Division of Health Protection and Promotion
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In April 1948, the WHO Constitution entered into force, bringing with it a conception of health that embraced the physical, mental and social aspects of human life, rather than the mere absence of disease and infirmity. This conception of health helped pave the way for the evolution that took place over the following decades from curative medicine to disease prevention, health protection and eventually health promotion, which regards health as a resource of everyday life.

The roots of health promotion rest in the conviction that health improvements can only be achieved by moving beyond health services and addressing health as an overall development issue. With the advent of factors such as globalization, urbanization and the revolutionary developments in information technology, drastic changes have taken hold of the public health landscape. The burden of disease no longer rests on communicable diseases alone. Noncommunicable diseases, formerly regarded as diseases of affluence, have evolved as the major contributor to this burden, even in developing countries. Addressing such diseases requires consideration of the determinants of health in the environment – whether physical, socioeconomic, political or cultural factors – through which people interact and in which health evolves.

Health promotion is a means not only to upgrade health and quality of life but also to achieve greater equity in health and close the health gap among and within countries. Health protection works in harmony, using protective approaches that limit risk of disease and reduce the probability of exposure to hazards and unhealthy practices.

We all know, now more than ever, that focusing only on the curative and preventive aspects of disease will not allow humankind to reach its aspirations as embodied in the Millennium Development Goals. Only through health promotion approaches can health flourish in its entirety, across the lifespan, in all settings and at all levels of society.

Against this backdrop, it is my pleasure to present to you this introduction to the Division of Health Protection and Promotion of the WHO Regional Office for the Eastern Mediterranean. Included are samples of the work of the Division in the different areas it covers, evidence of the wealth of technical expertise available to Member States in this important field.

Hussein A. Gezairy, MD, FRCS
WHO Regional Director for the Eastern Mediterranean
The Division of Health Protection and Promotion is one of three technical divisions in the WHO Regional Office for the Eastern Mediterranean. Its mission is to assist countries of the Eastern Mediterranean Region in promoting and protecting the health of their populations through providing support in the following areas.

- Protecting health through healthy living and developing and maintaining healthy attitudes and behaviours at individual, family, community and environmental levels.
- Promoting health through advancing the value of health and healthy environments for different population groups.
- Planning services and technical support to reduce morbidity and mortality due to conditions such as noncommunicable diseases and reproductive and mental health disorders that have direct behavioural and attitudinal determinants.

Using a holistic approach to health, the Division addresses the biological and psychosocial aspects of health through integrated programmes. These programmes consider the diversities of living and working conditions in the Region, addressing the entire human lifecycle as a connected continuum. With the effects of globalization, including rapidly changing health profiles and burden of disease, the work of the Division is increasingly important to protect and promote the health of populations in the Region.

This booklet was prepared to give insight into the work of the Division: to show what we do and how we do it. It highlights the approaches, aims and achievements of the Division in supporting Member States, including the tools and strategic documents developed to assist countries in promoting the health of their citizens. It is intended as a reference for policy-makers and partners interested in learning about the work of the Division. I hope it will also open doors for further partnership and fruitful collaboration.
Introduction

The Division of Health Protection and Promotion addresses the biological and psychological aspects of health. It considers the complexity of people’s living and working conditions, including education, nutrition, environmental conditions, psychological and emotional well-being, workplace environment, socioeconomic conditions, violence and conflict. Programmes address human health issues from the foetal state through to old age. The work of the Division contributes directly to five WHO global strategic objectives.

- **Strategic objective 3**: To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.
- **Strategic objective 4**: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
- **Strategic objective 6**: To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.
- **Strategic objective 8**: To promote healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
- **Strategic objective 9**: To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

The Division is organized into three main clusters: family and community health; social change and mental health; and noncommunicable diseases and nutrition. The Division also includes a priority programme, the Tobacco-Free Initiative, and a Centre for Environmental Health Activities based in Amman, Jordan. This document presents in brief the work of the Division and key information products.

More information is available on the Regional Office’s website, and products can be requested at dhp@emro.who.int.
Family and community health
In 2010 in the Region
- 52 000 women and 500 000 newborns died due to complications of pregnancy and childbirth.
- 50% of newborn babies were delivered away from health care facilities.
- 40% of mothers and newborn babies were left unattended by skilled health personnel.
- The total fertility rate was as high as 4.0 children per woman.

Women’s and reproductive health

In line with the WHO global reproductive health strategy (2004) and United Nations global strategy for women’s and children’s health (2010), safe motherhood – maternal and neonatal health and family planning – is the top priority component of reproductive health programmes in almost all countries in the Region. Skilled birth attendance, including emergency obstetric and neonatal care and family planning are the most effective measures for preserving and promoting maternal and newborn health.

The women’s and reproductive health programme in the Region focus its work on the following priority areas.

- Providing technical support for the formulation and implementation of effective, evidence-based policies, programmes and interventions, based on best practices in women’s and reproductive health programmes
- Building country capacity in delivery of quality services, through technical guidance on standards and protocols as well as health education, accreditation and licensing
- Enhancing the synergy between related programmes such as health promotion, nutrition, HIV, health system strengthening, and emergency and humanitarian action
- Supporting reproductive health and operational research to guide technologies and interventions aimed at improving the quality of services
- Developing national capacity in maternal and newborn health surveillance, reproductive health monitoring and assessment of progress towards internationally-agreed goals and targets

The programme has produced a number of tools for countries including the following.

- The Integrated Management of Pregnancy and Childbirth (IMPAC)
- Guides for community-based groups on planning for safe delivery and birth spacing
- Reproductive health country profiles
- Reproductive health research directory
- Database on making pregnancy safer
- Framework for monitoring and evaluation of reproductive health programmes
Family and community health

Child health

The Integrated Management of Child Health (IMCI) is a cost-effective strategy to improve the health, growth and development of children under the age of five. IMCI is the main strategy adopted by countries in the Region to improve child health and reduce under-five mortality. This strategy has evolved in the Region by shifting its direction from targeting illness to a holistic approach that addresses the well-being of the child.

IMCI addresses the needs of children in health and sickness in an integrated way by:

- Improving health care providers’ skills at the pre-service and in-service levels
- Improving the related health system elements
- Improving key child health related family and community practices
- Providing universal access of children to quality health care services.

There is evidence in the Region of the impact of IMCI in reducing under-five mortality. By end of 2009, 67.7% of primary health care facilities in 13 countries of the Region were implementing the IMCI strategy.

The Regional Office has developed a number of documents to guide countries in their efforts to improve child health.

- Children under the age of 5 years make up approximately 13% of the population in the Region.
- 1.27 million of those children die every year, with almost one death every 20 seconds.
- Most of these deaths are preventable.
- Millennium Development Goal 4 aims at reducing under-five mortality by 66% during the period 1990–2015.
- A 30.8% reduction in under-five mortality occurred in the Region during the period 1990–2009.
- Four countries in the Region contribute to 80% of all under-five deaths (Afghanistan, Pakistan, Somalia and Sudan)
- One country in the Region (Egypt) has exceeded the target for Goal 4.
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- IMCI district planning guide
- IMCI pre-service education package
- Infant and child feeding training package
- Framework for the community component of the IMCI strategy
- Training package for community health workers on the care of the sick child in the community
Adolescent health

Adolescents are regarded as the future of nations and a source of positive change in communities. The regional adolescent health programme has adopted the slogan “Working with them and for them”.

The adolescent health programme in the Region is following a strategic framework for adolescents that:

- Uses cultural sensitivity as a guiding principle in responding to adolescents’ needs
- Adopts a stepwise and holistic approach to adolescent health that addresses promotive, preventive and curative aspects of health.
- Bases its work on evidence gathered through a comprehensive situation analysis process and continued monitoring
- Respects the multisectoral nature of adolescent health and encourages partnership
- Provides clear guidance on the mandate of adolescent health programmes and adolescent-friendly health services.

The Regional Office has:

- Developed a situation analysis tool for adolescent health to standardize the situation analysis process among countries.
- Conducted a regional adolescent health situation analysis and mapped the presence of adolescent health structures within ministries of health.
- Identified a set of core indicators for adolescent health
- Advocated for the establishment of adolescent health structures in countries.
- Made efforts to introduce adolescent health indicators into existing health surveys through collaboration with the League of Arab States on the Pan Arab Family Health survey.
- Established partnerships with sub-regional organizations such as the Gulf Cooperation Council.
- Initiated development of a comprehensive adolescent health package.
Family and community health

Health of special groups
(schoolchildren, workers and older persons)

The health of special groups programme support countries in a wide range of activities including the development and implementation of national policies, strategies and plans of action. It also works to facilitate the establishment of multisectoral alliances and networks for the protection and promotion of the health of schoolchildren and adolescents, working youth and adults and older persons in various settings (schools, workplaces, and family and community settings). There are three areas covered by the programme.

1. School health. In the area of school health, the programme operates under the existing WHO Global School Health Initiative (health-promoting schools), which is one of the most cost effective investments a nation can make to simultaneously improve education and health, and prevent important health risks among schoolchildren and the community at large. National networks of health-promoting schools exist in 18 countries of the Region as a part of the Eastern Mediterranean Network of Health-Promoting Schools.

2. Occupational health. In this area, the programme addresses workplaces within the framework of the following strategic directions:

- Incorporating basic occupational health services into primary health care systems
- Promoting health at the workplace
- Developing comprehensive approaches to protect and promoting the health of health care workers.

3. Healthy ageing. Under this area of work, the programme provides technical support to countries through the following activities.

- Development of national strategies that promote healthy and active ageing and old age care, based on the regional strategy on active ageing (2006–2015)
- Promotion of the WHO initiative on age-friendly primary health care
- Promotion of the WHO initiative on age-friendly cities/communities
- Promotion of the movement “towards societies for all ages” within the framework of prevailing norms and traditions
Social change and mental health
Social change and mental health

Mental health and substance abuse

The recommendations of the World Health Report 2001 serve as WHO’s vision for the improvement of mental health systems to reduce the burden of mental disorders. In line with these recommendations WHO launched the mental health gap action programme in October 2008 as a priority programme for the next six years aimed at effective and humane care for all people with mental, neurological and substance use disorders. Accordingly, the regional mental health and substance abuse programme works under the following strategic directions.

- Providing technical guidance for the formulation and implementation of effective, evidence-based policies and interventions aimed at universal access to care, including integration of mental health in primary health care and provision of community mental health

- Building national capacity to deliver quality mental health care

- Developing synergy across sectors to promote mental health and prevent mental disorders

- Providing support for provision of services during emergencies and for vulnerable populations such as migrants, refugees, children and women

- Supporting research and evidence on causes of morbidity and mortality

- Supporting countries to monitor their mental health situation, assess progress towards internationally agreed goals and targets, and monitor and evaluate programmes to ensure coverage with effective services

The programme has developed the following products tools to support countries.

- Guidance package in the area of mental health policy and legislation in Arabic

- A regional report, Epilepsy: bridging the gap

- A regional report on mental health systems using data from the WHO Assessment Instruments for Mental Health Systems (AIMS)

- Guidelines on strengthening capacity for provision of mental health and psychosocial support in emergency situations

- A training package to build the capacity of primary health care personnel to provide mental health services

- Arabic and Persian versions of the Alcohol, Smoking and Substance use Involvement Screening Test (ASSIST)

- A framework for implementation and extension of the Chain-free initiative

14% of the global burden of disease and 31.7% of all years lived with disability are attributed to neuropsychiatric disorders.

12% of the regional burden of disease is due to neuropsychiatric disorders.

The prevalence of mental disorders in adults ranges from 6.7% to 25.9%.

The treatment gap for common mental disorders ranges from 70% to 98%.

Countries of the Region spend only 2% of their health budget on mental health.

Stigma and discrimination are the overarching barriers to equitable access to mental health care.
Healthy lifestyles, oral health and violence and injury prevention

The healthy lifestyles programme oversees the promotion of healthy lifestyles including diet, physical activity and oral health as well as safety promotion, including violence and injury prevention and disability. Building on the recommendations of several WHO global conferences on health promotion, the programme uses complementary approaches to instil health into people’s lives, including use of the population, settings, life-course and best practices approaches. Similar approaches are used for injury and violence prevention, and for enhancement of the rights of persons with disabilities.

The programme works closely with countries in the following areas.

- Supporting the development and implementation of national multidisciplinary policies and action plans to address unhealthy lifestyles, injuries, violence and disability, and raising awareness regarding the magnitude of related illness and disability
- Implementing evidence-based approaches and interventions and scaling up good practices
- Building national capacity across sectors in the areas of health promotion, oral health, violence and injury prevention and disability

- Poor diet, physical inactivity and tobacco use are common risk factors for cardiovascular diseases, chronic respiratory disease, type 2 diabetes and cancer, together responsible for 50% of deaths globally.
- Injuries cause 5.1 million deaths worldwide, i.e. 12% of the global disease burden, and 50% of the deaths are among young adults.
- Road traffic injuries account for approximately 25% of all deaths due to injury.
- The regional injury mortality rate is higher than the global, accounting for 16% of all deaths. Road traffic crashes are the predominant cause.

- Generating appropriate data for decision-making through surveillance systems
- Improving services for people with disabilities, victims of injuries and violence, and their families

The healthy lifestyles programme has developed a number of products to support countries.

- A regional framework on implementation of the global strategy on diet, physical activity and health
- Multisectoral plans on health promotion
- A short course on health promotion
- Network of health promotion experts, academics and programme managers
- Injury surveillance systems in Member States
- Global and regional status reports on road safety
- World report on child injury prevention, Preventing child maltreatment guide (Arabic versions)
- Regional action plan for prosthetics and orthotics training
- Regional framework for community-based rehabilitation
Health education

Health education is an important tool for health promotion. The main goal of health education is to increase knowledge and skills for people to adopt healthy behaviours and attitudes. It focuses on building individual capacities through educational, motivational, skills-building and consciousness-raising techniques. The outcome of health education is a higher level of health literacy.

As a tool to promote the health of the population, the work of health education covers a variety of topics such as obesity and noncommunicable diseases and operates in various settings including schools. The programme is currently focusing on the following key areas: strengthening health education at Ministry of Health and community levels, increasing the health literacy of schoolchildren and expansion of the Global School Health Survey.

The health education programme focuses on several strategic directions.

- Supporting the development and implementation of comprehensive national plans of action
- Strengthening intra- and inter-ministerial coordination and collaboration with the private sector and ensuring community engagement
- Reinforcing core competencies in health education at organizational and individual levels
- Enhancing health literacy as a key determinant of health
- Establishing a regional health education data bank of tools and materials
- Establishing surveillance systems on risky behaviour among children
- Promoting research in health education, particularly action-oriented research

Recent products of the programme include the following.

- A literature review of concepts on health education concepts, approaches and tools
- A regional strategic plan for health education
- Training modules on health education for national focal points
- Action-oriented school health curriculum
- A guide to development school policies and programmes on diet and physical activity
- A comic book on risk reduction
- A video on influenza and respiratory diseases
- Posters on food and chemical safety
Noncommunicable diseases and nutrition
Prevention and control of noncommunicable diseases

Chronic noncommunicable diseases including cardiovascular diseases, cancer, chronic obstructive pulmonary disease and diabetes are the major cause of death in the Region. The regional noncommunicable disease programme aims at reducing the avoidable burden of these diseases through supporting countries to apply existing knowledge and mobilize resources for strengthening prevention and control programmes. Focus is put on controlling major modifiable risk factors such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, at population and individual levels.

The programme offers assistance to countries in the following areas.

- Strengthening national capacities to develop efficient policies, strategies and models for cost-effective prevention interventions
- Enhancing universal access to quality services through integration of chronic disease prevention and control within the context of primary and secondary health care
- Supporting the development and improvement of national and regional surveillance of chronic diseases and their risk factors
- Supporting research studies on various aspects of noncommunicable disease prevention and control and disseminating evidence-based research and information
- Supporting assessment of national capacity for implementing noncommunicable disease prevention and control programmes, including cancer

The programme has also produced a number of guiding strategies and tools for countries.

- A regional strategy for cancer prevention and control
- A regional action plan for prevention and control of noncommunicable diseases based on the global strategy for the prevention and control of noncommunicable diseases

- Tool for national noncommunicable disease control capacity assessment
- Tool to assess national cancer control programmes
- A regional database on STEPwise surveillance
- A regional database on cancer registry
- Packages for integration of noncommunicable disease intro primary health care
- Framework for national noncommunicable disease surveillance

For more information, please visit http://www.emro.who.int/ncd
Control and prevention of blindness

VISION 2020 – “The Right To Sight” is a global initiative launched in 1999 jointly by the World Health Organization and the International agency for the Prevention of Blindness (IAPB). The initiative aims to eliminate avoidable blindness by the year 2020, by facilitating the planning, development and implementation of sustainable national eye care programmes based on the three core strategies of disease control, human resource development, and infrastructure and technology.

Under this initiative, the programme works in the following areas.

- Developing comprehensive eye care and prevention of blindness plans at the national and sub-national level in collaboration with partners
- Building capacity for eye care and expansion of eye care at district level
- Controlling the diseases that are major causes of blindness
- Developing human resources for eye care
- Strengthening infrastructure and technology in order to provide adequate care facilities, particularly in the underserved areas in Member States
- Integrating eye care into primary health care services
- Supporting outreach programmes for cataract surgery in priority countries
- Promoting operational research on eye health
- Promoting surveillance and data collection on the major causes of blindness
- Every 5 seconds one person in the world goes blind and every minute a child goes blind.
- In the Eastern Mediterranean Region, approximately 37 million people are visually impaired, including 5.3 million blind people.
- 80% of blindness is avoidable (treatable and/or preventable).
- 90% of blind people live in developing countries.
- Cataract is the leading cause of blindness.
- Women face a significantly greater risk of vision loss than men.
- Restoration of sight by cataract surgery costs around US$ 50 per patient.

The programme works with multiple partners including the Arab Medical Union, IMPACT-EMR, IAPB-EMR, Kuwait Patients Helping Fund Society, Lions Clubs International Foundation, Manhal Charity Organization, Rotary International, Federation of Islamic Medical Associations and Al-Basar International Foundation.

Products of the programme include the following.

- Action plan for the prevention of avoidable blindness and visual impairment 2009–2013
- Guidelines for school eye health for the Eastern Mediterranean Region
- Vision charts for adults and children
- Posters on blindness prevention through primary health care
- Clinical practice guidelines for diabetes and the complications of diabetic retinopathy

For more information, please visit http://www.emro.who.int/cpb
Noncommunicable diseases and nutrition

Nutrition

The Region suffers from unprecedented nutritional and demographic transition, with a broad shift in disease burden. While problems of undernutrition still exist, the burden of overweight, obesity and diet-related chronic diseases is increasing. This nutrition transition is alarming, as it negatively impacts populations and health systems in the Region.

The nutrition programme at the Regional Office is working very closely with Member States to address the double burden of malnutrition through:

- Providing technical support to Member States to develop/revise their nutrition policies, strategies and plans of action
- Expanding the existing partnership with stakeholders in support of regional and national strategies and plans on nutrition
- Strengthening the capacity of countries in different areas including management of malnutrition and establishing surveillance systems under both normal and emergency situations
- Strengthening nutrition data management and surveillance systems at national level
- Promoting research and a strong evidence base.

The regional nutrition programme has developed a number of guidance documents and tools for countries of the Region.

- Training modules for planning effective communication strategies to improve national nutrition programmes
- Guidelines for practising clinical dieticians

For more information please visit http://www.emro.who.int/nutrition
Priority programme

Tobacco-free initiative

The tobacco-free initiative aims to reduce the burden of death and disease caused by tobacco use, and protect present and future generations from its devastating health effects. It was established by WHO in July 1998 to focus international attention, resources and action to curb the global tobacco epidemic.

The initiative works in the following areas.

- Assisting countries to implement the international obligations under the WHO Framework Convention on Tobacco Control (FCTC) through developing coherent legislation and policies through a multisectoral approach
- Providing technical support to undertake research in various aspects of tobacco control, including prevalence of tobacco use, tobacco product regulation and trade, health and economic impact, second-hand smoke, smoking and children and implementation of the global tobacco control surveillance system
- Strengthening capacities of the national workforce in tobacco control
- Conducting communication and media advocacy to enhance public awareness, including celebrating World No Tobacco Day on 31 May each year

Products of the initiative are as follows.

- Training packages for countries on various components of the Framework Convention
- The Global Tobacco Control Report, a collective report released by WHO on an annual basis containing information on all its Member States
- Fact sheets on various tobacco control related topics
- Global tobacco control surveillance web database
- Activities implemented by WHO under the Bloomberg Initiative to Reduce Tobacco Use in Pakistan (English)
- Building blocks for tobacco control: A handbook (Arabic)
- Media materials, including television spots and print and broadcast communication materials
- Monitoring tobacco industry activities
- Capacity-building packages

Globally tobacco use kills more than 5 million people every year.
There are approximately 4000 chemicals in cigarettes that affect everything in the body.
In the Eastern Mediterranean Region the prevalence of tobacco use among adults ranges from 20% to 50%.
Initiation of tobacco use in the Region starts as low as 13 years of age.
The prevalence of shisha use among youth reaches 40% in some countries of the Region.
Healthy environment
Healthy environment

Supportive environment for health

Under the main objective of promoting a healthier environment, the aim of the supportive environment for health programme is to ensure safe, sustainable and health-enhancing environments protected from biological, chemical and physical hazards.

The programme works under the following strategic directions.

- Assisting countries in developing environmental health policies, strategies and plans of action
- Addressing national needs for implementing evidence-based interventions and monitoring implementation of plans of action
- Building national capacities in priority environmental health areas and environmental health risk assessments
- Conducting continuous advocacy on basic environmental health protection
- Addressing environmental health aspects in emergencies, both natural and man-made

The main working priorities and products are as follows.

- Regional environmental health strategy and plan of action
- Guidelines on desalination for safe water supply
- One quarter of the global burden of disease, premature death and illness is caused by environmental factors.
- In 2004, an estimated 3.1 million deaths occurred and 71.1 million lost disability-adjusted life years were lost in the Region due to environmental factors.
- The annual cost of damage to health and quality of life due to environmental degradation is estimated to be 1.8% to 3.4% of gross domestic product in some countries of the Region.

- Regional framework for action to protect health from climate change
- Database of regional environmental health experts
- Refining environmental health performance indicators

Where do we operate?

CEHA's activities and services are available to the 22 countries of the WHO Eastern Mediterranean Region. Jordan, by the WHO Regional Office for the Eastern Mediterranean, is the Centre of Excellence for Environmental Health. It was established in 1985 in Amman. Additional environmental health experts and ten technical experts and services are available to the 22 countries of the Region.

Although many solutions exist, many more are needed. CEHA's activities and services are available to the 22 countries of the Region.
Food and chemical safety

The goal of the food safety programme is to reduce the health and social burden of foodborne diseases. The chemical safety programme aims to protect human health from harmful effects of chemicals whether through direct or indirect contact.

The food and chemical safety programmes use the following approaches.

- Assisting countries in implementing international conventions on the management of hazardous chemicals and supporting poison control centres
- Strengthening national technical capacity to manage food and chemical safety issues
- Promoting methods for assessing the safety of products and new technologies in food and chemicals
- Enhancing the scientific and public health role of countries of the Region in Codex Alimentarius
- Promoting regional and intersectoral cooperation
- Strengthening surveillance systems of chemical exposure and foodborne diseases
- Developing and improving risk assessment capacity in food and chemical safety
- Enhancing risk communication and advocacy

- 2.2 million people, including 1.9 million children, die from foodborne and waterborne diseases every year.
- One third of the population of developed countries is affected by foodborne illness yearly.
- Systems for reporting foodborne illness in developing countries are inadequate.
- Cases of foodborne illness occur daily in all countries.
- International trade in food is growing rapidly.
- Many people die worldwide from unintentional chemical poisoning.
- Many different chemicals are linked to cancer.
- International exchange of surveillance and outbreak data is increasingly important.
- The Codex Alimentarius Commission sets international standards for food safety.

Programme products include the following.

- Protocols and conventions and tools for improving risk assessments
- Regional food legislation framework for Member States to update their food safety legislation
- Tool for laboratory analytical capacity-building
- Guidelines for foodborne disease investigation and surveillance
- Guidelines for chemical exposure assessments
- Guidelines for global harmonization system for chemicals
- Advocacy materials such as “Five Keys to Safer Food” and “3 Fives for Consumer Education”
Healthy environment

Centre for Environmental Health Activities

The environmental health programme, through the Centre for Environmental Health Activities (CEHA), offers the following activities to support Member States in adopting and adapting the most appropriate and cost-effective interventions to minimize the burden of environmental risks.

- Human resources development: training courses, seminars, workshops and conferences at national and regional levels
- Information exchange and management services: a regional environmental health information network (CEHANET) provides access to reliable and relevant environmental health information
- Technical cooperation: expert advice for problem-solving, programme planning and institutional development
- Special and applied research studies: fill gaps in existing knowledge about health and environment links and impacts in priority areas of the Region

25% of the overall burden of disease is preventable through improving environmental health.
Disasters and climate change increase regional vulnerability and threaten health systems.
Provision of safe water and proper sanitation is the basis of public health.

CEHA also offers a range of services and products to assist Member States including the following.

- Tools for protecting health and environment in the Region
- Technical support for environmental health agencies to provide effective environmental health services
- Reliable and relevant environmental health information to increase the awareness of decision-makers, professional staff and the public about health and environmental linkages and problems
- Regional databases on environmental health.

For more information, please visit the CEHA website.
http://www.emro.who.int/ceha/publications.asp
http://www.emro.who.int/ceha/icmeetings.asp
http://www.emro.who.int/ceha/databases.htm