

**Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases**



Sultanate of Oman

10-12 April 2016

NOT FOR FURTHER CIRCULATION

Report dated 8 July 2016

Contents

	Page
Summary	3
Key findings	4
Recommendations for Action	6
Wider Observations	8
 Annex 1. Members of the Joint Mission	 12
Annex 2. Joint Mission Terms of Reference	13
Annex 3. Joint Mission Programme	17
Annex 4. Evidence-based cost-effective interventions for the prevention and control of NCDs	18
Annex 5. National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs	20

Executive Summary

A Joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to the Sultanate of Oman was held between 10-12 April 2016. Cardiovascular diseases (CVD), diabetes and cancers are the main cause of premature mortality and morbidity in Oman. The probability of dying prematurely from an NCD¹ is 18% meaning nearly one of every five adult dies from NCDs before the age of 70 years.

The Joint Mission heard from the Government of Oman of the drain on the economy that premature death and illness from NCDs is having in the country. While there has been recent progress in Oman in addressing Noncommunicable Diseases (NCDs), over one half of Omani men and women are overweight or obese. The large majority of Omani adults have insufficient intake of fruits and vegetables and 40% are physically inactive. More than 40% of adult Omanis have hypertension and 12% have been diagnosed with diabetes. One in seven Omani men use tobacco.

The Joint Mission noted the leadership demonstrated in the Ministry of Health and welcomed progress in developing the National NCDs Policy and the draft action plan on NCDs with its focus on unhealthy diet, physical inactivity and tobacco use. The draft action plan highlights the role of different ministries and partners, such as academia, NGOs and the private sector in driving forward action. The Joint Mission heard of examples of action being taken forward across government and with partners (e.g. reducing salt levels in bread). There are good examples where NCD prevention and management are being undertaken in primary health care with disease specific guidelines that are in-line with WHO recommendations. The Joint Mission considers that the National Committee on NCDs has significant potential to coordinate and lead the NCDs response in Oman but that there is the need for even greater leadership at cabinet level.

The Joint Mission highlighted a set of highly cost-effective and feasible interventions for tackling NCDs, for example raising taxes on tobacco products and foods that are high in salt, sugar and some fats. If implemented they will result in dramatic reductions in NCDs over a fairly short period of time and will reduce the cost of health care for NCDs. But implementing these will require even greater commitment and action across government.

An enhanced and sustained response to NCDs with leadership at the highest level of government and the resident United Nations agencies has the potential to: (i) reduce avoidable premature mortality and meet the NCD-relevant SDG targets; (ii) reduce the economic, social and public health threat of NCDs; (iii) meet all four commitments that Member States agreed to meet in 2015 and 2016 at the United Nations General Assembly High-level review in New York in 2014; and (iv) provide a comprehensive report in 2018 to the Third High-level Meeting at the UN General Assembly in New York.

The Joint Mission recommended a small number of actions in line with the *Framework for Action to implement the United Nations Political Declaration on NCDs of the WHO Regional Committee for the Eastern-Mediterranean*. These recommendations are under the following four areas: (i) governance; (ii) prevention and reduction of NCD risk factors; (iii) surveillance, monitoring and evaluation a more effective health system response; and (iv) healthcare.

¹ Defined as cardiovascular disease, cancer, diabetes and chronic respiratory disease.

Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Oman, 10 – 12 April 2016

1. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Oman was held between 10-12 April 2016. In alphabetical order, the following agencies participated in the Joint Mission: FAO, UNDP, UNFPA, UNICEF, and WHO. Terms of Reference, members of the Joint Mission and the programme are provided in [Annexes 1-3](#). The Joint Mission is grateful to His Highness Sayyid Fahd bin Mahmood al Said, Deputy Prime Minister for the Council of Ministers, the Ministry of Health, the Parliament of Oman (Majlis Daula and Majlis Shura) and the National Committee on NCDs, that took time to meet with the Joint Mission. The Joint Mission also expresses its gratitude to the NGOs, academic institutions, private sectors representatives and other stakeholders that participated in discussions during the week.

Key Findings

2. The Sultanate of Oman is a high income country with 68% of all deaths being caused by NCDs. The probability of dying prematurely from one of these diseases is 18%, meaning that nearly one of every five adult dies from NCDs before they should.
3. Oman is strongly placed to move forward on NCDs:
 - There is a high level of political and technical commitment by the Ministry Health and an increasing understanding on the need to action in other government ministries;
 - Existing frameworks and coordination mechanisms are in place, i.e. Health Vision 2050, a national NCD policy, a draft plan of action, and an inter-ministerial NCD Committee;
 - There is willingness among non-State partners to support government;
 - Achievements in preventing NCDs exist: e.g. tobacco control measures (partial ban on advertising, promotion and sponsorship, as well as pictorial warnings on tobacco products) and salt reduction in bread among the main bakeries in Oman that produce around 80% of bread products;
 - There is a strong health system with a focus on universal health coverage and primary health care, including operational nationwide programme for early detection of main NCDs;
 - A UN system that is keen to provide coordinated technical assistance to catalyse NCD action across the Government of Oman.
4. Despite the above, considerably bolder measures are needed if Oman is to:
 - Reduce avoidable premature mortality and meet the NCD-relevant Sustainable Development Goals;
 - Reduce the economic, social and public health threat of NCDs in Oman;
 - Meet the four time-bound commitments that Member States agreed at the 2014 High-level review in New York;²
 - Provide a comprehensive report in 2018 to the Third High-level Meeting to the UN General Assembly in 2018 terms of progress on 18 specific targets;³
 - Ensure that the WHO Framework Convention on Tobacco Control is implemented in full, in particular the need to introduce high excise taxes (domestic taxes, contrary to import duties) on tobacco products.

² <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>.

³ <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>

5. In terms of meeting the four time-bound commitments that Member States agreed at the 2014 High-level review in New York, the Joint Mission considers that Oman's progress can be summarised as follows:

By 2015, develop national multisectoral policies and plans.	A national multisectoral strategy is in place but the action plan (2015-2020) is still in draft form.
By 2015, set national targets.	In place.
By 2016, reduce risk factors for NCDs through the implementation of interventions building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.	Progress in majority of areas, but significant attention required to meet this target by 2016, in particular in the areas of enforcement.
By 2016, strengthen health systems through people-centred primary health care and universal health coverage, building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.	Obvious progress in developing primary health care oriented on achieving of universal health coverage.

6. In 2017 Member States will be invited to provide data for WHO to report in 2018 to the Third High-level Meeting on progress in the above four areas through 18 specific targets. Based on the WHO NCD Progress Monitor 2015⁴ and observations during the mission, the Joint Mission considers progress in Oman is as follows:

		Progress Monitor assessment	Joint Mission assessment
1	National NCD targets and indicators	Not achieved	Partially achieved ⁵
2	Mortality data	Partially achieved	Partially achieved
3	Risk factor surveys	Partially achieved	Partially achieved
4	National multisectoral action plan	Not achieved	Partially achieved
5	Tobacco demand-reduction measures a. Taxation b. Smoke-free policies c. Health warnings d. Advertising bans	Not achieved Not achieved Partially achieved Not achieved	Not achieved Not achieved Partially achieved Partially achieved
6	Harmful use of alcohol reduction measures a. Availability regulations b. Advertising and promotion bans c. Pricing policies	Fully achieved Fully achieved Not achieved	Fully achieved Fully achieved Not achieved ⁶
7	Unhealthy diet reduction measures a. Salt/sodium policies b. Saturated fatty acids and trans-fats policies c. Marketing to children restrictions d. Marketing of breast-milk substitutes restrictions	Fully achieved Not achieved Not achieved Fully achieved	Fully achieved Not achieved Not achieved Fully achieved
8	Public awareness on diet and/or physical activity	Fully achieved	Fully achieved

⁴ <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>. Note the assessment in the Table in this report is therefore different to the one in the Progress Monitor Report.

⁵ Targets in place but indicators not completed yet.

⁶ Note however that alcohol is not a priority for the Government as it is very restricted.

9	Guidelines for the management of major NCDs	Partially achieved	Partially achieved
10	Drug therapy/counselling for high risk persons	Fully achieved	Fully achieved

7. The Joint Mission's assessment was more positive than that published in the 2015 Progress Monitor because there has been recent progress but also less positive in other areas because the Joint Mission felt that certain indicators had not been met. In particular, for tobacco, only import duties are applied. Import duties are subject to revision by trade agreements and in the case of Oman, the Free Trade Agreement signed with the USA in 2009, there is a clause stating the duties will go down to zero by 2019. Therefore, there is a considerable need to move ahead with introducing a domestic tax on tobacco products that would not be affected by any bilateral or multilateral trade agreement. There is also a need to move ahead with policies that encourage healthy diet and physical activity.

Recommendations for Action

8. The Joint Mission has prioritised a small number of recommendations in four areas, under the headings of the *Framework for Action to implement the United Nations Political Declaration on NCDs of the WHO Regional Committee for the Eastern-Mediterranean*.

9. In the area of **Governance** for NCDs the Joint Mission recommends that:

- The draft national multisectoral action plan on NCDs needs to be finalized and then costed, prioritized prior to being adopted ;
 - The NCD investment case is established for the Government of Oman;⁷
 - The National Committee on NCDs acts as a whole-of-government implementation body supported by a high level Health Council headed by a high ranking official (e.g. the Deputy Prime Minister) with a clear definition of roles and responsibility of each sector;
 - A active multisectoral cancer control committee is established to ensure that the comprehensive national cancer control plan is delivered;
 - National capacity for NCD leadership and action at local levels is enhanced;
 - Resident UN agencies establish a Thematic group on NCDs (or equivalent).
- *WHO (EMRO, HQ and Country Office - through the One-WHO integrated support initiative) should provide technical and convening support for establishing a national coordination mechanism.*
- *WHO and UNDP should provide support for costing, prioritization and finalization of the NCD action plan as well as developing the business case.*
- *Resident UN agencies should establish a UN Country Team thematic group (or equivalent) to provide joined up multisectoral technical support to assist the Government deliver the action plan including enhanced collaboration across the UN, with inputs from UNDP which is non-resident.*

10. **Prevention and reduction of risk factors.** The Joint Mission recommends that:

- The comprehensive tobacco control legislation that has been developed is now endorsed;
- Import taxes for tobacco products are converted into (domestic) excise taxes and significantly increased (this will need to be made in conjunction with the Gulf Cooperation Council of which another 5 Gulf countries are members);

⁷ The investment case would clearly explain where investments should be directed and what efficiency Government could expect from concrete interventions (efficiency for money) jointly implemented by stakeholders, including non-health sectors and non-state actors.

- Subsidies for unhealthy foods (salt, sugar, palm oil) are replaced with healthy ones (fruit and vegetable and healthy oils);
- Tax on sugar-sweetened beverages is introduced with funds re-invested in health sector;
- Implement labelling for food and beverages rich of salt, sugar or unhealthy fats.
- The Gulf Cooperation Council (GCC) policy on food labelling and elimination of trans fats is adopted and implemented;
- Legislation is introduced to protect children from the marketing of unhealthy foods and beverages;
- More intensive discussion takes place to engage the private sector in supporting the Government implement the WHO NCD Global Action Plan “best buys”;
- There is scale up in developing a set of “healthy cities/villages”
- Government ministries and other bodies such as universities demonstrate leadership by becoming “healthy institutions” by having NCDs-friendly healthy such as banning tobacco use and promoting healthy food and physical activity;
- Civil society is encouraged to promote consumer demand for government policies and industry action that encourage access to healthy NCD choices for Omanis;
- The media highlight NCDs in Oman and the need for pro-NCDs policies in the country. This should include maximising the opportunity of mobile Health for health promotion.

➤ *The resident UN agencies should provide technical support for the above in collaboration with UN partners at regional and global level.*

11. **Surveillance, monitoring and evaluation.** The Joint Mission recommends that Oman:

- Conducts and finalize STEPS survey by the end of 2016 to ensure that Oman can report on all the NCD targets and indicators;
- Conducts a Global Adult Tobacco Survey (GATS) and a national nutritional survey by the end of 2016;
- Consider undertaking a nationally representative 24-hour urine study by the end of 2016;
- Looks to strengthen its civil registration and vital statistics in order to improve the quality of its mortality data;
- Enhances the completeness of cancer registration and ensure sustainability of the national cancer registry to be in-line with international standards.

➤ *The resident UNCT with support from regional and HQ offices should provide technical support for the above.*

12. **Healthcare.** The Joint Mission recommends that the Government:

- Better institutionalize the process of guidelines adaptation/development (structure, processes followed, quality control);
- Better integrate existing guidelines moving away from diseases specific guidelines (hypertension, diabetes, CVD that do not necessarily complement each other to more integrated management. WHO Voluntary Global Target 8 on CVD risk reduction offers an opportunity to better integrate and adapt existing guidelines, adopting WHO recommended total CVD risk stratification approach. As new country specific WHO/ISH CVD risk prediction charts will be made available later this year, countries will have to review their guidelines and training package;
- Adopts a monitoring system to assess and enhance quality of care for NCDs (the primary health care indicators that have been developed by EMRO would be a useful model for Oman to build on);

- Evaluates the impact and cost-effectiveness of the early detection programme to date in advance of its expansion.
- Exploring opportunities for using mHealth, including telemedicine for the management of NCDs. There are opportunities for Oman to learn from the experience of countries in the region (Tunisia, mCessation, Egypt, mDiabetes) and beyond (Senegal, mDiabetes), in collaboration with the WHO-ITU team.

Wider Observations of the Joint Mission

National response

Disease Burden

13. A national screening program for diabetes was launched in 2007. As of 2014, the number of individuals registered on the Ministry of Health diabetes registry was 82,105. However, these figures underestimate the overall burden as the prevalence of diabetes in Oman is estimated at 12.3% with diabetes estimated as being responsible for 9.75% of overall mortality. It is clear that the cost of diabetes to the health sector in Oman is very high.

14. The Joint Mission highlighted worrying levels of obesity, caused by unhealthy diet and lack of physical activity, which can be tackled through wise nutrition and physical activity policies. There is an urgent need to improve the proportion of the population eating a healthy diet, including achievement of sufficient intake of fruits and vegetables, which is already partly included in the National nutrition strategy 2014 –2050.

15. The prevalence of hypertension in Oman is very high with 40.3% of the population having raised blood pressure. The Joint Mission noted the efforts that the Government is taking to work with the food industry to reduce salt intake in the population. The Joint Mission noted the Government's provides care to those with hypertension in primary care.

16. The Joint Mission noted that around 40% of adults are physically inactive while among children it is as high as 80%. The Joint Mission noted the efforts made to draft a national plan to promote physical activity including a social media campaign.

Governance

15. The Joint Mission noted that national NCD targets are in place. A dedicated NCD department was established within the Ministry of Health in 2003. National guidelines are available for majority of NCDs. Preventive and control activities are delivered through the primary health care institutions under the administrative guidance of Regional Directors General of Health Services.

16. A National Committee on NCDs, which includes representatives of non-health sectors, is led by the Under Secretary of Planning within the Ministry of Health. The Committee has already conducted a situation analysis, developed a National NCD Policy and drafted a national multisectoral action plan for NCD prevention and control. The National NCD Committee has started to develop awareness on NCDs across government with greater understanding among a number of non-health ministries of their roles and responsibilities in NCD prevention and control. Nevertheless, there is the opportunity for the Committee to be further strengthened by including additional non-health ministries, for example the Ministry of Information and the Ministry of Religious Affairs.. The Joint Mission considers that the next step is to ensure sustainability and leadership for the National NCD Committee by establishing a High-level Health Council headed by the Deputy Prime Minister to oversee their work.

17. An example of a non-health ministry engaging in NCDs is the Ministry of Religious Affairs. The Joint Mission heard examples of their activities in the area of tobacco control. Engaging with religious leaders on NCDs is important because of their influence across the country and building capacity among this group in the area of NCDs is important.

18. The Joint Mission noted high level of awareness about NCDs in both Chambers of the Parliament - Majlis Dawla and Majlis Shura, and recognition of the great importance of legislation to reduce the burden of NCD risk factors among the population. The Joint Mission encourages the Parliament to consider accelerating the implementation of cost-effective interventions such as reducing the affordability and availability of tobacco, products rich in sugar, salt and unhealthy fats and increasing the affordability of fruits and vegetables through tax policies, legislative and regulatory frameworks and engagement of all sectors and society to contribute to more healthier environments for the population of Oman.

19. The Joint Mission found that Oman's health-related policies are strongly intertwined with ones approved by the GCC. Bearing in mind that a number of GCC policies (which are obligatory for implementation) are addressing risk factors as tobacco use and unhealthy diet, it is recommended that Oman proactively make steps toward repeal of subsidies for unhealthy products, endorsing comprehensive tobacco law, increasing (excise) taxation to tobacco and unhealthy foods. By doing so, Oman would be a model of excellence in the sub-region.

Tackling risk factors

20. The Joint Mission noted the progress being made in tobacco control with bans on smoking in the workplace, and enclosed public places, and partial bans of advertising, promotion and sponsorship of tobacco products. These achievements together with operational National Tobacco Control Committee consisting of 11 ministries provide a good basis for the full implementation of the WHO Framework Convention on Tobacco Control (FCTC), ratified by Oman in 2005. At the same time the Joint Mission witnessed broad usage of water pipes in coffee shops (shisha bars), point of sale advertisement in place and an import tax of US\$26 per 1000 cigarettes, which is much lower than countries in the region. An immediate step in this regard could be to endorse the comprehensive national tobacco law, which should include introducing excise taxes for tobacco products and raising them on a regular basis, creating completely smoke-free environments, including use of shisha, and the full ban all forms of tobacco advertisement, promotion and sponsorship.

21. The Joint Mission was presented with the achievements of Oman in salt reduction, in particular 10% reduction of salt content in bread items (mandatory benchmark of 0.4% of salt in bread (wet basis (which is equivalent to 0.5% of salt in dry bases) has been achieved in 2015 within main bakeries (covering 80% of bread production) with all other bakeries instructed to achieve same target. In 2016 this initiative established a more ambitious objective of 20% salt reduction in breads, broadening to cheese as well. The National monitoring team supported by the Ministry of Health was established to control the progress in salt and fat reduction. These achievements highlight the need for data on salt consumption to measure progress. The Ministry of Health plans to conduct a 24-hour urine study by the end of 2016 to establish baseline data on sodium intake.

22. The Joint Mission welcomed the development of GCC standard on trans fatty acids in 2015 and the implementation of the standard of trans fatty acids and the plans of the Government of Oman to develop a labelling of trans fats which disaggregates different types of fats and is in line with the GCC standard on trans fatty acids issued in November 2015. The proposal for reduction of saturated fat, especially palm oil, is currently at the Cabinet of Ministers. Now is the right moment to endorse these proposals to mandatory labelling saturated and trans-fats and, even making this initiative more effective by replacing subsidy for palm oil with one for healthy products.

23. The Joint Mission was presented with existing standards for all food and drink served in school and the banning of sugary drinks. The Joint Mission welcomed proposal for increasing tax on sugary beverages and to remove government subsidy on sugar. These very cost-effective measures could be further enforced by introducing tax on sugar-sweetened beverages with funds re-invested in health sector and labelling for food and beverages rich sugar.

24. The Joint Mission heard about a number of local and municipal initiatives to promote physical activity. Oman also promotes healthy initiatives at workplace in the National Occupational Health And Safety Regulations. Main efforts are focused on development of infrastructure for physical activity, developing physical activity programmes, training trainers, social marketing and media campaign, monitoring and evaluation and financing mechanism for physical activity strategy. This highlights the need to make operational and start implementing the recently drafted national Multisectoral Action Plan for Physical Activity 2016-2020 as well as the national physical activity campaign.

Screening

25. The Joint Mission was made aware of the national screening programme that targets those aged 40 years and older (at least checked once in three years), which was launched in 2007. This programme is an example of the Ministry of Health's commitment to early detection. Plans are underway to expand the screening programme, which the Ministry of Health considers cost-effective. Further evaluation of the different components of the screening programme is important as international evidence suggests that not all components of an NCD screening programme are cost-effective.

Data collection

26. The Joint Mission noted that key national population-based data is significantly outdated or missing with limited availability of data at the sub-national level. The Joint Mission welcomed plans for a Global Adult Tobacco Survey (GATS), a WHO STEPwise survey, and a national nutrition survey.

27. The Joint Mission welcomed the national cancer registry which compiles data on cases of cancer, monitor trends and provide researchers and clinicians with population-based information on the number and types of cancer cases and their geographical distribution within the Sultanate of Oman. Enhancing the completeness of cancer registration and ensuring sustainability of the registry can guide decision-making and ensure accurate reporting of the cancer indicator.

UN response

28. The following UN system agencies are resident in Oman: FAO, UNFPA, UNICEF and WHO. Majority of these agencies (except WHO) are funded by the Government of Oman.

29. The resident United Nations agencies are clearly committed to working as one and supporting the Government to respond to NCDs. Strong leadership can be provided through WHO and through the commitment to establish a health working group with a permanent agenda item on NCD prevention and control. Besides NCDs this group might focus on asthma, eye care among children, overweight, obesity, stunting, autism, violence, empowering women as an "internal" force to create healthier behaviours. Resident United Nations agencies presented to the Joint Mission their NCD-related activities implemented in collaboration with governmental counterparts. There are clear linkages (win-win situations) between work in the health- and non-health sectors that impact on NCDs. This provides a powerful force for future actions in supporting efforts of Oman to tackle NCDs.

30. UNICEF recently finalised country cooperation programme 2017-2020, which consists of three parts: governance, children abuse, inclusive system for children with disabilities. Nutrition is a key component in which UNICEF is collaborating closely with the Ministry of Health. UNFPA current programme goes through 2017 with a focus on women's health and a youth programme. Both provide excellent opportunities to enhance alignment with the NCD priorities of Oman.

31. FAO is currently discussing a project on "Food-Based Nutrition Intervention for Improving Public and Household Food, Nutrition Security and Health status" which includes technical support in the area Food and nutrition policies and programs, building institutional capacity, nutrition education and other areas related to promoting a healthy diet.

Civil society and private sector response

32. The Joint Mission met with a number of civil society partners working on a broad range of NCD-specific diseases and risk factors. All NGOs act under the Ministry of Social Development.

33. The Joint Mission was informed that NGOs are represented in the decision making bodies and have participated in the work of the National NCD Committee.⁸ With that Joint Mission noted that civil society organizations already cooperate between each other informally and there is a good basis for the NGOs platform on NCDs. Now there is a need to more actively engage NGOs into the activities of the National NCD Committee and to support civil society organizations in broadening their presence at the municipal and local levels to facilitate delivering of health and NCD related messages to the population.

34. Sultan Qaboos University collaborates closely with a number of line ministries (e.g. College of Nursing works with Ministry of Health and Ministry of Education). The University expressed interest to scale up action on NCDs, including supporting Government in finalizing the national NCD action plan, strengthening the evidence base and building capacity by training health professionals. The University welcomed the suggestion to establish a Healthy University Initiative similar to the WHO/UNICEF Health Promoting Schools Initiative. Strengthening the alignment of national NCD priorities with curricula in the various colleges as well as thematic research on national NCD priorities could be further explored.

35. The Joint Mission met with private sector food and beverage industry. The Joint Mission heard of a few examples where the private sector is stepping up to the challenge of responding to NCDs, for example in reducing salt in bread and cheese and other examples of the private sector ready to revise their products making them more healthy. The next step is to establish a platform for continuous dialogue between the Government and the private sector to jointly develop win-win agenda, including a roadmap for those private sector ready to proactively move ahead voluntarily reconsidering products (including imported ones) to ensure more healthy options for the population of Oman.

= = =

⁸ Examples include: Oman Cancer Association, Oman Medical Association and Oman anti-tobacco Society, Oman Respiratory Society and Oman Diabetes.

Annex 1. Members of the Joint Mission (agencies and individuals in alphabetical order)

FAO

Hasna AL HARTHY

Assistant FAO Representative, Oman

Meena RAMSARAN

Administrative Assistant, Oman

UNDP

Elfatih ABDELRAHEEM

Regional Policy Specialist; Health and HIV

Dudley TARLTON

Programme Specialist, Health and Development, Geneva

UNFPA

Salah AL-SALEH

Programme Analyst, Sub-Regional Office to Gulf Cooperation Council States

Asr TOSON

Representative, Sub-Regional Office to Gulf Cooperation Council States

UNICEF

James KING'ORI

Regional Nutrition Specialist for MENA Region

Osama MAKKAWI

Representative in Oman

WHO

Nick BANATVALA

Senior Adviser, NCDs & Mental Health Cluster

Oleg CHESTNOV

Assistant Director General, Noncommunicable Diseases and Mental Health

Ibtihal FADHIL

Regional Adviser for NCDs, WHO/EMRO

Sophie GENAY-DILIAUTAS

Technical Officer, Global Coordination Mechanism

Asmus HAMMERICH

Coordinator, Noncommunicable Diseases, and Acting Director NMH Division WHO/EMRO

Alexey KULIKOV

External Relations Officer, Secretariat of the UN Interagency Task Force on NCDs

Ruth MABRY,

Technical Officer, WHO Office in Oman

Annex 2. Terms of Reference for the Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases in Sultanate of Oman

Background and rationale

More than 14 million people aged between 30 and 70 die prematurely every year from Noncommunicable diseases (NCDs), 85% of whom live in developing countries. Up to two thirds of these deaths are associated with exposure to risk factors such as tobacco use, unhealthy diet, lack of physical exercise and alcohol abuse. The remainder is associated with weak health systems that cannot meet the health needs of people with NCDs in an effective or equitable manner. Most of these premature deaths from NCDs could be prevented by adopting a range of simple, effective and affordable solutions tailored to each country's needs.

In September 2011, Heads of State and Government adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and urged the World Health Organization (WHO), as the primary United Nations specialized agency for health, and all other agencies of the United Nations and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States committed themselves to take steps to: (i) develop national targets and indicators based on national situations; (ii) develop, allocate and execute budgets for national multisectoral policies and plans in the area of NCDs; (iii) prioritize the implementation of cost-effective and affordable interventions; and (iv) strengthen national NCD surveillance systems and measure the outcomes.

To fulfill the commitments undertaken in the 2011 Political Declaration, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was drafted and adopted by the World Health Assembly in May 2013. The Global Action Plan includes a series of actions which, when implemented collectively by Member States, international partners and WHO, will help to achieve the global target of a 25%-reduction in premature deaths due to NCDs by 2025.

The Global Action Plan requests the United Nations Country Teams to provide technical support to countries in the area of strengthening national interventions to prevent and control NCDs. Specifically, the Plan calls on WHO and other United Nations agencies and entities to mobilize teams to strengthen the links between NCDs, Universal Health Coverage (UHC) and sustainable development.

The need for a coherent response by the United Nations system to step up technical assistance in support of national efforts to control NCDs in line with the Global Action Plan was the impetus for the establishment of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF). The UNIATF was set up by the Secretary-General of the United Nations in July 2013 under the leadership of WHO and has begun the process of supporting national efforts to address the issue of NCDs. The Task Force has undertaken missions to Belarus, Kenya, India, Tonga, Barbados, Jordan, DRC, Mongolia, Sri Lanka and Mozambique. Further missions are planned in the second half of 2015, and a mission to Oman is scheduled for the first six months of 2016.

A review of changes that have occurred in the last four years since the Political Declaration in 2011 show that much has been achieved globally, for example the adoption by the World Health Assembly of the Global Action Plan and the inauguration of the NCD Global Monitoring Framework, the establishment of UNIATF and the Global Coordination Mechanism on NCDs. However, despite some clear improvements, general progress at national level continues to be uneven and

insufficient. Despite the increase in the number of national multisectoral plans to address NCDs in many countries, a number of countries still lack the capacity to translate commitments into action.

NCD Situation in Oman

In the Sultanate of Oman, the burden of NCDs, have been on the rise in the past two decades. At present NCDs are the leading causes of mortality, morbidity, and disability. NCDs are estimated to account for 68% of deaths in Oman with probability of dying from the 4 main NCDs (cardiovascular disease, cancer, diabetes mellitus, and chronic respiratory disease) being 55 %. Cardiovascular disease is the leading cause of mortality and fourth leading cause of morbidity while cancer is the third leading cause of mortality. Age-adjusted annual incidence of cancer, adjusted to the world standard population, is 123.2 per 100,000 for males and 103.7 per 100,000 for females. The WHS in 2008 showed that the prevalence of diabetes is 12.3%, prevalence of high blood pressure (40.3%), overweight (29.5%) obesity (24.1%) and high cholesterol is 33.6%. Moreover, 40% are physically inactive and nearly 70% have insufficient intake of fruits and vegetables. Adult tobacco use is 14.7% among men and it is 3.3% among adolescents aged 13 - 15 years.

NCD prevention and control is the top priority of the Ministry of Health. It has convened a National multisectoral Committee for NCD prevention and control, under the chairmanship of H.E. the Under Secretary of planning which has already done a situation analysis, has developed a National NCD Policy and drafted a National multisectoral action plan for NCD prevention and control. In this action plan the MOH will be collaborating with all stakeholders including non-health sectors to address the NCDs, and it will comprise of comprehensive strategies targeting the NCDs, nutrition in general, fat and salt intake, and physical inactivity.

MOH has already included NCD prevention in the delivery of primary health care; an NCD screening program for all adults aged 40 years and over is in place to augment the services addressing diabetes, hypertension, heart failure, asthma and stroke. Disease specific guidelines are in-line with WHO recommendations.

For developing and strengthening surveillance of NCDs, the NCD department with the Research and studies department is proposing to conduct a National NCD and risk factor prevalence survey in 2016 for updating baseline NCD prevalence. The National targets and indicators are in process of being approved by the National NCD Committee.

Oman has ratified the Framework Convention on Tobacco Control in 2005; a comprehensive legislation on Tobacco control is already under discussion. Current tobacco control measures include smoking bans in the workplace, and closed public places.

With regard to salt and fat intake reduction and implementation of the code, a national team has been established to monitor implementation of the salt and fat reduction. In 2015 10 % reduction of salt content in bread items has been achieved in the main bakeries and all other bakeries have been instructed to reduce it to 10% including in local breads. A 20% salt reduction has been started in January 2016, and situation analysis of salt content in cheese is in process. Gathering of information of available Omani companies to target SFA and TFA is being done.

GCC standard on trans fatty acids has been issued in November 2015 and the implementation of the standard of trans fatty acids (2483/2015) has been started. The proposal for reduction of saturated fat especially Palm oil has been sent to the higher authorities for discussion, and proposal for increasing tax on sugary beverages has also been sent.

With regard to Media campaigns on healthy diet a lot of health education activities is done through TV, Radio, open days, and social media.

The focal point for NCD prevention and control Program of Ministry of Health is the NCD Department in the Ministry of Health. The preventive and control activities are delivered through the Primary Health Care institutions under the administrative guidance of Regional Directors of Health Services. The National multisectoral committee for prevention and control of NCDs takes all policy decisions.

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between the WHO Country Office for Oman and the different ministries of the Government of Oman in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets. By hosting a Task Force Mission, the UN agencies in Oman agrees to follow up action on NCDs by putting in place a mechanism to ensure that coordination action on NCDs is able to be taken forward by them.

The core team of the mission, led by WHO, will comprise of participants from the Headquarters, Regional and Country Offices from FAO, UNDP, UNFPA, UNICEF, and WHO. At the country level, the mission will be coordinated by the WHO Office for Oman, in close collaboration with WHO EMRO, and the Ministry of Health.

Overall approach

The joint UNIATF mission is intended to enhance the support of UN agencies to the Government of Oman to scale up the National Multi-sectoral Response to NCDs, in line with the National Multi-sectoral Action Plan for NCD Prevention 2013-2020 as well as the WHO Regional and Global NCD Action Plan 2013-2020.

The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Oman, including exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda. In advance of the mission the UN agencies will consider options for a mechanism to take forward NCDs within them and the preferred approach will be shared with the Task Force during the mission.

Based on the recommendations of the UN High-level Meeting held in September 2011, the focus of the mission will be on cardiovascular diseases, diabetes, chronic respiratory disease and cancers. Major areas of primary NCD intervention in Oman, including tobacco control activities, promoting physical activities and healthy diet and on-going the secondary and tertiary preventive NCD interventions will be highlighted during the mission.

Purpose and objectives of the mission

The purpose of the joint UNIATF Mission to Oman will be to support the UN agencies to:

- Understand the relevance of NCDs to their individual human development efforts in the country and support implementation;
- Establish a functional mechanism to coordinate support by the UN agencies to the Govt. of Oman's efforts to address NCDs;
- Advocate to non-health sectors about the burden of NCDs and the importance of this coordination;

- Draw lessons from ongoing efforts by WHO and other UN agencies working with the Government of Oman in the area of NCD prevention and control.

Specific objectives for the joint mission are to support the Government of Oman with the following:

- Map ongoing bilateral and multi-sectoral processes to support the government in efforts to address NCDs within the context of National multisectoral Action Plan on NCDs and the country cooperation strategies of respective UN agencies;
- Advocate for effective multisectoral response and increased multisectoral investments for NCDs at the country level;
- Highlight approaches for effective coordination of national multisectoral responses to NCDs;
- Advocate for health policies across government line ministries and help drive the health impact assessment initiatives underway in the country.

Annex 3. Joint Mission Programme

Sunday, 10 April 2016 (Day 1)	
8.00 – 9.00	Meeting of the Joint Mission members with WHO
9.00 – 9:45	Meeting of Joint mission members
10.00 – 10.30	Meeting between Minister of Health
10.30 - 11.00	Meeting with Minister of Health and MoH Undersecretaries
11.00-11.30	Tea break
11.30-2.30	Meeting of Directors and program managers of DGPHC
2.30-3.00	Lunch
3.00-5.00	Wrap up session

Monday, 11 April 2016 (Day 2)	
8.00-9.00	Visit to SQU meeting of UNIATF with President of SQU and Deans College of Medicine , nursing agriculture , Law science , Education, social sciences
10.00-10.30	Tea Break
10:30 – 1:00	Meeting with National NCD Committee
1:00 – 2:00	Lunch
2:00 – 3:00	Meeting with NGOs: Oman Cancer association, Oman respiratory society, Oman Heart association, Oman Anti-tobacco society, Oman Diabetic Society, Oman Medical Association. Oman society for consumer protection
3.00-4.00	Meeting with private sector arranged by the Ministry of Health
4.00-5.00	Wrap up session
7:30	Dinner hosted by Ministry of Health

Tuesday, 12 March 2016 (Day 3)	
8.00-10.00	Meeting of the Task Force members
11.00 – 12:30	Meeting with His Highness Sayyid Fahd bin Mahmood al Said, Deputy Prime Minister for the Council of Ministers, and with Council of Ministers
12:30 – 1:30	Visit to Majlis Daula and Majlis Shura
2.00 – 3.00	Lunch
3:00-4.00	Concluding briefing to the Minister of Health
4.00 – 5.00	Concluding meeting members of the Joint Mission members and WHO

Annex 4. Evidence-based cost-effective interventions for the prevention and control of NCDs⁹

Tobacco use¹⁰

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

Cardiovascular disease and Diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid for acute myocardial infarction

Cancer

- Prevention of liver cancer through hepatitis B immunization

⁹ Taken from the WHO NCD Global Action plan 2013-2020

(http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

¹⁰ These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

Chronic respiratory disease

- Access to improved stoves and cleaner fuels to reduce indoor air pollution
- Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos
- Treatment of asthma based on WHO guidelines
- Influenza vaccination for patients with chronic obstructive pulmonary disease

Annex 5. National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs

(a) Enhance governance:

- (i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;
- (ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;
- (iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;
- (iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;
- (v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;
- (vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;
- (vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;
- (viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;
- (ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;
- (x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

(iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable

and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

= = =