



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

Address by

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

to the

**FIRST REGIONAL MEETING ON NUTRITION, DISABILITY AND MENTAL  
HEALTH**

**Amman Arab University, Amman, Jordan, 12 – 13 October 2010**

Your Excellency Dr Nayef Al Fayez, Dr Sa'eed El Tell, President, Amman Arab University,  
Distinguished Delegates, Ladies and Gentlemen,

It gives me great pleasure to join you for the Regional Conference on Nutrition, Disability and Mental Health. I understand it is the first of its kind organized by the WHO Regional Office for the Eastern Mediterranean in partnership with the Arab University in Jordan. I am particularly gratified to note that this Conference is truly multidisciplinary in its conception as well as execution, bringing together policy-makers, programme managers and academicians from the disciplines of nutrition, disability studies and mental health. I truly believe that this cross-fertilization of ideas and concepts will allow for synergies to develop.

Ladies and Gentlemen, let me share some thoughts with you.

The need for growth and development to be balanced by observance of the principles of equity, dignity and respect for the rights of humans underpins not only the Millennium Development Goals but also the recommendations of the WHO Commission on Social Determinants of Health and the United Nations Convention on the Rights of Persons with Disability.

The WHO Eastern Mediterranean Region, comprising 22 countries, is by no means a monolith. There are significant differences between countries of the Region in terms of gross domestic product, sociodemographic construction and health and nutrition indicators. Seven

countries in the Region, accounting for more than 40% of the Region's population, are in complex emergency situations.

Moreover, globalization with its attendant information explosion and rapid social, economic, lifestyle and cultural changes, has resulted in a significant shift in some countries towards chronic disabling noncommunicable diseases, the so called "diseases of affluence". At the same time, some countries are still faced with an overwhelming burden of infectious diseases and under-nutrition, while others are faced with the double burden of "diseases of affluence" as well as "diseases of poverty"; that is, both noncommunicable and communicable diseases, respectively. This experience is replicated within each of the countries, with islands of affluence in the low-income, least developed countries and ghettos of poverty in high-income countries.

This means that the health and social systems are under tremendous strain to provide for the needs of the populations they are meant to serve. It brings home the important fact that there is a need to develop innovative solutions through action across sectors.

Ladies and Gentlemen,

Let me provide you with some facts and figures to highlight the extent of the challenge facing the health and social sectors. Malnutrition accounts for one third of total deaths among children under 5 years of age and for 11% of the burden of disease globally. More than one third of the population in the Region is anaemic. An estimated 50% of pregnant women and 63% of children under 5 have iron deficiency anaemia in the Region. At the opposite end of the spectrum 65% of the population of the Region are overweight and/or obese and 77% are physically inactive. An estimated 600 million persons across the world live with disability, of whom more than 40 million reside in the Eastern Mediterranean Region. Mental health problems are a public health issue. 14% of the burden of disease globally, and more than 12% regionally, is attributable to neuropsychiatric disorders, which also account for 31.7% globally of all years lived-with-disability.

Women, children and the elderly are particularly vulnerable to disabilities and nutritional imbalances, as well as mental health problems. Furthermore, it has been estimated that more than 200 million children worldwide do not reach their physical, social, emotional and cognitive potential. The key factors identified include: deficient care including inadequate cognitive stimulation; iodine and iron deficiency; maternal depression; exposure to heavy metals; intrauterine growth restrictions; and exposure to violence. Such factors render these

children vulnerable to a vicious circle of poverty, educational underachievement and unemployment and are often manifest in disease, disability, injuries and substance abuse. Similarly, being overweight and obese not only increases the risk of noncommunicable diseases like diabetes, hypertension, cardiovascular and cerebrovascular diseases, but also makes individuals more liable to adopt a sedentary lifestyle and unhealthy dietary patterns. This is due to an interplay of neurohormonal and environmental factors which can lead to physical and cognitive disabilities. Furthermore, I would like to point out that overweight and obese individuals are at a higher risk of low self-esteem and emotional disorders, while those who have chronic diseases and disabilities are at a significantly higher risk of developing mental disorders.

The intricate and enmeshed biological, sociocultural and psychological interactions necessitate the need to develop coordinated and integrated nutritional, mental health and rehabilitative interventions, in the best tradition of holistic medicine. Adoption of this approach is essential, not only to benefit individuals and society but to support countries in achieving their Millennium Development Goals.

The Regional Office recognizes these issues. Moreover, the Ministers of Health of the Region, at the Fifty-seventh session of the Regional Committee for the Eastern Mediterranean earlier this month, discussed both nutrition and mental health of mothers, children, adolescents and adopted resolutions to address these issues on a priority basis.

Ladies and Gentlemen,

Health is not only an individual resource. It is also a collective resource for enhancing human, physical, natural and social capital. We expect through this conference to come up with concrete recommendations and interventions spanning the spectrum of promotion, prevention, treatment and rehabilitation which will help people of the Region to achieve their full growth and developmental potential, to live rich fulfilling lives and contribute to their community's and nation's growth and development.

I would like again to thank the Arab University for joining hands with WHO Regional Office for the Eastern Mediterranean, and to all the research centres and academia who are participating in this important conference. I look forward to your recommendations.

Thank you.