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Investing In Global Health

A Regional Spotlight on the Middle East and North Africa Region

Countries in the Middle East and North Africa (MENA) are going through demographic and epidemiological transitions characterized by a reduction in fertility and mortality, a declining incidence of communicable diseases, and an increase in noncommunicable diseases (NCDs) and injuries. A girl born in Egypt today is expected to live for 72 years—nearly 20 years longer than a generation ago due in large part to improvements in child survival. This girl is expected to give birth to 3.1 children in her lifetime—three fewer children than she would have expected to bear had she been born in the early 1970s. This reflects a much greater use of family planning services.

As people in MENA live longer, there has been a corresponding increase in age-related noncommunicable diseases, particularly in the high-income Gulf States. In addition to demographic factors, rapid urbanization and changing lifestyles in the region have resulted in a dual burden of disease: NCDs and injuries (often associated with more developed coun-

tries) are increasing and, at the same time, infectious diseases (often associated with less developed countries) remain high (see table). Lifestyle changes related to increased income and development such as smoking and decreased levels of physical activity, together with growing environmental risks like air pollution, have led to an increase in noncommunicable diseases.

The health situation in the MENA region is diverse and changing and therefore requires interventions that meet the unique needs of the region. Faced with difficult choices in prioritizing investment in health interventions, MENA policymakers can benefit from the work of the Disease Control Priorities Project. The findings, released in three books — *Disease Control Priorities in Developing Countries, second edition*; *Global Burden of Disease and Risk Factors*; and *Priorities in Health* – can help policymakers determine the most appropriate and cost-effective investments to address the pressing health needs of their respective countries.

The 10 Leading Causes of Burden of Disease, 2001

Rank	MENA	World	High-income countries	Low- and middle-income countries
1	Heart disease	Low birth-weight, prematurity, and birth trauma	Heart disease	Low birth-weight, prematurity, and birth trauma
2	Low birth-weight, prematurity, and birth trauma	Pneumonia, bronchitis, and flu	Stroke	Pneumonia, bronchitis, and flu
3	Traffic accidents	Heart disease	Depression	Heart disease
4	Pneumonia, bronchitis, and flu	Stroke	Alzheimer's and other dementias	HIV/AIDS
5	Diarrhea	HIV/AIDS	Trachea, bronchus, and lung cancer	Stroke
6	Depression	Diarrhea	Hearing loss, adult onset	Diarrhea
7	Birth defects	Depression	Chronic lung disease	Depression
8	Stroke	Malaria	Diabetes	Malaria
9	Vision disorders, age-related	Chronic lung disease	Alcohol use disorders	Tuberculosis
10	Cataracts	Tuberculosis	Arthritis	Chronic lung disease

Source: Mathers, C. D., A. D. Lopez, and C. J. L. Murray. 2006. "The Burden of Disease and Mortality by Condition: Data, Methods, and Results for 2001." In *Global Burden of Disease and Risk Factors*, ed. A. D. Lopez, C. D. Mathers, M. Ezzati, D. T. Jamison, and C. J. L. Murray, 47-95. New York: Oxford University Press.

Higher Income Does Not Guarantee Healthy Populations

Generally, higher-income countries have healthier overall populations than lower-income countries. However, this is not always the case in the MENA region. Higher-income MENA countries do not necessarily have healthier populations or better health service delivery than lower-income countries in the region. Much of the progress in health that has been achieved in MENA is due to specific actions taken by countries to improve the public health situation.

For, example, Oman, an upper-middle-income country, has a strong health system, but its levels of child malnutrition, low birth-weight, and maternal anemia are comparable to the levels found in Egypt or Morocco, both lower-middle-income countries. The situation in Oman illustrates that improving health outcomes cannot be achieved through economic growth alone, but depend on increased access to and use of effective preventive and curative services.

Interventions

Some of the best and most cost-effective health care solutions are as simple and inexpensive as teaching mothers to keep their newborns clean and warm or advising people at risk of heart disease to take an aspirin a day. Other interventions, such as surgery for injuries or to remove cataracts are more costly but can efficiently treat serious health problems, improving quality of life and reducing disease and premature death.

The Disease Control Priorities Project has identified priority actions steps for developing-country policymakers to refine current programs and adjust resource allocations. In addition to the action steps, “best buys” in health have also been identified. Intended to address the major causes of death, disability, and illness in developing countries, the best buys have proven to be highly cost-effective in a variety of settings. Best-buy interventions are noted throughout the text.

Improve the Health of Women and Children

While overall maternal and child health have greatly improved in the last 20 years in the MENA region, wide gaps in

progress between countries remain. Child mortality (deaths in children under the age of five) ranges from 125 deaths per 1,000 live-births in Djibouti to 9 deaths per 1,000 live-births in the United Arab Emirates. Perinatal conditions, defined as low birth-weight, prematurity, and birth trauma, are the second leading cause of disease in MENA region (see table).

Around 70 percent of pregnant women in MENA have at least one antenatal checkup, putting the region behind East Asia (excluding China), Latin America, and Central Europe and the Baltic States. The relatively low rate of antenatal care in MENA is due in part to the lack of public awareness about the importance of medical care during pregnancy. Anemia, which is often detected and treated during antenatal care visits, is common throughout the MENA region, regardless of a country’s income level. Despite the high prevalence of anemia, which increases a woman’s risk of significant blood loss, lowers her resistance to infection, and increases her risk of illness and death, few anemic women recognize the symptoms and seek treatment.

Priority actions:

- **Best buy:** Give children and pregnant women essential nutrients, including vitamin A, iron, and iodine, to prevent maternal anemia, infant deaths, and long-term health problems.
- **Best buy:** Vaccinate children against major childhood killers, including measles, polio, tetanus, whooping cough, and diphtheria.
- **Best buy:** Teach mothers and train birth attendants to keep newborns warm and clean to reduce illness and death.
- Educate women and men about the value of family planning as well as the importance of antenatal care visits.

Reduce the Toll From Cardiovascular Disease

Cardiovascular disease (CVD), which includes heart disease and stroke, is the leading cause of death in MENA and worldwide. Because of aging populations, increasing tobacco use, and success in reducing other health problems, cardiovascular disease now accounts for a growing burden of disease in MENA.

Developed countries have markedly lowered CVD prevalence and death rates through a combination of individual lifestyle and behavior change, policy measures, and medical treatment. MENA countries also can adopt many of these cost-effective strategies to prevent and treat cardiovascular diseases.

Priority actions:

- **Best buy:** Tax tobacco products to increase consumers' costs by at least one-third to curb smoking and reduce the prevalence of cardiovascular disease, cancer, and respiratory disease.
- **Best buy:** Promote the use of aspirin and beta-blockers among people at high risk of heart attack and stroke.

Reduce Fatal and Disabling Injuries

Traffic accidents are the third leading cause of the burden of disease in MENA—the highest such ranking among the world's major regions. Rising motor vehicle ownership means an escalating number of traffic injuries and fatalities. Overall, injuries both unintentional (such as traffic accidents) and intentional (such as those due to violence) are high in MENA and disproportionately affect men. More than 30 percent of the entire disease burden among adult men in MENA is attributable to injuries.

Priority actions:

- **Best buy:** Enforce traffic regulations and install speed bumps at dangerous intersections to reduce deaths and disability from traffic crashes.
- Expand and improve emergency medical response and trauma surgery capabilities.

References

Mathers, C. D., A. D. Lopez, and C. J. L. Murray. 2006. "The Burden of Disease and Mortality by Condition: Data, Methods, and Results for 2001." In *Global Burden of Disease and Risk Factors*, ed. A. D. Lopez, C. D. Mathers, M. Ezzati, D. T. Jamison, and C. J. L. Murray, 47-95. New York: Oxford University Press.

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