



In the Name of God, the Compassionate, the Merciful

Address by

DR HUSSEIN A. GEZAIRY

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

INTERNATIONAL CONFERENCE ON TRAVEL MEDICINE

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Dear colleagues,

It gives me great pleasure to welcome you to the “International Conference on Travel Medicine”. I take this opportunity to thank the organizers for inviting me to address this important conference and I wish to express my gratitude to the organizing institution for bringing to the forefront such an important health issue.

Ladies and gentlemen,

In recent years, there has been a tremendous increase in the number of people travelling between the various countries of the world for professional, social, recreational and humanitarian purposes. People in their home environment live in a state of equilibrium with the altitude, climatic conditions and the strains of microorganisms present locally. The many physical and environmental changes encountered during travel, including changes in altitude, humidity, microbial flora and temperature, exacerbated by stress and fatigue, may all disturb this equilibrium to a great extent. Travellers are thus exposed to a variety of health risks in unfamiliar environments that may result in ill-health and inability to achieve the purpose of the journey. However, most such risks can be minimized by suitable precautions taken before, during and after travel.

Dear colleagues,

Travel was identified early as a prime factor in the global spread of infectious diseases. History tells us that the opening of travel and trade routes between continents was accompanied by the spread of infectious diseases. The black death in Europe in the 14th century and the cholera pandemic in the 19th and 20th centuries are well documented. The spread of syphilis in the 18th and 19th centuries has been related to wars and the movements of armies.

More recently, the movement of a large number of troops by air from south-east Asia to the Pacific islands during World War II contributed to the introduction of dengue fever in the South Pacific.

Today, with 700 million people crossing international borders each year, and with modern fast air transport, the global spread of infectious agents has become much easier. Travellers, thus, can easily carry any infectious agent from one area to the other, and travellers infected in one country may still feel quite well when they first arrive in another country. In addition, travellers, especially tourists, are penetrating deeper into uncharted ecosystems where they may encounter previously unknown infectious organisms. Since the 1970s, more than 20 new infectious agents or diseases have been recognized, such as Ebola, HIV/AIDS, Hanta virus, etc. Old diseases, long thought to be controlled, are making a strong comeback on a global scale, partly as a consequence of international travel. Moreover, the enormous increase in international travel means that individuals exposed in one country to an infection caused by a resistant pathogen may introduce it into other countries where resistance can spread.

During the past two decades, the introduction of the human immunodeficiency virus that causes AIDS to many parts of the

world has been directly related to human mobility. In this region many communicable diseases are introduced through human mobility for work, trade and tourism. The early introduction of HIV infection to Morocco and Tunisia was related to the return of nationals of these countries from working in southern Europe, where they were exposed to infection. Many of the sexually transmitted diseases in the Member countries of the Gulf Cooperation Council are related to mobility of labour force in this area.

However, the spread of infectious diseases is only one effect of the increasing international travel. Harmful products and lifestyles are also carried with ease across an increasingly global market, and are contributing to the increasing incidence of noncommunicable diseases. With the shift from the consumption of traditional foods, such as fish and vegetables, to a westernized diet that is higher in fats, salt and sugar, the incidence of the major killers in industrialized countries, such as hypertension, diabetes and stroke, is now also on the rise in the developing countries. It is projected that the incidence of stroke deaths will double in the developing world over the next 20 years. The increasing incidence of noncommunicable diseases together with the still high burden of communicable diseases, means that a double burden of disease is

being placed on the overstretched resources of developing countries.

Ladies and gentlemen,

The World Health Organization has been in the forefront in recognizing the impact of travel on health. Every step was taken to increase awareness and draw attention to the seriousness of this challenge. The International Health Regulations were developed and endorsed by the World Health Assembly in 1969 with the purpose of maximizing protection against the global spread of infectious diseases with minimal interference with travel and trade. The new, revised version of the IHR, which is still in draft form, takes a flexible approach and will be useful in responding to the potential rapid global spread of infectious diseases.

“International Travel and Health” is a WHO publication that is updated each year in January. Addressed to physicians, the tourism industry and airline and shipping companies, it contains the latest information on general precautions all travellers should take, on specific health risks in various parts of the world, on vaccinations recommended or deemed advisable by WHO, and on vaccinations legally required by the different countries for people entering their territories

With the increasing ease and speed of travel and with the globalization that facilitates transmission of epidemics from one country to another, there was a pressing need for a stable relevant platform for epidemic alert and response that ensures global health security. WHO took the lead in initiating the global outbreak alert and response network in April 2000. It is a network of technical partners, the aim of which is timely collection of information on suspected outbreaks, confidential verification of the information with the Member States, distribution of the confirmed information to the international community, and mobilization and coordination of global resources to control outbreaks which threaten national and global health security

Dear colleagues,

Protection of travellers against potentially hazardous situations is crucial. However, restriction of travel to or from any area in the world must be based on sound scientific reasoning. On many occasions, WHO has not recommended restriction of travel to or from countries that have certain infections in part of their territory. Nevertheless, countries themselves have imposed such restriction, resulting in negative impact for both parties.

I sincerely hope that the present meeting will encourage joint activities for promoting travel medicine. I wish you all success in your meeting and a safe journey back home.