

A New Opportunity in the Gulf Arab States

In the recent meeting in January of Arab Gulf Health Ministers, an initiative taken by UNICEF, to cut down infant and child mortality through the introduction of a series of inter-related interventions, (e.g. oral rehydration, breast feeding, immunization and growth charts) commonly called GOBI was commended. The members of the Council agreed to support such a programme in their respective countries. This has special importance in the Arab Gulf where approximately 160,000-200,000 children die every year. Present knowledge, through the introduction of such a combined and effective approach, can assist in reducing the intolerable loss of young children while at the same time help to strengthen on a more long-term basis PHC and related health activities.

UNICEF wishes to support the governments of the Arab Gulf in making a major effort to reduce infant and child mortality within a relatively short period of 2-3 years by at least $\frac{1}{4}$. In this endeavour, one will, in the first place, have to take advantage of a great deal of information that is already available in the countries and build on such efforts that have been undertaken in various directions by the governments themselves. UNICEF Representatives/Programme Officers have an important role to play in collaboration with their partners in government in the formulation of a first broad-based plan of action which will naturally have to take account of particular situations and conditions in the different countries.

To work out such a broad-based outline of a plan, one would have to take account of the following elements:

(a) Analysis

As already indicated, a great deal of studies, research and interpretation of existing data has already been carried out as so clearly appears from the Annual Report of the Gulf Arab States for 1982. It is not proposed, at this stage, to add further studies but rather to make an intelligent interpretation of the existing knowledge and identify the major causes for infant and child mortality in the form of communicable diseases, affections of the digestive and pulmonary tract, inadequate infant feeding and weaning practices, or lack of knowledge of the mother of the health situation of her child. It is expected that the UNICEF Representative would assist the governments to identify those problems that influence infant and child mortality, which can within the framework of government priorities and existing structures and resources be effectively dealt with. As a result of such intensive discussions, it is hoped that areas could be identified which lend themselves to a first clearly targeted effort that could make an effective contribution to the reduction of infant and child mortality.

(b) Recognition of Priorities and Setting of Target

Once such priorities have been identified, it is hoped that governments will take it upon themselves to formulate their policies and be willing to support a determined attack through the allocation of appropriate resources, improved administrative co-ordination, intensified training and orientation of their staff as well as the communities.

At this stage it would be necessary to determine a target that is both ambitious as well as realistic and can be achieved with a determined effort. It is thought that it should not be impossible to cut infant mortality by 1/4 in a period of 2-3 years then we would concentrate on those critical areas that need strengthening to allow such a national effort to attain its target.

(c) Mobilization of Public Opinion

In order to create the necessary understanding, interest and motivation among both government leaders, administrative services, teaching research institutions, public opinion and communities, an intensive PI effort is required to get the basic concept of GOBI through all medias e.g. TV, radio, press, public addresses, discussion among professional groups, etc. Special Information material will also have to be prepared to reach different communities in the urban and rural sectors.

It should be so tailored as to be easily understood by government staff at the local level, such as school teachers, auxiliary nurses, community development workers etc. who are in daily contact with the people. The question - of the best means of communicating with traditional and evolving communities need to be further explored and tried out.

(d) Training

For a GOBI approach to succeed there will have to be enough auxiliary and community based workers to support efforts of immunization, oral rehydration, introduction of growth charts, etc. How much scarce and often expatriate staff can be utilized to support such an effort, what changes in curriculum for training institutions are required etc. all this needs to be examined? Further efforts of orientation of supervisory cadre need also to be thought of? Are there possibilities to get from the communities volunteers or auxiliary health workers to help in this effort such as trained birth attendants, Kura'anic teachers, knowledgeable leaders in the communities, etc.?

(e) Administrative Co-ordination

While the emphasis is essentially in the health field, one has to examine carefully the contributions that can come from other services than health. School teachers will have to play an important role, perhaps also agriculture extension officer, representatives of the government at the district and local level. What existing co-ordination mechanism in the various countries could be utilized to give the necessary support to this endeavour? It would be most worthwhile to suggest the setting up of a Co-ordinating Committee responsible to the highest level of government with adequate representatives of those ministries directly concerned to assure the necessary co-operation of the participating ministries and have an instrument for follow-up and regular review.

We have been assured to receive support for this idea from the highest quarters.

(f) Technical Support

For the preparation at the countries level, technical expertise may be available in the countries themselves in Regional institutions or among UNICEF and other UN staff, e.g. in the person of Dr. Juliette Sayegh or Dr. Qusai Al-Nahi. We are also discussing with WHO in which way they could make available an experienced WHO adviser during the initial period. The WHO Representative in Riyadh, Dr. Mumtaz Hussain, has promised us his general support during the initial phase. *

(g) Timing

It is hoped that in some of the countries an outline of a possible strengthened approach to reduce infant and child mortality could be worked out by the end of March. The beginning of April could be utilized for an internal review of such country programmes both by the UNICEF staff and technical resource persons.

In a second round we could invite Government Representatives and the Arab Gulf Council of Health Secretariat for a meeting to examine these plans.

Outlines of those national plans which would require additional financing could be submitted to AGFUND, on a preliminary basis, as recommended by HRH. A meeting of the AGFUND Committee Governing Council is expected to take place on 21st of April.

It is however assumed that these first outlines of plans will require further refinement and include more detailed commitments from all parties concerned as well as a specific workplan and time tables. Those detailed plans that require further financing could be considered at a later meeting of AGFUND in the autumn for additional support.

(h) Meetings

As indicated above, the first internal meeting with UNICEF staff could take place during two days in the first week of April to review the plans for those countries which have been able to formulate an outline by the end of March. It is expected that Dr. Jolly, Deputy Executive Director for Programmes HQs, as well as a Representative from the Eastern Mediterranean section of Programme Division, NY and the Regional Director will participate in this first meeting. The preparation and organization of the meeting will be the responsibility of the Area Office in Abu Dhabi. A second meeting of maximum 2 days with representatives from the governments of those countries which had drawn up such a plan could then follow. This meeting will not seek a formal approval, but rather benefiting from the views and experiences of government representatives on advocacy of plans and encourage exchange of experiences across the countries. As mentioned, this meeting will also be attended by the Secretary General of the Gulf Council of Health whom we want to associate closely with the various phases of this intensified approach. We had already an opportunity to consult informally with the Secretary General on the occasion of a working group of the Council of Health of the Gulf Arab States on the approach to be pursued and have received their unreserved support in the pursuit of this endeavour.

If necessary, a small group of those UNICEF staff having attended these meetings with the Secretary General of Arab Gulf Council of Health could make a follow-up visit in one or two countries where there appears a need to pursue negotiations to reach an agreement.

The Regional Director, Charles A. Egger and Mr. Sabah Allawi, UNICEF Representative, plan to visit most of the Gulf Arab States in the second and possibly third week of March, both as an introduction for the Regional Director, a.i. and the Area Representative, and to obtain a first impression as to the degree of interest existing in the countries and the likelihood of a plan to be worked out at this stage. A detailed travel schedule will be drawn up shortly. For the time being, the countries listed would be UAE, Bahrain, Oman, Kuwait and Iraq.

CONCLUSION

The approach outlined above and the suggested time table has been worked out in cooperation with Dr. Jolly and Dr. Egger as a possible plan. Representatives are invited to make their comments on this proposal and eventually offer suggestions or alternatives on how this process could be developed with the best possible chances of success in their own countries. This would require further exchanges with the Area Representative. It is also important to keep in mind that we are very much interested to build on efforts already undertaken and to make full use of existing experiences, knowledge, and man-power at country level and in existing Regional Institutions. We also have to be mindful of the particular structure of the Arab communities in the Gulf and take into account the customs, attitudes and inevitable reservations that will exist.

We are also anxious to underline what has been said so clearly in the report on the Bahrain workshop that the various approaches outlined in GOBI must be seen not as an end in itself, but as a first phase towards the development of more permanent services such as primary health care and related health activities. Some of the measures suggested require undoubtedly further complementation on a more long term basis when we think of the problem of weaning and child nutrition or the need to prevent diarrhoeal and gastro-intestinal diseases.

We look forward to an exciting period of collaboration with all of you and the Governments concerned. Your participation and your own contributions for the improvement of this scheme will be much appreciated.

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