

## Non-communicable Disease risk factor surveillance in Saudi Arabia.

Surveillance is often defined as the systematic collection, analysis and interpretation of health data and the timely dissemination of this data to policymakers and others. Good quality health information is essential for planning and implementing health policy in all countries. Surveillance provides health information in a timely manner so that countries have the information that they need to fight epidemics now or plan for the future. It is a fundamental tool of public health.

WHO is pursuing surveillance as part of a global strategy for preventing and controlling NCDs and the major risk factors that predict them. The WHO STEP-wise approach to surveillance of NCD risk factors uses a standard survey instrument and a methodology that can be adapted to different country resource settings and help to build country capacity.

The WHO STEP-wise approach to Surveillance of NCD Risk Factors (STEPS) was developed by the WHO

Cross Cluster Surveillance team as part of a global surveillance strategy in response to the growing need for country-level trends in non-communicable diseases. By using the same standardized questions and protocols, all countries can use STEPS information not only for monitoring within-country trends, but also for making between-country comparisons. The approach encourages the collection of small amounts of useful data information on a regular and continuing basis. It focuses on a minimum number of risk factors that predict the major NCDs diseases. This information can, in turn, be used to plan for disease prevention through population-level risk factor reduction

In Saudi Arabia the system for NCD risk factor Surveillance has been planned as a cooperative program between Ministry of Health (represented by General directorate of NCD, and Field Epidemiology Program), King Faisal Specialist Hospital & Research Center and WHO. The

system consists of three major parts: community based data collection on major risk factors, data base infrastructure and data analysis work force. The system is now well in place and data collection and data entry is almost finished. Data analysis will be carried out within a few months and data can be fed into the WHO global InfoBase in the near future.

The NCD InfoBase collects all country-level data on important NCD risk factors for all WHO Member States. There are many different survey instruments available for collecting data on health behaviors and physical measurements of risk exposure. Each instrument has advantages and limitations. The NCD InfoBase acts as a repository for all survey information relevant to 7 risk factors: tobacco use, fruit and vegetable intake, overweight and obesity, raised blood pressure, raised cholesterol, physical inactivity and diabetes.

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## Injection practices and medical waste disposal, cont...

the dose and one to administer the injection to the child.

Recapping needles carries the risk of personal injury. The EPI manual clearly states not to recap needles after injection. Classically, injuries occur as the user either misses the sheath, or if the needle pierces the side and/or end of the cap.<sup>4,6</sup>

Removing needles from syringes after use should not be done manually but by needle cutter sharp boxes. All used injection equipment should be placed in a safety box immediately after use, which should be puncture-proof, water-proof, tamper-proof and fitted with covers. They should be rigid and impermeable to safely retain both the sharps and any residual liquids. They should be color-coded and marked "sharps only".<sup>7</sup> If a safety box is not available, a locally available material can be used to create a functional and safe sharps container, placed within reach of the health worker. Using needle cutter boxes is cost-effective, as only needles are

discarded in the box.

Regulations of WHO on waste segregation and coding recommend that waste be segregated into four different color coded boxes. Only 40% of Eastern GHF segregated the medical waste into the recommended 4 boxes.

This study points to the need for more training on correct injection practices and 'safe injection' techniques. An effective needle stick injury prevention campaign is required. Special attention should be given to medical waste segregation, labeling of waste containers and proper disposal.

### References:

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