Summary report on the

First consultation of the Regional Advisory Committee on Noncommunicable Diseases and Public Health Law

WHO-EM/PHP/064/E

Cairo, Egypt
11–12 February 2015

World Health Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

On 11–12 February 2015, the WHO Regional Office for the Eastern Mediterranean convened the first consultation of the regional advisory committee on noncommunicable diseases and public health law.

The consultation was convened as part of the public health law project to prevent and control noncommunicable diseases in the Eastern Mediterranean Region. The project aims to assist WHO and its Member States to prevent and control noncommunicable diseases through effective legal and regulatory interventions. The project is led by the Regional Office and its project partner, the O'Neill Institute for National and Global Health Law, Georgetown University Law Center (the O'Neill Institute).

The main outcome of the project isthe development of a dashboard of "good practice" legal and regulatory interventions in diet, physical activity, and tobacco control, and the identification of interventions that could be prioritized for action in the Eastern Mediterranean Region. The underlying research includes collection and analysis of international, regional, national, and subnational interventions in the areas of diet and nutrition, physical activity, and tobacco control, in accordance with the project's analytical framework.

The regional advisory committee comprises experts from around the globe, including medical doctors, health care professionals, public health experts, public health lawyers, legislative and regulatory specialists, development specialists, and experts in health and law in the Eastern Mediterranean Region. The vast majority of committee members attended the consultation in person, with others attending some sessions via video-conferencing. Other committee members provided feedback via email.

The objectives of the consultation were to:

- review, discuss and provide input into the draft dashboard of good practice legal interventions in diet, physical activity and tobacco control;
- begin identifying good practice legal interventions for prioritization in the Region;
- form a network of regional experts to provide further advice on noncommunicable diseases and public health law in the Region, and agree on the next steps.

Participants received the following documentation prior to the consultation:

- a background briefing paper;
- the analytical framework;
- draft dashboard of good practice legal interventions to address noncommunicable diseases (including examples);
- draft abbreviated dashboard of good practice legal interventions to address noncommunicable diseases (excluding examples); and
- Excel spreadsheets containing collection of international, regional, national, and sub-national interventions in the areas of diet and nutrition, physical activity, and tobacco control.

The briefing paper explained some of the main project findings to date, including that interventions should be tailored to the social, economic, cultural, and political contexts; that successful prevention initiatives are often “multi-pronged,” combining legal components with community-based programmes and public education; and that good governance structures, such as independent monitoring and accountability mechanisms, may be more important determinants of

success than the form of the intervention (government-mandated regulation, co-regulation, voluntary schemes). The paper also discussed how governments could address common barriers to successful noncommunicable diseases interventions, including industry influence, international trade law and limited evidence.

2. Summary of discussions

2.1 Law as a tool to implement policy decisions

The dashboard includes interventions that can be implemented through laws (e.g. taxes on cigarettes and sugar-sweetened beverages), interventions that can be implemented through either laws or non-legal programmes (e.g. reduced population salt intake can be achieved through legislatively mandated reductions or voluntary product reformulation schemes), and interventions that are not typically implemented through law (e.g. public awareness campaigns on physical activity). Although the latter two categories need not be implemented through law to be effective, enshrining these types of intervention in legislation can enhance effectiveness. Increased effectiveness may flow from compliance and enforcement mechanisms that are typically included in laws, such as provisions for audits, inspections, product testing, fines and suspensions of business licenses. Effectiveness may also be enhanced because laws tend to be accorded more esteem than non-legal programmes, which can result in the need for additional sustained resources to facilitate successful implementation.

The expert committee members agreed that both legal and non-legal good practice interventions should be addressed in the dashboard. However, participants suggested that the dashboard and accompanying

materials should be developed to explain the different approaches, and identify potential benefits and drawbacks of enshrining interventions in law.

The experts also noted that "legal" mechanisms, such as independent audits, incentives and disincentives can be incorporated into and strengthen voluntary and co-regulated approaches.

2.2 Prioritizing interventions

The experts agreed that while the comprehensive nature of dashboard is beneficial, the tool may be more effective if it offers guidance on prioritizing the interventions. Prioritization is desirable for a number of reasons, including that governments have limited capacity to undertake health systems reforms; the risk that governments and policy-makers will be overwhelmed by the scope of noncommunicable disease prevention, and the long list of possible interventions; and the risk that governments will prioritize "low-hanging fruit."

The experts discussed a number of different criteria for prioritization, including highlighting interventions that are relevant to countries within the region, feasible in local contexts, high-impact, evidence-based and revenue-generating.

Ultimately, it was difficult for the experts to determine which interventions should be prioritized, especially in relation to diet. The experts referred to the WHO "best buys" and "good buys" in relation to diet and physical activity, with some experts suggesting that interventions to lower consumption of sugar-sweetened beverages should also be prioritized. In relation to tobacco control, the experts

noted that the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) should be the highest priority (while also addressing the emerging threats of electronic cigarettes and waterpipe tobacco).

The experts noted significant economic, political, social, and cultural differences between countries in the Region, and that 17 of the 22 countries are in conflict or post-conflict situations. These factors make prioritization at the regional level more difficult, indicating that regional models and packages should be designed to provide guidance, information, and tools that facilitate prioritization according to local contexts. Experts discussed various methods of prioritization that would account for the differences between countries in the Region, such as identifying different priorities for countriesbased on socioeconomic grouping. This approach was not favoured, and many experts referred to country leaders and policy-makers being best placed to prioritize interventions for implementation within their local contexts.

2.3 Audience and end users of the dashboard and accompanying materials

Experts identified the following end users of the dashboard and accompanying materials.

- Policy-makers in health and other relevant sectors (ideally, key decision-makers/senior policy-makers)
- Public health officials
- Nongovernmental organizations, civil society organizations working in the area of noncommunicable diseases prevention, consumer protection and trade

- Regional entities/platforms (e.g. Arab League health committee, Health Ministers Council for GCC States)

The experts agreed that the ultimate products should layer information tailored to the different audiences (see below).

2.4 Design and structure of the dashboard

The experts noted the large scope of the project, and that there is a lot of information being gathered in the Excel tables (and elsewhere) that needs to be presented in a user-friendly manner. Although the consultation focused on the identifying legal interventions that could be developed and adopted in the Region, the experts also emphasized the importance of ensuring that intervention design maximized the prospect of successful implementation, and that the final products incorporate information, references and supportive tools to assist with implementation.

As indicated by the terminology, the first product, a “dashboard,” is intended to be a relatively simple and uncluttered (yet comprehensive) overview of evidence-based legal interventions addressing noncommunicable diseases. Participants suggested that the dashboard should be developed as a technology-based tool, with the interventions linked to layers of information tailored to the different end users. The experts discussed a range of materials and information that could be developed and linked to the database, including:

- evidence in support of interventions
  - scientific studies linking risk factors to noncommunicable disease and physiological indicators of disease

  - research linking the intervention to reduction in prevalence of the risk factor/improved health outcomes (e.g. tax on sugar-sweetened beverages linked to reduction in consumption/lower rates of obesity, diabetes)
  - evidence of participation in the intervention (e.g. effective participation of private sector, civil society, communities and individuals)
- examples of successful (and unsuccessful) interventions from other jurisdictions
- descriptive case studies
- manuals
- policy briefings
- communication strategies specific to different interventions
- economicmodelling/cost-effective analysis.

2.5 Developing local and regional public health law "know-how" and expertise

Expert committee members, particularly those based in the Region, noted that policy-makers and lawyers often lacked the technical "know-how" to implement interventions to address noncommunicable diseases and their risk factors, such as selecting relevant interventions, assessing the readiness of the existing environment and relevant partners, adapting and preparing for change, and drafting the requisite laws and regulations. Some of the tools above could assist with this, particularly examples of successful (and unsuccessful) interventions from other jurisdictions, including links to the text of legislation and regulations, and identifying pre-conditions for successful adoption and implementation.

Although drawing upon international experiences is informative and efficient, tailoring interventions to their local social, political, legal and economic contexts is a prerequisite to successful implementation. Similarly, policy-makers should ensure that evidence in support of interventions is relevant to the local context and displays that the intervention is high-impact and cost effective.

The second and third phases of the project envisage the development of guidelines and tools to support interventions within their national context with special focus on trade (including TRIPS flexibilities), and capacity building across public health and law disciplines within the Region.

2.6 Lessons from tobacco control for interventions in diet and physical activity

The expert committee members noted that there are a greater number of well developed, evidence-based interventions in the field of tobacco control, as compared to the fields of diet and physical activity. The experts suggested that the dashboard and accompanying materials should highlight lessons from tobacco control that could be applied in the diet and physical activity fields, including case studies of interventions based on the WHO best buys and lessons learnt from successful and unsuccessful in-country experiences implementing the WHO FCTC.

2.7 Expert input

Many experts offered examples of good practice legal and policy interventions as well as studies on noncommunicable disease risk

factors for inclusion in future project materials. Project personnel will take relevant materials into account and incorporate these materials.

3. Next steps

The participants agreed upon the following next steps, in preparation for the planned consultation with country representatives in May 2015.

- Project team to revise dashboard and prepare additional materials to assist with its use (case studies, glossary, etc.) (approximately 3 weeks after consultation)
- Experts to provide further feedback on dashboard and associated materials (March–April 2015)
- Experts to provide additional scientific evidence and examples of legal interventions addressing noncommunicable diseases for integration (March–April 2015)

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