



# Role of law in addressing determinants of NCDs in Mediterranean countries

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# About IDLO

- ▶ Intergovernmental organization, based in Italy
- ▶ UN representative offices in Geneva and New York
- ▶ Program offices in Afghanistan, Kenya, Kyrgyzstan, Mongolia, South Sudan, and Tajikistan.
- ▶ HIV law Projects in Egypt, Jordan, Lebanon, Morocco and Tunisia
- ▶ Formed in 1983, has worked with over 20,000 justice sector professionals in 175 countries
- ▶ Health law program started in 2009, focus on HIV, now includes NCDs.

# Research team and acknowledgments

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- ▶ Dr. Isaac El Mankabady, Cairo;
- ▶ Dr. Amr Awad, Ms. Lisa Van Dijk, Ms Zeinab Farahat, CDS.
- ▶ Government of the Netherlands

# Overview

- ▶ Context
- ▶ Study design
- ▶ Results
- ▶ Recommendations
- ▶ Next steps

# Context – WHO ‘best buys’, but...

- ‘Vectors’ of NCDs are often powerful transnational corporations (e.g. tobacco companies)
- Laws are needed for *almost every best buy* for prevention, for treatment and to address discrimination
- ‘Social determinants’ also need robust legal environment
- Legal capacity in MENA region is generally weak
- Weak or absent tradition of public health law as an area of legal research in MENA

# Context: what can we learn from legal responses to HIV?

## HIV

- ▶ Discrimination
- ▶ Family law
- ▶ Labor law
- ▶ Property and inheritance
- ▶ Criminal law...
- ▶ Intellectual property law (access to medicines)

*‘Low tech’ – litigants are often individuals*

## NCDs

- ▶ Administrative law
- ▶ Public international trade and investment
- ▶ Constitutional law
- ▶ Intellectual property law
- ▶ Media law...

*‘High tech’ – litigants are often multinational corporations*

# Study design

- ▶ **Objective:** assess legal frameworks and implementation to address overweight, obesity and diabetes in four MENA countries
- ▶ **Methods:**
  - literature review including national and regional strategies;
  - interviews with government officials, medical and legal experts;
  - analysis of legal texts
- ▶ **Countries:** Egypt, Lebanon, Tunisia, Qatar

# Research challenges

- ▶ Research team: hard to assemble relevant legal expertise
- ▶ Qatar: local informants unwilling to share information about laws with non-Qataris without prior government clearance
- ▶ Tunisia: local informants unwilling to share data, including laws, with researchers until Ministerial approval was obtained.



# Results – 1

- ▶ Multiple areas identified for regulation
  - Labelling of food products
  - Advertising of unhealthy foods to children
  - Food vendors (safety, nutrition)
  - School lunch cafeterias
  - Urban design to include exercise areas
  - Agricultural sector to increase production of healthy foods...

# Results – 2

- ▶ Poor labelling of processed foods
- ▶ Outside exercise areas can be unsafe
- ▶ Failure to screen television advertisements (loss of revenue)
- ▶ Lack of community awareness about existing laws
- ▶ Fines for breaking laws minimal or undefined
- ▶ Lack of understanding of issues among legislators and police
- ▶ Poor coordination between responsible Ministries

# Example: Food labelling in Tunisia

- ▶ Ministerial Decree on Food Labelling (2008)
- ▶ 2010 survey of 750 packaged food products
  - 700 had no nutritional label
  - Remaining 50 had 90% deficiency in information provided
  - Labelling only required if 'healthy' claims are made
  - Three ministries are jointly responsible for Decree

# Results – 3: Gender

- ▶ Gender difference in obesity noted in four countries
- ▶ Tunisia: *‘Female entry to the labor market, which led to change of types of foods prepared at home as working women are usually favoring to serve fried foods for their families as they are easier to prepare and less time consuming with decrease in amount of vegetables and whole grains.’*

# Recommendations

1. Build on linguistic, cultural and legal similarities in region to document and share best practices in legal regulation of NCD determinants and response.
2. Build links between legal and public health sectors to increase mutual understanding

# Recommendations: (from HIV)

3. Engagement of civil society: e.g. women, children, human rights organizations
4. Explicit adoption of human rights-based approaches and related monitoring frameworks

# Next steps for project

- ▶ Engage WHO/EMRO and other national and regional stakeholders
- ▶ Validate findings nationally
- ▶ Host regional consultation to share findings and review draft project concept
- ▶ Mobilize resources for a regional capacity building program on public health law with a focus on NCDs

Also forthcoming: *Public health law manual* (IDLO, WHO, O'Neill Institute, University of Sydney)

# Further information

- ▶ [www.idlo.int/healthlaw](http://www.idlo.int/healthlaw)

Publications section contains the research report on law and NCDs

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