



Voice of the community
Community-based
interventions for
health and social
development
PAGE 1



Interview with Dr Ejaz
Rahim
former Minister of
Health, Pakistan
PAGE 2



WHO supports
a strengthened
community health
workers programme in
southern Sudan
PAGE 3



Urbanization and
health: a priority for
the Region
PAGE 4



Healthy city
programme in Tripoli,
Lebanon
PAGE 6



CBI training of trainers
in Arabic, Lebanon,
18–21 October 2010
PAGE 7



World Health Day
2010 PAGE 8



Interview with
Dr Gholam Popal,
WHO Representative
in Yemen, May 2010
PAGE 9

Acknowledgements PAGE 9

Résumé PAGE 10

الموجز PAGE 11



World Health
Organization

Regional Office for the Eastern Mediterranean

Voice of the community

Community-based interventions for health and social development

The community-based approach in developing countries continues to be embraced by different UN agencies. Last October, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) organized a meeting to facilitate an exchange of experiences between two refugee camps—Suf camp in Amman, Jordan, and Qaber Essit camp in Damascus, the Syrian Arab Republic.

Two members of the Qaber Essit camp committee, Mr Ahmed Awad, a retired teacher, and Ms Nabila Samara, both living in the camp, explained how the community was organized and mobilized for health and social actions. They also highlighted the changes that had taken place in the camp after introducing the integrated community-based action (ICBA) initiative.

Mr Awad explained that 21 000 Palestinian refugees were living in the camp, located 16 km from Damascus. In 2009, UNRWA and WHO worked together to introduce the ICBA approach in the camp. The project started by surveying the camp's inhabitants to assess and prioritize their development needs. Volunteers were trained on the concept and an advisory committee was formed to organize the work.

The camp's population was divided into four blocks each comprising 5000 persons. Volunteers were trained on priority health programmes to become agents of health change. They started educating household members on the importance of taking care of their health and encouraged families to

visit health facilities to receive timely health care services when needed. Volunteers did an excellent job in screening patients suffering from chronic diseases, such as hypertension and diabetes mellitus. An active follow-up mechanism was established by the volunteers who paid regular visits to patients suffering from chronic diseases. As health conditions and education are interrelated, volunteers started to follow-up with children who dropped out of school to identify the reasons for their dropping out and seek ways to convince them to return.

The Qaber Essit camp also took part in the celebration of World Health Day 2010. A set of new interventions were introduced for this occasion, such as the initiation of a plan to rehabilitate children with physical disabilities and the conducting of campaigns on reproductive health and tobacco usage. Awareness-raising sessions were also organized on environmental health, the importance of education, youth and

women's development, the prevention of sexually transmitted infections and hepatitis, first aid measures and the care of newborn babies.

Mr Awad said that camp inhabitants still suffered from high levels of unemployment, lack of safe drinking-water and low high school enrolment rates but that the committee would continue its effort to strengthen the role of refugees in decision-making and in empowering them to face these challenges.

Mr Awad concluded by saying that the committee had established its future projects, which would include mobilizing resources, generating more jobs through micro-credit schemes, expanding access to safe drinking-water, establishing more green areas and safe playgrounds for children and constructing a new school, a community-based rehabilitation centre and a health club for youth.



Camp committee members share their experiences



Community-based survey in Qaber Essit refugee camp

Interview with Dr Ejaz Rahim former Minister of Health, Pakistan



The basic development needs (BDN) programme started in Pakistan in 1994, in light of your vast experience, what do you attribute to the success of this programme? What advice would you provide for its expansion throughout the country?

In order for programme objectives to be achieved, one needs to have an effective strategy relevant to the problems being addressed. The BDN programme is an alternative mode of development to macroeconomic or line department or vertical models. These models exclude the poor, the vulnerable and women from the focus of the development process. The BDN programme empowers and enables people. It draws people to the centre of the development process. It gives voice to the people in matters of their own development and allows them to play an active role in achieving the objectives which they have set out for themselves. The success of the programme can be judged from the fact that it is well-established in nine districts of the country across all the provinces, including the frontier regions of Peshawar and Azad Kashmir. Moreover, looking at the current health indicators in BDN areas such as the infant mortality rate, contraceptive prevalence rate, immunization coverage levels and skilled attendance at birth, the success of the programme speaks for itself. The programme shows how things can improve when people are willingly mobilized around the development process.

As far as expansion of the programme is concerned, it represents a kind of public-private partnership. As Dr Khalif Bile, the former WHO Representative in Pakistan, once said, the BDN programme brings together in partnership government, civil

society, development partners, donors and communities. The success of the programme is its own justification. In order for expansion to take place we need concerted and coordinated efforts for advocacy to reach out to politicians and policy- and decision-makers, because in a democratic country, what ultimately matters is public opinion. Advocacy at national level can be achieved through an intersectoral advocacy committee. The same efforts are needed at regional level where donors can be part of the regional advocacy committee. This regional committee could highlight best practices.

Health equity is a matter of concern not only in developing countries but also in developed countries. In a situation where 7 out of 22 countries of the Region are dealing with natural or manmade disasters and emergencies, in your opinion what is the role of the community in achieving health security?

Health equity and health security are important issues in the wake of emergent urbanization in Pakistan. Health equity should be addressed in a holistic way which goes beyond the timely treatment of a few diseases. It should include universal health care coverage as a right and welfare aspects of it such as safe living, decent livelihoods and good governance. It should adopt an approach of universal coverage of services for the poor, marginalized and the disempowered. Other models do not inculcate the concept of empowerment through community.

The BDN programme is unique by empowering communities to be a receptacle for knowledge, skills, resources and the transfer of power, so that they are mobilized for development. The concept

of social health insurance or for the opportunity of capacity-building through micro-finance would not be possible without the confidence and involvement of communities. Empowering communities leads to people taking decisions for their own well-being and development. If you have empowered communities to take decisions, you will have developed a first line of defence against epidemics, emergencies and disasters so that people will not wait for others but will be empowered to skilfully use their resources and face such emergencies or disasters.

Improving living conditions in slum areas that are increasing in mega cities, like Karachi, can be a big challenge for the government, how can a regional movement towards an Eastern Mediterranean Region without slums be promoted?

Rapid urbanization is posing tremendous challenges for governments in the developing world and it is affecting Pakistan. In Pakistan, 57 million people, representing one third of the population, are currently living in urban areas. There are 4000 slum areas found in all major cities and even in the capital city of Islamabad. The inequitable development of urban areas puts tremendous stress on the provision of services in general and creates an emergency situation for the provision of social services that creates social distress, civic unrest and alienation of people. The above requires the creation of a model for development that can achieve similar success to the one that the BDN programme has achieved in rural areas of Pakistan. Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, has rightly recognized the problem and has been providing tremendous leadership and support in this issue. Social mobilization is needed for the development model to evolve for the urban slums. Community involvement and empowerment will play a major role in providing an equitable provision of social services, including health security, because evidence shows that the indicators, especially health and social indicators, are even worse in urban slums as compared to rural areas. We need to reach out to communities to ensure their involvement, collaboration and partnership. It is pertinent to say that the basic lessons drawn out of the BDN experiences need to be translated into action in urban slums if we want to develop these areas effectively.

WHO supports a strengthened community health workers programme in southern Sudan



Meeting of community health workers

Five years after signing a peace agreement, the health system and the infrastructure of southern Sudan remain fragile vis-à-vis the enormous health challenges they are confronted by, such as the highest maternal mortality ratio in the world, extremely high under-5 and infant mortality rates, and a heavy burden of communicable diseases. Whereas nongovernmental organizations and civil society are looked upon as major providers of health care services, the position of the public sector health infrastructure, including hospitals and primary health care facilities is generally weak.

A sizeable proportion of the population, estimated to range between 50% and 70% has virtually no health coverage. The existing situation thus provides strong justification for a formal cadre of community health workers, which can serve as a bridge between health facilities and communities, and provide basic preventive and curative services, and health messages to the predominantly poor population. WHO regards community health workers as a critical tool for expanding primary health care coverage, enhancing community involvement and bringing about intersectoral collaboration to address the social determinants of health.

Against this backdrop, the Regional Office developed a plan to scale-up the coverage of community health workers in southern Sudan, in close association with the South Sudan health authorities and other stakeholders.

Community health workers served as the backbone of the health care delivery system in southern Sudan prior to the peace accord, on a voluntary basis, however, subsequently, their role has been suffering from a lack of clarity. The current mapping exercise indicates that their number ranges from between 4500 and 5000 workers with an uneven distribution and educational/training status. It is critical to harness this vital human potential constituting more than 50% of the health workforce, working at the grass-roots level.



Community health workers performing their duties

The principal roles and functions of community health workers include involvement in immunization programmes, advising communities on promotive and preventive health activities, and referring serious cases to primary health care centres and rural hospitals. They are also expected to work closely with community midwives and traditional birth attendants in providing maternal and child health care. While primary health care implementation is being impeded by inadequate attention paid to social determinants of health with extremely limited community involvement and intersectoral action, community health workers are ideally suited to fill in these missing links. However, their lack of formal induction in the health workforce of southern Sudan



needs to be viewed as a huge missed opportunity that needs to be rectified as soon as possible.

A consultative meeting was organized by the Ministry of Health on 27 May 2010 presided over by H.E. Dr Olivia Lomoro, Acting Under-Secretary Ministry of Health, and Dr Angok Gordon Kuol, Director General Primary Health Care. The meeting was attended by a WHO team and representatives of the United Nations Population Fund (UNFPA), UNICEF and Japan International Cooperation Agency (JICA). The meeting unanimously recognized the importance of community health workers, and resolved to induct them in a regular salaried cadre of the health workforce, while constituting a core group to meet regularly and urgently resolve any outstanding issues. A plan of action needs to be developed enumerating the immediate steps to be taken to follow-up on the positive resolve of the Ministry of Health, including a training needs assessment. An expansion plan is being proposed to ensure the presence of about 8000 trained and equipped community health workers equitably distributed in all the counties and *payams* until 2017, by which time the Ministry of Health will mobilize the requisite resources to cover strengthening of community health workers training centres, training costs and recurrent costs, such as salaries, basic medicines, equipment, stationery and periodic refresher training.

WHO's technical support to southern Sudan will continue to strengthen the role of community health workers in the health sector. Plans have been already set to mobilize resources and embark on more technical missions and exchange of experiences.

Urbanization and health: a priority for the Region

The theme of this year's World Health Day was 1000 cities, 1000 lives. For the first time, the majority of people now live in urban areas. This trend will continue with 6 out of 10 people living in towns and cities by 2030. Urbanization is associated with many health challenges related to water, environment, violence and injury, and noncommunicable diseases and their risk factors such as tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol, as well as the risks associated with disease outbreaks.

April witnessed different events taking place across the Region to celebrate World Health Day and the following section provides some updates from countries.

Islamic Republic of Iran

“..Our strategy in the Teheran municipality is to look at the city from a people-oriented perspective”. His Excellency Dr Bagher Ghalibaf, Mayor of Teheran, addressing the First National Congress on Urban Health in Teheran on 24 April 2010.

When we consider the activities of municipalities in Iranian cities, we recognise that most of their concerns are about providing civil services – collection and disposal of garbage and building parks, etc. and little attention is paid to other key issues of concern for the community. Sometimes, we even forget for whom these services and structures are being provided. We have worked so hard that we have failed to remember for whom we want to organize the traffic, streets and buildings and for whom we are trying to create beauty and harmony. We are failing to recognise that if a city develops and gains its identity, it is because of the people who live in it.

As the municipality, we try to deal with all social, economic and health problems but sometimes other public offices claim this is not our work. Health is a social matter. We have to ensure that both the physical and mental health of citizens is protected, not only their civic needs. We are making every effort to return joy and happiness to the city's face. This will not be possible unless we make use of our social resources. One of the available resources is meaningful cooperation. It is a bitter reality that all of us have received governmental training and yet will not hand over responsibilities to people. Imam Khomeini in some speeches and writings has emphasized the need for government to not undertake tasks that



Health-promoting shopping mall in Bahrain

people themselves can carry out.

Once I was fortunate to be the country's chief of police and I saw different layers of the city. When we stopped to analyse the reasons for family problems we realized that many problems were caused by the lack of attention paid to women's physical health and the impact that this has on society. In Teheran's municipality, we recognized the importance of physical exercise to improve the health status of our citizens and set up exercise groups so that every citizen could find a suitable setting for exercise within a distance of 200 to 300 metres from his or her house. We also considered women's physical needs in exercise groups in schools. Although facilities were available, citizens often did not use them because they had

no free time. Households have to deal with economic difficulties; men are working two shifts and women are working both inside and outside the home. At night, everyone comes back home stressed thinking about their financial problems. People have no free time or are just not in the mood to exercise.

Now that we can say 60% of health issues are resulting from social problems, we should join hands to try and solve them. In the municipality we have no limitations to our work. As mayor of the capital city of Tehran I need the cooperation and guidance of all dear citizens to join efforts and make our city a better place to live in.

Bahrain

Bahrain celebrates World Health Day by inaugurating a health-promoting shopping mall

Under the patronage of H.E. the Governor of the Capital Governorate and H.E. the Minister of Health, City Mall is promoting healthy lifestyles among shoppers who can now enjoy 60 minutes of physical activity before the mall opens its doors to shoppers. All visitors can enjoy this exercise hour regardless of their age, gender or nationality. Not only this but they will also get advice from professional trainers and it is all free of charge. The sessions are offered three times per week and more than 300 persons have so far joined these classes

More events such as health fairs, marathons, bicycles rides, messages



Dr Bagher Ghalibaf, Mayor of Teheran



Child health development activities on World Health Day

on television and radio are being jointly organized by the Government and the people of Bahrain said Dr Amal Al-Jowder, Director of Health Promotion in the Ministry of Health. Dr Amal added that a bus was currently touring the country advocating health promotion and healthy lifestyles. World Health Day events were the subject of extensive media coverage in Bahrain. More than 60 articles had appeared in local newspapers in April covering different events and activities. National television channels broadcast most of these events attended by ministers, governors, politicians, municipality council members, national sport teams, community leaders, youth associations and the general public.

Morocco

1000 cities, 1000 lives

Advocates for health in the city of Guelmim

The theme of "Urbanization and health" was received with great enthusiasm and given great attention in Morocco. In the cities of Ouarzazat and Guelmim, the Governor, representatives of the Ministry of Health and the Minister of Education, the municipality and civil society did a great job in promoting the theme of the Day. A health week, from 7 to 10 April was marked on the national calendar and festivities all across the country were covered by the media.

Schools, roads and health centres of Ouarzazat City witnessed the celebrations that were attended by over 300 community members and students from local schools,

as well as 30 representatives from participating ministries and other officials.

In Guelmim, about 1000 community members, students and health professionals all joined hands to raise awareness on health topics, especially the ones related to urban living. On 7 April, students, health workers and government officials all gathered in the main street of the city for an enjoyable march that went from the city centre up to the north. The message was simple "although the pace of life in big cities might be stressful and rushed, there is never enough time, we all need to exercise, the simplest way to do it is to go for a nice walk after a long day at work".

Sudan

Run for Health marathon

On the occasion of World Health Day this year, WHO in Sudan, in collaboration with the Federal Ministry of Governance, the Federal Ministry of Health and health partners, called upon local authorities, advocates for healthy living and concerned residents to look into health inequities in cities and take urgent action.

The urban health campaign in Sudan was launched on 6 June through a ceremonial gathering of national and local government officials and health sector partners at Burj Al-Fateh in Khartoum. During the opening ceremony, sixteen (16) cities and localities in Sudan received certificates of recognition for their commitment to

prioritize health concerns in planning development for cities and localities and to ensure healthy living conditions for the local populace.

As partners in health and development, 30 national media members participated in the media workshop conducted by the Ministry of Health and WHO on 2 June. The orientation workshop aimed to clarify issues on urbanization and health, and particularly, link the theme to local issues. This was done to prepare the local media for the year-long campaign in Sudan.

On 12 June, the Run for Health marathon was held to highlight this year's World Health Day celebration. Hundreds of students, out-of-school youth, representatives from different organizations participated in the event, which was cosponsored by the Federal Ministry of Health and MTN, Sudan. The marathon was followed by an exhibit of urban health advocacy materials in the premises of the Ministry of Health in Khartoum.



Run for Health marathon



Preparation for World Health Day 2010, Sudan



Dr Jaouad Mahjour and Dr Nader Ghazal sign letter of collaboration

Healthy city programme in Tripoli, Lebanon

Dr Jaouad Mahjour, Former Acting WHO Representative in Lebanon, and Dr Nader Ghazal, Head of the Municipality of Tripoli, gladly signed a letter of collaboration to introduce the healthy city programme in Tripoli, Lebanon, on 2 September 2010.

Three meetings were convened by WHO and hosted by the municipality of Tripoli to brief and discuss with the Head of the Municipality, the Head of Health, Environment and Education Committees and other major stakeholders:

- implementing steps to introduce the healthy city programme.
- issuing standard criteria for joining the regional healthy city network.
- forming a healthy city coordinating committee.
- appointing a programme coordinator.
- selecting a site for programme implementation.
- conducting a baseline household survey and necessary adaptation.

The baseline survey questionnaire will be adapted to local needs. Partners will develop a draft plan of action soon. The Head of the Municipality emphasized

the necessity of being flexible and responsive while developing project proposals. Projects could vary from one site to another. They should respond to the priority needs identified by both the community and the municipality in each site. Successful projects will be replicated among sites in order to improve health and the environment in Tripoli.

It is expected that the programme will help the city of Tripoli to:

- increase the awareness of its citizens of the importance of adopting hygiene practices;
- activate the participation and collaboration of community associations and health establishments with the municipality;
- establish a database on the health and environmental situation of the city;
- support/reinforce the municipality to solve the health and environmental challenges, such as the need to establish a new slaughterhouse, a new marketplace of wholesale of fruits and vegetables, industrial zone, etc;
- improve solid waste management in the city;

- start operating wastewater treatment stations and clean the seashore;
- increase green areas (planting trees, greater number of public gardens and recreational spaces);
- control the use of tobacco and drug addiction in the city;
- expand the national school health programme; and
- improve the health and environmental image of the city so as to attract more tourism and boost the local economy of the city.



Tripoli, Lebanon



CBI training of trainers in Arabic, Lebanon, 18–21 October 2010

The WHO office in Iraq, in collaboration with the Ministry of Health of Iraq organized a training course for master trainers on community-based initiatives (CBI) from 18 to 21 October 2010 in Beirut, Lebanon. The training was attended by 31 participants from the Ministry of Health and WHO Iraq, Bassrah suboffice, zonal coordinators of the Local Area Development Project (LADP) and representatives from other UN agencies in Iraq namely the United Nations Development Programme (UNDP), UNHABITAT and the United Nations Office for Project Services (UNOPS), in addition to participants from Egypt, Jordan, Lebanon, Yemen, Sudan and Tunisia.

The aim of the training was to develop first-line master trainers on community-based initiatives who are capable of orienting and training national authorities, technical teams, programme managers, community representatives and other stakeholders at different levels, as well as providing an opportunity for exchanging the knowledge and experiences from different countries implementing CBI/LADP.

The training was conducted in Arabic and comprised technical presentations and discussions, group work and case studies,

role play, brainstorming exercises and games.

The main issues discussed in the training were the concept of health, primary health care and social determinants of health, CBI processes and implementation procedures, setting development plans and

indicators to measure progress, leadership, communication and management skills required for successful operation of the programme, advocacy, partnership and resource mobilization, programme sustainability and challenges.



Group training activity

World Health Day 2010



The WHO Representative in Djibouti talks to students about the importance of the environment, Djibouti



World Health Day celebration, Iran University of Medical Science and Health Services, Tehran, Islamic Republic of Iran



A demonstration of sporting activities, Egypt



Rafah World Health Day celebration in the Gaza Strip, occupied Palestinian territory



Medical check-up day, Lebanon



An awareness-raising campaign conducted for students, Iraq



Sports day, Somalia



World Health Day celebration, Qatar



Free medical check up, Oman



Community walk in Bukariyah, Saudi Arabia



Dignitaries planting a tree, Yemen



Walkathon, United Arab Emirates

Interview with Dr Gholam Popal

WHO Representative in Yemen, May 2010



“The BDN programme has not only created job opportunities but increased family income in remote areas of Yemen.”

WHO has started a new partnership with the National Trading Company (NATCO), which has committed itself to supporting BDN projects to the amount of US\$ 500 000.

The BDN programme is an integrated socioeconomic development process aimed at achieving a better quality of life and improved health outcomes with a special focus on the poor and those living in underprivileged areas. The programme is active in 32 villages in 10 governorates of Yemen – Sana'a, Aden, Dhamar, Lahej, Al-Houdeidah, Hajjah, Taiz, Ibb, Hadhramaut and Abyan. The programme targets poor people, assesses their needs and abilities and facilitates the provision of health and social services, in addition to providing interest-free income-generating loans which are paid back in instalments.

The BDN programme aims to

encourage social participation in development. The programme teaches individuals how to use their skills and provide them with necessary training for future income generation. Beneficiaries will be able to support themselves, and may be able to provide work opportunities for others. According to Dr Popal, WHO Representative for Yemen, a large expansion scheme is under progress in different governorates. WHO plans to expand the programme to cover other villages in Al-Houdeidah and Hajjah. WHO will also coordinate with Al-Oun foundation, a nongovernmental organization interested in development activities to include in the programme into other villages in Hadhramaut. One village will eventually be chosen as a model village for achieving the targets of the Millennium Development Goals (MDGs).”



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Résumé

L'approche communautaire a prouvé qu'elle était utile et applicable dans tout type d'environnement: une mégalopole, un bidonville, un petit village ou même un camp de réfugiés.

Le Dr Ejaz Rahim, ancien Ministre de la Santé du Pakistan, nous a rappelé que le programme des initiatives communautaires était fondé sur deux principes : humanisation (en plaçant les êtres humains au centre du processus de développement), et harmonisation des actions favorisant le bien-être de la communauté (en privilégiant les partenariats entre les secteurs publics, la société civile, les partenaires de développement, les bailleurs de fonds et les populations). Le Dr Ejaz Rahim a aussi insisté sur l'importance de la préparation de la communauté, qui est la première ligne de défense contre les épidémies, les situations d'urgence et les catastrophes.

Le Soudan méridional fournit l'un des exemples démontrant de façon la plus pertinente cette idée : dans cette région qui a profondément souffert des longues années de guerre civile, il existe d'énormes problèmes de santé que font apparaître les indicateurs sanitaires. Le Soudan méridional pâtit de la fragilité de son système de santé, de la faiblesse de ses infrastructures et d'un taux de mortalité maternelle qui est le plus élevé au monde. Confrontés à cette situation d'urgence complexe, les agents de santé communautaires ont été la colonne vertébrale du système de prestation des soins de santé dans cette région avant même l'accord de paix, car ils ont fourni à la population des services de santé préventifs et curatifs de base. Les agents de santé communautaires sont l'incarnation du concept de bénévolat en tant que solution innovante permettant de supprimer la distance qui existe entre les établissements de santé et les communautés.

L'urbanisation et sa rapidité constatée partout dans le monde posent des défis colossaux aux gouvernements, car elles sont associées à une augmentation des zones de logement insalubre, à une prestation inéquitable des services sociaux, à la violence et aux traumatismes, ainsi qu'à une augmentation importante des maladies non transmissibles. Reconnaisant l'ampleur des difficultés, l'OMS a consacré l'année 2010 à une campagne sur le thème de l'urbanisation

et de la santé. La Journée mondiale de la Santé 2010 portait quant à elle le slogan « 1000 villes, 1000 vies ». Ce numéro met en valeur certaines des activités ayant été organisées dans la Région pour célébrer cet événement.

À l'occasion de la Journée mondiale de la Santé, la ville de Téhéran a accueilli le Premier congrès national sur la santé en milieu urbain le 24 avril 2010. Son maire a profité de cette opportunité pour nous rappeler que nous devons considérer la ville du point de vue des habitants. Il a réaffirmé que l'urbanisme et l'aménagement urbain étaient indissociables du contexte économique, sanitaire et social. L'urbanisme doit être au service des besoins des citoyens, leur apporter le bien-être et offrir à la communauté la chance de pouvoir jouer un rôle dans l'aménagement de sa ville, afin qu'elle devienne un lieu de vie plus agréable.

Différents événements ont été organisés dans d'autres pays comme Bahreïn, le Maroc et le Soudan. Des marches et des marathons ont été programmés dans le but de sensibiliser les populations à l'importance des modes de vie sains, notamment de l'activité physique et d'une alimentation saine. Des salons et des foires de la santé et des bus de tourisme ont également servi de moyens pour promouvoir la santé. Ces festivités ont réuni les municipalités, les responsables des ministères de la Santé et de

l'Éducation, la société civile, les écoliers et les représentants des médias.

Des partenariats couronnés de succès ont été conclus sous différentes formes dans les pays. Au Yémen, une collaboration avec le secteur privé a rapporté 500 000 USD en faveur du soutien aux projets portant sur les besoins fondamentaux en matière de développement.

Au Liban, le directeur des services municipaux de Tripoli a signé un accord avec l'OMS pour introduire le programme des villes-santé. Parmi d'autres objectifs ambitieux, la ville souhaite augmenter sa capacité à résoudre les problèmes sanitaires et environnementaux, sensibiliser aux questions de santé et étendre le programme national des écoles-santé. Beyrouth a également accueilli un cours en arabe à l'intention des formateurs -en-chef dans le domaine des initiatives communautaires. Les principaux points évoqués au cours de la formation étaient les suivants : le concept de santé, les soins de santé primaires, les déterminants sociaux de la santé, les processus communautaires et les procédures de mise en œuvre, l'élaboration de plans de développement et d'indicateurs permettant de mesurer les progrès, l'aptitude à diriger et les compétences de communication et de gestion nécessaires au bon fonctionnement du programme, les actions de promotion, le partenariat et la mobilisation des ressources, la pérennité du programme et ses difficultés.



Campagne de nettoyage organisée par les comités de santé, Djibouti

الموجز

حل المشكلات المتعلقة بالصحة والبيئة، ورفع مستوى الوعي بالقضايا الصحية، والتوسع في البرنامج الوطني للصحة المدرسية. واستضافت بيروت، هي الأخرى، دورة تدريبية باللغة العربية للمدرسين الرئيسيين في مجال المبادرات المجتمعية. وكانت الموضوعات الرئيسية التي نوقشت في الدورة التدريبية هي مفهوم الصحة، والرعاية الصحية الأولية، والمحددات الاجتماعية للصحة، وعمليات وإجراءات التنفيذ المجتمعية، وإعداد خطط التنمية ومؤشراتها لقياس التقدم المحرز، ومهارات القيادة والاتصال والإدارة اللازمة من أجل النجاح في تنفيذ البرنامج ومناصرته، والشراكة، وحشد الموارد، وكذلك لضمان استمرار البرنامج ومواجهة التحديات.

وقد استخدمت معارض الصحة والحافلات الجواله في حملات مناصرة الصحة. وقد جمعت مظاهر الاحتفاء بهذا اليوم البلديات والمسؤولين المعنيين من وزارات الصحة والتعليم والمجتمع المدني وطلاب المدارس وممثلي وسائل الإعلام.

وقد شهد مختلف بلدان الإقليم إقامة العديد من الشراكات الناجحة؛ ففي اليمن، أثمر التعاون مع القطاع الخاص عن تبرعات بلغت 500 ألف دولار أمريكي من أجل دعم مشروعات تلبية الاحتياجات التنموية الأساسية.

وفي لبنان، وقّع رئيس بلدية طرابلس اتفاقية مع المنظمة لتدشين برنامج المدينة الصحية؛ فمن بين أهداف طموحة كثيرة، تهدف المدينة إلى زيادة قدرتها على

بيثبث الأسلوب المجتمعي المرتكز، سواء نُفذ في مدينة كبيرة أم في قرية صغيرة أو حتى في مخيم للاجئين، أنه أسلوب عملي قابل للتطبيق؛ بغض النظر عن موقع التنفيذ.

ويذكرنا الدكتور إعجاز رحيم، وزير الصحة السابق في باكستان، أن البرنامج قد تأسس على مبدئين اثنين؛ أولهما يتمثل في ترسيخ الطابع الإنساني، أي جعل الناس في بؤرة اهتمام العملية التنموية. وثانيهما هو تنسيق الجهود من أجل تحقيق العافية للمجتمع، من حيث تفضيل الشراكة في مختلف القطاعات الحكومية، والمجتمع المدني، وشركاء التنمية والجهات المانحة والمجتمعات. وأكد الدكتور إعجاز أيضاً على أهمية التأهب المجتمعي بوصفه خط الدفاع الأول ضد الأوبئة وحالات الطوارئ والكوارث.

ونأخذ واحداً من أكثر الأمثلة وضوحاً في إبراز هذه الفكرة من جنوب السودان، حيث تبرز المؤشرات الصحية التحديات الصحية الهائلة في هذه المنطقة التي تأثرت تأثراً شديداً من جراء الحرب الأهلية التي دارت رحاها سنين طويلة؛ فجنوب السودان يعاني من نظام صحي هش، وبنية أساسية متهاكلة، بل وأعلى معدل وفيات بين الأمهات في العالم. وفي مواجهة هذه الحالة من حالات الطوارئ المعقدة، كان العاملون الصحيون المجتمعيون هم العمود الفقري لنظام تقديم خدمات الرعاية الصحية في جنوب السودان قبل توقيع اتفاقية السلام، حيث قدموا لأبناء الجنوب الخدمات الصحية الوقائية والعلاجية الأساسية. فالعاملون الصحيون المجتمعيون هم خير مثال مُجسّد لمفهوم العمل التطوعي بوصفه حلاً مبتكراً لتضييق الفجوة بين المرافق الصحية والمجتمعات.

إن التحضر المتسارع الوتيرة يطرح في شتى أرجاء العالم تحديات هائلة أمام الحكومات، حيث ارتبطت بأفات عدة تمثلت في زيادة المناطق العشوائية، والإجفاف في تقديم الخدمات الاجتماعية، والعنف، والإصابات، والزيادة الكبيرة في الأمراض غير السارية. واعترافاً منها بعمق هذا التحدي، كرست منظمة الصحة العالمية عام 2010 جهودها لمناصرة موضوع التحضر والصحة. وقد حمل يوم الصحة العالمي لعام 2010 شعار «ألف سيرة حياة، ألف مدينة». ويبرز هذا العدد بعض الأنشطة التي جرى تنظيمها في أرجاء الإقليم في إطار الاحتفال بهذه المناسبة.

فبمناسبة يوم الصحة العالمي، استضافت العاصمة الإيرانية، طهران، المؤتمر الوطني الأول حول صحة المدن، يوم 24 نيسان/أبريل 2010. واغتنم عمدة طهران المناسبة من أجل تذكيرنا أننا في حاجة إلى النظر إلى المدن من منظور موجه نحو الناس. وشدد على الارتباط الوثيق بين التخطيط العمراني والتنمية من ناحية والسياق الاجتماعي والاقتصادي والصحي من ناحية أخرى. فالتخطيط العمراني ينبغي أن يخدم احتياجات المواطنين، ويحقق ما فيه عافيتهم، ويمنح الفرصة للمجتمع لأن يؤدي دوراً في جعل مدنه مكاناً أفضل للحياة.

وقد جرت فعاليات مختلفة في بلدانٍ أخرى، مثل البحرين والمغرب والسودان؛ حيث نظمت المسيرات والمسابقات من أجل الصحة، بغرض إذكاء الوعي العام بأهمية اتباع أساليب حياة أوفر صحة، ولاسيما فيما يتعلق بالنشاط البدني والنظم الغذائية الأكثر صحة.



محافظ القاهرة شارك في الاحتفال بيوم الصحة العالمي في حديقة الطفل - القاهرة



الاحتفال بيوم الصحة العالمي في قطاع غزة



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