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Information Products Catalogue – Spring 2015

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World Health Organization

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Core Indicators for Adolescent Health  
A Regional Guide

Adolescents constitute an important proportion of the population in the Region. Attention has been drawn to their health and development with the recognition that addressing adolescent health needs requires different approaches than for other population groups. Core indicators for adolescent health: a regional guide proposes a list of core indicators to assist in clarifying adolescent health needs and in collecting evidence, in order to guide policy and strategy development and planning, and to design tailored interventions and services and monitor progress. It provides standard definitions of the indicators, methods and periodicity of their calculation, as well as responsibilities and possible sources of information. This publication is part of an adolescent health package comprising a set of tools to support decision-makers in situation analysis and in planning and monitoring adolescent health programmes and activities at country level.

WHO Regional Office for the Eastern Mediterranean  
2014, 55 pages [E]  
ISBN 978 92 9022 055 3  
CHF 20.00/US$ 24.00  
In developing countries: CHF 14.00/US$ 18.60  
Order no. 14600082

Trichiasis Surgery for Trachoma. Second edition

The updated version of this manual combines and updates material contained in three previous manuals on bilamellar tarsal rotation procedure, trabut procedure, and the final assessment of candidate trichiasis surgeons.

This manual is designed to provide specific information for trachomatous trichiasis (TT) trainers who are training others to undertake surgery for entropion trachomatous trichiasis. Other approaches are not addressed. The manual is divided into two parts. The first part covers specifics designed for training TT surgeon candidates, and serves as a resource document.

The trainer can elect to have trainees read the material directly, use this manual as a guide for creating a training presentation, or use it in other ways to assist in the training.

The manual contains both knowledge that should be imparted during training and a description of the skills that need to be developed and assessed during practice and surgery sessions. The second part is designed only for the trainers of the surgeon trainees and covers selection and final assessment of the trainees.
WHO Handbook for Guideline Development

The first edition of this handbook, published in 2012, provided general guidance on the steps involved in guideline development and on GRC and WHO processes and procedures. This, the second edition, provides additional detailed guidance on each step in guideline development, as well as two additional chapters. Chapter 5 deals with the importance of considering equity, human rights, gender and the social determinants of health in formulating recommendations.

The chapter provides specific entry points for integrating these issues into each and every guideline developed by WHO. Chapter 11 describes the development of rapid advice guidelines in the context of a public health emergency, with a focus on how the standard methods of evidence review and synthesis need to be modified to produce such guidelines.

This handbook provides step-by-step guidance on how to plan, develop and publish a World Health Organization (WHO) guideline. It covers the methods, processes and procedures for producing a document that meets WHO standards. It does not provide detailed technical guidance on many of the steps: this can be obtained from the references in the handbook and through references to the published scientific literature listed on WHO’s Guideline Review Committee (GRC) intranet site (available to WHO staff).

Additional chapters of this handbook containing detailed guidance on selected topics are also available and new chapters will continue to be added to the GRC intranet site in response to the needs of WHO guideline developers.

Basic Documents
Forty-eighth Edition

This 48th edition, including amendments adopted up to 31 December 2014, brings together into one volume essential documents concerning the governance of the World Health Organization, including the Constitution, Rules of Procedure of both the World Health Assembly and the Executive Board, as well as Financial and Staff Regulations.

It also includes Regulations for Expert Advisory Panels and Committees and for Study and Scientific Groups, the texts of agreements with the United Nations and other agencies, the Convention on the Privileges and Immunities of the Specialized Agencies, the Statute of the International Agency for Research on Cancer, and the principles governing relations with nongovernmental organizations. It list Members and Associate Members of the World Health Organization.
WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart

Fourth Edition

WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart is the seventh volume in the 4th Edition of the WHO series on histological and genetic typing of human tumours. This authoritative, concise reference book provides an international standard for oncologists and pathologists and will serve as an indispensable guide for use in the design of studies monitoring response to therapy and clinical outcome.

Diagnostic criteria, pathological features, and associated genetic alterations are described in a strictly disease-oriented manner. Sections on all recognized neoplasms and their variants include new ICD-O codes, epidemiology, clinical features, macroscopy, pathology, genetics, and prognosis and predictive factors. The book, prepared by 157 authors from 29 countries, contains more than 800 colour images and tables, and more than 3000 references.
Malaria and Some Polyomaviruses (SV40, BK, JC and Merkel Cell Viruses)

This one-hundred-and-fourth volume of the IARC Monographs on the Evaluation of Carcinogenic Risks to Humans is the eighth volume devoted to infectious biological agents. Several have been recognized as major risk factors involved in the burden of cancer. In Volume 104, the IARC Monographs consider the following agents for the first time: malaria (a disease caused by infection with the Plasmodium parasite) and four polyomaviruses: the simian virus SV40, and the BK, JC, and Merkel cell polyomaviruses. Infection by these microorganisms concerns a very large proportion of the world population.

Diesel Exhaust

In 1988, IARC classified diesel exhaust as probably carcinogenic to humans (Group 2A). An Advisory Group which reviews and recommends future priorities for the IARC Monographs Program had recommended diesel exhaust as a high priority for re-evaluation since 1998.

There has been mounting concern about the cancer-causing potential of diesel exhaust, particularly based on findings in epidemiological studies of workers exposed in various settings. This was re-emphasized by the publication in March 2012 of the results of a large US National Cancer Institute/National Institute for Occupational Safety and Health study of occupational exposure to such emissions in underground miners, which showed an increased risk of death from lung cancer in exposed workers.

The scientific evidence was reviewed thoroughly by the Working Group and overall it was concluded that there was sufficient evidence in humans for the carcinogenicity of diesel exhaust.

Trichloroethylene, Tetrachloroethylene and Some Other Chlorinated Agents

This volume of the IARC Monographs provides an assessment of the carcinogenic hazards associated with exposure to seven chlorinated solvents, including trichloroethylene, tetrachloroethylene, and their metabolites (dichloroacetic acid, trichloroacetic acid, and chloral hydrate). All these agents were previously assessed by IARC Working Groups more than 10 years ago, and new epidemiological and mechanistic evidence has been considered in this reevaluation.

Trichloroethylene has been used in several industries, such as manufacture and repair of aircraft and automobiles, and in screw-cutting, while tetrachloroethylene is widely used in dry-cleaning and as a feedstock for the production of chlorinated chemicals.

The IARC Monographs Working Group relied on epidemiological evidence, carcinogenicity bioassays, and mechanistic and other relevant data to evaluate the carcinogenic hazards to humans exposed to these agents.
Comprehensive Cervical Cancer Control. Second edition
A Guide to Essential Practice

This publication gives a broad vision of what a comprehensive approach to cervical cancer prevention and control means. In particular, it outlines the complementary strategies for comprehensive cervical cancer prevention and control, and highlights the need for collaboration across programmes, organizations and partners. This new guide updates the 2006 edition and includes the recent promising developments in technologies and strategies that can address the gaps between the needs for and availability of services for cervical cancer prevention and control.

This guide has two new chapters: Chapter 2: Essentials for cervical cancer prevention and control programmes and Chapter 4: HPV vaccination. One chapter has been newly organized: Chapter 5: Screening and treatment of cervical pre-cancer. All other chapters have been thoroughly updated and edited as needed. This guide's principal objective is to assist those responsible for providing services aimed at reducing the burden of cervical cancer on women, their communities and health systems. Its focus is on the knowledge, best practices and communication skills needed by health-care providers working at community and primary and secondary levels of care to offer quality services for prevention, screening, treatment and palliative care for cervical cancer: the full continuum of care.

This guide is intended primarily for health-care providers in health centres and district hospitals who deal with women's health and/or adolescent's health. It may also be of interest to community-based and tertiary-level providers. A second target audience, particularly for Chapter 2 on programme essentials, includes providers and managers at the subnational level whose responsibilities may include programme planning, implementation, monitoring and evaluating, and/or supervising and training other health-care providers. National-level decision-makers will find updated evidence-based information in this guide on what works in cervical cancer prevention and control programmes, which may be of use as a basis for updating their own guidelines and protocols.

Chrysotile Asbestos

Many countries have already taken action at a national level to prohibit the use of all forms of asbestos to limit exposure and so control, prevent and ultimately eliminate asbestos-related diseases, from which at least 107,000 people die each year globally. However, there are other countries that, for a range of reasons, have yet to act in the same manner.

With that in mind, the prime intent of this publication is to assist Member States of the World Health Organization (WHO) in making informed decisions about management of the health risks attached to exposure to chrysotile asbestos. The document is divided into three parts. The first part reproduces a WHO short information document for decision-makers on the elimination of asbestos-related diseases, updated in March 2014.

The second part addresses questions commonly raised in policy discussions, specifically to assist decision-makers in coming to a view. The third part is a technical summary of the health effects of chrysotile, which brings together and summarizes for the first time the most recent authoritative WHO evaluations performed by its International Agency for Research on Cancer and its International Programme on Chemical Safety.

The technical summary also reviews results from key studies published after those evaluations and then, briefly, the conclusions drawn from WHO assessments of alternatives.

This publication will be useful to ministers, government officials and others who may wish or need to take decisions on, or provide advice related to, asbestos and in particular chrysotile asbestos and the health consequences of exposure.
Guidelines on the Treatment of Skin and Oral HIV associated Conditions in Children and Adults

Despite the increasing availability of effective antiretroviral therapy (ART) regimens, human immunodeficiency virus (HIV)-associated opportunistic infections (OIs) continue to cause considerable morbidity and mortality, particularly in resource-limited settings, where treatment coverage is still low and diagnoses are frequently made at an advanced stage of disease. The current poorer standards in management of OIs and co-morbidities and limited access to OI drugs contribute to high HIV-related mortality in many resource-limited settings.

Global guidance on the diagnosis, prevention and treatment of the major OIs and co-morbidities in adults and children has been lacking, and has been requested by many countries. To respond to this situation, the World Health Organization’s (WHO) Department of Maternal, Newborn, Child and Adolescent Health (MCA), in collaboration with the Department of HIV/Acquired immunodeficiency disease (AIDS), has developed these guidelines on the treatment of common skin and oral conditions associated with HIV.

The objectives of these guidelines are to provide a summary of the key evidence and practice recommendations on the diagnosis and treatment of the main skin and oral conditions in HIV infected adults and children. The primary audience for these guidelines is health professionals who are responsible for providing care to children, adolescents and adults in settings with HIV, primarily where resources are limited.

They are also expected to be used by policy-makers and managers of HIV/AIDS and disease control programmes, health facilities and teaching institutions to set up and maintain care services.

These guidelines describe common HIV-related dermatologic and oral conditions in resource limited settings and their differential diagnoses, and include treatment strategies that are likely to be available locally. Details are provided about an algorithmic tool being developed by a multi-agency group led by WHO to aid in diagnosis based on expert opinion by clinicians working in HIV dermatology.

Early Essential Newborn Care
Clinical Practice Pocket Guide

Approximately every two minutes, a baby dies in the WHO Western Pacific Region. The majority of newborn deaths occur within the first few days, mostly from preventable causes. The high mortality and morbidity rates among newborns are related to inappropriate hospital and community practices that currently occur throughout the Region. Furthermore, newborn care has fallen into a gap between maternal care and child care.

This Guide aims to provide health professionals with a user-friendly, evidence-based protocol to essential newborn care - focusing on the first hours and days of life. The target users are skilled birth attendants including midwives, nurses and doctors, as well as others involved in caring for newborns. This pocket book provides a step-by-step guide to a core package of essential newborn care interventions that can be administered in all health-care settings. It also includes stabilization and referral of sick and preterm newborn infants. Intensive care of newborns is outside the scope of this pocket Guide.

This clinical practice guide is organized chronologically. It guides health workers through the standard precautions for essential newborn care practices, beginning at the intrapartum period with the process of preparing the delivery area, and emphasizing care practices in the first hours and days of a newborn’s life. Each section has a colour tab for easy reference.
Polio Endgame in the Western Pacific Region 2013-2018

The goal of this document is to give an overview of the actions that the WHO Regional Office for the Western Pacific and its Member States are taking to ensure that the Region stays polio-free and ensure that the Region implements all actions called for by the Polio Eradication and Endgame Strategic Plan 2013–2018 that are relevant to polio-free regions.

Guidelines for the Screening, Care and Treatment of Persons with Hepatitis C Infection

These are the first WHO guidelines on the screening, care and treatment of persons with HCV infection. They are intended to complement existing guidance on the primary prevention of HCV and other bloodborne viruses by improving blood and injection safety, and health care for people who inject drugs (PWID) and other vulnerable groups, including those living with HIV (see section 2.4 for related WHO guidelines).

These guidelines are primarily targeted at policy-makers in ministries of health working in low- and middle-income countries who formulate country-specific treatment guidelines and who plan infectious diseases treatment programmes. These guidelines are intended to assist officials as they develop national hepatitis C treatment plans and policy, and guideline documents.

In addition, it is anticipated that nongovernmental agencies and health professionals organizing treatment and screening services for hepatitis C will use the guidelines to define the necessary elements of such services. These guidelines will also be a useful resource for clinicians who manage persons with HCV infection.

This guidelines document will be revised in 2016. Because a number of new medicines are expected to become available in the meantime, WHO will issue interim guidance twelve months after publication of these guidelines to provide recommendations regarding newly approved medicines.
WHO Guidelines for the Prevention, Care and Treatment of Persons with Chronic Hepatitis B Virus Infection

These are the first World Health Organization (WHO) guidelines for the prevention, care and treatment of persons living with CHB infection, and complement similar recent published guidance by WHO on the prevention, care and treatment of infection due to the hepatitis C virus (HCV).

In contrast to several recent international guidelines on the management of CHB infection from the United States, Europe, Asia-Pacific and the United Kingdom (UK), the primary audience for these WHO guidelines is country programme managers in all settings, but particularly in LMICs to help plan the development and scale-up of hepatitis B prevention, care and treatment. These guidelines are also intended for health-care providers who care for persons with CHB in these settings.

The recommendations are structured along the continuum of care for persons with CHB, from initial assessment of stage of disease and eligibility for treatment, to initiation of first-line antiviral therapy and monitoring for disease progression, toxicity and HCC, and switch to second-line drugs in persons with treatment failure. They are intended for use across age groups and adult populations.

The recommendations in these guidelines promote the use of simple, non-invasive diagnostic tests to assess the stage of liver disease and eligibility for treatment; prioritize treatment for those with most advanced liver disease and at greatest risk of mortality; and recommend the preferred use of nucleos(t)ide analogues with a high barrier to drug resistance (tenofovir and entecavir, and entecavir in children aged 2–11 years) for first- and second-line treatment.

These guidelines also recommend lifelong treatment in those with cirrhosis; and regular monitoring for disease progression, toxicity of drugs and early detection of HCC.

An additional chapter highlights management considerations for specific populations, including those coinfected with HIV, HCV and hepatitis D virus (HDV); children and adolescents; and pregnant women.

Birth Defects Surveillance: Atlas of Selected Congenital Anomalies

Congenital anomalies, also known as birth defects, are structural or functional abnormalities, including metabolic disorders, that are present from birth. Congenital anomalies are a diverse group of disorders of prenatal origin that can be caused by single gene defects, chromosomal disorders, multifactorial inheritance, environmental teratogens or micronutrient malnutrition.

This atlas of selected congenital anomalies is a companion tool to Birth defects surveillance: a manual for programme managers, and is intended to help in the development, implementation and ongoing improvement of a surveillance programme for congenital anomalies, particularly in countries with limited human and financial resources.

This atlas uses the International statistical classification of diseases and related health problems. - 10th revision, 10th revision (ICD-10) and the Royal College of Paediatrics and Child Health (RCPCH) extension for coding of congenital anomalies.

This atlas provides selected illustrations and photographs of congenital anomalies that are severe enough to have a high probability of being captured during the first few days following birth. Also, because of their severity and frequency, these depicted conditions have significant public health impact, and for some there is a potential for primary prevention.

When used in conjunction with the manual, the illustrations and photographs will help the reader to identify an initial list of congenital anomalies to consider for monitoring; describe the tools needed to define and code identified cases and define specific congenital anomalies under surveillance.
WHO Indoor Air Quality Guidelines
Household Fuel Combustion

Given the mixed history of success with past intervention projects and programmes, and the fact that the 2.8 billion people still relying on traditional solid fuels are the world’s poorest 40%, it is clear that securing a rapid transition to clean, efficient and modern household energy systems for cooking, heating, lighting and other household uses will be challenging.

The overall objective of these guidelines is to inform and support governments and their implementing partners to bring about this transition as quickly and equitably as is feasible. The guidelines focus on the following three areas of policy:

- What can realistically be done? This includes the development of a practical tool for selecting the best stove/fuel options based on their emission rates of key health-damaging pollutants.

- How clean is clean enough? This examines the best approach for ensuring that, during the transition from solid-fuel to cleaner burning fuels, those who cannot make an immediate and complete transition to clean, modern fuels (e.g. gas, electricity) still obtain substantial health benefits in the interim.

- What fuels should be restricted or avoided? The primary audience for these guidelines is decision-makers developing, implementing and evaluating policy to secure health benefits in the area of household energy, with a primary (but not exclusive) focus on low and middle-income countries.

Access to Modern Energy Services for Health Facilities in Resource-Constrained Settings
A Review of Status, Significance, Challenges and Measurement

This report focuses on the energy needs of health facilities which have very limited access to energy – a common problem in many facilities of low-income countries or emerging economies, but also present in resource-constrained settings of middle-income countries.

Available evidence regarding patterns of energy access and its impacts on health services is considered, along with trends in the use of new energy technologies. This evidence is used to develop a rationale and approach for tracking and monitoring energy access in health facilities.

This report’s findings are most relevant to clinics and health centres at the primary and secondary tiers of health systems, often struggling to access sufficient energy to power lighting, refrigeration and basic medical devices.

While hospitals’ energy needs are more complex, certain messages and findings presented here also are relevant for larger facilities. The report should support improved measurement, monitoring and design of clean, modern energy interventions that can optimize health services delivery at all levels.

More broadly, it supports advancement in the health sector towards the Sustainable Energy for All (SE4All) goals of universal access to modern energy services, along with increased energy efficiencies and reliance upon renewable energy sources.
Toxicological Evaluation of Certain Veterinary Drug Residues in Food
Seventy-eighth Meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA)

This volume contains monographs prepared at the seventy-eighth meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA), which met in Geneva, Switzerland, from 5 to 14 November 2013.

The toxicological monographs in this volume summarize data on the veterinary drug residues that were evaluated toxicologically by the Committee: gentian violet, lasalocid sodium, recombinant bovine somatotropins and zilpaterol hydrochloride. Annexed to the report is a summary of the Committee’s recommendations on these and other drugs discussed at the seventy-eighth meeting, including acceptable daily intakes (ADIs) and proposed maximum residue limits (MRLs).

This volume and others in the WHO Food Additives series contain information that is useful to those who produce and use food additives and veterinary drugs and those involved with controlling contaminants in food, government and food regulatory officers, industrial testing laboratories, toxicological laboratories and universities.

Safety Evaluation of Certain Food Additives
Seventy-ninth Meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA)

This volume contains monographs prepared at the seventy-ninth meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA), which met in Geneva, Switzerland, from 17 to 26 June 2014.

The toxicological monographs in this volume summarize the safety data on six food additives. Monographs on eight groups of related flavouring agents evaluated by the Procedure for the Safety Evaluation of Flavouring Agents are also included.

This volume and others in the WHO Food Additives series contain information that is useful to those who produce and use food additives and veterinary drugs and those involved with controlling contaminants in food, government and food regulatory officers, industrial testing laboratories, toxicological laboratories and universities.
Evaluation of Certain Food Additives
Seventy-ninth Report of the Joint FAO/WHO Expert Committee on Food Additives

This report represents the conclusions of a Joint FAO/WHO Expert Committee convened to evaluate the safety of various food additives, including flavouring agents, and to prepare specifications for identity and purity.

The first part of the report contains a general discussion of the principles governing the toxicological evaluation of and assessment of dietary exposure to food additives, including flavouring agents.

A summary follows of the Committee’s evaluations of technical, toxicological and dietary exposure data for eight food additives (Benzoe tonkinensis; carrageenan; citric and fatty acid esters of glycerol; gardenia yellow; lutein esters from Tagetes erecta; octenyl succinic acid-modified gum arabic; octenyl succinic acid-modified starch; paprika extract; and pectin) and eight groups of flavouring agents (aliphatic and alicyclic hydrocarbons; aliphatic and aromatic ethers; ionones and structurally related substances; miscellaneous nitrogen-containing substances; monocyclic and bicyclic secondary alcohols, ketones and related esters; phenol and phenol derivatives; phenyl-substituted aliphatic alcohols and related aldehydes and esters; and sulfur-containing heterocyclic compounds).

Specifications for the following food additives were revised: citric acid; gellan gum; polyoxyethylene (20) sorbitan monostearate; potassium aluminium silicate; and Quillaia extract (Type 2). Annexed to the report are tables summarizing the Committee’s recommendations for dietary exposures to and toxicological evaluations of all of the food additives and flavouring agents considered at this meeting.

Multicriteria-based Ranking for Risk Management of Food-borne Parasites
Report of a Joint FAO/WHO Expert Meeting

Infectious diseases caused by food-borne parasites have not received the same level of attention as other food-borne biological and chemical hazards. Nevertheless, they cause a high burden of disease in humans, may have prolonged, severe, and sometimes fatal outcomes, and result in considerable hardship in terms of food safety, security, quality of life, and negative impacts on livelihoods. The transmission routes for food-borne parasites are diverse. They can be transmitted by ingesting fresh or processed foods that have been contaminated via the environment, by animals or people. Additionally, notification to public health authorities is not compulsory for most parasitic diseases, so official reports do not capture the true prevalence or incidence of the diseases, as much underreporting occurs.

This report presents the results of a global ranking of food-borne parasites from a food safety perspective. It also provides an overview of the current status of knowledge of the ranked parasites in food and their public health and trade impact, and provides advice and guidance on the parasite-commodity combinations of particular concern, the issues that need to be addressed by risk managers, and the risk management options available to them. It documents the ranking process used to facilitate its adoption at regional, national, or local levels.

This volume and others in this Microbiological Risk Assessment Series contain information that is useful to both risk assessors and risk managers, the Codex Alimentarius Commission, governments and regulatory agencies, food producers and processors and other institutions or individuals with an interest in foodborne parasites and their impact on food safety, public health and livelihoods.
The Growing Need for Home Health Care for the Elderly
Home Health Care for the Elderly as an Integral Part of Primary Health Care Services

The Eastern Mediterranean Region is experiencing a fast rate of urbanization and an aging population, with the prevalence of noncommunicable diseases increasing at alarming rates that exceed those of developed countries. In 1991, the Thirty-eighth session of Regional Committee for the Eastern Mediterranean passed a resolution EM/R/38/R.7, urging both Member States and WHO to take urgent measures to promote and protect the health of older people so that they can lead healthy and active lives.

Given the above, the WHO Regional Office for the Eastern Mediterranean has produced this document to examine the need for home health care for the elderly as a cost-effective approach and an integral part of the primary health care services.

The document reviews the requirements for providing home health care services in terms of the kind of services required, who can provide the services, and eligibility for receiving the services, as well as the benefits and cost-effectiveness of home health care, patient satisfaction, quality assurance and patient safety in providing the services in home settings, establishing an effective referral system, and experiences from other Regions.

The document provides evidence-based advocacy material for integrating home health care in health care delivery in the Eastern Mediterranean Region and encouraging countries to develop national strategies for promoting home health care.
World Health Statistics 2015

World Health Statistics 2015 contains WHO’s annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. This year, it also includes highlight summaries on the topics of reducing the gaps between the world’s most-advantaged and least-advantaged countries, and on current trends in official development assistance (ODA) for health.

As in previous years, World Health Statistics 2015 has been compiled using publications and databases produced and maintained by WHO technical programmes and regional offices. A number of demographic and socioeconomic statistics have also been derived from databases maintained by a range of other organizations.

2015, 180 pages [E]
ISBN 978 92 4 156488 5
CHF 40.00/US$ 48.00
In developing countries: CHF 20.00/US$ 24.00
Order no. 11500887

Health in All Policies
Training Manual

The purpose of this manual is to provide a resource for training to increase understanding of Health in All Policies (HiAP) by health and other professionals. It is anticipated that the material in this manual will form the basis of two- or three-day workshops, which will build capacity to promote, implement and evaluate HiAP; encourage engagement and collaboration across sectors; facilitate the exchange of experiences and lessons learned; promote regional and global collaboration on HiAP, and promote dissemination of skills to develop training courses for trainers. The training manual target audience is universities, public health institutes, non-governmental organizations, training institutions in government and intergovernmental organizations. The training is structured to target professionals from middle to senior levels of policy-making and government from all sectors influencing health.

2015, 265 pages [E]
ISBN 978 92 4 150798 1
CHF 50.00/US$ 60.00
In developing countries: CHF 35.00/US$ 42.00
Order no. 19300313

Promoting Better Integration of Health Information Systems
Best Practices and Challenges

This report addresses the current trends in Member States of the European Union (EU) and European Free Trade Association (EFTA) in how to promote better integration of health information systems. To understand what better integration means from a pragmatic perspective, experts from 13 EU Member States were interviewed and the results combined with the findings from a literature search.

2015, viii + 32 pages [E]
ISBN 978 92 890 5077 7
CHF 20.00/US$ 24.00
In developing countries: CHF 14.00/US$ 16.80
Order no. 13400152

Assessing Chronic Disease Management in European Health Systems
Concepts and Approaches

There is a clear need to redesign delivery systems in order to better meet the needs created by chronic conditions, moving from the traditional, acute and episodic model of care to one that better coordinates professionals and institutions and actively engages service users and their carers. Many countries have begun this process but it has been difficult to reach conclusions about the best approach to take: care models are highly context-dependent and scientifically rigorous evaluations have been lacking.

This book explores some of the key issues, ranging from interpreting the evidence base to assessing the policy context for, and approaches to, chronic disease management across Europe.

2015, 108 pages [E]
ISBN 978 92 8905030 2
CHF 30.00/US$ 36.00
In developing countries: CHF 21.00/US$ 25.40
Order no. 13400151
Everything you always wanted to know about European Union health policies but were afraid to ask

What does the European Union mean for health and health systems? More than one would think. The EU’s health mandate allows for a comprehensive set of public health actions. And there are other EU policies, though not health related, which have important consequences for governing, financing, staffing and delivering health services. In other words: EU actions affect the health of Europe’s population and the performance of health systems.

This short book makes EU health policy in its entirety (and complexity) accessible to political and technical debate. To this end the volume focuses on four aspects of EU health policy: the EU institutions, processes and powers related to health; the EU action taken on the basis of this health mandate; the non-health action affecting health and health systems; and, because of its growing importance, financial governance and what it means for European health systems.

This book is aimed at policymakers and students of public health and health systems in the EU who want to understand how the EU can add value in their quest improving population health and the performance of health systems in Member States.

Clinical Guidelines for Chronic Conditions in the European Union

Chronic noncommunicable diseases make up a large part of the burden of disease and make a huge call on health systems’ resources. Clinical guidelines are one of the ways European countries have tried to respond and to ensure a long-term perspective in managing them and addressing their determinants.

This book explores those guidelines and whether they actually affect processes of care and patients’ health outcomes. It analyses: the regulatory basis, the actors involved and processes used in developing clinical guidelines across Europe; innovative methods for cost-effective prevention of common risk factors, developing coordinated patient-centred care and stimulating integrated research; the strategies used to disseminate and implement clinical guidelines in various contexts; and the effectiveness of their utilization.

This study reviews for the first time the various national practices relating to clinical guidelines in 29 European countries (the European Union (EU), Norway and Switzerland). It shows that, while some have made impressive progress, many are still relying on sporadic and unclear processes.

The level of sophistication, quality and transparency of guideline development varies substantially across the region, even when the system for producing guidelines is well established. There are nevertheless clear examples that - if shared - can assure and improve quality of care across Europe. This study was commissioned by the European Commission’s Directorate-General for Health and Consumers. It also benefited from links with the ECAB/EUCBCC FP7-research project on EU Cross Border Care Collaboration (2010-2013).
For many citizens primary health care is the first point of contact with their health care system, where most of their health needs are satisfied but also acting as the gate to the rest of the system. In that respect primary care plays a crucial role in how patients value health systems as responsive to their needs and expectations.

This volume analyses the way how primary care is organized and delivered across European countries, looking at governance, financing and workforce aspects and the breadth of the service profiles. It describes wide national variations in terms of accessibility, continuity and coordination. Relating these differences to health system outcomes the authors suggest some priority areas for reducing the gap between the ideal and current realities.

The study also reviews the growing evidence on the added value of strong primary care for the performance of the health system overall and explores how primary care is challenged by emerging financial constraints, changing health threats and morbidity, workforce developments and the growing possibilities of technology.

In a second volume, that is available on-line, structured summaries of the state of primary care in 31 European countries are presented. These summaries explain the context of primary health care in each country; governance and economic conditions; the development of the primary care workforce; how primary care services are delivered; and the quality and efficiency of the primary care system.

After the break-up of the Soviet Union in 1991, the countries that emerged from it faced myriad challenges, including the need to reorganize the organization, financing and provision of health services.

Over two decades later, this book analyses the progress that twelve of these countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) have made in reforming their health systems. Building on the health system reviews of the European Observatory on Health Systems and Policies (the HiT series), it illustrates the benefits of international comparisons of health systems, describing the often markedly different paths taken and evaluating the consequences of these choices.

This book will be an important resource for those with an interest in health systems and policies in the post-Soviet countries, but also for those interested in health systems in general. It will be of particular use to governments in central and eastern Europe and the former Soviet countries (and those advising them), to international and non-governmental organizations active in the region, and to researchers of health systems and policies.

This is a report on the health of the people living in the African Region of the World Health Organization. It reflects a world that has undergone dramatic changes, with Africa as a continent becoming an increasingly important demographic and economic driver of global growth.

Rapid economic growth, coupled with a young, growing population, wide uptake of technology, particularly mobile phone technology, and a burgeoning middle class, has led to a new view of the Region.

This report uses a wide range of data to show that the overall health of the people living in the Region has improved considerably in the past decade. Some of this has been due to demographic and economic change and to improved political stability. But much has also been due to sustained efforts to prevent illness and maintain good health, improve access to treatment when illness does occur, and find ways to deliver a better level of health care in the African context.

Achieving health is all about understanding context: applying the right approach in the right place at the right time for the right problem in the right people. By showing what works, this report reveals the shifting paradigm from reactive, disease alleviation strategies to proactive health and development promotion approaches.

Common to all these changes is the undermining idea that health is an outcome of all policies. But much remains to be done in the Region. While the HIV epidemic is gradually getting under control, the recent and ongoing Ebola virus disease outbreak comes as a stark reminder that there is no place for complacency.

Analysis of the Private Health Sector in Countries of the Eastern Mediterranean

Exploring Unfamiliar Territory

Little information is available on the role and contribution of the private health sector towards the achievement of public health goals in the Eastern Mediterranean Region. This report marks the first systematic effort to gather information about the private health sector in the Region and to assess the potential role of the private sector towards universal health coverage in countries.

It aims to raise awareness among public health policy-makers on the potential contribution of the private health sector towards public health goals.

WHO Regional Office for the Eastern Mediterranean
2014, 55 pages [E]
ISBN 978 92 9022 035 0
CHF 20.00/US$ 24.00
In developing countries: CHF 14.00/US$ 18.60
Order no. 14600085

Conceptual and Strategic Approach to Family Practice
Towards Universal Health Coverage through Family Practice in the Eastern Mediterranean Region

Improving access to high-quality health care is one of the seven priorities for health system strengthening in the Eastern Mediterranean Region. Experience from across the world has shown that the family practice approach can increase household’s access to a defined package of quality health services at an affordable cost.

The purpose of this document is to provide insight to public health policy-makers and managers of what it takes to introduce or strengthen family practice programmes as the principal approach for the delivery of quality and effective health care services and to help realize commitments made in national health policies and strategies for moving towards universal health coverage.

WHO Regional Office for the Eastern Mediterranean
2014, 55 pages [E]
ISBN 978 92 9022 035 0
CHF 20.00/US$ 24.00
In developing countries: CHF 14.00/US$ 18.60
Order no. 14600085

WHO Regional Office for Africa
2014, 211 pages [E, F*, P*]
ISBN 978 92 9023 261 2
CHF 40.00/US$ 48.00
In developing countries: CHF 28.00/US$ 33.60
Order no. 14100022
Human Resources for Health Country Profiles Kiribati

The Human Resources for Health (HRH) country profiles series present an overview of the health workforce in the countries of the Western Pacific region. They serve as a tool for communicating, sharing information and informing policy dialogue. These country profiles are also nurtured with the most recent data and information on HRH available in each country and they aim to help monitoring the HRH situation in the countries and across the region.

The Republic of the Union of Myanmar. Health System Review

The Health Systems in Transition (HiT) profiles are country-based reports that provide a detailed description of a health system and of reform and policy initiatives in progress or under development in a specific country. Each profile is produced by country experts in collaboration with an international editor. In order to facilitate comparisons between countries, the profiles are based on a common template used by the Asia Pacific and European Observatories on Health Systems and Policies. The template provides detailed guidelines and specific questions, definitions and examples needed to compile a profile.

Asia Pacific Strategy for Emerging Diseases Progress Report 2014

Securing Regional Health

This report looks at the progress that countries and WHO have made since the formulation of Asia Pacific Strategy for Emerging Diseases (APSED) (2010), in particular in the reporting year July 2013 to June 2014. There are a number of tools countries can use to measure their progress towards implementing APSED and IHR obligations. These include the IHR monitoring questionnaire, the performance indicators developed for APSED and the milestones developed in order to track progress against the APSED workplan.

Solomon Islands Health System Review

The Health Systems in Transition (HiT) profiles are country-based reports that provide a detailed description of a health system and of reform and policy initiatives in progress or under development in a specific country. Each profile is produced by country experts in collaboration with an international editor. In order to facilitate comparisons between countries, the profiles are based on a common template used by the Asia Pacific and European Observatories on Health Systems and Policies. The template provides detailed guidelines and specific questions, definitions and examples needed to compile a profile.
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HiTs seek to provide relevant information to support policy-makers and analysts in the development of health systems in Europe.

HiT individual issues for 2014, Volume 16 (ISSN 1817-6119):
- Malta, Germany, Italy, Iceland, Croatia, Uzbekistan
- Lithuania.
- United States of America.
- Belarus.
- Estonia.
  Health system review. Health Systems in Transition, 2013; Volume 15 (6), 220 pages
- Austria.

Hepatitis B Control through Immunization
A Reference Guide

This publication is intended to provide a handy compilation of available guidance for hepatitis B vaccination programs in countries and areas of the Western Pacific Region.

Eliminating Measles and Strengthening Routine Immunization in China
Status, Barriers and Recommendations

The National Health and Family Planning Commission of China requested a joint national and international consultation on measles elimination and strengthening routine immunization. The request was based, in part, on a recommendation made in 2012 by the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases of the Western Pacific Region of the World Health Organization.

From 3 to 14 June 2013, a team of national and international consultants examined data on measles epidemiology and programme capabilities and performance, and conducted field visits to a total of eight provinces. Based on the data and field observations, the team drew conclusions and made a set of recommendations exposed in this document.
Psychological First Aid during Ebola Virus Disease Outbreaks

Ebola virus disease (EVD) outbreaks have a great impact on the wellbeing of those affected by the disease, their family and community members and the health workers engaged in treating people with Ebola. This guide covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is written for people who can help others who have experienced an extremely distressing event. This guide is an adaptation of the Psychological first aid: Guide for field workers (World Health Organization, War Trauma Foundation, World Vision International, 2011), that includes relevant modifications and adaptations to better respond to the specifics of the Ebola disease outbreak. Ebola poses specific problems for affected people (e.g., stigmatization, isolation, fear, and possible abandonment) and responders (e.g., safety, access to updated information).

Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific

Towards a Social Movement for Action on Mental Health and Well-being

In the Western Pacific Region, more than 100 million people are affected by mental disorders – many of which can be prevented or managed with cost-effective interventions. These interventions would improve the quality of life of those affected, as well as reduce the total disease burden. The resulting windfall would promote economic growth at community, national and regional levels.

The regional agenda features a phased approach to achieve the four objectives: (1) strengthen effective leadership and governance for mental health; (2) provide comprehensive, integrated and responsive mental health and social care services in community-based settings; (3) implement strategies for the promotion of mental health and the prevention of mental illness; and (4) strengthen information systems, evidence and research for mental health.

mhGAP Humanitarian Intervention Guide (mhGAP-HIG)
Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies

The mhGAP Intervention Guide (IG) is a clinical guide on mental, neurological and substance use disorders for general health care workers who work in non-specialized health care settings, particularly in low- and middle-income countries. These health care workers include general physicians, family physicians, nurses and clinical officers.

The mhGAP programme provides a range of tools to support the work of health care providers as well as health policy makers and planners. The proposed guide is an adaptation of the mhGAP Intervention Guide to be used in humanitarian settings. These settings include a broad range of acute and chronic emergency situations, arising from armed conflicts, natural disasters, and industrial disasters and may include mass displacement of populations (e.g., refugees and/or internally displaced people).
Global Status Report on Noncommunicable Diseases 2014

This global status report on prevention and control of NCDs (2014), is framed around the nine voluntary global targets. The report provides data on the current situation, identifying bottlenecks as well as opportunities and priority actions for attaining the targets. The 2010 baseline estimates on NCD mortality and risk factors are provided so that countries can report on progress, starting in 2015. In addition, the report also provides the latest available estimates on NCD mortality (2012) and risk factors, 2010-2012.

All ministries of health need to set national NCD targets and lead the development and implementation of policies and interventions to attain them. There is no single pathway to attain NCD targets that fits all countries, as they are at different points in their progress in the prevention and control of NCDs and at different levels of socioeconomic development. However all countries can benefit from the comprehensive response to attaining the voluntary global targets presented in this report.


This regional plan calls for a systematic approach to Noncommunicable Diseases (NCD) prevention and control. The plan provides a road map and a menu of very cost-effective interventions for all Member States and other stakeholders, to take coordinated and coherent action at all levels to attain the nine voluntary global targets by 2025. The plan emphasizes the control of NCD risk factors and promotes access to services in primary health-care facilities in a phased manner. It also recommends strengthening surveillance frameworks for NCDs. This regional plan will guide Western Pacific Member States to prioritize cost-effective interventions and to set national targets aligned to the global targets.

Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region Country Capacity Survey 2013

This report, provides an overview of the status and progress in national capacity for noncommunicable diseases prevention and control in the Western Pacific Region. For the analysis, countries and areas in Asia were grouped as high-income countries (HICs) or low- and middle-income countries (LMICs), based on the World Bank classification. Meanwhile, Pacific island countries and areas (PICs) were considered as one group.
Guideline: Sugars Intake for Adults and Children

The objective of this guideline is to provide recommendations on the consumption of free sugars to reduce the risk of NCDs in adults and children, particularly focusing on the prevention and control of unhealthy weight gain and dental caries. This is, in recognition of the rapidly growing epidemic of overweight and obesity around the globe and its role as a risk factor for several NCDs. In addition, dental caries is the most common NCD and the cost of treatment places a heavy burden on health-care budgets in many countries.

The recommendations in this guideline can be used by policy-makers and programme managers to assess current levels of free sugars intake in their countries relative to a benchmark, and to develop measures to decrease free sugars intake, where necessary, through a range of public health interventions.

Following the work of the 1989 WHO Study Group on Diet, Nutrition and Prevention of Noncommunicable Diseases, the 2002 joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases updated the guidance on the free sugars intake as part of the guidance on population nutrient intake goals for the prevention of noncommunicable diseases (NCDs).

Today, debates continue as to whether the available evidence of adverse health effects related to free sugars intake warrants appreciable reduction in free sugars intake. Therefore, it was considered important to review the existing evidence in a systematic manner, and update WHO’s guidance on free sugars intake through the new WHO guideline development process.

Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)

The Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020) brings together nutrition-related actions from global and regional guidance documents to address diet-related diseases and reduce nutritional risk factors. The plan aims to achieve eight nutrition targets: the six global nutrition targets and two of the nine voluntary NCD targets – to reduce salt intake and halt the increase in obesity and diabetes – endorsed by the World Health Assembly in 2012.

This plan describes the magnitude of the double burden of malnutrition in the Region in changing nutritional landscapes. The plan highlights the achievements in reducing undernutrition and the need to halt the rise in overweight, obesity and diet-related NCDs.
WHO Expert Committee on Specifications for Pharmaceutical Preparations
Forty-ninth Report

The World Health Organization (WHO) Expert Committee on Specifications for Pharmaceutical Preparations advises the Director-General of WHO in the area of medicines quality assurance. It provides independent expert recommendations and guidance to ensure that medicines meet standards of quality, safety and efficacy in all WHO Member States. Its advice is developed through a broad consensus-building process and covers all areas of quality assurance of medicines, from their development to their distribution to patients.

In the area of quality control, the Expert Committee reviewed new and revised specifications and general texts for inclusion in The International Pharmacopoeia, and received the annual report of the European Directorate for the Quality of Medicines & HealthCare (EDQM), the custodian centre for International Chemical Reference Substances (ICRS). The Committee adopted a number of monographs, general texts and ICRS.

It noted the report on Phase 5 of the External Quality Assurance Assessment Scheme (EQAAS) and on new approaches to ensure sustainability of this scheme through user fees. The Committee further received a concept paper on the benefits of good pharmacopoeial practices (GPhP), and was informed of progress achieved with developing a comprehensive document on GPhP through discussions at consecutive international meetings of world pharmacopoeias. In the various quality assurance-related areas the Expert Committee was presented with a number of new and revised guidelines related to good manufacturing practices (GMP), distribution and trade of pharmaceuticals and regulatory practice.

It adopted eight guidelines and 16 technical supplements as listed below, including a new guidance text on good review practice prepared under the leadership of the Asian-Pacific Economic Cooperation Regulatory Harmonization Steering Committee. The Committee took note of ongoing work to promote collaboration and information exchange through the good regulatory practice project and welcomed the development of a comprehensive set of guidelines for all national regulatory authorities through this project.

The report includes the following annexes which are recommended as new WHO guidelines:

- Annex 1. Procedure of the development of monographs for inclusion in The International Pharmacopoeia (revision);
- Annex 2. Updating mechanism for the section on radiopharmaceuticals in The International Pharmacopoeia (revision);
- Annex 3. Supplementary guidelines on good manufacturing practices: validation; Appendix 7: non-sterile process validation (revision);
- Annex 4. General guidance for inspectors on “hold-time” studies (new);
- Annex 6. Recommendations for quality requirements when plant-derived artemisinin is used as a starting material in the production of antimalarial active pharmaceutical ingredients (revision);
- Annex 7. Guidelines on registration requirements to establish interchangeability (revision);
- Annex 8. Guidance on the selection of comparator pharmaceutical products for equivalence assessment of interchangeable multisource (generic) products (revision);
- Annex 9: Good review practices guidelines for regulatory authorities (new).

In addition, 16 technical supplements to the WHO model guidance for the storage and transport of time- and temperature-sensitive pharmaceutical products were adopted for publication in a format which is appropriate to the large volume of this guidance (Annex 5).

The newly adopted monographs were adopted for inclusion in The International Pharmacopoeia.

Following the implementation of the revised general monograph on parenteral preparations the Committee adopted the proposed endotoxin limits for 11 parenteral dosage form monographs lacking such specification, together with related updates to relevant monographs.

The Committee adopted 12 ICRS newly characterized by the custodian centre, EDQM.

The Committee further adopted the workplan for new monographs to be included in The International Pharmacopoeia.
CD-ROM The International Pharmacopoeia 2015
Fifth Edition

This new CD-ROM contains the new Fifth Edition of The International Pharmacopoeia, 2015. The International Pharmacopoeia includes a collection of recommended procedures for analysis and specifications for the determination of pharmaceutical substances, excipients and dosage forms intended to serve as source material for reference or adaptation by any World Health Organization (WHO) Member State wishing to establish pharmacopoeial requirements.

The pharmacopoeia, or any part of it, shall have legal status, whenever a national or regional authority expressly introduces it into legislation. The International Pharmacopoeia is based on advice and decisions from the WHO Expert Committee on Specifications for Pharmaceutical Preparations.

New and revised texts. New and revised texts are introduced for seven monographs on active pharmaceutical ingredients, 22 monographs on finished pharmaceutical products, two general monograph, two methods of analysis and one texts for the section on Supplementary information.

Infrared Reference Spectra. Many monographs in The International Pharmacopoeia include an identification test using infrared spectroscopy; these tests usually allow comparison either with a spectrum obtained from the ICRS or with an International Infrared Reference Spectrum (IIRS).

Four additional spectra of the following substances are added to the IIRS collection with this Edition.

In preparing this fifth edition, the opportunity has been taken to improve certain aspects of the layout and format of the publication.

Strategic Framework for Elimination of Human Rabies transmitted by Dogs in the South-East Asia Region

Dog bites are the primary source of human infection in rabies-endemic countries and account for 96% of rabies cases in the South-East Asia Region. Elimination of human rabies is dependent on elimination of dog rabies. Some countries have a comprehensive rabies control programme but it is a neglected area in others.

New innovative tools and techniques have been developed in recent years to improve dog vaccination coverage, dog population management and accessibility of modern rabies vaccines.

Considering the importance of consolidating achievements in rabies control in Member countries, the WHO Regional Office for South-East Asia has developed a regional strategy for elimination of human rabies transmitted by dogs in the Region.

The strategy aims to eliminate human rabies through progressive control of dog rabies and human rabies prophylaxis in rabies-endemic countries and to maintain the rabies free status in rabies-free areas of the South-East Asia Region by 2020.
Brief Sexuality-related Communication Recommendation for a Public Health

In 2010 WHO convened an expert consultation on sexual health to make recommendations on strategic directions for RHR work in this area. One of the priorities recommended was the development of sexuality counselling guidelines for health care providers as a tool to be used to facilitate the integration of this counseling into health services, mainly by primary health care workers (physicians, nurses and others) and in sexual and reproductive health services.

Community Management of Opioid Overdose

Opioids are potent respiratory depressants, and overdose is a leading cause of death among people who use them. Worldwide, an estimated 69,000 people die from opioid overdose each year. The number of opioid overdoses has risen in recent years, in part due to the increased use of opioids in the management of chronic pain. In 2010, an estimated 16,651 people died from an overdose of prescription opioids in the United States of America alone.

Opioid overdose is treatable with naloxone, an opioid antagonist which rapidly reverses the effects of opioids. Death does not usually occur immediately, and in the majority of cases, overdoses are witnessed by a family member, peer or someone whose work brings them into contact with people who use opioids.

Increased access to naloxone for people likely to witness an overdose could significantly reduce the high numbers of opioid overdose deaths. In recent years, a number of programmes around the world have shown that it is feasible to provide naloxone to people likely to witness an opioid overdose, in combination with training on the use of naloxone and the resuscitation of people experiencing opioid overdose, prompting calls for the widespread adoption of this approach.

These guidelines aim to reduce the number of deaths from opioid overdose by providing evidence-based recommendations on making naloxone available to people likely to witness an opioid overdose along with advice on the resuscitation and post-resuscitation care of opioid overdose in the community.

Specifically, these guidelines seek to increase the availability of naloxone to people likely to witness an opioid overdose in the pre-hospital setting; increase the preparedness of people likely to witness an opioid overdose to respond safely and effectively by carrying naloxone and being trained in the management of opioid overdose; increase the rate of effective resuscitation and post-resuscitation care by persons witnessing an opioid overdose.
WHO Expert Committee on Drug Dependence
Thirty-sixth Report

This report presents the recommendations of the thirty-sixth WHO Expert Committee on Drug Dependence (ECDD). The ECDD is responsible for the assessment of therapeutic usefulness, the liability to abuse and dependence and the public health and social harm of each substance under review.

After receiving the advice from the Expert Committee to schedule or to amend the scheduling status of a substance, the Director-General of WHO will as appropriate, communicate the recommendations to the United Nations. The report summarizes the review of 26 substances and the Committee’s recommendations for scheduling under the international drug control conventions.

The report also contains updates from international bodies concerned with controlled substances, a summary of the follow-up on recommendations made at the previous Committee meeting and a summary of the discussion on improving data collection and evidence for prioritization and substance evaluation, in particular for new psychoactive substances. Issues identified for consideration at future Expert Committee meetings are also listed.

Young People and Alcohol
A Resource Book

This publication is meant for anyone who has an interest in the health and welfare of young people in the Western Pacific Region of the World Health Organization. It compiles what is known about the effects of alcohol consumption on young people, the current situation in the Region regarding drinking among young people and what can be done to limit the resulting harm.

Establishing a National Substance Use Treatment Information System
A Step-by-step Guide

This guide provides step-by-step guidance on the development of a national substance use treatment information system. The goal is to generate data on the individual characteristics and patterns of substance use among people in contact with the substance use treatment system, enabling treatment estimates of problematic substance use and the monitoring of treatment programmes. It introduces a minimum data set as the basis for data collection based on a core set of indicators. The guide is for policy-makers, public health experts, mental health and substance use specialists, and all others involved in substance use management, programming and planning. It will be useful in countries that wish to establish a substance use treatment information system or want to improve their current system.
WHO Study Group on Tobacco Product Regulation

This report presents the conclusions reached and recommendations made by the members of the WHO Study Group on Tobacco Product Regulation (TobReg) at its seventh meeting in December 2013, during which it reviewed background papers specially commissioned for the meeting, and which dealt, respectively, with the following four themes: Novel tobacco products, including potential reduced exposure products; Smokeless tobacco products: research needs and regulatory recommendations; Reduced ignition propensity cigarettes: research needs and regulatory recommendations and Non-exhaustive priority list of toxic contents and emissions of tobacco products.

The Study Group’s recommendations in relation to each theme are set out at the end of the section dealing with that theme; its overall recommendations are also summarized.


The Western Pacific Region is home to 26% of the world’s population but 36% of the world’s tobacco users. Two people die per minute in the Region from tobacco-related diseases. Globally, tobacco stands to kill 1 billion lives in the 21st century—unless we act to curb the epidemic.

To guide Member States in accelerating implementation of the WHO FCTC with support from WHO, the Regional Committee for the Western Pacific endorsed the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) at its sixty-fifth session in October 2014.

Building on our experiences, the new regional action plan is structured around three pillars: strengthening sustainable institutional capacity; developing comprehensive legislation and regulation; and facilitating consistent enforcement through a whole-of-society approach. For each of these strategic outcomes, the regional action plan identifies clear objectives and critical steps to be taken by countries and WHO.
World Malaria Report 2014

The World malaria report 2014 summarizes information received from 97 malaria endemic countries and other sources, and updates the analyses presented in 2013. It assesses global and regional malaria trends, highlights progress made towards global targets, and describes opportunities and challenges in controlling and eliminating the disease.

Guidelines for the Treatment of Malaria

Malaria remains an important cause of illness and death in children and adults in countries in which it is endemic. Malaria control requires an integrated approach, including prevention (primarily vector control) and prompt treatment with effective antimalarial agents.

Malaria case management, consisting of prompt diagnosis and effective treatment, remains a vital component of malaria control and elimination strategies. Since the publication of the first edition of the Guidelines for the treatment of malaria in 2006 and the second edition in 2010, all countries in which P. falciparum malaria is endemic have progressively updated their treatment policy from use of ineffective monotherapy to the currently recommended artemisinin-based combination therapies (ACT). This has contributed substantially to current reductions in global morbidity and mortality from malaria. Unfortunately, resistance to artemisinins has arisen recently in P. falciparum in South-East Asia, which threatens these gains.

This third edition of the WHO Guidelines for the treatment of malaria contains updated recommendations based on a firmer evidence base for most antimalarial drugs and in addition include recommendation on the use of drugs to prevent malaria in groups at high risk.

The Guidelines provide a framework for designing specific, detailed national treatment protocols, taking into account local patterns of resistance to antimalarial drugs and health service capacity. It provides recommendations on treatment of uncomplicated and severe malaria in all age groups, all endemic areas, in special populations and several complex situations. In addition on the use of antimalarial drugs as preventive therapy in healthy people living in malaria-endemic areas who are high risk, in order to reduce morbidity and mortality from malaria.

The Guidelines are designed primarily for policy-makers in ministries of health, who formulate country-specific treatment guidelines. Other groups that may find them useful include health professionals and public health and policy specialists that are partners in health or malaria control and the pharmaceutical industry.

The treatment recommendations in the main document are brief; for those who wish to study the evidence base in more detail, a series of annexes is provided, with references to the appropriate sections of the main document.

Malaria in the Eastern Mediterranean Region 2013

This report summarizes the malaria situation in the WHO Eastern Mediterranean Region by end 2012. It provides a summary of the regional burden and the key interventions in the seven countries in the Region with a high burden of malaria.

The report expands on the annual World malaria report, providing comprehensive country profiles for all countries, including those that are malaria-free and those targeting elimination, as well as the high-burden countries.
Investing to Overcome the Global Impact of Neglected Tropical Diseases
Third WHO Report on Neglected Tropical Diseases 2015

This report repositions a group of 17 neglected tropical diseases on the global development agenda at a time of profound transitions in the economies of endemic countries and in thinking about the overarching objectives of development. In doing so, it reinvigorates the drive to prevent, control, eliminate, or eradicate diseases that blind, maim, and disfigure, making life miserable for more than a billion people.

Undetected and untreated, several almost invariably kill. The burden of these diseases is further amplified by the fact that many require chronic and costly care, underscoring the economic as well as the health benefits of preventive chemotherapy and early detection and care.

The report brings a new dimension to long-term thinking about the future approach to these diseases. For the first time, it sets out financing needs, options, and targets for meeting WHO Roadmap goals by 2020, but also for reaching universal coverage of all people in need by 2030.

The report makes one investment case for cost-effectiveness and a second investment case where equity is the focus. It sets targets for ending catastrophic health expenditures and, as part of the drive to strengthen health systems, for getting services closer to where people live.

Regional Action Plan for Neglected Tropical Diseases in the Western Pacific Region (2012-2016)

Neglected tropical diseases (NTDs) are a public health issue in 28 countries and areas in the Western Pacific Region. Although some Member States have made remarkable progress in NTD control and elimination, there is a vital need to consolidate these successes and further reduce the burden of diseases. NTD elimination and control efforts are recognized as one of the most cost-effective interventions in global health today.

This document serves as the Region’s NTD road map for the next five years linking the WHO Global NTD road map with national NTD plans of action and aimed at achieving the regional goal to reduce the health and socioeconomic impact due to NTDs and in contributing to the achievement of MDG.
Engage-TB. Integrating Community-based Tuberculosis Activities into the Work of Nongovernmental and other Civil Society Organizations
Curriculum and Facilitators’ Guide. Training Manual


This training curriculum and facilitators’ guide was developed based on the implementation manual and intended to help train staff of national tuberculosis programmes (NTPs) or their equivalents, nongovernmental organizations (NGOs) and other civil society organizations (CSOs) and all other stakeholders in the ENGAGE-TB approach. Such training should increase the ability of these actors to support and integrate community-based tuberculosis (TB) activities into their ongoing work.

This document is purposely designed to combine the training curriculum and the facilitators’ guide. Part A is the training curriculum, while Part B is the facilitators’ guide. The facilitators’ guide includes the powerpoint slides available at http://www.who.int/tb/people_and_communities/engage_tb_tm/en/ and reproduced in print in Annex 7 of this document. The training curriculum and the facilitators’ guide should always be used together with WHO’s ENGAGE-TB operational guidance and implementation manual.

The curriculum has five modules, which are divided into units that are logically and sequentially structured to enable participants to acquire unit learning outcomes and competences. The teaching duration, methods, activities and tools presented are only a guide and should be adapted to the facilitators’ settings to ensure effective delivery of WHO ENGAGE-TB training.

The training curriculum is structured in a modular format to facilitate flexible delivery for different target groups. For example, a trainee knowledgeable about TB such as a national TB programme (NTP) staff may not need to use module 2 (TB - the basics). Module 5 unit 5.6 will be applicable mainly to participants intending to integrate TB activities into agricultural programmes. Those working in reproductive, maternal, newborn and child health (RMNCH) may not find this unit relevant. The curriculum is a “live” document and should be reviewed, adapted and updated as needed.

Engage TB. Integrating Community-based Tuberculosis Activities into the Work of Nongovernmental and other Civil Society Organizations
Operational Guidance

The purpose of this document is to provide operational guidance to NGOs and other CSOs and NTPs or their equivalents in implementing and scaling-up integrated community-based TB prevention, diagnosis, treatment and care using the ENGAGE-TB approach described in the document. It describes the basic operational principles for effective collaboration between NTPs and NGOs and other CSOs. The principles are aligned with the Stop TB Strategy and are complementary to existing guidelines for engaging all health care providers (including NGOs) in TB prevention and care as part of a public–private mix. This guidance emphasizes that NGOs or other CSOs (such as FBOs) providing facility-based TB services (e.g. hospitals, health centres and clinics) should also implement community-based TB activities using the ENGAGE-TB approach.
Guidelines for the Programmatic Management of Drug-resistant Tuberculosis
2011 Update

This 2011 update of Guidelines for the programmatic management of drug-resistant tuberculosis is intended as a tool for use by public health professionals working in response to the Sixty-second World Health Assembly’s resolution on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis.

Resolution WHA62.15, adopted in 2009, calls on Member States to develop a comprehensive framework for the management and care of patients with drug-resistant TB.

The recommendations contained in these guidelines address the most topical questions concerning the programmatic management of drug-resistant TB: case-finding, multidrug resistance, treatment regimens, monitoring the response to treatment, and selecting models of care.

The guidelines primarily target staff and medical practitioners working in TB treatment and control, and partners and organizations providing technical and financial support for care of drug-resistant TB in settings where resources are limited.

The first edition of Guidance for national tuberculosis programmes on the management of tuberculosis in children was published in 2006. It resulted in the revision or development of guidelines for child TB management by national TB programmes in many TB-endemic countries. Now, however, newly published evidence and new recommendations have made it necessary to update the original 2006 guidance.

Like the original, this second edition aims to inform the revision of existing national guidelines and standards for managing TB, many of which include guidance on children. It includes recommendations, based on the best available evidence, for improving the management of children with TB and of children living in families with TB. National and regional TB control programmes may wish to adapt these recommendations according to local circumstances.

Since 2006 there has been a welcome increase in the attention being given to the specific challenges of TB in children and an increased recognition of its importance as a global public health challenge. Although most children with TB may not be responsible for widespread transmission of the disease in the community, TB is an important contributor to maternal and child morbidity and mortality.

This publication contains a number of important changes or additions to the first edition; these are highlighted in the Executive summary. It also has separate chapters dealing with issues that were covered only in annexes to the first edition (management of TB/HIV in children and of drug-resistant TB in children) and introduces new topics such as the importance of integrated care.

Guidelines on the Management of Latent Tuberculosis Infection

Latent tuberculosis infection (LTBI) is defined as a state of persistent immune response to stimulation by Mycobacterium tuberculosis antigens without evidence of clinically manifested active TB. A direct measurement tool for M. tuberculosis infection in humans is currently unavailable. The vast majority of infected persons have no signs or symptoms of TB but are at risk for developing active tuberculosis (TB) disease. This can be averted by preventive treatment.

These Guidelines on the management of latent tuberculosis infection were developed in accordance to the requirements and recommended process of the WHO Guideline Review Committee, and provide public health approach guidance on evidence-based practices for testing, treating and managing LTBI in infected individuals with the highest likelihood of progression to active disease.

The guidelines are also intended to provide the basis and rationale for the development of national guidelines. The guidelines are primarily targeted at high-income or upper middle-income countries with an estimated TB incidence rate of less than 100 per 100 000 population. Resource-limited and other middle-income countries that do not belong to the above category should implement the existing WHO guidelines on people living with HIV and child contacts below 5 years of age.
Use of Bedaquiline in the Treatment of Multidrug-resistant Tuberculosis

This document provides interim guidance for the use of bedaquiline in conjunction with other WHO-recommended MDR-TB treatments. It also specifies the essential treatment and management conditions for the use of this drug. The main audiences are national TB control programmes (NTP), other public health agencies, and other public and private partners involved in planning, implementing and monitoring MDR-TB control activities. The principles and recommendations are also relevant for specialist clinicians, technical advisors, laboratory technicians, drug procurement managers, other service providers, other relevant government officials, and implementing partners involved in country-level MDR-TB service strengthening. Individuals responsible for programme planning, budgeting, resource mobilization, and training activities for MDR-TB diagnostic services may also benefit from this guidance.

2014, 23 pages [E]
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Companion Handbook to the 2011 WHO Guidelines for the Programmatic Management of Multidrug-resistant Tuberculosis

This Companion handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis is intended to be a tool for use by national tuberculosis (TB) programme managers, clinicians and nurses, public health decision-makers and technical and implementing partners committed to the prevention, care, diagnosis and treatment of drug-resistant TB. It provides practical information on how to implement the relevant World Health Organization (WHO) policies, and provides expert opinion whenever there is, as yet, no WHO policy.

Effective management of drug-resistant TB requires input from those responsible for activities related to prevention, case detection, care and treatment, surveillance, drug management, and monitoring and evaluation of a programme’s performance. The coordination of all these activities at different levels of a national TB programme are referred to as the “programmatic management of drug-resistant tuberculosis” (PMDT), and should be seen in the context of the legal and operational frameworks of local health care systems. Thus, the Handbook should be seen as an implementation guide that requires adaptation in the local context without departing from WHO’s general policy guidance.

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Guidance on Ethics of Tuberculosis Prevention, Care and Control

In a linked effort, the Stop TB Partnership agreed to establish a TB and Human Rights Task Force in 2010, with secretariat being provided by WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Task Force will aim to develop a policy framework for a rights-based approach to TB prevention, care and control as joint products of WHO, the Stop TB Partnership and UNAIDS. It will also propose a strategic agenda for action. It will be composed of major stakeholders, constituencies from affected communities and risk groups, human rights and civil society organizations, health and human rights experts, United Nations agencies, and development partners. This ethics guidance and the resulting rights-based policy framework will be used as complementary and companion documents to guide further dialogue and action in these areas.

2014, 420 pages [E]
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Management of Drug-resistant Tuberculosis
Training for Staff Working at DR-TB Management
Centres: Training Modules

This course is designed for health workers who are involved in detecting cases of and managing patients with drug-resistant TB (DR-TB) at DR-TB management centres that specialize in caring for such patients. These health workers may be physicians, nurses or midwives.

This course uses a variety of methods of instruction, including reading, written exercises, discussions, role-plays and demonstrations. Practice – whether through written exercises, role plays, or in the health facility – is considered a critical element of instruction.

Xpert MTB/RIF Implementation Manual
Technical and Operational “how-to”: Practical Considerations

In December 2010, WHO first recommended the use of the Xpert MTB/RIF assay. The WHO’s policy statement was supported by a rapid implementation document, which provided the technical “how-to” and operational considerations for rolling out the use of the assay.

An unprecedented uptake of this new technology followed the release of WHO’s policy: by the end of March 2014, more than 2,300 GeneXpert instruments and more than 6 million Xpert MTB/RIF cartridges had been procured in the public sector in 104 countries eligible for concessional prices.

An Expert Group was convened by WHO in May 2013 to review the current body of evidence on use of Xpert MTB/RIF. The resulting recommendations from the Expert Group are included in the WHO Policy update, which widens the recommended use of Xpert MTB/RIF, including for the diagnosis of paediatric TB and on selected specimens for the diagnosis of extrapulmonary TB, and includes an additional recommendation on the use of Xpert MTB/RIF as the initial diagnostic test in all individuals presumed to have pulmonary TB.

The accompanying Xpert MTB/RIF implementation manual has been developed to replace the first edition and takes into consideration the current body of evidence and operational experiences available, in the context of the Policy update.
Recommendations for Investigating Contacts of Persons with Infectious Tuberculosis in Low- and Middle-income Countries

Tuberculosis (TB) contacts are people who have close contact with patients with infectious TB. As they are at high risk for infection (and in line with the Stop TB strategy), TB contacts should be investigated systematically and actively for TB infection and disease.

Such interventions are called ‘tuberculosis contact investigations’. They contribute to early identification of active TB, thus decreasing its severity and reducing transmission of Mycobacterium tuberculosis to others, and identification of latent TB infection (LTBI), to allow preventive measures.

This WHO policy document was prepared to guide national TB programme staff and all agencies and organizations involved in TB prevention, care and control to establish strategies for sound TB contact investigation practices. The document was elaborated after an extensive literature review and with contributions from experts around the world.

It states the fundamental principles and procedures for an appropriate approach to TB contact investigation, and annexes 1 and 2 provide further details to understand these principles. The hope is that these evidence-based guidelines will be translated into country policy and practice, so that an additional neglected intervention can be put in place and, ultimately, contribute to elimination of TB.

Global Status Report on Violence Prevention 2014

This report focuses on interpersonal violence, which includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder maltreatment. Much like similar reports on road safety, tobacco control, and mental health, this snapshot of the state of interpersonal violence prevention in each country will serve as benchmark for countries to assess their violence prevention efforts; as a baseline to track future progress in violence prevention internationally; to identify gaps in national responses to violence that need to be addressed; and to catalyze further prevention action. Its ultimate aim is to strengthen Member States’ capacity to prevent violence.
Water Safety in Distribution Systems

The guidance provided in this document focuses on applying the framework for safe drinking-water, including Water Safety Plans (WSPs), as described in the fourth edition of the Guidelines for Drinking-water Quality (WHO, 2011). The scope of this document includes small to large piped water systems in both developed and developing countries. It applies from the outlet of primary treatment processes to delivery to consumers, including at standpipes, but does not include pipework within buildings either before or after the point of delivery. This is the subject of the complementary text on Water Safety in Buildings.

The main text is divided into 12 sections following the descriptions in the Guidelines for Drinking-water Quality (WHO, 2011) and based on the 11 modules included in the Water Safety Plan Manual (2009), with an additional section describing the enabling environment (policy and regulations, independent surveillance and disease surveillance). It is important for regulatory and policy frameworks to support the implementation of WSPs to ensure their successful application. A number of case-studies are provided as annexes to illustrate the challenges that can confront drinking-water suppliers and potential solutions to overcome these challenges.

Preventing Diarrhoea through Better Water, Sanitation and Hygiene

Exposures and Impacts in Low- and Middle-income Countries

In early 2013, WHO convened an expert group of scientists from 14 collaborating research institutions to update the assessment of the burden of diarrhoeal disease from inadequate water, sanitation and hygiene (WASH) and to reassess the effectiveness of WASH interventions.

This group considered evolving and alternative methods for assessing the burden of disease and agreed on a rigorous new approach using meta-regression. In deriving the new figures, the experts incorporated the latest data on use of improved water and sanitation with minor adjustments, and drew upon the results from two new global reviews – on microbial water quality and of hand washing practices – specially prepared as part of this effort.

This document outlines the latest research on the burden of diarrhoea related to inadequate water, sanitation and hygiene (WASH). It is based on a series of articles published in the scientific literature.

In bringing together current evidence on exposure to unsafe drinking-water, inadequate sanitation and hygiene, alongside the most up-to-date analysis on the health impacts of interventions, this document contributes to informed policymaking and targeting of resources. It underscores how further progress can be achieved in this unfinished global water and sanitation and health agenda.
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الوقالب من الانتحار ضرورة عالمية

Preventing Suicide: a global imperative

عذب فقد الانتحار أرقاماً مرتفعة من الضحايا؛ إذ لا يزيد عن 800 ألف شخص حتف كل عام في الانتحار الذي يعده في كل الحركات الثقافية بين أهداف انتهاك الفقأء في الخبرة العربية - 15 سنة على مستوى العالم. وهكذا، مؤشرات على أن ارتفاع كل شخص باللغة من انتهاك أكثر ما يزيد على 40% من أفراد الشعب في العالم.

وقد طالب أبحاث الأنتهاك، وكيف يتبناها للاقتصاصي الافتراضي، وكذلك أولئك الذين يقومون بالرعاية، والذي يجري، والملاحظ في الدراسات، والبحث الافتراضي الافتراضي الذي تثيره هذه الدراسات. والتوجهات الأخلاقية في هذه الدراسات.

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International Ethical Guidelines on Epidemiological Studies

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《世界卫生组织烟草控制框架公约》第5.3条及第8至14条实施准则

本书载有缔约方会议通过的准则。这七份准则涵盖《世界卫生组织烟草控制框架公约》的大量规定，如：防止烟草控制相关公共卫生政策受烟草业的商业和其它既得利益的影响；防止接触烟草烟雾；烟草制品的包装和标签；烟草广告、促销和赞助；与烟草依赖和戒烟有关的降低烟草需求的措施。

制定这些准则的目的是协助各缔约方履行在公约相关条款下承担的义务。它们反映了各缔约方对各项实施问题的总休看法、其经验和成就以及所面临的各项挑战。这些准则的另一目的是，反映和促进供各国政府在实施条约过程中应用的最佳做法和标准。
《综合控制宫颈癌》
一项基本实践指南

机构间常设委员会（IASC）和 Sphere 项目等许多国际和国家专家团体建议提供心理急救。心理急救可以替代心理疏导。2009 年，世界卫生组织（世卫组织）精神卫生差距行动计划指南制定小组评估了在心理急救和心理疏导方面的证据。他们认为应向最近经历了痛苦事件之后承受严重压力的人提供心理急救，而不是心理疏导。

编制本指南的目的是为低收入和中等收入国家提供已获普遍认可的心理急救材料。我们在这里提供的信息仅供参考，需要根据当地具体情况以及救助对象所处的文化环境予以适当调整。

本指南已获许多国际机构认可，它汇集了如何在发生极端痛苦的事件后立即向人们提供救助的新学间和国际共识。

2012, 65 pages
ISBN 978 92 4 554820 1
CHF 10.00/US$ 12.00
Order No. 51500819

世界残疾报告（2011 年）
自《残疾人权利公约》以来，人们非常关注如何消除影响残疾人参与社会的障碍。世卫组织和世界银行共同出版的首份《世界残疾报告》审查了有关残疾人状况的证据，就帮助克服社会排斥的政策和实践提供指导。

报告部分内容涉及健康、康复、援助和支持、促进性环境、教育和就业。各章正文之前都引用残疾人说法，为正文内容做好准备。各章内还有案例研究，说明各国如何成功推广最佳实践。报告还酌情对低收入、中等收入和高收入环境面临的不同挑战进行了区分。

这份开创性报告表明，消除残疾人在获得主流服务方面面临的障碍并且投资于康复、支持服务和无障碍环境有助于确保千万残疾人参与和更广泛的社会活动。报告涵盖公共卫生、人权和教育发展，是决策者、专业人士和残疾人及其家庭权利宣传者的必读出版物。

2012, 348 pages (in preparation)
ISBN 978 92 4 554839 3
CHF 30.00/US$ 36.00
Order No. 51500841

预防和控制非传染性疾病：资源缺乏环境下的初级卫生保健指南

该指南旨在改善资源缺乏环境下二型糖尿病患者的护理质量与健康结果。该指南为开发简单算法以便使用资源缺乏环境下首诊卫生服务机构可获得的基本药物和技术管理糖尿病提供了基础。指南将糖尿病管理纳入初级卫生保健提出了一整套基本干预措施。有关建议仅针对二型糖尿病患者，因为一型糖尿病的管理更为复杂，需要更专业的护理。

指南的目标用户是负责制定供资源缺乏环境下的初级卫生保健机构工作人员使用的糖尿病治疗方案的卫生保健专业人员。建立的指南专家组包括外部专家包括世卫组织职员。

2013, 68 pages (in preparation)
ISBN 978 92 4 554843 3
CHF 30.00/US$ 36.00
In developing countries: CHF 21.00/US$ 25.40
Order no. 51500841
WHO Report on the Global Tobacco Epidemic 2013: Enforcing bans on tobacco advertising, promotion and sponsorship

Доклад ВОЗ о глобальной табачной эпидемии 2013 г. Обеспечение соблюдения запретов на рекламу, стимулирование продажи и спонсорство табачных изделий

В данном докладе, четвертом из серии докладов ВОЗ, представлено исследование глобальной табачной эпидемии на страновом уровне и определены страны, которые применили отдельные меры, направленные на сокращение употребления табака.

Пять лет назад ВОЗ представила комплекс мер MPOWER как практический и эффективный с точки зрения затрат способ расширения масштабов осуществления конкретных положений РКБТ ВОЗ на местах.

В настоящем докладе основное внимание уделяется обеспечению соблюдения запретов на рекламу, стимулирование продажи и спонсорство табачных изделий.

2013, 202 pages
ISBN 978 92 4 450587 8
CHF 40.00/US$ 48.00
In developing countries: CHF 28.00/US$ 33.60
Order no. 49304220

Progress on Drinking Water and Sanitation : 2014 update

Прогресс в области питьевой воды и санитарно-гигиенических средств: обновленная информация за 2014 г.

Этот доклад Совместной программы ВОЗ/ЮНИСЕФ по мониторингу сектора водоснабжения и санитарии содержит обновленную информацию за 2014 год, распределенную по трем разделам. В первом разделе представлено состояние и тенденции изменения доступа к улучшенным источникам питьевой воды и санитарно-гигиеническим средствам.

Во втором разделе дается краткая характеристика неравенства в доступе к улучшенным источникам питьевой воды и санитарно-гигиеническим средствам.

Заключительный раздел содержит информацию об усилиях по улучшению мониторинга доступа к безопасной питьевой воде и средствам санитарии в рамках плана развития после 2015 года, а также связанных с ними задач.

2014, 74 pages
ISBN 978 92 4 450724 7
CHF 30.00/US$ 36.00
In developing countries: CHF 21.00/US$ 25.40
Order no. 49303255
Basic Documents
Forty-eighth Edition
Основные документы
Сорок восьмое издание

В нашем издании, обновленном до состоянию на 31 декабря 2014 г., в одном томе собраны основные руководящие документы Всемирной организации здравоохранения, включая Устав, Правила процедуры Всемирной ассамблеи здравоохранения и Исполнительного комитета, Положения о финансах и Положения о персонале.

В него также включены Положения о списках экспертов-консультантов и комитетах экспертов, Положения об исследовательских и научных группах, тексты соглашений с Организацией Объединенных Наций и с другими специализированными учреждениями.

Конвенция о привилегиях и иммунитетах специализированных учреждений, Статут Международного агентства по изучению рака и принципы, регулирующие отношения с неправительственными организациями. В этом томе содержится также список государств-членов Всемирной организации здравоохранения.

Screening Donated Blood for Transfusion-transmissible Infections Recommendations
Скрининг донорской крови на гемотрансмиссивные инфекции: рекомендации

Эти рекомендации призваны оказать помощь странам в создании эффективных национальных программ, обеспечивающих 100% скрининг гарантированного качества донорской крови на гемотрансмиссивные инфекции.

В странах, где эти системы еще до конца не созданы, предлагаемые рекомендации будут способствовать их поэтапному осуществлению на практике.

World Health Statistics 2012
Мировая статистика здравоохранения 2012 г.

Серийное издание Мировая статистика здравоохранения представляет собой ежегодный сборник данных по здравоохранению, получаемых ВОЗ из 194 государств-членов ВОЗ, и включает краткую информацию о прогрессе в достижении Целей развития тысячелетия (ЦРТ) и связанных с ними задач.

В этом году издание также привлекает внимание к актуальным вопросам в области неинфекционных заболеваний, всеобщего охвата услугами здравоохранения и регистрации актов гражданского состояния.

2012, 176 pages
ISBN 978 92 4 456444 8
CHF 40.00/US$ 48.00
In developing countries: CHF 28.00/US$ 33.60
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2015, 194 pages
ISBN 978 92 4 465048 6
CHF 25.00/US$ 30.00
In developing countries: CHF 17.50/US$ 21.00
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The Blue Trunk Library has been developed by the library of the World Health Organization for installation in district health centres in Africa as a means of compensating for the lack of up-to-date medical and health information. After 14 years of existence more than 2280 libraries have been distributed to health districts in poor countries of the world, where health information access is difficult. Training workshops, for the optimal use of the information contained in each blue trunk, was also provided to more than 550 health professionals during this period.

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Among the works chosen, priority has been given to practical manuals (especially those published by WHO) offering easily accessible solutions to the medical, public health and management problems medical staff may have to face.

Differing levels of education among district medical staff have also been taken into account. The same topic may be addressed in different publications from a different point of view: that of the physician, the nurse, the nursing auxiliary or health worker.

In order to make it easier to transport and store, the collection has been packed into a blue metal trunk fitted with two shelves on which cardboard boxes containing the books are arranged by field of interest.

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— Steve Baxendale, Pacific Open Learning Health Net, Fiji

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INTRODUCTION

Organisation mondiale de la Santé – Editions de l’OMS
Catalogue des produits d’information de l’OMS – Printemps 2015

Introduction
Dans cette section vous trouverez les ouvrages et produits d’information de l’OMS publiés en version française depuis octobre 2014. Un index des titres figure à la fin du catalogue ainsi qu’un bon de commande, les adresses de l’OMS et de ses Bureaux régionaux et la liste des agents de vente de l’OMS.

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Les lecteurs résidant dans les pays en développement bénéficieront d’un rabais minimum de 30% sur les tarifs indiqués dans ce catalogue. Les prix exprimés en monnaie locale par nos agents de vente dans les pays en développement, doivent être établis sur la base du prix réduit.

Catalogue électronique
Chirurgie du trichiasis trachomateux.
Deuxième édition

La deuxième édition de ce manuel combine et met à jour les éléments contenus dans les trois manuels antérieurs consacrés à la rotation bilamellaire du tarse, à la méthode de Trabut et à l’évaluation finale des chirurgiens du trichiasis.

Ce manuel est destiné à fournir des informations spécifiques aux formateurs dans le domaine du trichiasis trachomateux (TT) à d’autres personnes pour qu’elles puissent pratiquer la chirurgie de l’entropion trichiasis. Il ne traite pas des autres approches et se divise en deux parties. La première présente les spécificités de la formation des futurs chirurgiens du trichiasis et sert de document de référence.

Le formateur peut préférer que les stagiaires lisent directement le document, utilisent ce manuel comme guide dans le cadre d’une présentation didactique ou l’exploitent d’autres manières comme aide à la formation. Le manuel contient des connaissances devant être transmises lors de la formation et une description des compétences devant être acquises et évaluées pendant la pratique et les sessions de chirurgie. La seconde partie est destinée uniquement aux formateurs des futurs chirurgiens et porte sur la sélection et l’évaluation finale des participants.

Progrès en matière d’alimentation en eau et d’assainissement : rapport 2014

Ce rapport 2014 du Programme commun OMS/UNICEF de suivi de l’approvisionnement en eau et de l’assainissement (JMP) comprend trois sections. La première fait le point sur la situation de l’accès aux points d’eau améliorés et aux installations d’assainissement et sur son évolution.

La seconde donne un aperçu des inégalités d’accès dans ces deux domaines. La dernière partie, enfin, présente les efforts qui seront déployés pour renforcer le suivi de l’accès à l’eau potable et aux services d’assainissement dans le cadre de l’agenda de développement post-2015, ainsi que les défis connexes.

Les annexes en fin de document donnent des informations supplémentaires sur la méthodologie du JMP et sur les regroupements régionaux pour les OMD. On y trouve également des tableaux de données et une série de chiffres sur l’évolution de la couverture.
Protéger la santé face au changement climatique
Evaluation de la vulnérabilité et de l’adaptation

De nombreux éléments tendent aujourd’hui à prouver que le climat est en train de changer rapidement, principalement du fait des activités humaines. Des phénomènes comme la hausse des températures, l’élévation du niveau des océans, l’évolution des précipitations et les événements extrêmes devraient entraîner une augmentation de toute une série de risques pour la santé, aussi bien des effets directs – vagues de chaleur, inondations ou vents de tempête – que des effets sur le système naturel ou les secteurs socio-économiques qui conditionnent en fin de compte la santé.

On peut toutefois éviter en grande partie les effets potentiels du changement climatique sur la santé en cherchant à la fois à renforcer les fonctions essentielles des systèmes de santé et à améliorer la gestion des risques liés au changement climatique.

Le présent document vise à fournir une orientation de base souples sur la conduite d’une évaluation nationale ou infranationale de la vulnérabilité présente ou future (c’est-à-dire la sensibilité d’une région ou d’une population à un dommage) face aux risques pour la santé liés au changement climatique, ainsi que des politiques et programmes pouvant renforcer la résilience, compte tenu des nombreux déterminants des issues sanitaires liées au climat.

L’évaluation fournira aux décideurs des informations sur l’étendue et l’ampleur des risques sanitaires probables imputables au changement climatique et sur les politiques et programmes prioritaires pour prévenir les effets sanitaires futurs et en atténuer la gravité. Les étapes peuvent être mises en oeuvre dans l’ordre où elles sont présentées ou on peut se borner à n’entreprendre que certaines étapes spécifiques pour répondre aux besoins de la population visée.
Surveillance des anomalies congénitales
Un manuel pour les administrateurs de programme

Les anomalies congénitales sont des anomalies fonctionnelles ou structurelles (comprenant aussi les troubles métaboliques) présentes dès la naissance. Elles constituent un groupe hétérogène de troubles d’origine prénatale qui peuvent être causés par des anomalies monogéniques, des anomalies chromosomiques, une hérédité multifactorielle, des agents tératogènes environnementaux ou une malnutrition en micronutriments.

Ce manuel est destiné à servir d’outil pour aider à l’élaboration, à la mise en œuvre et à l’amélioration continue de programmes de surveillance des anomalies congénitales, en particulier pour les pays à ressources limitées. Il porte principalement sur les programmes de surveillance en population et en milieu hospitalier. Pour certains pays, il peut paraître difficile de commencer par un programme en population. Ce manuel présente donc les méthodologies à suivre pour l’élaboration de programmes de surveillance en population et pour l’élaboration de programmes de surveillance en milieu hospitalier.

Par ailleurs, dans les pays à revenu faible ou moyen, même si de nombreuses naissances ont lieu en dehors du milieu hospitalier, certains de ces pays peuvent choisir de commencer leur programme de surveillance en milieu hospitalier et de l’étendre à l’ensemble de la population dans un second temps. Ce manuel devrait être utile à tous les pays qui souhaitent que leur programme actuel en milieu hospitalier soit élargi à un programme en population, ainsi qu’à ceux qui souhaitent mettre en place d’emblée un programme en population.

Ce manuel fournit des exemples choisis d’anomalies congénitales. Celles-ci sont habituellement suffisamment graves pour avoir de bonnes chances d’être rapportées au cours des premiers jours suivant la naissance. En raison de leur gravité et de leur fréquence, elles ont aussi un impact important sur la santé publique, et certaines d’entre elles peuvent bénéficier d’une prévention primaire. Néanmoins, il ne s’agit que de suggestions, et les pays peuvent choisir de ne faire le suivi que d’une partie de ces pathologies ou au contraire d’ajouter d’autres anomalies congénitales pour répondre à leurs besoins.

Ce manuel est destiné à faciliter la collecte des informations essentielles afin d’évaluer la charge des anomalies congénitales. Il faut noter qu’il ne donne pas d’informations spécifiques sur la façon de collecter des informations sur les facteurs de risque, ni sur la façon de prendre en charge les nouveau-nés atteints d’une anomalie congénitale.

Surveillance des anomalies congénitales : atlas de certaines anomalies congénitales


Pour attribuer un code aux anomalies congénitales, cet atlas utilise la Classification statistique internationale des maladies et des problèmes de santé connexes, 10ème révision (CIM-10) et son extension proposée par le Royal College of Paediatrics and Child Health (RCPCH).

Il fournit des illustrations et des photographies de certaines anomalies congénitales suffisamment graves pour avoir une probabilité élevée d’être signalées au cours des premiers jours suivant la naissance. En outre, en raison de leur gravité et de leur fréquence, les anomalies illustrées ont aussi un impact important sur la santé publique, et certaines d’entre elles peuvent bénéficier d’une prévention primaire.
Documents fondamentaux
Quarante-huitième édition


On y trouve aussi les Règlements applicables aux tableaux et comités d’experts ainsi qu’aux groupes d’étude et groupes scientifiques, le texte des accords avec l’Organisation des Nations Unies et d’autres organismes, la Convention sur les privilèges et immunités des institutions spécialisées, le Statut du Centre international de Recherche sur le Cancer, et les principes régissant les relations avec les organisations non gouvernementales. Une liste des Membres et des Membres associés de l’OMS y figure en appendice.

Techniques de base pour le diagnostic microscopique du paludisme. Deuxième édition

Les techniciens de laboratoire jouent un rôle essentiel dans les programmes de lutte contre le paludisme, car les services de soins comme la surveillance de la maladie dépendent de leur diagnostic et de leurs compétences techniques. Il faut donc que la formation au diagnostic microscopique du paludisme soit solide et permette d’atteindre les normes élevées d’aujourd’hui.

Ce module de formation a été ajusté pour prendre en compte les modifications intervenues dans la façon de diagnostiquer et de traiter le paludisme. Il se compose de deux parties : un Guide du stagiaire (Partie I) et un Guide de l’enseignant (Partie II). Il comporte aussi un CD-ROM, préparé par les Centers for Disease Control and Prevention des États-Unis d’Amérique, dans lequel on trouve des photographies au microscope des différentes espèces du paludisme et des informations techniques en format PowerPoint, pouvant être montrées pendant les séances de formation et auxquelles les participants peuvent se référer.

L’accent est mis sur l’enseignement et l’apprentissage, avec un contrôle et une évaluation des individus et du groupe pendant la formation.

Le Guide de l’instructeur (Techniques de base pour le diagnostic microscopique du paludisme, Partie II) aidera les formateurs à enseigner aux agents de santé les techniques de base pour le diagnostic microscopique du paludisme. Dans l’idéal, les participants doivent également recevoir un jeu des Planches de l’OMS pour le diagnostic microscopique du paludisme. Dans le cas contraire, il faudrait en mettre plusieurs exemplaires à leur disposition pour qu’ils puissent s’y référer et les utiliser.
La santé des populations
Les mesures efficaces

Ceci est un rapport sur la santé des populations qui vivent dans la Région africaine de l’Organisation mondiale de la Santé. Le monde qu’il décrit a subi des transformations spectaculaires, le continent africain devenant un moteur démographique et économique de plus en plus important pour la croissance mondiale.

La croissance économique rapide, jointe à une population jeune de plus en plus nombreuse, à l’utilisation répandue des technologies, notamment la téléphonie mobile, et à une classe moyenne en expansion, a donné une image nouvelle de la Région.

Ce rapport s’appuie sur un large éventail de données pour montrer que la santé des populations qui vivent dans la Région, en général, s’est considérablement améliorée au cours de cette dernière décennie. Cela tient en partie aux changements démographiques et économiques et à une plus grande stabilité politique.

Mais ces progrès sont aussi, dans une large mesure, le fruit des efforts soutenus qui ont été faits pour prévenir les maladies et protéger la santé, pour améliorer l’accès aux traitements lorsqu’ils sont nécessaires, et pour trouver les moyens de relever le niveau des soins de santé dispensés dans le contexte africain.

Protéger la santé requiert une bonne connaissance du contexte: suivre la bonne approche à l’endroit et au moment voulu pour le bon problème chez les personnes concernées. En montrant les mesures qui sont efficaces, le rapport témoigne du changement de paradigme en cours, les stratégies réactives de lutte contre les maladies faisant place à des mesures prises en amont pour promouvoir la santé et le développement.

Tous ces changements ont en commun l’idée fondamentale que la santé est le fruit de toutes les politiques. Mais il reste beaucoup à faire dans la Région. Tandis que l’épidémie de VIH cède progressivement du terrain, la persistance de la récente flambée épidémique de maladie à virus Ebola nous rappelle brutalement que nous ne devons pas relâcher notre vigilance.

Manuel de sécurité biologique pour les laboratoires de la tuberculose

Ce manuel de sécurité biologique pour les laboratoires de la tuberculose est une adaptation de la troisième édition du Manuel de sécurité biologique en laboratoire publié par l’OMS. Son contenu reflète d’une part, les conclusions d’une consultation technique qui s’est tenue entre l’Organisation mondiale de la Santé (OMS) et les Centers for Disease Control and Prevention des États-Unis (CDC) (septembre 2008) complétées par celles de la réunion d’un groupe d’experts sur la sécurité biologique pour la partie correspondant aux techniques de diagnostic de la tuberculose au laboratoire (avril 2009) et d’autre part, l’avis unanime exprimé lors d’un examen externe indépendant (août 2011).

L’ouvrage vise essentiellement à répondre aux besoins particuliers des programmes de lutte antituberculeuse et à faciliter la mise en place de mesures efficaces de sécurité biologique adaptées aux divers niveaux des laboratoires de la tuberculose.

Cela étant, il faut le consulter en parallèle avec le Manuel de sécurité biologique en laboratoire de l’OMS car ce dernier porte sur les aspects généraux de la sécurité biologique au laboratoire, tels que la manipulation de produits chimiques dangereux qui ne sont pas propres aux laboratoires de la tuberculose, les risques d’incendie et autres types de risque, le transport de substances infectieuses et la formation.
La Bibliothèque bleue est une collection qui a été mise au point par la bibliothèque de l’Organisation mondiale de la Santé pour être installée dans les centres de santé de district en Afrique afin de pallier le manque d’information médicale et sanitaire actualisée.

Cette collection qui est pré-classée par grandes rubriques, contient une centaine de livres portant sur la médecine et la santé publique.

Pour faciliter son transport et sa conservation, la collection d’ouvrages a été emballée dans une malle en tôle bleue qui a été équipée de deux étagères sur lesquelles sont classées les boîtes à brochures numérotées contenant les livres.

Parmi les ouvrages sélectionnés, priorité a été donnée aux manuels pratiques, (en particulier ceux publiés par l’OMS), dans lesquels on trouve facilement la réponse aux problèmes de santé et de gestion sanitaire auxquels le personnel médical peut être confronté. Il a également été tenu compte des différents niveaux de formation parmi le personnel médical du district, c’est pourquoi le même sujet peut être traité dans plusieurs ouvrages mais sous un angle à chaque fois différent : celui du médecin, de l’infirmier(e), de l’aide-soignant(e) ou de l’auxiliaire de santé.

«... les bibliothèques bleues ont un avenir prometteur en Afrique...»
— Dr Jacques Courtejoie, Directeur du Bureau d’Études et de Recherches pour la promotion de la santé, République démocratique du Congo

«... une source d’information fiable, facile à utiliser...»
— Steve Baxendale, Pacific Open Learning HealthNet, Fidji

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Catálogo de los productos de información de la OMS – Primavera de 2015

Introducción
En la sección en español se recogen los datos bibliográficos de todos los productos de información publicados en español desde octubre de 2014 de la sede de la Organización Mundial de la Salud en Ginebra (Suiza). Para facilitar la búsqueda de información el catálogo comprende un índice (página 62), el formulario de pedido, las direcciones de la OMS y de sus Oficinas Regionales y la lista de agentes de ventas.

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Las anomalías congénitas, también conocidas como defectos congénitos o defectos de nacimiento, son anormalidades estructurales o funcionales (como los trastornos metabólicos) que están presentes desde el nacimiento. Constituyen un grupo variado de afecciones de origen prenatal que pueden deberse a defectos monogénicos, alteraciones cromosómicas, herencia multifactorial, teratógenos ambientales o malnutrición por carencia de micronutrientes.

Este Atlas de algunos defectos de nacimiento complementa el texto Vigilancia de anomalías congénitas. Manual para gestores de programas y se ha concebido como ayuda para la elaboración, la aplicación y la mejora permanente de programas de vigilancia de anomalías congénitas, en particular en países con recursos humanos y económicos limitados.

En él las anomalías congénitas se codifican según la Clasificación Estadística Internacional de Enfermedades y Problemas de Salud Conexos, décima revisión (CIE-10) y la ampliación de esta elaborada por el Royal College of Paediatrics and Child Health (RCPCH).

Presenta ilustraciones y fotografías de una serie de anomalías congénitas que son lo bastante graves como para que haya muchas probabilidades de que se detecten en los primeros días de vida. Además, por su gravedad y frecuencia, repercuten notablemente en la salud pública, y en algunos de ellas cabe la prevención primaria.

La finalidad de este manual es servir de instrumento para el desarrollo, la aplicación y la mejora continua de un programa de vigilancia de anomalías congénitas, en particular para los países con recursos limitados. Se centra en los programas de vigilancia poblacionales y hospitalarios, y dado que algunos países pueden considerar que no es factible empezar desarrollando un programa poblacional, ofrece la información metodológica necesaria para desarrollar ambos tipos de programas.

Además, aunque en los países de ingresos predominantemente bajos o medianos muchos partos se producen fuera de los hospitales, algunos países con recursos limitados pueden optar por comenzar con un programa de vigilancia hospitalaria y ampliarlo luego a uno poblacional. Todos los países que deseen proceder a esta ampliación o emprender el desarrollo de un programa poblacional hallarán de utilidad el presente manual para lograr su objetivo.

El manual ofrece algunos ejemplos de anomalías congénitas. Por lo general, son anomalías lo bastante graves como para que haya muchas probabilidades de que se registren en los primeros días de vida. Además, por su gravedad y frecuencia, repercuten notablemente en la salud pública, y en el caso de algunas de ellas cabe la prevención primaria. Aun así, la lista es solo una propuesta; los países pueden optar por vigilar un subgrupo de estas anomalías congénitas o añadir otras para atender sus necesidades.
Manual de práctica clínica para un aborto seguro

El Manual de práctica clínica para el cuidado del aborto seguro busca facilitar la aplicación práctica de las recomendaciones clínicas de la segunda edición de Aborto seguro: guía técnica y de políticas para los sistemas de salud (Organización Mundial de la Salud 2012). Si bien los contextos legales, normativos, de políticas y de servicios pueden variar de un país a otro, las recomendaciones y las mejores prácticas descritas en estos documentos buscan permitir una toma de decisiones basada en la evidencia con respecto a los cuidados que se han de administrar para un aborto seguro.

Este manual está dirigido a los proveedores que ya tienen las destrezas y el entrenamiento necesarios como para atender un aborto seguro y/o tratar las complicaciones de un aborto inseguro. No es ni un sustituto para capacitación formal, ni un manual de entrenamiento.

Esperamos que este manual le sea útil a muchos de prestadores en diferentes instancias y en diferentes contextos jurídicos y de servicios de salud.

Documentos básicos
48a edición

Esta 48.a edición, actualizada al 31 de diciembre de 2014, rúe en un mismo volumen los documentos esenciales relativos a la gobernanza de la Organización Mundial de la Salud, en particular, la Constitución, el Reglamento interior de la Asamblea Mundial de la Salud y el Reglamento interior del Consejo Ejecutivo, el Reglamento financiero, y el Estatuto del Personal. Figuran en ella asimismo el reglamento de los cuadros y comités de expertos y el de los grupos de estudio y grupos científicos, los textos de los acuerdos con las Naciones Unidas y con otros organismos, la Convención sobre los Privilegios e Inmunidades de los Organismos Especializados, los Estatutos del Centro Internacional de Investigaciones sobre el Cáncer, y los principios que rigen las relaciones con las organizaciones no gubernamentales. Se enumeran los Miembros y Miembros Asociados de la OMS.

2014, 64 páginas [E, F, S]
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La infección tuberculosa latente (ITBL) se define como un estado de respuesta inmunitaria persistente a antígenos de Mycobacterium tuberculosis adquiridos con anterioridad que no se acompaña de manifestaciones clínicas de TB activa. Actualmente no existe un instrumento que permita detectar directamente la infección humana por M. tuberculosis. La gran mayoría de las personas infectadas no presentan signos ni síntomas de TB, pero tienen riesgo de contraer TB activa, lo cual se puede evitar mediante el tratamiento preventivo.

Las presentes Directrices sobre la atención de la infección tuberculosa latente se prepararon con arreglo a los requisitos y el proceso recomendado por el Comité de Examen de Directrices de la OMS. Tienen la finalidad de brindar una orientación desde el punto de vista de la salud pública sobre las prácticas de base científica para estudiar, tratar y atender la ITBL en personas con mayores probabilidades de progresar hacia la enfermedad activa. También pueden usarse como base y fundamento para la preparación de directrices nacionales. Las directrices están dirigidas principalmente a los países de ingresos altos o medianos altos donde la incidencia estimada de TB es menor de 100 por 100 000 habitantes. Los países de ingresos bajos y otros países de ingresos medianos que no encajen en la categoría anterior deben aplicar las directrices vigentes de la OMS sobre personas infectadas por el VIH y contactos de enfermos tuberculosos menores de 5 años.
La biblioteca de la Organización Mundial de la Salud ha creado la Biblioteca azul con el fin de dotar a los centros de salud distritales de África de unos recursos que compensen la carencia de información actualizada sobre medicina y salud. Tras 14 años de existencia, se han distribuido más de 2280 bibliotecas en los distritos sanitarios de países pobres del mundo entero, donde es difícil acceder a información sobre salud. Asimismo, durante ese periodo se han impartido talleres para capacitar a más de 550 profesionales de la salud en el uso óptimo de la información que contiene la Biblioteca azul.

La colección, organizada según los principales temas de salud, comprende más de un centenar de libros de medicina y salud pública y recientemente ha sido revisada y actualizada con la última información disponible.

Entre las obras elegidas se ha dado prioridad a los manuales prácticos (en especial los publicados por la OMS) en los que se proporcionan soluciones simples a los problemas médicos, de salud pública y de gestión que más a menudo se presentan al personal de salud.

Se han tenido en cuenta también los diversos grados de formación del personal médico distrital. Un mismo tema se aborda en publicaciones distintas desde puntos de vista diferentes: el del personal médico, personal de enfermería, personal auxiliar, o de los agentes de salud.

Para facilitar el transporte y el almacenamiento, la colección se presenta en un baúl de metal con dos estantes, y los libros se han ordenado en cajas de cartón por campos de interés.

«...Las bibliotecas azules tienen un futuro prometedor en África...»
— Dr. Jacques Courtejoie, Centro de Promoción de la Salud, República Democrática del Congo

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— Steve Baxendale, Pacific Open Learning Health Net, Fiji
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