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SUMMARY OF THE WORK OF THE WORLD HEALTH ORGANIZATION IN 1990

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Abbreviations

AGFUND	-	Arab Gulf Programme for United Nations Development Organizations
CIOMS	-	Council for International Organizations of Medical Sciences
DANIDA	-	Danish International Development Agency
FAO	-	Food and Agriculture Organization of the United Nations
FINNIDA	-	Finnish International Development Agency
GATT	-	General Agreement on Tariffs and Trade
GTZ	-	Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Cooperation)
IAEA	-	International Atomic Energy Agency
IARC	-	International Agency for Research on Cancer
ILO	-	International Labour Organisation (Office)
OECD	-	Organisation for Economic Co-operation and Development
PAHO	-	Pan American Health Organization
SAREC	-	Swedish Agency for Research Cooperation with Developing Countries
SIDA	-	Swedish International Development Authority
UNDP	-	United Nations Development Programme
UNDRO	-	Office of the United Nations Disaster Relief Coordinator
UNEP	-	United Nations Environment Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFDAC	-	United Nations Fund for Drug Abuse Control
UNFPA	-	United Nations Population Fund
UNHCR	-	Office of the United Nations High Commissioner for Refugees
UNICEF	-	United Nations Children's Fund
UNIDO	-	United Nations Industrial Development Organization
WFP	-	World Food Programme
WMO	-	World Meteorological Organization

INTRODUCTION

1. This outline of the work of the World Health Organization (WHO) in 1990, prepared in response to ECOSOC resolution 1988/77, paragraph 2(a) (iv) b, is drawn principally from the report of the Director-General to the World Health Assembly on The work of WHO in 1990. As requested in paragraph 2(b) (ii) of the same resolution, information has been included on the action taken by WHO to give effect to relevant recommendations of the United Nations General Assembly and the Economic and Social Council.

DIRECTION, COORDINATION AND MANAGEMENT

The governing bodies of WHO

2. The WHO Executive Board held its eighty-fifth and eighty-sixth sessions in Geneva in January and May. The Board agreed that FAO and WHO should jointly convene an international conference on nutrition in collaboration with other United Nations agencies and other concerned organizations. It also agreed that WHO should convene a global conference on malaria in 1992. The Forty-third World Health Assembly, meeting in Geneva in May, included a special plenary meeting that focused attention on the worsening economic situation in many countries and its negative impact on the health of their populations. Table 1 in Annex 1 lists resolutions on programme issues adopted by the Health Assembly, and Table 2 gives the location and dates of the six WHO regional committee sessions held in 1990 and lists some of the main issues discussed. Two new Members joined the Organization during the year: Namibia (April) and Belize (August). Two Members united to form a single Member in May (Republic of Yemen), and the same process occurred in October (Germany). At the end of 1990 the number of Members remained at 166. The working group of the Executive Board's Programme Committee completed its study on criteria for the setting of programme priorities, and drafted a report for submission to the Board at its eighty-seventh session, January 1991.

External coordination for health and social development

3. Two main issues dominated intergovernmental and interagency consultations on operational activities for development of the United Nations system: resolution 44/211 adopted by the United Nations General Assembly in December 1989, and successor arrangements for meeting programme support costs of agencies, to be introduced in 1992. In 1990 the WHO regional committees expressed concern about the possible implications of resolution 44/211 for health development.

4. The Director-General of WHO, addressing the second regular session of the Economic and Social Council in July, emphasized concern about the adverse effects on people's health of the world economic situation, and especially the debt crisis and related adjustment policies, and stressed the importance of achieving agreement on health and economic priorities. He also drew attention to WHO's role as coordinator of national and international efforts to minimize the consequences of nuclear accidents and the resulting radiation. WHO's initiatives were acknowledged in the Council's resolution 1990/50.

5. WHO pursued its partnership relations with official development agencies in many countries, notably with members of OECD's Development Assistance Committee. Discussions on resource mobilization resulted in contributions being made by France, Italy and Japan to support the countries in greatest need. For improved coordination of support to Member States, WHO used information from the OECD/World Bank Creditor Reporting System database to show the proportions of official development resources made available for the health sector in developing countries.

6. Certain central and eastern European countries, with a population of about 415 million, which had undergone profound political changes in 1989, were shown in 1990 to have a significantly lower health status than the other countries of the European Region. Underlying this disparity are problems of life-style, environment and health. Following a rapid assessment of the situation, the Regional Committee for Europe called for the urgent development of a programme to intensify cooperation in health with the countries concerned. A specific emergency programme was set up to support the reconstruction of Romania's health care system.

International cooperation

7. The Director-General launched an initiative for intensified WHO support to countries in greatest need, aimed at overcoming obstacles to the effective implementation of primary health care. It will seek to channel all resources into coherent and coordinated action on a country-by-country basis through WHO's programmes, with particular emphasis on those concerned with health system infrastructure. Despite the widely differing circumstances of these countries, a surprising degree of similarity has been observed with regard to the major obstacles to effective primary health care. These include weak management and financing, lack of human resources for health, poor health system coordination, and inadequate capacity for technical dialogue with the ministries responsible for planning and economic policy. WHO's governing bodies endorsed the initiative, and by the end of 1990 the Organization was cooperating with 16 countries within this framework. The Director-General decided to reallocate 2% of the 1992-1993 programme budget provision for global and interregional activities to priority activities contributing to the initiative. The magnitude of the health problems involved was highlighted at the Second United Nations Conference on the Least Developed Countries (Paris, September).

8. An essential component of the initiative has been the strengthening of national capabilities for economic analysis so that national health authorities will be in a position to improve the cost-effectiveness of health care and are fully aware of the consequences for health of policy decisions taken in response to macroeconomic pressures. Steps were taken to enhance WHO's own capacity in this area, including the organization of an international round table on macroeconomics and the health sector at country level (Brioni, Yugoslavia, April) and several other meetings on related issues, and the launching of a series of economic studies on country situations. Continued efforts were made to include a component of technical cooperation among developing countries (TCDC) in all the WHO programmes concerned, and to promote the adoption of TCDC concepts at national, regional and global levels. Technical and financial support was given in formulating the second medium-term programme on TCDC for health for all for the period 1990-1995 and an initial plan of action for 1990-1991. Support was also given in the review of these documents by a meeting of experts (Zagreb, Yugoslavia, March) and by the Fourteenth Meeting of Ministers of Health of Non-Aligned and Other Developing Countries (Geneva, May).

Emergency relief operations

9. A programme of action to promote the International Decade for Natural Disaster Reduction (1991-2000) was prepared in response to resolution WHA42.16. One of WHO's first Decade activities was the publication of a series of rapid health assessment protocols for use in different emergency situations. The Pan African Centre for Emergency Preparedness and Response in Addis Ababa set up a comprehensive interregional documentation support system with electronic mail and bibliographic search capabilities. The Centre also hosted a first workshop on the health aspects of technological disasters in Africa and is now the base for a project to strengthen epidemic preparedness in sub-Saharan countries. In the South-East Asia Region, WHO provided emergency medical supplies and supported efforts to strengthen the health sector's emergency response to floods and landslides in Indonesia and Sri Lanka and the cyclone on the east coast of India. In the South Pacific, health sector preparedness was recognized as a key component of a disaster mitigation programme initiated by UNDRO. On the occasion of

severe earthquakes in the Islamic Republic of Iran and the Philippines, rapid technical cooperation and the transfer of funds, essential drugs and medical supplies supported local response efforts. These steps, on a larger scale, were also taken when the Jordanian Government launched an appeal for humanitarian assistance to cope with the influx of evacuees from Kuwait. Sanitation and public health measures were taken to help avert major outbreaks of communicable diseases. Following an estimation by WHO of the costs of health care for the evacuees, and the development of a contingency plan to manage future influxes, support to the equivalent of more than US\$ 1.8 million was made available to the Ministry of Health in Jordan.

10. Continued health sector support was provided to Namibia before and after independence, through 17 technical missions. In Afghanistan, health sector rehabilitation efforts comprised 37 different projects, including reconstruction of health care facilities, training of personnel, provision of essential drugs, supplies and equipment, and rehabilitation of disabled Afghans in opposition-held areas. Support was given to a pharmaceutical factory for essential drugs and an orthopaedic workshop in Kabul. In the occupied Arab territories, long-term technical cooperation included applied research and training by three WHO collaborating centres and the formulation of 45 projects, of which 34 were submitted to funding agencies and elicited a positive response. There was also a very good response to a health sector appeal by WHO for resources for emergency relief following the upheaval in the Gulf, with donors pledging up to US\$ 1.4 million. In Lebanon, emergency medical kits were provided, and plans drawn up to rehabilitate six hospitals and strengthen disease prevention and control programmes. Following the outbreak of hostilities in Liberia in December 1989, which provoked a mass exodus of 800 000 people to neighbouring Côte d'Ivoire, Guinea and Sierra Leone, an assessment was made of the health needs of this population and of the 400 000 displaced persons living in Monrovia. Health sector priorities were considered in a mission on the repatriation of refugees on the Thai-Cambodian border, undertaken with UNHCR. A later mission, sponsored by UNDP, assessed the needs for upgrading the health infrastructure and discussed the health component of an interim United Nations programme in Cambodia. In the aftermath of the earthquake in the Islamic Republic of Iran, the framework for a US\$ 16 million plan for reconstruction and rehabilitation of health services in the affected areas was established by a WHO workshop, and a mission was organized to advise on earthquake-resistant construction of health facilities.

11. Contributions by international and national development aid agencies and governments to the WHO Voluntary Fund for Health Promotion amounted to US\$ 90 626 017 in 1990; designated for more than 15 major programmes and numerous subprogrammes; in addition, the Trust Fund for the Special Programme for Research and Training in Tropical Diseases received US\$ 33 410 057, the Trust Fund for the Global Programme on AIDS US\$ 93 689 989 and the Onchocerciasis Control Programme in West Africa US\$ 27 720 189.

HEALTH SYSTEM INFRASTRUCTURE

Examining health trends and statistics

12. WHO developed a Common Framework and Format to support countries in carrying out the second evaluation of health-for-all strategies, in 1990-1991, and many Member States undertook this second evaluation as an integral part of their health management services. The Organization launched a five-year programme of intensified action to strengthen national and WHO capabilities in epidemiology, aimed at ensuring the production of valid and pertinent health data and their use in decision-making. In May, the World Health Assembly adopted the Tenth Revision of the International Classification of Diseases.

Research into health systems

13. A panel discussion organized during the Technical Discussions at the World Health Assembly in May strongly endorsed the central role of health systems research in the broader context of health research. WHO collaborated with the International Development Research Centre (Canada) in the production of a package of training materials

for health managers and researchers. In cooperation with the Government of the Netherlands and the Royal Tropical Institute, Amsterdam, WHO held training workshops for health managers in 10 countries of southern Africa.

District health systems based on primary health care

14. The greatest obstacle to achieving health for all is known to be poor management of district health systems. WHO's efforts therefore focused on strengthening health service capabilities with regard to organization and management, financing, promotion of community involvement, information support, the performance of district hospitals, and urban health. UNDP, DANIDA, FINNIDA and the Overseas Development Administration of the United Kingdom supported these activities. WHO provided support in this area to Ghana, Lao People's Democratic Republic, Nigeria, United Republic of Tanzania, and Zimbabwe. Case studies in Jamaica and Thailand on the cost and financing of community health worker programmes in district health systems revealed that the costs to health services of providing referral and technical support to such programmes are substantial but neglected. A global study of traditional healers as community health workers showed that despite the absence of policies to encourage these practitioners to participate in community health programmes, many countries have been using them with good results.

National health systems and policies

15. WHO continued to promote the restructuring of health systems and the implementation of health policy in relation to organization, financing and resource management, through activities in such areas as policy analysis, capacity building and information support.

16. Activities for strengthening the capabilities of ministries of health were completed in Botswana, Ethiopia, Sri Lanka, Myanmar, Maldives and Malawi. A plan of action to improve organizational efficiency at national level was drawn up in Lesotho. The site for a primary health care institute was selected in the United Republic of Tanzania and agreement was reached with DANIDA on long-term funding for trainers. An assessment of the effect of Kenya's cost-sharing policy was initiated with local consultant support. Studies on integrated delivery of health care were undertaken with support from DANIDA and FINNIDA, and the findings are being analysed. Guidelines on self-assessment were drafted to assist ministries of health in reviewing the organization and management of health systems, and will be tested. A database was compiled to improve programme management, monitoring and evaluation, both technically and financially.

17. In the area of economics and financing, two technical missions were undertaken in Namibia to advise on primary health care policy and health ministry structures. A study on the effects of financing changes on health system utilization was completed in Zambia with SIDA support. A conference on community financing was held in collaboration with UNICEF (Kinshasa, June). A regional programme of work on health economics for the South-East Asia Region was drafted. Capacity building was promoted through short training courses in health economics, organized jointly with the World Bank (Arusha, United Republic of Tanzania, March) and French Technical Cooperation (Bamako, June). WHO was instrumental in setting up a three-year twinning arrangement for exchange of staff and resources and organization of training courses between the London School of Hygiene and Tropical Medicine (Health Economics Programme) and the University of Zimbabwe, with funding of US\$ 400 000 for the period 1991 to 1994 from the United Kingdom Overseas Development Administration.

18. Activities to strengthen the management of physical resources for health included collaboration with the Regional Office for the Western Pacific in producing a manual on planning, design and basic medical equipment for district hospitals, which will be tested in other regions and then published for global use. The series of training courses on health care equipment maintenance management, initiated in 1989, continued with workshops in China, Fiji and Portugal. Training materials were produced, including a technician's handbook for hospital engineering and a blueprint for training modules on

health care equipment maintenance management, both developed in collaboration with UNIDO and GTZ, and an annotated bibliography of training materials on clinical, hospital and medical engineering, prepared in collaboration with the International Federation of Hospital Engineering and the International Federation for Medical and Biological Engineering. Two issues of the WHO newsletter "Health Equipment Management" were distributed, and a directory of the training institutions in the field of clinical, hospital and medical engineering was prepared, also in collaboration with the two federations.

Staff working in health services

19. In November an informal consultation of resource persons and regional office staff advocated the adoption of a comprehensive approach to the development of human resources for health, including nursing and leadership components, and the promotion of networking to ensure better use of the different institutions concerned in order to determine methodology, improve training and disseminate information. Meetings in this field during 1990 covered the economics and financing of human resources, information in support of planning and management of such resources, and policy options for staffing and staff financing in different situations. Workshops dealt with leadership development for health for all. A global network of WHO collaborating centres for nursing development paid particular attention to such issues as management and leadership, the shortage, recruitment and retention of nurses, the mix of health personnel and skills, and the development of a nursing information data bank.

20. Assessment tools for rapid situation analysis and monitoring of changes in medical education are being developed with support from several WHO collaborating centres and nongovernmental organizations, and cooperation with expert groups and professional associations is being strengthened. Problem-solving approaches in basic, postbasic and continuing education are being promoted for all categories of health professionals, and a number of initiatives are under way to ensure the full contribution of human resources to the goal of health for all through educational development. An international workshop on training in public health (Brazzaville, June) led to the creation of a network of schools of public health in Africa. To meet the human resource needs of the health services of the Pacific nations, steps were taken to strengthen institutions in Fiji and Papua New Guinea which serve as major training centres. 1990 saw the expansion of the international health learning materials programme to include Chad, Djibouti, Indonesia and Zaire. Two intercountry training workshops were held in African countries for writers and editors. Good progress was made in strengthening the French-speaking network on health learning materials, which links eight projects in Africa.

Education for health

21. WHO cosponsored, with UNDP, UNESCO, UNICEF and the World Bank, the World Conference on Education for All - Meeting Basic Learning Needs (Jomtein, Thailand, March). WHO supported the establishment of school health education programmes in Bhutan, Cameroon and Nepal, and cooperated with UNICEF and UNFPA in efforts to involve both in- and out-of-school youth in individual and collective actions for health in Jamaica. A curriculum for introducing a health component into existing skills training programmes for youth workers was developed in collaboration with the Zambian Ministry of Youth and Sport. Support was given to the Ministry of Health in Kenya in setting up a community health workers' training project designed to enhance skills related to human relations, communication and leadership. Educational films were produced, using WHO's own facilities, on such topics as environmental health, tobacco and health, multidrug therapy for leprosy control, and prevention of cardiovascular diseases. A full-length feature film on poliomyelitis was produced in collaboration with the British Broadcasting Corporation. An exhibition on environmental health was prepared for World Health Day and has since been on display in more than 20 countries.

Public information

22. Considerable importance is attached to information and communication within WHO's programme of work, in recognition of the need for broader public awareness of health challenges and of the Organization's activities. For this purpose over 100 press releases and other materials oriented to the media were produced during the year, resulting in a significant increase in media coverage. Television, a major source of information for the public at large, was specially targeted. Advocacy features were prepared on such priority issues as WHO's drugs policy, the global effects of tobacco use, children and health, immunization, tropical diseases, tuberculosis, the impact of AIDS on women, and the worldwide increase in sexually transmitted diseases. Targeted information materials were supplied and press conferences organized to ensure the widest possible media coverage of special events such as World Health Day, World No-Tobacco Day and World AIDS Day.

HEALTH SCIENCE AND TECHNOLOGY

Research promotion and development

23. Technical Discussions at the Health Assembly on "The role of health research in the Strategy for Health for All by the Year 2000" provided an opportunity to discuss scientific policies, to identify areas requiring strategic research, and to determine how health priorities influence research priorities and planning. Resolution WHA43.19 was subsequently adopted, reflecting the Health Assembly's commitment to health research and reaffirming the principles by which it should be governed. At its thirtieth session in October, the Advisory Committee on Health Research (ACHR) considered the implications of the Technical Discussions for the Organization's programme. Three new task forces dealing respectively with health development research, investigation of evolving problems of significance to health, and monitoring of emerging areas in science and technology were established, as well as a subcommittee on research capability strengthening. It was agreed that the subcommittee on health and the economy would continue its work and present a report in one year's time. A conference on the development of ethical guidelines for epidemiological research and practice was organized with CIOMS in November to consider a proposed text for this purpose, which will be published together with the proceedings.

General health protection and promotionImproving nutrition

24. Preparations took place with FAO for convening a major international conference on nutrition. A multi-agency task force representing WHO, FAO, UNICEF, UNDP and the World Bank has been set up to harmonize the agencies' collaboration with countries and their contribution to the interagency food and nutrition surveillance programme, which now covers more than 30 countries. WHO supported the development of software for analysis of the relationship between health, diet and anthropometric factors for use in this programme. Two meetings were convened in collaboration with UNICEF: one to review progress in improving the diet of young children, and the other to propose strategies to accelerate change at national and international levels. At a joint WHO/FAO/IAEA expert consultation on trace elements in human nutrition, organized jointly with FAO and IAEA in June, data were updated for those elements on which sufficient information was available to determine population risks.

25. The First European Conference on Food and Nutrition Policies took place in Budapest in October, under the cosponsorship of WHO and FAO. It represented the first major effort within Europe to deal systematically with the challenges European societies face in ensuring healthy nutrition. It drew attention to the diversity of food and nutrition problems encountered in the Region and stressed the need for integrated action by the public and private sectors. WHO has developed a three-phase scenario for health development in relation to food and nutrition within the framework of the International Decade on Food and Nutrition in the African Region, 1990-2000. Development of

nutritional surveillance systems continued with WHO support in China, Lao People's Democratic Republic, Malaysia, Philippines and Viet Nam. Meetings to draw up regional strategies and plans of action were convened in several regions.

26. Activities in pursuance of resolution WHA43.2 on the control of iodine deficiency disorders included significant mobilization of technical and financial resources in collaboration with the International Council for the Control of Iodine Deficiency Disorders, and the organization of regional working groups on this subject. The effects of vitamin A and iodine deficiencies on infant and young child mortality and morbidity, and the rapidly growing public health evidence of the measurable effects of supplementation were discussed at two joint WHO/UNICEF technical consultations in December, which agreed on strategies for action. The Canadian Government has pledged substantial financial resources for strengthening measures to eliminate micronutrient deficiency.

Food aid

27. WHO continued to advise the World Food Programme on health aspects of the development programmes and projects of this second largest funding agency in the United Nations system. Although agriculture and rural development projects supported by food aid are targeted on the poorest and most vulnerable population groups, they are unfortunately also characterized by a failure to acknowledge the need for an intersectoral approach to health at both national and international levels. Efforts were therefore made, particularly through desk reviews of earlier and current projects, to find new ways for WFP and WHO to improve project design and enhance health development. Collaboration with governments in strengthening food aid support to national primary health care strategies continued, particularly in the Caribbean countries and in Chad, Senegal, Swaziland and Viet Nam. At the same time WHO became more involved in the health aspects of emergency food aid, an area of cooperation that will be further developed in the coming years.

Women, health and development

28. WHO continued to support action by Member States to promote women's health, enhance their participation in health and socioeconomic development and ensure that account is taken of the woman's perspective in health and service issues. The approach within WHO remains one of making such action a component of all programmes with activities related to women, rather than setting up specific projects for women. During the year the membership of the Steering Committee on Women, Health and Development was renewed and expanded in order to benefit from the contributions of a larger number of the Organization's programmes. Particular importance is attached to cooperation with nongovernmental organizations and women's associations. One outcome of that work has been the production of an information kit on "Women and health". Close cooperation is also maintained with other United Nations agencies on such issues as functional literacy for women. In 1990 the Economic and Social Council's Commission on the Status of Women stressed the importance of improving women's health as a health-for-all priority, called for the elaboration of programmes to link women's role in development to population-related questions, and recommended that greater attention be given to the problem of women and AIDS. Health workers from three regions identified activities and strategies for implementation in their countries at an interregional workshop on leadership and participation of women in maternal and child health/family planning (Brazzaville, October).

Tobacco or health

29. The Seventh World Conference on Tobacco and Health (Perth, Australia, April) provided an opportunity for WHO to present its activities in this field. The subject was also addressed by the Forty-third World Health Assembly, which adopted resolution WHA43.16 dealing with protection from involuntary exposure to tobacco smoke; financial measures to discourage the use of tobacco; and restrictions and concerted action to eliminate advertising, promotion and sponsorship of tobacco products. In response to

this resolution, the programme initiated a study on the economic and health impact of tobacco production and consumption, with particular attention to Malawi. The Health Assembly also discussed the special case of Thailand which had been under pressure to open its barriers to the importation of foreign tobacco but had refused. A GATT panel was convened to settle the matter on a consensus basis, and WHO was asked to present health evidence to this body. It was decided that Thailand could retain its complete ban on advertising of all tobacco products as well as specific levels of taxation on such products.

Protection and promotion of the health of specific population groups

Maternal and child health, including family planning (MCH/FP)

30. The programme has been restructured to focus on three main thrusts of maternal health and safe motherhood; child health and development; and family planning and population.

31. In October a second meeting of the scientific and technical advisory group for the safe motherhood programme stressed the need for an integrated approach to research, training, advocacy and technical cooperation with countries. The Fourth International Child Survival Conference (Bangkok, March) reviewed women's health needs and endorsed the UNICEF/WHO common goals for the health of women and children by the year 2000, as well as the goal of reducing maternal mortality rates by one half by the year 2000. A workshop convened by WHO, UNICEF and the International Confederation of Midwives (Kobe, Japan, October) prepared action plans for change in midwifery service and education.

32. WHO provided technical support in the elaboration of the Declaration on the Survival, Protection and Development of Children and related plan of action, adopted by the World Summit for Children (New York, September), and is considering how best it can collaborate with the United Nations system in furthering and monitoring progress towards these goals in the decade ahead. Member States are drawing up national plans to achieve the goals, and donor countries are re-examining their development aid budgets to support this effort.

33. WHO produced guidelines on the use of the home-based maternal record for MCH/FP in primary health care, which will serve an additional function of monitoring maternal nutrition. A WHO/UNICEF meeting on breast-feeding (Florence, Italy, July-August) adopted the Innocenti Declaration recommending operational targets to be achieved by governments and international organizations by the mid-1990s. A strategy of tetanus toxoid immunization together with clean delivery is being promoted with a view to eliminating neonatal tetanus. A simple mask for resuscitation of the newborn has been developed according to specifications established by a WHO consultation, and will be field-tested. A subregional training workshop was attended by national MCH/FP programme managers from eight African countries (Nairobi, May).

34. A conference, "From abortion to contraception: public health approaches to reducing unwanted pregnancy and abortion through improved family planning services", held under joint sponsorship of WHO, UNFPA and the International Planned Parenthood Federation (Tbilisi, USSR, October), looked at ways of reducing the numbers of unwanted pregnancies and induced abortions through improved family planning services, national policies, legislative, administrative and economic mechanisms, and adequate medical and psychosocial training of care providers. The health risk to women posed by HIV/AIDS was addressed in two sets of guidelines providing a review of the latest information on this subject as it relates to MCH/FP and suggesting ways to improve services and care.

The health of adolescents

35. A first WHO Collaborating Centre for Adolescent Health was established at the University of Nairobi to promote research and training in English-speaking countries in Africa, and discussions were started to designate additional centres in all the regions. Eleven French- and English-speaking countries in Africa took part in a major study of

patterns of young people's behaviour, carried out jointly with the World Organization of the Scout Movement and the World Assembly of Youth, with the help of youth leaders working in the field. Training activities were organized on development of counselling skills in China, India and Yugoslavia, and on planning of intersectoral action in the Eastern Mediterranean.

The health of the elderly

36. The international research programme on aging, based at the United States National Institute on Aging, is aimed at obtaining a better understanding of healthy aging and at finding optimum ways of applying this knowledge to the formulation, evaluation and application of policies and programmes. A panel of experts drew up a protocol for research on the determinants of healthy aging. In September a steering committee approved a protocol for an epidemiologically oriented study of osteoporosis, to identify older women at risk of that condition. Approaches to the organization of community-based long-term care for the elderly were studied in various Member States, including Chile, Indonesia, Romania, Thailand and Uruguay.

Protection and promotion of mental health

Mental health

37. One focus of WHO's activity in this area was strengthening of services for the mentally ill. Work began on establishing criteria for assessing the quality of care. A major international study was launched in 15 countries to determine the type, frequency and severity of mental health problems frequently encountered in general health care. The prevalence of dementia in different populations was under investigation in eight countries, and the long-term outcome of schizophrenia in different sociocultural settings in 17 countries. Studies were carried out on reliable ways of discriminating between depression and dementia in old age.

Human rights

38. WHO has continued to work closely with the United Nations Commission on Human Rights, particularly on the subject of the rights of the mentally ill. WHO participated in the discussions of two working groups of the Commission in January and November 1990 which produced a final draft of principles for the protection of persons with mental illness and for the improvement of mental health care. The principles were submitted to the Commission at its forty-seventh session in February-March 1991 and were accepted.¹ The document will now be submitted for approval to the Economic and Social Council. If approved, the principles will be submitted to the United Nations General Assembly in December 1991.

Substance abuse

39. The programme on substance abuse was established on 1 September 1990. Its goals are to reduce the impact of existing substance abuse on the health and welfare of populations everywhere, and to prevent new forms of abuse. A strategy document was prepared and discussed with a number of national and international groups. Meetings took place with UNFDAC to ensure complementarity between the approaches of the two organizations. An event of major importance for international control of drug abuse was the United Nations General Assembly's seventeenth special session on this subject, in February. It adopted a political declaration that makes reference to the health sector and drew up a global programme of action that requests WHO to undertake specified tasks. The United Nations system-wide action plan on drug abuse control has been revised accordingly. The important role already played by WHO in the international control of psychoactive

¹ Economic and Social Council document E/CN.4/1991/39.

substances has been maintained, particularly through support of the work of the Expert Committee on Drug Dependence, and the holding of technical discussions on such subjects as assessing standards of care in drug abuse treatment, family coping, research priorities, and international collaboration.

Promotion of environmental health

WHO Commission on Health and Environment

40. The purpose of the Commission, which was established in 1990 and has 23 members, is to review the present knowledge of the impacts of environmental change on human health, to identify areas where further research is needed, and to lay down a basis for WHO strategies to safeguard health in the context of environment and development in the future. It held a first meeting in June to review its terms of reference and draw up a programme of work. Four expert panels, set up to examine health implications of the environmental impact of food production and agricultural practices, industrial activities, energy use and production, and urbanization, held their first meetings in June and considered their reports in December. The reports review the environmental impacts in each field, look at causes and effects, single out issues that are more important or more urgent, assess likely future trends and give recommendations on the research and strategies required to mitigate or prevent harmful consequences for human health. The results of the Commission's work will form the basis for WHO's contribution to the United Nations Conference on Environment and Development, to be held in June 1992.

Community water supply and sanitation

41. 1990 marked the conclusion of the International Drinking Water Supply and Sanitation Decade. The final assessment report on the Decade noted that despite considerable achievements in water supply and sanitation coverage at all levels, intensified efforts will be required to provide the unserved with water and sanitation services by the end of the century. This call was reiterated at a global consultation on safe water and sanitation for the 1990s (New Delhi, September). The focus of WHO support to countries in the 1990s will be on the expansion of sustainable community water and sanitation services; the inclusion of a health component in water resources management; the development of improved environmental technologies; cost recovery; operation and maintenance; and the legal and institutional aspects of water supply and sanitation. To ensure coordination with other external support agencies, WHO will continue to provide secretariat services to the collaborative council that was set up in 1987 as a forum for external donor agencies. In 1990 the Inter-Agency Steering Committee for Cooperative Action for the Decade became the Inter-Agency Steering Committee for Cooperative Action for Water Supply and Sanitation. Coordination among the various agencies and bodies of the United Nations will continue to be promoted through this body, with WHO acting as secretariat.

Urban development and housing

42. In April a WHO Expert Committee on Environmental Health in Urban Development called for wider dissemination of information concerning the practical environmental health technologies and management approaches that are already available for use in large urban and semiurban areas. During 1990 all regions were in the process of establishing projects for city networking for health aimed at enabling the participating cities to strengthen the capability of municipal governments, and to provide opportunities for individuals, families and community groups to deal with problems of health and the environment. A European Healthy Cities network has been in operation since 1986, and 1990 saw the inception of a multi-city action plan to promote cooperation on such issues as smoking, waste disposal and the health of youth. An intercountry Healthy Cities conference was organized in the Eastern Mediterranean Region bringing together representatives of 16 cities in 11 countries (Cairo, November). The outcome of the interregional meeting on city health (Karachi, November 1989) was presented to the Third International Congress of the World Association of the Major Metropolises (Melbourne, Australia, October 1990).

Chemical safety

43. The number of Member States officially collaborating in the International Programme on Chemical Safety rose to 31, and the number of national scientific institutions carrying out programme activities to 66. Evaluations of the risk to health and the environment of 20 priority chemicals were published in the Environmental Health Criteria series, and in 20 Health and Safety Guides. Some 250 International Chemical Safety Cards were produced for the information of workers coming into contact with chemicals. An updated version of the computerized listing of chemicals being tested for toxicological effects was issued. Evaluations were made of food additives, food contaminants and veterinary drugs at meetings of the relevant joint FAO/WHO expert committees. A joint FAO/WHO meeting on pesticide residues and a meeting of the WHO Expert Committee on the Safe Use of Pesticides also took place. Monographs were issued on principles for the assessment of pesticide residues in food, on the evaluation of tests for carcinogens, on nephrotoxicity, on safe use and disposal of chemicals in laboratories and on early indicators of non-genotoxic carcinogenesis. Other publications dealt with such subjects as immunotoxicology, injury from chemical accidents, and ecotoxicology and climate. A collaborative study aimed at validating assays for analysis of complex mixtures was completed, and others dealing with immunotoxicology, neurobehavioural toxicology and assays for the detection of environmental mutagens and carcinogens continued. A handbook on poisonings, a manual on analytical toxicology and guidelines on setting up a poison control centre were completed, and work continued in preparing monographs on the clinical efficacy of antidotes used in the treatment of chemical poisonings, and an information package on the diagnosis and treatment of poisonings. Training courses were organized for developing countries on chemical safety and on environmental epidemiology. Modular training materials on toxicological and ecotoxicological aspects of chemical hazards, chemical risk and hazard assessment, and chemical safety in occupational health were produced, together with several training tests for use at different levels.

Control of health hazards in the environment

44. In April WHO signed a memorandum of understanding with the Ministry of Health of the USSR to set up a long-term international programme to mitigate adverse health effects in people exposed to radiation as a result of the Chernobyl nuclear accident. In October a scientific advisory committee meeting convened in collaboration with the Radiation Effects Research Foundation in Hiroshima, Japan, proposed that the programme should concentrate on five priority areas of epidemiology, dosimetry, psychosocial effects, clinical follow-up, and education and training. The WHO Management Group on the Effects of Nuclear War on Health and Health Services met to review new findings, including those of the Foundation in Hiroshima. The experts concluded that since nuclear weapons are still being produced, the potential dangers have not yet been eliminated; therefore WHO should keep the situation under review and the Director-General could convene the Group, should the need arise.

45. An assessment of potential health effects of climate was issued and made available to the Second World Climate Conference, cosponsored by WMO and UNEP (Geneva, October-November). 1990 saw the establishment of a European Centre for Environment and Health comprising three units located in Rome, Bilthoven (Netherlands) and the Regional Office in Copenhagen. The operating costs of some US\$ 6 million per biennium will be covered by the Governments of Italy and the Netherlands. The Centre will enhance WHO's capacity to develop a European environmental health information system with appropriate indicators; to carry out epidemiological studies in areas of high pollution; and to cooperate with central and eastern European countries and other Member States of the Region.

Food safety

46. A First Asian Conference on Food Safety was convened during the year (Kuala Lumpur, September). An interregional seminar on health education in food safety (Islamabad, September) looked at ways of increasing consumer knowledge about the safe preparation of

food for consumption. In November a joint FAO/WHO consultation on the assessment of biotechnology in food production and processing as related to food safety prepared a strategy for evaluating the safety of foods derived from biotechnology, and provided a technical basis for action by national food regulatory agencies and the food industry. In December a task force on integrated approaches to health education in food safety reviewed pilot projects under way in the Dominican Republic and Pakistan, and provided guidance for the development of an intersectoral approach to food safety including health education and community participation. A guide to assist primary school teachers in planning and implementing health education programmes was produced.² Training activities included the organization of courses for public health personnel responsible for food safety in countries of the South Pacific and Africa, held in Suva and Cairo with financial support from DANIDA. A food safety information network, FOSINFONET, has been established and currently serves 24 countries in the Western Pacific.

Diagnostic, therapeutic and rehabilitative technology

Radiation technology

47. An evaluation of the WHO Basic Radiological System, carried out jointly with the Netherlands foundation SIMAVI in 11 developing countries, showed that the system is both reliable and effective. A regional training programme for radiologists is in operation at the University of Nairobi with support from the International Society of Radiology, and a similar programme for French-speaking countries in Africa is being established in collaboration with the French authorities. An interregional training course on nuclear medicine for specialists from developing countries was held in Moscow in collaboration with IAEA. Support continued for 60 secondary standard dosimetry laboratories as part of a WHO/IAEA programme for technology transfer. The WHO/IAEA pilot project in Egypt on brachytherapy of carcinoma of the cervix in cases where teletherapy is unavailable was completed and evaluated by a group of experts. It was concluded that the method is satisfactory and should be used in developing countries when feasible. Other aspects of radiation therapy were discussed by a workshop on radiation protection and quality assurance, held in Kuwait City in March, and by a working group on estimation of low-level radiation risk, convened jointly with the Institute of Medicine of the Research Centre (KFA) in Jülich, Germany in November.

Medicaments

48. By the end of 1990, 62 Member States had operational essential drugs programmes, 26 had programmes under development and 50 had formulated national drug policies. Situation analyses or programme reviews were undertaken in 57 Member States in five regions. Training activities continued with good results, both qualitative and quantitative, and nine operational research and 28 development projects were initiated during the year. Direct country support was significantly increased, particularly in Africa and the Americas. In Europe, cooperation was reinforced in response to recent developments in central and eastern European countries. The use of standard drug treatment regimens, particularly at the primary health care level, was promoted in South-East Asia.

49. In response to widespread concern expressed about the extent to which spurious and substandard products have been entering the distribution chain in some Member States, WHO has stressed the importance of pharmaceutical inspectors as the enforcement arm of the regulatory body, is proposing amendments that will strengthen its Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce, and is reviewing its Good Manufacturing Practices in the Quality Control of Drugs in the light of current needs. Efforts were made to strengthen the teaching of therapeutics, both within the medical curriculum and in the training of primary health care workers, through active

² Williams, T. et al. Food, environment and health: a guide for primary school teachers. Geneva, World Health Organization, 1990.

collaboration with the International Union of Pharmacology and other nongovernmental organizations.

Traditional medicine

50. A standard acupuncture nomenclature was prepared to facilitate international exchange of information. A WHO display of medicinal plants was organized at the International Garden and Greenery Exposition in Osaka, Japan. The WHO Collaborating Centre for Traditional Medicine at the University of Illinois, Chicago, USA, made good progress in the identification of plant samples for eventual screening for anti-HIV activity, and the preparation of extracts for submission to WHO for testing. Ways of involving traditional health practitioners in the prevention and control of AIDS in Africa were considered at a consultation in September. A conference on medicinal plants was held in Arusha, United Republic of Tanzania in June.

Rehabilitation

51. Guidelines for training personnel in developing countries for prosthetic and orthotic services³ were issued following a consultation on this subject (Alexandria, June). The preparation continued of guidelines on training of middle-level rehabilitation workers in developing countries and on management of community-based rehabilitation programmes, and of a manual on prevention of deformities caused by poliomyelitis, which is being produced jointly with the Expanded Programme on Immunization. Studies were undertaken in Chad and Mozambique as part of a joint African/European regional project for support of the disabled in five countries affected by civil war.

Disease prevention and control

Immunization

52. Remarkable progress has been made in developing countries since the inception of the Expanded Programme on Immunization in 1974, when it was estimated that less than 5% of the world's children were adequately immunized. Today some 70% of children receive a protective course of immunization during the first year of life. The development of capacity to reach these levels of coverage of infants represents a major public health triumph of the 1980s, which is directly attributable to the efforts of Member States, WHO, UNICEF, other United Nations agencies, bilateral development agencies and nongovernmental organizations. The eradication of poliomyelitis, the elimination of neonatal tetanus, a dramatic reduction in measles and the achievement of 90% immunization coverage are the challenges facing the Expanded Programme in the 1990s.

53. All WHO regions organized one or more meetings of national immunization programme managers during the year and all made substantial progress in drawing up plans of action for the eradication of poliomyelitis and the elimination of neonatal tetanus. The immunization coverage levels achieved in the regions primarily reflect the degree of development of the health infrastructure (see Annex 2, Fig. 1). An International Commission on the Certification of Interruption of Wild Polio Virus in the Americas was established in 1990.

54. Immunization targets were included in the Declaration on the Survival, Protection and Development of Children adopted by the World Summit for Children (New York, September). The Children's Vaccine Initiative, enunciated in New York on 10 September, provides impetus to develop new and improved vaccines that require fewer doses, can be given earlier in life, are more heat-stable, and can be given through oral routes and in combined forms. The initiative also calls for the strengthening of national

³ Document WHO/RHB/90.1.

epidemiological capabilities to ensure that optimum use is made of vaccines and to simplify the logistics of their storage, transport and administration.

55. An initiative aimed at accelerating the development of essential vaccines for children has been launched. Progress was made in the preparation of new or improved vaccines against acute respiratory viral infections, meningococcal meningitis, hepatitis A, dengue, Japanese encephalitis and hepatitis E. New techniques are under study to replace multi-injection vaccines with single-dose preparations. A prototype single-dose, slow-release tetanus vaccine is being developed. This technology will soon be applied to other vaccines. Promising research is being supported on methods to place several different vaccines in timed-release, injectable microcapsules that could be combined and administered in one dose. In another promising research approach, existing live vaccines are used to carry or "vector" several other vaccines.

Disease-carrying insects

56. Among the diseases posing a threat to health in tropical countries, malaria remains the most serious, with control efforts being hampered in many cases by the economic crisis and the emergence of new risk situations following intensified exploitation of natural resources. The drug-resistant malaria parasite Plasmodium falciparum continues to be a problem even with the availability of the new drug mefloquine. Substantial collaboration was initiated with Namibia, and a project for managing severe malaria was undertaken in Cambodia, in cooperation with the United Kingdom. In Africa, greater emphasis was given to the training of health workers at district level, and a training manual was successfully tested in national and intercountry workshops. In the Western Pacific, epidemiological data have shown a marked reduction in malaria incidence among the six million people, mostly in China, who use pyrethroid-impregnated bednets.

Guinea-worm disease

57. Recent progress in countries and regions has shown that the objective of eradication of dracunculiasis is technically feasible when and where political, social or economic conditions are met. The certification of elimination of the disease, an integral part of eradication efforts, was the subject of a consultation in February. It was agreed that the criterion for successful elimination should be when the results of adequate surveillance confirm that no case has been contracted locally during three consecutive years. The third regional conference on dracunculiasis in Africa was held at Yamoussoukro, Côte d'Ivoire in March.

River blindness

58. In the 11 West African countries participating in the onchocerciasis control programme, the disease is combated through a combination of vector control and distribution of the microfilaricide ivermectin. In all other endemic countries in Africa and Latin America and in Yemen, control rests almost exclusively on the periodic repeated distribution of ivermectin. Since the safety of this drug for mass distribution has been confirmed, its use throughout the endemic area continues to expand.

Schistosomiasis

59. Schistosomiasis morbidity was reported to have fallen in some of the 76 countries where large-scale praziquantel treatment was under way, complemented by other control measures such as improved water supply, better sanitation and environmental management, and by health education and community participation.

Sleeping sickness

60. National programmes for the control of African trypanosomiasis in Chad, Côte d'Ivoire and Gabon were reorganized and training programmes were launched in five additional countries. An important contribution from the pharmaceutical industry was received, in the form of a donation by Rhône-Poulenc of US\$ 1 million worth of

pentamidine, a drug effective against the early stages of the disease. It is therefore available to Member States at the cost of transport and handling. An outbreak of the disease in Uganda was brought under control using tsetse fly traps produced and maintained with community involvement.

Tropical disease research

61. The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases supported studies leading to the registration by the United States Food and Drug Administration in November 1990 of the first new drug against African trypanosomiasis for 40 years. Known as the "resurrection drug" because of its dramatic curative effect on comatose patients suffering from sleeping sickness, eflornithine (DFMO) was originally developed as an anticancer drug. Its action on trypanosomes was demonstrated under Special Programme sponsorship at Pace University in New York, and it was tested against sleeping sickness for the first time in Sudan. The manufacturer, Marion Merrel Dow, will market the drug at cost, and has offered WHO the rights, patents and technical know-how for its production without payment of royalties.

62. The Special Programme also supported research showing that insecticide-impregnated bednets could greatly reduce child mortality from malaria in the Gambia; that the microfilaricide ivermectin could be used to interrupt transmission of onchocerciasis in Guatemala; and that this drug is effective and acceptable in the treatment of lymphatic filariasis. In addition it launched a phase-1 trial in the Islamic Republic of Iran of a locally manufactured vaccine against leishmaniasis, and undertook extended trials and demonstration projects on community-based use of fumigant cans, insecticidal paints and simple detector traps against Chagas disease vectors in Latin America. A product development unit was set up within the Special Programme to examine research products of high priority for disease control, and collaborate with industry to turn them into real tools delivered in the field.

Diarrhoeal diseases

63. Emphasis was given to training to ensure correct case management of diarrhoeal diseases for children in health facilities and at home. Greater emphasis was given to breast-feeding as a preventive intervention. A review of commonly used antidiarrhoeal drugs was published with the aim of achieving more rational use of drugs in diarrhoea management.⁴ A protocol for assessing drug use in the household was applied in three countries. In research supported by WHO, persistent diarrhoea and dysentery were shown to contribute more significantly to overall childhood diarrhoea mortality than had previously been recognized. Animal milk intolerance was observed to play an important role in persistent diarrhoea; while replacement of milk by yoghurt led to a significant reduction in the duration of such diarrhoea as well as in stool output. The clinical signs that indicate an increased risk of developing severe, dehydrating diarrhoea were defined more precisely, and guidelines developed to assist health workers in selecting children who should be referred for early medical care.

Acute respiratory infections

64. By the end of 1990 four more primary target countries (having an infant mortality rate greater than 40 per 1000 live births per year) had operational programmes for the control of acute respiratory infections, bringing the total to 26 countries, or 29%. During the year a training course for the managers of such programmes was given on six occasions with the participation of 150 health officers. A training module based on revised guidelines for case management was completed and introduced in training activities. A manual describing epidemiological and microbiological techniques for

⁴ The rational use of drugs in the management of acute diarrhoea in children.
Geneva, World Health Organization, 1990.

monitoring the resistance of respiratory bacteria to commonly used antibiotics was prepared and reviewed by a group of experts with a view to publication. Important research projects initiated in 1990 included a multicentre study to determine the etiology and clinical signs of pneumonia, sepsis and meningitis in infants under two months.

Tuberculosis

65. HIV infection has been identified as a serious risk factor increasing the likelihood of tuberculosis progressing to active disease. Of particular concern is the situation in several sub-Saharan African countries, where the AIDS epidemic is having a devastating effect on tuberculosis control. At the same time it is recognized that the disease can be cost-effectively controlled by existing technologies. A meeting to develop a tuberculosis control and research strategy for the 1990s, held in October, recommended that WHO should seek to achieve an 85% cure rate among sputum-positive patients under treatment, as well as a 70% case-detection rate by the year 2000.

Leprosy

66. The elimination of leprosy as a public health problem, i.e. the reduction of local prevalence to below one case per 10 000 population, has become a practical possibility following the adoption of multidrug therapy. Globally, the number of registered cases in 1990 was about 30% lower than in 1985, while coverage with multidrug therapy continued to increase, from 45% in 1989 to 56% in 1990. A regional seminar on leprosy control was held in Cairo in September.

Diseases transmitted by animals

67. Existing procedures and vaccines for reducing salmonellosis infection in livestock and contamination of foodstuffs were reviewed and it was agreed that the available new technologies should be promoted. A first field trial was started in the USA on oral immunization of raccoons against rabies. Instructions for designing, equipping and staffing a veterinary rabies vaccine production laboratory were issued. International cooperation on research and control of arctic rabies was initiated. Guidelines for dog population management were produced in collaboration with the World Society for the Protection of Animals. Training activities included the design of curricula for teaching veterinary epidemiology and methods for management of veterinary public health programmes, and the provision of instruction in new techniques for brucellosis diagnosis through the Mediterranean zoonoses control programme.

AIDS

68. WHO's support to national AIDS programmes was strengthened through a reorganization of its Global Programme on AIDS, and the gradual transfer of responsibility for activities to the regional offices. The regional AIDS prevention and control programme for Africa was established, regional strategies were developed, and a workshop was held for AIDS programme managers (Brazzaville, October). Headquarters remains active in the areas of technical cooperation; management strengthening; intervention-linked research; biomedical research including drug and vaccine development; diagnosis of HIV and associated infections; epidemiology; and surveillance, forecasting and impact assessment. By the end of 1990 short-term plans for national AIDS programmes had been established by 130 of the 169 countries/areas collaborating with WHO (seven in 1990) and medium-term plans by 113 (18 in 1990).

69. WHO is working with UNFPA to incorporate information on HIV/AIDS into the training of maternal and child health/family planning workers, is supporting the development of preventive measures for use by women, is evaluating new diagnostic tests for women with sexually transmitted diseases, and is producing a manual on home care of persons with HIV/AIDS. The Organization is also working with UNICEF to promote an effective community response to the care of children born to parents with HIV/AIDS. A workshop on nursing care in AIDS prevention and control, convened by the Regional Office for Africa in

February-March, was attended by health workers from most African countries. Women and AIDS was the theme of World AIDS Day on 1 December, which marked the culmination of a year-long series of activities focusing on this issue.

70. Four regional consultations on ethical, legal and human rights aspects of HIV/AIDS were organized. In May WHO suggested to all Member States that they review their national HIV/AIDS-related policies and laws with a view to repealing those that may give rise to discrimination.

71. WHO is promoting the development of candidate vaccines aimed at preventing HIV infection, preventing persons with HIV infection from developing AIDS, or preventing perinatal transmission. Criteria are being established for selecting sites for field-testing of the vaccines, with particular attention to the conditions in developing countries. A global network of collaborating laboratories at vaccine trial sites is being established to collect HIV strains for characterization and thereby ensure that candidate vaccines have the appropriate antigenic composition.

Other infective diseases

72. Activities in this field included collaboration in the implementation of a hepatitis B eradication plan in over 50 developing countries; strengthening of laboratory support to the worldwide poliomyelitis eradication programme; promotion of measures to incorporate yellow fever vaccine into the Expanded Programme on Immunization in Africa; and enhancement of the prevention and recognition of dengue, especially in areas where increased urbanization and environmental change have caused reinfestation and extension of mosquito vectors. Support was given in responding to over 15 separate epidemics of cerebrospinal meningitis which struck developing countries in 1989-1990 and caused over 300 000 cases including 45 000 in Ethiopia alone. A Pan-African epidemic preparedness project has been established, with support from the USA and Canada, in order to promote measures to mitigate the excessive disability and death caused by outbreaks of diseases.

Blindness

73. So far, 66 countries have formulated national plans for the prevention of blindness and WHO has contributed to a number of them, working with nongovernmental organizations. Support from these organizations made it possible to convene a seminar on manpower development for blindness prevention in French-speaking African countries (Lomé, April) and a global meeting on the prevention of childhood blindness (London, May-June) which stressed the importance of intervention at an early age.

Cancer

74. The establishment of national cancer control programmes was supported in Cameroon, Indonesia, Pakistan and Spain (Catalonia). A workshop on national cancer control policy development was held jointly with the International Union against Cancer for several South-East Asian and Western Pacific countries. A WHO/USSR controlled trial of breast self-examination was expanded with a view to preparing WHO global recommendations for the control of breast cancer. In January a four-year postgraduate interregional course in radiotherapy and oncology was established in Zimbabwe with financing from the Swiss Government. Funds from SIDA/SAREC and other sources supported cancer pain relief activities, including country demonstration projects.

Heart disease

75. The first phase of the AGFUND-supported programme for the prevention of rheumatic fever and rheumatic heart disease in 16 developing countries was completed: 1 382 000 children were screened, a prevalence of 2.1 per 1000 population was found, and 32 000 children received penicillin prophylaxis. 1990 marked the half-way stage of the WHO project for multinational monitoring of trends and determinants of cardiovascular diseases (MONICA). A global teleconference on "Heart health around the world" was

organized in London in October to raise awareness of the worldwide problem of cardiovascular diseases and their emergence in developing countries. It linked up participants in 25 countries, who discussed aspects of prevention, the role of physicians and nongovernmental organizations, action being taken by governments, legislation, and other topics.

Other non-infective diseases

76. Guidelines have been prepared for the development of national programmes for control of diabetes mellitus through intersectoral team training, an approach that will serve as a model for other noncommunicable disease control programmes.

77. The programme on chronic rheumatic diseases was carried out in close collaboration with the International League Against Rheumatism, and a number of recommendations for action were drawn up by joint meetings of the two organizations.

78. Implementation of INTERHEALTH, the WHO integrated programme for community health in chronic noncommunicable diseases, continued through 16 demonstration projects. Guidelines on protocols for the projects were issued. An integrated approach to the treatment of the diseases within the framework of the secondary prevention component of the programme was developed, and several conferences and training courses on the subject were sponsored.

CONCLUSION

79. This brief and highly selective report on WHO's achievements during 1990 gives some indication that the Organization made every effort, by modifying its structure, its activities and its relations with other bodies, to concentrate on meeting priority requirements in the world health situation. The year was, in fact, characterized by a grossly disturbed political and economic climate, exacerbated by disasters, both natural and manmade. WHO did its best to mitigate those calamities, by participating with relief operations, at the same time strengthening its emergency preparedness activities so as to be in a better position to respond to future events of this kind, which can cause epidemics and dislocation of health services. In the current world economic situation, all Member States, rich and poor, are experiencing problems in meeting the cost of health services, and WHO has given added support to countries in the fields of health economics and financing. Worthy of special mention is the Organization's initiative for intensified support to countries in greatest need. This initiative is clear evidence of the commitment of WHO and its Member States to continue and strengthen collaboration in attaining the Organization's objectives.

TABLE 1. SOME RESOLUTIONS ON TECHNICAL AND ORGANIZATIONAL
SUBJECTS ADOPTED BY THE WORLD HEALTH ASSEMBLY IN 1990

WHA43.2	Prevention and control of iodine deficiency disorders
WHA43.3	Protecting, promoting and supporting breast-feeding
WHA43.9	Improving technical cooperation among developing countries
WHA43.10	Women, children and AIDS
WHA43.11	Reduction of demand for illicit drugs
WHA43.16	Tobacco or health
WHA43.17	Strengthening technical and economic support to countries facing serious economic constraints
WHA43.18	Tropical disease research
WHA43.19	The role of health research
WHA43.20	WHO Action Programme on Essential Drugs
WHA43.24	Report of the International Conference for the Tenth Revision of the International Classification of Diseases
WHA43.25	Hazardous wastes management

TABLE 2. SOME ISSUES DEBATED BY THE
REGIONAL COMMITTEES IN 1990

Regional Committee for Africa (Brazzaville, 5-12 September)

Maternal and child health; AIDS; onchocerciasis; tuberculosis; traditional medicine; community mental health care based on the district health system approach; emergency preparedness and response; optimal use of WHO resources in the context of the regional programme budget policy.

Regional Committee for the Americas (Washington, DC, 24-29 September)

Maternal and child health; eradication of indigenous transmission of wild poliovirus; calendar of disease eradication targets; AIDS; environmental protection; workers' health; disability; strategic orientations and programme priorities for 1991-1994.

Regional Committee for South-East Asia (New Delhi, 18-24 September)

The role of women in health and development; tobacco or health; AIDS; iodine deficiency; health, equity and social justice for the underprivileged; safe motherhood; essential drugs; monitoring and evaluation of strategies for health for all; health systems research.

Regional Committee for Europe (Copenhagen, 10-15 September)

Progress in immunization; mechanisms and procedures for selection of the Regional Director; cooperation with countries of central and eastern Europe; health-for-all indicators and evaluation framework.

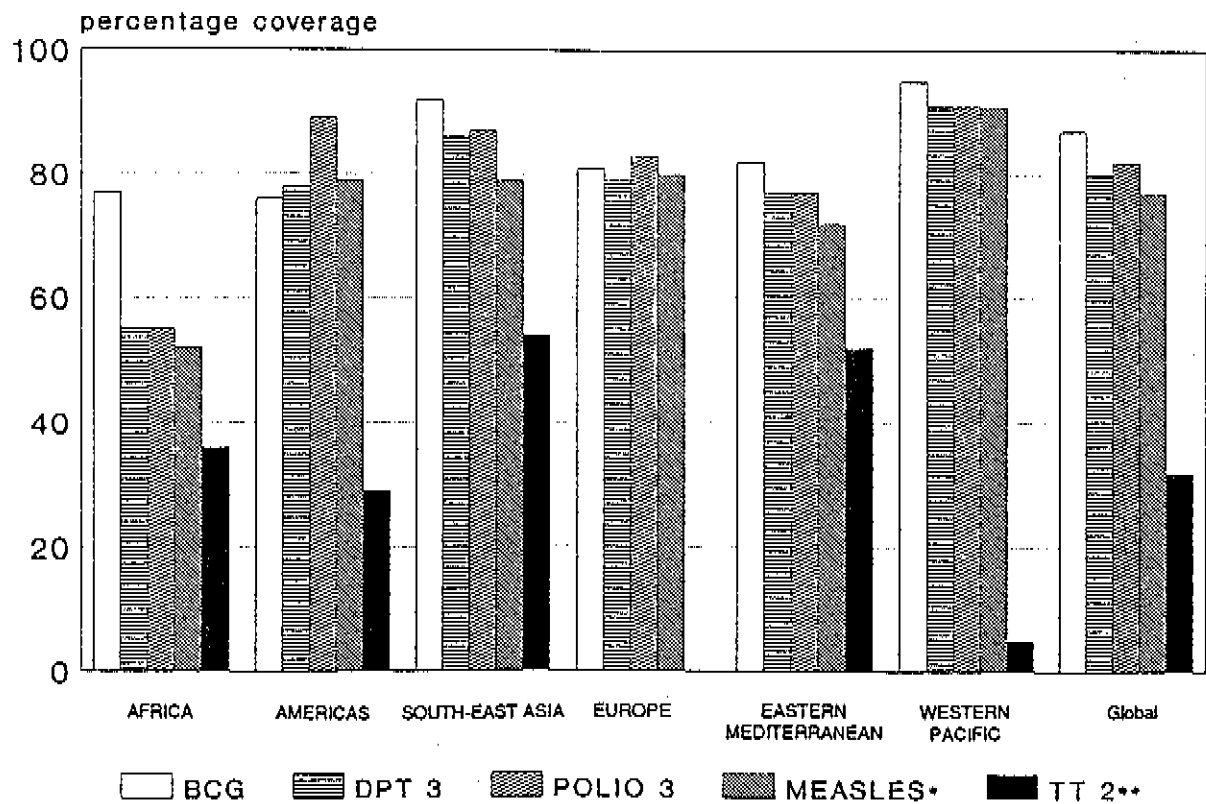
Regional Committee for the Eastern Mediterranean (Damascus, 8-12 October 1990)

Use of national languages in health and medical education; maternal and infant mortality; leprosy; iodine deficiency; malaria; AIDS; emergency preparedness and relief operations in natural disasters; leadership development in international health.

Regional Committee for the Western Pacific (Manila, 10-14 September)

AIDS and sexually transmitted diseases; poliomyelitis eradication; prevention and control of noncommunicable diseases; tobacco or health; health aspects of emergency preparedness; programmes and technical cooperation with countries.

Fig. 1. ESTIMATED PERCENTAGE OF CHILDREN IMMUNIZED IN THE FIRST YEAR OF LIFE (BCG, DPT, POLIOVIRUS AND MEASLES VACCINATION) AND PERCENTAGE OF PREGNANT WOMEN IMMUNIZED AGAINST TETANUS, BY WHO REGION (MARCH 1991)



* children up to 24 months of age
 ** tetanus toxoid (pregnant women)