related to prevention and control of noncommunicable diseases.

Third annual regional meeting on the prevention and control of noncommunicable diseases and risk factors

Following on from these events, the third annual regional meeting was held in 2015, organized in two rounds, the first in Cairo in April and the second in Beirut in June. The specific objectives of the meeting were to:

review the progress in implementing the key strategic interventions in the updated regional framework for action, guided by the process indicators included in the framework;

review challenges faced by Member States in implementing the strategic interventions and agree on the technical support needed from WHO;

agree on the way forward for implementing priority country actions.

Representatives from 20 countries of the Region attended and included national managers of noncommunicable disease programmes and focal points for tobacco control, physical activity, nutrition, surveillance and noncommunicable disease management, supported by international and regional experts.

Prevention and reduction of risk factors

Key challenges in the Region include tobacco control, high salt and fat intake and marketing of food and non-alcoholic beverages to children.

Given the special needs for tobacco control, it is of great importance for the health sector to become more familiar with taxation and economic/trade issues related to tobacco in order to “speak in a language” that policy-makers and others will understand.

The average salt intake in the Region is > 10/person/day, i.e. more than double the WHO-recommended level. Bread, cheese and composite dishes are the major sources. Trans-fat and saturated fat intake is rising: nearly half of the countries have fat intakes at or above the reported world average (81.8 g/person/day). The use of low-priced palm oil, which is high in saturated fatty acids, is also rising; the subsidy for palm oil which is applied in several countries is contributing to this increase in use.

Key challenges related to marketing of food and non-alcoholic beverages to children include celebrity recruitment, increased sponsorship, increased expenditure and limited policies and legislation.

Several countries in the Region have initiated actions with promising results, showing that effective multisectoral actions that have a potentially important impact on population health are feasible. Major activities undertaken include: revising national standards for levels of salt in processed and ready-to-eat food; encouraging food processors to produce low-fat, low-sugar and low-salt foods; expanding/strengthening nutritional labelling laws and regulations; alerting consumers on the salt content of food through labelling; sensitizing food processors, technical, health and agriculture personnel and schoolteachers to the nutrition content of foods; providing nutrition education through the media and the health service delivery system; and cutting the salt content of bread. In regard to marketing of food and non-alcoholic beverages to children, the Islamic Republic of Iran has an advanced regulatory framework covering both children and adolescents. Broadcast advertising of soft drinks has been prohibited since 2004, and in 2014 the Health Ministry prepared a list of food items to be prohibited from advertising.

There is also a clear need to scale up action in the area of physical activity. The examples set by Oman and Kuwait in developing action plans and community-based projects for physical activity show good practice and could be replicated in other countries. A number of countries in the Region already have a specific policy or national strategy on the promotion of healthy lifestyles addressing both nutrition and physical activity.

Surveillance, monitoring and evaluation

Significant progress in noncommunicable disease prevention and control requires strengthening the surveillance system. There is a need to invest in strengthening national noncommunicable disease surveillance systems, focusing on: exposure, outcome, and health system response. The experience of Tunisia in implementing the health examination survey was cited as a good practice, which could be replicated in other countries.

Health care

WHO's position is to use the total risk approach for prevention and control of cardiovascular disease (TRAC) to aid in the prevention of heart attacks and strokes. There is however a need to establish standard key performance indicators for the implementation of TRAC in the Region. In order to achieve proper implementation, a regular sustainable supply of essential medicines for noncommunicable diseases needs to be in place. There is a need for cost-effective, evidence-based guidelines on the management of noncommunicable diseases

Unopposed marketing initiative

The Region is exposed to aggressive marketing and unopposed commercial practices that promote unhealthy products, particularly those targeting children. The WHO has launched an initiative to protect public health and promote healthy lifestyles, with a special focus on countering commercial practices that promote unhealthy products, particularly those targeting children. The initiative builds on existing work in areas of prevention and control of tobacco use, Code of Marketing of Breast Milk Substitutes, WHO recommendations on marketing of foods and nonalcoholic beverages to children, measures for salt and fat reduction and the development of legislative provisions. The concept of the "the three CCs" (counter action, critical capacity, containment) can be adapted by each country to take action.

Next steps

The recommendations that came out from the meeting are shown in Box 1 .

[1] http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

[2] Kuwait call for action on the prevention and control of noncommunicable diseases and risk factors in the Eastern Mediterranean Region. Cairo: World Health Organization; 2013 (http://www.emro.who.int/images/stories/ncd/documents/KUWAIT_CALL_FOR_ACTION_ON_NCD.pdf).

[3] Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018 (http://www.emro.who.int/images/stories/ncd/NCD_framework_for_action_-_updated_2014_-_EN_D.pdf)

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