



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

**Address by**

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**to the**

**WHO GLOBAL FORUM ON NCD PREVENTION AND CONTROL**

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Ladies and Gentlemen,

It is with great pleasure that I join you here today. I would like to thank the Islamic Republic of Iran for hosting this Global Forum on NCD Prevention and Control, organized by the World Health Organization and Isfahan Healthy Heart Programme, and to express my appreciation for all the efforts being undertaken.

Noncommunicable diseases (NCDs) are the primary cause of mortality and morbidity in the Member States of the Eastern Mediterranean Region, overtaking infectious diseases. At the same time, many countries suffer a double burden of both communicable and noncommunicable diseases as the epidemiological transition takes hold. Annually, diseases such as hypertension, cardiovascular diseases, diabetes and cancer result in over two million deaths and account for over 51 million disability-adjusted life years (DALYs) in the Region.

Most of these diseases are the result of social, economic and lifestyle choices that are easily preventable and manageable. Modifiable risk factors, such as smoking,

unhealthy diet and physical inactivity, which are result in diabetes, obesity and high lipids, are the root causes of the global noncommunicable diseases epidemic and are responsible for about 30% of deaths worldwide. Although the relative importance of these may vary in different populations, these conventional risk factors may explain 75% of chronic conditions. It is also worth noting that cardiovascular diseases and diabetes are emerging as the single leading cause of mortality in the Region.

Patients with noncommunicable diseases are seen primarily at the primary health care level and therefore need to be handled principally in these settings. Yet, most primary health care services have developed in response to acute problems and the urgent needs of patients. In many cases, health care workers lack the skills and practical tools to manage chronic conditions.

The aim of this Rotating International Visitors Programme is to present theory and practice of integrated noncommunicable disease prevention and care programmes for participants who are or will be involved in the planning, implementation or evaluation of local or national projects in the field of noncommunicable disease prevention and health promotion.

For cardiovascular diseases, the right approaches to disease not only save lives; they save money. Smoking cessation, availability of inexpensive generic drugs at different levels of care and moderate changes in lifestyle can halve the recurrence rates of heart attack and strokes.

In developing strategies to control hypertension, the main emphasis in the Region should be on estimating the distribution of high blood pressure and the prevalence of hypertension; and evaluating the cost-effectiveness of community-based, life-style-linked interventions (such as reduced salt intake, increased exercise, improved stress management) aimed at decreasing the incidence of high blood pressure.

Given the importance of diabetes and associated complications, diabetes needs to be considered a health priority and national plans should be established to set protocols for treatment goals, and cost-effective and affordable management. The key

to future diabetes activities is prevention. This includes primary prevention, early detection, and reducing complications.

Similarly for cancer, the strategies should aim at reversing the trend of rising cancer morbidity and mortality with focus on primary prevention, early detection, treatment and palliation of cancer. Primary prevention is of utmost importance. At least 30% of future cancers could be prevented by comprehensive and carefully considered action taken now. This will involve creating public awareness about prevention of cancer. Promoting and supporting healthy lifestyle choices is also essential.

Addressing noncommunicable diseases in all their complexity requires concentrated action – both at the national and regional levels. There is a clear opportunity here for positive messages to be disseminated in the fields of diet, smoking and physical activity. It should be possible to establish noncommunicable disease prevention and care models (based on best practices). An integrated approach responds not only to the need for intervention on major common risk factors with the aim of reducing premature mortality and morbidity from NCDs, but also to the need to integrate primary, secondary and tertiary prevention, health promotion and disease prevention programmes across sectors and disciplines.

Ladies and Gentlemen,

As reducing risk factors is one of the best ways to prevent noncommunicable diseases, improve quality of life and increase life expectancy, I am confident that this ‘Rotating International Visitors Programme’ will feature the experience of ongoing model projects of comprehensive integrated community-based noncommunicable disease prevention and care, and will consider primary prevention as a key strategy.

I wish you all success in your endeavours.