

**The Fourth Islamic Conference of Health Ministers
Jakarta, Republic of Indonesia, 22 – 24 October 2013**

Concept Note

Panel discussion VI on Healthy Life Style and Non-Communicable Diseases

Non-communicable diseases (NCDs), also known as chronic diseases, are the leading causes of death globally killing 26 million people which correspond to 63% of total 57 million deaths that occurred in 2008. NCDs are the most frequent causes of death in most regions around the world, exception being the African Region where the prevalence of infectious diseases is still higher than NCDs. Nevertheless, according to the WHO the prevalence of NCDs is rising rapidly and is projected to increase by 15% globally between 2010 and 2020 (to 44 million deaths) and exceed all other causes of death by 2030 where the greatest increases are projected to occur in Africa, South-East Asia and the Eastern Mediterranean region. Ageing population around the globe is one of the major factors that have increased the number of deaths caused by NCDs, which is also observable in the OIC where life expectancy rate increased on average 17.4 years between 1960 and 2010. However, growing impact of the NCDs is also driven by the negative effects of globalization, and its concomitant changes in life styles since NCDs are specifically exacerbated in urban areas due to changes in diet and physical activity, exposure to air pollutants including tobacco smoke and use of alcohol.

Four leading behavioral risk factors that cause or increase the risk of NCDs are tobacco use, physical inactivity, unhealthy diet and use of alcohol. These behavioral factors in return lead to four key metabolic problems that cause NCDs such as: raised blood pressure, overweight/obesity, high blood glucose level which is known as hyperglycemia and high levels of blood fat known as hyperlipidemia. Among these the leading NCD risk factor around the world is high blood pressure to which 16.5% of global deaths are attributed, followed by tobacco use (9%), elevated blood glucose (6%), physical inactivity (6%) and overweight and obesity (5%). The prevalence of NCDs risk factors also vary between country income groups where high, middle and low income countries all have differing risk profiles. Risk factors such as physical inactivity among women, total fat consumption and raised total cholesterol have the highest prevalence in high-income countries, whereas other risk factors such as tobacco use among men are more common in middle and low-middle income countries.

Within the OIC member countries 46.3% of the total deaths are attributed to NCDs, mainly cardiovascular diseases, diabetes, cancer and chronic lung disease. While the average age-standardized blood pressure for both males and females has been decreasing in developed countries since the last three decades, it has been stable or increasing in OIC countries. The upward trend in blood glucose over the last three decades also endangers the control and prevention of NCDs in OIC member countries. One of the most prevalent risk factors in the OIC is tobacco use where in some member countries the prevalence of smoking among adult men is as high as 30%, while smoking rate among 13-15 years old is above 20%. Tobacco control became not only a health priority but a multifaceted policy intervention that has implications on various policies in the areas of production, supply, finance, and trade. The interaction and harmonization between the different sectors became a necessity in order to achieve the comprehensiveness needed in successful tobacco control both at national and regional levels. Over the years, OIC Countries also strived very hard to contain this epidemic by taking some measures like controlling tobacco production, banning advertisement in media and discouraging consumption by levying high taxes on tobacco products.

However, despite all these noble efforts, tobacco epidemic is on rise and it is recognized as one of the leading causes of premature preventable deaths across the OIC.

Other major risk factors in the OIC are linked to unhealthy diet and lack of physical activity since based on 2008 data by WHO on a sample of 122 countries, the proportion of the 15+ aged adults in 31 OIC members with available data who were found to be physically inactive was 32.1%. Although this compares favorably to 46.3% average of 27 developed countries in the sample, it is considerably higher than the 26% average of other 64 developing countries with available data. Moreover, it is also observed that physical inactivity among females is much more prevalent than among males.

Objectives and Expected Outcomes

In the light of the foregoing, the panel discussion aims to bring to the forefront the current situation of non-communicable diseases in the OIC member countries, including their main risk factors and main drivers, while at the same time focus on prioritizing non-communicable disease in the OIC context in terms of their severity and intervention needed. It also aims to support the member countries develop and strengthen policies and programmes on healthy lifestyles and NCD prevention. Finally, this session is to explore the ways and means to increase understanding of tobacco control initiatives and to identify opportunities to take collaborative action in the areas of protection, prevention and cessation.

Date: 23 October, 2013		Time: 16:30 to 17:30	Room No: !
Moderator: Ministry of Health, Turkey			
Rapporteur: SESRIC			
Panelists:			
No.	Name	Country/Organization	
1.		Saudi Arabia	
2.		Indonesia	
3.	Dr. Savas Alpay	SESRIC	
4.	Dr. Sania Nishter	Heartfile (to be invited)	

Talking points for the Panelists

1. Heartfile

- Magnitude and socio-economic impact of NCDs
- Healthy life styles and NCDs nexus
- Implementation of global and regional frameworks on healthy lifestyles and NCDs
- Opportunities for cooperation in OIC/Lessons for the OIC countries

2. Saudi Arabia

- Current situation of heart disease and diabetes;
- Major risk factors and social determinants
- Effective approaches to address these diseases
- Enhancing commitment and efforts at national and OIC level

3. Indonesia

- Prevalence of cancer in OIC
- Major risk factors
- Effective approaches
- Enhancing commitment and efforts at national and OIC level

4. SESRIC

- Tobacco use and NCDs nexus
- Current status of tobacco use in OIC
- Tobacco use control measures and initiatives
- Enhancing OIC wide cooperation and commitment (Tobacco Free OIC Initiative)