

PARTNERING FOR HEALTH

The goals of sustainable development cannot be achieved when there is high prevalence of debilitating illnesses and poverty, and the health of the population cannot be maintained without a healthy environment.

WHO's goals are to build healthy populations and communities, and to combat ill-health. To realize these goals, four strategic directions provide a broad framework for focusing WHO's technical work in relation to health and sustainable development:

- Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.
- Promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.
- Developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.
- Framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

Through many of its programmes, WHO is responding to the call for clear, implementable strategies that address the links between ill-health, environment and development.

Partnerships and alliances are key to addressing threats to health and sustainable development. This brochure highlights selected partnerships and their activities, in which the World Health Organization (WHO) is involved. The examples listed are indicative, and are not meant to portray an exhaustive and representative account of all such partnerships with which WHO is involved. Examples include collaborative actions linked with the improvement of disease control, eradication or management; research and development; access to information/knowledge; advocacy and health promotion.

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The Global Alliance for Vaccines and Immunisation (GAVI)

The **Global Alliance for Vaccines and Immunisation (GAVI)** was launched in January 2000. It is dedicated to ensuring the right of every child to have a healthy start in life by promoting one of the most cost-effective health interventions available—immunisation. It is founded on the principle that immunization is a human right and a key step towards overcoming poverty. GAVI brings together the efforts of national governments, WHO, UNICEF, the World Bank, the Bill and Melinda Gates Foundation, the vaccine industry, technical agencies, public health and research institutions, and non-governmental organizations.

Through the Vaccine Fund, which serves as the GAVI financing mechanism, 75 of the poorest nations are provided the opportunity to build up and strengthen their immunisation services and introduce under-used vaccines against hepatitis B, *Haemophilus influenzae* type b, and yellow fever. In addition, the GAVI provides safe injection equipment in the form of auto-disable syringes and safe disposal boxes for all routine immunisation injections, or the equivalent funding to support the implementation of national plans for injection safety.

GAVI structure includes a Board with WHO, UNICEF, World Bank Group and the Bill & Melinda Gates Foundation as permanent members, a Working Group consisting of technical experts from all participating organizations, and four Task Forces covering country support and implementation, financial sustainability, research and development, and advocacy and communication. WHO chairs the Task Force on Implementation, and co-chairs the Task Force on Research and Development. WHO's role in the Alliance is consistent with its status as the lead technical agency in health. It drives policy and strategy development for immunisations and technical assistance to countries.

Since its inception, GAVI has received and processed 126 proposals from 64 of the 75 countries that are eligible for Vaccine Fund support. As of 31 December 2001, 88 applications have been approved from 52 countries for new vaccines, strengthening immunisations systems and/or immunisations safety. The total five-year financial commitment to developing country health programmes currently exceeds US \$800 million, with more than half targeted to African countries.

www.vaccinealliance.org

Safe Injection Global Network (SIGN)

About 16 000 million injections are administered each year in developing and transitional countries, many of which are unnecessary and lead to high, out-of-pocket health care expenses for patients and their families. In addition, many injections administered in the world are unsafe, entailing the reuse of injection equipment and the absence of sterilization. Unsafe injections account for a high proportion of hepatitis B and C cases, and may transmit HIV. Health workers are at risk due to occupational injury and the unsafe handling of contaminated sharps. Poor management of injection waste (e.g., needles) represents a significant environmental hazard and puts communities at risk of injury and infection.

In 1999, WHO scaled up its injection safety activities by hosting the secretariat of the **Safe Injection Global Network (SIGN)**. The SIGN alliance is an international coalition of stakeholders, including national governments, international agencies, professional medical associations, non-governmental organizations and individuals dedicated to achieving the safe and appropriate use of injections worldwide.

The SIGN alliance now provides a mechanism for information sharing between all partners through a weekly electronic newsletter, an Internet site, and an annual co-ordination meeting. Through increased focus on injection safety activities, countries now assess their injection practices through a set of WHO standardized tools. Donor and partners use Global Burden of Disease estimates to support national plans based upon "Aide MÈmoire" policy guides. As a result of intensive advocacy, immunisation services "bundle" vaccines with matching quantities of safe injection equipment and sharps collection boxes, a concept now being extended to all supplies of injectable medications. Best practices for injections provide a reference for what a safe injection should be and a toolbox for communication gives countries a starting point to develop communication plans for the safe and appropriate use of injections.

Further scaling up of work at the regional and country levels will ensure that safe and appropriate use of injections saves precious health care resources and prevents infections with bloodborne pathogens through a cross-cutting systems approach that integrates existing initiatives, including programmes for HIV /AIDS, essential drugs and immunisations.

www.injectionsafety.org
sign@who.int

Making Pregnancy Safer Initiative (MPR)

More than 20 million women continue to experience ill health as a result of pregnancy. The lives of eight million of these women endure pregnancy-related complication(s) and over half a million of them die as a result. **The Making Pregnancy Safer Initiative (MPR)** was launched by WHO in 1999, with the goal of promoting and protecting reproductive and human rights by reducing the global burden of unnecessary illness, disability, and death associated with pregnancy, childbirth, and the neonatal period. The initiative, therefore, contributes to one of the key Millennium Declaration Goals (MDGs): the reduction of maternal and infant mortality.

The WHO Making Pregnancy Safer Initiative builds effective partnerships between global, regional, and national partners in order to maximize available resources and ensure better co-ordination of maternal and newborn health plans and activities. The main partners include: UNICEF, UNFPA and other United Nations Organizations; national Governments, Ministries of Health, public health authorities and others; international donors; national and international professional organizations such as: the International Federation of Gynaecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM); families and communities; civil society, the private sector and philanthropic organizations.

The initiative represents a key WHO contribution to new global movements in international health and development, notably poverty reduction strategies, sector-wide approaches, and health sector reform. Its implementation involves strong links to other health programmes that deal with issues such as HIV/AIDS, malaria, tuberculosis, Integrated Management of Childhood Illness (IMCI), immunisations, and nutrition. Crucial to the initiative is the need for all countries to intensify efforts to ensure that women and their new-borns have access to a skilled attendant during pregnancy and childbirth and the early postnatal period in order to achieve the key Millennium Development Goals related to maternal and child health.

www.who.int/reproductive-health/mps
reproductivehealth@who.int

Accelerating Access Initiative to HIV Care, Support and Treatment (AAI)

In 2001, 3 million people died from AIDS, with the vast majority of these deaths occurring in developing countries. HIV/AIDS is the fastest growing health threat to development today. While the availability of antiretroviral (ARV) therapy has significantly reduced AIDS morbidity and mortality in the industrialized world, in developing countries, where 95% of HIV-positive people live, the overwhelming majority of HIV-positive people do not have access to these life-sustaining medications. WHO conservatively estimates that in 2002, around 6 million people in developing countries are in need of ARV therapy. Some 230,000 people living with HIV in those countries have such access today.

The **Accelerating Access Initiative (AAI)** was launched in May 2000 by five United Nations agencies—WHO, UNAIDS, UNFPA, UNICEF, and the World Bank— and five pharmaceutical companies. The aim of this initiative is to address the lack of affordability of HIV medicines and to work together to increase access to HIV/AIDS care and treatment in developing countries. Since its launch, 80 countries have expressed their interest in AAI. In 39 of these 80 countries, national plans to improve access to care have been or are being developed. These plans have been used as a framework for dialogue with the pharmaceutical companies, and as a consequence, 19 countries (Barbados, Benin, Burkina Faso, Burundi, Cameroon, Chile, Republic of the Congo, Côte d'Ivoire, Gabon, Honduras, Jamaica, Mali, Morocco, Romania, Rwanda, Senegal, Trinidad and Tobago, Uganda, and Ukraine) have concluded agreements for the supply of their ARV drugs, and 2 regions (the Caribbean and West Africa) have reached agreements on regional collaboration for access to ARVs. In each of these countries and regions the pharmaceutical companies involved, acting independently, have significantly reduced the cost of their drugs compared to their prices in industrialized countries, and it is estimated that 27,000 patients are now accessing antiretroviral therapy in those countries, a nearly 10-fold increase in 2 years.

In spite of the limited number of patients treated to date compared to those in need of ARVs, the Initiative has contributed significantly to overcoming the inertia surrounding treatment access in developing countries. A marked shift has occurred in perceptions of how the HIV epidemic can be tackled. The failure to reach more people with ARV therapy in resource limited settings reflects the persisting limited

availability of funding for medicines, diagnostics and infrastructure, as well as continued lack of affordability in many countries.

These constraints need to be tackled. WHO calls for commitment and action to ensure that at least 3 million people will have access to ARVs by the year 2005. WHO is currently increasing its collaboration with non-governmental organizations, the business community, activist organizations, academic institutions and the donor community to address the above constraints with the objective to avail ARV treatment to all those who need it.

www.who.int/hiv_aids

http://www.unaids.org/acc_access/

Roll Back Malaria (RBM)

Each year, several hundred million people continue to be infected with malaria, resulting in 300-500 million clinical cases and over 1 million deaths. Malaria has disastrous social consequences and is a heavy burden on economic development. In Africa, where 80 per cent of the cases occur, the disease has slowed economic growth in endemic countries by up to 1.3 per cent per year.

Roll Back Malaria (RBM) was launched in November 1998 with the goal of halving the world's malaria burden by 2010. RBM identified four priority actions to fight malaria: developing ways to make insecticide-treated bednets available to all who need them; improving the treatment of malaria close to the home; treating all pregnant women at risk from malaria in order to minimize the effects of the disease on their new-borns; predicting and managing malaria epidemics, and tackling malaria in complex emergencies.

The partnership was founded by WHO, UNDP, UNICEF and the World Bank, and rapidly grew to include malaria endemic countries throughout the world and over 90 multilateral, bilateral, non-governmental and private sector organizations. RBM strengthens advocacy and mobilizes resources at the global level, while accelerating action at the country level to fight malaria. At the same time, RBM is working with both public and private research institutes to develop new malaria drugs and vaccines, and with the pharmaceutical industry on ways to ensure access to the newly developed drugs.

In the first thirty months of the project, the RBM partnership has set the stage for a massive scale-up of action against malaria. RBM has established an evidence-based approach to malaria control to increase access to high quality cost-effective interventions, while promoting operational research and the development of new tools to fight malaria. Strategic frameworks, based on a strong consensus between a broad range of partners, have now been developed to address increased access to treated nets and prevention of malaria in pregnancy. RBM has also established mechanisms for making the new, highly effective artemisinin combination treatments for malaria available to malaria endemic countries at cost price. RBM partners have worked to raise public awareness about malaria and secure political commitment from the highest levels of government. The RBM partnership has stimulated the production of strong multi-sectoral plans to combat malaria in 11 countries. RBM partners have also succeeded in removing taxes and tariffs on mosquito nets in 12 countries to make bednets more affordable for impoverished communities.

www.rbm.who.int

RBM@who.int

Global Partnership to Stop Tuberculosis (STB)

Every year, about 8 million people develop active tuberculosis (TB) and the disease kills more than 1.5 million. TB is much more than a health concern, it is a complex socio-economic problem that impedes human development and traps the world's poorest and most marginalized in a vicious circle of disease and poverty. Confronting TB requires action across the health sector and combining efforts with relevant health issues.

The overall mission of the **Global Partnership to Stop Tuberculosis (STB)** is to ensure that every TB patient has access to TB treatment and cure, to protect vulnerable populations from TB, and to reduce the social and economic toll that TB exerts on families, communities, and nations.

Several coalitions of partners (Working Groups) have emerged to accelerate progress in specific areas, including DOTS expansion (Directly Observed Treatment, Short-course), new TB drug development, and containment of Multi Drug Resistant-TB emergencies. STB also devised the Global Drug Facility, an innovative procurement mechanism that

ensures a regular supply of TB drugs to dozens of poorer countries. The partnership includes the World Bank, UNICEF, public and private organizations, research institutions, industry, international agencies, government, non-governmental organizations and civil society. WHO hosts the partnership secretariat.

A Ministerial Conference on TB and sustainable development was held in Amsterdam in March, 2000. Health ministers and senior officials from the ministries of planning and finance from 20 high burden countries participated in the meeting. The conference concluded with the Amsterdam declaration calling for enhanced political commitment, establishment of a global TB fund, and an investment plan to mobilize new and additional resources to support TB control activities.

The Global Partnership launched a yearlong campaign in 2002 on the theme "Stop TB, Fight Poverty". It includes activities related to the scientific exploration and analysis of existing evidence and a Web-based forum on TB and Poverty. The outcome of this activity will be a thorough understanding of the relationship between TB and poverty. It will identify approaches to serve the poor in an improved and more sustainable way.

www.stoptb.org

stoptb@who.int

Global Fund to Fight AIDS, Tuberculosis and Malaria

There has been a growing recognition that ill health has the power to reverse decades of progress and that international action for health needs to be rapidly scaled up. At a series of UN meetings, including the UN Millennium Summit and the UN General Assembly Special Session on HIV/AIDS in New York in 2001, Heads of State from developing and developed countries agreed to target the diseases most closely linked with people's poverty. To achieve this target requires an immense scaling up of resources. Aid to health remains low in relation to the contribution of health to increasing growth, and to reducing other manifestations of poverty.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is designed as one way of meeting this challenge. The Fund was first proposed at the G8 Summit in Okinawa, Japan, in 2000. It will be run as a partnership between rich and poor countries, UN agencies including WHO and UNAIDS, civil society and the private sector.

It will build on the experience of other initiatives, including Roll Back Malaria, Stop TB, the Global Alliance for Vaccines and Immunization, the Global Environmental Facility, the campaign to eradicate Polio, and the International Partnership against AIDS in Africa.

The purpose of the Global Fund is to attract, manage and disburse additional resources for health through a new public-private partnership; and to make a sustainable and significant contribution to the reduction of infections, illness and death and thereby mitigate the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contribute to poverty reduction as part of the Millennium Development Goals.

It is hoped that the Global Fund will generate significant new resources for health from both governments and the private sector. To date it has received commitments of approximately US\$ 2.2 billion, and in its first funding round, in April 2002, the Global Fund agreed to disburse \$US 616 million over two years to programmes in 40 countries.

www.who.int/global_fund/en

www.globalfundatm.org

The Polio Eradication Initiative (PEI)

Globally, more than 10 million volunteers are working to eradicate polio - a disease that was once one of the leading causes of permanent disability. They are succeeding. At the launch of the **Global Polio Eradication Initiative (PEI)** in 1988, polio paralysed more than 1,000 children every day, in 125 countries. During 2001, only 480 cases were recorded worldwide, confined to just 10 countries.

The polio virus - which affects 20 million people still alive today - is quickly being consigned to history. Key to the success has been a broad public-private partnership, spearheaded by WHO. Partners include: UNICEF, the US Centres for Disease Control and Prevention, the governments of polio-affected countries, non-governmental and humanitarian organizations, the Rotary International, public donors, private foundations, development banks, the private sector and ten million volunteers. Through mechanisms at global, regional and country levels, the initiative is proof that effective partnerships cultivate long-term solutions for global public health and development.

By 2005, the target for a polio-free world, five million people who otherwise would have been paralysed, will be walking - able to better learn, work and contribute to their societies. This benefit will extend to generations of children, who will grow up free of the threat of polio paralysis. Overall, in the 14 years since the Global Polio Eradication Initiative was launched, the number of cases has fallen by 99.8%, from an estimated 350 000 cases in 1988 to 480 in 2001. In the same time period, the number of polio-infected countries was reduced from 125 to 10.

The advantages of polio eradication extend even further. National Polio Immunisation Days are being used to provide Vitamin A supplementation to children most at risk. This has prevented an estimated one million childhood deaths. Additional benefits of the Initiative include the strengthening of health systems, particularly through a global surveillance and laboratory network able to identify other diseases, the training of large numbers of health personnel to deliver vaccines, even to children in some of the most inaccessible areas of the world.

www.polioeradication.org

Global Task Force on Cholera Control

While cholera no longer poses a threat to countries with minimum standards of healthy living conditions, it remains a challenge to countries where access to safe drinking water and adequate sanitation cannot be assured for all. Many developing countries face either a cholera outbreak or the threat of an epidemic. A multi-sector approach is essential for the control of cholera, as it is spread due to factors such as lack of personal hygiene, lack of food safety, inadequate water supply, and poor sanitation. However, limiting the spread of an outbreak depends on the state of preparedness of countries at risk. The importance of continued incorporation of medium- and long-term prevention activities in cholera control should be emphasized. This process is closely linked to sustainable development.

The **WHO Global Task Force on Cholera Control** was launched in 1992 with the aim of reducing mortality and morbidity associated with the disease and to address the social and economic consequences of cholera. This partnership brings together governmental organizations and non-governmental organizations, UN agencies, and scientific

institutions to coordinate activities against epidemic enteric diseases and develop technical guidelines and training materials for cholera control.

To date, the Task Force has provided technical advice and support for cholera control and prevention; training of health professionals at national, regional and international levels in epidemic diarrhoea disease control, preparedness and prevention; and the dissemination of information on cholera to health professionals and the general public. www.who.int/emc/diseases/cholera

Special Programme for Research and Training in Tropical Diseases (TDR)

The **Special Programme for Research and Training in Tropical Diseases (TDR)** is an independent global programme of scientific collaboration. Established in 1975 and cosponsored by WHO, UNDP and the World Bank, it aims to help coordinate, support and influence global research and development efforts to combat diseases primarily affecting the poor and disadvantaged.

Research capacity building is a core function of the Programme. Since its inception, TDR has pioneered efforts in this field to empower researchers and local institutions in disease endemic countries, to identify their needs, and to develop relevant and sustainable solutions to public health problems caused by neglected infectious diseases. The Programme's portfolio currently includes ten diseases of significant public health importance for poor countries: malaria, tuberculosis, sleeping sickness, onchocerciasis (river blindness), schistosomiasis (bilharzia), dengue, elephantiasis, leishmaniasis (black fever), chagas disease, and leprosy.

Cutting across these diseases, TDR has developed collaborative research and training activities in relevant biomedical and social sciences and in product development—including the development of drugs, vaccines and diagnostics. Currently, the Programme is scaling up its implementation research efforts to ensure effective two-way flow of information and experience between laboratory and field application, and to further strengthen the participatory process that involves scientists, community-based end-users, industry, health systems, regulatory authorities, and policy-makers.

www.who.int/tdr
tdr@who.int

Global Alliance to Eliminate Lymphatic Filariasis (GAELF)

The **Global Alliance to Eliminate Lymphatic Filariasis (GAELF)** was established in 2000 by organizations committed to eliminating lymphatic filariasis as a public health problem by 2020. A strategic plan has been prepared and approved to achieve the goal of eliminating LF, and the next step is to scale-up coverage of at-risk populations to 350 million people by 2005. The GAELF is a public-private partnership consisting of pharmaceutical companies who donate the drugs without cost, national health ministries of 80 Lymphatic Filariasis (LF)-endemic countries, international organizations, development agencies, non-governmental organizations, private foundations, universities and research institutions. When nations are committed to eliminate LF by working with the alliance, they establish new local synergies. WHO acts as the Secretariat for GAELF.

If the Alliance achieves its goals it will make a very significant contribution to the sustainable development of the endemic countries. LF is a disease of poverty: 32 of the 38 least developed countries in the world are LF- endemic. The elimination strategy will be the focal point of a broadly beneficial public health intervention organized through existing or strengthened national health infrastructures. At the individual level, the elimination of LF will end the stigmatization of the patient, and will prevent future generations from experiencing the severe suffering and hardship which the disease inflicts; the disability prevention component of the strategy will alleviate the suffering of those already affected and will enable them to regain their productivity and self-esteem. At family and community levels the elimination of LF will do away with the costs of the disease currently being met, including those for direct treatment and the heavy cost of lost income, employment or livelihood. At the national level, elimination will provide improved opportunities for socio-economic development by creating healthy workers, consumers and producers who will be able to pursue their livelihoods and contribute to national sustainable development.

As of 2002, the GAELF has made rapid progress from nearly 3 million persons treated in 2000 to 26 million persons treated in 22 countries in 2001.

www.who.int/ctd/filariasis

www.filariasis.org

filariasis@who.int

Vision 2020 - the Right to Sight

In 1999, WHO estimated that there were 180 million persons with moderate to severe visual impairment of whom 45 million are blind. Ninety per cent of such visual impairment occurs in developing countries and most of these cases result from conditions that are either preventable or curable. Functional difficulties based on vision impairment have far-reaching developmental, social, economic and quality of life implications. Needless vision loss is closely linked to poverty and deprivation, which it tends to perpetuate. Interventions to prevent and/or treat such conditions are among the most cost-effective actions in health care.

Vision 2020 - the Right to Sight was launched in 1999 as a collaborative global initiative between WHO, the International Agency for the Prevention of Blindness, the Lions Clubs International Foundation, and international non-governmental organizations, which comprise its constituent members. The goal is to eliminate avoidable blindness and have in place sustainable comprehensive eye care services as an integral part of national health care systems. The partnership developed for Vision 2020 has identified strategies based on priority diseases and critical components. The partnership works with member governments, civil society, and the private sector in order to achieve its objectives.

The basic principles of equity, quality of care, and accountability are enshrined in the strategies in Vision 2020 to ensure sustainable development. WHO brings to this partnership its normative functions related to policy, evidence-based interventions, national capacity building, surveillance, monitoring and evaluation. Thus, Vision 2020 reflects a remarkable global consensus on priorities, policies, and strategies that work, and ways to optimize the use of finite resources for eye care development. Besides very active global level collaboration and co-operation among partners, considerable regional and national level commitment to the goals of Vision 2020 has been fostered. National level planning has taken place and project implementation is ongoing.

www.v2020.org/html/sight
vision2020@who.ch

Network on Sustained Elimination of Iodine Deficiency Disorders(IDD)

Iodine deficiency affects 740 million people, and over 2 billion people are exposed to the risk of Iodine Deficiency Disorders (IDD). Iodine deficiency's most devastating toll remains brain damage; it is the main single cause of preventable brain damage in childhood. The cumulative loss of brainpower is not only a tragedy for the health of these children and their families, but affects national economic and social development. Micronutrient deficiencies—including deficiencies in iodine—can lead to a reduction in national economic growth of as much as 5 per cent.

The mission of the **Network on Sustained Elimination of Iodine Deficiency Disorders (IDD)** is to support national efforts to eliminate iodine deficiency by promoting collaboration among public, private and civic organizations. The Network is made up of members from WHO, UNICEF, bilateral donors, international non-governmental organizations, leading salt and iodine producers' associations, teaching and research institutions, and private foundations. The network members are committed to ensuring that universal salt iodisation is sustained in all countries.

In the network WHO will play a stewardship role by: implementing the 1999 resolution of the World Health Assembly regarding the elimination of IDD and especially the implementation of salt iodisation programmes; co-ordinating the international response to IDD; providing strategic guidance on salt iodisation; assessing and monitoring progress achieved. WHO's role is to: ensure that salt iodisation is introduced in all target communities, particularly the most disadvantaged; establish effective surveillance and monitoring systems that will ensure appropriate salt quality and adequate individual iodine status; facilitate the collaboration between salt producers and governments to implement salt iodisation programmes; enforce regulation on iodised salt; and educate the public.

www.who.int/en

Tobacco Free Initiative (TFI) / Tobacco Free Sports Initiative

WHO's **Tobacco Free Initiative (TFI)** was created to focus international attention, resources, and action on the global tobacco pandemic that kills more than four million people a year. More than 10 million people are estimated to be killed by tobacco by the late 2020s, 70% of whom will be from developing countries. The tobacco epidemic not only devastates the lives of individuals and families but also places a tremendous strain on a country's health and economic resources as well, proving a significant impediment to the sustainable development of these societies.

The main goals of the TFI are to: stimulate global support for evidence-based tobacco control policies and actions; build new and strengthen existing partnerships for action; heighten awareness of the need to deal with tobacco at all levels of society; accelerate implementation of national, regional, and global tobacco control strategies; commission policy research to support rapid, sustained and innovative action; and mobilize resources to support required actions.

In 1999, the 191 Member States of the World Health Assembly (the governing body of the World Health Organization), backed a resolution calling for work to begin on a **Framework Convention on Tobacco Control (FCTC)** - a new international legally enforceable treaty that could address issues as diverse as tobacco advertising and promotion, agricultural diversification, smuggling, and taxes. The treaty is expected to be ready for signature in May 2003. The Tobacco Free Initiative's partners include WHO regional and country offices, UNICEF, the World Bank, US Centres for Disease Control and Prevention, the International Development Research Centre, the Campaign for Tobacco-Free Kids, Action on Smoking and Health and numerous non-governmental organizations.

Building on the tobacco treaty negotiations, The **Tobacco Free Sports** campaign was launched by WHO to free sports of all forms of tobacco: tobacco consumption, exposure to second-hand smoke, tobacco advertising, promotion, and marketing. Campaign partners include The United States Centre for Disease Control and Prevention (CDC), International Olympic Committee (IOC), Federation Internationale de Football Association (FIFA), Olympic Aid, and other regional and local sports organizations. As part of this campaign, sport events all over

the world have gone tobacco free, including the 2002 Winter Olympics and the 2002 FIFA World Cup.

www5.who.int/tobacco

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Intergovernmental Forum on Chemical Safety (IFCS)

The prevention of adverse effects to humans and the environment from the production, storage, transportation, use and disposal of chemicals is of paramount importance to global health. The necessity for an **Intergovernmental Forum on Chemical Safety (IFCS)** was recognized at the United Nations Conference on Environment and Development (UNCED) (Rio de Janeiro, 1992), and was created in 1994 during the International Conference on Chemical Safety held in Stockholm, and is a mechanism for co-operation in the promotion of chemical risk assessment and the environmentally sound management of chemicals.

The goal of the Forum is to seek consensus among representatives of governments on the development of strategies for the implementation of Chapter 19 of Agenda 21 (Environmentally Sound Management of Toxic Chemicals Including Prevention of Illegal International Traffic in Toxic and Dangerous Products). The Forum's main aims are to: provide policy guidance; develop strategies in a coordinated and integrated manner; foster understanding of issues; promote the required support.

IFCS is a non-institutional arrangement whereby representatives of governments meet together with intergovernmental organizations and non-governmental organizations with the aim of integrating and consolidating national and international efforts to promote chemical safety. WHO serves as the administering organization for IFCS and actively participates in its efforts as an intergovernmental participant.

IFCS involves, encourages and supports relevant "stakeholders" so that they may make their appropriate contribution. The wide range of participation by all stakeholders gives it a remarkable ability to provide answers and assessments to the problems of health and environment raised by chemicals.

There is general consensus among all groups of IFCS participants that it has in no small measure contributed to a better understanding of the problems and needs of countries related to chemicals management

and to the formulation of a number of priority issues for study and action by the international community.

www.who.int/ifcs

www.ifcs.ch

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Global Collaboration for Development of Pesticides for Public Health (GCDPP)

Vector-borne diseases and those with intermediate hosts are among the major causes of illness and death in many tropical and subtropical countries. Such diseases, which include malaria, filariasis, schistosomiasis, dengue and trypanosomiasis, significantly impede economic and social development. These diseases, which have intimate links to environmental conditions and poverty, affect the lives of poor people disproportionately. Vector control represents an important part of the current global strategy for control of major vector-borne diseases. Chemical control—specifically the use of pesticides—remains a key element in an integrated approach to vector control.

The objective of the **Global Collaboration for Development of Pesticides for Public Health (GCDPP)** is to facilitate the search for alternative pesticides and application methodologies that are reliable and cost-effective, and to promote safe and judicious use of public health pesticides. The safe, effective and judicious application of insecticides in vector control operations, under decentralized health systems, is of increasing importance in order to prolong the effective life span of the available compounds, and reduce the cost of interventions and the impact on human health and the environment.

The GCDPP is a WHO initiative and a public-private partnership which serves as an advisory group to the WHO Pesticide Evaluation Scheme (WHOPES), within the context of WHO's global disease and control strategies. The current members of the group include manufacturers of pesticides and pesticide application equipment, national and government supported agencies, regional and international organizations, including UNEP and the **International** Programme on Chemical Safety (IPCS), universities and research institutions.

GCDPP funds are used for production and dissemination of information on public health needs for pesticides and pesticide application equipment, and for activities that promote the development of

alternative, safer and more cost-effective pesticides and application methodologies. Moreover, a plan of action is being prepared in collaboration with the Special Programme for Training and Research in Tropical Diseases (TDR), Roll Back Malaria, and industry for implementing an insecticide discovery and development programme based on a new paradigm of exploiting insect genome information.
www.who.int/ctd/whopes/gcdpp

Panel of Experts on Environmental Management for Vector Control (PEEM)

Environmental and demographic change in the wake of water resources development has important repercussions for the intensity and distribution of vector-borne diseases. Water availability and other factors such as humidity, vegetation density, patterns of crop cultivation, settlement siting and housing is critical to the transmission of parasites and viruses by disease-carrying vectors. The good intentions of water resources development for agricultural production, energy generation or domestic water supply may result in a deterioration of the health status of vulnerable groups.

The Panel of Experts on Environmental Management for Vector Control (PEEM) was established in 1981 jointly by WHO, FAO and UNEP. The Panel's objective is to create an institutional framework for effective inter-agency and intersectoral collaboration with a view to promoting the extensive use of environmental management for disease vector control as a health safeguard in the context of land and water resources development projects and for the promotion of health through agricultural, environmental, human settlement, urbanization and health programmes and projects.

The PEEM programme covers three areas of activities: promotion, research and development, and capacity building. Over time, the focus of its activities has shifted from a normative to country-oriented approach. Initially, the three agencies published various guidelines, then engaged in field studies addressing the nature and magnitude of links between water resources development/management and vector-borne diseases. Major research efforts took place in the 1990s with several of the international Agricultural Research institutions that are part of the Consultative Group on International Agricultural Research (CGIAR). Also, a capacity building programme was established, which

focused on the development of skills in intersectoral negotiation in support of health impact assessment. These have resulted in a course manual and a proposal to institutionalise Health Impact Assessment (HIA) capacity building in an African institution.

www.who.int/water_sanitation_health/vector/Vector_control

Dialogue on Water, Food and Environment

Today there is disagreement on how much water is needed to ensure food security for the world's growing population and how much water is needed to sustain ecosystems. To resolve the dilemma and examine the question of future water needs for nature and food production in developing countries, a group of the world's most influential organizations in the fields of water resources management and research, food security, environmental conservation and health have joined forces and launched in August 2001 the **Dialogue on Water, Food and Environment**. The initiative aims at developing a consensus for the agriculture-environment dilemma. Participation of stakeholders in dialogues, decision-making and implementation is a pre-condition for success. The main objective of the Dialogue Consortium states it as follows: to improve water resources management for food security and environmental sustainability with a special focus on the reduction of poverty and hunger and the improvement of human health.

The main partners include WHO, FAO, UNEP, World Wildlife Fund (WWF), World Water Council (WWC), Global Water Partnership (GWP), World Conservation Union (IUCN), International Commission on Irrigation and Drainage (ICID), International Federation of Agricultural producers (IFAP-FIPA), and the International Water Management Institute (IWMI). WHO is part of the Dialogue to give shape to the cross cutting health issues in this conflict of interest, with the expectation that health may provide a common platform from where to bring diverging positions closer together.

The immediate objectives are to establish a dialogue that will produce tangible solutions for the seemingly conflicting interests of water for food and environment, primarily at the national and local levels and draw together, maintain and improve the required knowledge base for the Dialogue; to identify best practices and raise awareness amongst the relevant actors and stakeholders.

The intermediate objective of the Dialogue is to build bridges between agricultural and environmental communities on water resources issues, by improving the linkages between the sectoral approaches that dominate policy making and implementation, particularly at national level.

www.cgjar.org/iwmi/dialogue/Index

The Global School Health Initiative

Good health and education are both fundamental to social and economic development. Dramatic increases in life expectancy and mass education have preceded the huge jumps that brought out of poverty, first Europe and parts of the Americas, and then parts of East Asia. Education and health play central roles in sustaining the progress achieved.

WHO's Global School Health Initiative seeks to mobilize and strengthen health promotion and education activities at the local, national, regional and global levels. The Initiative is designed to improve the health of students, school personnel, families and other members of the community through schools. In April 2000, WHO and two of its collaborating centres, the Centres for Disease Control and Prevention (CDC) and the Education Development Centre (EDC), formed a partnership with UNESCO, UNICEF, the World Bank, and Education International to focus Resources on Effective School Health (FRESH).

The FRESH partners foster the implementation of effective school health programmes as a strategy to achieve Education for All (EFA) and Health for All (HFA). WHO's School Health Information Series provides guidelines for improving such programmes. Its assessment and planning tools help to strengthen national capacity for improving school health programmes. This year, WHO will launch a Global School-based Youth Health Behaviour Surveillance System to help countries monitor factors that affect leading causes of death, disease and disability. The Director-General of WHO, Dr Gro Harlem Brundtland believes that "An effective school health programme, consisting of health-related policies, water and sanitation, skills-based health education and school health services can be one of the most cost-effective investments a nation can make to simultaneously improve education and health" (*World Education Forum; Dakar, 2002*).

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