In the Name of God, the Compassionate, the Merciful

Message from
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to the
TECHNICAL CONSULTATION ON INTEGRATION OF NONCOMMUNICABLE DISEASES INTO PRIMARY HEALTH CARE
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Ladies and Gentlemen,

I am very pleased to welcome you to the WHO Regional Office for the Eastern Mediterranean to discuss a very important topic, the integration of noncommunicable diseases into primary health care. The need for such integration is widely agreed upon, but a lot of work is still needed to identify what is required to bring it about.

Substantial changes in the health system are needed, but equally important are the changes in attitudes of health providers, patients and the community as a whole. Your contributions, as distinguished experts, will be of paramount importance in illuminating the way forward in this huge undertaking.

As you all know, the epidemic of noncommunicable diseases currently accounts for more than half of the global disease burden, and it is increasing, particularly in developing countries. It is occurring in settings with limited resources and in health systems that are oriented to dealing with communicable diseases. Noncommunicable diseases differ from communicable diseases in many aspects and, therefore, require different approaches to prevention and control. Although noncommunicable diseases comprise different disease entities, many of them share common features: a few common risk factors; the need for lifelong care; their asymptomatic nature until well advanced; and a lengthy latency period. Each of these features has its own implications in terms of prevention and control.
Primary prevention through targeting high risk groups is not sufficient by itself, as most cases occur in people with moderate risk. Thus, interventions targeting the whole population are needed. The role of primary health care in education must be strengthened and expanded to cover the entire population.

Fragmentation of patient care among the different specialties needs to be replaced by a holistic approach, dealing with the whole patient. Patients are not just biological models but human beings, and should be approached as such. The interplay of their social, psychological, economic, cultural and religious specificities, as well as their needs and aspirations, should all be taken into consideration. Primary health care is more suited to deliver such an approach and must be enabled to do so. It can also provide the necessary continuity of care in a cost–effective way.

To maximize the role of primary health care, and at the same time to provide patients with the most sophisticated and up-to-date knowledge, a fully functioning, efficient, two-way referral system should be in place. Primary health care is the gateway to the health system, from which patients are referred to secondary or tertiary care and back to primary care.

These are a few preliminary ideas that seem basic to integration, but they imply far reaching reforms to the health system. Achieving an optimal model for health care requires exchange of and learning from experiences and research.

Ladies and Gentlemen,

I am confident that this meeting will contribute to a better understanding of integration; of the role of primary care in diabetes, hypertension, dyslipidemia and coronary artery disease; of the obstacles and opportunities for full integration; and of the actions and reforms needed to proceed in this direction. We look forward to working together towards our common goal, the goal of better health for all.

Thank you.