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

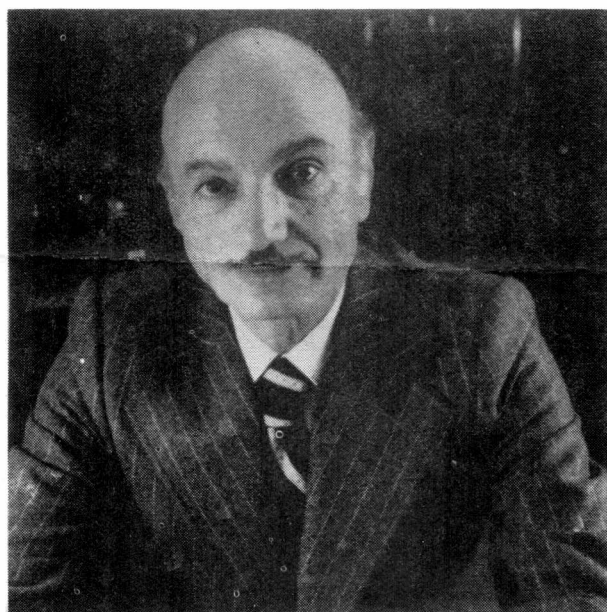
نحو تحقيق الصحة للجميع بحلول عام 2000
في اقليم منظمة الصحة العالمية لشرق
البحر الابيض المتوسط

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...

HIGHLIGHTS OF THE ANNUAL REPORT FOR 1981-1982
OF THE W.H.O. REGIONAL DIRECTOR
FOR THE EASTERN MEDITERRANEAN



the late Dr A.H. TABA (1912-1982)
who for a quarter of a century (1957-1982)
presided over the destinies of the WHO
Regional Office for the Eastern Mediterranean

At this time I want...to render my profound thanks to all
the Member States for the confidence that they have shown in electing
me to this challenging and exciting post for five full terms.

Reflecting on past years, I can only think that all that we have
gone through together in the struggle to promote the health of all of
the people has been infinitely worthwhile.

A.H. Taba, M.D.

Without the continuing moral support of the leaders of all our Member Governments, I and our loyal staff could achieve nothing. As the body of this report well shows, the health work of the Region today is predominantly carried out by the Member Countries themselves. WHO's role, even amongst the less developed among developing countries is still, as it has always been, that of a catalyst or a facilitator.

A.H. Taba, M.D.

HEALTH FOR ALL BY THE YEAR 2000 (HFA/2000)

Since the definition in 1980 of a Regional Strategy *Health for All by the Year 2000 (HFA/2000)* the countries' health policies, strategies and plans of action in the Eastern Mediterranean Region have become imbued to an ever increasing extent with the *primary health care (PHC)* concept and the PHC approach has found wider application in community and family health.

There have been encouraging examples of countries in which WHO's direct and catalytic action has helped to meet immediate and future needs in establishing basic health services and PHC networks. In other countries, considerable efforts have been made to reorient the existing health systems towards PHC, and to consolidate programmes and projects at the community level, so that they form a comprehensive PHC network.

Progress in the implementation of the PHC concept in the Region can be attributed to the fact that the available WHO resources have been largely devoted to training national experts and giving guidance to health workers through numerous conferences, courses, seminars, consultantships and informal contacts and by means of suitable documentation, manuals and instructional materials.

Nevertheless, community involvement in PHC has developed slowly in most countries, in the sense that local manpower, appropriate technology and other resources have not always been adequately used for improved coverage, or for meeting the expectations and basic needs of populations in remote rural areas and urban slums.

During the first half of 1982, considerable efforts on the part of Member States and WHO went into the development of programmes for the period 1984-1989 and the preparation of specific programme and budget proposals for the biennium 1984-1985.

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HEALTH MANPOWER DEVELOPMENT

As WHO Member States in the Region focus their efforts on re-examination of their health systems according to the HFA/2000/PHC concept, the development of appropriate and relevant health manpower has gained greater prominence and importance than ever.

Training in management continues to receive priority in order to develop and upgrade capabilities at all levels for the formulation and implementation of national health strategies. In addition to individual fellowships for the training of nationals in management at home and abroad, training in the integrated managerial process for national health development (MPNHD) is receiving close attention.

In health personnel education, collaboration between countries within the framework of Technical Cooperation Among Developing Countries (TCDC) is gaining impetus. Increasing emphasis is given to the education and training of middle-level and PHC workers and their teachers. A special drive has been made to set up courses based on actual daily tasks, oriented towards the community, and on the provision of appropriate teaching/learning materials.

In medical education special priority is given to those newly established medical schools which are making innovative efforts to develop community-oriented and practical training programmes.

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DISEASE PREVENTION AND CONTROL

Emphasis is placed on the integration of communicable disease control programmes into PHC and the general health services. Community participation is also receiving increasing attention in these programmes.

WHO continues its collaboration with Member States in the investigation of outbreaks of communicable diseases and in advising them regarding suitable approaches for their control. In addition, the Organization is supporting national efforts to determine the extent of disease problems of public health importance through epidemiological surveillance, a basic tool for the identification of these problems, as well as for planning and evaluation of communicable diseases control programmes.

Cholera was reported from seven countries. In four of these, cases were few, sporadic and mostly imported. There is increasing realization that cholera is in reality no more than one of the diarrhoeal diseases and countries are becoming most inclined to include its control within a more comprehensive programme for these diseases in general.

Malaria still imposes a heavy burden on most countries with fewer than 20 per cent of the malarious populations having been freed from the disease and 10 per cent still not covered by control measures. Progress of control in the remaining 70 per cent varies from country to country.

The trend towards a reduction of cases that could be seen in the eight countries which had embarked on nation-wide malaria control activities up to the end of 1980 has stopped short and since 1981 the number of reported cases has ~~been steadily~~ increasing in some of these countries. During the year 1981, about 156 000 cases of malaria were reported in the Region as against 130 000 in 1980. Plans for the integration of antimalaria activities into PHC programmes are receiving high priority.

Schistosomiasis control programmes are continuing in nine countries. With the advent of praziquantel, a new effective drug, the future of these programmes appears considerably brighter. The strategy used in the Region includes large-scale use of this new treatment in addition to operations directed against the water snail host of the parasite.

Acute diarrhoea is still the leading cause of illness and death among children in most countries. The problem is a complex one as it involves deeply-rooted cultural and behavioural factors in addition to the vitally important factor of sanitation. Wherever possible, primary health care (PHC) is used as an entry point for the treatment of diarrhoea and for health education messages related to the prevention of these diseases, which include cholera. Conversely, activities for the control of diarrhoeal diseases can be used for the promotion of primary health care.

A number of such activities have been successfully carried out in the Region in the areas of planning, training and research, thus leading to successful national programmes. At present, six countries, representing more than half the population of the Region, have completed plans of operation and others are in the process of doing so.

WHO's aim in collaboration with UNICEF and the countries is to reduce infant mortality by ensuring an adequate supply of oral rehydration salts and in encouraging local production of these life-saving little bags. Thus, in addition to what was produced locally in five countries, approximately 5 million packets were supplied by UNICEF and 3 million by WHO to 13 countries last year.

Tuberculosis continues to be one of the major public health concerns in many countries. Whereas national and WHO efforts have been strikingly successful in some countries, as evidenced by the achievement of very low infection rates, in some other countries tuberculosis control programmes have been hampered by administrative and financial obstacles, the most common of which is a shortage of staff. Another related problem is the irregularity of treatment and the necessity of follow-up to reduce the number of defaulters who interrupt treatment before complete cure.

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VECTOR BIOLOGY AND CONTROL

The Blue Nile Health Project in Sudan, the objective of which is to develop an integrated and comprehensive approach to the control of vector-borne diseases, is now fully operational and progressing satisfactorily.

Various strategies and measures directed against these diseases - mainly malaria and schistosomiasis - are at present being tested in the Study Zone of the project. The major undertakings are in environmental management, including the maintenance of irrigation canals and the extension of water supply and sanitary facilities in villages. Primary health care and community participation are playing key roles.

Biological control

Interesting experiments in biological control of vectors are going on in the Region. In the Blue Nile Health Project, fish whose main diet is larvae are used to eat mosquito larvae, and a fish called Chinese grass carp is used to clear irrigation canals of the weeds which harbour the water snails carrying the parasite of schistosomiasis.

In the semi-desert areas of Northern Somalia, trials with larvivorous fish have been successfully completed and have amply demonstrated the effectiveness of this method. This is one of the most interesting aspects of this project, insofar as it constitutes a simple and inexpensive example of appropriate technology which can be applied by the community against a disease, malaria, which for a long time required difficult and expensive control measures.

Such biological control methods also include the use of the bacterium *B. thuringiensis* for the control of the *Simulium* blackfly, the vector of onchocerciasis, or river blindness, in Southern Sudan.

...MCH...EPI...FHE...MCH...EPI...FHE...MCH...EPI...FHE...MCH...EPI...FHE...MCH...EPI...FHE...MCH...

FAMILY HEALTH

Family health, comprising closely related elements and activities of maternal and child health (MCH) including family planning, the Expanded Programme on Immunization (EPI), the control of diarrhoeal diseases, nutrition and health education, is an essential component of primary health care (PHC). The strengthening of MCH services including family planning, in collaboration with the United Nations Fund for Population Activities (UNFPA) and UNICEF has continued in a majority of countries.

WHO is studying the role of women in health and development. Among the many invaluable and age-old contributions of woman to human welfare, there is a growing recognition of her role as the first and foremost provider of health care to her own family. Existing traditional birth attendants (dayas or dais), can become safe and effective members of health teams through training, supervision and support, as is done in several countries. Also the proportion of women in medicine, nursing and other health sciences can be suitably augmented.

It has been ascertained that the majority of births in the Region are still attended by untrained birth attendants, thus leading to many cases of tetanus of the newborn. In a survey conducted in 1981 in six countries, it was found that 90 per cent of deliveries were carried out by such untrained persons. No doubt this situation contributes very much to a high rate of maternal and perinatal illness and death. It will be a long time before suitable facilities can be provided for pregnant women, especially in rural areas. Hence, special efforts have been made in recent years to initiate the training of traditional birth attendants (TBAs) in countries of the Region, in close consultation with national authorities and women's organizations.

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At the same time, efforts continue to promote breastfeeding. Action was taken to collaborate with governments in the enforcement of the International Code of Marketing of Breastmilk Substitutes.

THE EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

All countries of the Region are taking part in the WHO Expanded Programme on Immunization (EPI) for the control of six childhood diseases (diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis and measles). The programme is progressing reasonably well and the problems of vaccine handling, storage, and the delivery of services, are being faced.

Ten countries already have a plan of action and in two of them such plans have been revised in the light of primary health care (PHC) in order to ~~integrate immunization~~ integrate immunization programmes into the public health services.

Complete immunization (3 doses of DPT, polio, BCG and measles) of 23 per cent of children under one year of age was recorded in 1980 as against only 4 per cent in 1974. The figures for 1981, not yet available, are estimated to be higher.

Research continues in the monitoring of the cold chain, the storage of vaccines, and the selection of centres for testing solar energy refrigerators and other instruments vital for the safe handling and efficacy of vaccines.

HEALTH EDUCATION AND INFORMATION OF THE PUBLIC

A characteristic of the past few years has been the integration of health education into primary health care. There have been some encouraging examples of successful health education work in a number of countries and new prospects of inter-country collaboration and training have opened up in some of them.

Most countries are making increasing use of mass media for the information of the public and for launching large-scale health campaigns and programmes. The trend towards a combined approach of public information and education for health will be even more emphasized in the future. The objectives of such a policy are to help people learn about health problems which they face in their day-to-day life, and to understand and apply ways and means of dealing with these - to the greatest possible extent by self-help - and to motivate the public, that is the community, to accept the concept of primary health care, to participate in its development and maintenance, and above all to use it.

...EHE...

ENVIRONMENTAL HEALTH

Among the major challenges affecting the health of vast populations in many countries of the Region are the provision of safe drinking water, the disposal of solid and liquid wastes, control of water, air and land pollution, the improvement of housing, and the procurement of hygienic food supply. All this calls for a comprehensive planning of the environment which takes into account the physical, social, economic and other related factors in each country and blends them into a single compatible whole, capable of supporting a healthful and productive society.

In order to further collaborate as effectively as possible with Member States in evolving technically sound and economically feasible solutions to their many environmental problems, WHO is pursuing studies for the establishment of a Regional Centre for Environmental Health Activities.

In 1981-1982, WHO continued to lay emphasis on environmental planning, air and water pollution control, and food safety programmes concerned with both biological and chemical hazards to health. WHO's main action in these fields was directed towards manpower development programmes, technical collaboration with universities, institutes of public health engineering and other institutions for the training of environmental health officers, and manpower planning in several countries.

Studies were promoted in nine countries on the role that effective solid wastes management can play in controlling vector-borne diseases, as well as soil pollution.

Courses in low-cost technology have been held in two countries to promote safe disposal of domestic and industrial wastewaters in order to minimize environmental hazards.

International Drinking Water Supply and Sanitation Decade

The goals of the Decade are to provide safe water and adequate sanitation for all by the year 1990. If these are to be attained, countries in the Region will require further mobilization of their financial and human resources, and a re-ordering of priorities, so as to give special emphasis to rural areas. WHO collaborated with five Member States to find out what the main obstacles are and to propose possible ways of accelerating development towards the Decade's goals. Five additional countries were assisted in formulating their Decade programmes. Activities associated with the Decade have included studies of environmental manpower needs in four countries.

In some countries, environmental pollution problems have grown faster than the provision of health measures. Hence, WHO is collaborating with Member States in identifying gaps in the existing national programmes and defining priorities for further development in this field.

WHO experts were seconded to four countries to make recommendations on the safe use of wastewaters, a valuable resource to remedy the shortage of water for irrigation.

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We can all take pride in the fact that, situated where we are, and faced as we are by so many actual and potential causes for conflict, the work in the World Health Organization's Eastern Mediterranean Region has gone ahead so successfully throughout its history. We are noted for our ability to rise above the particular circumstances of transitory periods of political disagreement and to continue always in our overriding technical and humanitarian tasks.

A.H. Taba, M.D.