



HEALTH FOR ALL BY THE YEAR 2000 IN THE EASTERN MEDITERRANEAN REGION

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This series of newsletters, which will deal with health problems and health activities within the Eastern Mediterranean Region, begins with a short review of technical cooperation between Member countries and WHO in the course of the last twelve months. Dr A.H. Taba, Director of the WHO Eastern Mediterranean Region, reports on some aspects of the works initiated or pursued during the 1979-1980 period.

In his introduction to his annual report, Dr A.H. Taba emphasizes the fact that in recent years nationals of the Region were increasingly cooperating with the Organization, especially individual scientists and health leaders from Member countries. As a result of the successful meeting of the Eastern Mediterranean Regional Consultative Committee, 1979-1980 saw the establishment of the Regional Health Development Advisory Council, a very senior and multidisciplinary group whose members also have political, social and economic knowledge in addition to health background and whose task is to advise the Regional Director on technical matters which deal with the proclaimed WHO aim of "Health for All by the Year 2000" through the creation and promotion of primary health care.

The various regional advisory panels are composed of about 150 of the leading health and scientific personnel of the Region, actively involved in specific aspects of WHO's collaboration with Member countries.

The Regional Biomedical and Health Services Research Programme gives particular emphasis to the fields of health services, malaria and nutrition. The study to assess the effectiveness of health services at the primary care level in three countries (Bahrain, Egypt and Yemen Arab Republic) makes satisfactory progress. This active collaboration, involving groups of nationals, is an interesting example of a comprehensive approach to the evaluation of health services.

The Health Service Research Group of the Egyptian Institute of National Planning just published the first issue (Vol.I, No I - 1980) of the "Health Services Researcher Magazine", supported by a grant from WHO. This new publication will provide a useful platform for both practitioners and researchers in the countries of the Eastern Mediterranean Region to discuss health services research and exchange their experience in this field.

A few other programmes are highlighted in Dr Taba's introduction, particularly:

- The Blue Nile health project, a large-scale effort to attack a group of diseases associated with water in Sudan, briefly described on page 11.
- The health manpower development programme. Today, Dr Taba states, we can point with gratification to a fine body of men and women in medicine, nursing and public health who not only provide leadership to their own schools and countries, but also share their skills with brother countries thanks to the existence of the network built up in the Region.
- The Regional Arabic Programme, the objective of which is to translate and publish in Arabic selected documents and publications both from WHO and other sources, which are relevant to priority health programmes and call for wide distribution. For instance, the "WHO Chronicle" is now published in Arabic on a regular monthly basis. This programme is expected to expand steadily in future. This is a notable contribution towards implementing the expressed wishes of most governments of the Region concerned that more and more information on international health work be made available in the Arabic language.

FINANCES

The grand total of the executive budget of the Eastern Mediterranean Region for the biennium 1980-1981 is estimated at US \$ 56 414 500 as against \$ 51 195 500 for the 1978-1979 biennium. The former figure includes WHO's regional regular budget in the amount of US \$ 39 650 000, plus US \$ 16 764 500 from other sources, mainly UN sources, and including the Voluntary Fund for Health Promotion (VFHP). Over the past year, an amount of about US \$ 1 632 000 was pledged or contributed by seven Member States in addition to the regular budget. Other voluntary contributions were also made in kind.

DEVELOPMENT OF HEALTH SERVICES

The year was dominated by the formulation of policy and strategies for attaining "Health for All by the Year 2000" (or HFA/2000 as we say in WHO), complemented by plans of action directed towards that social and economic goal. All countries in the Region have shown strong political commitment to the aim of HFA/2000 and made steady efforts to attain wider population coverage in the context of primary health care. A "Charter for Health" for the Region will be reproduced in the next issue of this newsletter.

FAMILY HEALTH IS FIRST OF ALL MOTHER AND CHILD HEALTH

Two of the main thrusts of WHO's work are directed towards immunization against the six major diseases of childhood (diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis) and treatment and prevention of dehydration in diarrhoeal diseases, with the aim of reducing child mortality and morbidity.

Traditional practices

A seminar on traditional practices affecting the health of women and children was held in Khartoum in 1979. Member States from the Region and other countries in Africa discussed the subjects of female circumcision, childhood marriage, nutritional taboos, etc. More information on this will be issued in the very near future.

WHO/EMRO Technical Publications; No.2 - Traditional practices affecting the health of women and children. This second number covers the seminar on that subject held in Khartoum in 1979, including female circumcision, childhood marriage, nutritional taboos and others. 170 p. colour pictures and graphs. Another publication, consisting of most of the working papers presented during the seminar is in preparation.

Breastfeeding

A regional project for the promotion and protection of breastfeeding, to cover all countries of the Region, has been prepared for an initial duration of five years. Its main object is to reverse the disastrous decline in breastfeeding and the increased use of artificial milk for infant feeding. This trend needs to be redressed by correct information and health education. Several countries of the Region have endorsed the international code for marketing such products drafted by a joint WHO/UNICEF meeting which was held in October 1979. A series of brief seminars was arranged in some countries to protect breastfeeding and promote proper weaning practices.

A Scientific Working Group will meet in January 1981 in Cyprus to plan research and educational programmes on breastfeeding for the next several years.

Nutrition

Monitoring of nutritional status through the health sector; appraisal of prevalence of specific deficiencies, such as vitamin A; devising of weaning diets from local foods, and feeding of vulnerable groups were some aspects of the wide range of nutritional activities within the Region.

Egypt and Somalia have been expanding a series of integrated activities to promote nutrition of the most vulnerable groups, namely infants from 6 to 24 months and mothers-to-be.

Studies in infant and young child feeding practices are being initiated in Democratic Yemen, Egypt and Pakistan.

HEALTH MANPOWER DEVELOPMENT

WHO is now providing technical and financial assistance to a wide variety of training activities within countries that would formerly have called for the award of fellowships for study abroad. During the past year, the Organization participated in over forty educational meetings, courses, seminars, etc. covering almost every aspect of the programme.

It is encouraging to note that there is a widespread determination, on the part of those starting or planning to start new medical schools, to get away from the traditional habit of "copying" established schools and their curricula. For instance, those responsible for the establishment of three new schools in the Region - namely in Bahrain, Sudan and the Yemen Arab Republic - are as far as possible applying modern approaches in education, taking into account the needs of the health services and making every effort to define the tasks to be performed in a national or local context by their future graduates.

WHO's collaboration continued with a number of schools of an innovative nature, including: the Community Medicine Department of the University of Khartoum; the Faculty of Medical Sciences of Gezira University, Sudan; the Fassa Medical School, Shiraz University, Iran; the Faculty of Medicine, Suez Canal University, Egypt; and the new Faculty of Health Sciences of the University of Sana'a, Yemen Arab Republic. Progress has been made to the point where each of these is now looked upon as a model worthy of study by educators of the health professions in the developing world.

WHO's role as a clearing-house, disseminating knowledge about educational methods, has greatly expanded. The quarterly newsletter, the Learner, has continued to be produced by the Shiraz (Iran) Medical School and distributed by WHO. It serves as a useful tool for the fast-developing network of persons and institutions in the Region interested and active in applying modern approaches to education. A new edition of the regional Directory of Education and Training Programmes of Health Personnel has been published and distributed.

There is continuing concern at the lack of suitable learning materials of all kinds for all levels of health personnel in the Region. Renewed efforts are under way now to prepare suitable written materials for middle-level health personnel. The Working Group on Teaching/Learning Materials for Medical Assistants selected a set of books, to be translated into Arabic and other languages after testing. Already existing materials, e.g. the manuals for laboratory technicians and for dental auxiliaries have been reviewed for translation into Arabic.

WHO has taken into special account the technical cooperation capacities and potential of developing countries, as shown by the percentage of WHO experts and high category staff who come from developing countries. The TCDC approach is particularly evident in the health manpower development programme, of which mutual sharing of various training opportunities has long been a feature.

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

Although countries are aware that cholera is no longer the most important of the diarrhoeal diseases, its presence continues to arouse inordinate but understandable concern both in national health administrations and also in neighbouring countries, some of which are still taking unjustifiable counter-measures.

Malaria

It must be said that malaria remains a major public health problem for many countries in the Region and still is a permanent threat even for others where the antimalaria programme has been successful. In addition, some 25 million people live in areas where no specific antimalaria measures are carried out. In most of the countries where large-scale programmes are being executed (Afghanistan, Bahrain, Egypt, Iraq, Pakistan, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates), it has been possible to retain the gains. However, the disruption of operations in certain areas is expected to lead to increased malaria prevalence.

Countries with advanced eradication programmes, or where malaria has already been eradicated (Cyprus, Iran, Israel, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Qatar and Tunisia) have been able to maintain their achievements, except for some scattered foci.

Nationwide programmes are now being planned in countries south of the Arabian Peninsula. In Sudan, antimalaria work is gradually extended to all provinces.

The establishment in 1979 of a Regional Advisory Panel on Malaria should permit a closer participation of countries in the regional programme.

Schistosomiasis

Control programmes are already in operation in Egypt, Somalia, Sudan, the Syrian Arab Republic and Tunisia. Plans are under way to initiate such programmes in Democratic Yemen, Oman, Saudi Arabia and the Yemen Arab Republic. The programme aims at utilizing the most recent and effective control measures to reduce the incidence of the disease by the balanced use of therapeutic means and vector control; promoting research on simple diagnostic methods; new drugs and new vector control techniques; studying and encouraging engineering techniques that will prevent the spread of the disease through water systems (irrigation) as is too often the case.

Leprosy

Large-scale and well organized programmes are in operation in Egypt, Pakistan and Sudan. Control programmes are in preparation in Somalia and the Yemen Arab Republic. In general, however, leprosy control programmes in the Region require further review to maximize their preventive aspects on the basis of early detection and treatment of cases. There is also a need for disseminating knowledge about diagnosis, treatment and prevention of leprosy, and promoting communication among workers in the Region, especially in order to change attitudes within the communities, thus enabling reintegration of cases into society.

Viral Haemorrhagic fevers

The newly-known disease Ebola haemorrhagic fever gave rise in 1979 to 33 cases with 22 deaths at the same site (Meridi, Sudan) where it had been previously reported in 1976. WHO collaborated with the Government of Sudan in the investigation and control of this outbreak, and also in devising a programme for the collection of human plasma to be available for the treatment of suspected cases of a disease for which there still is no specific cure.

Congo/Crimean haemorrhagic fever was not reported from countries in the Region until the second half of 1979, when there were two limited outbreaks - one in Iraq and the other one in Dubai (United Arab Emirates). Speedy action was taken to collaborate in immediate control activities and in planning preventive measures.

Expanded Programme of Immunization (EPI)

Significant progress was made. In addition to the countries already collaborating fully in the programme such as Afghanistan, Egypt, Democratic Yemen, Pakistan, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic and the Yemen Arab Republic - other countries of the Region (Oman, Bahrain, Jordan, and the United Arab Emirates) are collaborating in its different aspects. An improvement was noted in all national programmes.

National courses have been organized for middle-level and peripheral staff (vaccinators, nurses and midwives) in cold-chain maintenance, vaccine monitoring, proper storage and handling, to ensure the continuous potency of the vaccines.

As the programme extends, more countries of the Region are interested in evaluating their own programmes by means of new techniques elaborated by WHO.

A meeting of the EPI global advisory group - in which Dr Imam Zaghoul El Sayed Imam, President of the Egyptian Organization for Biologicals & Vaccines Production, will participate in addition to WHO regional advisers - is scheduled to take place in Geneva, Switzerland, from 20 to 25 October next.

On the agenda for discussion: activities of the programme in collaboration with the countries and UNICEF; training at all levels; quality control of the vaccines; and evaluation of the effectiveness of the programme.

Diarrhoeal diseases

The International Year of the Child provided a stimulus for control activities in diarrhoeal disease as an important way of achieving a reduction in avoidable deaths among children.

Collaboration with Member States and UNICEF on national production of oral rehydration salt packages has continued. Five countries - Afghanistan, Egypt, Pakistan, Sudan and the Syrian Arab Republic - have begun, or soon will begin such production.

Training programmes in the management of diarrhoeal diseases and the prevention and treatment of dehydration are instituted for all levels of health staff. A regional training centre at Lahore, Pakistan, will start such training this year.

Technical information on the treatment of diarrhoeal diseases - in Arabic and other national languages - was made available to the paediatric profession and also to primary health care workers.

Special Programme for Research and Training in Tropical Diseases (TDR)

The Special Programme is gradually developing in the Region. The main obstacle is that many countries need a steady development of staff and facilities if they are to undertake more sophisticated research. In developing countries, national research capabilities are frequently difficult to link with the concurrent implementation of research work as encouraged by the Special Programme, and much effort is required to harmonize the two, especially in fields not covered by the Special Programme such as epidemiology, immunology and clinical pharmacology, which are prerequisites for participation.

The research at present promoted in the Region includes field epidemiological studies in leprosy, schistosomiasis and malaria; therapeutic trials on new drugs for schistosomiasis, onchocerciasis and leprosy; studies on the socio-economic aspects of tropical disease control; and development of skills in immunodiagnosis and the understanding of immunological processes.

NON COMMUNICABLE DISEASES

Cancer continues to be one of the leading causes of illness and death in the Region. Observations indicate that socio-economic, immunological and genetic factors may play a role in the generation of malignant tumors. Emphasis is laid on the methodology for prevention, early detection and treatment of different forms of cancer, particularly those prevalent in the Region. The Regional Advisory Panel on Cancer stressed the role of regional reference centres in the implementation of control programmes in various countries.

It is well known that the prevalence of cardiovascular diseases is rising in the different countries of the Region. Plans are made for epidemiological studies in a selected group of countries. Collaboration in the care and control of these diseases is continuing.

WHO is called to cooperate with Member States concerned by oral health, especially planning and implementation of national dental caries prevention programmes. Situation analyses have been carried out in nine countries. Estimates of manpower requirements were also made. A scientific committee on oral health met in Baghdad in December 1979. It formulated general guidelines for oral health services in keeping with the concept of "Health for All by the Year 2000".

Radiation health

Work has begun on the introduction of a basic radiological system (BRS) for X-ray diagnosis in the context of primary health care. This system is based on the device and operation of a simple, reliable machine able to perform the most common radiographic procedures. A first basic radiological unit has been installed in the Yemen Arab Republic for field trial and the results obtained until now are very satisfactory. Plans are being made to extend these systems to Egypt; the first machine will be installed in Alexandria in November next and another one in Assiut.

OTHER HEALTH DEVELOPMENT

Appropriate Technology for Health

Two areas in very different fields have received attention: 1) solar energy refrigeration, mainly for the purpose of safeguarding drugs and vaccines for use in the field, and 2) the production of low-cost spectacles, a most serious need among children suffering from visual defects which seriously impair their ability to learn reading and writing.

A protocol was finalized with the Energy Research Institute in Khartoum, Sudan, to cover research activities in solar energy refrigeration. The results of studies will benefit primary health care and immunization programmes throughout the Region.

Emphasis was also placed on strengthening and developing appropriate technology for care of the mother and the newborn child.

Workers' Health

The first basic occupational health units are in the process of development in Bahrain, Democratic Yemen, Pakistan and Somalia. Steps have been taken to institute similar units in Jordan and Saudi Arabia.

The Environmental and Occupational Health Centre in Cairo, Egypt - a joint enterprise of the Egyptian Government, UNEP and WHO - will be partly operational by the end of 1980.

13 persons from seven countries were given special training in occupational health.

Road Traffic Accidents

Many countries of the Region are faced with an increasing number of deaths and injuries as a result of the growing road traffic which in many countries has multiplied by three or four in the past four or five years. Kuwait is taking the lead in tackling the problem and is planning a seminar on the subject in 1981.

ENVIRONMENTAL HEALTH

If the ultimate goal of "Health for all by the year 2000" by the means of primary health care is to be attained, the provision of safe water supplies and adequate methods of excreta disposal is a priority. Deficiency of such basic sanitation is the primary environmental factor in developing countries.

Before entering the International Drinking Water Supply and Sanitation Decade (1981-1990), 16 governments in the Region collaborated to determine present population coverage in terms of safe water and adequate sanitation, and possible constraints in achieving the target for 1990. The major constraints in providing safe water, waterborne sewerage and sewage treatment plants in most Member States are finance and trained manpower. WHO is therefore promoting the concept of appropriate low-cost technology in these fields, plus an expanded programme of manpower training.

Food safety

A key project for the Arab States of the Gulf is expected to give rise to a unified action programme for food safety and hygiene in this area that will cover all aspects of the problem.

THE PHARMACEUTICAL INDUSTRY TO COOPERATE WITH WHO

The majority of Eastern Mediterranean countries are making a serious attempt to expand their pharmaceutical services, especially in support of primary health care. In furtherance of the action programme on essential drugs the pharmaceutical industry has cooperated with WHO in pilot studies in selected countries throughout the world. In the Region, such studies were carried out in Somalia and the Yemen Arab Republic, the object being to assess the major health problems, estimate drug requirements, and investigate the possibility of improving drug distribution in rural areas.

Vaccine institutes in Iraq and Jordan are progressing satisfactorily. Most of the central public health laboratories in the Region are gradually being oriented to the needs of the public health services, with emphasis on primary health care. It is intended to start pilot projects that will be a practical demonstration of primary health care laboratory services.

MIDDLE EAST HEALTH, the Outlook after 30 years of WHO Assistance in a changing Region. A publication of the WHO Regional Office for the Eastern Mediterranean Region. This is an assessment of health progress in the Region that documents the many facets of that progress during 30 years of WHO's work; the changes in health priorities over the period, reflecting notable social and other changes; and the emergence of collective self-reliance in the quest for "health for all". Its many illustrations both textual and visual, make it a striking record of a region of the world where change has been a dominant factor in the last few decades. 133 p. Many pictures, maps and graphs.

THE BLUE NILE HEALTH PROJECT

The Blue Nile health project linked with irrigation schemes in the Gezira-Managil and Rahad areas of Sudan covers a population of two million and 2 500 000 acres of land, the aim being to prevent or control diseases associated with water, i.e. malaria, schistosomiasis and diarrhoeal diseases, in a comprehensive and integrated approach.

Activities began in July 1979, and most of the staff have now been assigned, efforts being made to use national expertise. Chief among these activities are environmental management, including improvement of the design of the irrigation and draining system; assistance with operation and maintenance methods; and provision of water supply and latrine systems.

The success of the programme will largely depend on the support of the villagers - for instance, their collaboration both in avoiding contact with polluted canal water, and also in providing community labour for sanitation and drainage activities. Primary health care is receiving high priority; and the development of surveillance, diagnosis and treatment of water-associated diseases will play a key role.

In research, the assessment of the impact of health on agricultural productivity is being emphasized. Special attention is given to the support of existing training centres in vector biology and control and creating new ones, this discipline being of vital importance for the project.

The Blue Nile health project should significantly reduce the frequency of schistosomiasis, malaria and diarrhoeal diseases, thus not only improving the health of the population living among the irrigation schemes, but also playing a positive role in the agricultural productivity of the Gezira-Rahad area which is the major source of foreign exchange for Sudan.