

*In the Name of God, the Compassionate, the Merciful*

**Address by**

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**at the**

**GRADUATION CEREMONY OF**

**THE FOURTH REGIONAL TRAINING COURSE ON NUTRITION**

**Cairo, Egypt, 31 May 1997**

Your Excellencies, Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to be with you today at this graduation ceremony for the Fourth Regional Training Course on Nutrition, organized by the Nutrition Institute, a WHO Collaborating Centre for research and training in nutrition.

The regional training course was developed and has been conducted since 1993 in close collaboration with the World Health Organization Regional Office for the Eastern Mediterranean with generous financial support from the Government of the Netherlands, through the Ministry of Development. The course, which leads to Diploma in Planning and Management of Food and Nutrition Programmes for Community Development, is indeed an area of vital importance, especially in our part of the world.

Nutritional problems in the Eastern Mediterranean Region can be divided into “deficiency diseases”, and “diet-related noncommunicable diseases”, which unfortunately exist side by side in several countries in the Region. These include deficiencies such as protein energy malnutrition, which affect from 12% to 60% of children under the age of five years in different countries, iodine deficiency which is a major problem in 14 countries, and iron deficiency anaemia which affects a third to over half of women of child-bearing age, as well as preschool and school children and adolescent girls. Vitamin A deficiency is also an outstanding problem in the Region, particularly in Djibouti, Iraq, Pakistan, Somalia, Sudan and the Republic of Yemen. However, even mild subclinical vitamin A deficiency is known to have a negative effect on morbidity and mortality and can be found even in more affluent countries in the Region.

At the other end of the scale, diet-related noncommunicable diseases are on the increase in many countries. High prevalence of obesity, affecting up to half of the adult female population, increased incidence of type II diabetes and increased morbidity and mortality from cardiovascular diseases are reported, from high income countries especially but increasingly also from the middle and low income countries in the Region.

There is a brighter side to the picture. Universal salt iodization has been achieved in 14 countries, and the World Health Organization has supported those countries in the development of appropriate monitoring systems for salt iodization and for impact monitoring. A regional control strategy has been developed by the Regional Office to assist Member States in implementing appropriate measures for effective control of iron deficiency and its ensuing anaemia. Attention is also being paid to the development of local, small-scale production of culturally acceptable micronutrient-fortified complementary foods for infants and young children as these groups are highly vulnerable to micronutrient deficiencies. Most countries of the Region have also established a nutrition monitoring system. Eight countries have been active in the area of diet-related noncommunicable diseases through surveys of dietary intake, development of dietary guidelines and development of local food composition tables.

Food security and safety is another important component in the management of food and nutrition programmes. One major concern in the Region arises from the hazards posed to human health by unsafe or potentially unsafe food, whether through microbiological or

chemical contamination, or through improper use of additives. Effective food control systems rely on up-to-date food legislation, including regulations and standards. Unfortunately, many countries in the Region have either very old or incomplete food legislation. Several training courses on preventive food inspection methodologies using the Hazard Analysis Critical Control Point system have been held and the WHO Centre for Environmental Health in Amman, Jordan, has implemented further supportive measures to improve national food control systems.

Your Excellencies, Ladies and Gentlemen, Dear Colleagues,

I would like to take the opportunity availed by this auspicious occasion to take you back a few years, and describe to you how it all began.

A training needs assessment carried out by WHO in 1990 showed that trained nutritionists were scarce in the countries of the Region. Often, the only qualified person to manage a nutrition programme or project was a doctor, nurse, agricultural engineer or other such professional with little or no background in nutrition.

Several of WHO's Member States expressed a wish to train people who would be responsible for nutrition. A training course was required that would be practical, include fieldwork and, preferably, be carried out within the Region.

Therefore, in 1990, we in WHO/EMRO approached the Government of the Netherlands and obtained their kind financial support for the establishment of a Regional Training Course in Nutrition that would utilize innovative training methodologies, would offer practical training geared towards the specific problems facing countries in this Region and would be of a high calibre. We proposed that such a course could best be hosted by the Nutrition Institute here in Cairo, which had already been nominated as a WHO Collaborating Centre for research and training in nutrition.

WHO, Nutrition Institute staff and an international group of experts in nutrition training have worked extremely hard to develop the course curriculum, which uses a modular

approach. Staff development activities and staff orientation were also arranged to ensure an optimum learning environment.

The first Regional Training Course was held from 1 February to 30 July 1993, with 10 participants from Djibouti, Egypt, Kuwait, Pakistan, Saudi Arabia and Sudan.

The second course was held from 1 July to 31 December 1994, again with 10 participants, from Bahrain, Egypt, Kuwait and Sudan.

The third course was held from the 1 July to 31 December 1995 with 14 participants, from Afghanistan, Egypt, Kuwait, Oman, Palestine and Sudan.

The fourth course which ends today, had 10 participants from Egypt, Kuwait, Palestine, Sudan and the Republic of Yemen.

I think we can say that the Regional Training Course has truly proved to be regional, both in scope and character. It also seems to have acquired some of the properties of this Region, namely the juxtaposition of participants from very rich and very poor countries, from countries at war to countries newly acquiring independence, from countries with severe problems of nutrient deficiencies to countries facing increasing prevalence of diet-related chronic diseases, such as cancer and heart disease. From what I have heard, you, the course graduates, have greatly enjoyed this mixture of backgrounds and have gained from each other's experience, as well as from the course itself. I am happy to hear that the projects you have developed, as part of your course activities, all address important nutritional problems in your countries. I hope that you will have the opportunity to implement those projects upon your return.

I would not like to end without saying a few words about the future of this course. As I said in the beginning, the development of the course was made possible through a generous contribution from the Government of the Netherlands; through the great efforts of the Nutrition Institute staff, particularly its director and the course coordinators. The course itself was funded through the WHO fellowship programme, which covered the majority of fellows on the four courses, and fellowships granted by the embassies of the Netherlands in Cairo and in Khartoum.

I would like to congratulate you all, graduates and tutors, on having persevered and achieved this great success. I wish you, graduates, a safe return to your countries and an active life as nutritionists from now on.