WORLD HEALTH ORGANIZATION Regional Office for the Eastern Moditorranean ORGANISATION MONDIALE DE LA SANTE Burgan régional de la Méditorranée erientale





In the Name of God, the Compassionate, the Merciful

Message from

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to the

REGIONAL TECHNICAL CONSULTATION TOWARDS THE DEVELOPMENT OF A STRATEGY FOR OPTIMIZING FETAL GROWTH AND DEVELOPMENT

Cairo, Egypt, 5–7 December 2005

Distinguished Participants, Dear colleagues, Ladies and Gentlemen,

It is with much pleasure that I welcome you to the Regional Technical Consultation towards the Development of a Strategy for Optimizing Fetal Growth and Development.

I extend a warm welcome to all experts from the Region attending this consultation and express my appreciation to our colleagues from the Department of Nutrition for Health and Development and the Department of Reproductive Health and Research at WHO Geneva for their support and assistance.

Ladies and Gentlemen,

The current focus on low birth weight as an indicator and neonatal rates as outcomes of fetal development is limiting. It excludes consideration of a range of important contributory factors of fetal development and other aspects of early life that are important once survival is

secured. Furthermore, it disregards the effects of adverse influences or beneficial interventions on aspects of maternal health and well-being, artificially separating maternal and child health.

Much of the qualitative information available to assess the magnitude of the problem relies on measurements of birth weight in populations. Sub-optimal fetal growth, defined by low birth weight (LBW) is prevalent mostly in developing countries, estimated at around 17%. LBW may arise because of premature delivery or impaired fetal growth or both. Prematurity as a cause of LBW is a major determinant of early mortality, morbidity and adverse long-term health outcomes. It incurs substantial costs to the health sector and significant burden on the society.

The causes of sub-optimal fetal growth are numerous. They include genetic factors, maternal characteristics such as nutrition, lifestyle including smoking, age and disease; complications of pregnancy; and physical, social and economic environment. Addressing all these issues requires a comprehensive strategy, which currently does not exist. Guidance on global strategic directions towards optimal fetal growth and development is needed.

Ladies and Gentlemen,

WHO's initiative for optimal fetal growth and development commenced with a meeting of experts in 2002 and 2003. While the initial discussion focused on developing a strategy for reducing the incidence of low birth weight, it was subsequently realized that a major shift in understanding had occurred and that efforts should now be diverted to optimizing fetal development, encompassing a more holistic approach.

The experts noted that the burden of death and disability as a result of impaired fetal development is high, particularly in developing countries, but is also a source of concern in developed countries. Optimal fetal development requires the potential mother to be in an optimal state of physical and emotional health prior to and during pregnancy. Sufficient information exists to support the view that maternal nutrition status at conception and other factors that determine maternal health at conception are key determinants of the outcome of pregnancy.

A global strategy to ensure optimum fetal development would influence a plethora of outcomes throughout the life cycle, including improved school performance and skills, improved health in infancy, childhood and adolescence; improved health for the next generation of mothers and their fetuses; improved health in adult life; increased productivity and economic gains and a lower disease burden at all points in the life cycle.

Ladies and Gentlemen,

This technical consultation is being organized with three main objectives: to inform the technical experts from Member States where optimum fetal development remains a public health challenge, about the draft integrated strategy to promote optimal fetal development; to conduct a technical discussion on the purpose, direction and content of the draft strategy; and to obtain guidance on the subsequent implementation of the integrated strategy to promote optimal fetal development.

It is my firm belief that these objectives will be achieved with all clarity and thoroughness given the presence of so many technical experts.

I wish you a successful consultation.