



In the Name of God, the Compassionate, the Merciful

Address by

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WHO EASTERN MEDITERRANEAN REGION

to

**REGIONAL CONSULTATION TO DEVELOP A REGIONAL MENTAL HEALTH
AND SUBSTANCE ABUSE STRATEGY AND INITIATE THE PLANNING
PROCESS FOR mhGAP IMPLEMENTATION**

Cairo, Egypt, 2–5 May 2011

Ladies and Gentlemen,

It gives me great pleasure to welcome you to the consultation to review the draft mental health strategy for the Eastern Mediterranean Region and to initiate the implementation of the mental health gap action programme (mhGAP) in the Member States.

Ladies and Gentlemen,

In the World Health Organization's definition of health, the physical, mental and social aspects of health stand out as equally vital and intricately interwoven.

Today, we know that as many as 450 million people worldwide suffer from some kind of mental or behavioural disorder. One in four families has at least one family member with a mental disorder. Mental and behavioural disorders account for 14% of the global burden of disease and for 31.7% of all years lived-with-disability. At the regional level more than 12% of the disease burden is attributable to mental disorders.

The Eastern Mediterranean Region is in transition with a rapidly evolving sociocultural ethos. There are significant variations across Member States in terms of GDP, sociodemographic construction and health indicators. Approximately 60% of the population is under 19 years of age and population growth rates are still high in a number of countries of the Region. This poses a constant threat to the physical and mental health of the population,

especially that of the most vulnerable and disadvantaged groups of population, and in particular women and children.

Seven countries in the Region, making up more than 40% of the population are in complex emergency situations, placing enormous strain on the ability of existing health and social systems to provide for the needs of the populations they are meant to serve.

Ladies and Gentlemen,

I firmly believe that positive mental health is intrinsic to people's quality of life and their participation as useful members of the society. Improving mental health is important to everyone, as it enhances social cohesion and stability, engages people more productively in their relationships and work, and contributes to enhancing the social capital and economic development.

Social disadvantage, which may be triggered by poor parental health, disasters and unemployment, among other things, increases the risk of mental disorders in all societies, irrespective of the wealth of the country. The consequences of these disorders are perpetuated by loss of productivity and income, poor access to education and health care, social exclusion, tobacco and substance misuse and stigma, and often lead to a downward spiral in a person's life. Thus mental health is closely linked with the Millennium Development Goals to eradicate extreme poverty and hunger, achieve universal education, promote gender equality, improve maternal health, and enhance child survival and development. Nevertheless, mental health does not, as yet, receive attention commensurate with the huge human, social and economic toll it claims when neglected.

Despite the evidence that common and disabling mental disorders are treatable, resources for mental health are not only grossly inadequate but are also inefficiently used. The average percentage of health spending allocated to mental health in the Region is only 2%, which translates into US\$ 0.15 per person spent on mental health, well short of the US\$ 3–4 needed for a selective package of cost-effective mental health interventions. Furthermore, even these meagre resources are being locked into centralized mental hospital facilities, rather than more accessible and cost-effective community-based mental health services.

The Regional Office also recognizes that countries of the Region are at different stages of development and that their mental health systems are also different in terms of their

organization, capacity and resource allocation. However, based on the assessment of mental health systems carried out using the WHO AIMS instrument, we are now in a position to identify common challenges and to develop strategies to counter them through a regional mental health strategy. Guided by the evidence, and the values and principles articulated by WHO, the Regional Office has put together a draft strategy for mental health which you will be reviewing. The strategy will inform a coordinated and flexible plan of action to improve the mental health of the people of the Region. It responds to the call by the Member States last year at the 57th session of the Regional Committee at which the regional strategic directions and actions for maternal, child and adolescent mental health care were endorsed (EM/RC57/R.3).

The aims of this strategy are to strengthen the integrated response of the mental health sector and other related sectors, through the implementation of evidence-based and achievable plans for the promotion of mental health and the prevention, treatment and rehabilitation of mental disorders. It is worth noting that, while addressing the issue of mental health, it is equally important to address the underlying broader sociocultural and economic determinants of health in a holistic manner.

Ladies and Gentlemen,

We at the Regional Office see this consultation as an opportunity to benefit from your experience to finalize the regional mental health strategy. Let me take this opportunity to also sound a note of caution. A regional strategy needs to guard against becoming a wish list, yet must be flexible enough to take into account specific country contexts. Furthermore, the task ahead of implementing the finalized options will not be an easy one. Yet, it is vital for the well-being of our people and the future of our region. Guided by your vision, expertise and determination, I am sure that we can achieve our joint goal.

Thank you.