Chapter 5
Harnessing Non-Communicable Diseases:
Lessons for Health Professionals in the Middle Eastern Gulf

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ABSTRACT

Public health services in the developing world have predominately focused on curative rather than preventive strategies for managing communicable diseases. Non-communicable diseases however have now emerged as the leading threat to the health and socio-economic prosperity of these nations. The rising incidence of non-communicable diseases in Saudi Arabia and other Arabian Gulf countries now affects younger populations causing longer periods of ill health and decreased labour output. Prevention is vital in battling non-communicable diseases and reducing the strain on the health care system. Almost all non-communicable diseases share modifiable risk factors that require the attention of health care and other sectors to introduce greater preventive measures. This chapter will discuss factors contributing to the obstacles the health systems of countries of the Gulf Cooperation Council face in meeting the growing burden of non-communicable diseases and the steps taken to meet these challenges.

BACKGROUND

Over the years, many developing countries have continued to focus on curative medical services rather than preventive measures in tackling communicable diseases (CDs). With the escalation of non-communicable diseases (NCDs), such as cancer, chronic respiratory conditions, cardiovascular disease and diabetes mellitus, continuing to rely on a curative model is both time consuming and costly leading to an increased threat to the health and socio-economic prosperity of these nations (Who.int, 2011a). Unlike CDs, NCDs are often not caused by a single identifiable agent and require time consuming and costly interventions.

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The ever rising incidence of NCDs in Saudi Arabia and other Arabian Gulf countries is not only causing concerns to the older cohorts but often appearing in younger populations at a higher rate than has been seen in the developed world (World Bank, 2010; Al-Daghri et al, 2011) thus causing longer periods of ill health and decreased labour output. Non-communicable diseases share modifiable risk factors that require the attention of the health care and other sectors to introduce greater preventive measures. Prevention is vital in battling NCDs and reducing the strain on the health care system (Who.int, 2011a). Countries bordering the Arabian Gulf region, the Gulf Cooperation Council (GCC), not only continue to battle CDs such as tuberculosis, hepatitis, malaria and schistosomiasis, but also suffer from a high rate of trauma caused mainly from road traffic accidents (Who.int, 2011b). In recent years, however, NCDs have increased dramatically to become the leading cause of death (Who.int, 2011b) and as nearly 32% of the population is under the age of fifteen this may be "the tip of the iceberg".

The GCC have begun to address important obstacles such as building an equitable health system with greater involvement of nationals that will provide a more stable input of human resources to the health care system. Improving the quality and accessibility of services has also been vital to efficiently addressing the chronic nature of NCDs. Recognition of the importance of a multi-sector approach to tackling NCDs has been essential in shifting from a curative to a preventative model in the future. This chapter aims to discuss the factors contributing to the challenges the health systems in the GCC countries face in meeting the growing burden of NCDs.

History of the Gulf Cooperation Council

The Gulf Cooperation Council is an alliance of six Arab states bordering the Arabian Gulf, namely the Kingdom of Saudi Arabia (KSA), Bahrain, the United Arab Emirates (UAE), Qatar, Kuwait and Oman. Established in 1981, this alliance led to important economic, political and defence agreements. The GCC was preceded by the Secretariat of the Gulf Ministers, which began in 1975 (including Iraq). This council of health ministers collaborated on various health measures such as joint purchasing of medicines and was instrumental in the establishment of the Arab Board for Medical Specializations in 1978 (Kronfol, 2012). Structured healthcare systems began in the GCC in the 1950's with the establishment of Ministries of Health (Almalki, Fitzgerald & Clark, 2011a) and organized efforts to battle communicable diseases. Preventative services began as early as the 1950s with the malaria control program in Eastern KSA, collaboration between Arabian American Oil Company, ARAMCO, (now Saudi Arabian Oil Co.) and the WHO (Sebai, Milaat, & Al-Zulaibani, 2001). Other programs to control endemic diseases such as Bilharziasis, tuberculosis, Leshmiansis and trachoma then followed throughout the GCC. Bahrain began the development of Primary Health Care (PHC) in 1976, prior to the Declaration of Alma Ata while in the KSA, a decree in 1980 to establish PHC fueled the success of the childhood immunization program (Almalki et al, 2011a). As the "health for all" principal was enshrined in the constitutions of the GCC, health conditions improved and the region began shifting its focus from infectious disease control to other emerging problems such as the threat of non-communicable disease and the shortage of manpower in healthcare (Kronfol, 2012).

Health System in Oman: A Healthcare Reform Success Story

According to the WHO 2000 World Health Report, Oman ranked among the top ten of the world's most effective healthcare systems (Who.int, 2000). This is an impressive achievement considering that before 1970, Oman's health care system consisted of only two hospitals (providing a total of 12 beds)