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WHO event addressing public health priorities

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[1]Summary report on the regional expert meeting on policy action for healthy diets, with a focus on the Gulf Cooperation Council countries. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023. https://applications.emro.who.int/docs/WHOEMNUT312E-eng.pdf?ua=1 .

Support establishment of a GCC working group to facilitate capacity building and development of GCC-wide tools, frameworks and guidelines on different aspects of healthy diets.

Introduction

Unhealthy diets contribute largely to the burden of malnutrition in the Eastern Mediterranean Region (EMR) as food systems fail to deliver affordable healthy diets for all (1). The region has some of the highest adult obesity and overweight rates in the world (2), and the prevalence of diet-related noncommunicable diseases (NCDs) is high. More than a quarter of under-5 children in the region are stunted and more than 7 million are affected by acute malnutrition (3). Another 7 million are overweight. Policy actions are urgently needed to transform food systems and create healthier food environments in the region.

Guided by the Strategy on Nutrition for the Eastern Mediterranean Region 2020–2030 (4) and the Regional Framework for Action for Obesity Prevention 2019–2023 (5), WHO has been supporting EMR Member States in their efforts to achieve nutrition-related Sustainable Development Goals (SDGs) and the global and regional nutrition targets. Some progress has been made, and more technical support is needed to accelerate implementation of the relevant policy actions to improve the “food systems for health” package and the nutritional quality of foods in the region (6).

In February 2023, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and the Ministry of Health and Prevention of the United Arab Emirates co-hosted an expert meeting on policy action for healthy diets, with a focus on the Gulf Cooperation Council (GCC) countries. The meeting was to accelerate policy action for healthy diets and participants were from the 6 GCC countries and WHO.

Summary of discussions

GCC countries account for the highest prevalence of overweight and obesity globally (7). Among under-5 children, overweight increased from 3.5% in 2000 to 7.6% in 2020, and among school children and adolescents (aged 5–19 years) GCC countries had the highest prevalence of overweight globally in 2016 (8). Among adults, obesity prevalence more than doubled the global average: Kuwait 38%, Qatar 35%, Saudi Arabia 35%, and United Arab Emirates 32% (8).

Since the early 2000s, the GCC countries have been making progress towards achieving the global and regional targets for child wasting (5.1% during 2011–2020) and stunting (from 12.6% in 2000 to 5% in 2020), however, only United Arab Emirates is on track to meet the targets for exclusive breastfeeding (8). Challenges remain in the reduction of salt, sugar and fatty acid intakes. Almost all the GCC countries exceeded the recommended maximums for trans fatty acids (TFA) and salt/sodium intakes, and sugar and sugar-sweetened beverages intake is high.

Experience from the United Kingdom (UK) has shown that salt, sugar and calorie reduction is feasible and achievable. Between 2000 and 2023, the UK set incremental salt reduction targets for more than 80 categories of food. It has achieved around 0.9 g salt per 100 g bread, from 1.1 g per 100 g in 2010 (9). Average population salt intake and blood pressure declined between 2000 and 2011, preventing around 18 000 cardiovascular incidents, including 9000 cardiovascular deaths, and saving the country US$ 1.8 billion per year in healthcare costs. Similar results have been obtained for sugar reduction (9).

Some successes have been recorded in the GCC countries through awareness-raising; dialogue with and training for bakers and processed food manufacturers; assessment, monitoring and compulsory labelling of food products; removal of items high in fat, salt and sugar from hospital and school food menus (10); engagement in safe physical activities in schools; implementation of sugar-sweetened beverages (SSB) taxes (11); coordinated multisectoral actions and high-level political commitments; and increased understanding of the investment case for action on healthy diets.

Nutrition labelling provides useful information to consumers on the nutritional contents of foods, to enable them to make healthy choices (12), however, front-of-pack labelling (11) is still not universally implemented and is not regulated by many countries, including in the EMR (13,14). Food fortification (10,14–19) offers great potential for boosting the health and well-being of populations in the EMR (20). Djibouti, Egypt, Libya, Morocco, Sudan, Tunisia, and the GCC countries have either mandatory or voluntary standards for staple food fortification. Bahrain, Oman and Saudi Arabia implement mandatory wheat flour fortification, while Kuwait, Qatar and United Arab Emirates implement voluntary wheat fortification. Oman currently has a voluntary standard for oil fortification with vitamins A and D. The American University of Beirut Medical Centre, Lebanon, launched guidelines on vitamin D testing and supplementation among institutionalized adults and community-dwelling adults at high-risk in 2022.

Policy actions for healthy diets in GCC countries

The GCC countries are already implementing measures to create healthier food environments, however, there are gaps that require technical support and GCC-wide multisectoral cooperation and coordination, such as monitoring of cross-border and digital marketing, front-of-pack labelling and taxation.

Bahrain has adopted the International Code of Marketing of Breastmilk Substitutes and the legislation relating to the monitoring and pre-importation registration of foods for infants and young children. The country is implementing measures to limit the amount of salt in bakery products, has prohibited the sale of energy drinks to under-18s, and is taxing energy drinks at a rate of 100% and soft drinks at 50%. The mandatory wheat flour fortification with iron and folic acid has resulted in a 90% reduction in the incidence of neural tube defects in newborn infants.

Kuwait launched a programme for maternal, infant and young child nutrition in 2020 and there are mandatory standards for food sold in public school canteens. Growth monitoring has been introduced in schools, and overweight children are being referred to primary care. Salt content

in bread has been reduced, sugars in nectars and juice drinks are being reduced, and there is a ban on the use of partially hydrogenated oils.

Oman is implementing salt and sugar reduction initiatives; tax on soft drinks, energy drinks and carbonated drinks; the WHO best practice legislation to eliminate trans fatty acids; and is promoting breastfeeding.

Saudi Arabia has published a dietary goals and food-based dietary guidelines and set up nutrition clinics in hospitals. The country is implementing a healthy schools programme, breastfeeding promotion, voluntary traffic light labelling, restrictions on marketing to children, and actions to reduce salt content in foods procured by government.

United Arab Emirates launched a national nutrition strategy and now taxes all SSBs at a rate of 50% and energy drinks at 100%. UAE is implementing a schools canteen guidelines, voluntary traffic light labelling, and is regulating the marketing of foods to children in school settings.

All these strategies require regular monitoring and evaluation to ensure optimal implementation and impact

Recommendations

To Member States

Establish or upgrade and implement national policies and actions on consumption of healthy oils and fats, reduced salt levels in foods, effective taxation on sugar-sweetened beverages, nutrition labelling, food marketing especially to children, and breastfeeding, in line with WHO guidelines and best practices.

Fully implement the GCC tax law and effective tax on sugar-sweetened beverages.

With WHO support, strengthen human, logistic and institutional capacity for healthy diets surveillance, monitoring and evaluation.

To WHO

Facilitate forums to disseminate findings of the SSB tax implementation survey.

Sensitize and support Member States and partners to generate relevant evidence for policies and actions on healthy diets.

Support establishment of a standard food and nutrition surveillance system across the GCC countries.

Support the development of a GCC-wide protocol for monitoring salt/sodium levels in foods.

Support establishment of a GCC working group to facilitate capacity building and development of GCC-wide tools, frameworks and guidelines on different aspects of healthy diets.

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