

In Middle East and North Africa, Health Challenges are Becoming Similar to Those in Western Countries

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In the Middle East and North Africa region, non-communicable diseases such as heart disease (up by 44%), stroke (up 35%), and diabetes (up 87%) are causing more premature death and disability than they did in the past. Potentially preventable risk factors such as poor diets, high blood pressure, high body mass index (an indicator of obesity and overweight), and smoking are contributing to the growing burden of non-communicable diseases in the region. These are some of the findings published September 4 by the World Bank and the Institute for Health Metrics and Evaluation (IHME) in a report titled The Global Burden of Disease: Generating Evidence, Guiding Policy: Middle East and North Africa Regional Edition. The report is based on the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010), a collaborative effort of researchers from 50 countries around the world led by IHME at the University of Washington. The report explores changes in the leading causes of premature mortality and disability in the Middle East and North Africa and compares the performance of countries. It documents how the region has succeeded in reducing disease burden from many communicable, newborn, nutritional, and maternal conditions. However, a communicable disease - lower respiratory infections - remains the second leading cause of healthy years lost in the region. The rapid shifts in disease burden place poor people in low- and middle-income countries at high risk of not having access to appropriate services and incurring payments for health care that push them deeper into poverty, said Timothy Evans, Director of Health, Nutrition and Population at the World Bank Group. "The data in these new reports are critical inputs to the efforts of policymakers in countries towards universal health coverage that aim to improve the health of their people, communities, and economies. The World Bank commissioned the first Global Burden of Disease analysis as part of its World Development Report 1993. Earlier this year, IHME presented GBD 2010 findings in meetings hosted by the World Bank. Bank officials saw how Global Burden of Disease analysis could be applied to the Banks work in specific countries and began working with IHME on six regional reports. This publication also explores the different diseases that cause substantial disability in the Middle East and North Africa, such as low back pain, major depressive disorder, iron-deficiency anemia, anxiety disorders, and diabetes. The Middle East and North Africa is undergoing a rapid transition toward diseases that dominate in the US and Western Europe, such as heart disease, depression, and diabetes, said Dr. Christopher Murray, IHME Director and one of the lead authors on the GBD study. "At the same time, poorer countries in the region, including Yemen, Djibouti, and Iraq, continue to struggle with a high burden from communicable diseases. The report identifies trends in the risk factors that account for the most death and disability in the region. Major risk factors for causes such as heart disease, stroke, and diabetes, including poor diet, high blood pressure, and high body mass index, were the top three contributors to disease burden in the region, and each increased by more than 50% between 1990 and 2010. Responding to the changing burden of disease in the Middle East and North Africa, the World Bank has launched a new health sector strategy - Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa (2013-2018). Our strategy advocates and paves the way for strengthening health systems for more equitable and effective prevention and care of the regions main scourges such as diabetes, hypertension, and road traffic injuries, as well as debilitating illnesses such as depression, especially among the poor and women, said Enis Baris, World Bank Sector Manager for Health in the Middle East and North Africa region. Among countries in the region, the leading causes of disease burden were as diverse as preterm birth complications in Algeria and Palestine, depression in Jordan, and ischemic heart disease, or coronary artery disease, in Egypt, Iran, and Lebanon. When comparing rates of diseases and injuries across countries in the Middle East and North Africa and taking into account differences in population growth and ages, Lebanon, Syria, and Tunisia performed best relative to other countries in the region while Iraq, Yemen, and Djibouti performed the worst. Countries in the Middle East and North Africa must act quickly to address the public health and economic threat posed by uncontrolled high blood pressure, obesity, and eating too little fruit and too much salt, said Ali Mokdad, Director of Middle Eastern Initiatives at IHME. "Implementing policies to encourage healthy eating as well as expanding screening and treatment for high blood pressure can save lives and reduce health care costs in the future. In the Middle East and North Africa, the leading causes of premature death and disability and their percentage changes between 1990 and 2010 were: Ischemic heart disease: 44% increase Lower respiratory infections: 47% decrease Stroke: 35% increase Low back pain: 77% increase Major depressive disorder: 58% increase Preterm birth complications: 23% decrease Congenital anomalies: 36% decrease Road injuries: 46% increase Diabetes: 87% increase Diarrheal diseases: 69% decrease In the Middle East and North Africa, the top 10 risk factors for premature death and disability and their percentage changes between 1990 and 2010 were: Dietary risks: 64% increase High blood pressure: 59% increase High body mass index: 138% increase Smoking: 10% increase High fasting plasma glucose: 66% increase Physical inactivity: percentage change unavailable due to lack of data Ambient particulate matter air pollution: 4% increase Occupational risks: 38% increase Iron deficiency: 7% increase High total cholesterol: 51% increase Detailed findings for the Middle East and North Africa and each country in the region are available online in a series of country profiles and data visualization tools. Anyone can search by condition or country on the IHME website at <http://www.healthmetricsandevaluation.org/search-gbd-data>. Building on the success of GBD 2010, IHME is expanding its network of researchers from around the world with expertise in specific diseases, injuries, and risk factors. Through this broader network, IHME hopes to strengthen the country-level assessments that are produced and make GBD updates more frequent. Application information is available here. The Middle East and North Africa region of the World Bank has a new health sector strategy which focuses on the creation of fair and accountable health systems as a means to protect the health of the population. It is available here: www.worldbank.org/mena/health-strategy. Recent, relevant blog posts: <http://menablog.worldbank.org/blood-pressures-boiling-mena> <http://menablog.worldbank.org/surprising-rates-depression-among-mena> The World Bank Group and Health, Nutrition, and Population The World Bank Group is a vital source of financial and technical assistance to developing countries around the world, with the goals of ending extreme poverty and boosting shared prosperity. Improving health is integral to achieving these goals. The Bank Group provides financing, state-of-the-art analysis, and policy advice to help countries expand access to quality, affordable health care; protect people from falling into poverty or worsening poverty due to illness; and promote investments in all sectors that form the foundation of healthy societies. The Institute for Health Metrics and Evaluation The Institute for Health Metrics and Evaluation (IHME) is a global health research organization at the University of Washington that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information widely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to best improve population health. The World Bank 1818 H Street, NW DC 20433 Washington USA Telefon: (202) 473-1000 Telefax: (202) 477-6391 Mail: investigations_hotline@worldbank.org URL: <http://www.worldbank.org/>

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