

GLOBAL HEALTH FROM ARAB AND DEVELOPING WORLD PERSPECTIVES

SECTION VI. GLOBAL HEALTH FROM ARAB AND DEVELOPING WORLD PERSPECTIVES

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A. OVERVIEW

The presentations in this section provided an account for the current status and the trends of major public health issues in the Arab world at large, with data from specific countries in the region. The effects of socioeconomic and educational status and the transforming lifestyle factors including tobacco consumption, dietary habits and the lack of physical activity on the incidence of noncommunicable diseases were addressed by the invited speakers. While the major themes were similar, different areas of emphasis along with country-specific data, predictions and statistics were offered in the papers presented.

Sabri Belgacem, MPA, MD, director of Health Systems & Services Development, WHO-EMRO, Cairo, Egypt addressed the steadily growing risk for noncommunicable diseases in the Arab world with the increasing prevalence of high blood pressure, diabetes and obesity due to poor eating habits and changes in economic and social statuses. He emphasized the alarming increase in tobacco consumption among adults and youth in countries across the region. Combating these challenges is complicated by the major financial hardships faced by Arab countries to provide quality healthcare services. A key factor in these efforts involves increasing knowledge and awareness of risk factors to alleviate the impact of the rising rates of noncommunicable diseases.

In his presentation, Hassen Ghanem, MD, chief, Epidemiology, University Hospital Farhat Hached, Sousse, Tunisia, focused on the worldwide

growing rates of mortality due to chronic diseases where 80% of these deaths occurred in low- and middle-income countries compared to 20% share for the high-income countries. He suggested that the findings of a study in the Sousse region showing the three risk factors of tobacco use, diet, and physical inactivity as the dominant and often synergistic role in the development of these chronic diseases to be applicable to trends in the Arab world. He also emphasized that the importance of developing population-wide prevention programs that are community-based and are inclusive, (ie, all age brackets; especially the youth and both the symptom-free and the high-risk individual).

Ali Mokdad, PhD, chief, Behavioral Surveillance Branch at the Centers for Disease Control and Prevention outlined the differences in the approaches adopted by the clinical vs public health disciplines. The clinical world believes in reductionism, which is the basis of medicine, whereby the larger phenomena are studied by looking at the smaller components and the concept is that the more-specialized a service or a hospital is, the better it will serve its people. The public health philosophy, on the other hand, believes in interconnectedness, whereby the large phenomena are visible and can only be studied when they are in the presence of their smaller components. He presented the results of CDC surveys in Jordan on the epidemiology of diabetes, hypertension and other risk factors as they relate primarily to the changes in the behavior and life style of the Jordanian population.

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