

at EMRO released a draft regional nutrition strategy for 2010–2019. It urges all countries in the Region to develop programmes to suit their situations and resources. In response, the UAE's Ministry of Health and other government agencies have formed a National Nutrition Committee to draft a national strategy for reducing obesity, diabetes and other diet-related diseases.

The UAE draft strategy – which is being developed with support from WHO – will focus on health and nutrition education, improve food consumption patterns with more focus on vegetables and fruits, food fortification with micronutrients, food labelling and marketing and school feeding programmes.

Al Jawaldeh believes it is not the lack of facilities that discourages people from exercising. “You don't need fancy places to do exercise,” he says, citing his own school days in Jordan where pupils were briefly drilled each morning before entering class.

The trade-off between exercising more and eating less has been studied by researchers in Australia, who last year reported that overeating rather than sedentary living was almost entirely to blame for the rise in obesity in the developed world. A study of the US obesity epidemic carried out by the WHO Collaborating Centre for Obesity Prevention at Deakin University, Victoria, Australia, suggested there had been no significant reduction in exercise levels in the past 30 years. It said too many calories were to blame, a result researchers expect to find when the research is repeated in other countries.

Al Jawaldeh says people in developing and transitional countries, especially younger people, are susceptible to marketing. “There is psychology at play in linking foods, for example, hamburgers with soft drinks. We need a worldwide convention to regulate the advertising of food on television when children are most likely to be watching.

“The problem is really serious,” he adds. “All non-communicable diseases are linked to poor nutrition. We need to invest heavily in health and nutrition, protect the new generation and change the culture through the young people.



WHO/Michael Reid

There is little awareness of the health dangers of weight gain in the United Arab Emirates.

A national nutrition strategy needs to be administered from within the Ministry of Health by a dedicated nutrition department that has real influence.”

His emphasis on educating young people is endorsed by Dr Kazem Behbehani, the director-general of Kuwait's Dasman Institute for Research, Training and Prevention of Diabetes and Other Chronic Conditions. “The children are the key because they can help change their parents' habits,” says Behbehani.

“We used to see type 2 diabetes mainly in those aged 40 and over,” Behbehani says. “Now children as young as 10 are developing the disease. We've not been telling people what they should be doing to look after their health. Parents still see a thin child as sickly, a fat one as healthy.”

There are other signs that the fight against obesity is gathering momentum in the region.

At Dubai Women's College, for example, fitness training has become part of the curriculum. Students are assigned two hours of physical activity a week, an hour of theory, plus homework. Howard Reed, the college's director, has been pushing for better health and fitness standards in schools since settling in the UAE from the United States almost two decades ago.

“Teenage obesity in this country is out of control,” he says. “We don't walk or ride bikes, we live in a world surrounded by junk food that is available and easy. And there aren't as many opportunities to exercise in the UAE – everything is oriented around cars. Plus, there are not as many role models for kids; most of the people our students know have all the same bad habits.” ■

Corrigendum

In volume 88, number 1, January 2010, page 6, population of China should be 1.3 billion. The sentence should read “Under the reform plan announced in April 2009, more than 90% of China's 1.3 billion population will be covered by the NRCMS, URBMI or a third scheme called urban resident basic health insurance by 2011, up from 15% in 2003.”