Policy statement and
early detection of bre
in the Eastern Medite

Policy goal

Implement an early detection programme t
stage when they are small and localized, thu

Background

Breast cancer is the most common cance
Mediterranean Region, and its impact is gr
(IARC) estimates that 61 000 cases of breas
99 000 in 2012, with 31 000 deaths from the
to rise. IARC has projected that by 2030 th
Region will be around 169 100 and 74 200,

The risk of breast cancer is higher in wome
years. Breast cancer risk decreases with the

Policy statement and recommended actions for early detection of breast cancer in the Eastern Mediterranean Region

Publication date: 2016

Breast cancer is the most common cancer among women in all countries of the WHO Eastern Mediterranean Region, and its impact is growing. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to Implement an early detection programme to detect breast cancer and precancerous lesions at an early stage when they are small and localized, thus reducing mortality from breast cancer.

English

Policy statement and
early detection of cer
Mediterranean Regio

Policy goal

Implement an early detection programme to
stage when they are small and localized, thus

Background

The International Agency for Research or
were diagnosed in the Eastern Mediterrane
Population-based cancer registry data from
incidence rates of less than 6 cases per 100
with successful screening programmes. Sign
100 000 women have been reported in Mor
mortality are generally low in the Region.

Screening is highly effective in the preventio

Policy statement and recommended actions for early detection of cervical cancer in the Eastern Mediterranean Region

Publication date: 2016

The International Agency for Research on Cancer estimates that 15 000 cases of cervical cancer were diagnosed in the Eastern Mediterranean Region in 2012, with 8000 deaths due to the disease. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to implement an early detection programme to detect cervical cancer and precancerous lesions at an early stage when they are small and localized, thus reducing cervical cancer mortality rates.

English

Policy statement and
for early detection of
Eastern Mediterranea

Policy goal

Implement an early detection programme t
early stage when they are small and localize

Background

Despite comparatively lower incidence rate
rising trend in the incidence of colorectal ca
Mediterranean Region.It has been estimate
in men and 15 000 in women in 2012 in t
countries of the Region are diagnosed in adv
survival rate of colorectal cancer patients w
metastases.[2] Early diagnosis in symptomati
outcome of colorectal cancer. Primary preve

Policy statement and recommended actions for early detection of colorectal cancer in the Eastern Mediterranean Region

Publication date: 2016

Despite comparatively lower incidence rates of colorectal cancer than in industrialized countries, a rising trend in the incidence of colorectal cancer has been observed in some countries of the Eastern Mediterranean Region. It has been estimated that 18 000 cases of colorectal cancer were diagnosed in men and 15 000 in women in 2012 in the Region. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to implement an early detection programme to detect colorectal cancer and precancerous lesions, at an early stage when they are small and localized, thus reducing colorectal cancer mortality rates.

English

Policy statement and
early detection of bre
oral and prostate can
Mediterranean Regio

Policy goal

Implement early detection programmes fo
detect the cancer when it is small and loca

Background

The impact of the growing burden of can
evident, and necessitates implementation of
component of cancer control is the early det
treatment.

Early detection of cancer aims to detect the
affordable, resulting in higher cure rates. H

Policy statement and recommended actions for early detection of breast, cervical, colorectal, oral and prostate cancers in the Eastern Mediterranean Region

Publication date: 2016

The impact of the growing burden of cancer in countries of the Eastern Mediterranean Region is evident, and necessitates implementation of suitable and effective cancer control policies. An important component of cancer control is the early detection of major types of cancer that benefit from effective treatment. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to implement early detection programmes for breast, cervical, colorectal, oral and prostate cancer to detect the cancer when it is small and localized, thus reducing cancer mortality rates.

English

Policy statement and
for early detection of
Mediterranean Regio

Policy goal

Implement an early detection programme t
and localized, thus reducing mortality from

Background

The incidence and frequency of oral canc
Mediterranean Region with the exception
Yemen.[1] A high risk of oral precancerous les
(e.g. in Yemen)[2] and toombak (e.g. in Sud

Early diagnosis of oral cancer is feasible, as t
health professionals or individuals. Cases of
with advanced disease.

Policy statement and recommended actions for early detection of oral cancer in the Eastern Mediterranean Region

Publication date: 2016

The incidence and frequency of oral cancer are low in almost all countries of the WHO Eastern Mediterranean Region with the exception of Pakistan, southern Saudi Arabia, Somalia, Sudan and Yemen. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to implement an early detection programme to detect oral cancers at an early stage when they are small and localized, thus reducing mortality from oral cancer.

English

Policy statement and
early detection of pro
Mediterranean Regio

Policy goal

Implement an early detection programme
early stage when they are small and localiz

Background

Although the age-standardized incidence of
Region is lower than that in the high-in
increasing in those countries of the Region w
a challenge to the existing cancer health c
proportion of men with prostate cancer, the
patient's lifetime. Therefore, although early
persons will receive little or no benefit fro
which, if treated, might result in substanti

Policy statement and recommended actions for early detection of prostate cancer in the Eastern Mediterranean Region

Publication date: 2016

Although the age-standardized incidence of prostate cancer in countries of the Eastern Mediterranean Region is lower than that in the high-income industrialized countries, the incidence is steadily increasing in those countries of the Region where data are available. This policy statement was published in 2016 with the goal of identifying the priority actions for Member States to implement an early detection programme to detect prostate cancer and precancerous lesions, at an early stage when they are small and localized; thus reducing prostate cancer mortality rates.

English

Policy statement and recommended actions for lowering sugar intake and reducing prevalence of type 2 diabetes and obesity in the Eastern Mediterranean Region

Policy goal

Lower sugar intake and reduced prevalence of type 2 diabetes and obesity, in order to reduce the risk of noncommunicable diseases in children and adults, with a particular focus on the prevention of unhealthy weight gain and associated conditions, such as diabetes and dental caries.

Rationale

The policy is based on the WHO guidelines specifying that all individuals – children and adults – should consume less than 10%, or preferably 5%, of free sugars in their diet[1]. Given the extraordinarily high rates of obesity and diabetes in the Region, 5% is seen as the most appropriate long-term goal. Free sugars include mono-saccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. This will require a major change in food intake patterns and the proposed new low sugar goal of 5% will, realistically, require radical new policies as intakes are known to be far higher than 5% in most, if not all, countries of the Region.

Policy-makers and programme managers are now advised to assess current free sugar intake levels and their sources in both foods and drinks and consider how to develop nationwide measures that result in a transformation of the food chain in their country.

Governments should consider introducing a progressive and sustainable reduction in national sugar intake over the next 3–4 years. Substantial falls, e.g. of 50% or more in sugar intake, are now considered necessary to halt the rise in diabetes and obesity and reduce the burden of premature deaths due to noncommunicable diseases by 25% by 2025.

A more detailed analysis of why sugar leads to weight gain with all its complications of diabetes, heart disease and cancers, as well as the additional risk of diabetes independent of weight gain and major dental problems, such as tooth loss and dental infections in all age groups, and poor childhood growth, is summarized in Annex 1. However, given that the Region has the highest prevalence of diabetes in the world it is relevant that new systematic analyses estimate that an extra soft drink a day increases the risk of diabetes by nearly a fifth (18%)[2]. Obesity rates are also extraordinarily high in both children

[1] Guideline: sugars intake for adults and children. Geneva: World Health Organization; 2015 (http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/, accessed 22 March 2016).

[2] Imamura F, et al. Consumption of sugar sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: systematic review, meta-analysis, and estimation of population attributable fraction. BMJ. 2015;351:h3576.

World Health Organization

Regional Office for the Eastern Mediterranean

Policy statement and recommended actions for lowering sugar intake and reducing prevalence of type 2 diabetes and obesity in the Eastern Mediterranean Region

Publication date: 2016

This policy statement and proposed action plan is part of the WHO Regional Office for the Eastern Mediterranean's effort to reach the global targets of halting the rise in diabetes and obesity and reduce the burden of premature deaths due to noncommunicable diseases by 25% by 2025. Through a four-phased approach, this policy statement provides the steps that countries should follow to reduce sugar intake, which consequently leads to maintaining a normal body weight, avoiding type 2 diabetes and also preventing dental caries in children and adults.

English

Arabic

French

Policy statement and
reducing fat intake an
rates in the Eastern M

Policy goals

1) Eliminate all industrially produced tran
2) Reduce markedly the saturated fat cont

Rationale

Trans-fat (TFA) from industrial refining is
needs to be eliminated. Saturated fat (SFA)
disease and stroke. WHO recommends that
energy from SFA, and 1% from naturally oc
total fat range between 10% and 35% of total
intake and the increased likelihood of weig

Policy statement and recommended actions for reducing fat intake and lowering heart attack rates in the Eastern Mediterranean Region

Publication date: 2014

This policy statement was published in 2014 with the goal of identifying the priority actions for Member States to eliminate all industrially produced trans-fats from the food supply as well as to reduce markedly the saturated fat content of the food supply. The suggested actions are divided into three phases which span over a period of two-years from 2014 to 2015.

English

Arabic

French

Policy goal

A progressive and sustainable reduction in n
stroke and heart disease rates within 5 years

Rationale

Current salt intakes are very high, with an av
of the Region. There is no need for extra sa
progressive but modest rather than rapid dra
per day) reduction in salt intake will reduce

Policy statement and recommended actions to lower national salt intake and death rates from high blood pressure and stroke in the Eastern Mediterranean Region

Publication date: 2014

This policy statement was published in 2014, aiming to achieve progressive and sustainable reduction in national salt intake in the following 3–4 years by 25% to reduce stroke and heart disease rates within 5 years. It addresses the salt intake in countries of the Eastern Mediterranean Region and suggests several country-level actions for achieving salt reduction in three phases.

English

Arabic

French

The urgent need to fu
International Code of
Substitutes and relev

Policy goal

Member States are urged to implement in it
Milk Substitutes[1] and subsequent relevant W
and enforcing a national law, regulations o
the Code, and scaling up efforts to monito
have adopted a law for the implementation
Afghanistan, Bahrain, Islamic Republic of
Palestinian territory. Others are only in th
this purpose, or are partially implementin
implementation would support the achieve
least 50% of children exclusively breastfed

The urgent need to fully implement the International Code of Marketing of Breast-milk Substitutes and relevant WHA resolutions

Publication date: 2014

This policy statement was published in 2014 aiming to urge Member States to implement in its entirety the International Code of Marketing of Breast Milk Substitutes and subsequent relevant World Health Assembly resolutions by developing, enacting and enforcing a national law, regulations or other appropriate measures covering all provisions in the Code, and scaling up efforts to monitor and enforce its implementation.

English

Arabic

French

Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendationsn

Publication date: 2010

Half the world’s people currently live in rural and remote areas. The problem is that most health workers live and work in cities. This imbalance is common to almost all countries and poses a major challenge to the nationwide provision of health services. WHO has therefore drawn up a comprehensive set of strategies to help countries encourage health workers to live and work in remote and rural areas. The guidelines are a practical tool that all countries can use. As such, they complement the WHO Global code of practice on the international recruitment of health personnel.

English

Related resources

WHO Global code of practice on the international recruitment of health personnel

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