



In the Name of God, the Compassionate, the Merciful

Address by

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REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

To the

**REGIONAL CONSULTATION ON THE DEVELOPMENT OF THE GLOBAL
MENTAL HEALTH ACTION PLAN**

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Ladies and Gentlemen,

It gives me great pleasure to welcome you to the regional consultation on the development of the global mental health action plan.

Ladies and Gentlemen,

In the World Health Organization's definition of health, the physical, mental and social aspects of health stand out as equally vital and intricately interwoven.

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, as it enhances social cohesion and stability, engages people more productively in their relationships and work, and contributes to enhancing the social capital and economic development.

Today, we know that as many as 450 million people worldwide suffer from some kind of mental or behavioural disorder. One in four families has at least one family member with a mental disorder. Mental and behavioural disorders account for 13% of the global burden of disease and for more than 30% of all years lived with disability. At the regional level, more

than 11% of the disease burden is attributable to mental disorders, accounting for more than 27% of the years lived with disability.

The Eastern Mediterranean Region is in transition with a rapidly evolving sociocultural ethos which, combined with unrest, turmoil and complex emergency situations prevailing in a number of Member States, places an enormous strain on the ability of existing health and social systems to provide for the needs of the populations they are meant to serve. These factors also pose a constant threat to the physical and mental health of the population, especially among the most vulnerable and disadvantaged population groups.

Social disadvantage, which may be triggered by poor parental health, disasters and unemployment, among other things, increases the risk of mental disorders in all societies, irrespective of the wealth of the country. The consequences of these disorders are perpetuated by loss of productivity and income, poor access to education and health care, social exclusion, tobacco and substance misuse and stigma, and contribute to significant social, economic and development costs. Thus mental health is 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 it claims when neglected.

Despite the evidence that common and disabling mental disorders are treatable, resources for mental health are not only grossly inadequate but are also inefficiently used. The average percentage of health spending allocated to mental health in the Region is only 2%, which translates into US\$ 0.15 per person spent on mental health, well short of the US\$ 3–7 needed for a selective package of cost-effective mental health interventions in low-income and middle-income countries. Furthermore, even these meagre resources are being locked into centralized mental hospital facilities, rather than more accessible and cost-effective community-based mental health services. The result is a 70%–85% treatment gap for common mental disorders in the low- and middle-income countries, including the majority of countries in our region.

In light of these facts the mental health gap action programme was launched by the WHO Director-General in 2008 to bridge the gap between what is needed and what is available for mental health. Recognizing the fact that while addressing the issue of mental health, it is equally important to address the underlying broader sociocultural and economic

determinants of health in a holistic manner, the recent 65th session of the World Health Assembly adopted a resolution calling on WHO to strengthen advocacy and to develop a comprehensive mental health action plan. The action plan should be developed in collaboration with Member States and as appropriate with international, regional and national nongovernmental organizations, international development partners and technical agency partners. It should cover the areas of services, policies, legislation, plans, strategies and programmes to provide treatment and facilitate recovery and prevention of mental disorders, promotion of mental health and empowerment of persons with mental disorders to live a full and productive life in the community

It is with this background that this consultation is taking place, and I am particularly pleased to note that our region is taking the lead in the process of developing the mental health action plan. It will be pertinent to remember that only last year we adopted the strategy for mental health and substance abuse for the Region, and it is encouraging to note that the global mental health action plan plans to take into account the provisions of existing regional strategies.

Ladies and Gentlemen,

We at the Regional Office see this consultation as an opportunity to benefit from your experience towards developing a global action plan that is reflective of realities on the ground and based on best available evidence. I am eagerly looking forward to your deliberations, and I assure you of my continued interest and commitment towards development of a coherent and viable mental health action plan.

God bless you all.

Thank you.