

Until chronic diseases began emerging, Asia’s main challenge had been to tackle communicable infectious diseases. But rising levels of obesity, a switch to more sedentary lifestyles, and an escalation in smoking (all accompanied by raised blood pressure and fats in the blood), are driving changes in the landscape of disease in Asia.

Vietnam does not yet house many multinational fast-food outlets—facilities that are frequently blamed for the obesity phenomenon in the West. Nonetheless, calorie consumption has risen in Vietnam in tandem with the increase in the practice of ‘eating out’. A restaurant-served meal of chicken noodles averages 560 calories (kcal). The same dish, if cooked at home, is usually 100 kcal less.

The health situation in Vietnam, Dr Galea explained, is emblematic of the dichotomies facing public health policymakers throughout Asia. While 23% of primary school children in Ho Chi Minh City [Saigon], the commercial hub of the country, are deemed overweight, 40% of army

recruits aged 16 or 17 are under-nourished. So, at the same time as some sectors of the Vietnamese population need to eat more, others need to eat less.

Not fat by western standards

The youngest Vietnamese person to have been diagnosed with type-2 diabetes was 11 years old—but weighed

only 25 kilos. Such children do not seem fat by western standards. [Editor: the average weight of an American child of equivalent age was 39 kilos in 2002.]

Professor Clive Cockram, IDF vice-president, specified that “definitions for

obesity in Asia need to be adapted for the population”.

One theory as to why Asian people develop diabetes, he recounted, is that malnutrition prevalent among pregnant mothers may have altered metabolic processes in their children, who are now

IN 2000, 170 MILLION PEOPLE WORLDWIDE WERE BELIEVED TO HAVE DIABETES. BY 2025, THAT FIGURE IS ESTIMATED TO REACH 370 MILLION, OR OVER 4% OF THE WORLD’S EXPECTED POPULATION.

CURRENT COSTS OF CARING FOR PEOPLE WITH DIABETES RUNS TO 3-6% OF NATIONAL HEALTHCARE BUDGETS.

RAPID SOCIO-ECONOMIC DEVELOPMENT IS GENERALLY BLAMED FOR THE SPREAD OF THE DISEASE. COUNTRIES LIKE VIETNAM HAVE WITNESSED A THREE-TO FOUR-FOLD INCREASE IN THE SIZE OF THEIR URBAN POPULATIONS DURING THE LAST DECADE, WHILE RURAL POPULATIONS HAVE SEEN A CONCOMITANT DECLINE.