Planning of events attended by millions of people is a daunting undertaking, and all too often it is done on an ad-hoc basis or via general operations oversight that includes health care along with a multitude of other responsibilities. Recognition that mass gatherings need a coordinated medical infrastructure is not new. What is new and different is an improved understanding of infectious diseases that originate and then disseminate from mass gatherings. Containment of this risk is a global priority. Effective allocation of scarce resources is a work in progress, as is the effective deployment of specialised medical expertise that might mitigate disease risk.

Few countries have the wealth of experience and resources to encourage the development of mass gatherings medicine as are found in Saudi Arabia. The Arabian peninsula has been an international crossroads for populations from north and south, east and west for centuries. From the early years of the region’s oil boom, it has hosted hundreds of thousands of expatriate workers from developing and developed countries alike. Dozens of public and private tertiary hospitals meet international accreditation standards. Primary and secondary care institutions numbering in the thousands tend to medical needs of a diverse and increasingly urban and youthful population. The country’s ministries also manage a multitude of health and safety challenges posed by millions of pilgrims each Hajj season.

That Saudi Arabia hosted The Lancet’s first meeting on mass gatherings medicine in Jeddah is, therefore, appropriate. This historic Red Sea port city is gateway to Mecca and Medina, destination of the kingdom’s Hajj visitors, and also home to health-care systems responsible for their welfare. Between Oct 23 and 25, 2010, 32 international speakers and more than 500 conference visitors arrived here from Europe, North America, Gulf Cooperation Council countries, Africa, Asia, and the eastern Mediterranean region. After an opening convocation from the Minister of Health on behalf of the Custodian of the Two Holy Mosques, HRH King Abdullah Bin Abdulaziz Al-Saud, Margaret Chan, WHO’s Director General, opened the global forum to discussions and presentations by assembled experts, governmental and non-governmental officials, and other representatives of international agencies including their Excellencies the Arab League Ministers of Health, the Assistant Secretary General of the Arab League, and a large number of leading health figures from various countries of the world and from local, regional, and world scientific institutions and organisations competent in the discipline addressed by the conference (figure).

The Jeddah declaration on mass gatherings health was adopted at the meeting’s conclusion; the product of some 40 presentations, workshops, and innumerable discussions, and recommendations in King Abdullah’s opening remarks. These recommendations were compiled and prioritised by the meeting’s organising and scientific committees, read aloud for acceptance as they are, or modified by voting by all meeting faculty and attendees. The declaration outlines a pragmatic programme to implement reasonable goals for a new medical discipline.

First, establishment of an international reference authority for mass gathering health based in Saudi Arabia, initially tasked with classifying and defining terminology, undertaking in-depth analytical studies, and developing and updating action policies and guidance manuals. As statistical evidence is accumulated and analysed, this authority would develop and share mass gathering strategies. It would also evaluate and publish policy successes, failures, and lessons learned.

Second, WHO shall be solicited to adopt mass gatherings health education and awareness programmes
that would be evidence-based, scientifically monitored, and coordinated with member countries.

Third, the Saudi Medical Specialties Authority is to develop an academic framework for a mass gatherings health discipline. Development of expertise in this context will facilitate study and research at academic institutions.

Fourth, encouragement of research and scientific institutions, as well as research funding bodies, national and international universities, and authorities to include mass gatherings health on their priority list. Fifth, to create an award-granting institution based in Saudi Arabia that would recognise internationally prominent researchers and distinguished practitioners of the new discipline with biennial awards named for King Abdullah as founding patron and mentor.

Sixth, a biennial mass gatherings health conference that will facilitate the exchange of experiences, and provide continued momentum for mass gatherings health as a global priority. The conference would be organised by the Saudi Arabia Ministry of Health in collaboration with WHO and internationally prominent leaders of academic and health-care organisations.

The Jeddah declaration on mass gatherings health acknowledges Saudi Arabia’s pioneering expertise in protecting the safety and security of many millions of international visitors over the years. Efforts are already underway by the Saudi Ministry of Health to plan the upcoming mass gatherings meeting in 2012.

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We declare that we have no conflicts of interest


Errata

Marty FM, Ljungman P, Papanicolaou GA, et al, for the Maribavir 1263–300 Clinical Study Group. Maribavir prophylaxis for prevention of cytomegalovirus disease in recipients of allogeneic stem-cell transplants: a phase 3, double-blind, placebo-controlled, randomised trial. Lancet Infect Dis 2011; published online March 16. DOI:10.1016/S1473-3099(11)70024-X—In this Article, reference 13 has been added to the text in the research in context panel. References 22–32 have been renumbered in the reference list. The webappendix has been updated. A correction has been made to the online versions as of March 18, 2011.

Boaventura P, Soares P, Pereira D, Teixeira-Gomes J, Sobrinho-Simões M. Head and neck lesions in a cohort irradiated in childhood for tinea capitis treatment. Lancet Infect Dis 2011; 11: 163–64. In this Correspondence, the labels for the table rows under the heading Sex were the wrong way round—the data on the first row are for female patients and the data on the second row are for male patients. The online version has been corrected as of April 27, 2011.