WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

In the Name of God, the Compassionate, the Merciful

Address by

DR ALA ALWAN

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

REGIONAL CONSULTATION ON SUICIDE AND ATTEMPTED SUICIDE

Cairo, Egypt, 14–16 MAY 2012

Ladies and Gentlemen,

It is my pleasure to welcome you to this regional consultation on suicide and attempted suicide, the aim of which is to review the current status of suicide and attempted suicide in the WHO Eastern Mediterranean Region, and to identify and address the gaps in the areas of information, care and prevention.

This is a particularly timely initiative, when most of the countries in the Region are experiencing turmoil, unrest and change. Suicide is the culmination of complex interaction between biological, social, economic, cultural and psychological factors operating at individual, communal and societal levels. According to our estimates about one million people commit suicide each year, and twenty times as many attempt suicide. It is among the leading causes of death among young people globally. This is particularly alarming for us, as a significant proportion of the population of the Region comprises adolescents and young adults.

Traditionally, suicide has been a taboo subject in countries of our region and this has partly contributed to the irregular, patchy and inaccurate nature of reporting. The result has been a perpetuation of the myth that suicide is not a problem for this region. This has also stunted the development of recording and reporting systems. However, reports from different

countries of the Region, and from the school health surveys indicate that suicidal ideations and attempts among young people and adolescents are on the rise and that there is a need for action. This realization is reflected in the regional strategy for mental health and substance abuse, which was adopted by the WHO Regional Committee for the Eastern Mediterranean last year, and in the strategic directions for maternal, child and adolescent mental health endorsed by the Regional Committee in 2010. Both of these documents identify the prevention of suicide as a priority area for action.

As public health professionals we understand that before we can initiate any preventive action we need to have accurate and reliable data in order to be able to target interventions appropriately and achieve maximum benefit. It is with this in mind that the Regional Office, in coordination with colleagues at WHO headquarters, have taken this initiative to develop a recording and reporting system for use by Member States. This system will provide us with more accurate information, not only about the extent of the problem, but also about the methods used, and those groups that are particularly vulnerable. This, in turn, would pave the way for setting up prevention and care programmes which are appropriately targeted. It is clear that suicide prevention calls for innovative, comprehensive multisectoral action, including both the health and non-health sectors, such as education, labour, the police, the judiciary, religion, law, politics and the media.

Ladies and Gentlemen,

While suicide may be the culmination of a complex interaction of determinants of health, we are also aware that mental and substance use disorders are often the proximal determinants of suicidal acts. As I am sure you know, WHO launched the mhGAP programme in 2008 with the aim of bridging the gap between the resources available for mental health care and what is needed. Suicide is among the priority conditions identified in the programme for action, and I am pleased to see that we have already initiated implementation of mhGAP in some countries. I am hopeful that it will be scaled up to all the countries of the Region.

Ladies and Gentlemen,

I firmly believe that positive mental health is intrinsic to people's quality of life and their participation as useful members of the society. Improving mental health is important to everyone. On the one hand, it enhances social cohesion and stability, engages people more productively in their relationships and work, and contributes to enhancing social capital and economic development.

On the other hand, social disadvantage triggered by exposure to adversity, bereavement, crime, violence, hunger, stress at work, poor parental health, natural disasters and unemployment increase the risk for mental disorders in all societies, irrespective of the wealth of the country. The disabling consequences of these disorders then go on to create a vicious cycle that is perpetuated through loss of productivity and income, poor access to education and health care, social exclusion, tobacco and substance misuse, and stigma. Mental health is thus closely linked with the Millennium Development Goals to eradicate extreme poverty and hunger, achieve universal education, promote gender equality, improve maternal health, and enhance child survival and development. Nevertheless, mental health does not, as yet, receive attention commensurate with the huge human, social and economic toll that it claims when neglected. I hope that during my term, we, with your cooperation and support, will be able to push mental health higher up in the political and development agendas.

Ladies and Gentlemen,

We at the Regional Office for the Eastern Mediterranean see this consultation as an opportunity to benefit from your experience to finalize the recording and reporting system for suicide and attempted suicide, and also to discuss appropriate prevention strategies. I look forward to the results of your deliberations and assure you of my full support in taking this initiative forward.

God bless you all