

MEDICO-NUTRITIONAL INFORMATION

39. Diet Couscous, prepared from a very coarse semolina (made from durum wheat in rural areas and from wheat in cities) is the staple dish in rural and to some extent in urban areas; eaten with meat if available, or vegetables in season. Chickpeas and lentils widely used as supplement. Occasionally dried fish, and (Beduins) smoked or dried meat (mutton, beef). Olive oil most commonly used. In South, dates are basic staple. Yogurt and cheese made from camel or goat milk. Bread (tabouna) as staple food. Tea sweetened with sugar is national beverage. Pork not acceptable.
40. Nutritional deficiencies: PEM shows considerable geographical variation and is a serious problem in city slums, especially in young children. Presence of vitamin A deficiency controversial; vitamin A fortified milk distributed by STIL (Société Tunisienne d'Industrie Laitière). Rickets reportedly frequent (30% of children in some areas). Foci of endemic goiter; iodine fortified salt distributed through Société Tunisienne des Salines.
41. Medical supplies: Drugs and medical supplies to be imported strictly through: Pharmacie Centrale de Tunisie, 51 Avenue Charles Nicolle - El Menzah - Tunis, Phone: 383.011. No import authorized through private channels. List of standard medicines available from Ministry of Public Health (Direction des Pharmacies et Laboratoires). Directions have to be written in French and Arabic. Private pharmacies and official agencies of "Pharmacie Centrale" coexist.
42. Health Services: Health care facilities under the Tunisian Ministry of Health are structured hierarchically with principal or general hospitals in the main cities, regional hospitals in each medical region and rural hospitals in the small cities. Public health services include: 5 institutes in Tunis (1090 beds); 6 specialized hospitals (5 in Tunis, 1 in Nabeul, 1868 beds); 7 principal hospitals (5 in Tunis; total 4685 beds); 18 regional hospitals (3467 beds); 50 rural hospitals (1879 beds); 8 maternity homes (68 beds). Surgery, X-ray and laboratory facilities available to various extent in hospitals. Out-patient facilities include 476 dispensaries (79 in urban neighbourhoods and 397 in rural areas); 61 "salles de soins" and 91 PMI (Promotion maternelle et infantile - MCH) centers. Private sector (private clinics; social security clinics; private practitioners) operate under agreement with and control by Ministry of Health. Traditional medicine practically non-existent. Physicians and other health personnel congregate in the cities.

PHYSIO-NUTRITIONAL INFORMATION (Cont'd)

43. Capacity for
handling
refrigerated
drugs:

Cold storage facilities at Carthage Airport, Tunis
Cold storage facilities in Tunis (Hospitals, Ministry of Public Health, Pharmacie Centrale and some others places such as Société Tunisienne d'Industrie Laitière, Office des Pêches). At the periphery, refrigerated storage in hospitals, hotels and "Office des Pêches", occasional refrigerators in dispensaries.

Cold chain operational for vaccine (containers with ice) at the Ministry of Public Health and at the "Office National des Pêches", Tunis Marine, phone: 254.308 and 259.832.

44. Common
illnesses:

Enteric diseases, seasonal peak July-September. Typhoid endemic. High incidence of viral hepatitis, country wide epidemics 1976-77. TB + (BCG and case finding). Poliomyelitis still transmitted (400 cases 1976). Trachoma + South. Rabies responsible for a few deaths each year. Rheumatic fever a problem. Very occasional risk of malaria in rural areas only May-November; no risk in towns. Schistosomiasis still prevalent in foci South of the country (Kebili, Gafsa, Tozeur, Hadjeb-el-Afoun); control program in progress. Very limited leprosy (Sfax, Medenine). Cerebro-spinal meningitis each year (December-March) but generally no large outbreaks. Cholera last outbreak 1973, sporadic cases still occurring.

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39. Diet: Staple food is mainly wheat eaten as bread or unleavened pancakes. Parboiled cracked wheat ("bulghier") used in soups or to stuff vegetables, or made into paste, kneaded with milk and sundried. Other cereals commonly eaten are rice, maize (Black Sea area) and some rye. Usual complementary foods: many vegetables (except in the North East), eaten fresh or dried; legumes such as dry peas and beans; onions and potatoes. Vegetable oils, particularly from olive and sunflower; sometimes butter-fat but not in large quantities. Milk products include yogurt and cheese (especially Central Anatolia). Meat common (no pork), fish, chicken according to availability. Fruits when available (melons and water-melons mainly, also citrus).
40. Nutritional deficiencies: Mild PEM in pre-school age group said to result in growth retardation. Anaemia (iron deficiency) affects 15% of all pre-school children, especially common in Black Sea and Mediterranean regions; also a serious problem in pregnant and lactating women. Rickets found in 5% of children of 3 years, during winter. Goiter mainly around the Northern coastlands, also localized foci elsewhere. Scurvy reported in Black Sea area. Ribo flavin deficiency said to be present. Tooth decay an important problem in children.
41. Medical supplies: Raw materials are imported by private firms under supervision of the Pharmaceutical Department of Ministry of Health. Social insurance Agency has a list of drugs in common use: Sosyal-Sigortalar Genel Müdürlüğü, Mithatpasa Caddesi, Ankara. Distribution by private channels and through national health service in the Eastern region. Social Insurance Agency distributes free medicine to employees and labourers everywhere. Directions preferably written in Turkish.
42. Health Services: Health services are headed by a Health Director in each of the 67 provinces. There are 2 types of organization: (a) Health Services provided by the provincial administration and (b) national health services (with health units covering home care, mobile teams and preventive services). Hospitals often have limited manpower and limited laboratory facilities but there are well equipped hospitals at city level. Almost all hospitals have paediatrician, gynecologist and general surgeon. Specialists in other branches available in city hospitals. In 1973: 448 general hospitals (67,995 beds); 67 specialized hospitals (118,299 beds); 34 maternity and children's hospitals (3,677 beds) and 286 health centres (3,382 beds). National Health Centres include 872 rural health centres and 2,382 primary health care stations.

MEDICO-NUTRITIONAL INFORMATION (Cont'd)

Special services for malaria, tuberculosis and trachoma. Health insurance for workers covers almost 6 million people; separate hospitals and dispensaries for workers and their families; also military hospitals. Private practitioners and specialists all over the country, mainly in large cities. Some private hospitals. Traditional healers exist but not common. Most of the health manpower apparently concentrated in 4 provinces; Adana, Ankara, Istanbul and Izmir.

43. Capacity for handling refrigerated drugs:

At international airport: small refrigeration unit. In Ankara: large refrigeration facilities (4° and minus 20°) for foods but can also be used for biological products. Cold storage facilities in provincial capitals and large cities available in public health departments (capacities around 2 to 4 cubic meters). Electric cold storage facilities in small towns but only in some health centres. Cold chain operational at Ministry of Health and Social Welfare, General Directory of Public Health, Ankara, phone: 18-25-49.. Dry ice not readily obtainable.

44. Common illnesses:

Morbidity and mortality in children mainly due to intestinal diseases (enteritis) in summer and to acute respiratory diseases (broncho-pneumonia) in winter. Entero-parasitic diseases widespread; high incidence of hepatitis. Major communicable diseases are tuberculosis (high coverage of BCG vaccination in children) and trachoma (affecting estimated 2% of population but decreasing rapidly). Typhoid fever endemic peak incidence in November; vaccination of schoolchildren. Hepatitis widespread. Diseases preventable by vaccination: severe epidemics of pertussis in winter., high fatality from diphtheria and still a significant number of cases of poliomyelitis during summer. Measles has highest mortality in Eastern provinces. Cerebro-spinal meningitis an important problem. Canine rabies.

Malaria had considerably decreased but now making dramatic come back, specially in Eastern Mediterranean provinces (İçel, Hatay, Adana).

Reintroduction of cholera a persisting threat; major outbreak in 1970 (1,185 cases).

Accidents (all kinds) a serious problem.

Trinidad and Tobago

MEDICO-NUTRITIONAL INFORMATION

39. Diet: Existence of a variety of diets according to the many ethnic groups (Negroes, Indians, Chinese, etc.) and religious (Hindu, Moslem, Christian...). Staple food is mainly rice (eaten by all the groups but more by the Hindus) and wheat (as bread by Negroes and as flour for pancakes by Hindus). Maize not frequently eaten. Sweet potatoes, cassava, yams, taro, plantains part of the basic diet but in relatively small quantities. Also white potatoes (increasing consumption) and bread fruits. Pigeon peas, coconuts, groundnuts and other pulses are popular throughout the country, mostly consumed by Hindus. For cooking essentially copra oil, some animal fats and butter. Fish popular and eaten mainly by Indians. Different consumption of meat according to the groups; little meat eaten by Hindus, more by Negroes, some beef and mutton eaten by Moslems. Vegetable and fruits consumed only in small quantities particularly in lower income groups. Adequate consumption of milk. Pork not admissible for Moslems and Hindus.
40. Nutritional deficiencies: PEM essentially suburbs of Port-of-Spain, San Fernando and Sangre Grande. Diet is frequently deficient in vitamin A and iron. Anaemia in women and children. Goiter: foci in Tobago.
41. Medical supplies: Importation of medical supplies through: "Central Supplies Division, Long Circular road, St. James, Trinidad W.I. - Tel: 6223307". Private channel authorized. There are both private and state distribution channels for medicaments in the cities and rural areas. Ministry of Health has a standard list of drugs for common use in the country. It is available at the "Central Supplies Division". Directions should be written in English.
42. Health Services: Development of health services is based on regionalization. Two regional hospitals (Port of Spain and San Fernando) provide increasingly specialized services for the people of the country, who are served by a network of county and district hospitals and maternity units. Also a large hospital in Tobago. In few remote areas in Trinidad, minimal services are provided by specially trained health professionals with a system of referral to the county or regional level. More than a hundred strategically placed health centres provide basic outpatient services. Staffed by public health personnel, visited weekly by doctors. Four are located in Port of Spain, 1 in San Fernando, 11 in predominantly rural St. Andrew and St. David countries and 16 in island of Tobago. The ratios of health manpower to population in 1975 were unequally distributed with serious shortages in some rural areas.

MEDICO-NUTRITIONAL INFORMATION (Cont'd)

43. Capacity for
handling
refrigerated
drugs:

Cold storage facilities exist at airport but under the control of the airlines. A small refrigerator (7 cu ft) the property of the PAHO/WHO Caribbean Epidemiology Centre, has been placed at the airport.

The Ministry of Health uses a private cold store, operated by Furness and Gordon, Port of Spain, for storage of vaccines. At the Ministry of Health, Central Medical Store, there are several refrigerators where insulin and vaccines are stored. Dry ice is available from Industrial Gases (private company). At the periphery: health centres have refrigerators, varying in capacity from 7 to 12 cu. ft. Hospitals have cold storage facilities in laboratory and pharmacy. Cold chain is operational at the Ministry of Health: some vaccines are purchased through local agents who are responsible for maintaining the cold chain from the airport to the Medical Stores.

44. Common
illnesses:

Occasional cases of typhoid fever. Venereal diseases, apparently a problem mainly in urban areas. Streptococcal diseases with severe renal involvement, a problem in children. No risk of malaria. Important dengue outbreaks in recent years.

MEDICO-NUTRITIONAL INFORMATION

39. Diet: Major staple foods are "matoke" (plantain bananas), millet, sweet potatoes, maize and cassava. Other foods include groundnuts, sorghum, beans, peas and a variety of green vegetables and fruits. Rice and wheat are grown on a limited scale. In so-called "cassava belt" in Northern part of the country, including Nile, Northern and Karamoja province main foods are millet, cassava and beans. Maize, wheat and rice rather limited to urban areas.
- Staple foods are mixed with various sauces made of legumes (peas), groundnuts and a variety of green vegetables.
- Very little oil, mainly vegetal (cottonseed, groundnut, coconut).
- Meat eaten only occasionally (pork not acceptable by Moslems). Fish around the lakes. Milk important amongst nomadic groups.
40. Nutritional deficiencies: PEM ++ recognized as a cause of morbidity and mortality in early childhood (1973: 70,000 malnourished patients treated) particularly in matoke eating region, Buganda region and Western part of Eastern region.
- No country-wide systematic information on other deficiencies but occasional cases of beri-beri and pellagra reported. Also riboflavin deficiency sometimes found in combination with kwashiorkor.
- A special milk preparation (Disco) is produced locally. Iron deficiency anaemia not uncommonly found in children in areas where hookworm is prevalent.
- Goiter in mountainous areas (West of the country).
41. Medical supplies: All medical supplies are channeled through: The Chief Pharmacist, Central Medical Store, P.O. Box 16, Entebbe, phone 20542; or Ministry of Health operator, phone 20201. Importation must obtain prior approval from the Ministry of Health (because of regulation on foreign currency exchange). List of drugs imported from overseas issued by the Minister of Health, Medical Stores.
- Directions written in English.
- No private distribution network of medical supplies organized for the present time.
42. Health Services: Administrative structure: Minister of Health with Permanent Secretary (Development and supervision) and Director of Medical Services (technical aspects). Health resources (1974) include 7 general hospitals: 3,058 beds; 64 rural hospitals: 7,876 beds; 1 psychiatric hospital: 957 beds; 6 leproseries: 2,000 beds; 350 health centres/dispensaries with 6,273 beds; a number of Nutrition rehabilitation centres throughout the country.

MEDICO-NUTRITIONAL INFORMATION (Cont'd)

Health manpower (1975) include among others 426 doctors (296 employed in government services) (1 per 27,000 inhabitants); 558 medical assistants, 1,975 midwives, 2,432 nurses,

43. Capacity for handling refrigerated drugs:

Cold storage facilities: none at Entebbe Airport, 5 x 5 x 6 cubic meters at Central Medical Store.

In Kampala, Mulago Hospital has large cold room.

District hospitals and voluntary hospitals (72 in all) have refrigerators (but supply of kerosene not regular).

No dry ice available.

The expanded programme on immunization is due to start in 1978. Facilities for cold chain have been requested from UNICEF.

For inquiries regarding cold chain, contact Chief Pharmacist, Entebbe (see under Medical Supplies).

44. Common illnesses:

Measles, whooping cough, TB and leprosy prevalent. Vaccination programmes for smallpox, poliomyelitis, DPT, measles and cholera.

Malaria ++ year round, everywhere (below 1,800 meters), except Entebbe, Kampala and a few towns. Persisting transmission of sleeping sickness (with sporadic outbreaks) in lakes area. Onchocerciasis, foci around lakes and along Nile River.

Louse-borne typhus in Southern Province (Ankole).

MEDICO-NUTRITIONAL INFORMATION

39. Diet: Staple foods: mainly sorghum (North) and millet (South); also maize and rice (towns); sweet potatoes, cassava and yams are substitute foods eaten mainly when shortage of cereals. Staple food eaten with a sauce made with various green leafy vegetables, legumes, spices and peanut oil and other fats of vegetable origin.
Peanuts, peas and beans widely consumed when available (shortages usually March to July). Local beer ("dolo" or "dam"), made from sorghum or millet, is important. Fish dried or smoked. Meat only occasionally consumed in rural areas. Pork not admissible among Moslems (30% of the total population). Nomads (especially Peuhls in the North), base their diet on milk products.
40. Nutritional deficiencies: PEM ++: everywhere, most commonly marasmus, maximum April to August. Anaemia widespread, various causes. Goiter ++: foci in Dedougou. Vitamin A deficiency and scurvy reported.
41. Medical supplies: Medicines for the most part imported from France. "Direction de la Pharmacie Nationale" has section "service d'approvisionnement" for import of drugs and medical supplies and section "pharmacie nationale" grouping all pharmacies. Directions written in French.
42. Health Services: Ministry of Health divided into two main departments: Urban Health, responsible for Ouagadougou and Bobo Dioulasso and Rural Health, responsible for both fixed services and mobile health teams in the rest of the country. Rural health administration is divided into 10 regions, each headed by a Chief Medical Officer responsible for curative and preventive activities. Hospitals with most services in Ouagadougou (750 beds), Bobo Dioulasso (820 beds, Ouahigauy (200 beds), Fada N' Gourma (200 beds) and Gaoua (140 beds). Mobile teams (20) are the most effective health structure. Fixed centres (357) include 14 rural medical centres served by physicians, 65 health centres, 254 dispensaries (119 with maternity clinic) and 24 maternity clinics. Dispensaries and other outstation clinics are run by male-nurses and/or certified midwives from the locality. Supervision is periodically carried out by medical chief officer of the district. Manpower includes around 100 physicians (40 national), 1,250 nurses and 100 trained midwives.
43. Capacity for handling refrigerated drugs:

MEDICO-NUTRITIONAL INFORMATION (Cont'd)44. Common illnesses:

Enteric diseases a major cause of morbidity and mortality; typhoid identified among soil-transmitted parasitosis; ascaris relatively low prevalence; ancylostomiasis more frequent. Transmission of poliomyelitis continues. Tuberculosis widespread, not controlled in spite of efforts at BCG vaccination. Tetanus a major problem, especially in new-born in rural areas. Leprosy highly prevalent but control campaign operational. Yaws still occurs. Rabies prevalent in dogs. Anthrax probably largely undetected, occasional outbreaks (Ouahigouya, Bobo Dioulasso). Dracunculiasis widespread and seasonal. Brucellosis possibly prevalent among nomadic groups (Peuhls). Filariasis (bancrofti) widespread but patchy distribution. Measles an important cause of death in children; an increasingly severe problem. Malaria endemic; entire population at risk, even in cities; transmission year round (but July-December only in Djibo and Oudalan); no large-scale control measures. Onchocerciasis the major health problem in the basin of the River Volta, (Southern 60% of the country); estimated 400,000 cases with 50,000 blind; some villages nearly depopulated, with only blind people left (about 20% of former population); international control program in progress. Schistosomiasis (vesical) affects roughly 40 per cent of population. Trachoma in North; estimated 700,000 cases; also an important cause of blindness. Annual outbreaks of cerebro-spinal meningitis of variable importance (1,000 to 20,000 cases); seasonal with peak in January-May. Trypanosomiasis occurs in migrants; also local transmission in very localized well-identified foci (near Ouagadougou and along some roads); a potential threat in new settlements. Large cholera outbreak 1974; isolated cases in 1975.

MEDICO-NUTRITIONAL INFORMATION

39. Diet: The main staple is wheat (usually eaten as bread), maize also consumed in flour or bread. Potatoes widely consumed, some sweet potatoes and yams. Also a small but probably increasing quantity of rice. Sorghum sometimes substitutes maize. Meat is the common accompaniment amongst all classes. Mainly beef, but otherwise pork, fowl. Salted meat common amongst the poor. Milk is a significant part of the general diet, either fresh or as cheese. Both vegetable oils and animal fat are used. Sugar is much consumed in refined form. Legumes and vegetables less consumed. Fruits are popular in season but not abundant, except in certain rural areas. Fish only on coast. Generally, there is little difference between rural and urban diets.
40. Nutritional deficiencies: PEM is of moderate importance. The main vulnerable group are children under two years old amongst the poor on the peripheries of the capital and major towns. Severe form almost exclusively marasmus. Anaemia is not reported as a significant problem. There is some indication of rickets in the group vulnerable to PEM. Goiter is a limited and declining problem. But the northern zone remains a focus, with 20% incidence, despite a prophylaxis programme (iodine tablets and salt iodization) since 1954.
41. Medical supplies: Responsible agency: "Ministerio de Salud Publica, 18 de Julio 1892, Montevideo". The country produces several of the common vaccines (especially BCG of satisfactory quality). Importation of drugs through private channels is authorized. The private medicine sector is important in urban areas, but some private distribution of drugs also in rural areas. There is no standardized list of drugs.
42. Health Services: The health services are provided by Ministry of Health, other public establishments, Armed Forces, public/collective assistance and private sector. The country is divided into 19 departments, each having a central hospital (with the fourth basic services, X-ray and laboratory facilities), as well as other smaller hospitals and clinics with in-patient facilities. Health coverage, human and material resources are generally well distributed. There are nearly 17,000 hospital beds (somewhat under 2,000 in the private sector) or 5.9 per 1,000 inhabitants. Since a little under half of the population live in and around the capital, the 7,000 beds of Montevideo's hospitals do not indicate an excessive concentration of medical resources there. There is a recognized shortage of trained nursing staff, especially in rural areas. There are health centres throughout the country for preventive medicine.

MEDICO-NUTRITIONAL INFORMATION (Cont'd)

43. Capacity for handling refrigerated drugs: No facilities at the international airport, Sufficient refrigeration capacity throughout the country. There are cold-rooms and refrigerators in health centres and other establishments in both rural and urban sectors. Dry ice is available in many private establishments. There is no organized cold chain.
44. Common illnesses: Despite vaccination programmes, the four chief diseases of importance and interest are poliomyelitis (growing problem, outbreaks in the spring), measles, meningitis (meningococcal) and TB (TB mortality is now the lowest in the Hemisphere). Aedes aegypti has been eradicated from urban areas. Malaria has been eradicated in the country as a whole, but surveillance has been directed at a wide area around the recently constructed Salto Grande Dam. In the North of the country sprayings are carried out against triatomines.

Venezuela 1973

MEDICO-NUTRITIONAL INFORMATION

39. Diet

Main staples are wheat (in urban areas, where the large majority of the population lives) and (in rural areas) maize, prepared as corn flour bread ("arepa") or green corn pancakes ("cachapas"). Rice is widely eaten. Other cereals used in small quantities: oats, sorghum and barley.

Starchy staples include particularly cassava, as well as plantains and potatoes (an important staple in the Andes in the North-West). Some yams and sweet potatoes eaten, and local tubers in mountains.

Pulses are the main accompaniment to the staple; principally dried black beans but also peas, white and red kidney-beans, chick-peas, pigeon-peas, lentils and ajonjolí.

The usual fat is vegetable oil; mainly sesame but also coconut oil, peanut and cottonseed. Small consumption of animal fats. White cheese from cows' or goats' milk.

Tomatoes are the main vegetable; onions, carrots and cabbage also eaten.

Meat consumption mostly chicken and pork; also beef in cities; goat in East and North West of country. Fish is consumed locally along the coast and riverine areas.

Seasonal fruits and nuts (especially coconuts and groundnuts) are a small addition to the diet.

Common condiments are chile pepper and garlic.

40. Nutritional deficiencies:

There is still a problem of malnutrition in children less than 5 years old and some population groups, especially in urban areas.

Deficiencies of vitamins C, D and B (thiamine and niacin) have been reported. Goiter is a major but now declining phenomenon amongst adolescent and pregnant/lactating women of the Andes region.

41. Medical supplies:

Main drugs are imported and processed locally by private manufacturers. Large private drug market. Distribution through health facilities and private pharmacies all over the country. Directions should be written strictly in Spanish.

42. Health Services:

Ministry of Health (Ministerio de Sanidad y Asistencia Social) ultimately responsible for health care. Social Security (Instituto Venezolano de Seguro Social) covers 2 million people; provides mainly curative and/or specialized services. There is also a large number of health services provided by mining or oil companies, institutes, inter-ministerial agencies (such as the Children's Council, "Consejo Venezolano del Niño") and missions (in Indian areas).

Health facilities include (1977) 300 hospitals and health centres with inpatient facilities. Approximately 36,000 beds in total (nearly 30,000 of these beds are in government-run establishments although private sector is expanding). There are also 37 health centres, about 500 dressing stations and over 2,000 dispensaries and health posts. Also specialized nutrition units. Referral system is considered to need improvement.

MEDICO-NUTRITIONAL INFORMATION (Cont'd)

Ratio of doctors to population is high, approximately 1 doctor for 950 people, but geographic distribution considered unsatisfactory with high proportion in cities. Acute shortage of auxiliary personnel.

Private sector include 194 institutions with approximately 6,000 beds. Private clinics mainly in Caracas and Maracaibo.

43. Capacity for handling refrigerated drugs:

Refrigeration available in most localities. Dry ice available commercial basis in main cities. In-country shipment of refrigerated drugs not without difficulties. Check feasibility first with Ministry of Health. There is also a large network for distribution of refrigerated food (meat), including storage facilities.

44. Common illnesses:

Enteric diseases widespread, with amebiasis common. Measles and, to a smaller extent, whooping cough remain problems in children despite vaccination programmes.

There remain some cases of poliomyelitis each year (especially Federal District, Bolivar and Zulia). A large number of seemingly sporadic cases of meningitis. Occasional cases of rabies in humans.

Malaria eliminated in large parts of the country; still endemic in some areas; no risk above 800 m. and in urban areas. Chagas disease endemic; prevalence unknown. Onchocerciasis endemic in Orenoque area and along Colombian and Brazilian border. Schistosomiasis (intestinal) endemic but apparently declining fast. Occasional cases of jungle yellow fever; a potential threat. Virus encephalitis in Zulia (South of Lake Maracaibo).
