

Report on the

**Regional workshop on developing plans of
action for promotion of physical activity and
prevention and control of obesity**

Amman, Jordan
8–11 March 2010



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

A workshop on developing national plans of action for promotion of physical activity and prevention and control of obesity was organized by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) in Amman, Jordan on 8–11 March 2010. The objectives of the workshop were to:

- Launch the regional framework on implementation of the Global Strategy on Diet, Physical Activity and Health (DPAS);
- Develop national plans of actions for enhancing the public health aspect, scope and quantum of DPAS through a multisectoral approach using the regional framework and other available WHO planning tools as guidance documents;
- Enhance capacity among Member States for preventing obesity (including childhood obesity) and instituting best interventions and programmes for controlling obesity;
- Discuss and agree on the key principles of nutrition and health friendly initiatives and physical activity, assisting countries in developing targeted interventions for raising awareness for healthy nutrition and physical activity among schoolchildren.

The workshop was opened by Dr Abdallah Assaedi, Deputy Regional Director, WHO/EMRO, who delivered a message on behalf of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy thanked the Government of Jordan for hosting the workshop, indicating that the Region was witnessing a sharp epidemiological transition with a rise in the incidence of noncommunicable diseases linked with predominant risk factors, mainly obesity and lack of physical activity. Overweight and obesity now ranked as the fifth leading global risk for mortality, and 44% of the diabetes burden, 23% of ischaemic heart disease burden and 7%–41% of certain cancer burdens were attributable to overweight and obesity.

Dr Adel Al Belbeisi, General Director of Primary Health Care, Jordan, welcomed the participants on behalf of H.E. the Minister of Health and expressed his appreciation for the ongoing partnership with WHO. He elaborated on the high risk of obesity, and a range of noncommunicable diseases later in life, with adverse outcomes such as breathing difficulties, increased risk of fractures and hypertension (early markers of cardiovascular disease) and insulin resistance.

Dr Haifa Madi, Director Health Protection and Promotion, WHO/EMRO, emphasized the importance of nutrition and physical activity in preventing noncommunicable disease and obesity. She pointed out that noncommunicable diseases were responsible for up to 60% of all deaths, and 80% were in low- and middle-income countries. Most countries of the Region had very high rates of cardiovascular disease, accounting for 27% of all deaths in the Region. Five of the countries with the highest prevalence of diabetes in the world were from the Region (Bahrain, Kuwait, Qatar, Saudi Arabia, United Arab Emirates). WHO predicted that 25 million people would die from noncommunicable diseases in the Region between 2006 and 2015.

Dr Madi concluded by highlighting the importance of action to improve diet and promote physical activity. In this regard, one of WHO's responsibilities was to "identify and disseminate information on evidence-based interventions, policies and structures". This priority was further underlined in the noncommunicable disease action plan that was endorsed by the World Health

Assembly in May 2008. A few countries of the Region had since promoted healthy diet and physical activity with varying degrees of success; however, these countries lacked a clear national policy or strategic approaches for systematic and collaborative implementation of these strategies.

As an outcome of the workshop, all country devised plans of action according to the national nutrition situation and needs. The workshop programme and list of participants are included as Annexes 1 and 2, respectively. Country plans of action are attached as Annex 3.

2. SUMMARY OF TECHNICAL PRESENTATIONS

2.1 Regional efforts in diet and physical activity

Dr Ayoub Aljawaldeh, WHO/EMRO, presented the relevant strategies and the regional action plan on nutrition 2010–2019. He drew attention to the recommendations of the WHO Global Meeting on Obesity Prevention and Control (Geneva 2009) that were aimed at Member States.

- Include population-based prevention of childhood obesity in the national health agenda.
- Ensure that policy, plans and programmes will include children with disability and vulnerable groups who are more susceptible to obesity, based on the social determinants approach to health.
- Establish cross-sectoral platforms and work in a multisectoral approach to develop an “all of government” strategy and promote “health in all policies” to prevent childhood obesity and reduce inequalities, while maintaining the leadership role of the Ministry of Health.
- Integrate implementation of policies for childhood obesity prevention into existing health systems.

To move forward Dr Aljawaldeh suggested several additional recommendations for countries of the Region:

- Implement recommendations on marketing of foods and non-alcoholic beverages to children as well as other actions recommended in the Global Strategy on Diet, Physical Activity and Health.
- Work in a healthy settings approach, which should include homes, pre-schools and school playgrounds, sports facilities, and health care and community organizations structures, as a measure to ensure sustainability of action.
- Utilize a mix of “top-down” and community-based actions in plans and programmes.
- Encourage the use of legislative and financial tools to ensure availability and affordability of healthy foods and physical activity opportunities.
- Utilize WHO policy development instruments to identify priorities and facilitate national policy planning.
- Ensure that prevention of childhood obesity is integrated into a comprehensive and coherent food and nutrition policy.

Dr Syed Jaffar Hussain, WHO/EMRO, described the global shift in disease burden due to risk factors largely attributed to negative effects of globalization, irrational food consumption patterns

and increasingly sedentary lifestyles. Dr Hussain highlighted the importance the regional framework which was developed by the Regional Office for implementing the global strategy on diet, physical activity and health. The aim of the current workshop was to assist Member States in developing national plans of action for enhancing the public health aspect, scope and quantum of physical activity through a multisectoral approach using the regional framework and other available WHO planning tools as guidelines.

2.2 Global efforts in diet and physical activity

Dr Chizuru Nishida, WHO/HQ, described the major challenges dealing with the double burden of undernutrition and obesity and WHO responses. The main challenge in addressing obesity is complicated by the existence of the double burden of undernutrition overweight/obesity and chronic diseases. She pointed out that the problem continues and is even getting worse due to many factors including inadequate investments, inadequate coordination among players, inadequate coverage, inadequate responses and failure to address life-course and social determinants of health.

Dr Vanessa Rodrigues, WHO/HQ, presented the global efforts in physical activity, perspectives from the implementation of the noncommunicable disease action plan 2008–2013, and the Global Strategy on Diet, Physical Activity and Health. Health Assembly resolutions issued between 2000 and 2008 are related to prevention and control of noncommunicable diseases, Global Strategy for Infant and Young Child Feeding, Global Strategy on Diet, Physical Activity and Health. A draft strategy was requested to be presented to the Health Assembly in 2010.

Dr Timothy Armstrong, WHO/HQ, recognized that Member States are encouraged to implement the recommendations of the Global Strategy on Diet, Physical Activity and Health. He considered DPAS as an entry point for obesity prevention. He referred to the two documents developed by WHO to guide Member States. The first, “Population-based prevention strategies for childhood obesity” sets out guiding principles for childhood obesity prevention, with the overall objective of identifying priorities for population-based strategies to prevent childhood obesity and defining roles and responsibilities for various stakeholders. The second document was “Technical meeting and recommendations on marketing of foods and non-alcoholic beverages to children”. Member States need to consider different approaches, i.e. stepwise and comprehensive, to reduce marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt, to children.

Dr Kamel Ajlouni, WHO Temporary Adviser, presented the health effects of overweight and obesity on human beings. He urged countries to declare war on overweight, as the figures showed an alarming increase in the prevalence of obesity in the Region. He also pointed that one billion adults and 20 million children are overweight and more than half the world population is affected by some form of chronic disease related to diet and nutrition. A Jordanian survey had indicated high prevalence of obesity and overweight: 80.8% among males and 84% among females. More attention needed to be directed towards environmental factors underlying the obesity epidemic.

Mr Wisam Qarqash, WHO Temporary Adviser, presented a success story on a health competence school initiative applied to 123 schools in Jordan based on the results of the global school health survey. This initiative aimed at achieving health-competent schools and communities

where innovative interactive communication techniques empower students, school communities, and families with the knowledge, skills, and resources needed to improve and sustain health. The overarching strategy of the initiative is to create a normative enabling environment among students towards healthy lifestyles and future planning and empower students to be agents of change within their schools, families and communities.

3. COUNTRY PRESENTATIONS: SITUATION OF DIET AND PHYSICAL ACTIVITY

3.1 Bahrain

Bahrain has developed a physical activity and diet plan of action based on its national survey. Survey results revealed that the prevalence of overweight and obesity in Bahrain ($BMI \geq 25$) is 69.3% and 25.5% among schoolchildren. Based on that, many interventions have are being adopted through health-promoting schools. Projects are also being implemented, aiming at promoting 30 minutes of daily physical activity to encourage physical activity as part of the daily lifestyle. The school walkathon and Towards Reducing Obesity among Schoolchildren Initiative are examples of such programmes that aim to improve health of schoolchildren and future generations by promoting healthier eating habits and healthier lifestyles.

3.2 Egypt

Several national studies were conducted in Egypt. Overweight and obesity have emerged as a health problem during the past decades, particularly among adult females, as the estimated presentage of overweight and obese population reached about 78% of adult females, and nearly 52% of adult males. About 26.5 % of children and adolescents of the age group 10–19 years suffer from overweight and obesity and related noncommunicable diseases with a higher rate in urban governorates. The rate is higher in the urban governorates. The National Nutrition Institute has developed a National Food and Nutrition Policy and Strategy for Egypt (2007–2017). A High Ministerial Working group was formed to oversee implementation of this strategy, headed by the Minister of Health and including the Minister of Education, Minister of Social Solidarity, Minister of Agriculture and the Director of the National Nutrition Institute.

3.3 Iraq

Iraq is reporting to be going into transitional epidemiological period. The increased burden of noncommunicable diseases and their contributing risk factors and chronic noncommunicable diseases are considered to be the leading cause of mortality and hospitalization. The control of overweight/obesity among adults is an integral part of screening and care for hypertension and diabetes (25% of primary health care centres).

However, Iraq still faces many challenges in many areas. The unstable security situation is impeding the field implementation, supervision and sustainability of activities. The high turnover of local focal points and trained health personnel at local level is causing loss of institutional knowledge, delays in the implementation processes and lack of sustainable funding, which interfere with operational processes.

3.4 Jordan

Since 2003, the global school-based health survey has been used to periodically monitoring the prevalence of important health risk behaviours and protective factors related to the leading causes of mortality and morbidity among students aged 13–15 years. Results of the survey showed 14.3% of students are at risk of becoming overweight and 3.9% are overweight. 34.9% of students are trying to lose weight. 14.1% of students are hungry because there was not enough food in their home. 14.6% of students eat at a fast food restaurant, 38.1% of students usually drink carbonated soft drinks and 35.8% drink milk or eat milk products. Jordan adopted several strategies and programmes, such as those related to developing guidelines and training manuals for teaching staff, targeting students, parents and health care providers that promote and empower the students and surrounding communities, online with reviewing and updating school curriculum and integrating health messages into school textbooks. On the strategy level, many actions are taking place such as improving coordination and cooperation with all relevant stakeholders.

3.5 Lebanon

Lebanon is currently undergoing an epidemiological transition. It is witnessing a decrease in infectious diseases health, and a significant rise in the cost and incidence of noncommunicable diseases. The Ministry of Public Health is playing a leading role in addressing noncommunicable diseases, in particular major risk factors related to most noncommunicable diseases. These factors are mainly unhealthy lifestyles and eating habits. Currently, two programmes are being implemented at the national level: the school health programme and the noncommunicable disease programme.

The noncommunicable disease programme in Lebanon addresses noncommunicable diseases through primary and secondary prevention activities provided through national primary health care network. It also establishes a link with Ministry coverage of needed hospitalization episodes. Its distinguished feature is that it integrates obesity as a risk factor for all noncommunicable diseases. With the diversity of nutrition and dietetics universities in Lebanon, one of the challenges facing the Ministry of Public Health is structuring and developing a legal framework for nutrition and dietetics professions. Other challenges facing the Ministry in regard to prevention and treatment of noncommunicable diseases and promotion of physical activity are related to capacity-building, funding, lack of research and data, and lack of laws, regulations and standards imposed on food industry.

In addition to providing resources and health services to the two programmes noted above, the Ministry of Public Health should be actively working towards implementation of national nutrition surveillance and nutrition education as well as development of evidence-based policies and regulations.

3.6 Oman

The global school health survey 2005 indicated that the prevalence of physical activity among schoolchildren is as follows:

- 22.4% of students walk for at least half an hour on five or more of the past 7 days (25% boys, 19% girls)
- 39% never or rarely practice physical activity outside the school (29% boys 49% girls)
- 34.3% spend 3+ hours watching television, and playing games.

At present, several nutrition intervention programmes are active in Oman, such as the nutrition surveillance system, the health-promoting schools approach, supervision and improvement of school canteens and integrating nutrition messages in the school curriculum. At the same time, the Ministry of Health is developing dietary guidelines as well as a national strategy on diet, physical activity and health. These programmes aim to reduce the risk factors for noncommunicable diseases that stem from unhealthy diets and physical inactivity by essential public health actions and health promotion, disease prevention measures, and by increasing the overall awareness and understanding of the influences of diet and physical activity on health and their positive impact on preventive interventions.

3.7 Palestine

The situation indicated that obesity among children under 1 year are less than 1%, it is also indicated that maternal obesity is 20%, obesity among elderly women is 40%, and obesity among schoolchildren is less than 1%. Key programmes have been addressed such as infant and child feeding strategies and action plan. Obesity was included in the nutrition national strategy and action plan. Many awareness activities were conducted and obesity indicators were included in the national strategy.

3.8 Saudi Arabia

Figures on obesity indicate the annual estimated deaths due to obesity and its complications to number 20 000, taking into consideration that 3 million children are obese. The annual cost of treating obesity and its complications of all ages amounts to 19 billion riyals a year. The objectives of Saudi Arabia's diet and physical activity programme are to: limit risk factors for diseases related to unbalanced diet and low physical activities; establish a system of risk factor monitoring; encourage partnership between the health sector and other related sectors; lower obesity by 10%; increase physical activity by 20%; and raise public awareness and health promotion programmes. A national strategy on diet and physical activity has been implemented based on the DPAS.

3.9 Tunisia

Noncommunicable diseases are pandemic, with high morbidity and mortality rates. The prevalence of obesity is 27% and the prevalence of overweight is 52%. The national strategy for obesity control and prevention was developed to reduce obesity prevalence by 20% through a variety of approaches such as promotion of healthy diets and production of public information. The approaches also include television messages and spots. Physical activity programmes and interventions take place at the school, workplace and community level.

3.10 United Arab Emirates

The United Arab Emirates is ranked tenth among countries with the most overweight individuals. 13.7% of children are obese and more than 20% of children are overweight in the country (Malki and Bakir, 2006).

The United Arab Emirates has the second highest rate of diabetes in terms of population worldwide, with the prevalence of diabetes reported to be 11%. Overweight and obesity is reported at 65% and physical inactivity at 77% of the general population. The rise in noncommunicable diseases is paralleled by a rise in direct costs of health care resources needed for disease management, indirect costs due to loss of economic activity and intangible costs associated with social and personal effects of such diseases. Implementation of a national campaign is being considered to move individuals and communities towards healthier behaviours and positive social change. The main goal of the campaign is to bring the issue of child obesity at the forefront of social concern.

4. GROUP WORK

After the introduction by Dr Ayoub Aljawaldeh, Regional Adviser, Nutrition, WHO/EMRO and Dr Jaffar Hussein, Regional Adviser, Healthy Lifestyle Promotion, WHO/EMRO to the regional generic workplanner and tools/methodology to develop country plans, participants worked in groups, representing neighbouring countries, to develop their country plans of action (Annex 3).

5. RECOMMENDATIONS

1. Establish national technical teams and a focal point to follow up the plan of action regarding implementation of DPAS.
2. Enforce national legislation on food marketing.
3. Document success stories and develop strategic communication and advocacy plans for decision-makers.
4. Consider adopting a regional day for physical activity.
5. Coordinate multi-disciplinary and multisectoral integrated approaches and build alliances and partnerships with public, private and nongovernmental organizations to address nutrition-related issues.
6. Mobilize all necessary resources, material and nonmaterial, for implementation of DPAS.

Annex 1**PROGRAMME****Monday, 8 March 2010**

08:30–09:00	Registration
09:00–10:30	Message from Dr Hussein A. Gezairy, Regional Director, WHO/EMRO Message from H.E Dr Nayef Al Fayez, Minister of Health, Jordan Strategic directions for healthy diet and physical activity in the Region <i>Dr Haifa Madi, Director, Health Protection and Promotion, WHO/EMRO</i> Launching ceremony for DPAS
11:00–11:10	Objectives, mechanisms/methodology and expected outcomes of the workshop <i>Dr Ayoub Aljawaldeh, WHO/EMRO</i>
11:10–11:20	Introduction of participants Election of officers
11:20–11:50	The regional DPAS framework: salient features <i>Dr Jaffar Hussain, WHO/EMRO</i>
11:50–12:10	The health effects of overweight and obesity on human being <i>Professor Dr Kamel Ajlouni, WHO Temporary Adviser</i>
12:10–12:30	The double burden of undernutrition and obesity: WHO responses
12:30–13:00	<i>Dr Chizuru Nishida, WHO HQ</i> Global WHO efforts in physical activity <i>Dr Vanessa Rodrigues, WHO/HQ</i>
14:00–14:15	The national strategy of DPAS Kuwait <i>Dr Jassem Ramadan, WHO Temporary Adviser</i>
14:15–14:30	Success story: Jordan health competence school initiative model and behaviour change communication and nutrition message design and development <i>Eng. Wisam Qarqash, WHO Temporary Adviser</i>
14:30–17:00	Country presentations on existing experiences in control and prevention of obesity programmes (each one for 10 minutes) Bahrain Lebanon Oman Saudi Arabia Egypt Tunisia
17:00–17:30	Discussions

Tuesday, 9 March 2010

08:30–09:00	Introduction to the regional generic workplan and tools/methodology to develop country plans <i>Dr Ayoub Aljawaldeh, WHO/EMRO; Dr Jaffar Hussein, WHO/EMRO</i>
09:00–09:30	Health education to promote balance diet and reduce the negative impact of

- food marketing
Mrs Vanessa Rodrigues, WHO HQ
- 09:30–10:00 WHO food-based dietary guidelines
Dr Chizuru Nishida, WHO HQ
- 10:30–12:30 Group work: Development of country plans (participants will work in three groups to develop country plans)
- 13:30–16:30 Plenary sessions: Presentation of the first part of the country plans (15 minutes each)
Discussions

Wednesday, 10 March 2010

- 08:30–12:30 Field visit to selected schools in Amman to witness successful healthy nutrition and physical activity programmes
- 13:30–16:030 Group work: Finalization of draft country plans

Thursday, 11 March 2010

- 08:30–11:00 Plenary session: Presentation of country plans (20 minutes each for 3 countries)
Discussions
- 11:30–13:00 Recommendations and the way forward
Closing

Annex 2

LIST OF PARTICIPANTS

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Annex 3

COMPREHENSIVE PLANS OF ACTION FOR DIET, PHYSICAL ACTIVITY AND HEALTH

Plan of action for diet, physical activity and health for member countries of the Gulf Cooperation Council (GCC)

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
Developing National Planning and Coordination Mechanism	Core: Nutrition and Physical Activity Strategy. Expanded: Desirable:	GCC Committee: Nutrition and physical Activity	MOH, MOE, MOSY, MOSA, MOC.	Develop GCC Plan of Diet and Physical Activity	Two Years
Enforcing regional and national nutritional and physical activity policies, strategies and action plans	Core: Adjusting and adopting Expanded: Desirable:	National Body: country level	Governmental and non-governmental related sectors (country preference)	Action plan (country level)	Two years
Development of national food-based dietary guidelines and physical activity guidelines	Core: Develop FBDG and Physical Activity Guidelines Expanded: Desirable:	Review, modify existing related guidelines	Nutrition and Physical Activity specialists	Establish and approve guidelines	One year
Mobilising resources for DPAS implementation	Core: Capacity building, manpower, financial support, advocacy and awareness Expanded: Desirable:	Training courses, conferences, workshops and social marketing	Governmental and nongovernmental, Legislative bodies, media	Programme, IEC material, monitoring and follow up	One year
Promoting supportive urban planning and targeting national transportation policies	Core: Create safe and secure environment, easy access for walking areas and cycling (new developed areas), Develop adequate public parks including walking pathways, cycling areas and maintaining existing ones, Build walking and cycling pathways and play ground within the communities,	Contact governmental related sectors for urban planning and construction	MOPW, MOP, MOI, municipalities, housing agencies, legislative bodies	Increased number of people participating in physical activity especially females and youth, increased in safe and supporting environment	Two years

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
	Utilization of school facilities during after school hours, Utilization of sport clubs and centers and higher institutions, Build indoor facilities including swimming pools for females, Develop females club Increase access to beach front Utilization of shopping malls for physical activity Dedicate car free streets for walking and cycling Expanded: Desirable				
Fostering partnership and synergy with civil society and nongovernmental organizations	Core: Same as above Expanded: Desirable:	Encourage NGOs and civil societies participation and utilize their related programmes	NGOs and civil societies	In addition to the above, increase on voluntary participation	Ongoing
Engaging Private Sector Promoting the effective engagement of Private sector particularly food and sports industries Identifying mechanisms to reduce the negative impact of marketing food and non-alcoholic beverages to children Promote responsible nutrition labelling	Core: Subsidized healthy food items Fast food restaurants (local, International) Labeling Media supervision (incorrect food and exercise messages) Ensure provision of safe exercise goods Expanded: Desirable:	Establish Joint body (private and government) Involve both sectors in all related activities Encourage existence of healthy choices	Joint committee, legislative bodies, Consumer safety agency	Effective joint coordination between private and government sectors	Ongoing
Employing a Setting Approach	Core:	Diet and PA campaigns	Committee	Increased	Ongoing

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
School Settings Workplace Settings Household Community	Diet and PA awareness raising activities Media Nutrition/Obesity Clinics Adequate physical Activity facilities Expanded: Desirable:	Provide incentives	including all concerned	participants in diet and physical activity	
Influencing food and agricultural policies taking into account cultural consideration	Core: Subsidize healthy foods Emphasize on local products Expanded: Desirable:	Support agriculture at country level Encourage agriculture exchange products	Ministries and Public authorities of agriculture	Increased availability of affordable healthy and safe foods	Ongoing
Supporting the development of education, communication and public awareness material/campaigns	Core: Discussed above (78) Expanded: Desirable:	same	MOI + as above	Same	Ongoing
Engaging primary care health services effectively	Core: Nutrition/Obesity Clinics Attached Fitness centers for referrals Expanded: Desirable:	Training and coordination of related professionals	Primary care team and related sectors	Better management of obesity and related chronic diseases	Ongoing
Setting up a clear monitoring and implementation mechanism	Core: Establish Surveillance system Evaluation Research Expanded: Desirable:	Establish Surveillance tools Establish Implementati-on protocol Identify research centre	Surveillance, evaluation and research (sub-Committee)	Situation Overview Monitoring efficiency of the programme Evaluation and research	Country decided

Plan of action for diet, physical activity and health for Iraq

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
Developing National Planning and Coordination Mechanism	<p>Core:</p> <p>Reinforcement of the national multisectoral steering committee to review and endorse national plan, including funding resources.</p> <p>Formulation of technical committees to provide technical inputs</p> <p>Develop and agree on coordination mechanism</p> <p>Expanded:</p> <p>Desirable:</p>	<p>Review and update members of existing steering committee</p> <p>Identification of the TOR and clear functions of committee</p> <p>Briefing by focal points of the required project plans.</p> <p>Nomination of members from related sectors.</p> <p>Conducting meetings to discuss and facilitate development and implementation of the national workplan on DPAS including resource mobilization, monitoring and evaluation, defining roles and responsibilities, coordination at different administrative level (central and local) and ensure integration with other related sectors</p>	MoH, MoHE, MoE, MoP, MoWA, MoA, MoI, MoYS, MoT, MoM, NGO, Media, Civil Society, MoC,	<p>Steering committee reinforced</p> <p>TOR and functions identified and approved</p> <p>Technical committees formulated</p> <p>Number of Meetings conducted by the committees</p>	Q2/2010
Enforcing regional and national nutritional physical activity and obesity policies, strategies and action plans	<p>Core:</p> <p>Review and update already existing national nutrition policies and action plans</p> <p>Review and adapt regional and global strategies, policies and action plans on diet and physical activity</p> <p>Development of comprehensive national strategy.</p>	<p>Assign the technical committee to review existing policies, strategies and action plans in different disciplines and to provide situation analysis on (diet, physical activity, obesity, related NCDs, infant and young child feeding)</p>	MoH, MoHE, MoE, MoP, MoWA, MoA, MoI, MoYS, MoT, MoM, NGO, Mydia, Civil Society, MoC	<p>Situation analysis accomplished</p> <p>All stakeholders are informed about SA and consensus reached</p> <p>National comprehensive national strategy on</p>	2010 2012

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
	Expanded: Desirable:	3 day workshop to present the results of situation analysis by members of technical committee for policy makers and related ministries and stakeholders Working groups on revising and finalizing different components of the strategy		nutrition, physical activity and obesity developed	
Development of national food-based dietary guidelines and physical activity guidelines	Core: Adapt the global and regional food-based dietary guidelines into national context develop national guidelines for health enhancing physical activity develop dietary and physical activity guidelines targeting patients with chronic diseases Expanded: Desirable:	Review and adapt the regional food dietary guidelines by the technical subgroup develop and publish the national FBDG develop and publish the national physical activity guidelines Dissemination of FBDG and physical activity guidelines to target groups coordination with scientific committees and academia	MoH, MoHE, MoE, MoYS, Academia, Scientific associations	National guidelines for FBDG and physical activity developed and widely disseminated	Q3 2010–Q1 2011
Mobilising resources for DPAS implementation	Core: Allocation of specific sustainable national budget among MOH for action on healthy diet and physical activity Develop a resource mobilization plan for action on healthy diet and physical activity Expanded: Desirable:	Communication with high policy maker at MoH, MoF, MoP to identify source of funding Ensure a clear and sustainable national budget for action on healthy diet, physical activity and prevention control of	MoH, MoP, MoF, Provincial councils	-A national level budget is available for DPAS	3 years 2012

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
		obesity and related NCDs Propose new mechanism(s) for resource mobilization by the steering committee to be submitted to concerned official authorities			
Promoting supportive urban planning and targeting national transportation policies	Core: Ensuring representation of urban planning, municipalities, and transportation in technical, MoH subcommittees Expanded: Desirable:	Development of urban planning policy to ensure that safe walking cycling and other physical activities. Development of transportation policies including non-motorized modes of transportation labour, and work place policies ensure that safe walking cycling and other physical activities Ensure active partnership with all stakeholders	MoH, Municipalities	Urban planning and transportations policies are formed	Q1 2012
Fostering partnership and synergy with civil society and nongovernmental organizations	Core: collaboration with civil society and NGOs to promote healthy diet and physical activity awareness raising campaigns at community level support advocacy events organized jointly by municipalities, civil society and NGOs at governorates Expanded: Desirable:	Development of alliance for NGOs Assignment of the NGOs alliance on health promotion and raising awareness activities Production of IEC materials by the technical committee in collaboration with the NGOs	MoH, MoE, NGOs, Civil society, Municipalities,	NGOs alliance is developed IEC materials are produced Awareness campaigns are implemented	Q4 2010
Engaging Private Sector	Core:				

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
<p>Promoting the effective engagement of Private sector particularly food and sports industries</p> <p>Identifying mechanisms to reduce the negative impact of marketing food and non-alcoholic beverages to children</p> <p>Promote responsible nutrition labelling</p>	<p>Expanded:</p> <p>Desirable:</p>				
<p>Employing a Setting Approach</p> <p>School Settings</p> <p>Workplace Settings:</p> <p>Household</p> <p>Community</p>	<p>Core:</p> <p>School settings</p> <p>Develop national school policy on health diet and physical activity to be implemented at health promoting schools</p> <p>Develop nutritional standards for school meals consistent with national FBDG</p> <p>b. Workplace settings</p> <p>Conduct health risk assessment of MoH employees and collect information focussing on BMI.</p> <p>e. Community Coordination with the Community-based initiatives programme in public awareness campaigns on healthy diet and promotion of physical activity</p> <p>Expanded:</p> <p>Involvement of other schools and other ministries</p> <p>Desirable:</p>	<p>Assign technical committee to submit a draft of the national policies</p> <p>Review and approve the draft by the steering committee</p> <p>publish and disseminate the policies to beneficiaries</p> <p>develop, publish and disseminate the standards concerned health and educational facilities</p> <p>Develop action plan for assessment</p> <p>preparation of requirements</p> <p>implement the assessment</p> <p>Agree with the CBI programme on a mechanism to integrate promotion of healthy diet and physical activity</p>	<p>MoH, MoE, CBI committee</p>	<p>national policies on healthy diet and physical activity are developed and implemented at health promoting schools</p> <p>national nutritional standards for school meals are developed and disseminated</p> <p>risk assessment for MoH employees is applied</p> <p>community based awareness campaigns are carried out</p>	<p>2013</p>

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
Influencing food and agricultural policies taking into account cultural consideration	Core: Expanded: Desirable:				
Supporting the development of education, communication and public awareness material/campaigns	Core: Utilize the existing health promoting components of the primary health care programmes (CBI, MCH, IMCI, SH,EPI, NCD, IYCF, Nutrition) Organize awareness campaigns Expanded: Desirable:	Production of EIC materials in collaboration with professionals Pretesting EIC materials before printing and dissemination Dissemination of materials collaboration with Media, NGOs, Municipalities councils	MoH, NGOs, Media, Municipalities councils	Number of EIC materials are produced and disseminated Number of Educational campaigns are held	2010 ongoing
Engaging primary care health services effectively	Core: Introduce counseling services on healthy diet and physical activity and nutritional state assessment to PHCs implementing NCD care and Nutrition units Integrate relevant diet and physical activity contents into university curricula for health professionals Expanded: include all of the PHCs Desirable:	Capacity building of PHC health workers on healthy diet and physical activity and nutritional status assessment Introduction of diet and physical activity and to be introduced to curriculum	MoH, MoE, MoHE	Counselling services are in place Curriculum is introduced	2010–2015
Setting up a clear monitoring and implementation mechanism	Core: Ensure functioning monitoring and evaluation system in Coordination with nutritional surveillance system Include baseline data and post intervention evaluation for diet and physical activity	Development of monitoring and evaluation systems. Review of available national surveys for to establishment of a baseline data on diet and physical activity Review and adapt available standard instruments (GPAQ,	Steering committee DoHs	Baseline data available Monitoring system developed National level surveillance for-NCD risk factors available	Ongoing

Proposed action	Suggested activities	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Timeframe
	Adopt standard physical activity questionnaires and nutrition based indicators for monitoring Expanded: Desirable:	STEPS, IPAQ, Nutrition based indicators) Development of monitoring tools Central and local supervision to monitor implementation Produce regular monitoring reports		Reports disseminated to policy makers with intervention and feedback	

Plan of action for diet, physical activity and health for Egypt, Jordan, Lebanon, Morocco, Syrian Arab Republic, Tunisia

Proposed action	Suggested activities (core)	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
Developing National Planning and Coordination Mechanism	<p>Reinforce or establish a national multisectoral steering high level committee to provide planning oversight as well as funding decisions</p> <p>Technical committee for providing technical inputs</p> <p>Develop and agree on a coordination mechanism</p>	<p>Review of existing committees</p> <p>Every country works on his own way to do it</p> <p>Establish an executive/organizing committee (for coordination)</p> <p>Briefing by the programme managers and UN colleagues to the relevant cabinet ministers/deputy ministers</p> <p>National level stakeholder meeting with participation of high level high government official</p> <p>Designation of focal point from relevant ministries/UN agencies/development partners</p>	<p>MOH</p> <p>MOE</p> <p>MOSS</p> <p>MOA</p> <p>MO Interior and Municipalities</p> <p>MO Economy and Trade</p> <p>MOF</p> <p>Ministry of Information</p> <p>ACADEMIA</p> <p>NGOS</p> <p>PRIVATE</p> <p>Syndicates</p> <p>National boards addressing infants/mothers...</p> <p>Religious leaders</p>	<p>National committee established through decree or board of ministers' decision and endorsement of prime minister and/or President/King</p>	<p>month</p>
Enforcing regional and national nutritional policies, strategies and action plans	<p>Develop a national nutrition and physical activity policy, strategy and action plan</p>	<p>Establish a technical advisory group</p> <p>Identify existing policy and/or strategy and action plan</p> <p>Review regional guidelines and adapt to the country</p> <p>Review global WHO guidelines for PA</p>	<p>Academia</p> <p>Programme managers</p>	<p>Establishment of revised nutrition and physical activity policy, strategy and action plan</p>	<p>2 months</p>
Development of national food-based dietary guidelines and physical activity guidelines	<p>Adopt or Adapt the global and regional food-based and physical activity guidelines</p>	<p>Establish a technical advisory group</p> <p>Review regional guidelines and adapt to the country</p> <p>Review global WHO guidelines for PA</p>	<p>Experts in the field (professional orders, academia)</p>	<p>Establishment of revised national food-based dietary guidelines and physical activity guidelines</p>	<p>6 months</p>

Proposed action	Suggested activities (core)	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
Mobilising resources for DPAS implementation	Allocate annual budget from national health budgets for DPAS Capacity building of public and private sectors	Place DPAS at the center of health development in the country Advocate at the level of parliament Proposal for MOF to take % of taxation	NGOs International Organizations (WHO, unicef) Ministry of Finance Ministry of Public Health Private sector Donors Ministry of Planning	Annual budget allocated for DPAS by MOPH Annual contribution allocated for DPAS from private, NGOs	6 months
Promoting supportive urban planning and targeting national transportation policies	Establish technical subcommittee from urban planning municipalities, and transportation Expanded: review existing laws and policies	MOPH calls for appointment of members from urban planning municipalities, and transportation to form technical committee	urban planning municipalities, and transportation Private sector Engineers order	Committee established Revised regulation	2 months
Fostering partnership and synergy with civil society and nongovernmental organizations	Engage civil societies and NGOs in planning and implementing Expanded: Establishment of civil society groups in each governorate to implement activities related to DPAS	Conduct periodical meetings Representation of NGOs and civil society in national committee Disseminate meeting minutes and decisions of national committee to civil societies and NGOs	Civil society Nongovernmental organizations	6.1 Representation of NGOs and civil society in national committee 6.2 Number of activities implemented by civil society and NGOs	Not applicable
Engaging private sector Promoting the effective engagement of Private sector particularly food and sports industries Identifying mechanisms to reduce the negative impact of marketing food and	Establish partnership (public and private) Draft or enforce legislation and regulation Consumer education plan Develop a regulatory framework to limit marketing food and non alcoholic beverages to children Establish an independent monitoring system for regulatory mechanism on	Representatives in the national committee to carry out communication with private sector (industry, commerce, trade...)+representation of the private sector and professional societies in the national committee Review, update or develop all/new laws and put under one national body and give it authority Establish an advocacy committee (Public and private) that will develop a	1-Ministry of trade and commerce Ministry of industry MOPH,MOET, MO INDUSTRY, MOA, national FDA, MOtourism MOE and MOPH, MOET, MOIndustry, MOA, national FDA, MOtourism, MOInformation	Regulations and laws are established and implemented: Food labeling and Food marketing and legislation on minimal standards on processed food	8–12 months

Proposed action	Suggested activities (core)	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
non-alcoholic beverages to children Promote responsible nutrition labelling	marketing food and non alcoholic beverages to children Expanded: FBDGs basis for subsidies	national education plan Establish regulatory framework with the three ministries MOA and MOPH and MO Justice in partnership and coordination with private sector and concerned parties taking into consideration WHO resolution Authorize and build capacity of municipalities and consumer protection agency/society	MOA and MOPH and MO MOPH, MOET, MO INDUSTRY, MOA, national FDA, Ministry of Tourism		
Employing a Setting Approach School Settings Workplace Settings Household Community	School settings Reinforce curriculum standards for HE with focus on diet and PA Implement or reinforce the implementation “Nutrition Friendly School Initiative” Develop, publish and implement a national school policy focusing on healthy diets and PA Develop nutritional standards for school meals consistent with the national dietary guidelines b-Workplace: Encourage employers to conduct health risk assessment of the employees and collect information related to diet and PA, BMI and BP Encourage employers to serve meals consistent with FBDGs	a-School settings Revision of applicable curriculum standards for HE by MOPH and MOE MOE legislation to enforce implementation of “Nutrition Friendly School Initiative” at all schools levels and allocate part of the MOE budget to implement and reinforce Ministry decree with high political commitment Request technical advice technical advisory group that worked on FBDGs (Through a review of regional guidelines and adapt to the country) b-Workplace: Advocacy with stakeholders Development of workplace standards addressing PA and healthy diet (healthy canteen) and diffusion to employers	MOPH, MOE, Private, community representatives, MOPH, MOE MOE, MOPH skipped MO Labour, private sector, MOPH, technical committee on development of FBDGs	Revised, updated and implemented curriculum Number of schools following “Nutrition Friendly School Initiative” and percentage (out of total schools) Policy established Establishment and implementation of nutritional standards in schools Workplace standards developed and disseminated	10–12 months 3 months -8 months -8 months
Influencing food and agricultural policies	Core: Develop national food and agricultural	Establish a mechanism for review national consumption patterns of food	MOPH, MOA, MO Supply, MO Finance	Mechanism in place which regulates and	

Proposed action	Suggested activities (core)	Mechanism of action	Relevant stakeholders	Process and outcome indicators	Time frame
taking into account cultural consideration	<p>policies supportive of a healthy diet</p> <p>Create awareness among the community about hazards of widely used foods rich in fat</p> <p>Develop/Enforce national food inspection/food safety agencies</p>	<p>and agricultural products and use them as basis for development of national food and agricultural policies</p> <p>Multimedia campaign</p> <p>Capacity building and training and regular reporting to national authorities</p>		monitors the consumption of locally available and culturally accepted food	
Supporting the development of education, communication and public awareness material/campaigns	Develop and implement a national programme and campaigns for nutrition and PA, health and public awareness	Request from technical subcommittee for media and communication with other partners			
Engaging primary care health services effectively	<p>Capacity building of PHC services in provision of nutrition and PA education and services</p> <p>Nutrition clinics</p> <p>Fitness areas</p> <p>Develop special programmes for people with special needs</p>				
Setting up a clear monitoring and implementation mechanism	<p>Allocate a budget for monitoring and evaluation of DPAS implementation</p> <p>Establish a nutrition surveillance system including anthropometric data (height, weight and BMI), food consumption pattern, nutrients and energy</p> <p>Conduct regular baseline surveys on physical activity</p> <p>Reinforce research center and partner with private and academia</p>	<p>Government allocation of budget within the national budget</p> <p>Capacity building of national nutrition divisions/units to conduct regular surveys</p>		MOH, MOET, MOS, MOP	

Plan of action for diet, physical activity and health for Palestine

Goal: Reduction in prevalence of obesity, and incidence of diet-related noncommunicable diseases and enhancing the physical activity programme.

Indicators: Obesity reduced by 5% by 2010; type II diabetes incidence reduced by 5% by 2010; cardiovascular disease incidence reduced by 1.5% by 2010; physical activity increased among Palestinians by 20%

Objectives	Activities	Indicators	Responsible body	Expected date
Developing National Planning and Coordination Mechanism	Adding MoY and other related groups to Nutrition Thematic Group (NThG) and to the Nutrition Technical Committee (NTC).	MoY is on board and included in the national committee	NThG NTC MoH MoY	
	Highlighting and integrating physical activity programme into nutrition policy.	National nutrition action plan has been modified.	NThG NTC MoH MoY	
Determination of obesity prevalence.	Conducting a national level survey to find out the prevalence of obesity among adults.	National survey conducted.	ND Universities NTC PCBS WHO UNICEF A2Z	
	Determination of national body weight and height.	NNSS revised to include indicators with regards to physical activity.	ND NThG	

Objectives	Activities	Indicators	Responsible body	Expected date
	Conducting the bio-marker indicators.		NTC PCBS WHO UNICEF A2Z	
	Including the obesity and physical activity indicators in NNSS.			
Development of national food-based dietary guidelines and physical activity guidelines	Drafting and approval for the NFBDPGs.	The NFBDPGs have been developed and approved.	ND NThG NTC PCBS WHO UNICEF A2Z	
	Application for the NFBDPGs.	The NFBDPGs have been applied.		
Application of “sport for all activities” in different settings	Developing and implementing a physical activity and diet programmes at schools.	Community sport activities have been conducted.	ND MoH MoY Donors	
	Developing and implementing a physical activity and diet programmes for women, elderly, families and development.			
	Developing and implementing a physical activity and diet programmes for handicapped.			
	Developing and implementing a physical activity and diet programmes at the workplace.			