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

تحياتة الصحة للجميع بحلول عام ٢٠٠٠
في إقليم منظمة الصحة العالمية لشرق
البحر الأبيض 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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OPENING

Opening the 34th World Health Assembly which took place in Geneva last month, H.E. Dr A.R. Al-Awadi, Minister of Health of Kuwait and outgoing President of the World Health Assembly stated in his opening speech:

..."It gives me pleasure to say today that our world has passed the stage of merely thinking about attaining this goal (Health for All by the Year 2000) at the organizational level, for there is now a practical response and positive steps are being taken in every country of the world. Plans and methods are now underway for the creation of simple strategies that can be easily implemented and will cover everything related to human life so as to secure health and well-being for all mankind".

ELECTIONS

H.E. Dr G. Rifai, Minister of Health of the Syrian Arab Republic was elected as one of the five Vice-Presidents of the Assembly;

Dr A.A.K. Al-Ghassany, Director, Department of Preventive Medicine, Ministry of Health of the Sultanate of Oman, was elected Vice-Chairman of the Assembly's Committee A and Dr A. Hassoun, Director of International Health Affairs, Ministry of Health of Iraq was elected Vice-Chairman of the Assembly's Committee B.

The United Arab Emirates were elected among the ten WHO Member States entitled to designate a person to serve on the WHO Executive Board for the next three years. One public health expert already serving on the Executive Board has been designated by each of the following countries from the Eastern Mediterranean Region: Iran, Kuwait, Oman and Yemen.

The WHO Executive Board is composed of 30 persons, serving in their personal capacity.

A SOCIAL CONTRACT FOR HEALTH

In his address presenting his report for 1980, Dr Halfdan Mahler, Director-General of WHO, told the assembled delegates that governments, people and WHO together represent the three partners in a social contract for health.

The success of the global and regional strategies formulated to carry out this social contract, he said, would clearly depend on the extent to which countries translate them into action. "For it is there, in countries where people live and work and learn and dream and suffer - it is there that health is made or broken. It is there that the world's many, living in utter squalor, can each spare only a few dollars a year to maintain their health, in spite of the dire social and economic consequences of their ill health. And it is there that the world's few, living in affluence, each spends hundreds and hundreds of dollars a year in a mad rush to keep up with the latest in medical technology, without much thought for its social and economic consequences".

Dr Mahler expressed confidence that the target of Health for All could indeed be attained. He declared: "Three years ago I appealed from this platform to the political leaders of the world to accept in principle the target of health for all by the year 2000. I now appeal to them to accept in practice the strategy to make that target attainable....If we succeed, you will doubly gain - in your own country and in your social and economic relationships with other countries, not to speak of the salutary effect on promoting peace of joint endeavours in politically non-controversial areas. So I appeal to you political leaders once more from this platform: Add your weight to the worldwide social contract for health! The risks for you are few, if any; the benefits for mankind will be enormous."

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STATEMENTS BY MINISTERS OF HEALTH OF COUNTRIES IN THE EASTERN MEDITERRANEAN REGION

AFGHANISTAN (H.E, Dr N. Kamyar, Second Deputy Minister of Public Health)

"The Government of the Democratic Republic of Afghanistan, in conformity with the principles of the non-aligned countries and the Alma Ata Conference Declaration, has adopted primary health care as the cornerstone for the development of the health services. Therefore, in formulating our health policy, strategy and plan of action, we have taken all pertinent and relevant factors into consideration and have assumed full responsibility for the provision of health care for the country. Thus, in the five-year plan for the health sector, priority is given to the extension and development of health care and to the increase of the coverage and effectiveness of the basic health services in the rural areas."

CYPRUS (H.E. Mr G. Tombazos, Minister of Health)

..."The realization of this objective (HFA/2000) presupposes the undertaking by all Member countries of the commitment to prepare and implement comprehensive national plans, collaborating at the same time, as and when necessary, with the appropriate WHO authorities and with the authorities of countries which face common problems, or are in a position to help the national effort. The effort itself must take account of all those factors which have, or are likely to have, a bearing on health. In addition to the factors normally mentioned, one should particularly emphasize freedom from worry and uncertainty for the future, and special care for population groups which are more susceptible to health hazards."

DJIBOUTI (H.E. Mr M.A. Issa, Ministre de la Santé et des Affaires sociales)

..."The concept of Primary Health Care as defined in the Declaration of Alma Ata is something to which we subscribe fully. This attitude is clearly illustrated by the following facts:

In a recent study for a health plan for the Republic of Djibouti, the definition of our social policy was summarized in its HFA objectives as being HFA by the year 2000. In the very same study, the very principles of the Declaration of Alma Ata inspired the formulation of sectoral policies adapted as appropriate. Thus, henceforward, health activities will be particularly oriented towards preventive work, towards education and other means of improving the overall level of health of all populations in all regions of the country."

EGYPT (H.E. Dr M. Gabr, Minister of Health)

"The Egyptian Government, in compliance with the resolutions of the World Health Organization and the Alma Ata Declaration, and through its own experience and long expertise in providing free medical treatment for all its citizens, has set up its health strategy and spelled out its priorities. These consist of confronting the basic problems in the field of health and providing the technical means within available resources and potentials to guarantee their solution. In order that Egypt may achieve its health strategy by the year 2000, the Ministry of Health has set various priorities to implement health plans."

IRAN (H.E. Dr H. Manafi, Minister of Health)

H.E. Dr Manafi asked: "Which health for people who have nothing to eat and drink, nothing to live for ? If it comes to world health, we have to consider the problem. When we say Health for all by the year 2000, is it our will or is it a slogan ? If we decide that it is our will we have to find ways and means of uprooting exploitation, war, poverty, these components of the evil which affect health."

IRAQ (H.E. Dr R.I. Husain, Minister of Health)

"We have worked in a responsible manner in our country and we are proud of our noble objective, namely Health for all by the year 2000. We have adopted regional programmes for the coming years on the basis of an ambitious overall development plan. In our programmes, we have taken account of the need to cooperate with the World Health Organization, and the need to collaborate in field studies, benefitting from all scientific experience gained elsewhere in the world. We have accorded priority to prevention and primary health care in our programmes, while stressing also the importance of protecting the environment. We see this priority as the very basis of health care promotion in our country."

ISRAEL (H.E. Mr E. Shostak, Minister of Health)

"Over a lengthy period, we in our country have gone through a long series of experiments with methods of health delivery and the optimal way of setting priorities, yet the main vehicle on the road to health for all was, and still is, primary health care delivery. Neither the most sophisticated technology, nor the most luxurious medical institutions will replace the human mind, the human hand and the human communication of a physician, of a nurse, of a paramedical person or of a health auxiliary."

JORDAN (H.E. Dr Z. Malhas, Minister of Health)

"We in the Hashemite Kingdom of Jordan still believe in a better future. We are therefore undertaking a sincere effort to improve the health level of our nation. The Ministry of Health, through the implementation of national plans based on the principles established by King Hussein who declared that man is our most precious treasure, leads us to provide health services to all citizens wherever they are in accordance with the goals of this Organization. We have therefore redrafted the administrative rules in our Ministry and we have made Primary Health Care the priority concern of our organization."

PAKISTAN (H.E. Dr N. Jomezai, Minister of Health and Social Welfare)

"My delegation has...noted with great satisfaction the concern which WHO and UNICEF jointly nourish for finding out the constraints and obstacles in the implementation of the primary health care programme in developing countries, and the remedies thereof. I hope that the study being undertaken by them will be completed soon and the results disseminated to all who are interested in that programme. From the experience of my own country I can only stress that among factors contributing to success are the spirit of teamwork, incentives for workers, and trained managerial manpower, besides adequate funds. Lack of these contributory factors may be some of the main constraints in most of the developing countries."

SUDAN (H.E. Mr K.H. Abbas, Minister of Health)

"The citizen of Sudan is finally the goal of all our efforts in my country and we have become aware of the link between health and economic and social development for society at large. Each person must commit himself to achieving Health for all by the year 2000. The Sudanese delegation would like to support the slogan of this Organization which we have included in our statutes because we are a democracy and we extend this to all our citizens. There is mass participation at every level - men, women, children - and we are striving to attain social development and health development in all regions of our country, even the wild ones, in order to achieve this development and further strengthen it."

SYRIA (H.E. Dr G. Rifai, Minister of Health)

"We have every hope of the 34th World Health Assembly being the one where we reinforce our humanitarian ideals of peace and health in order to push forward our common aim which is to attain the noble objective of Health for all by the year 2000 through objective discussions and fraternal deliberations."

TUNISIA (H.E. Mr R. Sfar, Ministre de la Santé Publique)

"I should like to reaffirm the unconditional support of Tunisia for the noble humanitarian objective we have fixed ourselves: Health for all by the year 2000. In Tunisia we are fully conscious of the considerable efforts required to attain such an ambitious target, a target which corresponds to our national objectives in this area, as stated in our Constitution, to guarantee health to all citizens." ... "Tunisia reinforced its national strategy based mainly on extending existing infrastructure to make access to primary health care possible for the whole population. In our next five-year development plan, 1982-1986, we are going to base our action on a more equitable distribution of health resources giving absolute priority to the most neglected areas. This shows that our national health policy is in line with the options advocated by the Organization."

UNITED ARAB EMIRATES (Dr S. Al-Qassimi, Under-Secretary, Ministry of Health)

..."The Emirates adopted the principles of Primary Health Care as a tremplin to provide health services. We planned and implemented some measures to render this fact a reality through building and equipping many centres. Furthermore we attempted to strengthen centres at the intermediate level to deal with more complicated health problems, as well as at the central level for coordination. We planned to provide these centres with human resources and technical equipment and we arranged continuous training for health workers to promote their standards and to create new and alternative cadres. We stressed community participation in health matters. We coordinated our activities with other institutions, governmental and private on national, regional and sub-regional levels."

YEMEN (H.E. Dr M. Al-Kabab, Minister of Health)

"The Alma Ata Declaration...and the primary health care system are the key elements of our five-year plan. I do not think that I am exaggerating when I say that more than 50 per cent of all care given are primary health care activities. If we have made this objective ours it is because we are convinced that, in our country which has 80 per cent rural population, and where most people live in regions which are quite distant and of difficult access, health coverage, even at a minimum level, could not be ensured if primary health care were not there. We hope that, when we are able to extend coverage to all, coming generations will be able to bear witness to the wisdom of this goal."

Speaking on behalf of the WHO Secretariat, including the Regional Directors and concluding the general discussion, Dr H. Mahler said: "From multiple encounters I have had the honour to have with ministers of health and other chief delegates, I have realized that they are indeed ready to make a soul-searching effort to make WHO that unique partner we all have been trying to identify over recent years. And that I consider of the greatest significance."

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HEALTH AND MEDICAL ASSISTANCE TO CYPRUS

Continuing health assistance was provided by UNHCR and WHO to refugees and displaced persons in Cyprus in 1980-81. WHO, in particular, pursued its technical cooperation by provision of medical supplies and equipment, enhancement of manpower resources, and support to disease control measures, including those that would safeguard the country against the reintroduction of malaria. WHO contribution from the regional budget to the various health projects in the country during 1980-81 amounted to some \$ 363 000. WHO will continue its collaboration with UNHCR to meet the health needs of the population in the present situation.

TO LEBANON

In Lebanon, close technical collaboration has been maintained with the Council for Development and Reconstruction, other bodies and agencies of the UN system, and several non-governmental organizations, in pursuit of programmes related to health in the country.

To improve the health of the population as a whole, and in particular underserved groups in rural areas, WHO has organized, with assistance from UNDP and in cooperation with UNICEF and the UN Interim Force in Lebanon (UNIFIL), an active technical assistance programme with the aim of reorganizing the governmental health network. WHO has assisted the Ministry of Public Health in advising and reconstructing government units responsible for health policy.

Two important technical cooperation projects, funded by UNDP in a total amount of about \$ 920 000, have been set up by WHO, namely: the national waste management project for the collection and disposal of waste waters and solid wastes; and the project on national public health laboratory services.

From its regular budget in 1980-81, WHO has provided about \$ 513 000 for reorganization and development of health services in Lebanon. The Organization will continue this humanitarian operation, in full collaboration with the UN, UNDP, UNHCR, UNICEF, the International Committee of the Red Cross (ICRC), and other organizations.

EMERGENCY ASSISTANCE TO REFUGEES

In its resolutions, the World Health Assembly also gave due consideration to emergency health and medical assistance in Democratic Yemen, Djibouti and Somalia. In this connection, WHO was requested to allocate the necessary funds for this purpose and to the best extent possible.

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As far as refugees are concerned, and deeply afflicted by their plight in some parts of Africa, particularly Somalia and Sudan, and their ever increasing numbers which now constitute over half the population of refugees in the world, the World Health Assembly requested WHO to continue and intensify its cooperation in implementing and following up the conclusions of the International Conference on Assistance to Refugees in Africa (ICARA), held in Geneva early in April last.

OCCUPIED TERRITORIES

On the problem of the health conditions in the occupied Arab territories, including Palestine, and taking into account the reports...

- of the WHO Special Committee of Experts appointed to study these health conditions;
- of the Ministry of Health of Israel;
- of the Permanent Observer of the Palestine Liberation Organization (PLO) at the United Nations office in Geneva;
- and of the Director of Health of the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

...for the year 1980, the World Health Assembly, aware of its responsibility for ensuring proper health conditions for all peoples who suffer from exceptional situations, expressed its deep concern at the poor health and psychological conditions afflicting the inhabitants of the occupied Arab territories, including Palestine, and endorsed the opinion of the Special Committee of Experts that "the socioeconomic situation of a population and its state of health are closely related." Thus the Assembly requested the Special Committee to continue its task with respect to all the implications of the various policies and practices which affect the health conditions in the occupied Arab territories, including Palestine.

TRANSFER OF REGIONAL OFFICE

The 34th World Health Assembly adopted a resolution requesting the Director General of WHO to initiate action as advised by the International Court of Justice (ICJ) and to continue to take whatever action he may deem necessary to ensure the smooth operations of the technical, administrative and managerial programmes of the Regional Office for the Eastern Mediterranean during the period of consultation.

INTERNATIONAL CODE ON MARKETING OF BREASTMILK SUBSTITUTES ADOPTED BY ASSEMBLY

The 34th World Health Assembly, meeting in plenary session in Geneva, endorsed an international code of marketing of breastmilk substitutes. The vote was 118 in favour, one against, with three abstentions, on a resolution proposed by the Executive Board of WHO. The resolution adopted the Code as a recommendation to WHO Member States, urging them:

- to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety;
- to translate the International Code into national legislation, regulations and other suitable measures;
- to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of its provisions;
- to monitor the compliance with the Code.

The resolution also requested the Director-General of WHO to report to the 36th World Health Assembly, in 1983, on the status of compliance with and implementation of the Code at country, regional and global levels and to make proposals, if necessary, for revisions of the text and for further steps required for its implementation. The resolution stressed that the adoption of and adherence to the Code is a minimum requirement and only one of several important actions required in order to protect healthy practices of infant and young child feeding. WHO was instructed to give all possible support to Member States in the implementation of the Code, particularly through national legislation.

The Code recognizes that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. Its aim is to contribute to the safe and adequate nutrition of infants "by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing practices". In scope, the Code applies firstly to breastmilk substitutes including infant formula. It applies to other milk products, foods and beverages, including bottle-fed complementary foods, only "when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk." It also covers the marketing of feeding bottles and teats, products associated with the use of breastmilk substitutes.

The Code calls for the elimination of direct consumer promotion including advertising, gifts and samples and labelling practices which may discourage breastfeeding. In addition to that, information and education on the feeding of infants should stress the superiority of breastfeeding and should be provided only through the health care system. Products should meet international standards of quality and presentation.

The Code states that governments should take action to give effect to the principles and aim of the Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations and other suitable measures.

Manufacturers and distributors of infant food products, non-governmental organizations, professional groups and consumer organizations are called upon to collaborate with governments in both the implementation and monitoring processes.

DR A.T. SHOUSHA FOUNDATION MEDAL AND PRIZE AWARDED TO DR IMAM ZAGHLOUL

On 14 May last, Dr Imam Zaghoul, a distinguished Egyptian virologist, was awarded the A.T. Shousha Foundation Prize and Medal by the World Health Assembly meeting in Geneva. The Shousha Award was established in memory of Dr A.T. Shousha, the first Director of the WHO Regional Office for the Eastern Mediterranean, and is given for outstanding work in the Region.

Born in 1922, Dr Zaghoul has been very active in the field of public health. Moreover, he has been a particularly ardent research worker, especially in the field of virology. For many years he has collaborated fruitfully with WHO and the countries of the Region. In his address Dr Zaghoul said:

"I have great hopes that, very soon, a Declaration will be made on the control and eradication of many infectious diseases, such as poliomyelitis, measles, diphtheria, tetanus, pertussis and tuberculosis, on the lines of the Declaration of WHO's successful pioneering programme of Smallpox Eradication."

Speaking in his capacity as Chairman of the Board of the Egyptian Organization for Biological Products and Vaccines, Dr Zaghloul stated that 'all research activities have been oriented towards the applied research required to solve the country's health progress, towards developing better vaccines at lower cost, or vaccines for the protection of children from various diseases.'

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(photo of the laureate is available)

NOTE TO READERS AND EDITORS

For further information on these items please write to:

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