...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

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IN THIS ISSUE...

HIGH MEDICAL DISTINCTION BESTOWED UPON DR A.H. TABA, WHO REGIONAL DIRECTOR

Dr A.H. Taba, WHO Regional Director for the Eastern Mediterranean, has been elected to Honorary Membership of the International Epidemiological Association (IEA) in tribute to his great contribution in support of the work of the Association and of the science of epidemiology in general.

The IEA, which counts about 1400 members in 95 countries, has conferred this highest honour to only some 12 members since its inception some 30 years ago.

APPOINTMENT OF A WHO PROGRAMME COORDINATOR IN THE REPUBLIC OF DJIBOUTI

Dr Sixte Butera has been assigned as WHO Programme Coordinator in the Republic of Djibouti, taking up his duties by the end of September last.

Dr Butera was Minister of Health in his own country, Rwanda, and later Secretary General of the Ministry of Public Health, until 1978. He was also a member, then Chairman, of the WHO Executive Board. Since 1978, Dr Butera has been with the Division of Diagnostic, Therapeutic and Rehabilitative Technology, WHO, Geneva.

WHO Programme Coordinators, in the Organization, represent the Regional Director in a given country or group of countries. Their main duty is to act as Public Health Advisers to the Government(s) concerned.

WHO FELLOWSHIPS FOR EDUCATIONAL DEVELOPMENT

The WHO fellowships programme has always been one of the most valuable means whereby the Organization collaborates with member countries. This in turn has led to continued efforts by WHO to ensure that fellowships are planned and carried out with particular attention to the specific manpower needs and requirements of each country. Thus, during 1981, a series of short-term (1 to 3-month) fellowships have been initiated for the training of teaching staff members from various higher education institutions in the Region in collaboration with the Center for Educational Development (CED), University of Illinois, Chicago, USA. For this year, fellows are coming from the University of Gezira Faculty of Medicine in Wad Medani, Sudan; the College of Physicians and Surgeons in Karachi and the Bolan Medical College in Quetta, Pakistan; the High Institute of Public Health in Alexandria and the Faculty of Medicine of the Al-Azhar University in Cairo, Egypt.

The overall purpose of the fellowships is to gradually strengthen and build up a core of staff members fully trained to carry out various aspects of curriculum development and implementation of the innovative community-oriented teaching learning process at their own faculties, as well as training of newly recruited staff members. Specifically, this involves participation in task-oriented tailor-made courses at the CED on systematic approach to curriculum development, instructional methods and design and development of learning materials, evaluation techniques and elaboration of evaluation instruments for student assessment as well as incorporation of an in-built evaluation system within the educational programmes to monitor the progress and achievement of the faculties' objectives.

Long-term evaluation of the success of such fellowships will be in the contributions that the fellows will make to the development of health services in their own countries.

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VECTOR BIOLOGY AND CONTROL

The Regional Training Centre for Malaria and Vector Biology and Control in Baghdad, Iraq, being established with WHO cooperation, began training courses in 1980, during which year a course on vector and rodent biology and control and two courses on malaria eradication and control were given. Early in 1981, another course on malaria eradication and control was provided for technical staff. A senior course on vector biology and control is planned for the near future.

The success of previous courses and the growing recognition of the Centre as a regional asset confirm the belief that the Centre must expand into more spacious and permanent accomodation. Plans have already been made by the Government of Iraq and the Arab countries of the Gulf Area for new buildings and facilities. There seems every likelihood that the Centre will develop into a major educational establishment serving the Region. WHO could assist by providing fellowships to participants and among other things encouraging entomologists within the Region to collect and forward arthropod insects carriers of disease specimens for reference and teaching collections at the Centre.

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THE ROLE OF WOMEN'S ASSOCIATIONS IN THE UNITED ARAB EMIRATES

Dr Jamal K. Harfouche, Professor Emeritus of Maternal and Child Health, American University, Beirut, Lebanon, recently visited the United Arab Emirates as a WHO consultant.

In her report, she emphasizes the role that Women's Associations can play in the delivery of maternal and child health (MCH) care, particularly at community level. In the United Arab Emirates, according to Dr Harfouche, some MCH centres have established close links with the local Women's Association. Some of these Associations have a "health committee" and run a nursery school for infants and young children whose mothers attend literacy and other classes. On such occasions, an assistant nurse from the MCH centre takes advantage of the presence of the children to provide daily health surveillance, periodic check-up, vaccinations and first-aid, under the supervision of a responsible physician.

One of the most important activities of these Associations is to reach mothers and children in remote areas through sub-centres at primary health care (PHC) level. Hence, their membership constitutes a major opportunity for training community health workers to assist the MCH centres in reaching underserved and unserved children. If traditional birth attendants are reckoned with and integrated with this group and jointly receive some training on-the-job, they are very likely to play an effective role in promoting primary health care and community development throughout the Emirates.

The Health Committees of the Women's Federation and its branches in Abu Dhabi and other Emirates provide thus a potential pool for primary health workers who are fully recognized and accepted by the community. Existing links between some MCH centres and these committees should be maintained, strengthened and expanded, says Dr Harfouche. Cooperation from WHO and UNICEF could be initiated for special training sessions and/or workshops to improve their knowledge and skills.

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The Federal Ministry of Health of the United Arab Emirates was established in 1972, and shortly after (1972-73) the first MCH centre was set up by the Department of Preventive Medicine (DPM), followed by seven others between 1975-1979. The Ministry is providing most of the curative and preventive services. Communicable disease control is a major component of primary health care (PHC). Disease surveillance, immunization and environmental sanitation are the strategies adopted. Environmental sanitation services in large urban areas are the responsibility of the municipalities. In smaller urban areas and villages, the DPM shares the responsibility for ensuring the necessary services.

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BLUE NILE HEALTH PROJECT: CONTROL OF DIARRHOEAL DISEASE

Diarrhoeal disease(DD) is a major cause of illness and death in infants and children in Sudan. A recent survey indicates that about 50 per cent of infant deaths are due to diarrhoea. However, the exact proportion of diarrhoeal disease resulting from ingestion of contaminated water is unknown, and so is the proportion of DD and skin and eye infections due to limited availability of water for use for personal hygiene (water-washed diseases). However, investigation of outbreaks of gastro-enteritis indicated that water was in most cases the vehicle. In addition, contamination of water in household storage jars (zeer) has been demonstrated in several instances, suggesting that contamination of drinking water in the home may be important in transmitting DD.

Objectives and strategy

The overall objectives of the Blue Nile Health Project are the control and prevention of the major water-associated diseases, primarily malaria, schistosomiasis and diarrhoeal diseases in the project area, starting with an assessment of the health and socio-economic impact of the programme. Development of a long-term and comprehensive strategy is planned during a five-year period which began in July 1981 in the Study Zone, an area including some 55 villages with a population of about 50 000 near Abu Asher in Gezira Province. After collection of basic data on water-associated diseases for one year, the strategy will be implemented as from July 1982 and evaluated during four consecutive years. If proved successful, it will be implemented as from July 1986 throughout the Gezira-Managil Irrigation Scheme and the Rahad Zone (a total area of 2.1 million "feddans"* with a total population of approximately 1.8 million plus an additional 550 000 seasonal workers.

Health education and information of the public

The Blue Nile Health Project will give the opportunity of measuring the impact of diarrhoeal disease control efforts on morbidity and mortality among children from birth to four years of age. The programme consists of provision or renovation of water supplies, construction of private latrines, introduction of oral rehydration therapy and health education. Results of surveys indicate a definite need for health education and information of the public regarding the causes of DD in children and their treatment.

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* about 2 180 000 acres

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PROGRESS OF WATER DECADE IN SOUTHERN SUDAN

WHO has been requested to help organize a Drinking Water Quality Surveillance Programme in connection with the rural water supply programme established by the Rural Water Development Department of the Regional Ministry of Cooperatives and Rural Development in Southern Sudan.

The main source of water in the Southern Region of the Sudan is groundwater, particularly in rural areas. The above mentioned Department has been very active in the field of drinking water supply over the last five years, when it drilled 189 village wells of a depth of about 120 feet. Since 1975, several international and bilateral agencies, including UNICEF and the Norwegian Government, have in addition drilled a total of some 860 wells, most of them equipped with hand pumps. On an average the combined activities of the Rural Water Development Department and the international and bilateral voluntary agencies have a potential output of about 500 wells every year. Therefore, in ten years' time, 5000 wells will be completed while, according to estimates made on the occasion of the International Drinking Water Supply and Sanitation Decade (IDWSSD), about 15 000 wells will be needed by 1990.

WHO has advocated that a central water laboratory be established as soon as possible in Juba, as planned by the Department, to collect water samples and control the quality of supplies. Two regional laboratories should be set up within the next two years. New standards for drinking water should be issued by the Ministry of Health, which should also issue guidelines for the surveillance of water quality. Since health inspectors are the backbone of any surveillance programme, they should be trained in water quality control in general, and sanitary survey and sampling in particular.

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TRAVELLING SEMINAR ON PSYCHOTROPIC DRUGS

Democratic Yemen, Iran, Tunisia and the Arab Republic of Yemen are among the countries which participated, in the course of October, in a travelling seminar in USSR as part of the World Health Organization (WHO) programme for safety in the use of narcotic and psychotropic substances. The Seminar was sponsored by WHO, the UN Fund for Drug Abuse Control (UNFDAC) and the Government of the Soviet Union.

The registration of psychoactive drugs, and the procedures for monitoring the adverse effects that they may have on public health and society, were among the main topics on the agenda. These discussions will form a basis for the development of guidelines for the registration of psychotropic substances, along with the study of the experience to be gathered in six countries throughout the world, including Kuwait.

A gigantic accident epidemic

Among other problems discussed were traffic accidents which take a heavy toll around the world with deaths and injuries rising even in developing countries. WHO carries out a global programme on accident prevention, to which its drug safety programme is linked. Thus, reports have been presented during the seminar on the relationship between driving and the psychotropic drugs prescribed for therapeutic purposes (see also our EMR Feature for September 1981). The cause-and-effect relationship between alcohol and accidents is known, WHO says, but not the role that psychotropic drugs may play in what has been termed a "gigantic accident epidemic".

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Need for more safety

The need for safety in the use of drugs, among them psychotropic substances, is particularly pressing in developing countries, where use -- along with misuse -- is increasing, and where measures of control are generally considered far from adequate.

Among the more commonly known psychotropic substances are depressants such as barbital and methaqualone, stimulants such as the amphetamines, and hallucinogenes such as LSD and mescaline. All have the capacity to affect the mind.

WHO has a mandate to evalute the safety and efficacy of drugs, and also to recommend controls when a threat to public health has been shown.

CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CANCER...CA

NEW APPROACHES TO CANCER CONTROL

The Sub-Committee on Cancer of the WHO global Advisory Committee on Medical Research (ACMR) met in Geneva by the end of September last. The Sub-Committee considered a proposed WHO programme to introduce tested cancer control measures more widely into national health services; to develop research into prevention of those cancers whose causes are known, as well as early diagnosis, and the perfection of efficient and economically feasible treatment methods. The aim of the programme is to reach the greatest possible number of potential and existing patients by revising priorities and making the most of the resources available.

One-third of cancer cases preventable

Today, up to one-third of cancers could be prevented, at least one-third of patients could be offered cure, and most patients with incurable cancer could be guaranteed virtual freedom from pain. However, the techniques and resources are unevenly applied, even when available, and the lack is greatest where the majority of cancer cases occur, in developing countries.

Cancer in the developing world

Contrary to general belief, the majority of cancer patients live in developing countries. Each year five million cases occur there, compared to three million in developed countries, cancer being one of the three main causes of death everywhere. Particularly in the developing world, practice lags behind theory. Preventive measures are not implemented, and many patients cannot obtain treatment or pain-killing drugs, although a few privileged ones may receive sophisticated treatment even when it is too late to be of use.

Practical prevention

At present, too few resources are devoted to primary and secondary prevention methods. Up to one-third of new cancer cases could be prevented by awareness accompanied by a change in individual life-styles. No other measure would have a greater impact than reducing the use of tobacco: both smoking (the cause of lung cancer) and chewing (the cause of oral, or mouth, cancer).

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Early detection of cancer (secondary prevention) does not necessarily call for complicated technology, as in the case of oral, rectal and prostate cancers, which can be found by simple examination. The two most common cancers in women - of the breast and the cervix (neck of the uterus) - can be detected by methods known to reduce deaths: monthly self-examination of the breasts, and the "Pap smear" for cervical cancer.

The WHO programme concludes that with a reorganization of priorities and the reorientation of existing national and international resources, it should be possible to extend the chance of cure with current techniques to about a third of all patients. In addition, new forms of therapy -- suitable for routine use in an "outreach" programme in developing countries -- need to be developed through research.

Pain relief

When cancer is found too late, or has become irreversible, the patient may be better off without active treatment but should have the chance to make a peaceful farewell to life, without pain. Patients, instead of being rejected and isolated, should be freed from distress and anxiety by the warmth, understanding and support of those around them. Most pain can be relieved by inexpensive drugs. However, health professionals need training in how to relieve pain efficiently; and inexpensive, effective drugs are still not available in many areas.

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SMOKING AND YOUTH

Health officials from the WHO Eastern Mediterranean Region will take part in an international conference on Smoking and Youth sponsored by the World Health Organization (WHO) and the Italian Society for the Prevention of Cancer which will be held in Venice in November next.

Danger: Children at Risk!

The risk to children's health from smoking begins even before they are born. Studies show that mothers who smoke have a higher incidence of miscarriage, and that their babies are born with relatively lower birth weights. There is also a higher death rate among babies whose mothers are smokers. Smoking also affects children. Several studies show that regular smoking often begins between the ages of 10 to 12. However, the critical period at which most begin to smoke is in the early teens. Unfortunately, attempts to deter teenage smoking have so far met with little success.

Why they begin ?

Although almost all children are aware that smoking is dangerous for health, most are ready to try it by the time they reach their teens. Peer pressure to smoke is a major influence on them. Another influence is parental behaviour. It is known that parents who smoke are likely to have children who smoke. Teenagers with parents who smoke are more than twice as likely to smoke as those with non-smoking parents. Teenage smokers tend to perform less well at school, both academically and in sports, which in turn often makes them dislike school.

There is little doubt that advertising which presents smokers as healthy, adventurous, sexually attractive and socially successful men and women - as is so often the case in developing countries - influences youth at a critical stage in their lives.

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Present trends

Smoking is sharply on the rise in almost all developing countries. In industrial countries, the general increase in smoking has stopped and in some cases even declined. Hence the present effort by tobacco companies to encourage smoking in developing countries through expensive publicity campaigns. However, the habit is increasing among teenage girls even in industrial countries. In the United States, girls are now smoking as much as boys are; the difference in smoking rates had disappeared in 1974. The same trend has been observed in other industrialized countries.

The Venice Conference on Smoking and Youth intends to study these problems and seek better means for dealing with them. A multisectoral approach with carefully structured educational campaigns will be developed. There will also be an open forum for youth to express itself on all these questions and to suggest solutions.

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FOOD AND HEALTH

On the occasion of *World Food Day* (16 October), Dr H. Mahler, WHO Director General, delivered the following statement:

"For hundreds of millions of people in the world today, mankind's right to adequate and nutritious food is but a cruel joke. Among the populations of the developing countries, at least one in four has a food intake below the critical minimum level.

Malnutrition, the direct result of injustice and underdevelopment, daily robs thousands of their intellectual and economic birthright. The burden is heaviest for children, among whom undernutrition and the lack of safe water open the doors to killer diseases. For those who survive, many will have a reduced capacity to learn during childhood and earn during adulthood. Thus the lack of sufficient, nutritious food has retarded the economic progress of the developing world, for development is dependent upon human energy and human energy in turn is dependent upon an adequate diet. Furthermore, widespread hunger today is a clear threat to peace on our planet.

In the industrialzed countries, the malnutrition of affluence contributes directly to the increasing burden of obesity, cardiovascular diseases, diabetes and dental problems.

Given our present knowledge, our modern technologies and the social and economic forces at our disposal, it is an indictment of our times that global food problems appear to be increasing in magnitude.

World Food Day is an occasion for the health sector to rededicate itself to greater efforts to reduce malnutrition and lessen its impact. The priorities include reduction in diarrhoeal and other infections, provision of safe drinking water and adequate sanitation, better spacing of births, and proper child immunization, promotion of breastfeeding and good weaning practices and improved nutrition education, as well as attacks on specific nutritional deficiencies.

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WHO's Member States are making realistic and effective nutrition and nutrition-related activities a cornerstone of their provision of primary health care to every citizen. We shall continue to work closely with FAO and other international organizations to develop food and nutrition strategies for each country as a key element in national development plans.

World Food Day reminds us that every sector of development has a role to play in achieving the twin goals of *Food for All* and *Health for All*.