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Review Paper

Legal priorities for prevention of non-communicable diseases: innovations from WHO's Eastern Mediterranean region

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ABSTRACT

Objectives: Non-communicable diseases (NCDs) are the leading cause of death globally and in the World Health Organization's (WHO) Eastern Mediterranean region (EMR). This paper reports on a research collaboration between the WHO's Eastern Mediterranean Office (EMRO) and the O'Neill Institute for National and Global Health Law at Georgetown University that aims to identify (1) regionally relevant, cost-effective and affordable legal interventions to prevent NCDs, and (2) methods to strengthen implementation and enforcement.

Study design: Comparative analysis of >200 international, regional and domestic interventions addressing key NCD risk factors, including tobacco, alcohol, diet and physical inactivity.

Methods: Researchers searched legal and policy databases including the WHO Nutrition, Obesity and Physical Activity Database and drew upon academic commentary and 'grey' literature. Measures included evidence of impact; evidence of cost-effectiveness; and monitoring and enforcement mechanisms.

Results: Researchers identified many examples of legal interventions effectively reducing NCD risk factors. Key enabling factors for effective NCD-related laws include regulatory capacity; governance mechanisms promoting multisectoral collaboration and accountability; and tailoring interventions to local legal, economic and social contexts.

Conclusions: In the EMR, and globally, law can be a cost-effective and affordable means of curbing underlying drivers of the NCD pandemic, such as rampant junk food marketing. Building upon this research, together with international and regional experts, EMRO has identified 10 priority interventions in the areas of tobacco control, unhealthy diets and NCD governance. The EMRO/O'Neill Institute partnership will develop guidance tools and capacity building initiatives to support Member States to harness the power of law to achieve population health improvements.

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Globally, non-communicable diseases (NCDs) are the leading cause of death and are rising at an alarming rate, particularly in low- and middle-income countries. The age-standardized prevalence of diabetes, for example, has nearly doubled since 1980.[1] In response to this global health crisis, the United Nations General Assembly (UNGA) adopted an historic political declaration in 2011[2] and included NCDs in the 2015 Sustainable Development Goals.[3] The World Health Assembly has adopted an action plan to drive reductions in NCD prevalence and a framework to monitor and report on progress.[4] NCDs have also reached alarming levels in the World Health Organization's Eastern Mediterranean region (EMR),[a] causing 2.2 million deaths each year.[5] As part of Member States' UNGA commitment, the Eastern Mediterranean Regional Committee asked the Regional Director to develop model legal instruments.[6]

The World Health Organization Regional Office for the Eastern Mediterranean (EMRO) is partnering with the O'Neill Institute for National and Global Health Law at Georgetown University to strengthen NCD laws in the region. The partnership has developed a dashboard of 10 priority legal and governance interventions grounded on a systematic analysis of international instruments, best practice domestic laws and evidence of effectiveness. Good governance, particularly multisectoral collaboration and enhanced accountability, is essential to effective and sustainable implementation of legal interventions to prevent NCDs.

Dramatically reducing the global burden of NCDs would not only save lives and reduce suffering but also raise economic productivity and promote political stability. The strategies detailed here target the EMR, but the approach ought to have global applicability and serve as a model for strengthening law and governance, making 'health' the easier, or default, choice.[7]

NCDs: a high regional burden

Four diseases cause 1.7 of the 2.2 million NCD deaths in the EMR each year: cardiovascular disease, cancer, chronic lung disease and diabetes. These four key NCDs share modifiable risk factors: tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. EMR countries have among the highest rates of modifiable risk factors globally. Beyond the alarming mortality and morbidity attributable to tobacco use,[8] unhealthy diets and physical inactivity[5] are major contributors to regional NCD burdens. Consumption of sugar[9] and salt[10] is well above WHO recommended levels in most Member States. Whereas mean trans fat intake has stabilized internationally, the region is experiencing the largest increase in consumption.[11]

Underlying drivers of NCD risk factors

While modifiable risks are the most visible cause of NCDs, underlying environmental and social factors drive unhealthy behaviours (see Fig. 1). Globalization, trade liberalization and cross-border marketing and advertising fuel the NCD pandemic.[12] These factors increase the availability and affordability of foods high in saturated fats, salt and sugars, and low in polyunsaturated fats, fibre, fruits and vegetables. Lack of public transport options and opportunities for physical activity, the proliferation of screen-based technologies and jobs that do not involve physical labour contribute to sedentary lifestyles,[13] creating obesogenic environments.

Law, encompassing formal instruments imposing legal obligations ('hard law') and instruments providing normative guidance ('soft law'),[15] can transform norms and behaviour nationally and globally. The FCTC[16] is the most salient international instrument, requiring 180 States Parties to adopt evidence-based demand and supply side interventions. Soft law, such as the Global Strategy to Reduce the Harmful Use of Alcohol[17] and the Global Action Plan for the Prevention and Control of NCDs,[18] can also create norms and processes to reduce NCD burdens.

Systematic evaluation of legal strategies: WHO best buys, national and local experiences and scientific evidence

Following the UNGA's global leadership on NCDs, the Eastern Mediterranean Regional Committee adopted the Regional Framework for Action on NCDs.[19] Accompanying resolutions urged Member States to counter commercial practices promoting unhealthy products[20] and to strengthen national health systems.[21] In support of these initiatives, the EMRO/O'Neill Institute partnership catalogued relevant international instruments, such as the FCTC and its guidelines,[22] WHO's MPOWER measures[23] and the Global Action Plan for the Prevention and Control of NCDs. Many of the interventions recommended in these instruments require governments to enact laws,[24] including smoke-free places and taxes on unhealthy products.

Researchers collected examples of effective domestic laws and policies addressing NCD governance, tobacco, unhealthy diets and physical inactivity. Information was gathered in accordance with the project's analytical design, including the regulatory framework and evidence of impact and cost-effectiveness. Although consumption of alcoholic beverages is relatively low in the EMR, it does contribute to NCD burdens. Project researchers, therefore, mapped international instruments on the harmful use of alcohol, with a view to gathering examples of domestic interventions and providing technical guidance to Member States in future.

Researchers searched legal and policy databases including the WHO Nutrition, Obesity and Physical Activity Database, the World Cancer Research Fund International's NOURISHING Database, and the Campaign for Tobacco Free Kids' Tobacco Control Laws (Legislation) Database, culminating in the analysis of more than 200 international, regional and domestic NCD interventions.

A dashboard of legal and governance priorities for prevention of NCDs

Drawing upon this research and a series of technical consultations, EMRO and the O'Neill Institute, in collaboration with

[a] The EMR comprises 22 Member States: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian territory, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

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