

# Policies to Curb the Epidemic of Non-Communicable Diseases in Lebanon: Time to Act



Ibrahim Bou-Orm, MD, MPH  
Lecturer / Researcher  
Higher Institute of Public Health  
Faculty of Medicine – USJ

The burden of Non-Communicable Diseases (NCD) in Lebanon has reached high levels while the NCD policy landscape still has major gaps. Local research shows evidence of continuously increasing prevalence of NCD risk factors such as smoking, alcohol use, unhealthy diet and physical inactivity. Diseases like cardiovascular diseases, diabetes, cancer and chronic respiratory conditions are expected not only to increase in terms of crude prevalence but also to occur in young age groups. Evidence-based policies have been implemented in many low and middle-income countries and have contributed to changing the epidemiology of NCD and their risk factors. The main objective of this correspondence is to reflect on the current situation of NCD policies in Lebanon and suggest future recommendations.

## Tobacco Control

Tobacco control laws were effective along with smoking-cessation programmes to enable smoke-free environments in several countries around the globe. In Lebanon, the journey of tobacco control has been very complex even though Lebanon signed and ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004 and created, after six years of tough policy debates, a tobacco control law (No.174) in September 2011. The Law tackled

several aspects of tobacco control including smoking ban in public places, ban on marketing and advertisement of tobacco products and health warnings on 40% of product packages. Currently, the level of compliance to the Law is unsurprisingly considered “low” according to the WHO report on the global tobacco epidemic.

Urgent discussion is therefore needed among all supportive stakeholders to identify and address the implementation gaps. Policy advocates including the media should break the silence about tobacco control. A clear mandate should be given to the MOPH to ensure the law implementation as other governmental bodies have failed to do so. Other policy options such as plain packaging of tobacco products and taxation need to be raised into the policy agenda of the new government. Given the continuous debate on the budget deficit of the government at the same time of ambitious statements about cancer care and universal health coverage, the government should put in place a taxation policy option on tobacco and other unhealthy products. Researchers have estimated that a tax increase to 70% of the retail price (currently ~ 50%) would generate more than 100 Million USD – twice the needed budget for cancer drugs by the Ministry of Public Health (MOPH)



– and decrease the consumption of tobacco products by the general population and most importantly young adults.

## Regulations on Diet and Alcohol

The state should consider alcohol and diet-related policy change. The current tax level on alcoholic beverages is substantially low. Moreover, there is no policies that limit the availability and affordability of alcohol in Lebanon as well as their advertising and marketing. In the field of diet-related policies, the country witnesses a real vacuum of policy-making. Key policy options such as labelling policies and taxation on sugar-sweetened beverages are inexistent. In parallel with an increasing

knowledge among the public regarding healthy eating, the consumer would extremely benefit from a clear and informative food labelling policy to make healthy choices.

## Comprehensive NCD Care within the Health System

Although policy-makers are invited to understand the root causes of the NCD epidemic and prioritize NCD prevention, comprehensive NCD care within the health system is also needed. Counselling services and adequate drugs should be available to treat obesity and smoking even before the onset of NCD. The availability of smoking cessation services in our country is a required complementary initiative to tobacco control regulations. Moreover, counselling services on healthy diet and weight management should be available at the primary health care (PHC) level. The National Social Security Fund (NSSF) and other public health coverage bodies are invited to add nutrition and smoking cessation counselling visits to the list of health services that are eligible for reimbursement.

Early detection and management of NCD must be scaled-



up to cover all the population. With adequate funding and skilled staff, the MOPH could ensure that NCD are diagnosed at early stages via screening tests at the PHC level. Furthermore, patients can be retained in the system by providing a proper follow-up, an adequate treatment and a well-defined referral system to hospital care whenever needed. The NSSF and other health schemes are requested to adopt alternatives to NCD care such as the family medicine model. Given the need for a long follow-up and multiple care aspects for any NCD patient, family doctors would ensure proper and – most importantly – cost-effective case-management.

Evidence-based policy options to address the NCD epidemic in Lebanon are clearly available. In order to create and implement these policies, the best practical step is to form a national NCD multisectoral committee that includes members from relevant governmental bodies, parliamentarians, academicians, professional orders and civil society representatives. Adequate financial and technical capacities as well as principles of good governance including transparency and accountability are key elements to be adopted for the success of such committees.