

**Regional Consultation in the Eastern Mediterranean Region on the
Prevention and Control of Non-communicable Diseases**

*“Addressing non-communicable diseases:
major challenges to sustainable development in the 21st century”*

**Hosted in Tehran by the Government of the Islamic Republic of Iran
25-26 October 2010**

SUMMARY REPORT OF THE MEETING

I. INTRODUCTION

1. The Government of the Islamic Republic of Iran convened a Regional Consultation on Non-communicable Diseases (NCD) in Tehran from Monday, 25 October 2010, to Tuesday 26 October 2010, to discuss the challenges faced by the Eastern Mediterranean Region in addressing NCDs and to provide an input to the preparatory process of the General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases to be held in September 2011 in New York. The Consultation, co-sponsored by the World Health Organization, was held at the University of Tehran.

2. The objectives of the Regional Consultation were four-fold:

- To review the magnitude of non-communicable diseases and their socioeconomic impact at the regional and country levels
- To discuss the political and policy relevance of addressing non-communicable diseases in developing countries as a development issue
- To identify the challenges, opportunities, and actions to be recommended for integrating the prevention and control of non-communicable diseases in the development agenda at global, regional and national levels
- To discuss the role of Member States of the WHO Eastern Mediterranean Region in supporting the preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases.

3. The themes of the regional consultation were based on the above-mentioned objectives. Three interactive sessions were held on the themes of (i) scaling up public policy responses to address non-communicable diseases and their risk factors; (ii) including non-communicable diseases in global and national development initiatives, and (iii) identifying the desired outcomes of the High-level Meeting in September 2011. A fourth

interactive session was held to discuss the contributions from Member States of the WHO Eastern Mediterranean Region to the High-level Meeting.

4. The regional consultation was inaugurated by the Minister of Health and Medical Education of the Islamic Republic of Iran. Speakers included in the Acting Minister of Health for International Relations, the Deputy Minister of Health and Medical Education, the United Nations Resident Coordinator and UNDP Resident Representative in the Islamic Republic of Iran, the WHO Representative in the Islamic Republic of Iran, and the Assistant Director-General of the World Health Organization.

5. Nineteen speakers from Bahrain, Egypt, Iraq, Islamic Republic of Iran, Jordan, Lebanon, Morocco, Oman, Qatar and the United Arab Emirates participated in the regional consultation, as well as staff members from the World Health Organization Regional Office for the Eastern Mediterranean and Headquarters.

6. This summary provides guiding principles and proposals by the participants on the way forward to September 2011.

II. REGIONAL SITUATION ANALYSIS

7. Life expectancy in the Eastern Mediterranean generally increased from 51 years in 1970 to almost 70 today, the greatest gain of any region in the world, while infant mortality rates plummeted from 98 deaths per 1,000 live births in 1970 to 38 in 2008, below the current world average of 44 per 1,000.

8. Despite this enormous success, it is estimated that non-communicable diseases accounted for more than 50 per cent of all deaths in the region in 2004. Out of the estimated 2.2 million deaths from non-communicable diseases every year in the region, almost 2.1 million occur in the low- and middle-income countries of the region, where more than 780,000 deaths from non-communicable diseases occur before the age of 60. Most of these premature deaths from non-communicable diseases can be prevented. Without serious action, the number of people dying from non-communicable diseases will surpass 2.6 million in 2015 and 3.8 million in 2030 in the Eastern Mediterranean region.

9. Notwithstanding its ample resources, the Eastern Mediterranean region will witness the second highest increase in the number of people dying from non-communicable diseases in 2015 compared to other regions, if no serious action is taken to scale up efforts to prevent and control non-communicable diseases. Already, most of the Member States with the highest prevalence of diabetes in the world are located in the region.

10. Cancer at present kills 272,000 people each year in the region. Most cancers cases in the low- and middle-income countries of the region present at an advanced stage and in younger age groups compared to high-income countries, particularly breast cancer. Most low-income countries in the region do not have operating radiotherapy services in the public sector. Although cancer kills more people in the region than HIV/AIDS, tuberculosis and malaria combined, calls from policy makers for technical support remain largely unanswered by the international development agencies.

11. In a seeming paradox, while malnutrition is on the rise in both absolute and relative terms in some countries in the region, obesity is also an increasing health risk. In fact, the two are linked by their common origins in poor diet. Obesity and overweight are more common among women than men in countries in the region. Obesity is generally attributed to over-consumption of high-fat foods combined with little physical activity, which may partly explain its high prevalence among Arab women. Obesity contributes to non-communicable diseases.
12. A systematic approach that includes prevention, disease management, and surveillance and monitoring underlies the development of conceptual frameworks developed by WHO, the Global Strategy for the Prevention and Control of Non-communicable Diseases and its Action Plan. However, despite considerable progress made by many countries, translation of the Global Strategy into comprehensive national policies and plans and their effective implementation remains inadequate in many other countries due to constraints and challenges that are mentioned in this summary.
13. Management and care for non-communicable diseases puts a tremendous direct and indirect cost on households in the region, as well as on health care budgets. To mobilize a national response, more than 80% of countries in the region have established governmental units in the Ministries of Health to address the rising burden of non-communicable diseases. However, only six countries have operational national plans in place. National capacity for the prevention and control of noncommunicable diseases is inadequate in most other countries.
14. Non-availability of relatively inexpensive medications used for managing chronic diseases in public sector facilities is a key challenge for low-income countries in the region, which is limiting their ability to address effectively the management of non-communicable diseases. Up to 50% patients with chronic diseases in low-income countries have reported to resort to out-of-pocket payment.
15. Lack of data on non-communicable diseases and surveillance of risk factors constitutes an additional challenge to the prevention and control of non-communicable diseases in the region. Optimal monitoring of risk factors, morbidity and mortality, and health system responses are not integrated into the national health information systems in many countries. Capacity and resources for data collection and surveillance systems are generally limited.
16. Poor health systems are considered to be a major constraint to improving health outcomes in countries with chronic crises. There are continuing problems of access to health-care facilities for people with non-communicable diseases. Standards of health care are reported to be declining in countries with emergencies and crises. Unemployment, poverty levels and environmental standards are also reported to be worsening, with possible long-term adverse effects on the health of people with non-communicable diseases. Access to essential medicines and affordable medical technology to prevent and control non-communicable diseases remain restricted. This hinders many aspects of the humanitarian response.

III. REGIONAL CHALLENGES

17. In addition to the constraints encountered in addressing the rising magnitude of non-communicable diseases that are mentioned above, participants identified the following challenges that require a special focus:

- Globalization of marketing and trade and rapid, unplanned, urbanization are leading to increased levels of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases.
- The social, economic, and physical environments in low- and middle-income countries in afford their population much lower levels of protection from the risks and consequences of NCDs than in high-income countries where people tend to be protected by comprehensive interventions.
- Inadequate political commitment to raise the priority given to non-communicable diseases in the regional and national health and development agendas which is demonstrated by the low levels of priority given to non-communicable diseases in health development plans, and the scarce resources allocated to prevention and control of non-communicable diseases.
- There is inconsistency between the seriousness of non-communicable health problems in the region on the one hand, and the absence of the subject from discussions engaged in by Member States at relevant high-level forums of leaders on the other.
- National policies and plans for the prevention and control of non-communicable diseases are often underfunded.
- Sustainable health financing is challenged by inadequate government expenditure on health in low- and middle-income countries, inefficient systems in high-income countries where ample funding does not translate into health gains, increasing out-of-pocket expenditures on non-communicable diseases that burden individuals and families, and a general lack of social health insurance benefits.
- Surveillance systems on morbidity and mortality are inadequate. A substantial proportion of countries are not regularly reporting reliable cause-specific mortality statistics. When health information, including risk factors data, is available, it is not integrated into the national health information systems, making it difficult to use for advocacy, policy development and framing effective action and reaching those in need, and evaluating the effectiveness and impact of interventions and assessing progress made.
- Despite improvements in health across the region, health systems are often unable to respond effectively, equitably and in a timely manner to the health care needs of people with non-communicable diseases, in particular the poor and vulnerable ones, as demonstrated by the lack of operational plans, inadequately trained workforce, poor access to essential technologies and medicines, rising costs of healthcare, gaps in health financing, bureaucratic inefficiency, and weak governance, including legislation, in some countries. Health care systems are sometimes led down by a narrow focus on hospital and curative care, or profitable high-technology hospitals that provide expensive state-of-the-art treatment for only a small minority of citizens.

- There is a lack of evidence-based tools and guidelines on the cost-effectiveness of some key prevention and treatment interventions.
- Insufficient resources are allocated to strengthening national capacity and conduct of prevention and implementation research.
- In most countries, there is a lack of serious governmental action to control advertising and marketing for unhealthy products and practices, and inadequate action on food labelling and nutrition profiling.
- The high share of acute and chronic emergencies and man-made and natural disasters that affect this region, has a negative impact on the sustainability of prevention and health care programmes¹. Basic health care, including life-saving interventions, are often missing in emergency and humanitarian response programmes.
- There is a lack of strong national partnerships that build and coordinate results-oriented collaborative efforts and alliances:
 - o Non-communicable diseases receive little attention in the general public discourse.
 - o Civil society movements are poorly developed in many countries.
 - o Inadequate community mobilization.
 - o Weak strategic joint planning and coordination among the various health care providers. As a result, both the public and private sectors often lack the elements necessary for the effective management and care for chronic conditions.
 - o There is a lack of serious engagement of the private sector (e.g. the food and beverage industries) in supporting initiatives that promote better health outcomes from non-communicable diseases.
 - o There is often insufficient involvement of religious leaders and institutions in promoting healthy lifestyles.
- Sectors outside health are inadequately involved and government departments beyond the Ministries of Health are not sufficiently involved in the development of intersectoral approaches. As a result, there are some countries that have mechanisms for inter-sectoral linkages that would help to bring vital indirect health determinants into the equation while others do not:
 - o Not all high-level national multi-sectoral operational mechanisms and governance structures are effective and some are not operational. In general, there is weak engagement of non-health sectors in addressing unhealthy lifestyles.
 - o Insufficient consideration of health-in-all-policies, lack of use of tools like health impact assessments and the human rights agreements to strengthen the engagement and accountability of government and non-governmental sectors.
 - o Lack of review of international experience in successful intersectoral collaboration.

¹ UNDP Human Development Report 2010 shows that, on average, the Arab region has suffered almost three times as much as any other region in the world in terms of years of conflict over an 18-year period from 1990 to 2008.
http://204.200.211.31/Nov_Update/HDR_E_PR/PR7-HDR10-RegRBAS-Erev5-sm.pdf
 accessed on 17 November 2010.

18. Participants discussed the role of the various sectors and listed a set of concrete interventions and areas for action that need to be considered for intersectoral coordination. The following examples were highlighted:

- Ministries of Finance: tobacco taxation and pricing, develop mechanisms for sustainable financing of health promotion..
- Ministries of Social Affairs and Welfare: social protection and insurance schemes, subsidies directed to poor and vulnerable populations, provision of recreational and sport facilities.
- Ministries of Agriculture: improving accessibility, availability and affordability of healthy foods (taking into account that the cost of vegetables and foods are rising in the region and are not accessible by the lower income quintiles in most low- and middle - income countries in the region).
- Ministries of Trade: focus on observing health standards on imported products and improving the affordability of healthy products.
- Ministries of Planning: integrating health promotion into the national development agendas and ensuring an appropriate level of priority given to health development programmes which include the prevention and control of non-communicable diseases.
- Ministry of Education: strengthening of school health education programmes, effective inclusion of exercise and physical education in the school curriculum and ensuring health foods and drinks in school settings.
- Ministry of Youth and sports councils: promoting facilities and opportunities for physical activity (“exercise for all”), banning tobacco sponsoring of sport events.
- Ministries of Interior and Justice: sensitizing lawyers, promoting enforcement mechanisms (e.g. smoke-free environments).
- Licensing Bodies.
- Local Government: Smoke-free environments.
- Ministry of Information: Banning tobacco sponsoring of sport events, promoting community awareness in order to enable them to make well-informed healthy choices, public awareness and education (including mass media and the use of ICTs).
- Municipalities: promoting intersectoral action, implementing health promotion programmes (e.g. tobacco control measures).
- Parliaments: Promote legislation for healthy lifestyles and healthy environments.
- Private sector: Responsible advertising, reducing salt levels, eliminating industrially produced trans-fatty acids, decreasing saturated fats, limiting free sugars, provide accurate and balanced information for consumers, promote workplace-wellness programmes.

IV. REGIONAL OPPORTUNITIES TO ADDRESS THESE CHALLENGES

19. Participants identified the following opportunities to address the challenges identified above:

- High-level policy makers should accord a high priority and provide adequate funding to national policies and plans aimed at promoting healthy lifestyles and ensure that the prevention and control of non-communicable diseases receive appropriate attention in national health strategies and plans.

- National leaders should take into account the socio-economic consequences of non-communicable diseases, in particular among the poor and vulnerable ones, and ensure that sustainable responses are established as part of broader development frameworks. Specific programmes for the prevention and control of non-communicable diseases should be integrated into poverty reduction strategies, whenever necessary according to national priorities and contexts.
- Building on the Doha Ministerial Declaration on Non-communicable Diseases (May 2009), WHO and other partners should collaborate with Member States to establish global and national goals, targets and indicators to monitor trends and to evaluate the effectiveness and impact of interventions and assessing progress made. A core set of indicators should be defined that enables all countries to collect, analyse and disseminate data and information on trends in respect of mortality, disease burden, risk factors, policies, plans and programmes, irrespective of a country's GDP levels.
- International development agencies and intergovernmental organizations need to include the prevention and control of non-communicable diseases in the global development agenda and in related investment decisions. Planning instruments, such as Common Country Assessments (CCAs), United National Development Assistance Frameworks (UNDAFs), Country Assistance Strategies (CAS) and poverty reduction strategies (PRSPs), provide opportunities for synergies, as do the Millennium Development goals (MDGs).
- Universal coverage needs to be promoted through health system strengthening. In the meantime, countries should expand the package of essential services to include basic non-communicable disease interventions, including community-based approaches, and develop innovative financing mechanisms to ensure sustainable health financing, in order to reduce out-of-pocket expenditures.
- At national levels, accountability mechanisms need to be established to strengthen the role of sectors which policies are more likely to impact on health. These accountability mechanisms need to include human rights aspects. At global level, a "Compact on Non-communicable Diseases" (which defines the minimum level of country action to address non-communicable diseases) needs to be established.
- Developing and implementing effective responses to non-communicable diseases at the local government level require informed leadership, partnership and capacity. Strong political will and commitment from mayors is key. Local leaders must be able to better access information on the causes and consequences of non-communicable diseases in their communities, to development partnerships with civil society and communities and facilitate collective action and collaboration. An Alliance of Mayors and Municipal Leaders on Non-communicable Diseases should be established to promote actions that halt and begin to reverse the prevalence of premature deaths from non-communicable diseases and alleviate the socio-economic impact of the epidemic on communities, based on principles of inclusion, participation, partnership and gender sensitivity. Technical support needs to be made available to translate goals into concrete action in cities and towns.

V. GUIDING PRINCIPLES, OPPORTUNITIES AND FRAMEWORK FOR THE WAY FORWARD

20. Many participants welcomed the United Nations General Assembly's decision to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases. The High-level Meeting is an opportunity to generate global momentum and commitment to implement the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, with a particular focus on developing countries.

21. Some participants stressed that non-communicable diseases undermine human security at the most basic level of existence. At the individual level, non-communicable disease attacks health, it makes curable diseases lethal, and makes pregnancy dangerous. At the collective level, a non-communicable disease debilitates society by increasing rates of disease, mortality and morbidity, it exacts financial costs and reduces productivity, and it undermines stability. Approaching non-communicable diseases through a human security lens is a road to be explored.

22. Participants emphasized that the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases provides a common and unifying framework for the prevention and control of non-communicable diseases, with a particular focus on developing countries.

23. Many participants emphasized the need for decisive progress on objective 1, not only to include the prevention and control of non-communicable diseases as an integral part of work on global development and in related investment decisions, but also to involve all stakeholders - including private citizens - in advocacy in order to raise awareness of the increasing magnitude of the public-health problems posted by non-communicable diseases.

24. Many speakers recognized that one aim of the Action Plan is to ensure that concerted action can be conducted on a global scale. This will require all partners, including civil society, non-governmental organizations and the private sector, to play a stronger role in a global network for noncommunicable disease prevention and control and to take concerted action against non-communicable diseases.

25. Many speakers echoed the Action Plan's call for action to ensure that provision of health care for non-communicable diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.

26. Throughout the regional consultation, the participants offered examples of many best practices that could be scaled up and replicated in order to accelerate the implementation of the Action Plan.

VI. PROPOSALS FOR THE WAY FORWARD

27. We, the participants of the “Regional Consultation in the Eastern Mediterranean Region on the Prevention and Control of Non-communicable Diseases”, hosted in Tehran by the Government of the Islamic Republic of Iran, from Monday, 25 October 2010, to Tuesday, 26 October 2010, welcome the decision of the United Nations General Assembly to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads and State and Government, on the prevention and control of non-communicable diseases. Recalling the “Doha Declaration on Non-communicable Diseases and Injuries” adopted by the participants of the ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting, we reaffirm our resolve to work together for the prevention and control of non-communicable diseases.

28. Despite the ample resources available in the Eastern Mediterranean region, health is by no means assured for all citizens in all countries, with the poor and the vulnerable suffering the most. We are deeply concerned about the growing burden of heart disease, stroke, cancers, diabetes and chronic lung disease, the enormous human suffering they cause and their negative impact on socio-economic development in the Eastern Mediterranean region, including the large share of premature deaths and poverty caused by noncommunicable diseases, particularly affecting the poor and vulnerable population. We are concerned that, without increased political commitment and the effective involvement of sectors outside health in scaling up these successful approaches, the number of people dying from non-communicable diseases will surpass 2.6 million in 2015 and 3.8 million in 2030 in the Eastern Mediterranean region, and that that inequalities in health the region will become a significant challenge.

29. We recommend the outcome document to be adopted by the Heads of State and Government at the High-level Meeting in September 2011, includes commitments to:

- a. The prevention and control of non-communicable diseases must be included in global, national and local development initiatives and in related investment decisions and should be considered as a priority for official development assistance by the international development community and donors.
- b. The prevention of non-communicable diseases should be included among the top priorities in national health strategies and plans, as well as overall development frameworks, alongside communicable diseases, maternal, perinatal and nutritional conditions.
- c. Therefore, the High-level meeting should focus on galvanizing action to accelerate the implementation of the Action Plan of the Global Strategy for the Prevention and Control of Non-communicable Diseases by all countries. To this end, we recommend that the Heads of State and Government reaffirm their strongest possible commitment to take action to promote intersectoral action.
- d. Likewise, a global goal, targets and indicators should be set and monitored for the prevention and control of non-communicable diseases as part of existing global development initiatives. A set of global core indicators should be established

to monitor progress in relation to trends of non-communicable diseases and their determinants and the actions taken by countries to address them.

e. Heads of State and Government should establish and strengthen mechanisms to ensure the effective involvement of (public and private) sectors outside health in the prevention of non-communicable diseases, and uphold their accountability in relation to the impact of their policies on health.

f. Countries should develop standards, rules and regulations, for marketing and advertising of tobacco, food and non-alcoholic beverages, and other unhealthy goods, according to their needs and local contexts

30. The participants invite the World Health Organization to prepare a summary of today's regional consultation as a contribution to the High-level Meeting.

ANNEX I

PROGRAMME

Monday, 25 October 2010

9:00 a.m. Registration

9:30 a.m. **Opening: Setting the stage for including the prevention and control of non-communicable diseases as an integral part of the global development agenda and in related investment decisions**

Opening remarks:

- **Dr Mohammad Hussein Nicknam**, Acting Minister of Health, International Relations Department, Ministry of Health and Medical Education
- **Dr Ambrogio Manenti**, WHO Representative, WHO Country Office in the Islamic Republic of Iran, World Health Organization
- **Dr Alireza Mesdaghinia**, Deputy Minister of Health and Medical Education, Islamic Republic of Iran

Welcoming remarks:

- **Dr Ala Alwan**, Assistant Director-General, World Health Organization
- **H.E. Dr Marzieh Vahid-Dastjerdi**, Minister of Health and Medical Education, Islamic Republic of Iran

Keynote address:

- **Dr Ala Alwan**, Assistant Director-General, World Health Organization

Followed by discussions involving all delegates

10:45 a.m. Coffee break and press conference

11:30 a.m. **Panel 1 - Scaling up public policy responses to address non-communicable diseases and their risk factors**

For discussion:

- Does increased exposure to risk factors in low- and middle-income countries in the Eastern Mediterranean region merit greater policy attention than in the past?
- What evidence-based, cost-effective interventions exist in high-income countries which could help governments in low- and middle-income countries to reduce the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases (including tobacco use, unhealthy diet and physical inactivity)?
- What are the challenges for governments in implementing the Global Strategy on the Prevention and Control of Non-communicable Diseases and its 2008-2013 Action Plan? Are these challenges different in low- and

middle-income countries?

Moderator (keynote address provided by the Moderator):

- **Dr Haifa Madi**, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean, World Health Organization

Interventions by:

- **Dr Alireza Mesdaghinia**, Deputy Minister of Health and Medical Education, Islamic Republic of Iran
- **Dr Muna Al Khaleefa**, Director, Non-communicable Diseases, Ministry of Health, Iraq
- **Dr Mustapha Mahfoudi**, Chief, Division of Non-communicable Diseases, Ministry of Health, Morocco

Followed by discussions involving all delegates

Rapporteur:

- **Dr Samer Jabbour**, Senior Lecturer, Faculty of Health Sciences, American University of Beirut, Lebanon

12:30 p.m. Lunch

1:30 p.m. **Panel 2 - Including non-communicable diseases in global development initiatives**

For discussion:

- How are non-communicable diseases and their risk factors closely related to poverty and contribute to poverty in low- and middle-income countries of the Eastern Mediterranean region?
- Do non-communicable diseases hold back the attainment of the Millennium Development Goals in low- and middle-income countries of the Eastern Mediterranean region?
- How do instruments such as the Millennium Development Goals provide opportunities for synergy, as do strategies for poverty alleviation?

Moderator (keynote address provided by Moderator):

- **Dr Alireza Mesdaghinia**, Deputy Minister of Health and Medical Education, Islamic Republic of Iran

Interventions by:

- **Dr Samer Jabbour**, Senior Lecturer, Faculty of Health Sciences, American University of Beirut, Lebanon
- **Dr Fawzi Abdulla Amin**, Assistant Under-Secretary for Training and Planning, Ministry of Health, Bahrain

- **Dr Eman Abdel Kareem Hassan Ali**, Director, Non-communicable Diseases, Ministry of Health, Egypt

Followed by discussions involving all delegates

Rapporteur:

- **Dr Seif Eddin Hussein**, Director, Directorate for Non-communicable Diseases, Ministry of Health, Jordan

2:30 p.m. Coffee

3:00 p.m. **Panel 3 - What are the desired outcomes of the High-level Meeting of the UN General Assembly on Non-communicable Diseases in September 2011?**

For discussion:

- What are possible outcomes when Heads of State and Government meet in September 2011 to agree on future policies on non-communicable diseases, with a particular focus on the developmental challenges faced by low- and middle-income countries?
- How can the High-level Meeting in September 2011 increase the number of countries which reduce the level of exposure of individuals and populations to the risk factors for non-communicable diseases?
- How can the High-level Meeting increase support for low- and middle-income countries to establish new, or strengthen existing, policies and plans for the prevention and control of non-communicable diseases as an integral part of their national health development frameworks?
- How can the High-level Meeting increase support for low- and middle-income countries to adopt approaches to policy development that involve all government departments, thereby ensuring that non-communicable disease issues receive an appropriate cross-sectoral response?
- How can the High-level Meeting increase official development assistance to support low- and middle-income countries in building sustainable institutional capacity to halt and begin to reverse the prevalence of premature deaths from non-communicable diseases, taking into account the developmental challenges faced by low- and middle-income countries?
- How can the High-level Meeting increase civil society support to rally stakeholders and people to the prevention and control of non-communicable diseases?

Moderator:

- **Dr Mohammad Hussein Nicknam**, Acting Minister of Health, International Relations Department, Ministry of Health and Medical Education

Keynote address:

- **Dr Ala Alwan**, Assistant Director-General, World Health Organization

Interventions by:

- **Dr Ziad Hussni Mussa Al Najjar**, Senior Public Health Specialist, Dubai Health Authority, United Arab Emirates
- **Dr Mohammed Hamad Al-Thani**, Director, Public Health Department, Supreme Council of Health, Qatar
- **Dr Seif Eddin Hussein**, Director, Directorate for Non-communicable Diseases, Ministry of Health, Jordan
- **Dr Wahid Al-Kharusi**, Ambassador, Ministry of Foreign Affairs, Oman

Rapporteur:

- **Dr Eman Abdel Kareem Hassan Ali**, Director, Non-communicable Diseases, Ministry of Health, Egypt

5:00 p.m. Meeting adjourns (first day)

8:30 p.m. Dinner hosted by the Government of the Islamic Republic of Iran

Tuesday, 26 October 2010

9:00 a.m. Discussion on the contribution of Member States from the WHO Eastern Mediterranean region to be delivered to the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases (September 2011) and next steps to be taken in the Eastern-Mediterranean region

Moderator:

- **Dr Ambrogio Manenti**, WHO Representative, WHO Country Office in the Islamic Republic of Iran, World Health Organization

12:30 p.m. Lunch

1:30 p.m. **Closing Session**

Closing statements:

- **Dr Ala Alwan**, Assistant Director-General, World Health Organization
- **Dr Alireza Mesdaghinia**, Deputy Minister of Health and Medical Education, Islamic Republic of Iran

2:00 p.m. Meeting adjourns

ANNEX II

List of participants (attached).