



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

**Message from**

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**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**EXPERT CONSULTATION ON THE EASTERN MEDITERRANEAN REGIONAL  
STRATEGY ON HEALTH PROMOTION**

**Cairo, Egypt, 28–29 August 2005**

Ladies and Gentlemen,

It is a great pleasure to welcome you all to the expert consultation on the Eastern Mediterranean regional strategy on health promotion. This important consultation is taking place at a critical juncture, as its recommendations will be considered next month during the Fifty-second Session of the Regional Committee, and because this consultation occurs on the heels of the sixth Global Conference on Health Promotion, held in Bangkok earlier this month. As many of you may recall, a similar consultation was held last year in which we embarked together on an exercise leading to the development of a regional health promotion strategy. Today, I am happy to share with you the Regional Strategy on Health Promotion, to which most of you have provided valuable input. I would also like to express my thanks to

experts from Member States and colleagues from the Regional Office who may not be present here today in this consultation but who were a continuous source of support to us while drafting this strategy.

Ladies and Gentlemen,

Today, continuous change is the norm. The global public health landscape has not been exempt from this, and has witnessed some dramatic changes over the past few years. Important new players are changing the way countries address health challenges; harmonization efforts in the development community are also influencing the way global and local health actors operate; globalization poses new threats while emerging epidemics are increasingly difficult to contain. The global health context within which the World Health Organization operates continues to change. Significant progress has been made in some areas in recent years, but progress has been uneven. The world faces epidemics of emerging and re-emerging diseases, while clearly identified risk factors drive the growing epidemic of noncommunicable disease. Health systems in countries all over the world are undergoing reform, struggling to find effective and equitable ways to address the needs. Women, adolescents and children bear a disproportionate burden of poor health due to inequities in access to health care and societal discrimination. All of this is occurring in a global context marked by insecurity, armed conflicts, natural disasters, increasing social inequalities and migration. Alongside this is the development of new technologies and expansion of the global economy and markets.

Ladies and Gentlemen,

The interrelationship between health and development is recognized and reflected in the central role of health within the Millennium Development Goals. Health is not only a prerequisite for economic and social development; it is an important goal in its own right, to be pursued in a broad context of socioeconomic development. Non-health factors such as poverty reduction, equity, sustainable development, protection of the environment and human rights need to be actively taken into account.

The Eastern Mediterranean Region, in particular, is undergoing a phenomenon in which the benefits of economic development and prosperity in some Member States have contributed to a rising burden of noncommunicable diseases and injuries, in addition to the persistent burden of communicable diseases. This phenomenon, coupled with rising levels of poverty in some countries, has put tremendous pressure on our health systems and has increased vulnerability to new and emerging diseases. Many countries are experiencing a double burden of disease. The economic burden is enormous with the high lifetime cost of treatment and the growing tendency for such diseases to affect younger age groups due to the increasing inclination to unhealthy behaviours and lifestyles. The effective response lies, therefore, in employing a more holistic approach. Health promotion is considered to be an effective way dealing with the social and environmental determinants that affect the health of individuals and communities.

Ladies and Gentlemen,

To achieve this objective, the Regional Office has developed the health promotion strategy which is in front of you and which you will discuss in the coming days. I am sure that the deliberations of the panel of experts around the table will tremendously enrich the final product. The strategy endeavours to build on the existing evidence-based best practices and propose strategies that can work in our social and cultural milieu, especially the community-based initiatives.

Ladies and Gentlemen,

It is important to highlight the importance of religious, social, cultural, environmental, economic and other factors in shaping our health. We need to capitalize on our existing religious and cultural assets and make use of them while planning and implementing health promotion initiatives. I have been told that these aspects of health and development have been taken into account in this strategy.

Health promotion, as outlined in the Ottawa Charter for Health Promotion and subsequent declarations, is a far-reaching movement for empowering institutions, civic groups, families and individuals. It is not limited to what people can do for themselves

through self-restraint and more disciplined health-related behaviour. However, the context for health promotion has changed markedly since the development of the Ottawa Charter. The recently adopted Bangkok Charter identifies the strategies and commitments that are required to address the determinants of health in a globalized world through health promotion. It affirms that policies and partnerships to empower communities, and to improve health and health equality, should be at the centre of global and national development. It complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter and the recommendations of the subsequent global health promotion conferences. I have been told that some of you were part of the sixth Global Conference on Health Promotion and contributed to the Bangkok Charter. I am sure that this consultation will provide an opportunity to incorporate the views and experiences gained during the conference by those who were present.

Ladies and Gentlemen,

At the regional level, the resolution on healthy lifestyle promotion, adopted by the 50th Session of the Regional Committee, and the Amman Declaration on Health Promotion are the two driving forces for drawing a roadmap for the attainment of better health for the people of this Region. The decision of the Director-General of WHO to establish a Commission on the Social Determinants of Health further underpins these efforts.

I strongly believe that your contribution in the coming days will help to provide tangible and workable strategic directions to all these efforts. The Regional Office has tried to capture the varied and complex dynamics of current health challenges in the regional strategy, and I believe that with your valuable input, we will be able to guide the countries of the Region in responding effectively to these new challenges.

Finally, I thank you all for your participation, and wish you a very happy stay at Cairo.