



In the Name of God, the Compassionate, the Merciful

Address by

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to the

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Ladies and Gentlemen,

Let me begin by expressing my deep thanks to the organizers for inviting me to this event. I wish also to express my appreciation to all present for your participation in this meeting focusing on cardiovascular disease, the subject of which reflects one of WHO's priority programmes.

As we are all aware, heart disease, stroke and cancer are the leading causes of death worldwide and in the Eastern Mediterranean Region. Noncommunicable diseases account for 60% of all deaths and almost 50% of disability-adjusted life years lost in 2005. Globally , cardiovascular diseases are responsible for an estimated 17 million deaths each year. If no action is taken to improve cardiovascular health and the present trend continues, WHO estimates that 25% more healthy life years will be lost to cardiovascular disease globally by 2020.

Many more people remain undiagnosed. To take the example of high blood pressure, it is estimated that up to 50% of people with hypertension are undiagnosed. Similarly diabetics and elderly people with chronic diseases are silently suffering and

dying. Most remain undiagnosed, many of them remain untreated and when treated they are rarely controlled.

Ladies and Gentlemen,

The epidemic of chronic diseases threatens economic and social development in our Region. Although there is a paucity of information regarding the economic burden of cardiovascular disease in the Region, globally the economic loss due to heart disease, stroke and diabetes has been estimated for a number of countries and found to be staggering. For example, estimated income loss in a country from our region, Pakistan, which has a lower burden of noncommunicable disease than any of the member countries of the Gulf Cooperation Council (GCC) was calculated at 1.2 billion US dollars in 2005 and is projected to increase to 6.7 billion in 2015, amounting to an accumulated loss of almost 31 billion for the period 2005-2015. In terms of GDP, this loss will result in 1% reduction of GDP by 2015.

In GCC countries, cardiovascular diseases and stroke account for 31% of deaths. More than 26% of the adult population in Saudi Arabia is hypertensive. Recent statistics on chronic disease risk factors provided by the Stepwise survey indicate that smoking (an important risk factor for cardiovascular disease) is widely prevalent in GCC countries reaching between 16% to 46% of the adult male population. Diabetes is another risk factor for CVD, affecting up to a quarter (25%) of the population in some GCC countries.

Ladies and Gentlemen,

Accumulated scientific evidence shows that lifestyles associated with unhealthy diet, inadequate physical activity, obesity and smoking play an important role in the burden of cardiovascular and other chronic diseases. As many of us are now aware, 75% of deaths from cardiovascular diseases result from these very same risk factors. In our region, traditional foods are being replaced by fast food and soft drinks, and diets high in fat and energy are coupled with sedentary lifestyles. This trend is especially marked among children and adolescents. The new lifestyle patterns have allowed a sharp rise in the prevalence of overweight and obesity especially in women, reaching between 40% and 70% in some population groups in GCC countries. Indeed the GCC countries are

among the top five countries in regard to diabetes prevalence worldwide, ranging between 10% and 25%.

Unfortunately, these risk factors have been accepted unquestioningly as part of new lifestyles. As well, the food industry, tobacco industry and other related global industries continue to market and promote their unhealthy products unchecked.

Ladies and Gentlemen,

Our health is affected by social conditions, which are determinants for health. They include education, type of work, work place environment and the nature of jobs. They include living conditions such as housing and adequate nutritious foods. They also entail access to quality health care. All these factors affect how long we live a healthy life. In this context, I would like to quote Professor Sir Michael Marmot, Chair of the Commission on Social Determinants of Health, who stated that if you are a fifteen-year-old boy in Lesotho, your chance of reaching the age of 60 is about 10%. If you are a fifteen-year-old boy in Sweden, your chance of reaching 60 is 91%.

As we all are aware, chronic diseases are long-term and hence often require life-long care and expensive treatment. They place a heavy burden on patients, families and the health care system. The costs of health care are escalating. A recent medicine pricing survey revealed that a 1 month supply of secondary cardiovascular disease prevention regimen would cost about 5 days wages in Pakistan.

This high cost of treating chronic diseases suggests that reducing their prevalence would improve the health system and reduce the financial burden on the system.

Ladies and Gentlemen,

WHO has been supporting countries to accelerate and strengthen chronic disease prevention and management in general and cardiovascular diseases in particular. In this regard, a number of Health Assembly resolutions have provided a platform for scaling up and setting national strategies for prevention and care of cardiovascular diseases. These include resolutions on Prevention and Control of Noncommunicable Diseases in 2000,

the Framework Convention on Tobacco Control in 2003, the Global Strategy on Diet, Physical Activity and Health in 2004, and Cancer Prevention and Control in 2005.

I would like to congratulate the Ministers of Health of GCC countries for their recent decision to issue the GCC Charter on Health of the Heart, giving cardiovascular disease prevention and control priority and special attention in the GCC region. This shows political commitment at the highest level, providing an enabling environment in which intervention programmes can flourish.

Ladies and Gentlemen,

We all agree that the risk factors of today are the disease of tomorrow. Therefore prevention is the key to the ultimate goal of reducing the burden of cardiovascular diseases and improving the quality of life of a substantial proportion of our population.

In order to translate policy initiatives into effective collaborative interventions and programmes, there is need to invest in and develop community-based integrated and population-wide primary prevention interventions targeting the risk factors.

It is now clearly evident that lifestyle changes such as smoking cessation, healthy diet and regular moderate physical activity can have a major impact on the progress and recurrence of cardiovascular diseases, vital for the reduction of disability and premature mortality due to cardiovascular diseases.

As we seek ways and means to do more, we also need to look to a number of healthy lifestyle projects and community-based prevention programmes that are currently in operation in our Region. Heartfile in Pakistan, the Isfahan healthy heart project in the Islamic Republic of Iran, Nizwa Healthy City in Oman and Dar Al Fatwa in Lebanon are examples of such initiatives and interventions. All these experiences reflect the significance of multisectoral partnership and community participation.

Our challenge, Ladies and Gentlemen, is to expand similar interventions in order to promote behavioural changes in individuals and in the population as a whole.

This conference is yet another gesture of the firm commitment of the Kingdom of Saudi Arabia and the GCC member states to design ways and means to prevent

cardiovascular diseases, promote the health of the population of this Region and reduce health inequities. I assure you of the fullest support of WHO in this process.

I wish you a successful meeting and look forward to receiving your recommendations.