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OF NOMADS

Shiraz/Isfahan, 22 to 29 April 1973

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PROVISIONAL REPORT
OF THE SEMINAR

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First Session, Sunday, 22 April 1973

The participants were welcomed by Dr. E. Amirshahi, Director General, Fars Health Department, who then called upon H.E. The Governor of the Province to say a few words. His Excellency, in a short welcome address, wished all the participants a happy stay and successful deliberations of the Seminar, the problems of which were common to most of the countries which were participating. He also welcomed them to the historic city of Shiraz and to Iran, and hoped they would enjoy their stay here.

This was followed by H.E. Dr. Morshed, Parliamentary Under-Secretary of the Ministry of Health, who personally welcomed the participants and said that he was going to read an inaugural address from H.E. Dr. M. Shahgholi, Minister of Health, Iran, who was unable to attend owing to illness. In his message, H.E. the Minister touched upon the work done for the nomads in Iran, not only in the very recent past but for several previous centuries. He hoped that the exchange of views would further assist the participants in approaching this problem, which was not only a health problem but a socio-economic and cultural problem for most of the countries in the region.

Dr. A.H. Taba, Director, World Health Organization, Eastern Mediterranean Region, then took the rostrum and thanked the Imperial Government of Iran for making it possible for the Seminar to be held in Iran, which was also the centre, for many centuries, for the improvement of conditions of the nomads, and particularly in the beautiful city of Shiraz. He again emphasized the need for the solution of the problems of the nomads, not only in health but in their general socio-economic conditions.

After a short recess, the meeting was resumed and Dr. Taba invited the participants to elect a Chairman and other officers for the Seminar. The name of Dr. G.H. Djalali of Iran was proposed by Dr. S.A.S. Ghazanfar of Afghanistan, seconded by Dr. S.A. Al-Tikrity of Iraq, and was unanimously approved. Dr. Djalali was invited to take the chair. Dr. Al-Tikrity and Dr. Ghazanfar were then proposed and elected as First and Second Vice-Chairmen respectively. Mr. M.O. Sammani of Sudan was proposed by Dr. M.A. Mohamed of Somalia as Rapporteur, and was approved.

The programme of work was then introduced by the Secretary of the Seminar, Dr. Rafiq Khan, and was approved with the modification that on Thursday, 26 April, time would be set apart for presentation of a paper by Mr. Marsden. There were also slight changes in the timings of the various sessions, and it was agreed that the session on Monday, 23 April should commence at 8.30 a.m. and that at the end of this session the two films scheduled to be shown at 5.00 p.m. that day would instead be screened. This would leave the afternoon free for the participants.

Dr. S. Haraldson, WHO Consultant, was then invited by the Chairman to make his presentation, which was a combination of a talk and slide projection. This lasted for just over an hour, with commentaries on the important aspects of the nomadic peoples all around the globe. Very appropriately, Dr. Haraldson had sought to bring out the important problems covering habitat, food, health services, transportation and other basic factors that govern these various conditions. He also focused attention on the Eastern Mediterranean region as a whole because it is well recognized that about 60% of the nomadic population of the entire world is in fact located in countries of this region.

Upon conclusion of the presentation by Dr. Haraldson, the latter was congratulated by various speakers. Dr. A.A. El-Halawani, WHO Consultant, particularly commented on the excellence of the exposé and in the manner it had been presented. In general terms the participants agreed that it was an excellent introduction to the Seminar and observed that the specific problems of the nomads and the questions relating to them would emerge in the subsequent Seminar discussions.

The Chairman thanked the participants and closed the session, which was followed by a group photograph of all the participants with H.E. Dr. Morshed, Parliamentary Under-Secretary of the Ministry of Health.

Second Session, Monday, 23 April 1973

The proceedings of the second day's programme were opened at 8.30 a.m. by Dr. Djalali, Chairman of the Seminar, who invited Dr. Haraldson to make a presentation of his paper on "Health Problems of Nomads." This paper had been circulated as document EM/SEM.HLTH.PRBS.NOM./4, and Dr. Haraldson therefore only touched on the most salient aspects of this paper. He commenced by stating that there was no agreed definition of the word "nomad" and this often varied according to the understanding prevailing, from country to country. He said that there was, however, general agreement that the term implied that group of people who, for one reason or another, had to move, in pursuit of their livelihood, and did not have a fixed dwelling. It was accepted that a proper definition of the term "nomad" might evolve, with the general agreement of the participants, as the Seminar discussions developed.

With regard to the health aspects and their various components, the object of the discussions would be to consider those relating to the physical well being of the nomads. Dr. Haraldson stated that there were some diseases which, by the very virtue of the mode of living of the nomads, were likely to be more prevalent amongst them as compared to the settled community. He mentioned zoonotic diseases such as hydatid disease, brucellosis, anthrax and rabies. Among the diseases which ranked as problems among nomads, Dr. Haraldson was of the view that tuberculosis, subject to survey-supported evidence, has probably the highest importance. The next in order of importance from the public health point of view was malaria. Smallpox also created problems not only for the nomads but also in neighbouring populations because of lack of adequate coverage through vaccination, and there was the danger of this being retransmitted along their migratory routes.

So far as venereal diseases, trachoma and nutritional deficiencies were concerned, the meeting decided to defer these for discussion during subsequent sessions. Dr. Haraldson emphasized the need for improvement in the reporting systems, so that more reliable and accurate data could be obtained, compiled, analysed and recorded by the various countries. This would be of immense value for future planning purposes.

At the end of the presentation, the Chairman invited the participants to ask any questions if they so wished. Speakers from Saudi Arabia, Afghanistan, Sudan, Iraq, Ethiopia and Iran, and observers from international organizations such as UNICEF, sought clarification or elaboration on certain aspects of Dr. Haraldson's presentation. These ranged from the definition of the nomad to the reports emerging from some surveys which were at variance with certain statements made. One speaker emphasized the problem of schistosomiasis which had prevalence rates of upto 80% in his area. He felt that in that particular population group, tuberculosis prevalence was not greater than that in the neighbouring settled groups (Awash Valley, Ethiopia).

The control measures and the value of BCG vaccination were brought up and various comments offered. One of the speakers expressed the view that the health services for nomads were not evenly distributed and steps should be taken to ensure that these services reached every member of the nomad population as far as possible.

The discussions were followed by a number of statements by speakers from Ethiopia, Iran, Sudan, Afghanistan and Iraq, wherein they summarized the major health problems in their respective countries.

The second main event of the day's work was screening of four films, namely: "Nomad Schools", "Health Corps", "Balut" and "Burning Tulip." This was accompanied by commentaries by Mr. B. Begui of Iran and Dr. N.A. Naderi, WHO Consultant; the latter also took questions from the participants at the end of the screening. The audience appreciated the films and were of the view that the films would serve a much larger purpose if English scripts could be produced for use by other countries.

Third Session, Tuesday, 24 April 1973

The third session of the Seminar was opened by the Chairman at 8.30 a.m. when he invited Dr. Naderi to present his paper relating to the "Present Health Services for Nomads" (EM/SEM.HLTH.PRBS.NOM./6).

Dr. Naderi opened his presentation with definitions of some terms which would help in distinguishing the nomadic from the tribal peoples. He then went on to enumerate some of the problems which stood in the way of development of health services and these, in his opinion, were the remoteness of the

area where the nomads' habitats are and their inaccessibility. The problem was further aggravated by the wide dispersal of the populations within a nomadic group itself and lack of any approach roads or even tracks. Another matter which had a direct bearing on the health of the nomads was the fact that the same water source served the needs of human and animal populations, leading to contamination and transmission of diseases. The nomadic movement itself brought the moving masses into contact with settled populations, posing dangers of transmission of communicable diseases along the migratory routes. Compounding all these difficulties was the ignorance and illiteracy of the people that constitute the nomadic groups and their resistance to accept change or reform.

Food and food preparation was also open to contamination; in particular the preparation of dairy products which could also be a source of spread of disease.

In Iran some work is recognized to have been done, for the nomads, in the field of malaria eradication and some fringe benefits are derived by them from the activities of the Health Corps which sometimes operate near the nomadic groups. Otherwise there was no definite pattern or organization of health services for the nomads as such. Foundations for the training of nomadic midwives have been laid and a rudimentary maternal and child health and family planning type of activity is developing. Beyond this, however, the nomadic people have to go out and themselves get the health services whenever a need arises for this. Considerable progress has however been made in the training of "tent teachers" for the nomadic schools, and today there exist 2,017 teachers, of which 300 are girls.

There was general agreement that the health services for nomads could, at this stage of development, be provided through the establishment of health centres in their fixed summer and winter quarters, where the majority could be reached at least twice a year. Furthermore, it was agreed that there should be a comprehensive approach regarding the development of potable and other water sources, food supplies and health services along their routes of migration.

At the conclusion of the presentation, the Chairman invited the participants to make comments or to ask questions, at the same time giving additional information on the health services of the nomads in their own respective countries. In general, there was a much better participation in the Seminar discussions compared to the previous sessions, and speakers from Iraq, Sudan, Saudi Arabia, Afghanistan, Iran and Yemen gave an account of health services available to nomads in their countries and generally contributed to the discussions.

Almost all speakers emphasized the difficulty in dealing with the health problems of the nomads and the limitations imposed in meeting such needs because of lack of resources, both from the manpower and financial aspects. Some of the speakers had already presented comprehensive papers on their problems and summaries of these were being prepared for inclusion in the Seminar report.

The subject of provision of a flying doctor-type service and establishment of a network of radio-communication brought forth varying points of view, but in general it was agreed that most of the countries were not in a position to adopt these measures on any large scale.

The discussions were summarized by the speaker who stated that there was a general consensus amongst the governments for the need of more health services for the nomads; that individual countries have already taken measures towards the improvement of existing conditions; that the role of basic education amongst the nomadic people must be recognized and emphasized; and that young people with basic education or even just with only the aptitudes should be selected from within the nomadic groups and trained in basic health techniques to deal with common health problems in their tribes. Finally, there was a general consensus of opinion that only an inter-disciplinary approach to and research on the problems of the nomads would be the ideal way of solving their problems.

The speaker also touched upon the policies of settlement of the nomads and observed that this must be a gradual process as the balance between the nomadic populations' requirements and those of the settled people should not be put out of equilibrium, but a gradual process of assimilation and integration, between the nomadic and settled populations, should be encouraged.

Fourth Session, Wednesday, 26 April 1973

The fourth session of the Seminar was opened by Dr. Al-Tikrity, First Vice-Chairman, who invited Dr. A.A. El-Halawani, WHO Consultant, to make a presentation of his paper on "Measures to Improve Health Services for Nomads" (EM/SEM.HLTH.PRBS.NOM./5).

Dr. Al-Halawani started by giving an account of the important diseases that were prevalent amongst the nomads. He did not wish to repeat what the other speakers had previously stated, but emphasized that a clear distinction between the preventive and curative aspects of health efforts were absolutely essential. As an example, he stated that malaria was one of the very important diseases for this region and other tropical areas, and it was very rightly considered as the number one disease in order of its importance, as the nomads are recognized transmitters of this disease and can often reintroduce it into areas where it has been controlled or eradicated. This must be counteracted through appropriate measures. Reintroduction of malaria and other similar diseases was not only limited to the nomads, but other moving groups such as seasonal workers, pilgrims and semi-nomads were sometimes also responsible and fell in the same category. The speaker was of the view that special emphasis must be placed on the control of communicable diseases, and in this context he made particular mention of cholera which, in his view, was a nomad disease. He however stated that the health of the nomads could not be improved in isolation and without improvement in other areas such as education, livestock, agriculture and social services.

Dr. Al Halawani then went on to give a brief account of the services that were being provided for the nomadic people in Iraq, Egypt, Sudan, Libya, Jordan, Saudi Arabia, and the problems that are being faced by these countries in their efforts to adequately meet the situation. He considered that, whilst the settlement of nomads would be the ultimate goal of most countries, it must be gradually phased and based on a well planned policy to enable the nomads, in the long run, to contribute to the economic and social development of the area.

So far as the planning of future health services for the nomadic groups was concerned, a health infrastructure comprising the two basic elements of a static service and a mobile element, should be established, but these must be mutually contributory and supporting. The staffing of such units would vary according to the needs and resources of any particular country, but for the static unit, a pattern of staff comprising a physician, two midwives and an assistant sanitarian were offered to the participants for their consideration. It was further stated that an integrated primary health centre constituting the static service should provide immunization, initial first-aid type of treatment, definitive treatment of minor illnesses, home visiting or bedside medical care, health education to promote preventive services and environmental sanitation. Peripatetic health units (mobile units) staffed by trained nomads (multipurpose health workers) should be provided to be available to the migrating tribes. In addition first-aid posts furnished with radio-telephones should be provided along the routes of migration. Special training centres for the training of the auxiliary health workers and nomad-midwives should be established, in order to furnish the mobile units with the necessary staff. The mobile practice of education and application of health measures in Iran were referred to with particular interest.

The speaker considered that it would perhaps be advisable to bring the control of nomads' affairs under one centrally constituted governmental board which would allow for better coordination and planning for their welfare. The membership of this board should include the ministries of health, education, agriculture, social welfare and such other ministries as the ministries of interior and local government, as considered appropriate. The ministry of health itself might organize a unit to develop pastoral medicine techniques with the object of raising the standard of health of the nomads. The functions of such a unit would be to survey diseases, identify migration routes, investigate epidemiological hazards of migrations, and to combat other communicable diseases. The speaker also felt that the international agencies, with WHO taking the leading role, might establish a pilot project to study health problems of nomads, to suggest an infrastructure for health within the nomadic group and to evaluate their needs and make recommendations.

Dr. Al-Halawani's presentation was followed by speakers from UNESCO, Somalia, Sudan, Egypt, Syria, Turkey, Afghanistan, Ethiopia, Saudi Arabia and Yemen, who narrated briefly the work being done for the nomads in improving their health services in their respective countries, and the problems experienced in reaching their objectives.

The comments of the participants were very useful and helpful and clarify the various difficulties in their respective countries, but general agreement was reached with regard to.

1. The great need for a special service of health in order to help that part of the population, namely the nomadic population, which has so far been largely neglected. It has been emphasized that there is a great need for more studies and surveys to be carried out in order to unravel the true picture of diseases among nomads.
2. Unanimous agreement was reached with regard to the establishment of settlement projects wherever that is possible, providing for the static health centres on the same lines as rural health. In countries where this is not possible, it was recommended that peripatetic health services should be provided to the nomads. For this purpose, a training school for selected members of the nomadic population should be provided in order to furnish the units with trained personnel. For this, multipurpose auxiliary workers and nurse-midwives are required in the first place. Establishment of static health centres, headed by a medical doctor and adequately staffed, together with a referral hospital system, should be provided. The static centres should be placed near the quarters where the majority of the nomad people settle during the summer or winter.
3. It was recommended to establish a government board to deal with the nomads' problems comprising the several ministries concerned.
4. It was also recommended to establish a special section in the ministry of health to deal with the health services which would be provided for the nomads.
5. Integration of the work of WHO and various UN Specialized Agencies such as UNESCO, UNICEF, FAO, ILO, WFP and the World Bank, was

highly recommended, in order to deal with these problems in an integrated approach, either in one single country, to begin with, or in several countries on a regional basis.

Fifth Session, Thursday, 26 April 1973

The final session, in Shiraz, of the Seminar was opened by Dr. S.A.S. Ghazanfar, Second Vice-Chairman, who invited Dr. K. Borhanian, WHO Temporary Adviser, to present his paper on "Future of Nomadism and Health Implications" (EM/SEM.HLTH.PRBS.NOM./8).

The speaker referred to the earlier statements by Dr. Al-Halawani in which it had been stated that "whether we like it or not, the fact is that the nomadic populations will be settled sooner or later." Whilst historically speaking, the trend over the centuries has been towards settlement, the Governments and those concerned with nomad affairs must take into account the advantages and disadvantages of the settlement process. Sedentarization is not necessarily the best solution of the nomadic problems, and other alternatives such as the improvement of living conditions of the nomads, must first be considered. Iran started with a policy of sedentarization, but after the experience gained there is a new tendency not to pursue this actively but to improve the nomads' conditions and to find other alternatives which would yield to positive results and better understanding of the nomads in economic terms.

Settlement implies conversion of nomadic producers of livestock into village dwellers and farmers. In this context it must be remembered that agriculture itself is passing through a period of crisis, and whereas some countries are short of food grain, others have to subsidize their farmers to maintain world prices and the level of their own production.

The villages of some Eastern Mediterranean countries like Iran are passing through another kind of crisis; the villages themselves are passing through a new phase which tends toward urbanization, a perceptible elimination of smaller communities and establishment of bigger villages.

After consideration of all the problems, there seemed to be four possible solutions which could be applied towards their solution: to leave them alone; to subject them to a planned sedentarization; to offer guided nomadism, and lastly to improve their socio-economic conditions within their own tribes. Whilst taking any decision on these possible solutions it must be remembered that there is an unrecognized potential available from the nomadic populations in support of the economy of a community. In Iran, for instance, it has been mentioned that they contribute up to 6% of the GNP, own or control grazing areas worth a market value of \$ 300 million per annum, and 35 million head of cattle which represent approximately \$ 900 million of capital assets. These figures prove that the nomadic groups, with improved conditions, could be integrated with the socio-economic development process of the country and indeed could continue to be a valuable asset to the economy. This kind of integration into the socio-economic structure of the country would be in the form of rationalizing nomadic livestock production now practised at the family unit level into labour-based tribal animal husbandry.

Referring to the subject matter of the Seminar, the speaker stated that it was necessary to have a correct understanding of the term "nomad", because in Iran the words "tribe" and "nomad" were often synonymous. The differentiation therefore between a settled tribe and a nomadic tribe would be the two crucial factors of mobility and the main occupation of animal husbandry.

The Chairman thanked the speaker for his excellent presentation and gave the floor to the participants. This was followed by a lively discussion on various aspects of the present and future anticipated trends that would influence the nomadic people in the region. Among those who took part were participants from Iran, Iraq, Sudan, Yemen, Somalia and Saudi Arabia. The extent and scope of discussions can be assessed from the fact that several speakers from the same country took part presenting varying points of view and sometimes the same speaker took the floor more than once. Most of the points were clarified by Dr. Borhanian and by other WHO Consultants.

After a short recess, Dr. Al-Tikrity, First Vice-Chairman, thanked the Imperial Government of Iran, the Governor of Fars Province and in particular Dr. E. Amirshahi, Director General, Health Department, Fars, and the WHO Consultants and Secretariat staff for their cooperation and help in making the Seminar a success. He was followed by Dr. Taba who also thanked the Imperial Government of Iran and in particular Dr. Amirshahi, who had done everything possible to promote the success of the meeting. Responding to the previous speakers, Dr. Amirshahi stated that it was a privilege to have this Seminar in Shiraz, and he hoped that the recommendations emerging from the deliberations of the participants would be adopted by the Government of Iran and by other governments, as he was sure that they would lead to the ultimate improvement, not only in the health conditions of the nomads, but in their general well being.

The first part of the Seminar in Shiraz was then declared closed by the Chairman, Dr. Djalali, who thanked the participants for their contributions and the other colleagues for their cooperation and assistance.

RECOMMENDATIONS

1. The participants felt that there are some diseases which, by the very virtue of the mode of living of the nomads, are more prevalent amongst them than compared to the settled communities. It is recommended that a detailed study of the health problems of the nomads be undertaken through the establishment of a regional project.
2. The most practical way, at present, to deliver health services to the nomadic people would be through the establishment of static health units and mobile units, as well as provision of first-aid posts along routes of migration. These should be mutually supporting, should work on a principle of referral system and supervised through visits. The efficiency of these units could be greatly enhanced through the use of existing radio-telephone services or by establishment of new radio networks.
3. The role of basic education among the nomadic people must be recognized as important to the improvement of health. Suitable young people with basic education or with aptitudes should be selected from within the nomadic tribes and trained in basic health techniques to deal with the common health problems within their tribes.
4. Special schools for training of multipurpose health auxiliaries should be established from amongst the nomads. Where basic educational facilities for nomads do not exist, even basic education will have to be given in these schools. The trained auxiliaries will have a liability to return and serve the health units specially created for the nomads. Training of nomad midwives should be given a high priority in this programme.
5. Whenever sedentarization is considered, it must be well planned and gradually introduced to avoid failures.
6. The establishment of model villages demonstrating settled conditions such as improved agriculture, health services, animal husbandry, education, housing, may attract nomads to sedentarization. These model villages would stimulate the nomads in the improvement of their own conditions.

7. Only a multidisciplinary approach to and research on the health problems of the nomads could be the proper way of identifying and solving them. For this purpose, the more important aspects covering, e.g. water sources, agriculture, animal husbandry, etc. must form an essential part of the studies in addition to the health problems.
8. Nomads' affairs should be brought under one centrally constituted governmental body responsible for planning and coordination of nomad services. The membership of this body should include representatives from the ministries of health, education, agriculture, social welfare and other ministries and institutions as appropriate.
9. The ministries of health might consider the establishment of a special division with the object of raising the standard of health of the nomads. The function of such a unit would be to identify migration routes, survey nomads' diseases, investigate epidemiological hazards of migration, establish basic health services with special emphasis on maternal and child health and family health services, to combat communicable diseases and improve environmental health.
10. Integration of the work of WHO and various other Specialized Agencies such as FAO, ILO, UNICEF, UNESCO, WFP, UNFPA, WMO and the World Bank, is recommended in order to assist countries in dealing with the socio-economic problems of nomads.
11. A group meeting of persons engaged in dealing with the problems of nomads is recommended to be held in 1976 to review the progress made.