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Letter dated 25 June 2009 from the Permanent Representative of Qatar to the United Nations addressed to the President of the Economic and Social Council

I have the honour to request that you circulate the attached report of the Western Asia regional preparatory meeting on addressing non-communicable diseases and injuries for the annual ministerial review of the Economic and Social Council, held in Doha on 10 and 11 May 2009 (see annex), as a document of the Council for consideration at its substantive session of 2009, under item 2 (b) of the provisional agenda.

At the regional preparatory meeting, the subject of non-communicable diseases and injuries was examined from the perspective of the countries of Western Asia as a contribution to the theme of the 2009 annual ministerial review, "Implementing the internationally agreed goals and commitments in regard to global public health". The Government of Qatar believes that the report will constitute a valuable contribution to the discussions on the theme at the annual ministerial review of 2009.

(*Signed*) Nassir Abdulaziz **Al-Nasser**
Ambassador
Permanent Representative

* E/2009/100 and Corr.1.

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Annex

Report of the Western Asia regional preparatory meeting on addressing non-communicable diseases and injuries

Summary

As part of the annual ministerial review of the Economic and Social Council, a Western Asia regional preparatory meeting on the theme "Addressing non-communicable diseases and injuries: major challenges to sustainable development in the twenty-first century" was held in Doha on 10 and 11 May 2009, hosted by the Government of Qatar. Organized as a multi-stakeholder event, with the participation of high-level representatives from Western Asia and regional and international experts, the meeting consisted of plenary meetings and panel discussions attended by 70 delegates.

The participants examined the global and regional magnitude of non-communicable diseases (including cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) and injuries (including injuries caused by traffic crashes, burns, falls, drowning or violence), their socio-economic impact at macro-economic and household level in low- and middle-income countries, solutions to address common modifiable risk factors, the integration of care for individuals with these diseases and injuries into primary health care and multi-stakeholder approaches to prevent and control non-communicable diseases and injuries. In the course of the discussion, the serious threat presented by these diseases and injuries to the health of people in the region was highlighted, including the threat to socio-economic development and poverty reduction initiatives. Consensus and concern over the enormous increase in such diseases and injuries, and their serious impact on development, were balanced with optimism that affordable solutions exist: many require the active involvement of sectors other than the health sector. The challenge is to identify and incorporate those solutions into multisectoral policies with effective mechanisms in order to ensure that health is an integral part of all policies. An awareness of the challenges is a critical first step towards developing and implementing such solutions. Accordingly, the next steps require collaborative work to develop and apply mechanisms and integrate the prevention and control of non-communicable diseases into the regional and global development agenda. The many lessons learned in recent years in relation to addressing HIV/AIDS may be highly applicable to non-communicable diseases and injuries.

Key policy messages

The following major messages emerged from the discussions:

(a) In all low- and middle-income countries, by any measure, non-communicable diseases and injuries account for a large enough share of the disease burden of the poor to merit a serious policy response;

(b) With effective involvement of sectors outside health, and with technical assistance provided by development cooperation agencies, national plans for the prevention and control of non-communicable diseases and injuries need to be developed in low- and middle-income countries, guided by evidence-based recommendations contained in existing resolutions of the World Health Organization (WHO) and the United Nations;

(c) High-level national multisectoral mechanisms linking finance, planning, trade, transport, environment, education, social affairs and health sectors need to be established in low- and middle-income countries in order to implement national policies and plans for the prevention and control of non-communicable diseases and injuries;

(d) Non-communicable diseases and injuries need to be included in global discussions on development, including the 2010 coordination segment of the Economic and Social Council. A special session of the General Assembly on non-communicable diseases and injuries in developing countries needs to be organized. Indicators to monitor the magnitude, trend and socio-economic impact of such diseases and injuries need to be integrated into the core monitoring and evaluation system for the achievement of the Millennium Development Goals during the upcoming review summit to be held in 2010;

(e) Health systems should be strengthened in order to enable them to respond more effectively and equitably to the health-care needs of poor people with non-communicable diseases and injuries in low- and middle-income countries;

(f) Legislative measures should be implemented to ban advertising, promotion and sponsorship of products that may increase the risk for disease;

(g) A review of experience in the prevention and control of non-communicable diseases and injuries should be conducted in low- and middle-income countries, including community-based programmes, and lessons-learned should be identified and disseminated;

(h) A regional ministerial task force on non-communicable diseases and injuries should be established to conduct external reviews of the progress made in the region with regard to addressing this subject.

I. Introduction

1. At the 2005 high-level plenary meeting of the General Assembly, held in New York on 14 and 15 September 2005, the Heads of State and Government mandated the Economic and Social Council to hold annual ministerial-level substantive reviews as part of its high-level segment in order to assess progress made in the implementation of the outcomes of major United Nations conferences and summits. In 2009, the third annual ministerial review of the Council addresses the theme "Implementing the internationally agreed goals and commitments in regard to global public health".

2. On 10 and 11 May 2009, the Government of the State of Qatar, under the patronage of Sheikh Hamad bin Jassim bin Jaber al-Thani, the Prime Minister and Minister of State for Foreign Affairs, with the support of the Department for Economic and Social Affairs, the Economic and Social Commission for Western Asia and the World Health Organization (WHO), hosted a Western Asia regional preparatory meeting on the theme "Addressing non-communicable diseases and injuries: major challenges to sustainable development in the twenty-first century" to provide input for the 2009 review.

3. The meeting provided an opportunity for Western Asian countries to contribute to the review, including by sharing best practices and lessons learned related to the need for immediate action to reduce the potentially devastating health and socio-economic impact of the accelerating burden of major non-communicable diseases (including cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) and injuries (including injuries caused by traffic crashes, burns, falls, drowning or violence) in low- and middle-income countries in general, and in Western Asian countries in particular.

4. The meeting brought together nearly 70 delegates, including senior representatives of Governments from Western Asia and experts from the United Nations system and other international organizations, non-governmental organizations, academia and the private sector. The delegates examined the global and regional magnitude of non-communicable diseases (NCDs) and injuries, their socio-economic impact at macro-economic and household level, solutions to reduce common modifiable risk factors, including tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol, and integrating the care of individuals with these diseases and injuries into primary health care. Multi-stakeholder approaches to meet the challenges at the national level and new initiatives to address non-communicable diseases and injuries at the global level were also addressed.

II. Proceedings of the regional preparatory meeting

A. Opening session and key note addresses

5. The meeting was opened by Abdullah bin Khalid al-Qahtani, Minister of Public Health of Qatar, who delivered the welcoming remarks on behalf of Sheikh Hamad bin Jassim bin Jaber al-Thani, the Prime Minister and Minister of State for Foreign Affairs of Qatar. In his welcoming remarks, the Prime Minister and Minister of State for Foreign Affairs highlighted the heavy burden placed on the public health budget by NCDs and injuries, including the grave impact on economic development

at national and regional levels and the suffering among the poor, who are disproportionally affected. He called on the international community to double its efforts to provide technical assistance to low- and middle-income countries in addressing the pressures on health systems resulting from the growing number of NCDs and injuries in order to reduce the severe strain on the public budget, minimize the health and economic losses among the economically active population and identify ways to integrate NCD and injury prevention and control into the broader agenda of poverty reduction. He expressed confidence that the meeting would allow the diverse and knowledgeable participants to engage in a valuable exchange of best practices and expertise on successful approaches and encourage low- and middle-income countries to make the best use of them.

6. Following the welcome remarks by the Prime Minister and Minister of State for Foreign Affairs, a number of high-level officials from the United Nations system and other regional organizations delivered opening remarks.

7. Ms. Sylvie Lucas, President of the Economic and Social Council, described the mandate and purpose of the Council's annual ministerial review. Ms. Lucas introduced the 2009 theme, the internationally agreed goals and commitments in regard to global public health, and stated that many experts saw the issue of addressing NCDs and injuries as the major health challenge to global development in the twenty-first century and essential to the achievement of the Millennium Development Goals.

8. In his statement, Mr. Bader al-Dafa, Under-Secretary-General and Executive Secretary of the Economic and Social Commission for Western Asia, stated that premature death, disability and the burden on health systems resulting from NCDs and injuries undermined development efforts and impacted economic growth in the region. The various costs of NCDs and injuries could cause a household to fall below the poverty line.

9. The poor and disadvantaged must be able to lead a healthy life with their families, and health-care services must respond more effectively and equitably to the health-care needs of poor people with NCDs and injuries. Although health-care spending has increased in the region, several countries have spent more than double the resources on national security than on health. He called attention to the efforts that have been undertaken to promote health. Progress made to date, as well as progress in the future, is the responsibility not only of ministries of health, but also of ministries of education, environment, finance, planning, social affairs and transport, as well as civil society and the private sector.

10. Mr. Thomas Stelzer, Assistant Secretary-General, Department of Economic and Social Affairs, reaffirmed that the conditions that kill and disable most people in developing countries have fundamentally changed over the past three decades. Non-communicable diseases and their risk factors are both closely linked to chronic poverty, and they contribute to poverty. The recent financial crisis and soaring food prices are set to exacerbate this trend by forcing many households to turn to less expensive foods, which are typically high in fat and sugar and low in essential nutrients. In all low- and middle-income countries and by any measure, NCDs and injuries account for a large enough share of the disease burden of the poor to merit a serious public policy response. He called on low- and middle-income countries to reduce the number of premature deaths resulting from these diseases and injuries through policy initiatives and community-based interventions focused on

diminishing tobacco use and unhealthy diets, promoting physical activity and strengthening primary care to address the needs of people who are already facing NCDs and injuries. He invited WHO to explore the idea of establishing a multisectoral ministerial task force on NCDs and injuries and stressed the importance of incorporating NCDs into the global development agenda, in accordance with the first objective of the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, endorsed by the WHO World Health Assembly in May 2008.

11. Dr. Hussein Gezairy, Director, Regional Office for the Eastern Mediterranean, WHO, reflected on the fact that NCDs are not restricted to older populations who have already left the labour force. A considerable share of NCDs and injuries occur in populations of working age. Although NCDs generally afflict people at older ages than do communicable diseases, NCDs are a more significant cause of illness and death among working-age populations. To cope with the costs incurred in caring for a family member with an NCD or injury, households in the region use savings and liquidate assets to cover the costs, and lose productivity. Other household members, often women and children, are engaged in caring for sick family members. Although these effects of poor health are not unique to NCDs and injuries, the longer duration of NCDs and injuries have a greater negative impact than acute illnesses from communicable diseases.

12. Following the opening remarks, Dr. Ala Alwan, Assistant Director-General for Non-communicable Diseases and Mental Health, WHO, described the scope and objectives of the meeting.

13. Dr. Alwan reported that NCDs account for 60 per cent of all deaths globally and, when taken together with injuries, were responsible for about 70 per cent of deaths worldwide, with 80 per cent of these deaths occurring in low- and middle-income countries. About half of the deaths caused by NCDs were considered to be premature. WHO projects that global deaths from NCDs and injuries will increase significantly during the next 20 years in low- and middle-income countries, while deaths from communicable diseases will decline. Although not included in the Millennium Development Goals, the magnitude and growth of NCDs and injuries will have a major socio-economic impact in low- and middle-income countries and could also derail international efforts at poverty reduction. Non-communicable diseases account for a third of excess deaths among the world's two poorest quintiles. The challenges policymakers increasingly face in low- and middle-income countries include how to address the links between poverty and NCDs, how to minimize the health and economic losses among the economically active population and how to prepare for the pressures on health systems resulting from the growing number of people with NCDs. There are a wide range of proven strategies for lowering the rates of premature death and disability from NCDs and injuries in low- and middle-income countries and these require the active involvement of ministries beyond the health sector. These interventions include, but are not limited to: tobacco taxation policies; smoke-free policies; bans on tobacco advertising and promotion; health warnings on tobacco packages; assistance with quitting tobacco use; promotion of the consumption of fruits and vegetables and of physical activity; road safety laws against speeding and impaired driving; mandatory motorcycle helmet laws; multi-drug regimens for patients at high risk of cardiovascular diseases; and trauma and emergency care services. These interventions, which can be delivered

through national policy decisions and in schools, workplaces and communities, should include clinical interventions in primary health care.

14. However, despite the enormously negative impact of NCDs and injuries on socio-economic development, less than 1 per cent of official development assistance has been allocated to provide technical support to low- and middle-income countries in building national capacities to establish and strengthen national policies and plans for the prevention and control of NCDs and injuries, although there have been some promising developments. In May 2008, the World Health Assembly endorsed the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, calling for action by Member States, international partners and WHO itself. In the first objective of the Plan, the international community and development agencies are called upon to raise the priority accorded to NCDs in development work at global and national levels. The regional preparatory meeting aimed, inter alia, to review the socio-economic impact of NCDs and injuries in the region, to discuss successful approaches in addressing NCDs and injuries and ways of integrating these approaches into national development plans and to recommend actions on the part of the international community and development agencies in order to respond to the needs of low- and middle-income countries in scaling up action against NCDs and injuries.

B. Panel 1: The global and regional magnitude of NCDs and injuries and their impact on socio-economic development and poverty reduction strategies

15. The panel reviewing the global and regional magnitude of NCDs and injuries and their impact on socio-economic development and poverty reduction strategies considered the following three questions for discussions:

(a) Why are Governments concerned about the magnitude and trends of NCDs and injuries and their impact on socio-economic development in Western Asia?

(b) To what extent do underlying determinants (poverty, globalization, urbanization and population ageing) affect the burden of NCDs in Western Asia?

(c) How prepared are countries in the Western Asian region to integrate solutions to address NCDs and injuries into their national health development plans?

16. In the moderator's opening statement, Dr. Ala Alwan, Assistant Director-General, Non-communicable Diseases and Mental Health, WHO, stated that cardiovascular diseases were currently the leading cause of death globally, followed by infectious and parasitic diseases, cancers, respiratory infections, respiratory diseases and unintentional injuries. An estimated 44 per cent of deaths from NCDs and 87 per cent of injuries occur in low-income countries before the age of 60. Deaths from NCDs and injuries are projected to increase significantly in 2015 and 2030 in low- and middle-income countries, while deaths from communicable diseases will decline. Tobacco is a risk factor for six of the eight leading causes of death around the world. The tobacco industry is reaching out to new markets in low- and middle-income countries, where the poorest are the ones who smoke the most. Obesity is also fast emerging as a problem in these countries. Underweight children

and overweight adults are now often found in the same households in low- and middle-income countries.

17. The epidemiological transition in the Western Asian region is already well advanced. All countries are at risk, irrespective of income group and socio-economic development. The impact of the rapidly increasing direct medical costs attributable to NCDs and injuries among the poorest quintiles are a serious cause of impoverishment. For example, the high proportion of family income devoted to diabetes care keeps households trapped in the vicious circle of poor health and poverty by increasing their vulnerability to falling ill and limiting their choices when they do become ill.

18. Dr. Haifa Math, Director, Health Protection and Promotion, Eastern Mediterranean Region, WHO, described the rapidly rising cancer rate in the region. Cancer is currently the fourth cause of death in Western Asia, killing more people prematurely than HIV, malaria and tuberculosis combined. WHO forecasts that the region will witness the highest and fastest increase in cancer prevalence in the world due to population ageing and unhealthy lifestyles. More than 40 per cent of cancers could be prevented, 40 per cent could be detected early and cured, and 20 per cent could be managed by palliative care. In the region, the vast majority of cancers are diagnosed at an advanced stage when curing them was improbable, leading to higher mortality rates and increased health-care costs. Twenty-one per cent of preventable cancers are associated with smoking. Smoking prevalence in the region among male adults varies between 51 and 20 per cent. Tobacco consumption among youth is particularly high, including the use of water pipes (*shisha*), which are an increasing problem.

19. Dr. Abdulrahman Musaiger, Director, Arab Centre for Nutrition Studies, Bahrain, brought attention to the links between household income, obesity, physical inactivity and unhealthy diets in the region. Obesity among pre-school children is rapidly becoming widespread in Western Asian countries, already reaching levels of almost 10 per cent in some countries and 20 per cent in neighbouring countries. Change in dietary habits and lack of physical activity are the main factors for the rising levels of obesity and NCDs in the region. Evidence suggests that the origins of obesity and NCDs lie in early childhood, often in the womb. Governments with limited resources are therefore best advised to focus actions on this small window of opportunity, between conception and 24 months of age, although actions to control obesity may need to continue later. Environmental and cultural factors should also be taken into consideration in programmes to prevent NCDs.

20. Dr. Etienne Krug, Director, Violence and Injury Prevention and Disability, WHO, stated that injury-related deaths also outnumbered those from HIV/AIDS, tuberculosis and malaria combined. Out of every 10 deaths in the world, 6 were due to NCDs, 3 to communicable, reproductive or nutritional conditions and 1 to injuries. The Western Asian region has witnessed the highest road traffic and war-related injury deaths rates in the world and the third-highest death rates for burns and drowning. Injuries have an important impact on development at the societal level as caring for injured survivors and those with long-term disability is inherently costly. At the household level, the impact of such injuries has a devastating impact, increasing the risk of families being tipped over into poverty. The macro-economic costs of road traffic crashes in low- and middle-income countries are estimated to be

between 1 and 3 per cent of gross domestic product (GDP) per year, often four times the total public health budget, or twice the sum of official development assistance.

21. During the interactive discussion that followed the presentations, the increasing difficulty public policymakers are facing in low- and middle-income countries in formulating effective strategies for preventing NCDs and injuries were highlighted as major regional challenges in the context of addressing NCDs and injuries, including challenges to address cost pressures arising from new technologies, and in mitigating the effects of disabilities on those affected by NCDs and injuries.

C. Panel 2: Addressing common modifiable risk factors for NCDs

22. Panel 2, which focused on recommending successful approaches to address common modifiable risk factors for NCDs and cost-effective measures to respond to the health-care needs of poor people with NCDs, considered the following three questions for discussion:

(a) Does increased exposure to risk factor in Western Asia merit greater public policy attention than in the past?

(b) What evidence-based, cost-effective prevention and control interventions exist to help governments address this rising burden of disease?

(c) What are the challenges for Member States and WHO in addressing risk factors and implementing the Global Strategy on the Prevention and Control of NCDs and its 2008-2013 Action Plan?

23. In the moderator's opening statement, Dr. Salih al-Hasnawi, Minister of Health of Iraq, stated that an improvement over past NCD trends might be achieved through three broad approaches: (a) achieving higher income levels through economic growth; (b) addressing NCD risk factors, such as tobacco use, obesity, high cholesterol and high blood pressure, unhealthy diets and physical inactivity outside the clinical setting and (c) providing direct medical care for individuals in a clinical setting to screen for NCDs, control risk factors clinically and provide treatment.

24. Dr. Yousef al-Nisf, Under-Secretary-General for Medical Services of the Ministry of Health of Kuwait, cited the systematic approach to risk factor surveillance which Kuwait had developed, including the establishment of a base line. Main indicators included: consumption of fruit and vegetables; prevalence of overweight and obesity; and smoking and alcohol consumption. A national programme has been established to incorporate prevention of risk factors into primary care. The programme is supported by the Gulf Cooperation Council and United Nations agencies, including WHO. Community-based programmes to promote healthy behaviours through behavioural change interventions aimed at reducing shared modifiable risk factors for non-communicable diseases have also been established. These programmes will be evaluated in two years time.

25. Dr. Douglas Bettcher, Director of the Tobacco Free Initiative, WHO, asserted that tobacco currently kills 5 million people per year, which will increase to 8.3 million per year by 2030 if urgent measures are not taken. Tobacco use is a risk factor for six of the eight leading causes of death in the world. The WHO Framework Convention on Tobacco Control is the first global health treaty

negotiated under auspices of WHO and provides the road map for global tobacco control. Most countries in Western Asia are contracting parties to the Convention. As a part of the WHO strategy for assisting countries to implement the demand reduction measures of the Convention, WHO has developed a technical assistance package. The prevalence of tobacco use in the region is higher among the poorest quintile. Increases in the price of tobacco might have the potential to reduce smoking-related health inequalities. With regard to tobacco taxation, the lowest household-income quintiles are more likely to respond to price increases by reducing tobacco consumption than the highest quintiles. A review of regional experience in the earmarking of tobacco taxes has shown that this could be an effective pro-poor policy by dedicating part (or all) of the revenues from tobacco taxes to develop health measures aimed at reaching the poor. Similar successful approaches have also been identified in low- and middle-income countries outside the region. To that end, WHO provides technical assistance to low- and middle-income countries to establish and strengthen national tobacco control policies and plans.

26. Dr. Fiona Adshead, Director, Chronic Diseases and Health Promotion, WHO, described how NCDs predominantly affect poor people in low- and middle-income countries, and how they can be prevented through action on four risk factors (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol). A large number of surveys have been conducted in the region to collect data on the prevalence of NCD risk factors. The data has been used to design interventions, including target audiences and locations, as well as to monitor progress. Modelling work to tackle obesity has shown that combined approaches to tackle multiple risk factors simultaneously can be effective. One successful approach in the region is the Nizwa healthy life style project in Oman, aimed at improving the health of people through community-based approaches. These interventions tackled physical inactivity, unhealthy diets, unhealthy environments, smoking and traffic accidents. Successful school-based interventions demonstrated substantive reductions in intake of dietary fat, particularly saturated fat, and four- to five-fold increases in leisure-time activity. Interventions at the workplace could reduce medical and absenteeism costs by 25 to 30 per cent.

27. Dr. Ibtihal Fadhil, Regional Adviser on non-communicable diseases, Eastern Mediterranean Region, WHO, stressed that cost-effective interventions are available to prevent up to 80 per cent of cardiovascular disease and diabetes. Examples of effective interventions include raising tobacco taxes, reducing salt intake, improving the availability and affordability of healthy foods, improving transportation policies and environmental designs and raising alcohol taxes and prices. A review of regional experiences demonstrates that successful approaches for multisectoral action against NCDs include community-based approaches in Bahrain, Isfahan (Islamic Republic of Iran), Kuwait, Dar al-Fatwa (Lebanon), Nizwa (Oman) and Arain (Tunisia). Results include a significant increase in physical activity, a decrease in tobacco use, overweight and obesity, intake of animal fat and an increased awareness of NCD risk factors. Tools to support the development of these community-based interventions include the WHO Global Strategy on Diet, Physical Activity and Health, the Global Action Plan on NCDs, the WHO Framework Convention and the WHO regional strategy on cancer control. Common criteria for success included securing political will and public sector leadership, creating supportive enabling environments to make the healthy choice the easy choice,

securing public funding, increasing community awareness, clearly identifying the problems to be addressed and promoting solutions to address those problems.

28. Dr. Adnan Hyder, Associate Professor, Johns Hopkins Bloomberg School of Public Health, provided a picture of the disease causation models for infectious diseases and injuries in order to illustrate the risks for road injuries. Road traffic fatalities are predicted to increase by 67 per cent by 2020, in particular in the Middle East and North Africa. Risks for road traffic injuries include exposure, crash, injury severity and outcome. Risks for child injuries include poisoning, falls, road traffic accidents and drowning. The lack of application of known safety interventions was identified as a risk for injuries.

29. During the interactive discussion that followed the panellists' presentations, the fact that NCD risk factors tend to increase as countries develop was highlighted, and thus the challenge in many low- and middle-income countries is to stay ahead of high-income countries in this regard. This highlighted the importance of early action through population-based interventions to prevent an increase in exposure to the main NCD risk factors. At the same time, research into the successes of high-income countries in improving NCD outcomes has identified a significant role for primary care interventions, and thus strengthening primary care in low- and middle-income countries will also be essential to reducing their NCD burden. Success in reducing the NCD burden requires action on many fronts.

D. Panel 3: Integrating the care of NCDs into primary care

30. The panel on recommending successful approaches to integrate the care of NCDs into primary care considered the following three questions for discussions:

(a) How can countries reorient and strengthen health systems to enable them to respond more effectively and equitably to the health-care needs of people with NCDs?

(b) How can countries implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular diseases?

(c) How can countries strengthen human resource capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care?

31. In the moderator's opening remarks, Dr. All Jaffar, Senior Adviser, Ministry of Health, Oman, underscored the high prevalence of NCDs in Oman. An estimated 42 per cent of deaths in Oman are attributable to cardiovascular diseases. Provision of health care for diabetes and hypertension was dealt with in the context of strengthening the overall health system, with a special focus on primary care. Successful approaches in Oman included political commitment, primary care services accessible to all people, management of primary care by family physicians and the availability of secondary and tertiary care levels. Steps were presented which Oman had followed to integrate the management of NCDs into primary care and the successful outcomes it achieved. Challenges included strengthening of human resource capacity and improving training of health personnel at all levels of the health-care system.

32. Dr. Tawfiq al-Khoja, Secretary-General, Health Ministers Council Executive Office, Gulf Cooperation Council, reported on the barriers the countries in the region have encountered when incorporating interventions to prevent and control NCDs into primary care services and the successful approaches that some Gulf countries had identified to overcome these barriers. Problems encountered include cognitive, psychological, political, logistic, ethical, financial and motivational barriers, including lack of risk factor surveillance data, lack of physicians, nurses and other health personnel trained in NCDs and inadequate primary care facilities. Health-care systems must guard against the fragmentation of services. Solutions include integrated approaches to incorporating interventions into primary care services, defining common modifiable risk factors and ways to address them, strengthening surveillance systems and monitoring progress made in implementation. Ministers of Gulf Cooperation Countries signed a joint statement in 2007 to accord a higher priority to the prevention and control of diabetes and adopted a Gulf Charter for Health of the Heart (also referred to as the Riyadh Declaration) in 2008. Successful approaches include the regional "Mini-clinic initiative for prevention and control of NCDs in primary care centres", which is supported by the Gulf Cooperation Council. Progress will be monitored against health outcome indicators. However, further primary health-care reforms are needed in the region to ensure that health services will respond more effectively and equitably to the health-care needs of people with NCDs.

33. Dr. Shanthi Mendis, Coordinator, Chronic Diseases Prevention and Management, WHO, highlighted the primary health-care reforms proposed in the *World Health Report 2008: Primary Health Care — Now More Than Ever*, including universal coverage, service delivery, leadership reforms and public policy reforms. At the request of low- and middle-income countries, WHO has started to provide technical support to countries in the region to incorporate the prevention and control of NCDs into primary care. Preliminary lessons learned emphasize that primary health care plays an important role in preventing and reducing premature mortality from NCDs in low- and middle-income countries. For example, adequate treatment of high blood pressure could decrease premature deaths from heart disease significantly. Incorporating interventions to prevent and control NCDs into primary care will reduce suffering among the poor from preventable NCDs and will reduce health-care costs.

34. Dr. Nabil Kronfol, Professor, Faculty of Health and Sciences, University of Beirut, demonstrated that low- and middle-income countries that have a health system anchored in primary care are witnessing lower mortality and morbidity from NCDs. Similarly, primary health-care systems in low- and middle-income countries that support universal coverage and community-based referral systems are seeing similar results. Controlling NCDs requires strong Government commitment and the active participation of the various ministries, communities and the general public. It also requires a well-trained and motivated health-care workforce to respond to the long-term care needs of people with NCDs.

35. During the interactive discussion that followed the presentations, the fact that stronger primary care services have been associated with better NCD outcomes in high-income countries was highlighted. Emerging evidence in low- and middle-income countries also indicates that mortality from preventable NCDs is lower in areas with strong primary care services. The long-term nature of NCDs also implies greater responsibilities for self-care, highlighting the need for health systems to

equip people to take on that role. A dissociation between the provision of primary care services and secondary support services in the region was highlighted as a major challenge. Interventions that improved NCD outcomes are complex and include several concurrent interventions, such as the presence of a clinical information system that allows for patient follow-up, decision support tools such as clinical guidelines and a team approach that shifts responsibilities to allied health-care workers, such as nurses, nutritionists and social workers.

E. Panel 4: Challenges and opportunities to address injuries

36. The panel on challenges and opportunities to address injuries considered the following three questions for discussions:

(a) Which key operational issues must be addressed to scale up injury prevention efforts in countries in Western Asia?

(b) How can countries and partners in Western Asia forge a consensus on the "big picture" issues that drive and sustain political commitment to investing in injury prevention?

(c) What are the challenges and opportunities for countries and WHO in establishing and strengthening the provision of trauma and emergency care?

37. In the moderator's opening remarks, Dr. Fawzi Amin, Adviser, Ministry of Health of Bahrain, reported that low- and middle-income countries were disproportionally affected by injury, that death rates in those countries were almost twice as high as in high-income countries and that, furthermore, they bore an enormous burden of temporary and permanent disability from non-fatal injuries. In addition to deaths and disabilities, there was a significant macro-economic loss from injury, both from treatment costs as well as lost wages and economic productivity. At the household level, the toll of economic hardship on injured persons and their families, particularly among the lowest income quintiles, which face the highest burden of injuries, was significant. The Western Asia region has been particularly hard hit. The leading cause of injury is traffic accidents, which account for 146,000 deaths per year.

38. Dr. Jaffar Hussein, Regional Adviser, Health Promotion and Injury Prevention, Eastern Mediterranean, WHO, brought attention to unintentional injuries among children. More than 2,000 children in low- and middle-income countries die each day from unintentional injuries. The leading causes include traffic accidents (22 per cent), drowning (17 per cent), fire-related burns (9 per cent), falls (4 per cent) and poisoning (4 per cent). Child injuries are strongly related to social determinants. Injuries from traffic accidents are the leading cause of death among 10 to 19 years olds. Fire-related burns are the only child injury that occurred more commonly in girls than in boys. Among children in Western Asia, the leading cause of death from injury is falls. Substances found in and around the home were commonly involved in childhood poisoning. The recently-launched WHO/United Nations Children's Fund (UNICEF) *World report on child injury prevention* documented what is known about effectiveness of interventions and makes recommendations on ways to strengthen national policies and plans.

39. Dr. Adnan Hyder, Associate Professor at Johns Hopkins Bloomberg School of Public Health in the United States, addressed injuries from traffic accidents in

Western Asia from a public health perspective. Regulations introduced in the twentieth century in high-income countries to reduce the incidence of such accidents were one of the greatest public health success stories. Some of the methods used to achieve such success are location-specific and not transferable to the circumstances in low- and middle-income countries, although many are. Speed control, roadway signs, vehicle safety standards, visibility, seat belt use, car seat use, reduced drinking and driving and motorcycle helmets account for a significant decline in road traffic injuries. Newly recognized needs include visibility aids and helmets for children. Additional measures considered include a child safety seat laws, primary seat belt laws, graduated driver's licensing programmes and sobriety checkpoints. Such interventions are defined as cost-effective, particularly in low- and middle-income countries. Successful approaches involve public sector leadership, multisectoral "system" approaches, research and advocacy and public support. Recommendations to build national capacities to address road safety in low- and middle-income countries are included in the WHO/World Bank *World report on road traffic injury prevention* (2004).

40. Dr. Jaffar Hussein, Regional Adviser, Health Promotion and Injury Prevention, Eastern Mediterranean, WHO, gave a second presentation focused on the public health response to violence prevention. The WHO *World report on violence and health* was the first comprehensive review of the problem on a global scale. The typology of violence includes self-directed, interpersonal and collective violence. The public health approach to addressing violence includes surveillance, identifying risk and protective factors, developing and evaluating interventions and implementing interventions. Public health approaches to violence are population-based, emphasizing primary prevention, multisectoral in nature and evidence-based. Examples of cost-effective interventions were presented at individual, relationship, community and societal levels, as well as the 10 "best buys" in violence prevention.

41. Dr. Etienne Krug, Director, Violence and Injury Prevention and Disability, WHO, described successful approaches to setting up comprehensive injury and violence prevention programmes. National public health plans should address infectious diseases, NCDs and injuries and violence. The latter should include data collection, prevention (with effective involvement of sectors outside health) and trauma services. High-level national multisectoral mechanisms should be established for planning, implementing and monitoring national plans for prevention of violence, road safety and burns prevention. Examples of effective interventions addressing interpersonal violence include reducing alcohol availability, home visitations, training for parents, life skills training, preschool enrichment and school-based programmes to prevent dating violence. Examples of effective interventions addressing road traffic injuries include introducing and enforcing legislation on blood alcohol concentration limits, seat belts and motorcycle helmets, introducing graduated drivers' licences and strengthening of trauma care (including pre-hospital, acute hospital care and longer-term rehabilitation). WHO provides technical support to low- and middle-income countries in building national capacities to prevent violence and injuries.

42. During the interactive discussion that followed the presentations, the vulnerable groups of road users (pedestrians, motorcyclists and cyclists) who die in traffic accidents were highlighted. Roads are particularly unsafe for pedestrians, cyclists and motorcyclists who, without the protective shell of a car around them, are more vulnerable. These road users need to be given increased attention. The

challenges of multisectoral ownership were also discussed. Road safety is a multisectoral issue and a public health issue — all sectors, including in the health sector, need to be fully engaged in responsibility, activity and advocacy for road crash injury prevention. Construction of multisectoral institutional capacity to formulate strategic plans is key to developing road safety and can only be delivered by a national political commitment. The role of preventing disability during post-impact care was highlighted, as well as the need to strengthen trauma and emergency care services.

F. Summary of the first day

43. At the beginning of the second day, Dr. Ala Alwan, Assistant Director-General, Non-communicable Diseases and Mental Health, WHO, expressed his satisfaction with the substantive discussions and outcomes of the first day of the meeting.

44. He summarized that during the panel 1 discussions on the magnitude and trends of NCDs and injuries the rising trend was discussed, the risk of inaction was identified and the need to take action agreed upon. A number of key challenges were identified in relation to the need for better quality and standardized data and the need to move from launching new initiatives to the scaling-up of existing initiatives. The challenges of intersectoral action were raised repeatedly and the need to review and learn from existing successful experiences were also stressed. Health-in-all policies was identified as an issue that would require further discussion in the sessions scheduled to take place during the second day.

45. He said that during the panel 2 discussions on preventing the risk factors that cause NCDs, implementation of successful population-based interventions to address NCDs and injuries was highlighted by representatives of many Western Asian countries. The need for replicating these initiatives was stressed, but very often there was no data on health outcomes and, for this reason, the need for more effective monitoring and inclusion of evaluation components in current pilots was underscored. Some felt that what was needed at this juncture was to replicate the successful approaches in neighbouring countries and to scale up existing initiatives. It was also agreed that such programmes require in-depth reviews and that existing lessons learned need to be documented to help ministries of health to build a business case for establishing new programmes in sectors outside health. The need for implementation research was also stressed, consistent with the work WHO has been conducting on implementing objective 4 of its Action Plan for the Global Strategy for the Prevention and Control of NCDs.

46. Dr. Alwan stated that panel 3, on integrating the care of NCDs into primary care, had discussed several important initiatives to strengthen NCD prevention and control, including screening and early detection in primary health care in countries members of the Gulf Cooperation Council. Challenges and successful approaches where cost-effective interventions had shown to be feasible were identified. The experience in Oman undoubtedly demonstrated that effective management of NCDs was possible when there was high-level commitment, expansion of primary care services, universal coverage and intensive capacity-building. What had not been addressed was the question of financing essential NCD interventions in low-income countries when resources were inadequate. This remains a key challenge in terms of strengthening health systems. The mismatch between tertiary care, hospital-based care and primary health care was also mentioned.

47. The Assistant Director-General highlighted that during the panel 4 discussions on the challenges and opportunities of addressing injuries, the large array of interventions aimed at addressing injuries caused by traffic accidents and violence were reviewed. The various components of multisectoral action were also discussed. One of the main challenges identified included strengthening of data collection and establishing baselines. Opportunities identified included promoting the drafting and implementation of legislation, national capacity-building and implementing the recommendations included in the WHO/World Bank *World report on road traffic injury prevention*.

G. Panel 5: National multi-stakeholder approaches to meet the challenges of NCDs and injuries

48. The panel on national multi-stakeholder approaches to meet the challenges of NCDs and injuries considered the following four questions for discussion:

(a) What is the role of ministries of planning, agriculture, food security, social affairs, education, industry, justice, transport and finance, civil society and the private sector in the reduction of NCDs and injuries?

(b) The Global Strategy on the Prevention and Control of NCDs and its 2008-2013 Action Plan call for multi-stakeholder approaches. How can key government planning, finance and economics staff be oriented towards prevention and control of NCDs and injuries, building commitment and support in ministries of planning and finance?

(c) How can multi-stakeholder action be mobilized to prevent injuries, particularly road traffic injuries, and what have been the results?

(d) How can communities be mobilized and empowered to prevent and control NCDs?

49. In the moderator's opening remarks, Dr. Mahmoud Bouneb, Executive General Manager of the Al Jazeera's Children Channel, Qatar Foundation, described media campaigns that have documented reductions in the prevalence of tobacco use, unhealthy diets and physical inactivity. These have been carefully planned, adequately funded and based on solid theoretical grounds and formative research. Evaluation of these interventions pose several methodological challenges, such as assessing the exposure and intensity of the campaign, determining whether the control group has been contaminated and separating the campaign's effects from those of other interventions. Experiences in the region seem to indicate that media campaigns can improve outcomes when used in conjunction with other interventions.

50. Mr. Wahid Al Kharusi, Ambassador, Ministry of Foreign Affairs, Oman, stressed the importance of continuing to review international experience and disseminating the lessons learned on successful approaches to prevention and control of NCDs and injuries. The *World report on road traffic injury prevention* and experiences across the world has shown that different models can be effective in promoting road safety and that each country needs to create a lead agency appropriate to its own circumstances. The time to act and make road safety a political priority is now. It requires strong political will, concerted efforts across a range of sectors and partners beyond the public sector, in particular to protect

pedestrians, motorcyclists and cyclists from dying in road traffic crashes. While Oman has embarked on a new road safety campaign that focuses on drivers and their behaviours, it is at the international level that Oman's greatest achievement has been achieved. Spearheaded by Oman, the first General Assembly resolution on road safety was passed in 2005. This was followed by two subsequent resolutions, the last of which called for a ministerial meeting on road safety, hosted by the Government of the Russian Federation, which is planned for November 2009.

51. Dr. Fiona Adshead, Director, Chronic Diseases and Health Promotion, WHO, cited that cross-sectoral, society-wide action on NCDs involved government leadership, empowering people to make healthy choices, collaborative work beyond the health and public sectors, the creation of enabling environments that promoted health and behaviour change and measurement of health outcomes. By taking a health-in-all-policies approach, Governments can ensure that NCD risk factors and determinants are addressed by policymakers and stakeholders with effective involvement of sectors outside health, costs and benefits can be shared across all sectors and benefits can be achieved among various sectors that otherwise may not have worked together. Cross-sectoral approaches are at the centre of public health and development and lessons learned can be applied to broader public health delivery, including achievement of the Millennium Development Goals.

52. Mr. Abdul Hussein Shaban, Chairman of the Human Rights Network, Iraq, provided a brief overview of the right to health from a human rights perspective. The exclusion of NCDs and injuries from global discussions on development and the Millennium Development Goals was leading to huge and largely avoidable differences in the health status of populations. The international community should support developing countries in making primary health care accessible and affordable for all people, in particular the poorest people of the world. In a large number of developing countries, however, people with NCDs are left to fend for themselves because primary care services do not respond to their needs. Individuals who cannot access secondary and tertiary care will die from preventable causes. Additional investments, as well as balanced allocation of existing resources are needed to provide all people in developing countries with the most basic services to prevent and control NCDs and the human right to health.

53. During the interactive discussion that followed the presentations, it was reaffirmed that actions for the development of public policies to address NCDs and injuries took place largely outside the health sector and encompassed a wide range of stakeholders, not just those operating within the health system itself. The evidence for implementing tobacco control policies is strong, and government intervention is not only justified, but endorsed through an international treaty to which countries have agreed. Food and nutrition policies offer various options but require further evaluation, with the goal being to guarantee equal opportunity of access to a balanced diet by way of providing information, introducing regulations, and ensuring affordability and accessibility of healthy products. Subnational governments, particularly at the municipal level, are key players in improving the urban environment for physical activity.

H. Panel 6: New initiatives to address NCDs and injuries

54. In the moderator's opening remarks, Mr. Thomas Stelzer, Assistant-Secretary-General of the Department of Economic and Social Affairs, reiterated that a number of policy implications had emerged from the discussions. Perhaps the most important was the need for new approaches, particularly for the poor, to prevent NCDs and injuries and to provide a timely diagnosis of NCDs and access to care. Lessons learned from HIV/AIDS programmes might be applicable in this regard.

55. Dr. Akiko Maeda, Director, Health, Nutrition and Population Sector, World Bank, stressed the importance of the role of development agencies, such as the World Bank, in providing technical support to developing countries in the area of health. Sharing experiences on implementation and results is as important as sharing evidence-based public policy options. Attention should be paid to the supply and demand side of interventions. Addressing NCDs involves long-term, complex interventions. The public sector, civil society and the private sector play important roles in delivering these interventions. Their roles and responsibilities need to be harnessed in the development and implementation of national plans to prevent and control NCDs. Mortality and morbidity rates from NCDs in developing countries, where death from NCDs occur at earlier ages, is a silent threat to the socio-economic development of low- and middle-income countries. This calls for countries to start implementing prevention interventions at this juncture. Inaction would lead to a huge increase in diabetes prevalence by 2030 among working-age populations in developing countries. The evidence is still thin on the outcomes of scalable pilot projects for the prevention and control of NCDs in developing countries. Progress has been made on promoting the formulation and implementation of legislation (for example, through the WHO Framework Convention on Tobacco Control). A better understanding is needed concerning the impact of food subsidies on the control of NCDs (for example, poor quality flour as a free product, which prevents people from buying healthier products), as well as the role of other sectors (including education and urban planning). Non-communicable diseases have a negative impact on household income in developing countries. Health technology assessments, a comprehensive form of policy research examining short- and long-term consequences of the application of technology, could also be promoted to determine the scientific basis of the efficacy and effectiveness of new technology drugs. Innovative approaches need to be identified to secure continuity of long-term care service delivery for people with NCDs. Development agencies should provide further evidence on the links between poverty, economic development, NCDs and injuries.

56. Professor Shahryar Sheikh, President of the World Heart Federation, described the disconnect between the burden of NCDs in low- and middle-income countries and investments from the international community. WHO has allocated five times more funds to address communicable diseases than to NCDs. Similarly, USAID has allocated $1.8 billion to address health programmes, but none to address NCDs. Tobacco control interventions are one of the most cost-effective public health interventions, yet these activities are heavily underfunded compared with interventions to address other leading causes of death. International non-governmental organizations are active stakeholders in ensuring that NCDs are no longer excluded from global discussions on development. The Federation's strength included its grass-roots presence and activities in many low- and middle-

income countries. Examples of initiatives the Federation has fostered with other international partners include its "Go Red for Women" campaign, which has been carried out in more than 40 countries, fostering youth involvement in tobacco-control and spearheading public-private partnerships to address NCDs. He called on the international community to include addressing NCDs in the Millennium Development Goals, and called on development agencies to start investing in providing technical assistance to low- and middle-income countries to build national capacity to prevent and control NCDs.

57. Dr. Martin Silink, President of the International Diabetes Federation, presented the campaign that led to the adoption of General Assembly resolution 61/225 on World Diabetes Day (14 November). The resolution reaffirmed that diabetes is a chronic, debilitating and costly disease associated with severe complications, which poses a risk to the entire world. The resolution also stated that "diabetes poses challenges to the achievement of agreed development goals, including the Millennium Development Goals". Some of the highest rates of diabetes prevalence in the world are in countries in Western Asia. The "diabetes world" has to be part of the solution, not just the problem. The role of international non-governmental organizations in the prevention and control of NCDs includes advocacy, education and mobilizing grass-roots organizations. The Federation calls for a special session of the General Assembly on non-communicable diseases in low- and middle-income countries.

58. Mr. Mohammed Belhocine, Resident Coordinator of UNDP, Tunisia, highlighted the role of the Resident Coordinators and the United Nations country teams in promoting the strengthening of national policies and plans for the prevention of NCDs and injuries. At the national health sector level in many low- and middle-income countries, NCDs and injuries were at best acknowledged, but (except from pilot/demonstration projects) coverage and access to specific care remained sporadic. The national development agendas in most low- and middle-income countries do not recognize the link between NCDs, injuries, poverty and development. Opportunities for engagement to integrate NCD prevention and control into development strategies include national consultations on poverty reduction strategy papers, country assistance strategies (including the United Nations Development Assistance Frameworks) and country economic memorandums. However, tools are lacking to facilitate the integration of NCD components into these socio-economic development strategies. Next steps must include the building of consensus around the need to include NCDs and injuries in the United Nations Development Assistance Frameworks and developing the tools that would be needed to achieve this.

59. Dr. Etienne Krug, Director, Violence and Injury Prevention and Disability, WHO, described four new initiatives that are currently being undertaken to promote the prevention of injuries: the decade of action on road safety (2011-2020), child injury prevention, child maltreatment prevention and trauma care. The General Assembly, in its resolution 62/244 on improving global road safety, called for the decade of action on road safety (2011-2020). International partners were mobilized to collaborate closely with WHO in implementing the various components of the WHO/UNICEF *World report on child injury prevention*. Advocacy campaigns to promote safer childhood and reduce child maltreatment are being scaled up, while multi-country child maltreatment projection projects have been established and strengthened. A global initiative to scale up trauma care services is also under way:

a global forum to increase political will is scheduled to take place in Rio de Janeiro in October 2009.

60. Ms. Christy Feig, external consultant for international communications, highlighted the role of communications in promoting multi-stakeholder action for combating NCDs. Communication tactics to promote the implementation of the Action Plan for the Global Strategy for the Prevention and Control of NCDs include replicating lessons learned from successful tactics used to address communicable diseases, including getting solid data demonstrating the cost-effectiveness of prevention in low- and middle-income countries and disseminating such data to development cooperation agencies, United Nations agencies and public policymakers, and establishing international media partnerships to promote healthy lifestyles.

61. During the interactive discussion that followed the presentations, the role which the United Nations system could play in forging public-private partnerships was highlighted as part of major new initiatives to address NCDs and injuries.

III. Conclusions and recommendations

62. The following key messages were adopted by the participants of the meeting:

(a) Addressing NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) and injuries (caused by traffic crashes, burns, falls, drowning or violence) is central to global, regional and national socio-economic development efforts and national and human security;

(b) These NCDs and injuries, and their risk factors and determinants, are closely related to poverty and mutually reinforce each other. Instruments such as the Millennium Development Goals and their indicators, if adequately expanded to reflect accurately the current burden of NCDs and injuries, would provide opportunities for synergy between health promotion and development efforts;

(c) The socio-economic cost of NCDs and injuries is enormous, and it is rising rapidly. These conditions cause considerable disability and premature death leading to lost productivity. The rapidly increasing health costs are impoverishing, and inaction is a tremendous burden to sustainable development;

(d) National policies in sectors other than health have a major bearing on the risk factors and determinants for NCDs and injuries. Health gains can be achieved much more readily by integrating health into national strategies, including policies in sectors such as transport, trade, taxation, education, social planning and development, agriculture, urban planning, mass media, food and pharmaceutical production, than through health policies alone. Such integrated approaches can be mutually beneficial to all sectors involved;

(e) Public policymakers need to ensure that the responses to NCDs are placed at the forefront of efforts to strengthen health systems;

(f) The prevention and control of NCDs and injuries can be achieved through low-cost, cost-effective approaches and should be mainstreamed into primary health care.

63. The following recommendations were adopted by the participants of the meeting:

(a) Member States are invited to develop national and regional multisectoral action plans guided by existing frameworks, including the Action Plan for the Global Strategy for Prevention and Control of NCDs, endorsed by the World Health Assembly in 2008, and regional and global resolutions;

(b) The General Assembly may consider integrating evidence-based indicators on NCDs and injuries into the core monitoring and evaluation system on the implementation of the Millennium Development Goals during the 2010 review of the Goals;

(c) Government departments in charge of planning and development should integrate the monitoring of NCDs and injuries as part of their national processes for monitoring the MDGs and other development goals;

(d) The Economic and Social Council should consider issues related to NCD prevention and injury prevention at its 2010 annual session during the coordination segment;

(e) The United Nations system, led by WHO, should develop and disseminate tools that enable decision makers to assess the impact of policies on the determinants of, risk factors for and consequences of NCDs and injuries and provide models of effective, evidence-based policymaking;

(f) Standardized data collection on NCDs, risk factors and injuries should be strengthened and baselines established, with special emphasis on strengthening data on socio-economic impact, health and equity;

(g) The priority accorded to NCDs and injury prevention on the agendas of relevant high-level forums and meetings of national, regional and international leaders should be raised;

(h) Dialogue should be facilitated between national partners: ministries of finance, health and other sectors to identify sustainable and innovative sources of financing for NCD and injury programmes and other pro-poor social policies;

(i) A regional ministerial multisectoral task force should be established to provide strategic and technical input and to conduct external reviews of the progress made by the region with regard to NCDs and injuries and the impact of initiatives on the prevention and control of NCDs and injuries;

(j) Member countries should consider adopting the required legal instruments to protect media recipients from materials that are health-threatening and should strengthen the involvement of media outlets in promoting policies to prevent NCDs and injury and building health literacy across societies.

64. The following “Doha Declaration on Non-communicable Diseases and Injuries” was adopted by the participants of the meeting for consideration by the Economic and Social Council:

> “We, the participants at the Economic and Social Council/Economic and Social Commission for Western Asia/World Health Organization Western Asia ministerial meeting ‘Addressing non-communicable diseases and injuries: major challenges to sustainable development in the twenty-first century’,

hosted in Doha by the Government of Qatar on 10 and 11 May 2009, and representing a diverse group of representatives of Member States and other stakeholders,

Acknowledging that the enjoyment of the highest attainable standard of health is one of the fundamental human rights as well as an integral part of sustainable development,

Aware that we are building on existing commitments made by global and national leaders,

Recognizing the need for immediate action to reduce the potentially devastating health and socio-economic impact of the accelerating burden of major non-communicable diseases (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) as well as of injuries on low- and middle-income countries and on Arab countries in particular,

Mindful of the need to ensure social protection and protect health budgets in the context of the current international financial crisis,

Having considered the concept notes and discussion papers on the challenge of non-communicable diseases and injuries and their impact on the achievement of the Millennium Development Goals, poverty reduction strategies and other strategic socio-economic programme frameworks,

Recalling World Health Assembly resolution WHA61.14, adopted in 2008, endorsing the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases; General Assembly resolutions 62/244 on improving global road safety and 61/225 on diabetes; WHA60.22, adopted in 2007, on emergency-care health systems; WHA59.21, adopted in 2006, on infant and young child nutrition; WHA58.23, adopted in 2005, on disability, including prevention, management and rehabilitation; Economic and Social Council resolution 2004/55 on protection against products harmful to health and the environment; WHA57.10, adopted in 2004, on road safety and health; WHA57.17, adopted in 2004, endorsing the WHO Global Strategy on Diet, Physical Activity and Health; WHA56.1, adopted in 2003, endorsing the World Health Organization Framework Convention on Tobacco Control; WHA56.24, adopted in 2003, endorsing the recommendations of the WHO *World report on violence and health*; and WHA53.17, adopted in 2000, endorsing the Global Strategy for the Prevention and Control of Non-communicable Diseases,

Reaffirming the leadership role of WHO in promoting global action against non-communicable diseases and injuries,

We urge Member States in the region to:

- **Develop national and regional multisectoral action plans to address non-communicable diseases and injuries guided by recommendations contained in existing resolutions;**
- **Integrate the monitoring of non-communicable diseases and injuries as part of their national processes for monitoring the Millennium Development Goals, poverty reduction strategies and other strategic socio-economic programme frameworks;**

- **Facilitate intersectoral dialogue between national partners: ministries of finance, health and other sectors to develop national multisectoral frameworks and identify sustainable and innovative sources of financing for NCD and injury policies and plans and other pro-poor social policies;**
- **Enable health systems to respond more effectively and equitably to the health-care needs of poor people with non-communicable diseases and injuries in low- and middle-income countries;**
- **Implement effective legislative measures to ban advertising, promotion and sponsorship of products that may increase the risk for disease;**
- **Promote and strengthen public awareness of issues related to non-communicable diseases and injury by building health literacy across societies, using all available communication tools, as appropriate, in particular the media;**

We call:

- **For integration of evidence-based indicators on non-communicable diseases and injuries into the core monitoring and evaluation system during the 2010 review of the Millennium Development Goals;**
- **On the Economic and Social Council to consider the issue of the prevention of non-communicable diseases and injuries at its 2010 coordination segment;**
- **For the development and dissemination of tools that enable decision makers to assess the impact of policies on the determinants of, risk factors for and consequences of non-communicable diseases and injuries and to provide models of effective, evidence-based policymaking;**
- **For strengthening the standardized data collection on non-communicable diseases, risk factors and injuries and the establishment of baselines, with special emphasis on strengthening data on socio-economic impact, health, and equity;**
- **For raising the priority accorded to actions to prevent non-communicable diseases and injuries on the agendas of relevant high-level forums and meetings of national, regional and international leaders;**
- **For a review of international experience in the prevention and control of non-communicable diseases and injuries in low- and middle-income countries, including community-based programmes, and the identification and dissemination of successful approaches for intersectoral action;**
- **For the establishment of a regional ministerial multisectoral task force to provide strategic and technical input and to conduct external reviews of the progress made in the region with regard to non-communicable diseases and injuries and its partners and the impact of initiatives on their prevention and control.**