B. Commentary: The Growing Risk Factors for Noncommunicable Diseases in the Arab World

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The Arab population is estimated to be about 280 million. The majority are in the younger age brackets, although in some countries, the aging population is increasing due to changing living standards and demographic transitions. The region is quite diverse with respect to social and economic determinants of health. While these countries are at different stages of development and their economic classification includes many within low-income status, some within the middle-income and few within the high-income categories, the total income of the entire Arab world according to the *Human Development Report* of 2003 and 2004 is less than that of Spain.

All countries in the region face the burden of growing risk factors for noncommunicable diseases (NCD), with statistical evidence documenting a rise of the major risk factors for these diseases such as tobacco, obesity, lack of physical activity and high blood pressure. Unhealthy lifestyles are also growing among young populations and are exacerbated by globalization and extended communication particularly through satellite channels, which are becoming very popular in the region. Ischemic heart and vascular diseases, as well as cancers, represent the major causes of morbidity and mortality. Obesity is also increasing in the Arab world, ranging from 16%–50% and more than 50% in the higher-income countries of the Gulf Cooperative Council (GCC). The lack of, or the very limited, physical activity reported in these countries is also a contributing factor to the rise in NCD.

Statistics related to tobacco use, in particular, are worth emphasizing as the Arab world has seen a steady increase in its use. Egypt leads the region in tobacco consumption, with an estimated 8% increase consumption annually and a growing number of children starting the habit between 10 to 15 years of age. Estimates show a fivefold overall increase in tobacco consumption in Egypt from 1970 (12 billion cigarettes/year) to 2003 (62 billion cigarettes/year). In Syria, 50% of males and 10% of females consume cigarettes, with alarming smoking rates among medical professionals (40% males, 11% females). In Morocco, tobacco commerce represents 2.1% of GDP and accounts for about 2.5% of total per capita expenditures. In the GCC countries, 45 daily deaths are attributed to smoke-related illnesses. Overall, the increase in smoking in the Arab world has been more pronounced in the rural areas (fourfold), compared to twofold in the urban areas of the region.

The overall burden of morbidity in the low- and middle-income countries of the region is accounted for mostly by NCD (57.1%) compared to infectious diseases (25%) and injuries (17%).

As countries of the region work on developing strategies and programs to control the rise in NCD, their efforts are hampered by the limited financial resources to address risk factors for NCD, which is costly and needs long-term commitment. The emphasis needs to be on health promotion, starting at school and in work settings in line with the cultural heritage and religious practices. Implementing school health programs for youth is essential. Some regional attempts have been made to integrate NCD control activities within the primary healthcare settings and we have seen an increased awareness for the

need of partnerships with academic institutions, professional associations, NGOs, the food industry, and the media to support strategies to reduce the burden of NCD in the Arab world. WHO is a major partner in these efforts and provides technical support, promotes established guidelines and recommendations for managing risk factors and noncommunicable diseases, and promotes national and regional NCD registries.