

NCDs in the Arab World

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OUTLINE

Inequity on health

Burden of NCDs in the Arab World

Regional Riposte to the NCDs

Health & Policy : bridging the Gap

Inequity on health

- Inequities in health is defined as:
“avoidable health inequalities, which arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness.
 - The conditions in which people live and die are shaped by political, social and economic forces .
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Inequity on health

- The central core of the concept of health “inequities” is that they are unfair and unjust.
- The “right to health”, a right to be enjoyed by everyone, without distinction of gender, race, ethnicity, religion, social status or area of residence .

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Inequity on health

- Inequity is measured by :
 - Human Development Index
 - Resources available for health care
 - Use of health services
 - Distribution of public health expenditures
 - Extent of out of pocket expenditure on health for various social groups
 - Health outcome such as mortality, morbidity or disease status
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Inequity on health

- In the Arab world, the challenges of health inequities reflect the social and economic diversity of countries.
 - Diversity is evident in the marked contrasts in human development from country to country .
 - Some countries ranking high in human development whilst some others are ranking amongst the lowest .
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Countries	World Bank groups	Expenditure on health, public (% of GDP) (%)	HDI	GDP PPP US\$	GII
Qatar	High	1.4	0.834	77.987	0.546
U.A.E	High	2.7	0.818	42.293	0.241
Kuwait	High	2.1	0.790	47.935	0.274
Bahrain	High	3.6	0.796	21.345	0.258
Libya	upper middle	2.7	0.769	15.361	0.216
Saudi Arabia	upper middle	2.7	0.782	21.340	0.274
Oman	upper middle	2.2	0.731	25.330	0.340
Lebanon	upper middle	2.8	0.745	12.900	0.433
Jordan	lower middle	5.4	0.700	5.269	0.482
Palestine	lower middle	n.a	0.670	2.465	n.a
Algérie	Middle	3.2	0.713	7.643	0.391
Tunisia	lower middle	3.4	0.712	8.258	0.261
Morocco	low middle	2.0	0.591	4.373	0.444
Syria	low middle	1.6	0.648	4.741	0.551
Egypt	low middle	1.7	0.662	5.547	0.590
Djibouti	low middle	4.7	0.445	2.087	n.a
Iraq	low middle	6.8	0.590	3.412	0.557
Yemen	Low	1.3	0.458	2.060	0.747
Sudan	Low	1.9	0.414	1.878	0.604
Mauritanie	Low	2.3	0.467	2.255	0.643

Countries	Estimated insured population % of total	Out of Pocket spending % THE
Qatar	100	18
U.A.E	100	21
Kuwait	100	20
Bahrain		23
Saudi Arabia	100	19
Oman	100	18
Lebanon	50	40
Libya	100	30
Jordan	57	43
Palestine	56	
Algérie	87	
Tunisia	90	46
Morocco	31	49
Syria	70	52
Egypt	52	56
Djibouti	22	24
Iraq	80	28
<u>Yemen</u>	<10	51
Sudan	20	62
Somalia	<10	55
Mauritanie	20	31

- Arab countries have invested in programs aimed at reducing poverty, improving literacy, increasing access to clean water and sanitation and environmental protection. Such policies have helped in reducing the burden of communicable diseases leading to decrease of infant mortality .
 - But the gap between countries and between social classes is important.
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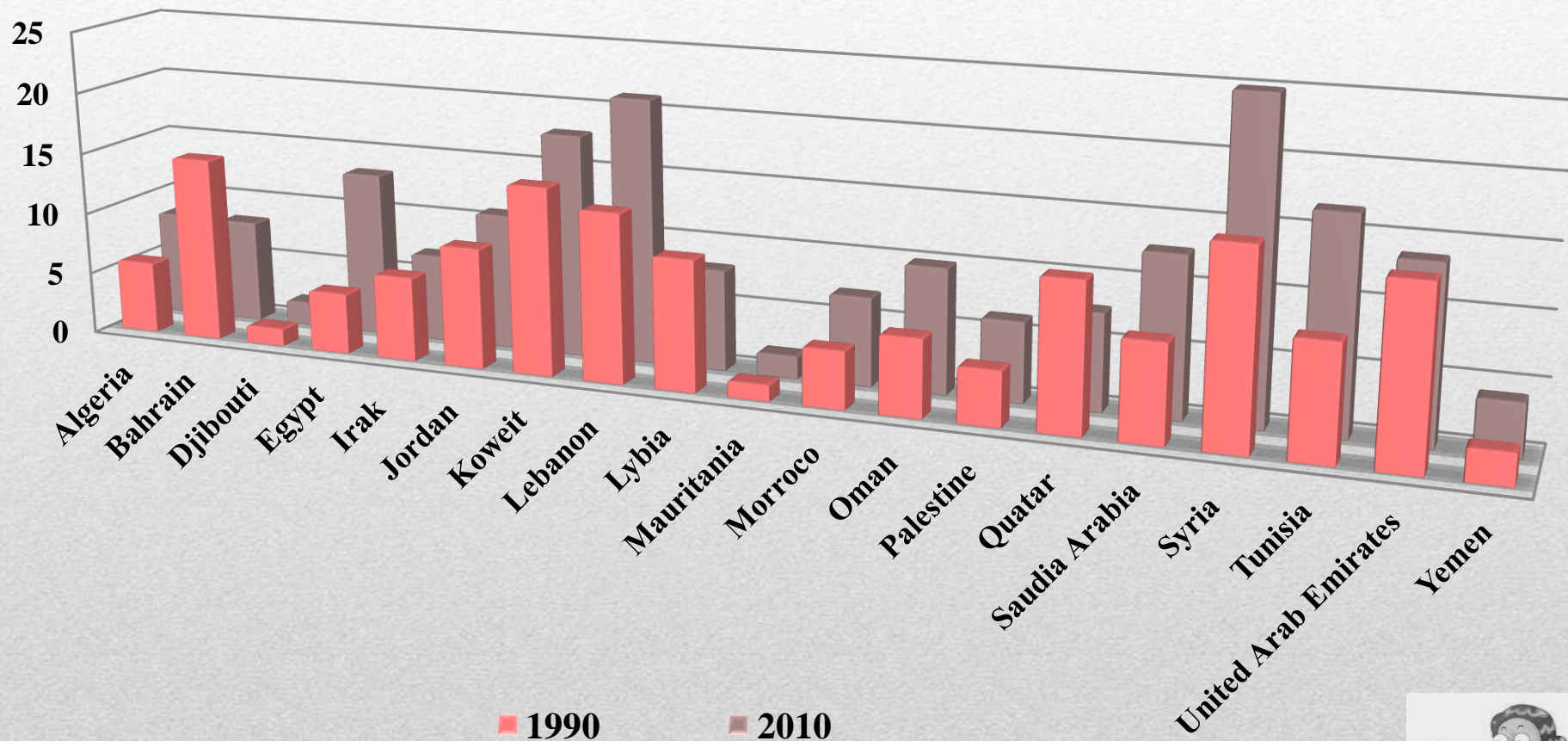
Life Expectancy at birth

Countries	Men	Women
Qatar	83	81
U.A.E	75	77
Kuwait	80	80
Bahrain	78	80
Libya	58	74
Saudi Arabia	74	80
Oman	83	81
Lebanon	72	76
Jordan	72	75
Palestine		
Algeria	71	74
Tunisia	74	78
Morocco	70	74
Syria		
Egypt	71	75
Djibouti	57	60
Iraq	65	72
Yemen	63	66
Sudan	60	64
Mauritanie	57	60

- Non-communicable diseases are increasing dramatically in the Arab countries.
 - However countries are not at the same stage of the epidemic and at the same level on the riposte.
 - Contrasts are important : gender, urban/rural, SES
 - The high levels of obesity on women reflect traditional gender roles and gender inequality
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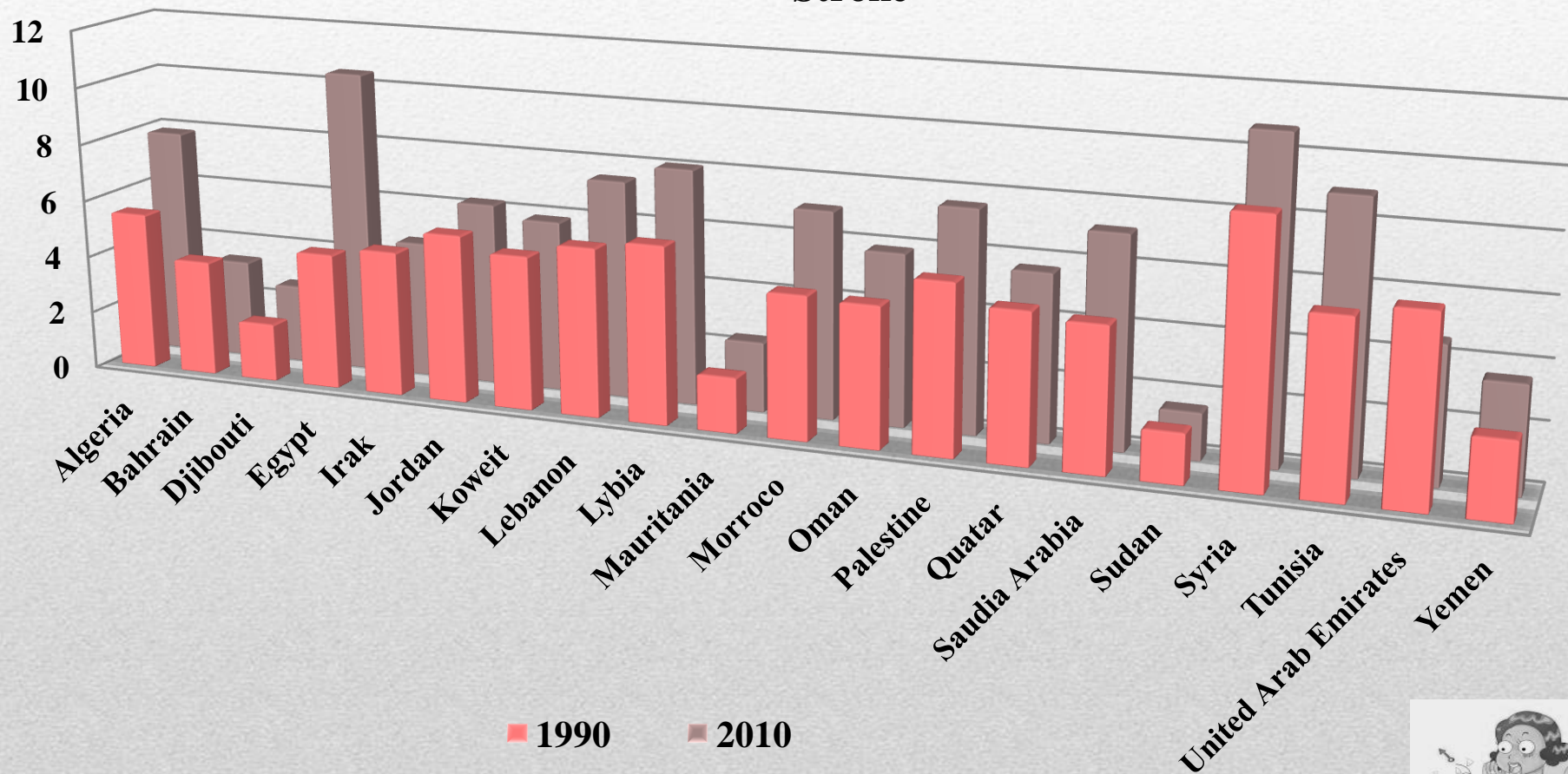
Causes of Years of Life Lost (YLLS) due to premature mortality: 1990- 2010 (1)

Ischemic Heart disease



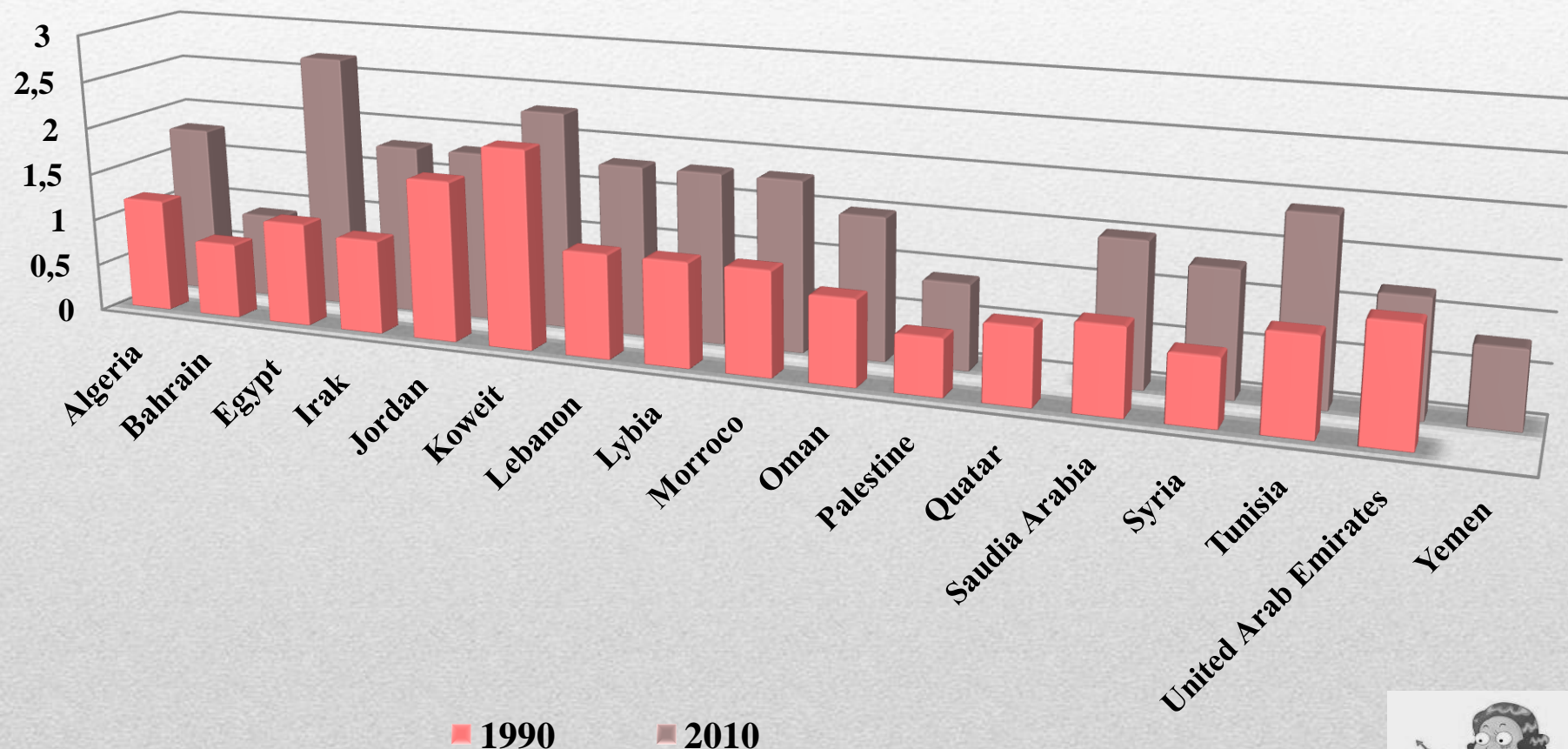
Causes of Years of Life Lost (YLLS) due to premature mortality: 1990- 2010 (2)

Stroke

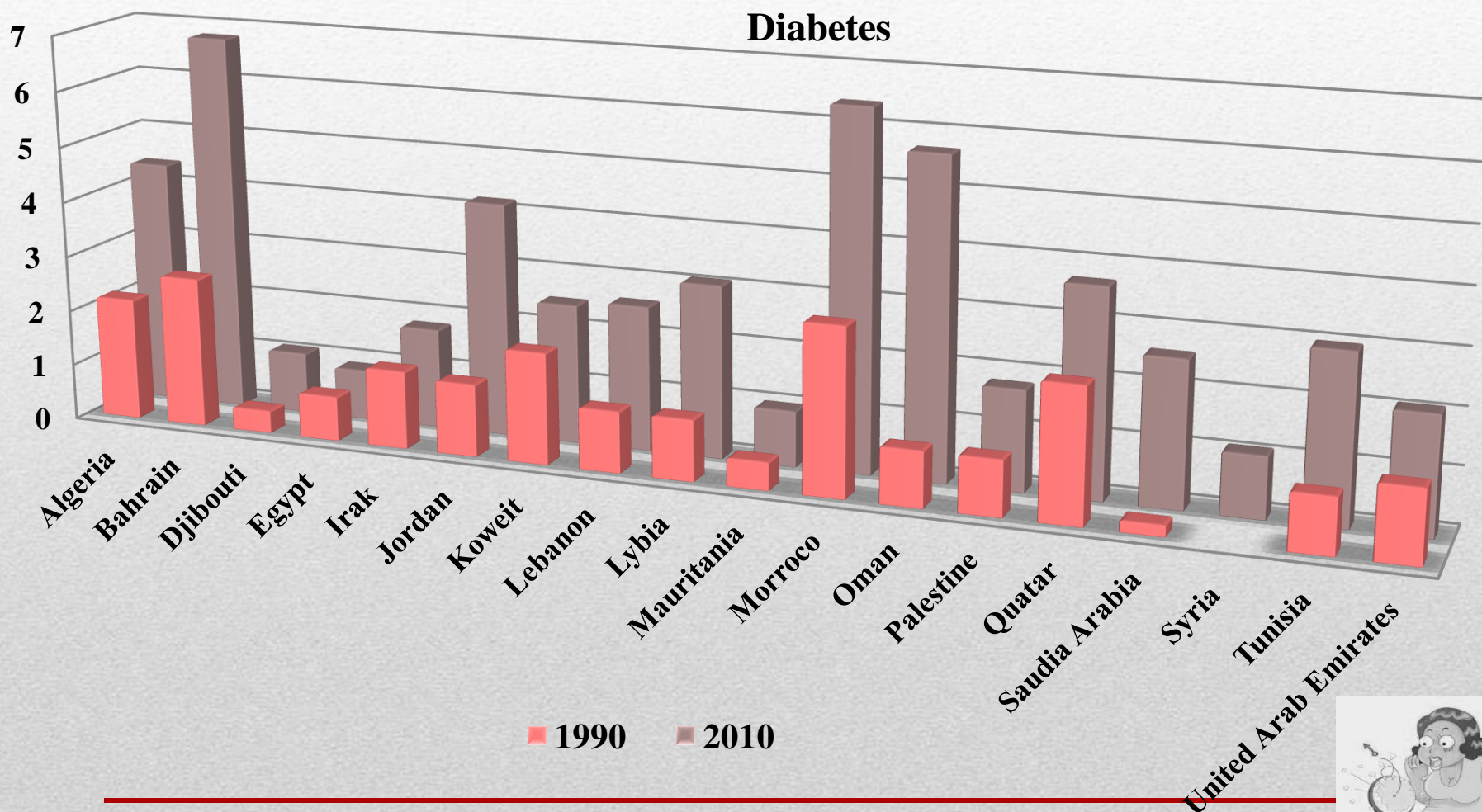


Causes of Years of Life Lost (YLLS) due to premature mortality: 1990- 2010 (4)

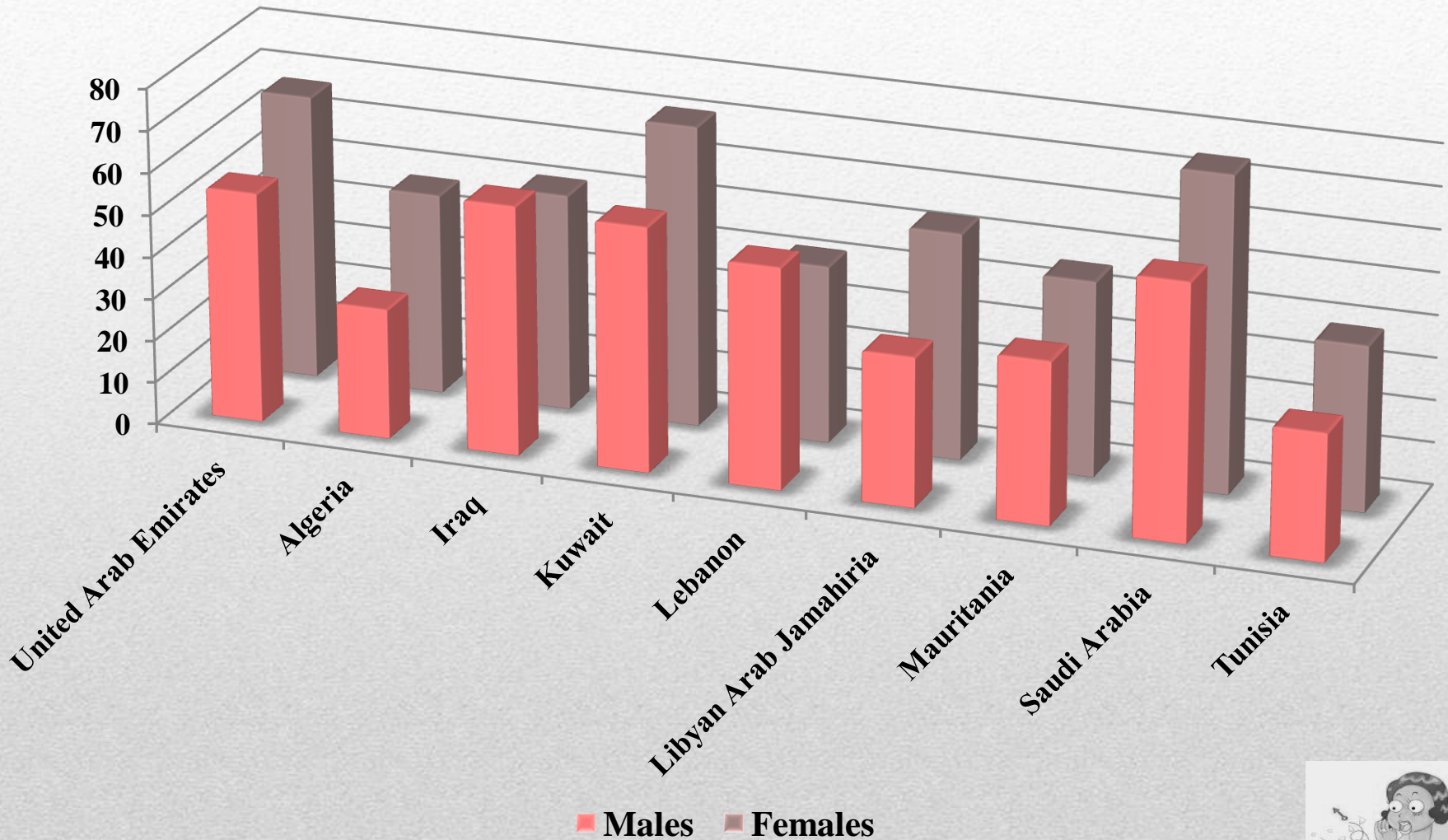
Hypertension and heart disease



Causes of Years of Life Lost (YLLS) due to premature mortality: 1990- 2010 (5)



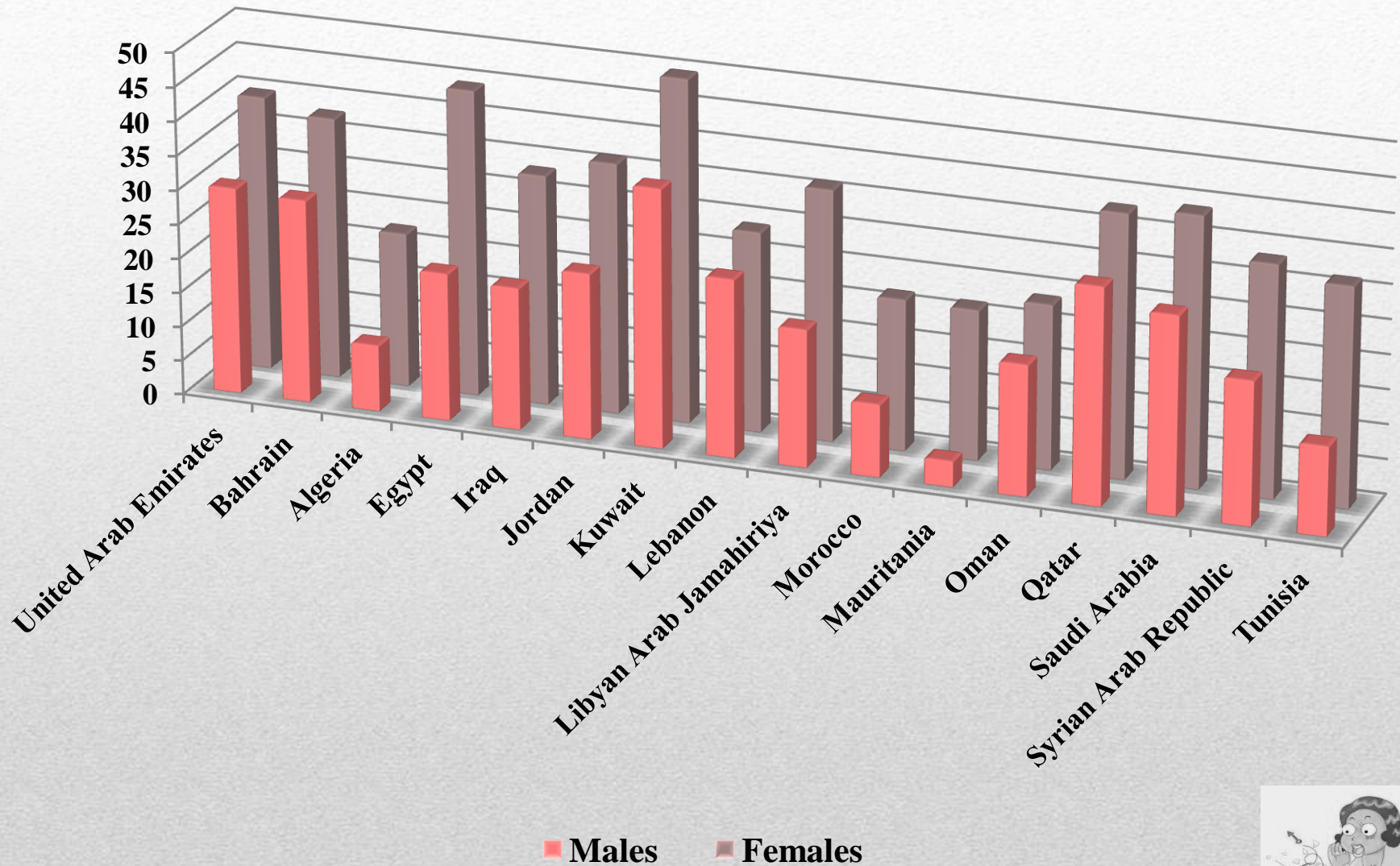
Physical Inactivity



Source : World Health Organization - *NCD Country Profiles* , 2011.



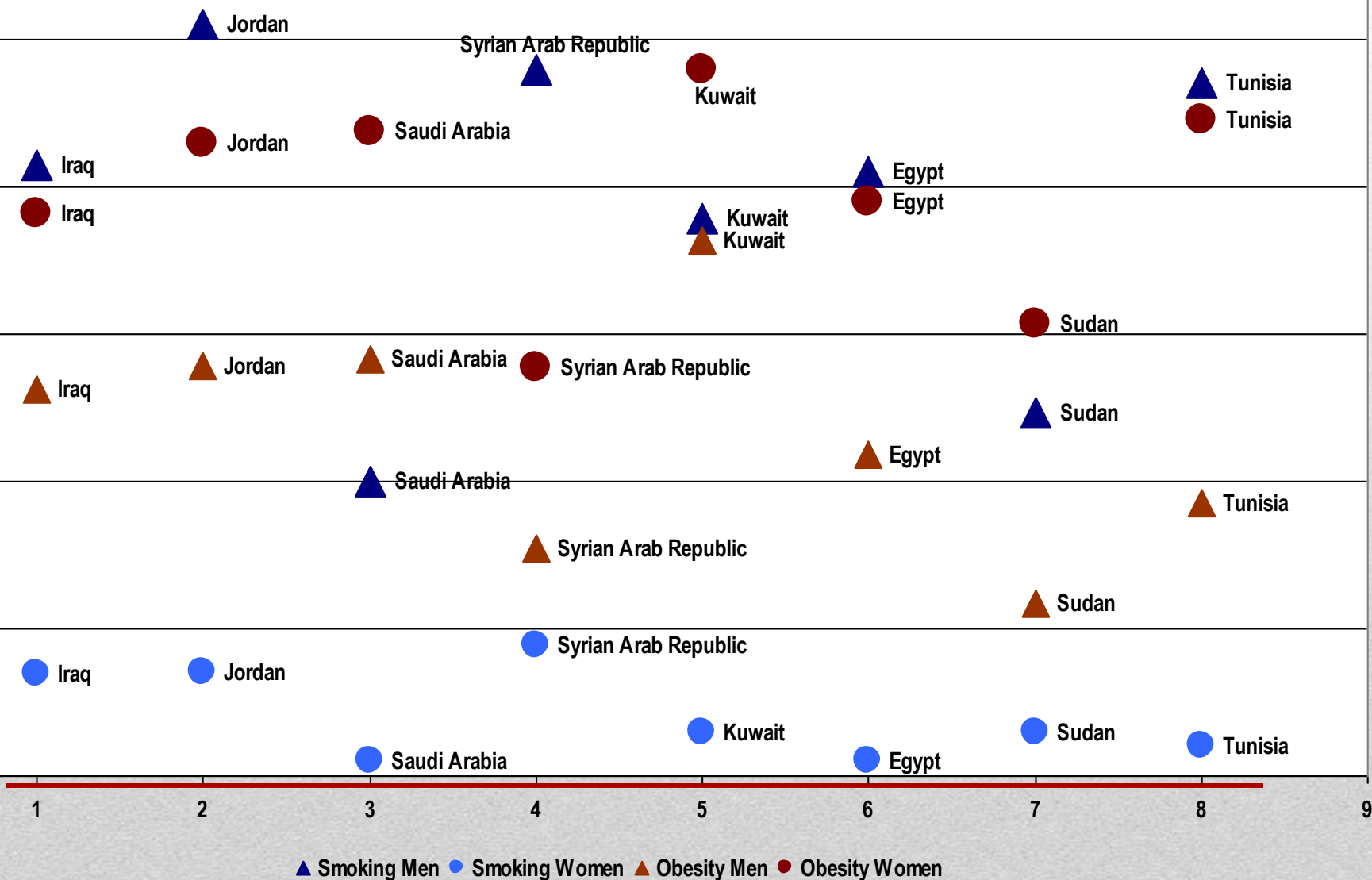
Obesity



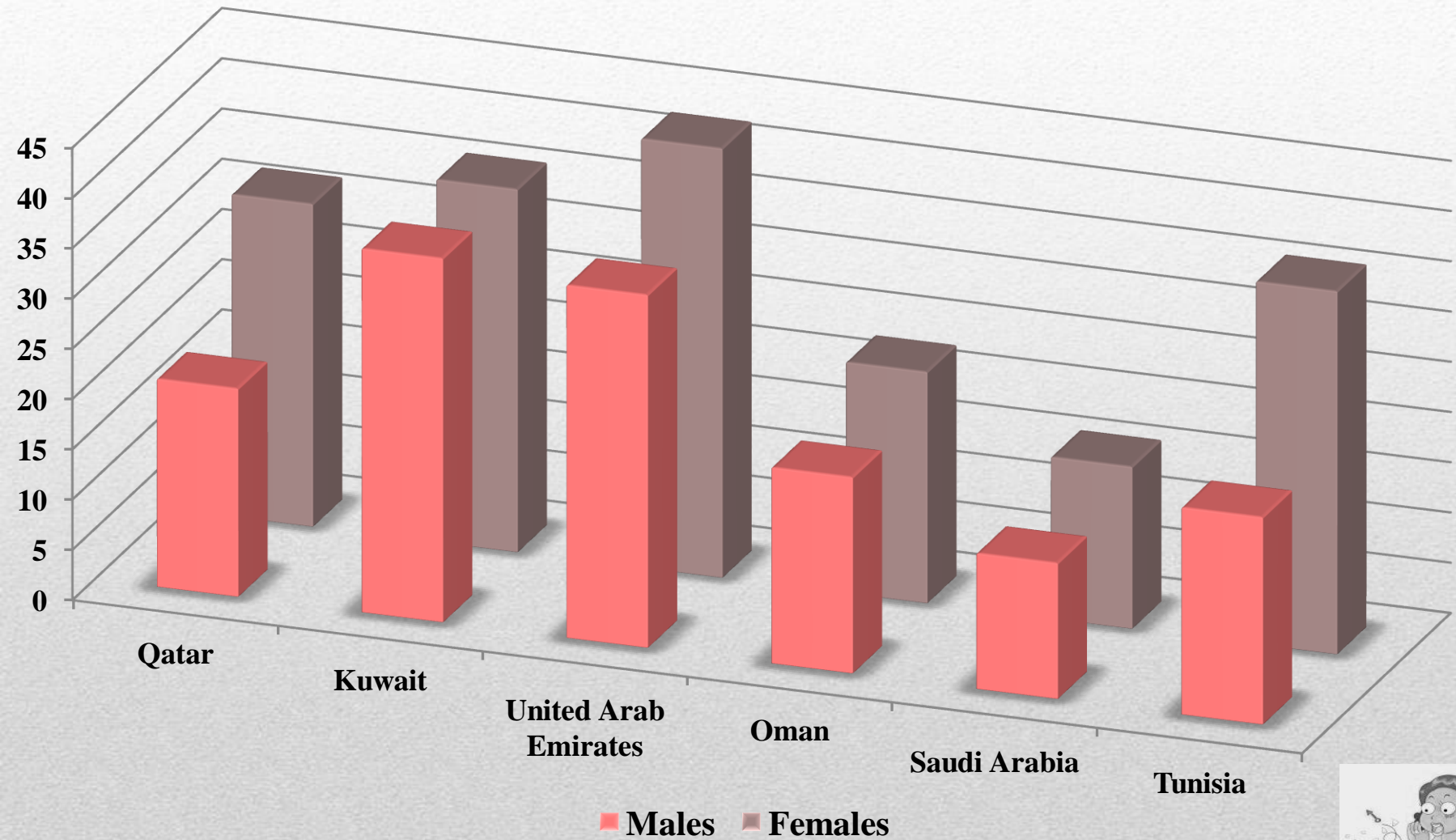
Source : World Health Organization - *NCD Country Profiles* , 2011.



Gender differences on obesity & tobacco smoking in Arab countries



Metabolic Syndrome



Regional Riposte to the NCDs Epidemic

- The importance of NCDs and their impact not only on health but on social and economic life are well recognized in the Arab countries .
- However the outcomes reflect the gap between the burden of NCDs and the strategies adopted (or absence of strategy)
- Many gaps on NCDs prevention and control plan:
 - In identifying SD
 - In monitoring outcomes
 - In reduction of exposure to risk factors
 - In inequity reduction

Commitments	Strategic interventions	WHO existing tools
<p>In the area of surveillance, monitoring and evaluation</p>	<p>➔ Countries are expected to:</p> <ul style="list-style-type: none"> • Implement/strengthen the WHO NCD surveillance framework that monitors exposures (risk factors), outcomes (morbidity and mortality), and health system capacity and response (interventions) • Develop national targets and indicators based on WHO guidance • Integrate surveillance and monitoring schemes for NCDs into national health information system. 	<p>➔</p> <ul style="list-style-type: none"> • WHO Global Status Report on NCDs (2010) • WHO: A framework for NCD surveillance • WHO STEPs, WHO Global Tobacco Surveillance System and Information System on Alcohol and Health • NCD Action Plan

Commitments	Strategic interventions	WHO existing tools
<p>In the area of prevention and reduction of risk factors</p>	<p>➔ Countries are expected to:</p> <ul style="list-style-type: none"> • Accelerate implementation of the WHO Framework Convention on Tobacco Control • Implement the WHO recommendations on marketing of foods and non-alcoholic beverages to children • Raise tax on alcohol and impose a total ban on advertising (for countries where alcohol is marketed) • Implement interventions to reduce salt intake • Replace transfat with polyunsaturated fat • Promote breast feeding and implement the international Code of Marketing of Breast Milk Substitutes • Promote access to vaccination to prevent cancers 	<p>➔</p> <ul style="list-style-type: none"> • WHO Global Status Report on NCDs (2010) • MPOWER measures to reduce tobacco use • WHO recommendations on the marketing of foods and non-alcoholic beverages to children • WHO global recommendations on physical activity for health. • WHO Global Status Report on Alcohol (2010) • NCD Action Plan

Commitments

Strategic interventions

WHO existing tools

In the area of
health care



Countries are expected to:

- Integrate NCD interventions into the essential PHC package
- Prioritize cost-effective interventions for early detection and treatment; based on WHO recommendations
- Improve access to safe, affordable and quality essential medicines and technologies for common NCDs
- Improve access to comprehensive palliative care services
- Explore viable health financing mechanisms, including innovative financing approaches like tobacco and alcohol taxation.



- WHO Global Status Report on NCDs (2010)
- World Health Report (2010)
- WHO package of essential NCD primary care interventions
- WHO guideline for assessment and management of cardiovascular risk
- WHO Essential Medicines List (2011)
- NCD Action Plan

Monitoring exposures

Member State	Last conducted STEP Survey	Member State	Never Implemented
Bahrain	2007	Djibouti	Never Implemented
Egypt	2005, 2012 2 nd round	Somalia	Never Implemented
Iraq	2006	South Sudan	Never Implemented
Jordan	2007	Yemen	Never Implemented
Kuwait	2006	united Arab of Emirates	Never Implemented
	2013 (2 nd round)		
Libya	2009	Morocco	Never Implemented
Lebanon	2010		
Tunis	2005		
Algeria	2006		
Oman	2006 (Sub national)		
Occupied Palestinian territory (Gaza Strip & west Bank	2011		\
Syria	2004		
Qatar	2012		
SSA	2005 , 2013 2 nd round		
Sudan	2005		

Regional Ripost to the NCDs

- Countries of the Arab world have been consistent in their support for primary health care, as the best way to eliminate health inequalities and inequities by creating a health system that links care and involvement at the community level .
 - However , NCDs does not benefit of the PHC implementation .
 - Health inequalities are likely to increase as health services fail to address health inequalities.
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- Although the existence and persistence of inequalities in NCDs , there is no Health Inequalities Strategy establishing national target on this problem .
 - Equity issues are not specified in the overall design of NCDs prevention and control plans .
 - Recently, experiences on Health Equity aiming to provide indicators for the policy decisions are implemented in some areas .
 - Healthy urbanization initiatives are implemented and are implemented in pilot sites .
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Health & Policy: bridging the gap

- NCDs Prevention and Control is a crucial issue in the Arab countries.
 - The adverse risk factor trends in some population groups represent a clear wake-up call to address the inequalities in the NCDs epidemic .
 - Tackling health inequalities must be a central plank of public policy .
 - National policies should be tailored to local priorities as inequalities are operating differently.
 - A special attention must be drawn to gender contrasts on NCDs .
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Health & Policy: bridging the gap

- The right to health should be protected and its implementation should be monitored using a set of indicators.
 - Right to health should be oriented to the NCDs epidemic.
 - Policy makers and researchers can work together to develop policy options to tackle inequities on NCDs .
 - Role of Civil Society to advocate for Social Progress in NCDs +++
 - Equity is a social Progress Marker of Health Policy .
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