

## EDITORIAL

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The Arab Gulf Cooperation Council (GCC) countries have experienced dramatic changes in socio-economic status, dietary habits and lifestyle during the past three decades. These changes have led to a paradoxical situation, as both types of nutritional problems exist: those associated with affluence such as obesity, diabetes mellitus, cardiovascular disease, hypertension and cancer and those associated with underdevelopment such as growth retardation and iron deficiency anaemia. The GCC countries are, thus, facing a great challenge to prevent and control of these diet-related diseases. Lack of data as well as appropriate preventive programmes are considered the main obstacles to establish a plan of action to overcome these diseases.

The objectives of this workshop, therefore, are:

1. To review the current nutrition knowledge, status of nutrition and diet-related diseases in the GCC countries.
2. To identify the major diet and lifestyle-related risk factors for chronic diseases in the GCC countries.
3. To suggest recommendations to prevent and control diet-related diseases in the GCC countries.
4. To promote public awareness of nutrition and healthy lifestyles.
5. To exchange knowledge and experience among health and nutrition professionals in the Gulf.

### The Programme

International speakers and representatives from Gulf Cooperation Council (GCC) Countries participated in this workshop. The programme consisted of six sessions. The first session focused on the state of food, nutrition and diseases in the Arab and Gulf countries. The second session dealt with technical papers on the role of carbohydrates, fat and physical activity in the occurrence of chronic non-communicable diseases. The third session concentrated on the nutrition of pregnant women, adolescent girls, infants and young children in the GCC countries.

Case studies in the GCC countries were presented in the fourth session. This included case studies in Bahrain, Qatar, S. Arabia and the United Arab Emirates. The fifth session aimed to focus on programmes and actions to prevent and control nutritional problems. In the sixth sessions the participants were divided into two groups. The first group discussed actions needed to establish dietary guidelines, while the second group discussed actions needed to promote a healthy lifestyle and to prevent and control diet-related chronic non-communicable diseases.

### Recommendations

#### A. Actions needed to establish Food-Based Dietary Guidelines (FBDG)

1. The first step is to determine the purpose and goals for establishing FBDG.
2. Determine the critical health and nutrition problems in the region. This can be done through collecting and compiling the available data.
3. Collecting information on food consumption patterns in the region. This can be obtained from household budget surveys and other studies on food habits. Data on dietary intake by age and sex are more valuable to establish FBDG.
4. Establishing a committee consisting of members from governmental and non-governmental organizations as well as private sectors, to review and assess the available data on food, nutrition and health in the region.
5. The target groups and the message should be clearly defined.
6. A workshop on establishing FBDG then should be organized. The participants should be from all GCC countries, international organizations and private sectors.
7. Comprehensive and in-depth studies on food composition tables and dietary intake in the GCC countries are highly recommended.

#### B. Actions needed to promote healthy lifestyles

##### 1. Some problems facing the establishment of programmes to promote healthy lifestyles in the region:

- Representatives on the committees are not always multisectoral.
- Co-chairmanship of committees is lacking.
- Committee members are not always highly motivated.

##### 2. Responsibility for promoting healthy lifestyles:

A supreme board or committee on healthy lifestyles should be established. Such a structure should:

- Have political commitment and support at the highest level.
- Be multisectoral.
- Have an executive office with secretariat for implementation and follow up.

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- Include representatives of the Government Ministries of health, education, higher education, information, agriculture, industry, religious affairs, sports as well as NGO's, private sector and the community.

The Ministry of Health should lead the initiative to attain the political support and commitment necessary to establish the committee or the board, in each country.

### 3. Steps needed to establish the programme:

- Expand the responsibilities of existing health education department to become those of health promotion and protection.
- Reliable and accurate situation analysis including epidemiological data on risk factors, chronic diseases and health behaviour, available services and economic impact of these diseases.
- Dissemination of epidemiological information to policy makers.

- Developing a national policy on healthy lifestyles and a national action plan based on policy. This plan should have measurable targets set for achievements within the time frame and an evaluation component.

### 4. Main issues needed to be included in the programme:

- Developing a national plan for food and nutrition with special emphasis on healthy eating.
- Developing a national plan on control of tobacco and substance abuse.
- Developing a national plan on physical activity.
- Developing a national plan on injury prevention.
- Developing a national plan on sexual behaviour.
- Revision of school health curricula.
- Mobilizing the community to support healthy lifestyles.