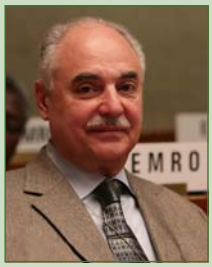
WHO's longest serving leader



WHO

Dr Abdel-Razzak Al Gezairy

Dr Abdel-Razzak Al Gezairy graduated from the Kasr el Eini Faculty of Medicine in Egypt obtaining his medical degree in 1957 and a diploma in surgery in 1960. In 1965, he became fellow of the Royal College of Surgeons in London. In 1969 he established the first faculty of medicine in his native Saudia Arabia, at King Saud University in Riyadh, and became the faculty's founding dean. He served as Saudi minister of health for seven years from 1975. In 1982, he was elected regional director of WHO's Eastern Mediterranean Region. Gezairy is a founder and promoter of medical studies in Saudi Arabia and a member of a number of academic and medical societies in the Arab world.

Dr Gezairy is WHO's longest serving elected leader. He has been at the helm of the Regional Office for the Eastern Mediterranean (EMRO) since 1982. In January 2007, he was confirmed as Regional Director for the Eastern Mediterranean Region for a sixth term, after being re-elected by the Regional Committee in 2006. The region extends from Morocco across north Africa and the Middle East to Afghanistan and Pakistan. It has 21 Member States and a population of 538 million.

Q: You were re-elected last year after 24 years in office. This is a remarkable record, but aren't there rules that restrict the number of terms a regional director can serve?

A: Before 1998, there were no such rules and several regional directors and directors-general served several consecutive terms. In 1998, WHO's Executive Board passed a resolution (EB102.R1) restricting regional directors to a five-year term, renewable once, but this rule did not apply to regional directors who were already in office at that time.

Q. What have been your Regional Office's greatest achievements during your tenure?

A: The confidence we have built up between WHO and ministers of health. Our frank and honest evaluations of national health programmes are respected and seriously considered. We have developed a transparent financial management system. Ministers of health have access to our financial system. We were one of the first regions to appoint non-medical staff as WHO representatives, such as sanitary engineers and nurses. We were one of the first regions to achieve 80% coverage of the Expanded Programme on Immunization and we are very close to eradicating polio in the two remaining polio-endemic countries in the region, Afghanistan and Pakistan. We have been successful in reducing overall infant mortality. We have supported national institutions and technical centres, particularly medical, nursing and pharmacy schools to promote community-based problem-solving curricula. For primary schools, we are working with other United Nations agencies to introduce health messages into the curriculum. One of our main achievements has been the development and wide implementation of community-based initiatives, including the basic development needs approach and, healthy cities, healthy villages and healthy schools programmes.

Q: Your region of WHO is facing more crises than any other, such as those in Afghanistan, Darfur in Sudan, Iraq and Somalia. What is your role and that of the Regional Office in responding to disasters and crises?

A: Country Office and Regional Office staff are prepared to travel to disaster areas immediately and at any time. I too have visited most – if not all – the countries facing emergencies from early on. I will give you an example of what happened after the earthquake in Pakistan. Within 24 to 48 hours our WHO Representative took the initiative to form a health cluster, which coordinated the response and fund-raising. Several Regional Office staff joined the country team. It has been the same with most of the work in Iraq, Lebanon, Palestine, Somalia, and Darfur, Sudan. In Darfur things can be done despite the security problems. We have started a small hospital for life-saving interventions, and have supported the prevention of blindness in partnership with nongovernmental organizations. In Afghanistan, within the concept of health for peace, we negotiated with warlords and they agreed to stop fighting to allow children to be immunized against polio. We were the first region to use a large number of nationals in places where international staff cannot go. We also established sub-offices in Afghanistan, Iraq, Somalia and Sudan to expand health services and key interventions to the most vulnerable people due to the security problems in those countries.

Q: How is the Regional Office helping Member States improve access to health care in your region, especially where there are huge discrepancies between rich and poor?

A: Universal access to health-care services has yet to be achieved, not only in developing countries but also in several developed countries. We have a regional strategy that treats equitable access to health-care services as a basic human right. We provide Member States with technical support to carry out national studies on fair financing, geographic distribution of services, level of income and universal access to health-care services. We promote primary health-care services, and social health insurance.

Q: Lack of economic incentives and conflict have resulted in the migration of health professionals: an estimated 15 000 Arab doctors left their countries between 1998 and 2000, according to the Arab human development report 2002 *published by the United Nations Development Programme in 2002. How is the Regional Office helping Member States to address health worker shortages?*

A: Human resources development is a regional priority. We work closely with academic and teaching institutions to promote human resources development. This work addresses all health professionals, not only doctors. We have studied human resources development in the region and the movement of health professionals from one country to another. In some countries we support better working conditions and incentives to retain the limited number of available health professionals. In other countries we support efforts to produce more professionals to fill the gap. For populous countries with a large number of graduates, we support national efforts to produce highly skilled health professionals who support their countries' economies by working abroad and sending money home.

Q: Some governments in the Eastern Mediterranean Region spend a great deal more on defence than on health. How is the Regional Office addressing this?

A: Our region has so many emergencies and political problems that you cannot persuade governments to spend less on defence. However, I think we have been successful in making health and education a high priority for all countries. Some countries, such as Morocco and Yemen, are spending 30% on education alone. Jordan and Lebanon spend 9.4% and 10.2%, respectively, of their budget on health.

Q: Arab countries produce less than 0.5% of the papers published in the world's top 200 medical journals, according to Science in the Arab world: vision of glories beyond*, published in 2005. How is the Regional Office working with governments to encourage them to translate research findings into evidence-based policy?*

A: It is true that the contribution of our Member States to global scientific publications is very limited. There are several reasons for this, one is the limited financial and other resources allocated to health research. Many researchers publish their papers in good local scientific journals, which reach the audiences they most need to reach. We publish the *Eastern Mediterranean Health Journal* to encourage regional scientists conducting operational and health systems research, such as on types of viruses that cause diarrhoea in a country or a district. We are encouraging ministries of health to play a major role in this type of research. We have had very good response from several countries including Egypt, where the First Lady, Suzanne Mubarak, strongly supports health research. We are also trying to build up a researchers' network to do more health systems research and encourage policy-makers to use research findings to make policy decisions.

Q: To what extent is the health sector in the Eastern Mediterranean Region still dominated by the English language?

A: In most of the Arabic-speaking countries teaching in the medical, pharmacy and nursing schools is in English or French. However, they usually practise in Arabic so there is potential for communication problems with patients and other technical staff. In the Syrian Arab Republic and to a great extent in Sudan and in the Libyan Arab Jamahiriya doctors, nurses and other health workers are taught in Arabic, while in the Islamic Republic of Iran, doctors study in Farsi. Our policy is to encourage teaching in the national language and we also support translation and publishing of medical text books and reference books in national languages.

Q: Saudi Arabia – your country of birth – is the main financial supporter of WHO in the Eastern Mediterranean Region. Can WHO be certain to secure financial support of the Regional Office once it no longer has a Saudi Arabian regional director?

A: I don't think Saudi Arabia's support for WHO is related to having a Saudi as a regional director. This relationship was established before my arrival and I am sure it will continue after my departure. Saudi Arabia believes in WHO. Until the late 1980s, some countries in the region, including Saudi Arabia and the United Arab Emirates, did not receive any financial allocation from WHO because their allocations were given to other countries. Now funds are distributed routinely. Nevertheless, a lot of bilateral support goes from wealthy countries like Saudi Arabia to less privileged countries in and outside the region. ■

WHO's 60 years and the Global Health Histories initiative

Twenty African scholars, historians of medicine and public health leaders joined a debate in Nairobi on the impact decolonization and the end of the Cold War have had on health in Africa. The debate from 6 to 8 February was part of the Global Health Histories initiative and one of a series of events leading up to WHO's 60th anniversary on 7 April 2008.

WHO launched the Global Health Histories initiative in 2005 in recognition of the importance of the history of public health.

As part of this initiative, WHO plans to publish a history of global health over the last 60 years, in 2008. The book will cover the major health events since WHO was founded in 1948 and WHO's role in them. It will also look at the development of public health during decolonization, the Cold War and globalization.

To date, WHO has published official histories of its first two decades and next year plans to publish a history of the third covering the pivotal years of the 1970s.

The Global Health Histories initiative includes an oral history project. Retired WHO staff have been recording and transcribing interviews with leading WHO figures recalling some of the world's most important health events. The interviews are available to the public in the WHO archive.

The National Library of Medicine in the United States is preparing an exhibition that will chart the history of public health over the last 60 years. The show will open at the US library, which is based in Bethesda, Maryland, in 2008 and may tour WHO's Regional Offices and headquarters.