

INTERNATIONAL CONFERENCE ON HEALTHY LIFESTYLES AND NONCOMMUNICABLE DISEASES IN THE ARAB WORLD AND THE MIDDLE EAST

Riyadh, Kingdom of Saudi Arabia, 9-12 September 2012

THE RIYADH DECLARATION

PREAMBLE

We, the participants in the International Conference on Healthy Lifestyles and Noncommunicable Diseases (NCDs) in the Arab World and the Middle East, held in Riyadh, Kingdom of Saudi Arabia in September 2012;

Representing governments and nongovernmental organizations, research and academic centres, and various stakeholders from civil society in the Arab world and the larger Middle-East;

- I. Express our gratitude to the Custodian of the Two Holy Mosques, King Abdallah ben Abdelaziz, who graciously bestowed His patronage on this Conference;
- II. Express our appreciation to the Kingdom of Saudi Arabia for its leading role in organizing this Conference, and to the World Health Organization Regional Office for the Eastern Mediterranean for collaborating in its preparation; in response to the Resolution on NCDs voted by the Arab Ministers of Health;
- III. Recognize the right of everyone to the enjoyment of the highest attainable standards of physical and mental health, and in particular through NCD prevention and control;
- IV. Affirm our commitment to the pledges stated in the United Nations General Assembly Political Declaration (UNGAPD) on NCD Prevention and Control.

RATIONALE FOR ACTION

1. NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of preventable morbidity, mortality and disability worldwide. They currently result in 60% of deaths. Already more than 50% of all deaths in the Middle East are attributable to NCDs. The pace of the NCD epidemic is faster in the Middle East, as a consequence of rising levels of known risk factors. Several countries of the Region have the highest rates of diabetes, obesity and inactivity worldwide. In addition, the persistence of exposure to risk factors such as tobacco use from cigarettes and shisha and worsening environmental pollution is contributing to increased burden of chronic respiratory conditions, cardiovascular diseases and cancers.

2. In addition to the enormous health burden borne by affected individuals and their families, NCDs have also an impact on socio-economic development in all countries. Costs of NCD care and loss of productivity due to sickness, disability and premature death, result in household impoverishment of households and a negative impact on the economy.
3. Evidence-based cost effective population and individual based interventions exist to prevent and control NCDs. These ‘best-buys’ are high-impact interventions that are affordable even in low-resource settings. They have been shown to be effective in preventing a large proportion of NCDs. The ‘best-buys’ include measures to control tobacco and alcohol use, reduce salt and trans-fat intake and promote public awareness about the advantages of healthy diet and physical activity.
4. Political leadership and concerted ‘whole of government’ action is essential to the reduction of NCD risk factors. Non-health sectors like finance, agriculture, sports, transport, education, urban planning, environment, industry, trade and others should be actively engaged in action. In parallel, joint efforts with civil society, nongovernment organizations (NGOs), academia and the private sector equally essential.

COMMITMENT FOR NATIONAL ACTION

We commit, individually and collectively, to engage actively with relevant sectors and stakeholders in our respective countries in order to...

1. Provide attainable political, financial, technical and logistical support to scale up the fight against NCDs and implement the Political Declaration in the Arab World and the larger Middle East.
2. Develop by 2013, an integrated plan across all government levels, based on the ‘Global Strategy for the Prevention and Control of Noncommunicable Diseases’.
3. Adopt a "whole-of- government" approach in legislation, regulations and policy actions for an effective and comprehensive response to the NCD threat.
4. Promote the role and responsibilities of non-governmental stakeholders, in particular civil society and private sector that are clearly defined in the Political Declaration, while safeguarding against potential conflicts of interest.
5. Increase budgetary allocations for NCD programmes, and explore viable and sustainable financing options to that end
6. Advance the implementation of the ‘best-buy’ interventions, involving all relevant sectors and civil society as appropriate.
7. Accelerate the implementation of the WHO Framework Convention on Tobacco Control and existing norms endorsed by the World Health Assembly relevant to NCD prevention and control.

8. Strengthen policy coherence to maximize positive and minimize negative impacts on NCD risk factors and the burden resulting from policies of other sectors.
9. Strengthen national health information systems to provide all surveillance data required for planning and evaluating interventions on NCDs.
10. Review health systems performance in infrastructural and technological investments, and the development of adequately trained human resources, to achieve the broader goals of equity, fairness in coverage and responsiveness by 2025.
11. Reorient health systems towards disease management and scale up the integration of NCD essential preventive and management services into basic primary health care packages, according to national priorities and resources.
12. Encourage the development of efficient procurement, viable financing options, and distribution of medicines, including generics, and equipment to improve equitable access to preventive, curative, palliative and rehabilitative services, particularly at the community level.
13. Encourage alliances and networks that bring together the civil society with academic and research institutes, for the development of community-based initiatives supportive of NCD prevention and control.
14. Promote operational research and translate and disseminate results which can identify culture-specific determinants of risk across the life-course, and obstacles to optimal prevention and management.
15. Enhance and promote the use of innovative media tools and communications technology in order to improve the implementation of NCD prevention and control programmes.
16. Strengthen joint work of World Health Organization as the specialized United Nations agency for health, and all other relevant United Nations system agencies, development banks and key international organizations to support Member States in integrating NCD prevention and control priorities into the national sustainable development agendas in the Arab World and Middle East by 2025.
17. Develop regional and national strategies for gradual reduction of the salt, sugar and fat contents of manufactured food items, including public health awareness campaigns and mandatory legislation.
18. Recognize the importance of maternal and child health and nutrition in preventing future NCDs. In particular, compliance with WHO safe breastfeeding guidelines can be protective against future metabolic and cardiovascular disorders, in addition to immediate beneficial effects on newborn health and well-being.

APPENDIX

RECOMMENDED ACTION POINTS

Following deliberations and debates, experts gathered at the International Conference on Healthy Lifestyles and Noncommunicable Diseases (NCDs) in the Arab World and the Middle East, held in Riyadh, Kingdom of Saudi Arabia, in September 2012, recommend the following immediate action points:

1. An annual screening package for early components of the metabolic syndrome (pre-hypertension, pre-diabetes, overweight, tobacco addiction) should be available to all asymptomatic adults from age 25 years, through primary health care facilities, fully or largely subsidized based on the health insurance system and available finances in each country.
2. Individuals diagnosed through the screening package should be referred to adequate and accessible care.
3. Schools must be recognized as a major venue for NCD prevention. Accreditation or rehabilitation of educational facilities for boys and girls should be based on the criteria of WHO 'Health Promoting Schools'. In particular, physical education and access to healthy food items should be considered as priorities in the educational system, equal in importance to reading and writing.
4. Urban planning licenses of new residential developments have to include environments which promote walking or biking, social gathering, and safe space to allow physical activity for women, elderly persons and children.
5. Adopt the mandatory use of traffic light signs on all industrial food items imported or locally manufactured.
6. Impose nutritional labeling on all fast food items.
7. Impose the sale of fresh fruits and vegetables, as well as low-calorie products in all vending venues where high-calorie equivalents are sold.
8. Require a gradual reduction over the coming 5 years of the salt content of all manufactured food items, to ultimately reach 50% of the initial content.
9. Ban all shisha smoking cafes from residential areas and neighborhoods with health or educational facilities.
10. Increase the taxation on items with negative health effects: tobacco products, energy drinks, and earmark obtained funds to NCD programs