



In the Name of God, the Compassionate, the Merciful

Message from

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to the

**CONSULTATION ON ESTABLISHING AN INTEGRATED
AND REGIONAL NONCOMMUNICABLE DISEASES NETWORK**

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Dear Colleagues, Ladies and Gentlemen,

It is my pleasure to welcome you to this consultation on establishing an integrated regional noncommunicable diseases network. I also wish to express my appreciation for your participation in this gathering, which focuses on controlling noncommunicable diseases in an integrated manner through cost-effective interventions based on community programmes.

The coming decades will see dramatic changes in health needs, and noncommunicable diseases are becoming leading causes of morbidity and mortality.

As WHO warned in 1999, noncommunicable diseases are likely to account for an increasing share of disease, particularly in developing countries, and we know that nearly

60% of deaths globally are now due to noncommunicable diseases. The Eastern Mediterranean Region contains mainly classic examples of countries in the midst of an epidemiological transition as they become more developed: we see, for example, increasing rates of obesity, accompanied by growing prevalence of hypertension and diabetes. Another feature of the Region is elevated rates of consanguineous marriages, which are associated with a high risk of genetic disorders.

Resolution WHA53.17 of May 2000 highlighted the role of WHO in stimulating community-based activities for the integrated prevention of the major noncommunicable diseases. The global strategy for the prevention and control of noncommunicable diseases stresses the role of WHO in global networking, and recommends the establishment of a global network of national and regional programmes in order to achieve this.

Cardiovascular diseases and stroke are major causes of illness and death in the Eastern Mediterranean Region. They account for 30% of all deaths. Hypertension alone affects 26% of the adult population in the Region. This is because of ageing populations, high rates of smoking and changing nutritional behaviour, along with an increasingly sedentary lifestyle.

Regional incidence of cancer is soaring in the Region for many of the same reasons. Cancers are becoming the leading cause of death in many countries. The Region's cancer mortality rate is 8%.

The scale of the problem that diabetes poses to regional health is still widely under-recognized and is a daunting public health challenge. Recent estimates predict that if current trends continue, the number of persons with diabetes will double by 2025 especially in the countries of the Region. Recent studies from Saudi Arabia, Bahrain and Oman showed that diabetes prevalence ranges between 15% and 25%.

Ladies and Gentlemen,

The main reason for these mass epidemics of noncommunicable diseases is unhealthy lifestyles, which often accompany economic transition. In our Region, large proportions of people are at least exposed to some risk. Major reduction in the rates of noncommunicable diseases entails general changes in lifestyle. Preventive action should therefore focus on controlling the risk factors in an integrated manner. This means building on existing health infrastructures and resources, covering the full health promotion/disease prevention/health continuum; and partnership participation, which can involve countries in preliminary activities such as conducting needs assessments, setting goals and carrying out strategic planning activities. Through this approach, countries can enjoy the benefits of belonging to a network without losing their separate identities, and will have much to share.

In this respect, the Regional Office will promote collaboration and coordination of noncommunicable diseases prevention and control activities within countries, and strengthen implementation and evaluation of noncommunicable diseases programmes, in order to provide countries with a common conceptual framework and an organized context for joint activities.

The establishment of such a network requires countries' collaboration and coordination. It is also necessary to know the magnitude of the problem through surveillance. Reviewing the epidemiological and economic background and assessing health services can accomplish this. Continuing surveillance of levels and patterns of risk factors are of fundamental importance in planning and evaluating preventive programmes. Three Regional Committee resolutions (on cardiovascular diseases prevention, cancer control and diabetes control) have been passed during the past six years. Many countries of the Region have declared their commitment to establishing national prevention and control programmes, and have given them high priority in national health development plans. There have been attempts at linking countries through regular meetings of managers of national programmes, such as the "Countrywide

Integrated Non-communicable Diseases Intervention Project”, or CINDI, in the WHO European Region and “Conjunto de Acciones para la Reducción Multifactorial de Enfermedades No transmisibles”, or CARMEN, in the WHO American Region. These experiences have shown that much can be done with scarce resources. The main resource is people, and networking has made an important contribution to programme development.

The Regional Office has always emphasized the importance of collaborating with countries in the establishment of community-based intervention programmes, and to integrate and coordinate initiatives intended to prevent and control noncommunicable diseases. The rationale behind this is that by avoiding the duplication of efforts, resources will be used more efficiently.

The fundamental activity of this consultation will be to discuss the proposed objectives and operational procedures for establishing a regional noncommunicable diseases network.

There is always scope for collaboration, and success requires collaborative efforts from all.

I wish you a successful consultation and a bright future.