In the Name of God, the Compassionate, the Merciful

Address by

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to the

WORKING GROUP MEETING FOR STRENGTHENING NURSING AND PARAMEDICAL CURRICULA IN DISEASE SURVEILLANCE AND INFECTION CONTROL

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Ladies and Gentlemen, Dear Colleagues,

   It gives me great pleasure to welcome you to the Working Group Meeting for Strengthening Nursing and Paramedical Curricula in Disease Surveillance and Infection Control.

   Epidemiological surveillance is a method of studying problems of health and disease within communities and the basic investigative method and diagnostic tool of preventive medicine. The result of epidemiological investigations can lead to effective and scientifically sound preventive actions. Because of what epidemiological surveillance is and what it does, the World Health Organization has repeatedly emphasized, and continues to emphasize, the need for all countries to make greater use of epidemiology in support of the elaboration and implementation of national health policies and programmes through building up national epidemiological surveillance capabilities.
While some countries of this Region have effective surveillance systems, in most countries disease surveillance has lagged behind both in its completeness and in its effectiveness. Regional efforts to improve surveillance have been directed towards two main aspects, the first being to develop the capability of nationals to produce timely, accurate and pertinent information, and the second to develop the national capabilities to use this information for decision-making. Several collaborative activities with Member States are taking place. These have included surveillance assessment visits with the aim of improving the collection of data and development of national computerized data management systems.

Needless to say, the improvement of any surveillance system will depend very largely on the competencies of health care workers at all levels of the health care delivery, whether peripheral, district, provincial or central. For this reason EMRO has given training priority attention. Several training courses on surveillance for trainers have been conducted regionally, followed by national training courses. Attention has also been given to addressing the deficiencies in the epidemiological training of health workers, through collaboration with national training institutions for medical, nursing or paramedical personnel.

As nursing and paramedical personnel constitute the largest segment of the human resources in the health care delivery system, and since they have an important role to play in any disease surveillance system, particularly at the peripheral level, it is essential that during the course of your deliberations, you outline the competencies they have to acquire during their basic education in disease surveillance in order to become effective and efficient performers and assume their responsibilities in this regard.

Dear colleagues

The risk of infections due to unsafe practices can neither be tolerated by the public nor by the health authorities. Laxity in following universal precautions can increase morbidity and mortality for the recipients of the services and for health care providers alike. It may result in increasing hospital stay, increase the disease burden and disability days, all of which accelerate health care costs—currently a major concern in almost every country around the world.
Injections for immunization are necessary. You may be interested to know that every year the Expanded Programme on Immunization administers over 550 million injections for routine immunization activities in developing countries. Recent surveys of injection practices in immunization services of four out of six WHO regions in the world show that up to 30% of injections given for the purpose of immunization are not sterile. This, as you will agree, is very alarming. While shortage of equipment and supplies may be a contributory cause of unsafe practice, it is primarily the performance of the health workers that governs the safety of clinical practices.

Dear colleagues

I do not need to re-emphasize the importance of human resources development in this regard. In recent years the Regional Office, as well as other international agencies, has supported all Member States in reorienting the curricula of various health care workers toward primary health care. Objectives of programmes have expanded to reflect health care needs, course contents now include knowledge relevant to health promotion and disease prevention in addition to the disease process and other relevant basic and behavioural sciences.

However, it has been observed that these newly designed curricula are not being adequately implemented. This may be due to lack of adequately trained teaching staff, or of field practice areas or of educational materials in national languages. It is for this purpose that this working group has been invited to take a fresh look at current curricula in selected institutions and to design a plan of action to strengthen their curricula in two specific areas of utmost importance to the Expanded Programme of Immunization, namely, EPI disease surveillance and infection control through safe injections.

I do hope that during your deliberations you will focus on innovative approaches for implementing the curriculum and on strategies that will help future graduates in nursing and midwifery to acquire the necessary competence and attitude toward disease surveillance and infection control through safe injections. In doing so, you may wish to look critically at the experiences of other countries and to select those which are relevant to the realities and needs of Member States in this Region.
In conclusion, I am confident that you will develop concrete plans of action that can be implemented to enhance the quality of education and performance of nurses and paramedical personnel in the Expanded Programme of Immunization.

I look forward to seeing the report of the meeting and wish you a productive and enjoyable stay in Alexandria.