



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

**Message from**

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**REGIONAL CONSULTATION OF THE TASK FORCE TO DISCUSS AND FINALIZE  
THE REGIONAL FRAMEWORK FOR THE GLOBAL STRATEGY ON DIET,  
PHYSICAL ACTIVITY AND HEALTH**

**Dubai, United Arab Emirates, 15–17 November 2008**

Ladies and Gentlemen,

I would like to welcome you all to this regional consultation of the task force to discuss and finalize the Regional Framework for the Global Strategy on Diet, Physical Activity and Health. Let me first extend my gratitude to the Her Royal Highness Princess Haya Bint Al Hussein, First Lady of Dubai, and the Dubai Health Authority for providing the leadership to such an important initiative in the Eastern Mediterranean Region. I would also like to take this opportunity to thank colleagues from WHO headquarters who have been a tremendous support in organizing this meeting and in providing technical guidance in preparation of the background documents. I am thankful also to the Health Ministers' Council of the Cooperation Council States for their continuous support to the regional health and development agenda. I thank and welcome all the experts present here today for their commitment to this important initiative.

Ladies and Gentlemen,

The world is witnessing an unprecedented shift in disease patterns and in the burden of death and disability. The Eastern Mediterranean Region is no exception. Although it is considered a low- and middle-income region, yet we share many aspects of the changing situation with the more developed parts of the world. Rapid urbanization, which is at times unplanned and chaotic, industrialization, migration, environmental changes, socioeconomic and

political changes, and globalization are having an impact on lifestyles and health in different ways. This phenomenon has placed tremendous pressure on our health systems and has made people more vulnerable to new and emerging diseases. Effective response lies in employing a holistic approach that addresses the underlying risk factors and determinants of health. Evidence from around the world clearly indicates that tackling the risk factors and the determinants of health can greatly minimize both mortality and morbidity in all age and socioeconomic groups.

Ladies and Gentlemen,

In 2005, noncommunicable diseases accounted for an estimated 60% of all deaths, and an estimated 80% in low- and middle-income countries. The most important risk factors for chronic disease are: high blood pressure, high concentrations of cholesterol, inadequate intake of fruit and vegetables, overweight and obesity, physical inactivity and tobacco use. Five of these risk factors are closely related to physical inactivity and unhealthy diet. Taken together, the major risk factors account for around 80% of deaths from heart disease and stroke. Low levels of, or lack of, physical activity are estimated to lead to 1.9 million deaths a year. This figure is projected to increase if the necessary action is not taken to increase physical activity levels in the population. The implications are worse for many low- and middle-income countries which still face the challenges created by poverty, including undernutrition and infectious disease.

In some countries of the Region, the benefits of economic development and prosperity have added to the increasing burden of noncommunicable disease because of the resultant tendency to a sedentary lifestyle. Rising poverty and health inequity are increasing the vulnerability of populations in low- and middle-income countries, rendering them more susceptible to noncommunicable diseases. According to the global burden of disease database, in 2004 alone noncommunicable diseases accounted for around 55% of the mortality in the Region while favourable circumstances for, and vulnerabilities to, infectious diseases continued. Besides the intolerable human toll, the economic cost is heavy. Noncommunicable diseases have significant negative impact on the earning potential of those affected as well as on that of family members required to provide care, and thus have impact also on potential for economic growth. The cost of treating these diseases is beyond the means of most countries, including the wealthiest, and can have catastrophic impact in middle and low-income settings.

Ladies and Gentlemen,

The WHO Global Strategy on Diet, Physical Activity and Health was adopted by the 57th World Health Assembly in 2004, in response to the increase in the burden of noncommunicable diseases. Since its introduction, many countries in the world have adopted and implemented the strategy. In this Region, Oman has developed a national strategy based on the global strategy and I have been informed that certain other Member States in the Region are aiming to do the same. I am pleased that this consultation is taking place at such an opportune time, when many Member States have already shown a desire to tackle the growing epidemic of noncommunicable diseases by addressing the two most important risk factors—physical inactivity and unhealthy diet.

The implementation of the Global Strategy on Diet, Physical Activity and Health should result in significant reduction in the mortality and morbidity of major noncommunicable diseases and the risk factors for these in the Region. For systematic and sustained implementation there is a need to develop clear national policies and/or strategic approaches in countries of the Region, involving different sectors and stakeholders.

Ladies and Gentlemen,

I am confident that, with the expertise available in this meeting today, WHO and its partners will be able to finalize a draft framework in a manner which will effectively guide and inform the policy development process at the national level to address the two important risk factors.

I thank you all again for your participation and wish you a very happy stay in Dubai.