



*NFS-obese-BAH*

*In the Name of God, the Compassionate, the Merciful*

**Message from**

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**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**REGIONAL WORKSHOP ON PREVENTION AND CONTROL OF OBESITY**

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Your Excellency, Ladies and Gentlemen, Dear Colleagues,

It is a great pleasure to welcome you here to the Regional Workshop on Prevention and Control of Obesity. I am very pleased that we have this important workshop, the first in the Region, here in Bahrain. Over the last year, Bahrain has actively embarked on a programme to assess the prevalence of obesity and has since taken steps to develop a programme to prevent and control obesity. I am sure that this workshop will be of use to all of your countries and to our Bahraini colleagues.

Obesity is a serious problem in the Eastern Mediterranean Region. While we do not yet have full information on the nutritional status of adults in countries of the Region, the information we do have points to a veritable epidemic of obesity.

I am sure that the posters and information that will be presented and analysed during the workshop will go a long way in establishing a comprehensive picture of the prevalence of obesity in the Region. We do, however, have some information already, and I would like to share some of our concerns.

As you are all undoubtedly aware, obesity is a health problem in its own right in that it affects the quality of life of the obese and puts a heavy burden on the health systems of a country. Obesity is also, however, a major risk factor in the development of diabetes and cardiovascular disease.

Cardiovascular diseases have become the major cause of death in most if not all countries of the Region. WHO estimates that there are currently around 16 million diabetics in the Region. This figure is expected to rise to almost 43 million by 2025. Surveys of diabetes carried out in the Region show that diabetes is much more prevalent among city dwellers than among people in rural areas.

But urbanization is one of the major characteristics of this Region! Some 40 or 50 years ago, only 15 to 18% of the population of countries of the Gulf Cooperation Council lived in cities. The majority of the people lived in the desert, leading an active and demanding life, or lived in settlements on the coast where they were engaged in fishing, pearl-diving and shipping. In the last 40 years after the discovery of oil, however, these countries have been transformed, and now more than 80% of the population lives in cities. This has, of course, gone hand in hand with major lifestyle changes. Physical activity has become a leisure item, transport is by air-conditioned car and food is bought in supermarkets.

Dietary habits have undergone a major change as well. Fat consumption has soared, fast food outlets are found everywhere and most inhabitants of the Gulf Cooperation Council countries reportedly have processed foods at every meal.

The elegant robes of the men and the *abaya* worn by many women cannot hide the fact that obesity is becoming the norm rather than the exception. Overweight and obesity affect more than half of adult women, according to the information available. And much of

the obesity in men, although less documented, seems to be of the abdominal variety, which carries the highest risk of cardiovascular morbidity and mortality.

The problem of obesity, however, is not confined to the more affluent countries or the more affluent segments of society. Studies previously carried out in Egypt showed that obesity was more prevalent among the urban poor than among the more well-to-do segment of society. The urban poor have less access to fresh fruits and vegetables, eat more fat and sugar, live in more crowded and unhealthy conditions and are also subject to severe stress brought about by their marginal situation. They are therefore not only prone to obesity but also suffer from additional risk factors for noncommunicable diseases.

A hypothesis put forward by Barker, an English epidemiologist, suggests that childhood stunting may predispose one for later obesity and noncommunicable diseases. This means that the countries in the Region still suffering from high prevalences of malnutrition and still battling with the burden of communicable diseases may face an epidemic of obesity and noncommunicable diseases in the near future. This is in fact already happening, and has been called the double burden of disease. This double burden is only growing, and, if unchecked, will engulf these countries.

I mentioned earlier that much of the obesity seen in adult men seems to be of the abdominal variety, which carries a high risk of subsequent cardiovascular disease. In several developing countries the potbellies of urban males, many of whom are civil servants and have extremely sedentary lifestyles, have been called “executive” bellies, a term that belies the ultimate risks of this condition.

I have painted a bleak picture, showing the risks facing us in the countries of the Region. You will undoubtedly discuss these risks. But the title of this workshop is “Prevention and control of obesity”, and therefore you will not only have to discuss the bleak situation facing you, but you will have to come up with strategies to address the problem.

In many countries there are weight control clinics, often only accessible to the more affluent. Dietary guidelines have been formulated in some countries. You will, however, agree with me that these measures have not yet had any impact in preventing or controlling

obesity. In fact, in the United States, which has had dietary guidelines for decades and where weight watching is the national pastime, obesity is on the increase!

We have brought to this workshop a number of experts from countries around the world where new approaches are being tried. These new approaches attempt to address not only the dietary behaviour of individuals but to change the whole environment and come up with strategies to alter the way of life of entire populations. Strategies have been developed to make physical exercise the norm, rather than the exception, and enable people to change their lifestyles to become healthier. Our colleagues will share these experiences and acquaint you with the framework used for their development. I hope that you will find these experiences useful.

Obesity starts young; we are seeing it in more and more of the under-5 populations in the Region, and by school age many children are already becoming obese. This, however, is the age where lifelong habits are formed and where behaviour can still be influenced. I challenge you to develop strategies to address the way of life of the future generations. I also challenge you to adapt the experiences of our colleagues from other regions to suit the social and cultural realities of this Region and your individual countries.

You have a lot to do in only a few days. This is only a beginning; you will have to continue developing new approaches. In this, you will greatly benefit from the networks you develop now, so that you can continue to learn from each other's experiences. These days, the address lists of participants in EMRO intercountry workshops always include e-mail addresses. As more and more of you have access to the Internet, you are urged to use these contacts and to visit web sites where you can continue to find important information.

I therefore wish you a productive workshop and the successful establishment of a networking mechanism, so that jointly we can address the epidemic of obesity in the Region.