

The Silent Pandemic: Preventing Non-communicable Diseases from Taking Over the Arabian Gulf

Wesley Kuijpers^{1,2*}

¹SPARK Performance Lab, SPARK Athletic Center, Kuwait City, Kuwait

²School of Health, Social Work and Sports, University of Lancashire, Preston, United Kingdom

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Dear Editor,

I write to draw attention to a silent public health pandemic that affects over 40 million individuals residing in the six member states of the Gulf Cooperation Council (GCC).¹ Non-communicable diseases (NCDs) — a term describing a cluster of chronic diseases linked to genetic predispositions and lifestyle behaviors² — account for 69–83% of all mortalities in the GCC.³ Collectively, these diseases impose an average financial burden equivalent to 3.3% of the gross domestic product in GCC countries, accumulating to USD 50 billion annually.⁴ Will contemporary healthcare systems be able to cope with their escalating burden? Are we prepared to face the silent pandemic?

The progression from a physiologically healthy state to a chronic disease typically develops gradually over several decades. Although clinical signs of NCDs usually appear later in life, behavioral precursors may be established in early childhood and adolescence. Numerous modifiable risk factors for NCDs have been identified in the medical literature, such as fruit and vegetable consumption, physical activity, and sleeping habits.⁵ If neglected during this latent phase, these behaviors contribute to NCD development and to the prevalent occurrence of comorbidity, including neurological diseases (e.g., Alzheimer's disease) and mental health disorders (e.g., anxiety) among affected individuals. Drastic measures are necessary to resolve the root causes of the silent pandemic, using healthy lifestyle practices as a form of preventive medicine.

Although academic research has often been conducted in disciplinary silos, existing public health challenges in the GCC demand collaborative efforts among medical and allied health specialists,

polymakers, and other relevant stakeholders such as teachers and coaches. The author advocates for novel community-based approaches to counter the NCD pandemic, with the Ministry of Health (MoH) serving as the central coordinating body to ensure quality control and to uphold ethical standards across organizations. These strategies could include leveraging local gymnasiums and schools for NCD screening,⁶ as well as implementing culturally relevant health promotion initiatives at mosques to improve health literacy among GCC populations.

These cross-sectoral collaborations can address the fundamental causes of the NCD pandemic and encourage behavioral adaptations in GCC residence innovatively and pragmatically, without increasing the burden on their healthcare systems. Preventing NCDs from taking over the Arabian Gulf demands a collective, hands-on participation from all sectors of society. We need to act now.

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