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World Health Organization

Regional Office for the Eastern Mediterranean

Community-based initiatives newsletter

# Regional Healthy City Network

In its efforts to promote the healthy city programme in the Eastern Mediterranean Region, WHO launched a Healthy City Network web site in 2012. The web site hosts an interactive map and tools to facilitate an exchange of national, regional and global experiences, success stories, photographs and announcements. It highlights the achievements of cities and the lessons learnt.

The web site provides many resources (relevant guidelines, tools and information) that can be used to assist countries to plan, implement, monitor and evaluate their healthy city programmes.

The Regional Healthy City Network provides support to city planners and a registration form is available on the site for mayors and governors who are interested in joining the Network.

City planners are requested to share key information such as: city plan of action, major activities, calendar of events, success stories, photo gallery, video clips and intersectoral collaboration activities. The CBI focal points in WHO country offices will then upload relevant information to the web site.

Those cities that have registered will appear on the interactive map. Cities are colour coded to show their status as a healthy city.

- Orange is used for registered cities.
- Blue is used for cities that have applied to be recognized as a healthy city based on certain criteria.
- Green is for cities that have been

**Regional Healthy City Network**

Welcome to the Regional Healthy City Network

The Regional Healthy City Network is a network of cities that have registered for inclusion in WHO's healthy city network for the Eastern Mediterranean Region.

Content of the website is provided by city planners who are wholly responsible for the content they provide. The contents provided by countries are not edited or revised by The World Health Organization.

This interactive website enables interested mayors and governors to join the Regional Healthy City Network.

A healthy city is an urban area which maintains and improves the social and natural environment and enables people to support each other through developing their potential to promote health. The goal of the WHO healthy city programme is to improve the health and quality of life of city dwellers on continuous bases through sustained community participation and intersectoral collaboration.

**Regional Healthy City Network web site (<http://applications.emro.who.int/hcn/>) with interactive map to show cities registered in the programme**

awarded a healthy city label following evaluation.

Since its launch in January 2012, cities in Afghanistan, Islamic Republic of

Iran, Jordan, Morocco and United Arab Emirates have joined the Network and it is hoped that as many as 200 cities will be registered by the end of 2013.

## Healthy city initiative in Hargeisa, Somaliland

Engineer Hussein M. Jiciir became Mayor of Hargeisa in Somalia more than eight years ago. He was among those of the Somali diaspora who returned to his homeland.

In collaboration with the Ministry of Health and WHO, he launched the Hargeisa healthy city initiative in the north-west zone of Somalia. This area is recovering from the effects of long civil strife and scarce resources and remarkable achievements have been made under the leadership of the Mayor. These include:

- establishing a healthy city technical core team and coordination forum
- developing a Hargeisa healthy city profile in 2008
- adapting a decentralized approach in city management through involvement of the district councils and community representatives in planning and managing their district's affairs
- creating healthy market places
- constructing a new slaughter house
- establishing recreational activities
- creating public-private partnerships to tackle issues related to solid waste management.

The Mayor has established a task force for solid waste management that meets weekly to discuss issues related to solid waste management and monthly with all stakeholders, including ministries of health, water and education, district committees, local and international nongovernmental organizations and United Nations (UN) agencies. The task force is responsible for following up progress in implementation of the Hargeisa city development plan. The task force started its mission with an attempt to introduce healthy environments for the community by:



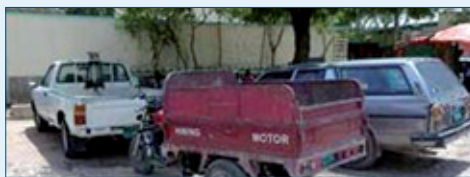
**Engineer Hussein M. Jiciir, Mayor of Hargeisa**

- contracting two private companies to deal with solid waste collection and dumping
- establishing many collection points for waste in different parts of the city
- purchasing three-wheeled vehicles to collect garbage from households to take to collection points, and from there, to dumping sites.

At present, more than 60% of households and all market areas, hospitals and government buildings are covered by the solid waste management system.

The achievements made so far have inspired the municipality of Hargeisa to increase the reach and range of innovative interventions such as: recycling plastic waste products, establishing playgrounds and improving road conditions to reduce the number of road traffic injuries.

Engineer Jiciir is also working on ways that the municipality and other sectors



**Three-wheeled vehicles collecting waste from households in Hargeisa**

can contribute to increase health equity, including improvements in the socioeconomic status of low-income citizens and their access to quality health care services.

Based on the Mayor's request, the WHO Regional Office assigned a consultant to review and update the Hargeisa city profile, assess availability and effectiveness of the relevant services/interventions offered by the municipality and identify gaps and priority areas in order that Hargeisa could serve as a model healthy city under the initiative.

WHO will continue its support to the municipality to sustain the healthy city initiative in Hargeisa and will encourage more innovative approaches, these will include:

- conducting advocacy activities to raise awareness and political commitment for programme expansion
- building capacity of municipality team members in the healthy city programme
- assisting the municipality in establishing a healthy city information centre to document city activities, achievements and good practices
- supporting collaborative efforts at different levels, including intersectoral collaboration and partnership to further institutionalize the programme in Hargeisa.



**Trucks collecting waste from collection points in Hargeisa**

## Pakistan participates in World No Tobacco Day rally

World No Tobacco Day was celebrated on 31 May 2012 in Pishin and Muzaffarabad basic development need sites in Pakistan. In order to promote a healthy lifestyle among youth, a cricket match was organized. In addition, community leaders, elders, school teachers and youth organizations conveyed anti-smoking messages. Banners surrounding the sports ground carried various health messages on hazards of tobacco. Teenagers were

sensitized to the dangers of smoking in their early years of life. A seminar was also organized in Department of Sociology University of Azad Jammu and Kashmir, attended by a larger number of students, academia, civil society representatives and social activists. It is expected that the activities will lead to positive changes and healthy behaviours among people living in basic development needs implementation sites.



**Community leaders convey anti-smoking messages to youth and the community.**



# Pink Caravan campaign in United Arab Emirates: Friends of Cancer Patients Society

The Friends of Cancer Patients Society is a charitable, volunteer-based society under the umbrella of the Supreme Council for Family Affairs in Sharjah, United Arab of Emirates. The Society was established in 1999 under the patronage of Her Highness Sheikha Jawaher Bint Mohammed Al-Qasimi, Chairperson of the Supreme Council for Family Affairs, and wife of the Ruler of Sharjah and Federal Supreme Council Member.

The main goals of the Society are to support cancer patients and their families, raise public awareness about cancer and related risk factors and build the capacity of medical staff to improve their performance and keep them up to date in prevention and control of cancer. The Society has built partnerships with different partners, such as: National Committee for Cancer Control, Gulf Federation for Cancer Control, United States/Middle East Partnership for Breast Cancer Awareness and Research and International Union against Cancer and WHO. Over the past decade, the Society has also conducted many training courses and conferences. It conducts screening campaigns for different kinds of cancers (breast, cervical, prostate, testicular, skin and colonic-rectal).

In 2011, the Friends of Cancer Patients Society launched a 2-year Pink Caravan breast cancer awareness campaign that was launched using horses to travel throughout the United Arab Emirates to raise awareness of breast cancer. His Royal Highness, the Ruler of Sharjah, generously donated seven pure-bred Arabian horses from Al Qasimi Stables for public auction. The proceeds raised from the sale of the seven horses amounted to 1.5 million Dinars.

A 10-day horse-riding event raised the public's awareness of the importance of screening



**Teaching the art of breast self-examination**

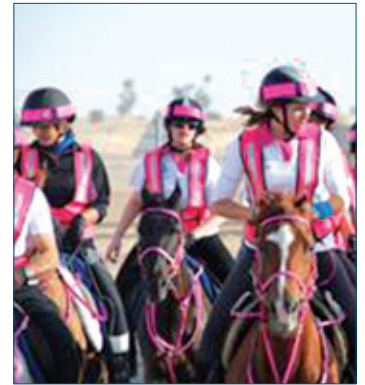
and living a healthy lifestyle, especially for those living in remote areas. Throughout the 10-day journey the Pink Caravan organized entertainment including drummers from South Africa, VIP guests and artists who acted as royal ambassadors for the campaign. The Pink Caravan made use of social networking sites, such as Twitter, YouTube and Facebook, to promote



**His Highness A Alqasimi, Ruler of Sharjah**

the campaign and many fund-raising activities were conducted. The event resulted in increased community awareness of the importance of periodical medical check-ups to diagnose cancers at an early stage of onset and diagnosed seven cases of people who had previously been unaware that they had breast cancer.

The campaign aims to collect scientific data, publish papers,



**The Pink Caravan campaign used horses as part of its Arabian theme**

improve registration and open the first dedicated cancer centre in Sharjah (5–10 year to implementation).

The success of the Pink Caravan campaign is due to the high-level political commitment and support, partnership, intersectoral collaboration and community participation. These factors are important indicators for sustainability and community ownership of the initiative.



**A horse-riding event raised awareness of breast cancer**



**Increased community awareness was an important element of each event**



**Drummers from South Africa entertain guests**



**Pink Caravan parade**



**VIP guests and artists enjoy the entertainment**





Representatives from JICA and the Ministry of Health, Jordan, during the joint WHO/JICA training session for village health workers, Amman

## Training village health workers in JICA sites in Jordan

The Japan International Cooperation Agency (JICA) utilized the WHO training manual for cluster representatives and health volunteers during a joint WHO/JICA training session for village health workers working in JICA project-implementing sites. The training of village health workers; who are recruited by the Ministry of Health in Jordan, is conducted through the Community Empowerment Programme. The programme directly supports people at grass-roots level. JICA organized the 4-day training workshop from 16 to 19 September 2012 in Amman,

Jordan, in collaboration with WHO for 22 village health workers and 5 of their supervisors from Aqaba, Karak, Tafileh and Ma'an in southern Jordan. The four training modules cover: family health; emergencies; environmental health and food safety; and control of communicable and noncommunicable diseases.

Participants of the training gained a tremendous amount of knowledge that is expected to have a positive impact on the health of the community and improve satisfaction with levels of the coverage of health care. They all felt that they had not

only acquired new information applicable to their future responsibilities but learnt problem-solving techniques shared by facilitators and colleagues that they could then apply in the field during the course of their work.

The WHO training manual for cluster representatives and health volunteers can be downloaded in Arabic, English and French through the web site of the WHO Regional Office for the Eastern Mediterranean at: <http://www.emro.who.int/cbi/publications/manuals-and-guides.html>.

## Walking to promote a healthy lifestyle in Aqaba, Jordan

“Walk for a healthy life” is the theme promoted by both the community and officials in Aqaba City, Jordan. Aqaba City is one of the recently registered cities in the Regional Healthy City Network. People from all walks of life – young, old, students, retirees and couples – are taking advantage of the beautiful landscape and are changing attitudes to make walking

part of their daily routine. The masses of city dwellers marching the streets every evening have highlighted the need to create walking paths. Officials have been requested to close the corniche for three hours in the evenings to accommodate the daily health walk. Medical authorities are also advocating for healthy nutritional habits to get the utmost benefit from walking.



Promoting healthy lifestyles in Aqaba





Photo from the validation workshop

## Evaluation of Nizwa healthy lifestyle project in Oman

Nizwa, in Al-Dakhliyah governorate in Oman, is about 175 km from Muscat. With a population of 82 679, it represents almost 83.8% of Oman's total population, distributed between 120 villages.

The Nizwa healthy lifestyle project is a community-based health promoting project. The project started in 1996 as a result of community demand. Community involvement in the project is strong. It is supported by the Ministry of Health and the WHO Regional Office. A strategic plan was developed by different public sectors, such as local media, education, municipality and social development, to translate commitment into practice through implementing interventions, fundraising or providing other types of support. Many partnerships have been created through the project.

The main objectives of the project have been to map the emerging epidemics of noncommunicable diseases and analyse behavioural, economic, political and social determinants of risk factors. The project also aimed to reduce the exposure of individuals to the major determinants of risk factors for

noncommunicable diseases through strengthening health care services and ensuring access to effective interventions. The project represents a successful model of intersectoral collaboration for the prevention and control of chronic diseases.

After 4 years of implementation the project was evaluated to measure its impact and progress in implementation of the five-year strategic plan and effectiveness in changing peoples' behaviour and identifying opportunities for improvement. It also aimed to assess the degree of political commitment, partnership and community engagement. The evaluation process was conducted between March 2009 and August 2010.

The evaluation indicated a significant shift in people's perceptions of their needs. The availability of preventive services, such as screening for risk factors, walking paths, healthy food, counselling and tobacco cessation services were facilitating healthy behaviours among people. The WHO community-based initiatives issued recommendations and suggested future steps for the programme following the evaluation.



## Improved drinking-water in schools in Tripoli, Lebanon

**Representative from WHO Lebanon and municipality with students during the presentation of their thesis in the Lebanese University**

The healthy city programme was implemented in Tripoli, Lebanon, in September 2010. A multisectoral programme team was established comprising representatives from education, the environment, health, local media, chamber of commerce and trade sectors, nongovernmental organizations and academia.

The coordinating committee identified four priority areas based on a city needs assessment carried out in early 2011. The four identified priority areas are: food safety, school health, solid waste management and tobacco control.

Since its onset, the healthy city programme has passed a tobacco control law at the city level; implemented a smoke-free school initiative; undertook tobacco control public awareness campaigns; implemented an appropriate solid waste management system in selected slum areas with the technical support of the WHO Centre for Environmental Health Activities (CEHA); assessed school health environment in public schools, took corrective measures to improve the quality of drinking-water quality in these schools and ensured the compliance of good manufacturing and hygiene practices and standards in 15 restaurants and 35 butcher shops.

In line with the healthy city programme goals for Tripoli, two students from the Faculty of public health in the Lebanese university conducted research for a thesis entitled "Assessment of the school health environment and water supply in 51 public schools in the healthy city programme in Tripoli". The results of analysis of drinking-water in the schools indicated that drinking-water was unsafe in 17 out of 51 schools (33%). The study revealed that 67% of schools suffer from very poor sanitation and hygienic facilities. Consequently, the Mayor instructed city authorities to install ultraviolet water disinfecting systems and tanks in 12 out of 17 schools. The initiative was supported by the WHO country office.

# New CBI publications



## Good practices in delivery of primary health care in urban settings and trainers (in Arabic)

Rapid urbanization and its economic, social, environmental and health impacts affect all countries and regions of the world, particularly developing countries. Almost half (49%) of the Region's population are urban dwellers. Rapid urbanization is characteristic of many countries in the Region. Large-scale metropolitan cities have sizeable slums and suffer from many shortcomings in health and health-related services. Chronic urban problems related to the environment, nutrition, poverty, food safety and access to quality health services are issues that need to be seriously considered by urban planners. The good practices in urban health care delivery documented from the Islamic Republic of Iran, Jordan and Oman

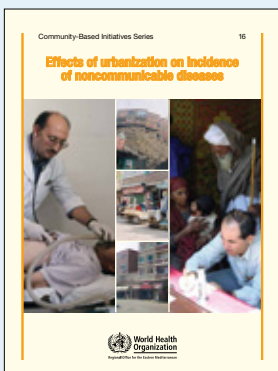
can be used by health system policy-makers, city planners, mayors, governors, mid-level managers, nongovernmental organizations and members of academia as evidence for advocacy and to strengthen political commitment to improve health care delivery in urban settings. This publication was jointly produced by the WHO Regional Office for the Eastern Mediterranean, in collaboration with the WHO Centre for Health Development, Kobe, Japan. The manual is accessible from the Information resources web site of the WHO Regional Office for the Eastern Mediterranean. To access CBI publication visit : <http://www.emro.who.int/cbi/publications>



## Training manual for community-based initiatives: a practical tool for trainees and trainers (in Arabic)

This training manual for community representatives outlines the approach and methodology of the programme and is based on the practical experiences of communities. The manual follows a participatory training approach and provides support for the implementation of an effective follow-up and monitoring system. The manual will enable communities to identify and prioritize their needs and will help partners to develop more effective interaction and coordination by facilitating

effective implementation of various development activities. This training manual will serve as a reference for master trainers and as an advocacy tool for the promotion of health and development initiatives in the Region. It is user-friendly and can be adapted to provide guidance in a wide variety of situations. The manual is accessible from the Information resources web site of the WHO Regional Office for the Eastern Mediterranean.



## Effect of urbanization on incidence of noncommunicable diseases and trainers (in Arabic)

The effects of rapid urbanization on lifestyles and the consequent noncommunicable disease outcomes are rarely documented, particularly in the Eastern Mediterranean Region. WHO Regional Office with the WHO Centre for Health Development in Kobe, Japan, commissioned three studies on megacities –Cairo, Egypt; Karachi, Pakistan; and Isfahan, Islamic Republic of Iran to look in detail at risk factors for noncommunicable diseases and their significance for urban settings. The studies focused on the effect of urbanization

on lifestyle and in identifying policies, programmes and interventions that could promote healthy lifestyles in urban areas, and on steps that could be taken to reduce community exposure to these risk factors. This publication provides evidence that can support policy-makers and decision-makers in allocating additional resources to improving healthy lifestyle choices in urban areas. The manual is accessible from the Information resources web site of the WHO Regional Office for the Eastern Mediterranean.



## Training manual for the healthy city programme (in Arabic)

The manual provides an overview of the healthy city programme and its operational procedures. The manual can be used in building programme infrastructure, enhancing programme management capacities and in programme implementation. The training package comprises four modules which have been field-tested in countries of the Region. The manual is accessible from the Information resources web site of the WHO Regional Office for the Eastern Mediterranean.

To access CBI publications visit:  
**<http://www.emro.who.int/cbi/publications>**





Participants of the workshop on promoting urban health equity assessment and response, including the WHO Regional Director for the Eastern Mediterranean Dr Ala Alwan (front, centre)

## Promoting urban health equity assessment and response workshop, 2–4 September 2012

Urbanization and health is a priority area for most countries of the world. At present, 49% of the population of the Eastern Mediterranean Region are urban dwellers and it is estimated that by 2030 two thirds of the world's population will live in the urban areas. The urban challenges become complex due to unplanned urban growth which puts populations at increasing risk of poor quality of life, poor health coverage, poor infrastructure and sanitation, higher vulnerability to disasters, and hence, higher risk of communicable and noncommunicable diseases, injury and mortality. To address urban health equity an intercountry workshop on promoting urban health equity assessment and response was held in Cairo, Egypt, from 2 to 4 September 2012.

The objectives of the workshop were to: share the experiences of Urban Health Equity Assessment and Response Tool (Urban HEART) in four cities of Ariana of Tunisia, Sale of Morocco, Giza of Egypt and Tehran of Islamic Republic of Iran; review a manual on implementing healthy settings

(schools, hospitals, workplaces and food markets); and develop an outline for national strategic plans of action to operationalize the Rio Political Declaration in countries.

The 2011 World Conference on Social Determinants of Health generated tremendous enthusiasm and demand from Member States for support with work on social determinants of health. The Rio Political Declaration and the World Health Assembly resolution highlighted the five priority areas that are the main basis for developing a global plan of action and regional strategic directions. These five action areas are:

- strengthening global governance and collaboration
- improving governance for health and development
- increasing participation in policy-making and implementation
- reorienting the health sector towards reducing health inequities
- monitoring progress and increasing accountability.

Another objective of the

meeting was to develop an outline for national strategic plans of action to operationalize the Rio Political Declaration in countries.

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who reiterated the importance of health equity embodied in the Rio Political Declaration on the Social Determinants of Health and subsequently at the World Health Assembly in May 2012, in resolution WHA65.8. Dr Alwan urged representatives of countries to find ways to motivate key local policy-makers to support work on the social determinants of health, to enhance community empowerment in local health and social development, to design a sustainable mechanism for intersectoral

collaboration and partnership and develop strategies to reduce urban health inequity.

The following recommendations were the outcome of the meeting.

- Expand the use of WHO's Urban HEART to at least one city in each country.
- Incorporate city emergency management as a component of Urban HEART.
- Introduce healthy settings in selected healthy city project sites in all countries of the Region and scale up the community-based initiatives programme.
- Develop a national plan of action to operationalize the Rio Declaration on the Social Determinants of Health.



Urban challenges are complex due to unplanned urban growth





## Addressing the social determinants of health in Jordan to tackle obesity



### Acknowledgements

- Dr Asma Al-Khoudari, Coordinator, Sharjah Healthy City Programme, United Arab Emirates
- Dr Reham A. J. Al Majali, Head of Healthy Village Programme, Ministry of Health, Jordan
- Dr Sana Naffa, National Professional Officer, Health Systems Strengthening, WHO country office, Jordan
- Dr Nohal Al-Homsy, CBI Focal Point, WHO country office, Lebanon
- Ms Ruth Mabry, Technical Officer, WHO country office, Oman
- Dr Ghulam N. Kazi, CBI focal point, WHO country office, Pakistan
- Dr Humayun Rizwan, CBI focal point, WHO country office, Somalia
- Dr Fuji Mohamed, CBI Technical Officer, WHO country office, Somalia

In line with the 2011 Rio Political Declaration on the Social Determinants of Health, the Government of Jordan established an intersectoral technical committee and a social determinants of health steering committee. The committee identified obesity as a major social determinant of health in Jordan. The 2009 demographic and health survey found that:

- 27.8% of women in Jordan are overweight and 28.7% are obese
- the weight of 56.5% of Jordanian women posed a health risk
- 3% of children under 5 were recorded as overweight in 2009
- chronic diseases cost Jordan about 1.2 billion Jordanian Dinars in 2006 according to the Ministry of Health of Jordan.

The intersectoral committee proposed the following interventions at national level.

- Enhance community awareness on the importance of a balanced diet and healthy eating habits
- Establish a monitoring system to estimate overweight and obesity in all age groups and between sexes

- Increase physical activity among members of the community.

To achieve the objectives the following activities were implemented.

- The municipality of greater Amman opened four public gardens at specific times for women only, to encourage women to exercise and walk
- The nutrition labelling committee simplified food labelling
- The Ministry of Health of Jordan established a web site to raise people's awareness of the social determinants of health and physical activity.

To identify the effectiveness of walking and simplifying food labelling 91 women, whose ages ranged between 18 and 45 years, were asked to take part in an exercise. A team of trained personnel from the Directorate of Health Safety in Amman weighed the target groups on a regular basis for 45 days. Their initial mean body weight was 83.7 kg. Participants achieved an average weight loss of 1.5 kg over 45 days of walking and following nutritional advice. One woman lost 3.8 kg.



# Résumé

## **Réseau régional des villes-santé**

Dans le cadre de ses efforts de promotion du programme des villes-santé dans la Région de la Méditerranée orientale, l'OMS a lancé en 2012 un site Web pour le Réseau villes-santé. Ce site contient une carte interactive et des outils visant à faciliter l'échange d'expériences, de réussites exemplaires, de photographies et de communiqués aux niveaux national, régional et mondial. Il met en évidence les réalisations des villes et les enseignements qui en ont été tirés. Le Réseau régional villes-santé apporte un soutien aux urbanistes et un formulaire d'inscription est disponible sur le site pour les maires et les gouverneurs qui souhaitent rejoindre le Réseau. Depuis son lancement en janvier 2012, des villes d'Afghanistan, des Émirats arabes unis, de République islamique d'Iran, de Jordanie et du Maroc ont rejoint le Réseau et l'on espère que 200 villes se seront inscrites d'ici fin 2013.

## **Une initiative des villes-santé à Hargeisa (Somaliland)**

En collaboration avec le ministère de la Santé et l'OMS, Hussein M. Jiciir, ingénieur et maire d'Hargeisa, a lancé l'initiative des villes-santé dans la zone nord-ouest de la Somalie. Cette région se relève des effets d'une longue guerre civile et de maigres ressources. Des réalisations remarquables ont eu lieu sous la direction du maire. Une série d'activités a été mise en œuvre dans le cadre de l'initiative : adoption d'une gestion décentralisée de la ville, création de partenariats public-privé pour s'attaquer aux problèmes liés à la gestion des déchets solides. Aujourd'hui, plus de 60 % des foyers et tous les marchés, hôpitaux et bâtiments publics sont desservis par le système de gestion des déchets solides. L'OMS maintiendra son soutien à la municipalité afin d'assurer la pérennité de l'initiative ville-santé à Hargeisa et continuera d'encourager des méthodes plus innovantes.

## **La Caravane rose, campagne de sensibilisation au cancer du sein aux Émirats arabes unis : Friends of Cancer Patients Society (Association des amis des patients atteints de cancer)**

Placée sous l'égide du Conseil suprême des Affaires familiales de Sharjah (Émirats arabes unis), l'association caritative Friends of Cancer Patients Society repose sur le bénévolat. En 2011, cette association a lancé une campagne de sensibilisation au cancer du sein d'une durée de deux ans intitulée « Caravane rose », qui fait appel à des chevaux pour contribuer à promouvoir la campagne dans l'ensemble des Émirats arabes unis. Des manifestations équestres ont permis

de faire mieux connaître l'importance du dépistage et de l'adoption d'un mode de vie sain, particulièrement pour les personnes vivant dans les zones reculées. Le succès de la campagne Caravane rose est dû à un engagement et un soutien politiques à haut niveau, aux partenariats, à la collaboration intersectorielle et à la participation communautaire. Ces facteurs sont des indicateurs importants pour la pérennité de cette initiative et son appropriation par la communauté.

## **Évaluation du projet sur les modes de vie sains de Nizwa (Oman)**

Le projet de Nizwa sur les modes de vie sains est un projet communautaire de promotion de la santé qui s'est déroulé à Oman. Les principaux objectifs du projet consistaient à cartographier les épidémies émergentes de maladies non transmissibles et à analyser les déterminants comportementaux, économiques, politiques et sociaux des facteurs de risque. Le projet visait également à réduire l'exposition des individus aux déterminants majeurs des facteurs de risque des maladies non transmissibles en renforçant les services de soins de santé et en assurant l'accès à des interventions efficaces. Ce projet représente un modèle de collaboration intersectorielle ayant fait ses preuves pour la prévention des maladies chroniques et la lutte contre ce type de maladies. Après quatre années de mise en œuvre, le projet a été évalué afin de mesurer son impact et les progrès accomplis. L'évaluation a révélé un changement significatif dans les perceptions que les habitants ont de leurs besoins. La disponibilité des services de prévention, tels que le dépistage des facteurs de risque, les chemins piétonniers, une alimentation saine, des services de conseil et d'aide au sevrage tabagique, ont facilité l'adoption de comportements favorables à la santé parmi les habitants.

## **La marche pour promouvoir un mode de vie sain à Aqaba (Jordanie)**

« La marche pour une vie saine » est le thème mis en valeur à la fois par la communauté et par les représentants de la ville d'Aqaba (Jordanie), qui compte parmi les villes récemment inscrites au Réseau régional des villes-santé. Des personnes de tous horizons profitent du magnifique paysage et changent leurs habitudes pour intégrer la marche à leurs activités quotidiennes. Les foules de citoyens marchant dans les rues chaque soir ont fait apparaître la nécessité de créer des chemins piétonniers. La corniche est maintenant fermée pendant trois heures chaque soir pour permettre la marche quotidienne. Les autorités médicales préconisent également des

habitudes alimentaires saines pour profiter au maximum des bienfaits de la marche.

## **Amélioration de l'eau potable dans les écoles de Tripoli (Liban)**

À Tripoli, au Liban, le programme des villes-santé a été lancé en septembre 2010 par la formation d'une équipe multisectorielle composée de représentants de divers secteurs. Au début de l'année 2011, le comité de coordination de la ville a identifié la sécurité sanitaire des aliments, la santé scolaire, la gestion des déchets solides et la lutte antitabac comme défis prioritaires. Deux étudiants de la Faculté de Santé publique de l'Université du Liban ont mené, dans le cadre de la préparation d'une thèse, une étude intitulée « Assessment of school health environment and water supply in 51 public schools in the healthy city programme in Tripoli » (Évaluation de l'environnement de santé scolaire et de l'approvisionnement en eau dans 51 écoles publiques de Tripoli dans le cadre du programme des villes-santé). Les résultats de l'analyse de l'eau potable dans les écoles ont révélé que 17 des 51 écoles (soit 33 %) utilisaient de l'eau impropre à la consommation. En conséquence, le maire a demandé aux autorités municipales d'installer des systèmes de désinfection de l'eau par rayons ultraviolets et des réservoirs dans 12 de ces 17 écoles.

## **Nouvelles publications sur les initiatives communautaires**

Le programme des initiatives communautaires a publié quatre nouveaux ouvrages en 2012 :

- 1) *Training manual for the healthy city programme* (Manuel de formation pour le programme des villes-santé) (en arabe) qui fournit un aperçu du programme des villes-santé et des procédures opérationnelles ;
- 2) *Training manual for community-based initiatives; a practical tool for trainees and trainers* (Manuel de formation pour les initiatives communautaires : outil pratique pour les stagiaires et les formateurs) (en arabe), qui est un manuel de formation standard destiné aux représentants communautaires ;
- 3) *The effect of urbanization on incidence of noncommunicable diseases* (Effet de l'urbanisation sur l'incidence des maladies non transmissibles) ; et 4) *Good practices in delivery of primary health care in urban settings* (Les bonnes pratiques en matière de prestation des soins de santé en milieu urbain). Toutes les publications sur les initiatives communautaires sont disponibles à la rubrique Ressources d'information du site Web du Bureau régional de la Méditerranée orientale.

### **Séminaire-atelier sur la promotion de l'outil d'évaluation et d'intervention pour l'équité en santé en milieu urbain, du 2 au 4 septembre 2012**

L'urbanisation et la santé constituent un domaine prioritaire pour la plupart des pays du monde. Actuellement, 49 % de la population de la Région de la Méditerranée orientale vit dans les villes et l'on estime que d'ici 2030, les deux tiers de la population mondiale vivront dans des zones urbaines. Pour aborder l'équité en santé en milieu urbain, un séminaire-atelier interpays sur la promotion de l'outil d'évaluation et d'intervention pour l'équité en santé en milieu urbain a eu lieu au Caire (Égypte), du 2 au 4 septembre 2012. Les objectifs du séminaire-atelier étaient les suivants : partager les expériences réalisées avec l'Outil d'évaluation et d'intervention pour l'équité en santé en milieu urbain (Urban HEART) utilisé dans quatre villes : Ariana en Tunisie, Salé au Maroc, Giza en Égypte et Téhéran en République islamique d'Iran ; examiner un manuel sur la mise en place d'environnements sains (écoles, hôpitaux, lieux de travail et marchés de denrées alimentaires) ; et élaborer un projet pour des plans d'action stratégiques afin de mettre en œuvre la Déclaration politique de Rio dans les pays.

### **Le Pakistan participe au rassemblement de la Journée mondiale sans tabac**

Le 31 mai 2012, la Journée mondiale sans tabac a été célébrée sur les sites

de mise en œuvre du programme des besoins fondamentaux en matière de développement de Pishin et Muzaffarabad au Pakistan. Afin de promouvoir un mode de vie sain auprès des jeunes, un match de cricket a été organisé. Des responsables communautaires, des aînés, des enseignants et des associations de jeunes ont communiqué des messages durant la manifestation. Les adolescents ont été sensibilisés aux dangers du tabagisme et de l'apparition d'une dépendance au tabac au cours de leurs premières années. Un séminaire intéressant, auquel ont assisté de nombreux étudiants, universitaires, représentants de la société civile et militants sociaux, a également été organisé au sein du Département de sociologie de l'Université de l'Azad Jammu-et-Cachemir.

### **Prise en compte des déterminants sociaux de la santé dans la lutte contre l'obésité en Jordanie**

Conformément à la Déclaration politique de Rio de 2011 sur les déterminants sociaux de la santé, le Gouvernement de Jordanie a établi des commissions afin de faire face au problème de l'obésité en tant que déterminant de la santé majeur en Jordanie. Une enquête nationale réalisée en 2009 a révélé que près d'un tiers des femmes étaient en surpoids ou obèses, que leur poids constituait une menace pour leur santé et que les maladies chroniques avaient coûté environ 1,2 milliard de dinars jordaniens à la Jordanie en 2006.

Afin d'identifier l'efficacité de la marche et de simplifier l'étiquetage des denrées alimentaires, 91 femmes âgées de 18 à 45 ans ont été sollicitées pour participer à un exercice. Une équipe composée de membres formés du personnel de la Direction de la Sécurité sanitaire à Amman a pesé les participantes des groupes cibles de manière régulière pendant 45 jours. Les participantes ont perdu en moyenne 1,5 kg en 45 jours grâce à la marche et au respect des conseils nutritionnels.

### **Formation d'agents de santé villageois sur les sites de la JICA en Jordanie**

L'Agence japonaise pour la Coopération internationale (JICA) a utilisé le manuel de formation destiné aux représentants de groupes et aux volontaires de santé au cours d'une session de formation conjointe OMS/JICA destinée aux agents de santé travaillant sur les sites de mise en œuvre des projets de la JICA. La JICA a organisé ce séminaire-atelier de 4 jours du 16 au 19 septembre à Amman (Jordanie) pour 22 agents de santé villageois et 5 superviseurs venus d'Aqaba, Karak, Tafleeh et Ma'an dans le sud du pays. Les participants à la formation ont acquis une somme de connaissances considérable qui devrait avoir un impact positif sur la santé de la communauté et améliorer la satisfaction quant aux taux de couverture des soins de santé.

1.5 كيلو جرام من وزنهم بعد ممارسة المشي لمدة 45 يوماً واتباع النصائح الغذائية.

تدريب العاملين الصحيين القرويين في مواقع الجايبا بالأردن

استخدمت الوكالة اليابانية للتعاون الدولي (الجايبا) الدليل التدريبي لمجموعات ممثلي الأحياء والمتطوعين الصحيين، خلال دورة تدريبية مشتركة بين منظمة الصحة العالمية، الوكالة اليابانية للتعاون الدولي، استهدفت العاملين في مجال صحة القرى في المواقع التي تنفذ مشروعات تحت رعاية الوكالة اليابانية للتعاون الدولي. ونظمت الوكالة اليابانية للتعاون الدولي حلقة عملية تدريبية على مدى 4 أيام من 16 إلى 19 أيلول/سبتمبر 2012 في عمان، لتدريب 22 من العاملين في مجال صحة القرى و5 مشرفين من مدن العقبة والكرك وتغلب ومعان في جنوب الأردن. وقد اكتسب المشاركون في هذا التدريب قدراً كبيراً من المعرفة التي يُتوقع أن تؤثر تأثيراً إيجابياً على صحة المجتمع، وأن تحسّن الرضا عن مستويات التغطية بالرعاية الصحية.

والأكاديميين وممثلي المجتمع المدني والناشطين الاجتماعيين.

التعاطي مع المُحدِّدات الاجتماعية للصحة في الأردن لمعالجة مشكلة السمنة

تماشياً مع إعلان ريو السياسي حول المُحدِّدات الاجتماعية للصحة 2011، شكّلت الحكومة الأردنية لجاناً لمعالجة مشكلة السمنة باعتبارها محدداً من المحددات الاجتماعية الرئيسية للصحة في الأردن. وقد أُجري مسح وطني في العام 2009، وخلص هذا المسح إلى أن ثلث النساء تقريباً يعانين من زيادة الوزن أو السمنة، وأن أوزانهن تُمثّل مشكلة على صحتهن، كما أشار المسح إلى أن الأمراض المزمنة كلفت الأردن 1.2 مليار دينار أردني في 2006. ولتحديد فاعلية المشي وتبسيط البيانات التعريفية على بطاقات الأغذية، طلب من 91 سيدة تتراوح أعمارهن بين 18 و45 سنة أن يشتركن في رياضة المشي. وقام فريق من الموظفين المدربين التابعين لمديرية السلامة الصحية في عمان بوزن المجموعات المستهدفة بصفة منتظمة لمدة 45 يوماً، وقد تمكنت المشاركات من فقد

والجيزة بمصر، وطهران بجمهورية إيران الإسلامية؛ ومراجعة الدليل الخاص بإعداد المواقع الصحية (المدارس، والمستشفيات، وأماكن العمل، وأسواق الغذاء)؛ ووضع تصور عام لخطط العمل الاستراتيجية الوطنية لتفعيل الإعلان السياسي لريو دي جانيرو في البلدان.

باكستان تشارك في احتفالات اليوم العالمي لمكافحة التبغ

في 31 أيار/مايو 2012 تم الاحتفال باليوم العالمي لمكافحة التبغ في المواقع التي تطبق برنامج الاحتياجات الأساسية للتنمية في مدينتي بلوشستان ومظفرآباد. وأقيمت مباراة في الكريكت لتشجيع الشباب على تبني نمط حياة صحي. وقد بنى قادة المجتمع وكبار السن والمدرسون ومنظمات الشباب خلال هذه المناسبة رسائل تهدف إلى مكافحة التدخين. وتم توعية المراهقين بأخطار التدخين واكتساب عادة الاعتماد على التبغ في سن مبكرة. كما عُقدت ندوة مهمة في قسم علم الاجتماع، بجامعة آزاد جامو وكشمير، حضرها جمع غفير من الطلبة



# الموجز

## الشبكة الإقليمية لمدن الصحة

في إطار جهود منظمة الصحة العالمية للترويج لبرنامج المدن الصحية في إقليم شرق المتوسط، أطلقت المنظمة في 2012 موقعاً إلكترونياً عن شبكة المدن الصحية. ويحتوي هذا الموقع على خريطة وأدوات تفاعلية بهدف تيسير تبادل الخبرات الوطنية والإقليمية والعالمية وقصص النجاح والصور والإعلانات. كما يُسلط الموقع الضوء على الإنجازات التي حققتها المدن، ويركز على الدروس المستفادة. وتقدم الشبكة الإقليمية للمدن الصحية الدعم إلى مخططي المدن، ويوجد على الموقع استمارة تسجيل لرؤساء البلديات والمحافظين ممن يرغبون في الانضمام إلى الشبكة. وقد انضم إلى الشبكة، منذ انطلاقتها في كانون الثاني/يناير 2012، مدن في الأردن وأفغانستان والإمارات العربية المتحدة وجمهورية إيران الإسلامية والمغرب، ومن المأمول أن يسجل بالشبكة 200 مدينة قبل نهاية العام 2013.

مبادرة المدينة الصحية في هرجيسا، بأرض الصومال "صوماليلاند"

أطلق المهندس حسين محمود جيغر، رئيس بلدية هرجيسا، مبادرة المدينة الصحية في المنطقة الشمالية الغربية من الصومال، وذلك بالتعاون مع وزارة الصحة الصومالية ومنظمة الصحة العالمية. وقد بدأت هذه المنطقة تتعافى من ويلات صراع مدني طويل ومن شح في الموارد. وقد تحققت إنجازات لافتة للنظر تحت قيادة المهندس حسين جيغر. كما نفذ طيف من الأنشطة في ظل مبادرة المدينة الصحية بدءاً من تبني نهج لامركزي في إدارة المدينة إلى عقد شراكات بين القطاعين العام والخاص لمعالجة قضايا تتعلق بمعالجة النفايات الصلبة. واليوم يُطبق نظام معالجة النفايات الصلبة في ما يزيد على 60% من المنازل وجميع الأسواق والمستشفيات والمباني الحكومية. وسوف تواصل منظمة الصحة العالمية تقديم الدعم لبلدية هرجيسا بما يضمن استدامة مبادرة المدينة الصحية، وسوف تواصل تشجيعها على تبني نهج أكثر ابتكاراً.

حملة القافلة الوردية في الإمارات العربية المتحدة: جمعية أصدقاء مرضى السرطان

جمعية أصدقاء مرضى السرطان هي جمعية خيرية تطوعية تعمل تحت مظلة المجلس الأعلى لشؤون الأسرة بإمارة الشارقة، بدولة الإمارات العربية المتحدة. وقد أطلقت هذه الجمعية في عام 2011 حملة القافلة الوردية لمدة عامين للتوعية بسرطان الثدي، واستخدمت القافلة الخيول للترويج للحملة في جميع أنحاء الإمارات. كما أقيمت مناسبات وأنشطة لركوب الخيل بهدف تسليط الضوء على أهمية الفحص المبكر للسرطان، وضرورة

تبني أنماط حياة صحية لاسيما بين الأفراد الذين يعيشون في المناطق النائية. ويعزى النجاح الذي حققته حملة القافلة الوردية إلى الالتزام والدعم السياسي الرفيع المستوى، وعقد الشراكات بين المؤسسات العاملة بمجال التوعية بسرطان الثدي، والتعاون فيما بين القطاعات، والمشاركة المجتمعية. وهذه العوامل كلها مؤشرات هامة على استدامة المبادرة والشعور المجتمعي بملكيته.

تقييم مشروع نزوى لأنماط الحياة الصحية، عُمان

مشروع نزوى لأنماط الحياة الصحية هو مشروع مجتمعي لتعزيز الصحة في سلطنة عُمان. وتتمثل الأهداف العامة لهذا المشروع في رسم خريطة للوبائيات المستجدة للأمراض غير السارية، وتحليل المحددات السلوكية والاقتصادية والسياسية والاجتماعية لعوامل الخطر المرتبطة بها. وكان المشروع يرمي أيضاً إلى تقليص تعرض الأفراد للمحددات الرئيسية لعوامل الخطر المرتبطة بالأمراض غير السارية من خلال تقوية خدمات الرعاية الصحية، وضمان إتاحة التدخلات الفعالة. ويمثل هذا المشروع نموذجاً ناجحاً للتعاون فيما بين القطاعات للوقاية من الأمراض المزمنة ومكافحتها. وقد جرى تقييم المشروع بعد أربع سنوات من تنفيذه بغية قياس تأثيره ومدى تقدمه. وقد أوضح التقييم حدوث تحول جوهري في إدراك الناس لاحتياجاتهم. وساعد توافر خدمات الوقاية على تبني سلوكيات صحية بين الأفراد، ومن هذه الخدمات تحري عوامل الخطر، وإنشاء ممرات للمشبي، وتناول الأغذية الصحية، وتقديم المشورة وخدمات المساعدة على الإقلاع عن التدخين.

المشي لتعزيز نمط حياة صحي في مدينة العقبة، الأردن

"امش لحياة صحية"، هذا هو الشعار الذي يروج له سكان مدينة العقبة الأردنية والمسؤولون فيها، وقد سجلت مدينة العقبة، من بين مدن أخرى، في الشبكة الإقليمية للمدن الصحية مؤخراً. ويستفيد الناس على اختلاف مشاربهم من الطبيعة الخلابة للمدينة، ويغيرون من مواقفهم تجاه تبني رياضة المشي كجزء من نظامهم اليومي. وتعد شوارع المدينة في المساء بالجموع الغفيرة من السكان مما يبرز الحاجة إلى إنشاء ممرات للمشبي. ويتم الآن إغلاق الكورنيش لثلاث ساعات في المساء كي يستوعب نشاط المشي اليومي. كما تدعو السلطات الطبية إلى ضرورة تبني عادات غذائية صحية لتحقيق الاستفادة القصوى من رياضة المشي.

تحسين مياه الشرب في المدارس في مدينة طرابلس، لبنان

بدأ برنامج المدن الصحية فعالياته في مدينة طرابلس بلبنان في أيلول/سبتمبر 2010

بتشكيل فريق عمل متعدد القطاعات يضم ممثلين من مختلف القطاعات. وفي مطلع العام 2011، حددت اللجنة التنسيقية بالمدينة عدة تحديات ذات أولوية؛ وهي: سلامة الغذاء، والصحة المدرسية، ومعالجة النفايات الصلبة، ومكافحة التبغ. وقام طالبان من كلية الصحة العمومية بجامعة لبنان بإعداد أطروحة بحثية عنوانها "تقييم بيئة الصحة المدرسية وإمدادات المياه في 51 مدرسة حكومية مشتركة في برنامج المدن الصحية بمدينة طرابلس". وأشارت النتائج التي أسفر عنها تحليل المياه في المدارس إلى أن 17 مدرسة (وهو ما يمثل 33%) من المدارس التي شملها البحث (51 مدرسة) تستخدم مياه غير مأمونة للشرب. مما حدا برئيس بلدية مدينة طرابلس إلى توجيه السلطات لتكريب أنظمة وصهاريج لتطهير المياه بالاشعة فوق البنفسجية في 12 مدرسة من بين المدارس السبع عشرة.

المطبوعات الجديدة لبرنامج المبادرات المجتمعية

أصدر برنامج المبادرات المجتمعية أربع مطبوعات جديدة في العام 2012؛ وهي: (1) الدليل التدريبي لبرنامج المدن الصحية (باللغة العربية)، ويُقدم هذا الدليل نظرة عامة لبرنامج المدن الصحية وإجراءاته الميدانية؛ (2) كتيب تدريبي للمبادرات المجتمعية: أداة عملية للمدرسين والمدربين (باللغة العربية)، والذي يُمثل دليلاً تدريبياً معيارياً للممثلين المجتمعيين؛ (3) أثر التمدن على وقوع الأمراض غير السارية؛ (4) الممارسات الجيدة في تقديم الرعاية الصحية الأولية في المواقع الحضرية. وتتوافر جميع إصدارات برنامج المبادرات المجتمعية على الموقع الإلكتروني للمكتب الإقليمي لشرق المتوسط تحت قسم "موارد المعلومات".

حلقة عملية لتقييم تعزيز الإنصاف والتصدي للجور في الصحة في المناطق الحضرية، 4-2 أيلول/سبتمبر 2012

يُمثل التمدن والصحة مجالاً ذا أولوية لغالبية بلدان العالم. وأن 49% من سكان إقليم شرق المتوسط يعيشون اليوم في المناطق الحضرية، وتشير التقديرات إلى أن ثلثي سكان العالم سيقطنون في المناطق الحضرية بحلول عام 2030. وقد عُقدت في مقر المكتب الإقليمي بالقاهرة، في المدة من 2 إلى 4 أيلول/سبتمبر 2012، حلقة عملية بلدانية لتقييم تعزيز الإنصاف والتصدي للجور في الصحة في المناطق الحضرية لمناقشة موضوع تحقيق الإنصاف في الصحة في المناطق الحضرية. وتمثلت أهداف هذه الحلقة العملية في ما يلي: تبادل الخبرات في ما يختص باداة تقييم الإنصاف والتصدي للجور في الصحة في المناطق الحضرية في أربع مدن هي: أريانا بتونس، وسلا بالمغرب،



**World Health  
Organization**

Regional Office for the Eastern Mediterranean



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