



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

**Address by**

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**REGIONAL DIRECTOR**

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**to the**

**SECOND GULF HEART ASSOCIATION CARDIOVASUCLAR CONFERENCE**

**Muscat, Oman, 12–15 January 2004**

Dear Colleagues, Ladies and Gentlemen

It is my pleasure to welcome you to Second Gulf Heart Association Cardiovascular Conference. I also wish to express my appreciation for your participation in this gathering that focuses on management of cardiovascular diseases.

Currently, ischaemic heart disease is responsible for more deaths and a greater burden of disease than any other disease in the established market economies. Worldwide, ischaemic heart disease is the largest cause of death, and is the fifth largest in terms of disease burden. Cardiovascular diseases and stroke together are rapidly becoming the major causes of illness and death in the Eastern Mediterranean Region. They currently account for 30% of deaths, while hypertension affects almost 26% of the adult population in the Region. These figures are attributable to ageing populations, high

rates of smoking and changes in nutritional and behavioural habits, along with sedentary lifestyles.

The majority of the estimated 32 million heart attacks and strokes that occur every year are caused by one or more cardiovascular risk factors—hypertension, diabetes, smoking, high levels of blood lipids, and physical inactivity. Most such cardiovascular events are preventable if meaningful action is taken against these risk factors.

Ladies and Gentlemen,

With the adoption of the modern sedentary lifestyle there is likely to be greater exposure to risk factors, such as high blood pressure, diets high in saturated fat which lead to elevated serum cholesterol levels, and physical inactivity. It is important to note that cigarette smoking is already a major problem in many low-income and middle-income countries.

Observational studies have shown that the risk factors for cardiovascular disease are the same regardless of differences between populations. Hypertension, hypercholesterolaemia, cigarette smoking, physical inactivity and diabetes all increase the risk of cardiovascular disease, and lowering such risk factors reduces illness and deaths from cardiovascular disease. The WHO Regional Office for the Eastern Mediterranean gives cardiovascular disease prevention programmes high priority. There is increasing awareness in the Region about cardiovascular diseases as a main cause of mortality and morbidity, following the holding of several national and intercountry workshops. The Regional Office has supported the development of national clinical guidelines for cost-effective screening, diagnosis and management of hypertension, with emphasis on primary health care. Effective heart health promotion calls for changes in certain lifestyles related to established risk factors. In our Region, the challenge is to deliver interventions which will promote behavioural changes in the population, and to ensure such changes are diffused nationally.

Ladies and Gentlemen,

Most cardiovascular diseases can be prevented. As the risk factors of today lead to the diseases of tomorrow, prevention is the key to cardiovascular disease control in populations. The ultimate aim of cardiovascular disease prevention is to prevent, or at least to reduce, through proper intervention, the exposure of individuals and the community to the known risk factors, thereby preventing the onset of cardiovascular diseases.

In view of the importance of primary prevention, the prevention or reduction of risk factors deserves priority. This is an especially important concept for populations experiencing a rise in risk factors due to epidemiological transition, such as those in our Region. In order to achieve these objectives, effective collaborating mechanisms and methodologies for integrated intersectoral cardiovascular disease prevention and control should be established in the Member States of the Region. Also, it is of prime importance to motivate and support the development and implementation of community-based prevention programmes.

Ladies and Gentlemen,

Deaths and disability from cardiovascular diseases could be reduced by 50% if a combination of simple effective national efforts and individual actions were in place to combat the major cardiovascular risk factors. There are millions of people at high risk of heart attack and stroke because of hypertension, diabetes, high lipids, tobacco use, physical inactivity and unhealthy diet. Cardiovascular risk factors pose a hazard to health regardless of social setting. I hope that this scientific gathering will tackle some of the above mentioned problems.

I wish you a successful conference and a bright future