...NEWSLETTER...NEWSLETTER...NEWSLETTER...

TOWARDS HEALTH FOR ALL BY THE YEAR 2000 IN THE EASTERN MEDITERRANEAN REGION OF THE WORLD HEALTH ORGANIZATION

نحو تحقيق الصحة للجميع بحلول عام ٢٠٠٠ في اقليم منظمة الصحة العالمية لشرق البحر الابيض المتوسط

VERS LA SANTE POUR TOUS EN L'AN 2000 DANS LA REGION DE LA MEDITERRANEE ORIENTALE DE L'ORGANISATION MONDIALE DE LA SANTE

EMR Newsletter No. 11

September 1981

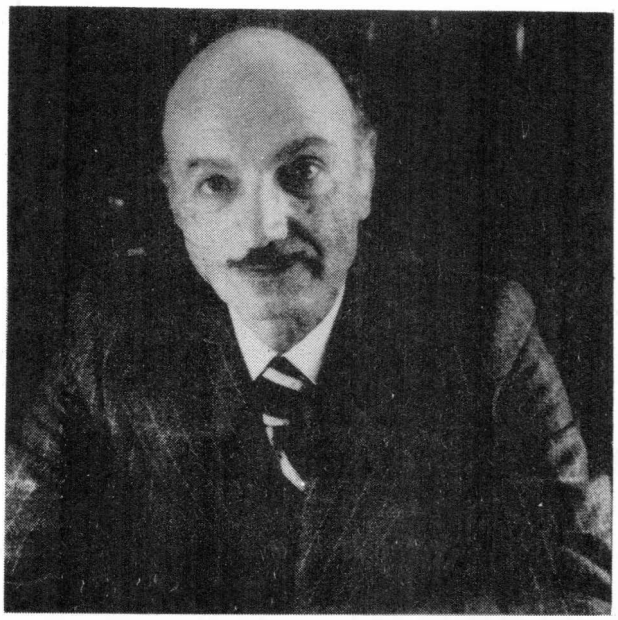
IN THIS ISSUE...

HIGHLIGHTS OF THE BIENNIAL REPORT FOR 1979-1981

OF THE WHO REGIONAL DIRECTOR

FOR THE EASTERN MEDITERRANEAN

DR A.H. TABA



"The two years under review have been eventful ones in the history of our Region. As on several occasions in the past, our work has been carried out against a background of repeated change and frequent realignment of policies among Member Countries of the Region. Despite this, the work of the World Health Organization in the Eastern Mediterranean Region has continued, with the minimum of interruption to its technical activities."

PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...PHC...P

TOWARDS HFA/2000

The focus of the Organization's work during the biennium (July 1979 - June 1981) has been the preparation of the national and regional strategies for the achievement of Health for All by the Year 2000 (HFA/2000).

The national strategies were formulated with high-ranking representatives of Member Countries at three sub-regional meetings in Mogadishu, Damascus and Kuwait early in 1980. This constituted the basis for the regional strategy.

This exercise gives clear evidence of the determination of all Member States to convert the Alma Ata commitment into action, the adoption by the Governments of primary health care (PHC) as the key for attaining HFA/2000, and their willingness to strengthen regional solidarity through technical cooperation. All this will give health its rightful place as an integral part of social and economic development.

The diversity of the demographic, social, economic, political and cultural patterns in the Region has called for a broad and flexible regional strategy for HFA/2000. This can now be considered as the framework for international cooperation and national efforts towards meeting peoples' basic health needs towards carrying out priority programmes corresponding to the main components of PHC, such as immunization of children, water supply and sanitation, malnutrition control, maternal and child care, to name only a few. Another PHC essential component is the active participation of the population in their own health development. This can be achieved only through health education and information of the public.

A change in emphasis

WHO will continue to collaborate with Member States in identifying and generating the national, regional and global cooperation needed to sustain the considerable efforts deployed by the governments to increase their health system support to primary health care.

If the regional strategy outlines ways and means by which technical and financial resources can be mobilized and rationally utilized, these new approaches point to a change in emphasis of the work of WHO in the Region.

> ..."It is only through such adaptation that WHO can really maintain and develop further its usefulness to the countries and people of the Region, fulfilling its functions as the coordinating authority on international health work and thus the technical adviser and the close partner of all Member Countries".
>
> Dr A.H. Taba
> Regional Director

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HEALTH MANPOWER DEVELOPMENT

The development of health manpower has always been a high priority in the Region. There has long been a conviction in many countries of the need for much more effective planning of activities in HMD, and for more rigorous evaluation of these activities. Thus, manpower planning and management and evaluation have been more and more to the fore in the last two years. If complete re-examination of health systems implied by HFA/2000 and the re-orientation to a PHC approach are to be achieved, an evaluation of what is at present going on in education and training of health personnel is essential.

Countries are ready to use WHO to help them evaluate the effectiveness of what they are doing in a wide range of training activities, and the relevance of the people who are being trained for the health services needs of their countries.

> ..."Throughout the years, I have continually drawn attention to the dangers of importing education and training models from other societies and expecting them to work in our own. Today this is recognized everywhere and one of the most effective ways of putting matters right is without doubt to carry out a dynamic evaluation of what exists, in order to be able to provide signposts for the future".
>
> Dr A.H. Taba
> Regional Director

Educational development and support

Educational development and support, including educational technology and teacher training, has been a prominent feature of WHO's work for the past ten years. As a result, a significant number of countries in the Region have developed their own ways of bridging the wide and dangerous gap which has for so long existed between those who produce or educate health workers, and the services to which their professional lives are dedicated. In nursing, for instance, as in medicine and elsewhere, the rigid imposition of imported models has often been more harmful than not.

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COMMUNICABLE DISEASES

Although communicable diseases no more head the lists of causes of illness and death in some countries, they still play an important and disturbing role in most countries of the Region.

Communicable disease control is an essential component of primary health care (PHC) and every effort is made to integrate CD programmes into the general health services at the PHC and other levels.

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The perpetuation of many communicable diseases in developing countries is an indicator of social standards which could be largely improved through increased self-reliance, better management, community participation and health education of the public. As is well known, all of these subjects receive the continuing attention of WHO and the training of national manpower in disease control is a priority.

Smallpox is dead, but new diseases are emerging

It was in this Region, in Somalia, that the last fight against this historic killer was won. Nevertheless, it has also to be recognized that there are many other threats, some of them new ones. Although by no means of a severity comparable to that of smallpox, this Region is faced, as elsewhere, with periodic outbreaks of so called "new diseases", including the viral haemorrhagic fevers such as Congo-Crimean, Ebola, or Rift Valley fevers, which have been causes of particular concern to some countries in the past few years. New mechanisms of collaboration between WHO and the governments have been developed to tackle each of these as they have arisen.

The Blue Nile Health Project

At the same time, there is a definite trend to develop the control of groups of communicable diseases which share common features in an integrated way. A joint approach to comprehensive programmes is often more effective than attempting to tackle each disease separately. As well as being more effective in solving the problems faced, such approaches make better and more economic use of available resources. An example of such an integrated programme is the Blue Nile Health Project for the control of water-associated diseases (schistosomiasis, malaria, diarrhoea) in Sudan.

Diarrhoeal Diseases Control (DDC)

One of the CD programmes expanding considerably in the Region is that of diarrhoeal diseases control. The programme is particularly oriented towards the reduction of mortality, especially in infants and young children, through oral rehydration.

WHO is collaborating with a number of countries in the Region in the building up of national DDC programmes, and plans of action are being actively implemented. Collaboration with UNICEF and Member States in manufacturing oral rehydration packages on a national level has continued. Four countries: Afghanistan, Egypt, Pakistan and Syria, are already producing a substantial proportion of their national needs, and others will soon begin such production.

Two sub-regional training centres for DDC were set up in Egypt and Pakistan, and training activities for all levels of health personnel have already started in them. Further collaboration with national health authorities for the setting up of more centres is envisaged.

PI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...EPI...

THE EXPANDED PROGRAMME OF IMMUNIZATION (EPI)

This programme lies at the core of the primary health care efforts. All countries in the Region collaborate with WHO and often also with UNICEF. The collaboration yearly becomes stronger and more extensive. In what is essentially a 15-year programme (1976-1990), the second five years have been entered with annual regional totals of completed immunization courses in children multiplied five times (see Facts and Figures pages 7, 8 & 9).

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The problem of the cold chain

The successful implementation of EPI involves training activities and technical improvement, particularly in developing an effective cold chain to enable the vaccines to be distributed and delivered in a safe and potent form to the immunization point, be it a rural or PHC centre even in the remotest villages. Hence, training of health workers focusses on effective management of the cold chain, a field of experience for appropriate technology.

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FAMILY HEALTH

WHO views population change in the context of the health of communities, families and individuals, especially of the most vulnerable groups (mothers and children). Family health, thus, includes maternal and child health (MCH) care and family planning with all the necessary components of facilities, training, services and research. In addition to providing community-oriented training of health workers delivering MCH care, including family planning services, appropriate emphasis is once again laid on the training of teachers of such health workers.

Death rates during pregnancy and child birth remain very high in many countries of the Region, in spite of efforts by the governments to train and deploy sufficient obstetricians and midwives to serve the needs of their peoples. In some populations, the chances that a woman will die from causes related to pregnancy exceed one per cent. This incidence of maternal death is accompanied by much chronic illness also resulting from pregnancy, by a high incidence of low birth weight, and of stillbirths and deaths of the newborn. As it is not uncommon for a woman in this Region to have ten or more pregnancies in her life, the implications of these facts and figures cannot escape attention.

WHO endeavours to confront these problems of maternal health in several ways, mainly by collaborating in the training of all levels of staff, from specialists obstetricians to traditional birth attendants.

Breast is best

WHO welcomes the increased attention given to breastfeeding in recent years. WHO technical staff strongly approves of the key role that breastfeeding plays in protecting the child from communicable diseases, especially diarrhoea, in the first year of life. This opinion is strengthened by new scientific work in the last decade on the specific properties of human milk, on mother-infant bonding and on the relationship between breastfeeding and birth-spacing. These views are shared by almost all paediatricians in the Region. Guidelines for activities in the next three years have been established for the promotion and protection of this important element of child development. The full support of Member Countries was given to the Code of Marketing of Breastmilk Substitutes adopted by the last World Health Assembly.

Nutrition

Increasing attention is also given to safeguard infant and yound child nutrition at the critical stage of weaning. The wrong choice of foods and the lack of hygienic practices make children in this age group most vulnerable to severe forms of malnutrition.

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The Organization has therefore initiated a programme of action-oriented nutrition research in a few countries. Emphasis is given to the integration of nutritional monitoring and prevention and control of malnutrition as essential components of primary health care. The Organization continues to collaborate with countries seeking to formulate comprehensive national food and nutrition policies and programmes, along with other agencies such as FAO and UNICEF.

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ENVIRONMENTAL HEALTH

> Environmental factors are of major importance to health everywhere, not least in this part of the world. The most elementary public health objectives cannot be achieved in the absence of safe drinking water supplies and the sanitary disposal of wastes. Lack of these basic amenities among much of our population is directly related to some of the more disturbing features of morbidity andmortality which our Member Countries face.
>
> Dr A.H. Taba
> Regional Director

The lack of such amenities, Dr Taba goes on to say, is related to the fact that infant mortality in some countries is as high as 150 per 1 000 live births, and they are certainly related to the dramatic role played in child health by diarrhoeal diseases. It is against this background that the Internatioanl Drinking Water Supply and Sanitation Decade (IDWSSD), 1981-1990, set the goals of safe drinking water and adequate sanitation for all within the next ten years. Accordingly, governments are currently engaged in establishing specific goals to reach the target, taking into account the costs, resources and needs of other sectors. Egypt, Somalia and Sudan are among the countries where WHO collaborates most closely in formulating national policies and programmes. This collaboration is being extended to other countries. Approaches involving maximum community participation, the use of appropriate technologies and on-the-site training of local health workers are emphasized. WHO's technical cooperation in the development of rural water supplies in Sudan and the Yemen Arab Republic has continued to provide safe drinking water to additional unserved populations.

Disposal of solid wastes

In most countries the land serves as a major repository for the solid wastes of urban and industrial areas. However, solid wastes disposal has numerous public health implications, including pollution of water sources. This and other aspects form important sections of projects in Lebanon, Libya and Somalia. In order to increase further the awareness of ill-effects of solid wastes, a Regional Workshop is planned for the next biennium, while identification and analysis of the problem has already been studied in Cyprus, Egypt, Jordan, Libya, Syria and Tunisia.

Pollution monitoring

With the rapid tempo of industrialization accompanied by inevitable urbanization, as witnessed in many countries of the Eastern Mediterranean, the possibilities of air, water and food contamination increase. They give rise in turn to other environmental health hazards. WHO therefore has provided technical support to its Member States for the assessment of pollution problems and the impact of development on the environment, in order to take timely measures to safeguard the health of the people. For some years now, WHO has engaged in surveillance activities such as air and water monitoring in eleven countries.

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MEDICAL EQUIPMENT

It is estimated that, in Eastern Mediterranean countries, as much as twenty to forty per cent of medical equipment may be out of order at any given time, thus substantially decreasing the availability of diagnostic and therapeutic services. As a result, tremendous expenditures are made on the renewal of supplies and equiment, while little is budgeted for their effective maintenance and good repair. A serious handicap is the shortage of trained manpower in this respect. WHO is collaborating with countries with a view to filling this gap, particularly through developing regional training facilities, as illustrated by the Regional Training Centre in Cyprus and other centres in Bahrain, Egypt and Iraq. Since 1978, The WHO Regional Training Centre for Maintenance and Repair at the Higher Technical Institute, Nicosia, has provided a wide range of courses for biomedical engineers and their colleagues.

COORDINATION...COORDINATION...COORDINATION...COORDINATION...COORDINATION...COORDINATION...COORDINATION

COORDINATION OF EFFORTS AND ACTIVITIES

While playing a major role in overall health promotion, the Organization fully realizes that health development cannot be its sole monopoly and that its own resources are infinitesimal compared to the vast needs of its Member States. Technical cooperation with other agencies and coordination of efforts are the two guiding principles on which the Organization operates in order to pool limited resources and ensure complementarity. In this spirit, the Organization collaborated with 18 different agencies of the UN system and a number of non-governmental bodies, regional development banks and funds.

One important example of this collaborative assistance is that geared towards meeting the urgent health needs of the growing number of refugees and displaced persons in the Region, such as those in Cyprus, Djibouti, Lebanon, Pakistan, Somalia, Sudan and the Arab occupied territories, including Palestine. The principal agencies involved were the Office of the UN High Commissioner for Refugees (UNHCR), WHO, UNICEF, the World Food Programme (WFP), the United Nations Development Programme (UNDP), Red Cross, Red Crescent, and a number of bilateral agencies.

...''I would like to express my deep gratitude to all those people, whether in the Member Governments or in the Organization, who have constantly supported me in my efforts to serve our Member Countries and have thus enabled me to carry out the work of WHO in the Eastern Mediterranean Region.

Dr A.H. Taba
Regional Director

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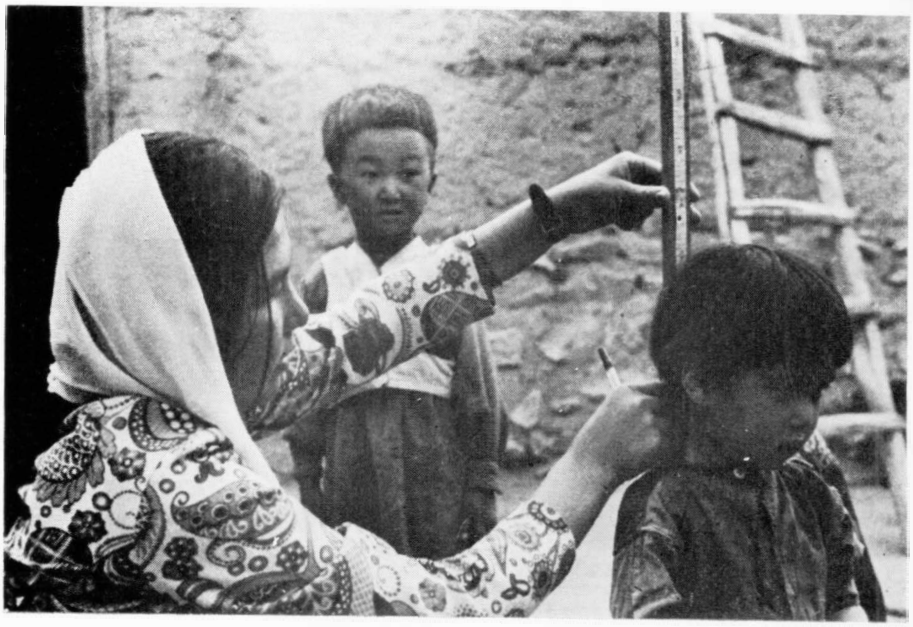
PRIMARY HEALTH CARE (PHC), as part of a dynamic development process, offers a practical means to better health for all. The PHC approach forms an integral part of the country's health care system and of its overall social and economic development. PHC attacks the main health problems facing the community and does so through promotive, preventive, curative and rehabilitative actions.



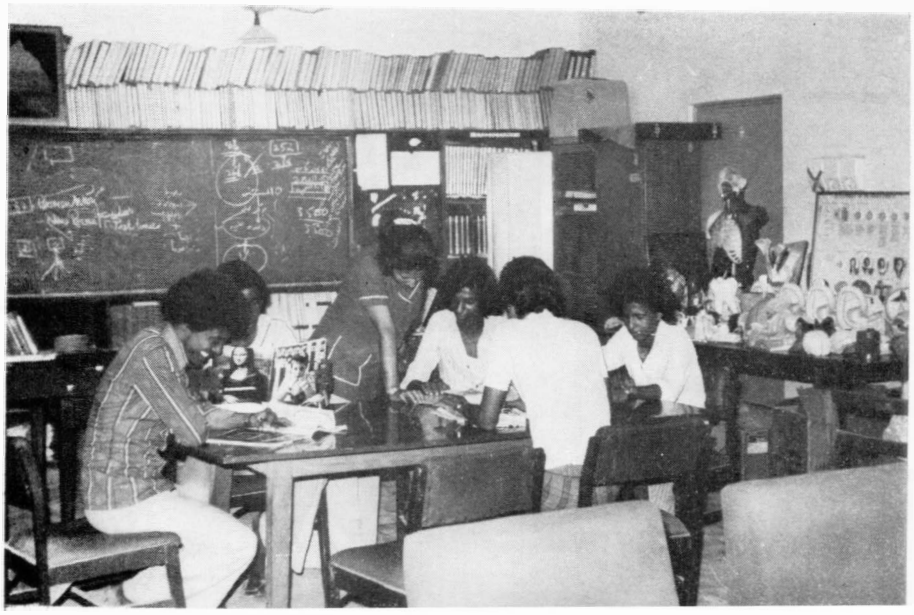
PRIMARY HEALTH CARE

Since these actions have to be adapted to real-life and social conditions in each country, they vary from country to country. Be it in Afghanistan (top photo), in Sudan (middle) or in Iran (cover page), a low level of socio-economic development is a major factor of ill-health. Thus national development, including PHC, can contribute greatly to better health and productivity.

HEALTH MANPOWER DEVELOPMENT

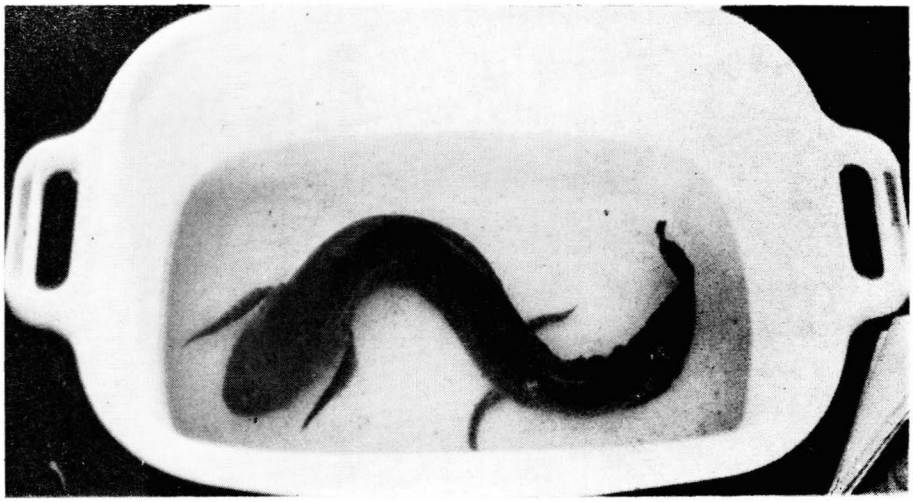
has always benefited from the highest priority in the Region. This long-term programme takes into account the specific needs and possibilities of each country in the training of health workers of all categories, from the physician to the community health worker.

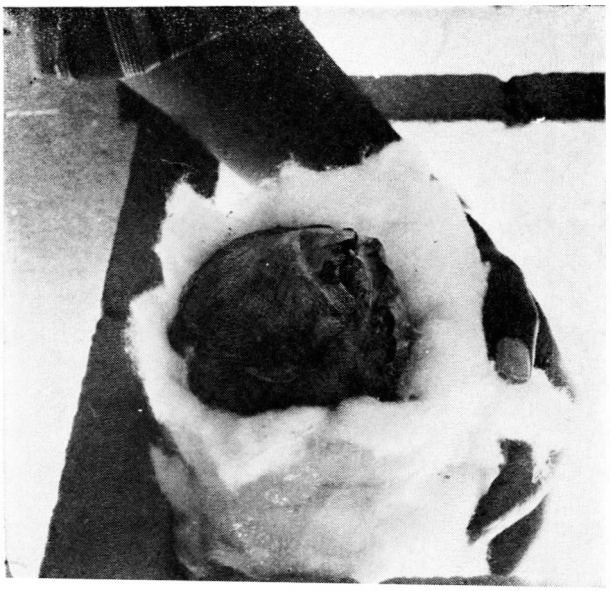
Students in the library of the Institute of Health Manpower Development in Aden, Democratic Yemen.



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. The project should significantly reduce the prevalence of these diseases, thus not only improving the health of the population living in these areas, but also playing a positive role in their agricultural productivity which is the major source of foreign exchange for Sudan.



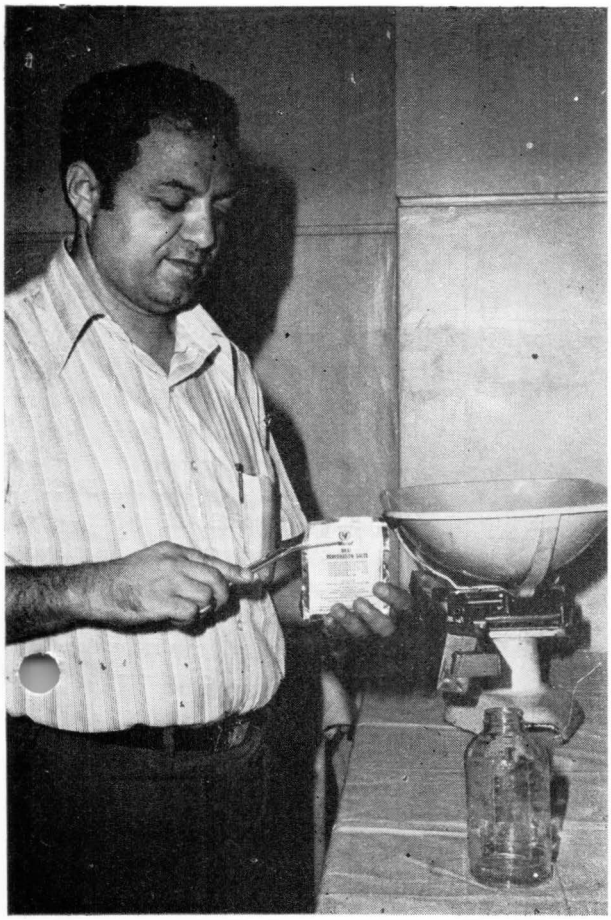


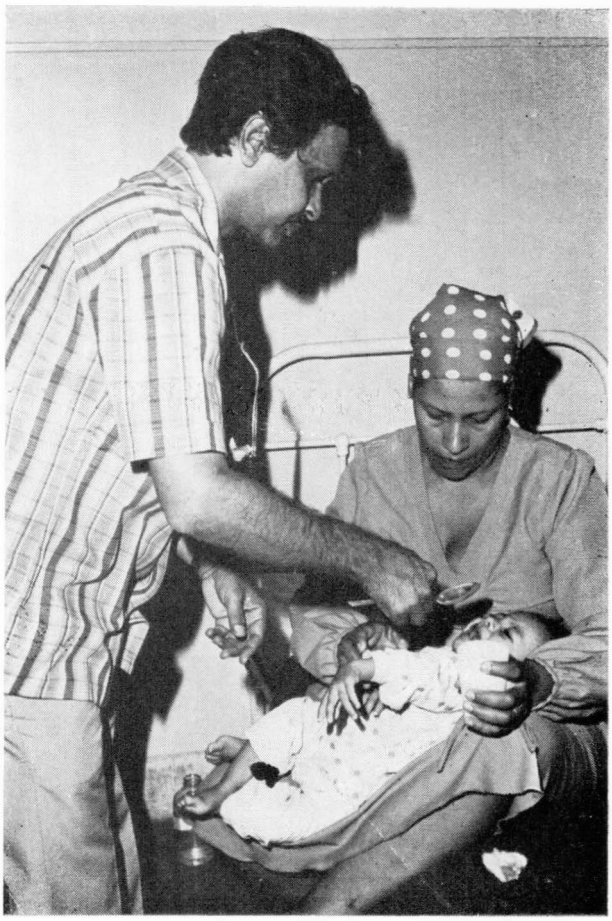
(top) A project health worker checks an irrigation canal for signs of watersnail, the vector of schistosomiasis.

(middle) The mudfish of Western Sudan eats the snails which act as vector to the schistosomiasis parasite, thus introducing a possible biological weapon in the fight against the disease.

(bottom) The cocoon of the mudfish.

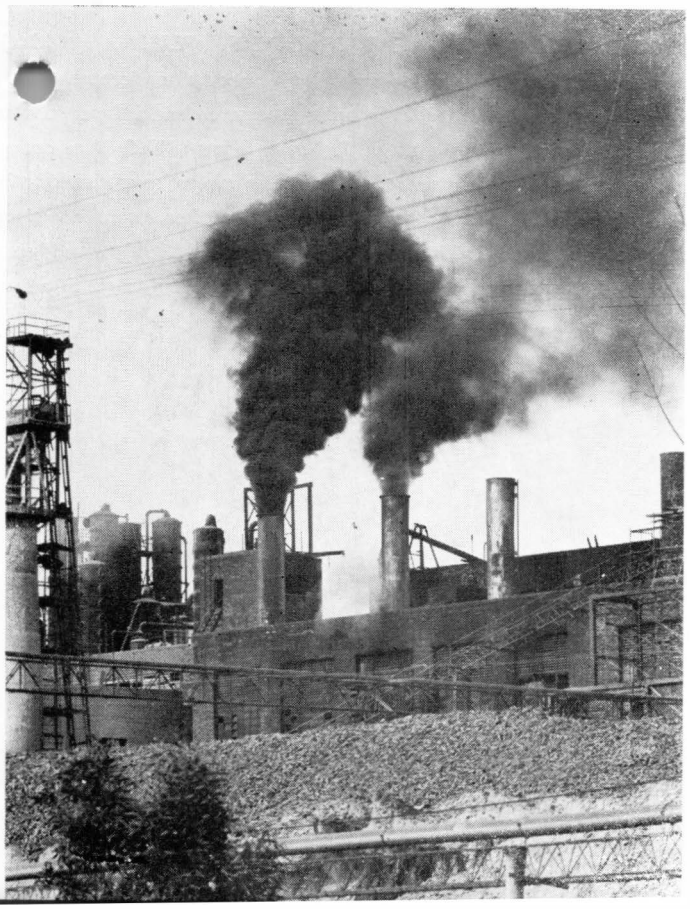
DIARRHOEAL DISEASES CONTROL

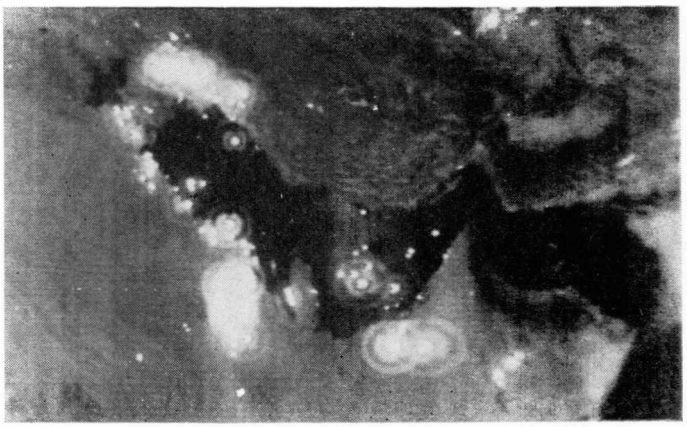




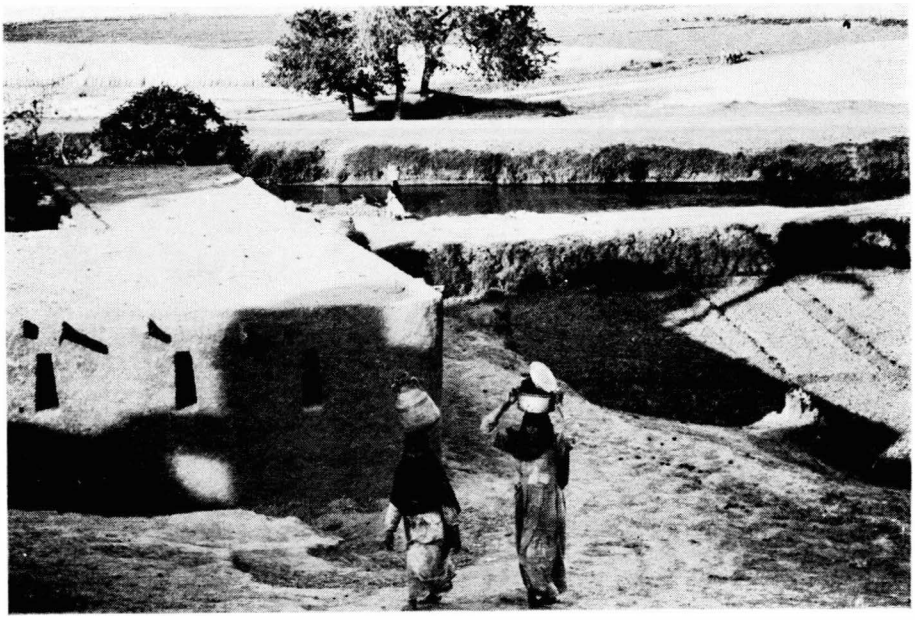
Diarrhoea is the main cause of death in children under three Dehydration, which is the main outcome of diarrhoea, can be remedied by oral rehydration. Fluids are delivered either by the health worker or the mother (right). Simple life-saving solutions based on salts and sugar can be prepared in advance and packaged in small bags (left).

POLLUTION



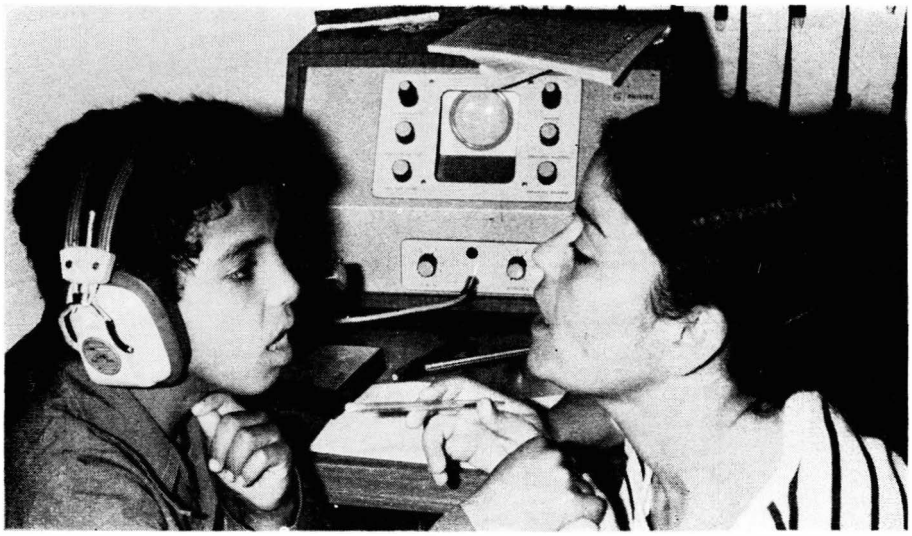


Pollution is almost always a man-made health hazard that economic development, if well planned, should try to avoid (left). Satellite picture (right) shows heavy pollution due to flaring oil gas over the Gulf area.



WATER DECADE and INTERNATIONAL YEAR OF DISABLED PERSONS

An adequate supply of safe water and basic sanitation is a "must" for everybody and one of the essential components of primary health care required for the achievement of Health for All by the Year 2000. One of the aims of the INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE (1981 — 1990) is to provide clean water for all people within the next ten years. The need for basic sanitation is as great as the need for safe water. Water supply and sanitation are truly efficient only if they complement each other.



THE INTERNATIONAL YEAR OF DISABLED PERSONS (1981) aims at focussing attention on the enjoyment by handicapped persons of rights and opportunities in order to ensure their full participation and integration into society. For many years WHO has actively cooperated with Governments in the Region in developing rehabilitation programmes, especially for handicapped children, and in training health personnel in 20 countries. Photos show (middle) a deaf mute boy learning to speak and (below) a blind boy being taught by a blind teacher, both in a Rehabilitation Centre in Tunisia.

A FEW FACTS AND FIGURES ABOUT THE REGION (from 1979 to 1981 and beyond)

--The WHO Eastern Mediterranean Region consists of 23 Member States, of which five are included in the list of the least developed countries (LDCs) in the world. Substantial activities also take place in the occupied Arab territories, including Palestine.

--At 30 June 1981, the WHO staff working in the Region amounted to 298 members drawn from 42 different nationalities. The number of short-term consultants employed during the period under review amounted to 297. The trend is to increasingly use national staff to perform functions in WHO collaborative activities previously carried out by internationally recruited staff.

--From July 1979 to June 1981, 43 meetings of different kinds (advisory committees, seminars, workshops, scientific groups, etc.) took place in several countries of the Region. Most of them were educational in nature, many applying the principle of "learning by doing".

--The number of publications issued by the Regional Arabic Programme since July 1979 comes up to 24. Another 26 publications are in preparation and scheduled to be issued in the near future. Special attention is paid to training manuals and working guidelines.

--1007 fellowships were awarded during the calendar years 1979-1980. They covered as many different subjects as public health administration, sanitation, nursing, maternal and child care, communicable diseases, medical education and numerous other disciplines from mental health to the maintenance and repair of medical equipment.

--Among the 23 countries of the Region...

...10 have an Expanded Programme of Immunization (EPI) plan of action developed in cooperation with WHO;

...3 intend to develop such a plan by 1982;

...in 8 of them programme reviews and/or immunization coverage evaluations are conducted;

...7 already had well-established immunization programmes before the beginning of EPI in 1975.

--From 1974 to 1980, the number of children receiving a full course of diphtheria, pertussis (whooping cough) and tetanus vaccines (DPT), and those receiving the three doses of polio vaccine, has more than quintupled (from 3.9% to 22.6%) in the Region, although the number of children born alive has passed from some nine million per year in 1974 to some 10.5 million in 1981. The achievement in respect of measles vaccine is similar.

--It has been estimated that out of eleven million children born each year in the Region, approximately 2 million die before the age of five years and of these deaths about 40 per cent are due to diarrhoeal diseases. In all, diarrhoeal diseases are responsible for between 15 to 22% of all mortality in the Region.

--Malaria: the number of confirmed cases of malaria reported from the Region in 1980 was about 115 000 as against some 125 000 in 1979.

...Six malarious countries are without a country-wide malaria programme;

...eight countries have nation-wide malaria control programmes;

...nine countries have eradicated malaria, or malaria disappeared, or malaria transmission may occur only sporadically through imported cases.

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--Out of about 160 million people who live in the rural areas of the Region, only about 32 per cent have access to safe drinking water. According to recent estimates, water supply and sanitation services range from 20% to nearly 100% for urban water supplies; from 6% to 90% for rural water supplies; from 20% to 100% for urban sewerage and from very low to full coverage with sanitation services in rural areas.

--The actual amount of money spent by WHO for country and inter-country programmes in 1979 amounted to a total of over US$ 25 million, of which some 15.5 million came from WHO's regular budget and the rest from other sources such as, mainly: UNDP, UNFPA, the UN Trust Fund for Assistance to Lebanon, the WHO Voluntary Fund for Health Promotion.

--The estimated expenditures from all sources for the 1980-81 biennium will amount to some US$ 65 million, of which 61 per cent from the WHO regular budget, 15.3 per cent from the United Nations Development Programme (UNDP), 10 per cent from the WHO Voluntary Fund for Health Promotion (VFHP), 9.3 per cent from Funds-in-Trust and 4.2 per cent from the United Nations Fund for Population Activities (UNFPA).

--Out of the estimated WHO regular budget for 1980-81 - which is in the amount of US$ 39 650 000 - about two-thirds (65.7% or $ 26 058 900) are devoted to country programmes according to the following breakdown:

...about fourteen million dollars to the five least developed countries (Afghanistan, Democratic Yemen, Somalia, Sudan, Yemen Arab Republic);

...about ten-and-a-half million dollars to eleven other countries (Bahrain, Cyprus, Djibouti, Egypt, Israel, Jordan, Lebanon, Oman, Pakistan, Syria, Tunisia);

...about one-and-half million dollars to seven OPEC member countries(Iran, Iraq, Kuwait, Libya, Qatar, Saudi Arabia, United Arab Emirates);

24.9 per cent of the WHO regular budget for 1980-81(or $ 9 872 850) is devoted to inter-country programmes.

--Tentative figures from all sources of funds for the 1982-1983 biennium are in the area of US$ 70 million, of which 46.5 million from the WHO regular budget.

--Apart from their regular contribution, several Member States made additional voluntary contributions to help less-privileged countries. For instance...

...the Government of Kuwait pledged over a million dollars in support of malaria control in Sudan. In addition, Kuwait contributed $ 200 000 for the Expanded Programme of Immunization in Democratic Yemen, Somalia and Sudan. The Kuwait Government also decided to contribute $ 1.5 million to the Blue Nile Health Project in Sudan.

...the Government of Iran offered drugs valued at some $ 800 000 for needy countries of the Region and donated three million doses of smallpox vaccine.

...the Government of Libya donated $ 300 000 in favour of tuberculosis and endemic diseases control in Democratic Yemen.

...the Government of Saudi Arabia contributed $ 4 million in support of health programmes in the Yemen Arab Republic over the past six years.

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...the Government of the United Arab Emirates contributed one million dollars, an amount which is being used in favour of various health programmes in the Region.

...the Government of Qatar contributed about $ 2.5 million as a part of a larger pledge to support health programmes in Sudan. These funds are intended for purchase of supplies such as drugs, insecticides, vehicles and other equipment.

NOTE TO READERS AND EDITORS

For further information on these items please write to:

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