

Eastern Mediterranean health NEWS

Annual meeting of the Regional Directors of WHO/EMRO and UNICEF/MENARO

The annual meeting of the World Health Organization's Regional Director for the Eastern Mediterranean and UNICEF's Regional Director for the Middle East and North Africa was held in the Regional Office of the Eastern Mediterranean, Alexandria, Egypt, on 14 February 1996. The meeting was attended by staff members from both Regions. It was followed by specific meetings with various units and divisions directly involved with mid-decade goals (set by the World Summit for Children in 1990) activities. During these meetings the status of mid-decade goals implementation and achievements in Member States was discussed. Discussions also covered future collaboration between the two organizations.

The discussions covered the following programme areas:

- enhancing immunization coverage, particularly in countries where coverage rates are still low
- elimination of neonatal tetanus
- reduction of measles deaths and cases
- eradication of poliomyelitis
- increasing use of oral rehydration therapy to 80%
- eradication of dracunculiasis, particularly in Sudan and the Republic of Yemen
- iodine deficiency disorders control, including universal salt iodization
- control of iron deficiency anaemia.

The Regional Director in three Eastern Mediterranean countries

In order to follow-up the progress of WHO's collaborative programmes with Eastern Mediterranean countries, Dr Hussein A. Gezairy, the WHO Regional Director for the Eastern Mediterranean, recently visited senior officials from three countries and discussed the programmes' implementation and identified and solved obstacles on the spot.

On 6 November 1995, Dr Gezairy opened a regional conference on healthy villages in Isfahan in the Islamic Republic of Iran. The conference was jointly organized by the WHO Regional Centre for Environmental Health Activities (CEHA), Jordan, and the WHO Regional Office for the Eastern Mediterranean. The objective of the meeting was to provide a forum for high-level government decision-makers to review, assess and discuss the concept of healthy villages and its application in the context of the socioeconomic, cultural and religious background of the Region.

During his stay, the Regional Director visited several health projects that had been successfully implemented within the primary health care framework, including projects on mental health and tuberculosis control. The Regional Director noted that the primary health care approach had also succeeded in instigating intersectoral coordination between different ministries, involving such services as agriculture, veterinary health, social development and communications.

On 18 December 1995 the Regional Director, accompanied by Dr M.A. Barzgar, the WHO Representative in Pakistan, and a number of WHO officials, joined senior officials from the Government of Pakistan in making a comprehensive review of collaborative health programmes. Meetings and discussions were held with Begum Shahnaz Wazir Ali, special assistant to the Prime Minister for the Social Sector, Mueem Afzal, Secretary for Health, and a host of senior national officials. The programmes reviewed included the Immunization Programme, the Essential Drugs Programme and the National Programme for Basic Minimum Needs.

Begum Shahnaz Wazir Ali affirmed that the Government attaches high expectations to the Prime Minister's Programme for Family Planning and Primary Health Care, which will help in promoting the health care delivery system in the country. She expressed to the Regional Director the Government's appreciation of WHO's support for the public health programmes in Pakistan and for Dr Gezairy's special interest in promoting the health of and healthy lifestyles for the people of Pakistan.

On 3-4 January 1996 Dr Gezairy visited the Republic of Yemen, together with His Royal Highness Prince Abdul Aziz Bin Ahmed Bin Abdul Aziz Al Saud, President of IMPACT, an international initiative against avoidable disablement. They were received in Sana'a by the President of the Republic of Yemen, who expressed his appreciation of the support to Yemen provided by WHO and IMPACT. The guests were also welcomed by the Prime Minister, the speaker of parliament, and the Minister of Health and the Minister of the Local Administration and Developmental Council. Dr Gezairy was accompanied by Dr Y.Y. Ginawi, the WHO Representative in the Republic of Yemen.

A protocol was signed by the Government, IMPACT and WHO for collaboration in the improvement of ophthalmology education and services in the Republic of Yemen. Important subjects discussed during the Regional Director's visit included support for medical education, improvement of management of the Expanded Programme on Immunization, guinea worm eradication, control of diarrhoeal diseases, the family health project funded by the World Bank and the Basic Minimum Needs programme. The visit raised much public attention and was widely covered by the mass media.

A new division in WHO/HQ for emerging diseases surveillance and control

In October 1995 the World Health Organization established a new programme to combat the growing threat to international public health of emerging and re-emerging diseases. The mission of the Division of Emerging Viral and Bacterial Diseases Surveillance and Control (EMC) is to strengthen national and international capacity in the surveillance and control of communicable diseases that represent new, emerging and re-emerging public health problems, including the problem of antibiotic resistance. In addition to mobilizing WHO's own technical staff and expertise, EMC coordinates the activities of the agency's traditional partners, including bilateral donors, expert advisers, nongovernmental organizations and the international network of WHO collaborating centres.

CEHA celebrates its 10th anniversary

The 10th anniversary of the WHO Regional Centre for Environmental Health Activities

(CEHA), which is based in Amman, Jordan, was celebrated under the patronage of the Prime Minister of Jordan on 31 May 1995. On behalf of the Prime Minister, the ceremony was inaugurated by the Jordanian Minister of Health, Dr Aref Al-Batayneh. The ceremony was attended by three former Jordanian Ministers of Health; WHO Representatives for Egypt, Iraq, Jordan and Syria, Lebanon and Morocco; CEHA's Technical Advisory Committee (experts from Afghanistan, Canada, Egypt, Jordan, Pakistan, the Syrian Arab Republic and Switzerland); ambassadors from Member States of the Region; delegates representing international organizations based in Amman; and guests from different Jordanian ministries and environmental health institutions.

Dr Al-Batayneh noted that the Centre was one of the most influential WHO resources in the Region, providing scientific and technical support to Member States of the Region as well as regional and national training activities, which promote the development of human resources.

World AIDS Day 1996: "One world, one hope"

On 1 December 1996, people around the world will observe World AIDS Day for the ninth time. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has chosen the theme "one world, one hope" as a call for a truly expanded response to the AIDS epidemic. The theme emphasizes the need for people everywhere to put aside their differences and to work together to face the challenge of slowing down the epidemic and alleviating its impact. At the same time it reflects a universal aspiration to find the means to prevent and cure HIV/AIDS, the hope that comes from knowing

that there are approaches that have proved to be successful in caring for people affected by HIV/AIDS and in preventing the spread of HIV. World AIDS Day will be the high spot of activities that will be organized throughout the year around the chosen theme. It will also build on the action that results from the XIth International Conference on AIDS, which was held in Vancouver, Canada, from 7 to 12 July 1996, and carried the same slogan. No individual or country is beyond the reach of HIV and its impact. Whatever the continent, whatever the culture, whatever the standard of living, people are affected and are at risk. UNAIDS estimates that there are over 20 million people currently living with HIV/AIDS and more than five new infections every minute. In the most affected countries, hospitals are overwhelmed with AIDS patients; schools, farms and factories are losing skilled employees; children are being born infected or are orphaned as their parents die of AIDS. Gains made in development are being reversed. "People around the world hope for a cure, for a vaccine, for an end to discrimination against people living with HIV/AIDS and an end to denial," says Dr Peter Piot, Executive Director of UNAIDS. "While we are still some way from achieving these goals, there are grounds for optimism."

NGOs discuss HIV/AIDS issues within Muslim communities

The Pakistan AIDS Prevention Society and the NAZ Project co-organized a consultation meeting of NGOs' representatives working on HIV/AIDS prevention and care. The meeting was sponsored by the Global AIDS Programme of the World Health Organization, and was attended by 47 participants from Azerbaijan, Bangladesh, Egypt, Ethiopia, India, Indonesia, Malaysia, Morocco,

Pakistan, Sudan, Tunisia and Turkey as well as from Muslim communities in Canada, Germany, Norway, the United Kingdom and the United States. The meeting was held from 26 to 29 October 1995 in Karachi, Pakistan. The meeting's objective was to explore the specific needs of people living in Muslim countries and communities for accessible and appropriate HIV/AIDS prevention and care services. There, Islamic values and beliefs play a strong cultural and social role and have a considerable influence on the nature and content of these services. During the process, Muslim religious values and beliefs, psychosocial and cultural frameworks, patterns of personal behaviour that could lead to HIV transmission, medical practices and human rights within a Muslim context were identified and explored. The meeting concluded, among other things, that the promotion of Muslim ideals should be a central part of any education strategy to raise awareness of HIV/AIDS by following the teachings of the Quran—through abstinence from premarital sex and faithfulness within marriage. However, other strategies would also be needed to address the difference between the Muslim ideal and the way people actually behave. The meeting formulated 31 recommendations touching upon various aspects of the problem, such as cultural diversity, the contribution of religious leaders, religious education, religious duty, working together, protection of blood supplies, confidential telephone lines, sex education, human rights, surveillance, counselling and funding.

Certification of dracunculiasis eradication

On 5 March 1996, the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) held its first

meeting at WHO headquarters. This commission, established by WHO in 1995, is made up of 12 independent public health experts from all regions of the world. The ICCDE is charged with evaluating evidence presented by countries claiming to be dracunculiasis-free and seeking WHO certification of eradication. At this first meeting, the ICCDE established criteria, strategies and steps to be followed for the process of certifying dracunculiasis eradication. This will be undertaken on a country-by-country basis, but some countries will be considered in groups if the epidemiology of the disease warrants such an approach. Countries or groups of countries where dracunculiasis existed during the 1980s will be declared free of the disease after three consecutive years without any cases being found by a satisfactory surveillance system. International certification teams are currently expected to be sent to 32 countries as part of the certification process. These teams will carefully review data indicating the absence of the disease and make thorough checks in the field to corroborate evidence presented in country reports before making their recommendations to the ICCDE. The risk of imported cases from neighbouring countries is also to be considered by the ICCDE when certifying countries as dracunculiasis-free.

International travel and health-vaccination requirements and health advice, 1996 edition

The 1996 edition of *International travel and health* has just been published in English and French. This booklet is addressed to national health administrations and to the practising physicians, tourist agencies, shipping companies, airline operators and other bodies who are called upon to give health advice to travellers. In addition to summa-

rizing the vaccination requirements of individual countries, the booklet indicates the main areas where malaria transmission occurs and where *Plasmodium falciparum* is resistant to drugs. The recommended chemoprophylactic regimen is also given for each country with malarious areas.

Other chapters cover certain health hazards to which the traveller may be exposed

and indicate the areas in which these hazards are most likely to exist. The booklet also recommends a number of precautions that the wise traveller should take when visiting unfamiliar places.

World Health Organization, 1996; 104 pages; ISBN 92 4 158021 6; Sw.fr. 15.-/US \$13.50 (in developing countries: Sw.fr. 10.50); Order No. 1189600.