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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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...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD...CDD.....

TWO MORE COUNTRIES TO EMBARK ON THE CONTROL OF DIARRHOEAL DISEASES (CDD)

CDD IN THE YEMEN ARAB REPUBLIC

At the request of the Government, the World Health Organization (WHO) assigned a consultant to the Yemen Arab Republic to prepare a five-year CDD Programme.

Diarrhoeal diseases rank first among preschool children health problems in the Arab Republic of Yemen. It is estimated that approximately 30 per cent of deaths in this age group are due to diarrhoea and the dehydration which follows it. Besides, it was estimated in 1980 that 80 per cent of children in the bracket 0-5 years had varying degrees of malnutrition due, as expressed by the WHO consultant, "to the terrible impact of increasing bottle-feeding grafted on too poor weaning practices", thus making diarrhoea rampant as the result of a combination of causes. In addition, the general public still believes in starving children during an episode of diarrhoea.

The curse of bottle-feeding

Malnutrition among young children has been found to be quite common. The tendency to opt for bottle-feeding is increasing. All these factors, coupled with unhygienic feeding and poor weaning practices, contribute to recurrent diarrhoea in children, with high risks of death.

Why the bottle instead of breastfeeding ? Reasons for this may be many, ranging from a false sense of sophistication, mothers getting more and more involved in outdoor activities, or the fallacious propaganda of powdered milk manufacturers. An effort thus needs to be made, in the Yemen Arab Republic as elsewhere, to convince mothers to breastfeed their babies by informing them of its advantages. They need, too, to be informed of the additional nutrition requirements during pregnancy and lactation and how these needs can be met. Mothers must also be educated on proper weaning practices and informed on adequate weaning foods available locally. Education on proper feeding of the child during the diarrhoeal episode will also have to be given.

Health education of the general public through demonstrations on television, highlighting the above aspects, will have a tremendous effect in making short TV programmes a success, according to the WHO consultant.

In the same context of education, health staff at all levels will have to participate in teaching the mothers and other people in the use of oral rehydration salts.

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Oral rehydration therapy

The administration of oral rehydration salts, called oral rehydration therapy (ORT), is the basis of any programme aiming at reducing deaths from diarrhoeal diseases. The WHO consultant therefore suggested that an attempt be made to launch and implement a modest ORT programme. As the Government is keenly trying to implement a primary health care (PHC) project, which in its first phase will cover 10 per cent of the rural population, the CDD programme could use this endeavour as a delivery, community-based system. A programme for urban areas can be planned and implemented through already existing health services for children.

The specific goal is to make ORT available to 75 per cent of young children in all target areas by 1986.

WHO cooperation

In close cooperation with UNICEF, which has already earmarked some funds for the CDD programme, it is proposed that in addition to its advisory services and technical back up, WHO could help in holding local seminars/workshops for physicians and nurses; in producing technical material in Arabic for wide distribution; in providing fellowships for limited numbers of senior medical personnel to go abroad and see well-run existing CDD programmes; in developing national capabilities for programme delivery; in promoting maternal and child health (MCH) care related to prevention of diarrhoea; and in supporting research directed towards improving the various approaches for delivery of health services.

CDD IN THE HASHEMITE KINGDOM OF JORDAN

Following the appearance of cholera in Jordan last year, the need for organized efforts in favour of CDD was felt. The creation of the Section for the Control of Diarrhoeal Diseases (and Cholera) was officially decreed by H.E. the Minister of Health, Dr Zoheir Malhas. A senior paediatrician and two other medical officers have been appointed to the section. The World Health Organization (WHO) was requested to help in preparing a plan of operations for a National Programme for CDD.

A significant public health problem

According to statistics available, which are scarce, it is clear that diarrhoeal diseases represent a significant public health problem in Jordan, placing major demand on the health services, particularly in the summer months. All doctors state without hesitation that diarrhoea is the main complaint for young children, especially infants, during the warmer months, amounting to about 40 per cent of infant attendances at health services. In a typical village of about 600 inhabitants, 45 per cent of 108 children less than 5 years old were presented for this reason to the village health centre. The figures collected during the WHO consultant's visit suggest an annual incidence of 1600 cases per 1000 children under five years of age.

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The stress given to the CDD programme in Jordan, namely the prevention of epidemics, also reflects the concern engendered by the 1981 cholera outbreak, particularly as it is assumed that control of cholera can be best achieved through rigorous application of a programme for the control of all diarrhoeal diseases.

Objectives of the plan

The objectives of the plan of operations are to prevent the occurence of epidemics of diarrhoeal diseases and thus reduce the number of deaths and illnesses associated with these diseases. This can be done through numerous measures, including case treatment, in particular by extension of oral rehydration therapy (ORT) as widely as possible and by the appropriate education of the medical and paramedical professions. According to the plan of operations, a total of 320 health staff will be trained in three Case Management Training Centres from 1982 to 1984.

Improvement of the sewerage and water supply installations, particularly in Amman, and health education, will also help in freeing the country of this scourge.

One million ORS sachets in 1982

Oral rehydration therapy (ORT) was introduced into the Government health services in September 1980 and its use has extended to certain parts of the country. Since that time, a total of some 300 000 sachets have been distributed free by UNICEF to health centres and health workers throughout the country. At the end of 1981, some 500 000 sachets were in stock and a further one million ordered from UNICEF, against payment, for 1982. It is expected that ORS sachets will be manufactured locally in the future. In one of the Kingdom's general hospitals, out of 1732 cases who were treated by oral rehydration, 1720 (99.3 per cent) recovered without event.

Health Information and Education of the Public

Mass media campaigns will be carried out to present all aspects of the diarrhoeal diseases problem. The two subjects which are given priority in 1982 are breastfeeding in the prevention of diarrhoea and the dangers of bottle-feeding, coupled with practical advice on prevention of dehydration due to diarrhoea in the home. Health education campaigns aim at combatting common practices such as restricting the intake of all food and fluids during a diarrhoeal episode in a child, a practice in which not only the public but also part of the medical profession wrongly believe.

WHO collaboration is expected to be mainly in staff training and in the preparation of health education material.

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SEVEN EMR COUNTRIES DISCUSS THE PREVENTION OF NENONATAL TETANUS IN LAHORE, PAKISTAN

Neonatal tetanus (NNT), or tetanus of the newborn, is still one of the leading causes of infant deaths throughout the Region, particularly in the less developed countries. In some areas, it may account for up to one-third of all deaths of newborns. It occurs mainly because of unhygienic practices during confinement, for instance when the delivery is taking place at home with the assistance of untrained traditional birth attendants or relatives. It depends very much upon the way the umbilical cord is cut and dressed.

One approach to the prevention of this major killer is through general measures, namely improving the levels of living and the quality of obstetrical services. A more specific measure consists of immunizing women before and/or during pregnancy with tetanus toxoid (TT), which is a modified product, different from the tetanus vaccine given to children. Without belittling the importance of immunization, other effective measures can be considered in the control and prevention of NNT, namely the training of traditional birth attendants and health education of the public.

Such general and specific measures were amply discussed in the course of the WHO Interregional Meeting on the Prevention of Neonatal Tetanus which was held in Lahore, Pakistan, in February last, and in which seven countries in the Region (Democratic Yemen, Egypt, Oman, Pakistan, Somalia, Sudan, Yemen Arab Republic) took part.

Zero Death Goal by Year 2000 ?

In their final report, the participants stated that in most developing countries an incidence of only one death per 1000 live births should be attained by 1990 and the zero death goal by or even before the year 2000. This could be achieved mainly through vaccination within the framework of the Expanded Programme of Immunization, one of the major components of primary health care.

Although mass campaigns are not recommended as a general strategy,there are certain countries where they can be rationally implemented. The target groups should be pregnant women and women of child-bearing age (mothers-to-be) attending health centres for any reason. The immunization of pregnant women can be an effective measure in controlling NNT in areas where a large proportion of them seek prenatal care and report to health centres reasonably early in the pregnancy. General public information and promotional campaigns to encourage immunization of women in these priority groups were thus suggested.

In countries where it is feasible, evidence of tetanus immunization could be made a pre-requisite to marriage certificate.

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Beware of wounds and injuries

For all people, male or female, the participants re-emphasized that care of wounds and injuries should include not only desinfection but also the administration of tetanus toxoid (TT) in all cases where there is reason to believe that the person has been previously immunized. Antitetanus serum (ATS) should be reserved only for those who were not immunized.

Information and education of the public

The participants estimated that national commitment for the control of this disease should extend beyond the Ministry of Health. Help from other ministries will be needed, for example that of the Ministry of Education in sensitizing teachers and pupils, and of the Ministry of Information in promoting health information and education.

The target of these information/education campaigns is essentially the mother, who can be reached both directly by health staff, or indirectly by her husband, her own school age children, the traditional birth assistant, religious and other local leaders or non-governmental organizations volunteers, and the mass media.

Community participation

The participation of the community should be sought. Specific information should be given to community leaders (including religious leaders) and their help enlisted in teaching birth attendants and mothers to recognize cases, to make them aware that it is a major killer of newborns which can be prevented by immunizing the mothers prior to delivery, assuring that the umbilical cord is cleanly cut and that no unclean dressings are placed on the cord while it is healing.

Training of traditional birth attendants

The meeting recognized that improved maternity care has a vital role to play in the reduction of neonatal tetanus. Countries with high NNT rates are also those where a large proportion of women are delivered by untrained, unsupervised traditional birth attendants. The official policy of governments should thus aim at increasing the percentage of deliveries attended by trained workers, with the ultimate goal of achieving 100 per cent coverage. All governments should therefore favourably consider the registration of all traditional birth attendants, so that training can begin with emphasis on referral of high risk cases, safe delivery, and adequate hygiene in care of the cord. Traditional birth attendants, once trained, should then be attached to health teams.

(for more details about tetanus, see EMR Feature Series for August 1981)

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TEN COUNTRIES TAKE PART IN SEMINAR ON FOOD CONTROL

One of the major concerns of public health authorities in countries of the (WHO) Eastern Mediterranean Region is to assure a safe and adequate supply of food and drinking water to their growing populations. In several countries, food and agricultural production is the main occupation of the people; in some of these countries, it probably constitutes the largest growing industry next to oil production. Most countries in the Region import various types and quantities of food for human consumption, while quite a few of them rely on foreign trade to meet half or more of their requirements for major food items.

Is all food safe ?

Mainly because of low hygiene standards, food-borne infections are widely prevalent and episodes of food poisoning are not rare. Gastro-intestinal infections are one of the main causes of illness in almost all countries and diarrhoea is probably the major cause of death among infants and young children, accounting for an estimated annual loss of 750 000 infants alone, in the Region as a whole. The possible role played by microbial contamination at some stage or another in the food chain is not to be underestimated. It is undeniable that basic sanitary conditions and practices of local food production, processing, display for sale, handling, etc., cannot be considered satisfactory from the safety point of view.

WHO Seminar on Food Control in West Berlin

In an attempt to remedy this situation, and at the request of the World Health Organization (WHO), staff members of the Institute of Veterinary Medicine in West Berlin, FRG, visited eight countries in the Region earlier this year. As one of the results, a WHO Seminar on the Organization and Management of Food Control Services was held at the site of the Institute in May last, with ten countries* from the Eastern Mediterranean and two European countries** participating.

The governments of the Region are fully alert to these problems and have taken a series of measures to improve practices in relation to food safety and to strengthen their food inspection and control systems. The attention of participants was therefore mainly concentrated on strategies and plans of action which are both suitable and economically feasible in order to achieve the challenging goal of providing safe and sufficient food for the people in their respective countries.

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* Cyprus, Egypt, Iran, Jordan, Lebanon, Pakistan, Qatar, Sudan, Syria, Tunisia.

** Greece, Turkey

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Main obstacles

The main obstacles to a satisfactory food safety programme are the fact that in most countries laws and regulations for the control of food need to be updated and that the responsibilities for controlling food are uncoordinated and divided between so many different departments within the respective ministries concerned: public health, municipalities, agriculture, commerce, customs, etc., with the result, more often than not, that each of them considers that the subject is of secondary importance. Also, the lack of adequate inspection services and of basic laboratory facilities to analyze food on the one hand, and identify food-borne diseases on the other, does not help to solve the problems. At the same time, there are significant losses of food resulting from inadequate protection against microbial and/or chemical contamination, as well as against pests and rodents.

Recommendations of the seminar

A number of recommendations were made as a conclusion to the seminar. Among them:

-- Action should be initiated in each country to unify, simplify and update food legislation; a coordinating body such as a National Food Board should be established at the highest government level to coordinate the activities of the various agencies concerned with food.

-- A special allotment should be earmarked in national budgets for implementation and/or strengthening of food control activities.

-- Food inspectors and laboratory personnel should be suitably trained in order to be sufficient in quantity and qualifications.

-- Manuals dealing with the handling of food should be prepared in the local languages for use by health workers at primary health care level.

-- There is a need for exchange of information and knowledge between countries and for the establishment of one or more WHO collaborating centres for research, training and development in the Region.

-- National seminars should be convened to disseminate appropriate information and technology to the personnel involved in food safety programmes.

Information and education of the public

Information and education of the public are of utmost importance. They should provide basic and simple knowledge to the people as how to prepare and keep food under hygienic and safe conditions. Hawkers and street vendors present an important risk. Food prepared at home may sometimes be a health hazard, particularly in rural areas where a great proportion of food is handled and consumed without inspection.

The seminar also recognized the importance of consumers' unions as a critical link between the government's services and the people.

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THE LOW-COST SPECTACLES SCHEME IN PAKISTAN

A survey carried out with WHO support on 2000 school-children in the Rawalpindi-Islamabad area showed among other defects that about 15 per cent of these children are myopic (short-sighted) and are likely to have problems in following what is going on on the blackboard, especially in large classes.

An application of appropriate technology

The"low-cost spectacles for children" appropriate technology project promoted in Pakistan under a WHO scheme is running well, due to the devotion, drive and enthusiasm of a large number of people, mainly teachers and opticians. The project, which deals with the provision of spectacles to children most in need, is to help the underprivileged, as the cost of a pair of spectacles compares with the annual per capita expenditure on health in some of the developing countries, that is at least 20 rupees (US$ 2). With a high probability that several million children in Pakistan are in need of a sight correction, "this will call for quite some financial planning", as expressed by the WHO consultant who visited the project and made recommendations for its pursuit.

In the course of surprise visits paid by the WHO consultant to classrooms where pupils with defective sight had been provided with glasses under the WHO scheme, it was found that the majority of these children were actually wearing the glasses and that they were unanimous in being happier with than without them.

Teachers are the best help

Among his recommendations, the WHO consultant reiterated his conviction that the ability to achieve successful screening of vision (and hearing) in school-children, starting at primary level, should form part of every teacher's skill and should be taught as part of every teacher's training. It is agreed unanimously that sight screening done by primary school-teachers offers the best hope of contacting the largest number of school-children. The one person who has access to all children is the school-teacher. If teachers were given an elementary course of instruction designed to enable them to distinguish good from defective vision, an important step forward would have been made.

In fact, such a course for 25 teachers was inaugurated during the consultant's assignment and was received with interest and enthusiasm.

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DEMONSTRATION, TRAINING AND RESEARCH CENTRE FOR ORAL HEALTH ESTABLISHED IN DAMASCUS, SYRIA

In cooperation with the World Health Organization (WHO) a Demonstration, Training and Research Centre was founded in March last in Damascus, Syria, for the purpose of improving the oral health of the population not only of Syria but of all countries in the Region.

The objectives of the Centre are to develop and evaluate models or systems for the delivery of oral health care; to test and evaluate oral disease preventive measures; to train various categories of personnel; to organize courses and seminars in dental public health; to coordinate research related to oral health and oral health services. The Centre will also serve to facilitate inter-country exchange of ideas, experience and information.

Primary oral health care for children

Among other activities, the Centre will set up a comprehensive oral hygiene programme and care for these children who suffer greatly from dental diseases, namely caries. The programme consists of training school health nurses, teachers and health workers to carry out dental health education and fluoride mouth rinsing to prevent caries. It will also encourage oral hygiene practice and train school nurses to undertake periodic examinations of children.

Children who are in the city of Damascus will be subjected to routine examinations by staff at the Centre and will be referred to its policlinic to receive treatment. It is expected that the Centre will provide service and guidance to more than 350 000 to 450 000 children in the area.

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EXPANDED PROGRAMME OF IMMUNIZATION IN THE YEMEN ARAB REPUBLIC

Impact of Television Campaign

Like many other countries with recently expanded immunization programmes, Yemen was facing problems of low demand for immunizations and high drop-out rates for return visits. To increase public participation, a television campaign on immunization was broadcast throughout the country as part of the weekly health education programme during November and December 1980.

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As a result, the total number of DPT (diphtheria, pertussis,tetanus) and polio immunizations given during November and December 1980 showed a dramatic increase. For the country as a whole, the number of DPT/polio immunizations more than doubled in November and nearly doubled in December compared to the monthly average prior to the television campaign. Furthermore, the impact lingered on for several months after the television message was discontinued.

The number of immunizations performed remained high during 1981, declining only for the Ramadan and Eid holidays in July and October.

The number of return visits increased noticeably as well. The television campaign on immunization attracted even those vaccinees whose previous visits had taken place more than five months earlier.

Since all EPI units experienced an unprecedented demand for immunization services during the months when the TV campaign was in progress and since this demand lingered on for several months in most regions, it appears that television has high credibility and an effective reach and that it can be used, along with other publicity materials, to ensure and increase public participation.

Because of the success of the 1980 TV campaign, another immunization education programme was televised nationwide in November 1981.

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