World Health Organization, WHO Press

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This collection contains 50+ WHO publications providing standards and guidelines in the fields of pharmaceuticals and biologicals, quality assurance, essential medicines and the safe use of medicines. This collection will be useful to the pharmaceutical industry, laboratories and drug regulatory agencies, as well as those concerned by the safe use of medicines.

Food safety
This collection contains 80+ WHO publications dealing with food safety, food additives and contaminants, as well as books on veterinary drug residues, pesticide residues, toxicology and microbiological risk assessment. The collection will be useful to scientists and researchers, the food industry and food regulatory authorities.

Health systems
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Cancer
This collection contains 20+ WHO and International Agency for Research on Cancer publications on the topic of cancer control, national cancer control programmes, cervical cancer. This collection will be useful to policy makers and health professionals involved in cancer control and prevention.

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Maternal health & reproductive health
This collection contains 30+ WHO publications dealing with newborn and maternal health, pregnancy, contraceptives, human semen and reproductive health indicators. This collection will be useful to health professionals, midwives and district health personnel.

Mental health
This collection contains 80+ WHO publications on mental health, disabilities, substance abuse, tobacco, and alcohol. This collection will be useful to regulators in substance abuse and health personnel dealing with mental problems.

Water and sanitation
This collection contains 40+ WHO publications on drinking-water guidelines and standards, recreation water environments, sanitation and hygiene and water safety plans. This collection will be useful to governments and regulators, water suppliers and practitioners.

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This report outlines a framework for action to foster Healthy Ageing built around the new concept of functional ability. This will require a transformation of health systems away from disease based curative models and towards the provision of older-person-centred and integrated care. It will require the development, sometimes from nothing, of comprehensive systems of long term care. It will require a coordinated response from many other sectors and multiple levels of government. And it will need to draw on better ways of measuring and monitoring the health and functioning of older populations. These actions are likely to be a sound investment in society’s future. A future that gives older people the freedom to live lives that previous generations might never have imagined.

The world report on ageing and health responds to these challenges by recommending equally profound changes in the way health policies for ageing populations are formulated and services are provided. As the foundation for its recommendations, the report looks at what the latest evidence has to say about the ageing process, noting that many common perceptions and assumptions about older people are based on outdated stereotypes. The report’s recommendations are anchored in the evidence, comprehensive, and forward-looking, yet eminently practical. Throughout, examples of experiences from different countries are used to illustrate how specific problems can be addressed through innovation solutions. Topics explored range from strategies to deliver comprehensive and person-centred services to older populations, to policies that enable older people to live in comfort and safety, to ways to correct the problems and injustices inherent in current systems for long-term care.

“The WHO World report on ageing and health is not for the book shelf, it is a living-breathing testament to all older people who have fought for their voice to be heard at all levels of government, across disciplines and sectors.”

— Mr Bjarne Hastrup, President, International Federation on Ageing and CEO, DaneAge

“...the report signals a crucial and very welcome shift in both focus and approach to healthy ageing. It moves us away from thinking about health in older age solely as the presence or absence of disease and instead looks at an older person’s well-being and ability to function. I am very pleased to see the report calling for health and care services to be improved and provided in a more integrated way, as close as possible to older people in the community.”

— Toby Porter, HelpAge International
WHO Classification of Tumours of the Central Nervous System, Revised
Fourth edition

WHO Classification of Tumours of the Central Nervous System is the Revised 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 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.

International Agency for Research on Cancer
Edited by David N. Louis, Hiroko Ohgaki, Otmar D. Wiestler and Webster K. Cavenee
2016, 408 pages [E]
ISBN 978 92 832 4492 9
CHF 135.00/US$ 162.00
In developing countries: CHF 94.50/US$ 113.40
Order no. 17024001


This biennial report of the International Agency for Research on Cancer (IARC) provides a summary of the activities of the Agency during the 2014-2015 biennium. These activities span research areas including descriptive epidemiology, cancer registration and analysis of data on cancer occurrence and trends, basic research into the genetic and molecular aspects of cancer development, pathogenesis, and prevention studies.

International Agency for Research on Cancer
2016, 164 pages [E, F]
ISBN 978 92 832 1100 6
CHF 25.00/US$ 30.00
In developing countries CHF 17.50/US$ 21.00
Order no. 17501415

Breast Cancer Screening
IARC Handbooks of Cancer Prevention

A Working Group of 29 independent international experts from 16 countries, convened by the International Agency for Research on Cancer (IARC) in November 2014, reviewed the scientific evidence and assessed the cancer-preventive and adverse effects of various methods of screening for breast cancer.

This publication provides an important update of the landmark 2002 IARC Handbook on Breast Cancer Screening, in light of recent improvements in treatment outcomes for late-stage breast cancer and recent data on the effectiveness of organized screening programmes. The Working Group also considered non-mammographic imaging techniques, clinical breast examination, and breast self-examination.

International Agency for Research on Cancer
IARC Handbooks of Cancer Prevention, Volume 15
2016, 164 pages [E]
ISBN 978 92 832 3015 1
CHF 55.00/US$ 66.00
In developing countries CHF 38.50/US$ 46.20
Order no. 17600035

Mycotoxin Control in Low- and Middle-income Countries

This book provides an evaluation of measures to reduce exposure to highly toxic and carcinogenic contaminants in staple diets in Africa as well as parts of Asia and Latin America. The International Agency for Research on Cancer convened a Working Group of world-leading experts to review the health effects of aflatoxins and fumonisins and to evaluate intervention measures.

The panel concluded that these mycotoxins not only are a cause of acute poisoning and cancer but also are a likely contributor to the high levels of stunting in children in affected populations. The Working Group also identified effective measures to reduce exposure in developing countries.

International Agency for Research on Cancer
IARC Working Report, No. 9
2016, 64 pages [E, F]
ISBN 978 92 832 2509 6
CHF 20.00/US$ 24.00
In developing countries CHF 14.00/US$ 16.80
Order no. 17600036
Polychlorinated Biphenyls and Polybrominated Biphenyls

This volume of the IARC Monographs provides evaluations of the carcinogenicity of polychlorinated biphenyls and polybrominated biphenyls.

Polychlorinated biphenyls are a class of aromatic compounds comprising 209 congeners, each containing 1 to 10 chlorine atoms attached to a biphenyl nucleus. Technical products, which were manufactured to obtain a certain degree of chlorination, are mixtures of numerous congeners. These products were widely used as dielectric fluid in capacitors and transformers, and to a lesser extent in building materials. Although their production and use has been banned in most countries, these compounds are ubiquitous environmental pollutants, including in polar regions and the deep ocean, because they are persistent and bioaccumulate. Worldwide monitoring programmes have shown that polychlorinated biphenyls are present in most samples of human milk.

An IARC Monographs Working Group reviewed epidemiological evidence, animal bioassays, and mechanistic and other relevant data to reach conclusions as to the carcinogenic hazard to humans of polychlorinated biphenyls, of the subclass of dioxin-like polychlorinated biphenyls, and of polybrominated biphenyls.

Some Drugs and Herbal Products

This volume of the IARC Monographs provides an assessment of the carcinogenicity of 14 drugs and herbal products. The IARC Monographs Working Group relied mainly on epidemiological studies to evaluate the carcinogenic hazard to humans exposed to the drugs digoxin (widely prescribed for the treatment of chronic heart failure), pioglitazone (used for the treatment of type 2 diabetes mellitus), and hydrochlorothiazide (used to treat hypertension). Other agents evaluated included the drugs primidone, sulfasalazine, pentosan polysulfate sodium, and triamterene, and five herbal products (or their components): Aloe vera whole leaf extract, goldenseal root powder, Ginkgo biloba leaf extract, kava extract, and pulegone.

Outdoor Air Pollution

This volume of the IARC Monographs provides an evaluation of the carcinogenicity of outdoor air pollution. Outdoor air pollution is a complex mixture of pollutants originating from natural and anthropogenic sources, including transportation, power generation, industrial activity, biomass burning, and domestic heating and cooking. The mix of pollutants in outdoor air varies widely in space and time, reflecting the diversity of sources and the influence of atmospheric processes. Commonly measured air pollutants include particulate matter (PM2.5, PM10), nitrogen dioxide, and sulfur dioxide; the concentration of particulate matter is often used as an indicator of pollution levels. Millions of people worldwide are exposed to outdoor air pollution at levels that substantially exceed existing health-based guidelines.
Implementing Child Maltreatment Prevention Programmes
What the Experts Say

Child maltreatment can result in not only immediate physical and mental harm to children but also long-term consequences throughout their lives. Measurably reducing child maltreatment requires action from politicians, practitioners and the public.

Internationally, some individuals and groups have pioneered programmes to prevent child maltreatment, or been instrumental in changing strategies or policies to protect children’s rights. Although scholarly papers capture many of these successes, they can omit key points on how to establish and sustain successful interventions. This handbook – based on a series of interviews with the world’s leading experts on preventing child maltreatment – aims to fill this gap by providing practical information to policy-makers, practitioners and others on implementing prevention programmes.

After outlining the wider political and cultural landscape needed to drive and sustain interventions, the handbook describes key principles for selecting and delivering programmes, and important practical considerations, including resources and technical support. Experts contribute insights into important first steps, key questions to consider and ways to address common challenges and barriers to successful implementation. This handbook is intended to be used, alongside other resources developed by the WHO Regional Office for Europe, to implement the European child maltreatment prevention action plan.

Growing up Unequal: Gender and Socioeconomic Differences in Young People’s Health and Well-being. Health Behaviour in School-aged Children (HBSC) study
International Report from the 2013/2014 Survey

This book is the latest addition to a series of reports on young people’s health from the Health Behaviour in School-aged Children (HBSC) study: a WHO collaborative cross-national study that has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years.

This book presents findings from the 2013/2014 survey on the demographic and social influences on the health of almost 220,000 young people in 42 countries and regions in the WHO European Region and North America. Responding to the survey, the young people described their social context (relations with family, peers and school), health outcomes (subjective health, injuries, obesity and mental health), health behaviour (patterns of eating, tooth brushing and physical activity) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying). For the first time, the report also includes items on family and peer support, migration, cyberbullying and serious injuries.

Statistical analyses were made to identify meaningful differences in the prevalence of health and social indicators by gender, age group and levels of family affluence. The findings highlight important health inequalities and contribute to a better understanding of the social determinants of health and well-being among young people.

Through this international report on the results of its most recent survey, the HBSC study aims to supply the up-to-date information needed by policy-makers at various levels of government, nongovernmental organizations and professionals in sectors such as health, education, social services, justice and recreation, to protect and promote young people’s health.
Coaching for the First Embrace: Facilitator's Guide (Early Essential Newborn Care)  
Module 2

Early Essential Newborn Care (EENC) is care given to a baby during delivery and the first three days after birth. It has three principal components: (1) first embrace; (2) prevention and management of prematurity; and (3) care of sick newborns. This guide provides instructions for coaching health workers in two key elements of EENC: (1) The management of routine deliveries and (2) The management of non-breathing babies.

The guide uses a clinical coaching approach that focuses on the practice of skills. Clinical coaching in a real-life setting is more likely to change health worker behaviours in the long term.


The Philippines, as a signatory of the 1989 Convention on the Rights of the Child (CRC), is required to submit a country progress report every three years on steps made towards meeting international standards and CRC Committee recommendations. In 2009, the CRC Committee recommended that the Philippines increase the duration of maternity leave, and ensure effective implementation of the Philippine Code of Marketing of Breast-milk Substitutes.

This review aims to support the Philippines by identifying key measures and strategies to improve breastfeeding practices.

Operational Framework for Building Climate Resilient Health Systems

This document presents the World Health Organization’s operational framework for building climate resilient health systems. The framework responds to the demand from Member States and partners for guidance on how the health sector and its operational basis and health systems can systematically and effectively address the challenges increasingly presented by climate variability and change.

This framework has been designed in light of the increasing evidence of climate change and its associated health risks; global, regional and national policy mandates to protect population health; and a rapidly emerging body of practical experience in building health resilience to climate change.

Primarily intended for public health professionals and health managers, this framework would also help guide decision-makers in other health-determining sectors, such as nutrition, water and sanitation, and emergency management. International development agencies could use this framework to focus investments and country support for public health, health system strengthening and climate change adaptation.

The objective of this framework is to provide guidance for health systems and public health programming to increase their capacity for protecting health in an unstable and changing climate. By implementing the 10 key components laid out in this framework, health organizations, authorities and programmes will be better able to anticipate, prevent, prepare for and manage climate-related health risks.

Least developed countries and countries in the process of developing the health components of National Adaptation Plans (NAPs) under the UN Framework Convention on Climate Change (UNFCCC) may find this document particularly useful in their efforts to design a comprehensive response to the risks presented by short-term climate variability and long-term climate change.
Preventing Disease through Healthy Environments
A Global Assessment of the Burden of Disease from Environmental Risks

This study provides an approximate estimate of how much disease can be prevented by reducing the environmental risks to health. It includes a meta-synthesis of key evidence relating diseases and injuries to the environment. It brings together quantitative estimates of the disease burden attributable to the environment using a combination of approaches that includes CRA, epidemiological data, transmission pathways and expert opinion. The synthesis of evidence linking 133 diseases and injuries, or their groupings, to the environment has been reviewed to provide an overall picture of the disease burden that could be prevented through healthier environments.

Human Health and Climate Change in Pacific Island Countries
Synthesis Report

Climate change in the Pacific is threatening the health of Pacific islanders, as well as economic and social development. Extreme weather events, especially cyclones, floods and droughts, are displacing populations, causing injuries and psychological trauma, and are increasing the risks of infection and malnutrition. Hotter and wetter climates are increasing the risks for vector-borne disease. Disasters related to climate change are disrupting the delivery of health-care services and are increasing the risks of disease and death among vulnerable groups, especially young children, women of reproductive age, older people and people with disabilities. This report informs and encourages timely action by Member States towards building resilience of health sector to climate change. It targets policy-makers and advisers in various sectors, public health practitioners, scientists and community stakeholders.

Climate Change and Health in the Western Pacific Region
Synthesis of Evidence, Profiles of Selected Countries and Policy Direction

This report synthesizes information and approaches on climate change and health pertinent to Member States in the Western Pacific Region. It also examines efforts and initiatives by various experts and stakeholders, with an in-depth look at experiences in seven Member States that reflect the diversity of the Region. Finally, it offers recommendations for policymakers.

Regional Framework of Urban Health in the Western Pacific Region 2016-2020
Healthy and Resilient Cities

The Western Pacific Region is witnessing dramatic changes brought about by urbanization, with economic development a key driver of urban growth. The speed and characteristics of changes vary from country to country. These changes are producing positive and negative impacts on health over the short and longer term in Asia and the Pacific. This document provides a brief situation analysis and a way forward for a proactive multisectoral approach to urban health in the context of the proposed Sustainable Development Goals (SDGs).

This Framework is intended for national health agencies and local governments. It is relevant to all Member States that are urbanizing or have urban areas, regardless of size, both in Asia and in the Pacific.
Framework for a Public Health Emergency Operations Centre
Interim Document, November 2015

This framework provides high-level methodical guidance for designing, developing, and strengthening of public health emergency operations centres. It is intended to be used by practitioners of public health; health policy makers; and authorities and agencies responsible for managing emergencies, incidents, or events where the health of populations is at risk. The document outlines the key concepts and essential requirements for developing and managing a Public Health Emergency Operations Centre (PHEOC) to achieve a goal-oriented response to public health emergencies and unity of effort among response agencies. The overall approach is generic and based on widely acknowledged elements of all-hazards emergency management. Practical guidance on specific aspects of the PHEOC framework will be developed and published separately.

2015, 80 pages [E]
ISBN 978 92 4 156513 4
CHF 30.00/US$ 36.00
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Order no. 19300338

Ethics in Epidemics, Emergencies and Disasters
Research, Surveillance and Patient Care:
Training Manual

In the face of recent pandemic threats (severe acute respiratory syndrome (SARS), avian influenza A H5N1, pandemic influenza A H1N1 and the 2014 Ebola virus disease outbreak) and disasters in general, debate has arisen about the ethical basis of research, surveillance and patient care in such situations. Scholarship on the ethics of public health crises draws on various areas, including clinical practice and research.

This training manual has two parts: Part 1 covers ethical issues in research and surveillance, such as conflicts that might arise between the common good and individual autonomy, ethics oversight and publication ethics. Part 2 covers patient care, including triage, standards of care and the professional duties of health care workers in emergencies. The teaching resources are modular, comprising seven core competencies and 26 learning objectives, each with a dedicated module.

The modules are based on various types of instruction and activities (e.g. case study, lecture, group discussion, role play, video) to meet the learning objective. Slide sets were prepared for the lectures under each learning objective and summary slide sets for each core competence. At the end of the manual, you will find a compilation of all of the case studies used throughout the manual.

Asia Pacific Strategy for Emerging Diseases Progress Report 2015
Securing Regional Health

APSED is a strategic framework for building sustainable national and regional capacities and partnerships in the Asia Pacific Region to ensure public health security and to detect, prepare for and respond to emerging diseases and public health emergencies. The strategy has guided Member State actions to strengthen their capacities and to rally and coordinate the support of partners.

This report looks at the progress of Member States and WHO for the reporting year July 2014 to June 2015. The structure of this report differs from the reports of previous years to emphasize the efforts made towards Ebola preparedness and the APSED evaluation, the two central foci of the past year. Rather than reporting according to the progress in each APSED focus area, progress is addressed against the recommendations made at the 2014 Technical Advisory Group (TAG) meetings.

WHO Regional Office for the Western Pacific
2015, 69 pages [E]
ISBN 978 92 9061 731 0
CHF 15.00/US$ 18.00
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Order no. 15300331
Safety Evaluation of Certain Food Additives and Contaminants
Eightieth Meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA)

The toxicological and dietary exposure monographs in this volume summarize the safety and/or dietary exposure data on seven food additives (benzoates: dietary exposure assessment; lipase from Fusarium heterosporum expressed in Ogataea polymorpha; magnesium stearate; maltotetraohydrolase from Pseudomonas stutzeri expressed in Bacillus licheniformis; mixed β-glucanase, cellulase and xylanase from Rasamsonia emersonii; mixed β-glucanase and xylanase from Disporotrichum dimorphosporum; and polyvinyl alcohol (PVA) - polyethylene glycol (PEG) graft copolymer).

Monographs on two contaminant groups (non-dioxin-like polychlorinated biphenyls and pyrrolizidine alkaloids) discussed at the eightieth meeting will be published as separate supplements in the WHO Food Additives series.

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 and Contaminants
Eighth 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 and contaminants and to prepare specifications for identity and purity.

The first part of the report contains a brief description of general considerations addressed at the meeting, including updates on matters of interest to the work of the Committee. A summary follows of the Committee’s evaluations of technical, toxicological and/or dietary exposure data for seven food additives (benzoates; lipase from Fusarium heterosporum expressed in Ogataea polymorpha; magnesium stearate; maltotetraohydrolase from Pseudomonas stutzeri expressed in Bacillus licheniformis; mixed β-glucanase, cellulase and xylanase from Rasamsonia emersonii; mixed β-glucanase and xylanase from Disporotrichum dimorphosporum; polyvinyl alcohol (PVA) – polyethylene glycol (PEG) graft copolymer) and two groups of contaminants (non-dioxin-like polychlorinated biphenyls and pyrrolizidine alkaloids). Specifications for the following food additives were revised or withdrawn: advantame; annatto extracts (solvent-extracted bixin and solvent-extracted norbixin); food additives containing aluminium and/or silicon (aluminium silicate; calcium aluminium silicate; calcium silicate; silicon dioxide, amorphous; sodium aluminium silicate); and glycerol ester of gum rosin.

Annexed to the report are tables or text summarizing the toxicological and dietary exposure information and information on specifications as well as the Committee’s recommendations on the food additives and contaminants considered at this meeting.
Toxicological Evaluations of Certain Veterinary Drug Residues in Food
Eighty-first Meeting of the Joint FAO/WHO Expert Committee on Food Additives (JECFA)

The toxicological monographs in this volume summarize data on the veterinary drug residues that were evaluated toxicologically by the Committee: diflubenzuron, ivermectin, sisapronil and teflubenzuron. Annexed to the report is a summary of the Committee’s recommendations on these and other drugs discussed at the eighty-first meeting, including acceptable daily intakes, acute reference doses and proposed maximum residue limits.

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.
**WHO Estimates of the Global Burden of Foodborne Diseases**

*Foodborne Disease Burden Epidemiology Reference Group 2007-2015*

Up to now, the global burden of illness and deaths caused by foodborne disease has never been quantified. In order to fill this data vacuum, the World Health Organization, together with its partners, launched in 2006 the Initiative to Estimate the Global Burden of Foodborne Diseases. After an initial consultation, WHO in 2007 established a Foodborne Disease Burden Epidemiology Reference Group (FERG) to lead the initiative. Six taskforces were established under FERG, focusing on groups of hazards or aspects of the methodology. These taskforces commissioned systematic reviews and other studies to provide the data from which to calculate the burden estimates. This report is an outcome of a decade of work by WHO, key partners and a number of dedicated individuals.

2015, 268 pages [E]
ISBN 978 92 4 156516 5
CHF 40.00/US$ 48.00
In developing countries: CHF 28.00/US$ 33.60
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**Guideline Daily Iron Supplementation in Infants and Children**

This guideline aims to help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Sustainable Development Goals (SDGs), the global targets set in the Comprehensive implementation plan on maternal, infant and young child nutrition and the Global Strategy for Women’s, Children’s, and Adolescents’ Health 2016-2030.

The recommendations in this guideline are intended for a wide audience, including policy-makers, their expert advisers and technical and programme staff at organizations involved in the design, implementation and scaling-up of anaemia prevention programmes, and in nutrition actions for public health.

2016, 28 pages [E]
ISBN 978 92 890 5115 6
CHF 20.00/US$ 24.00
In developing countries: CHF 14.00/US$ 16.80
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**Food Systems in Correctional Settings**

*A Literature Review and Case Study*

Food is a central component of life in correctional institutions and plays a critical role in the physical and mental health of incarcerated people and the construction of prisoners’ identities and relationships. An understanding of the role of food in correctional settings and effective management of food systems may improve outcomes for incarcerated people and help correctional administrators to maximize the health and safety of individuals in these institutions. This report summarizes existing research about food systems in correctional settings and provides examples of food programmes in prison and remand facilities, including a case study of food-related innovation in the Danish correctional system. Specific conclusions are offered for policy-makers, administrators of correctional institutions and prison food services professionals, and ideas for future research are proposed.

WHO Regional Office for Europe
Edited by A. B. Smoyer and L. Kjaer Minke

2016, 57 pages [E]
ISBN 978 92 4 154952 3
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In developing countries: CHF 14.00/US$ 16.80
Order no. 15300342
This report shows that the number of road traffic deaths - 1.25 million in 2013 - has remained fairly constant since 2007, despite the increase in global motorization and population and the predicted rise in deaths. This suggests that interventions to improve global road safety are preventing increases that otherwise would have occurred. The report highlights that the situation is worst in low-income countries, where rates are more than double those in high-income countries and there are a disproportionate number of deaths relative to the (lower) level of motorization. The African Region and the Eastern Mediterranean Region continue to have the highest road traffic death rates, while the lowest rates are in the European Region, notably among its high-income countries, many of which have been very successful at achieving and sustaining reductions in death rates despite increasing motorization.

Changing road user behaviour is a critical component of the holistic “Safe Systems” approach advocated in this report. Adopting and enforcing good laws is an effective means of changing road user behaviour on key risk factors for road traffic injuries - speed, drink-driving, and the failure to use helmets, seat-belts and child restraints properly or at all. The report highlights that over the last 3 years, 17 countries have changed laws to bring their legislation on one or more of the five key risk factors into line with best practice.

The report further highlights the important role of safe infrastructure and safe vehicles in reducing road traffic injuries. Road infrastructure is mainly constructed with the needs of motorists in mind, although the report indicates that 49% of all road traffic deaths occur among pedestrians, cyclists and motorcyclists. Real, sustained successes at reducing global road traffic deaths will only happen when road design takes into consideration the needs of all road users.
European Facts and Global Status Report on Road Safety 2015

In 2013, there were almost 85,000 deaths from road traffic injuries in the WHO European Region. Although the regional mortality rate is the lowest when compared to other WHO regions, with 9.3 deaths per 100,000 population, there are wide disparities in the rates of road traffic deaths between countries of the Region. This requires more systematic efforts if the global target of a 50% reduction in road crash deaths is to be achieved by 2020. Laws and practices on key risk factors such as regulating speed appropriate to road type, drink–driving, and use of seat belts, motorcycle helmets and child restraints are assessed to reduce the risk of road traffic injury.

While 95% of the population in the Region is covered by comprehensive laws in line with best practice for seat belts, only 47% of the population is adequately protected by laws for speed, 45% for helmet use, 33% for drink–driving and 71% for use of child restraints. Much can be gained from improving the safety of vehicles, having better road infrastructure and promoting sustainable physically active forms of mobility as alternatives to car use. Concerted policy efforts with systems approaches are needed to protect all road users in the Region.

Global Antimicrobial Resistance Surveillance System

Manual for Early Implementation

The Global Antimicrobial Resistance Surveillance System (GLASS) is being developed to support the Global Action Plan on Antimicrobial Resistance and should be coordinated within the national action plans of countries. The goal of GLASS is to enable standardized, comparable and validated data on AMR to be collected, analysed and shared with countries, in order to inform decision-making, drive local, national and regional action and provide the evidence base for action and advocacy.

GLASS combines patient, laboratory and epidemiological surveillance data to enhance understanding of the extent and impact of AMR on populations. In view of the challenges of collecting all these data, countries should consider gradual implementation of the surveillance standards proposed in this manual on the basis of their priorities and resources.

This manual focuses on early implementation of GLASS, comprising surveillance of resistance in common human bacterial pathogens. The intended readership of this publication is national public health professionals and national health authorities responsible for surveillance of antibacterial resistance in humans. This manual describes the GLASS standards and a road map for evolution of the system between 2015 and 2019. Further development of GLASS will be based on the lessons learnt during this period.
Global Report on Psoriasis

This Global report on psoriasis brings the public health impact of psoriasis into focus. The report is written to help raise awareness of the range of ways that psoriasis can affect peoples’ lives. It intends to empower policy-makers with practical solutions to improve the health care and social inclusion of people living with psoriasis in their populations. The report highlights that much of the suffering caused by this common and complex disease can be avoided. Improving access to early diagnosis and appropriate treatment for psoriasis requires universally accessible health-care systems that provide people-centred care for patients with complex, lifelong conditions. Governments also have a key role to play in seeking to address the unnecessary social consequences of psoriasis by the challenging the myths and behaviours that lead to the exclusion of patients from healthcare settings and daily life.

2016, 51 pages [E]
ISBN 978 92 4 156518 9
CHF 20.00/US$ 24.00
In developing countries: CHF 14.00/US$ 16.80
Order no. 19300341

Atlas of eHealth Country Profiles 2015: The Use of eHealth in support of Universal Health Coverage
Based on the Findings of the third global survey on eHealth 2015

The third global survey on eHealth conducted by the WHO Global Observatory for eHealth (GOe)1 has a special focus – the use of eHealth in support of universal health coverage. eHealth plays a vital role in promoting universal health coverage in a variety of ways. For instance, it helps provide services to remote populations and underserved communities through telehealth or mHealth.

It facilitates the training of the health workforce through the use of eLearning, and makes education more widely accessible especially for those who are isolated. It enhances diagnosis and treatment by providing accurate and timely patient information through electronic health records. And through the strategic use of ICT, it improves the operations and financial efficiency of health care systems.

This Atlas presents data collected on 125 WHO Member States. The survey was undertaken by the WHO Global Observatory for eHealth between April and August 2015 and represents the most current information on the use of eHealth in these countries.

2015, 212 pages [E]
ISBN 978 92 4 156511 0
CHF 50.00/US$ 60.00
In developing countries: CHF 35.00/US$ 42.00
Order no. 11500908

Health in 2015
From MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals

This report aims to describe global health in 2015, looking back 15 years at the trends and positive forces during the MDG era and assessing the main challenges for the coming 15 years. It describes the context, including population and epidemiological changes, and the economic, social and environmental determinants of health. The subsequent six chapters present the trends and challenges for the main health areas that are prominent in the health goal of the SDGs: universal health coverage; reproductive, maternal, newborn, child and adolescent health; infectious diseases; noncommunicable diseases, mental health and substance abuse; and injuries and violence. Some chapters cover multiple health targets and, where relevant, refer to SDG targets that are in other goals. The final chapter reflects on the implications of the SDG for health.

2015, 392 pages [E]
ISBN 978 92 4 156521 9
CHF 40.00/US$ 48.00
In developing countries: CHF 28.00/US$ 33.60
Order no. 15303280
Eye Care Service Assessment Tool

The “eye care service assessment tool” (ECSAT) allows users to collect data and information on the provision of eye care at country or district level and to determine whether it meets the objectives of the global eye health action plan.

ECSAT has three main sections, which follow the structure of the global eye health action plan. Section 1 covers the availability of data on the prevalence and causes of visual impairment, gaps in eye care services and use of evidence for securing support for eye health.

Section 2 provides guidance for assessing the status and functionality of a country’s eye care service on the basis of the six areas of the WHO framework for strengthening health systems. Section 3 gives guidance for determining the extent to which eye health is covered in multisectoral agendas and for engaging in national and international eye health partnerships.

ECSAT is designed primarily for national and district eye care planners, policy-makers, professional standard-setting agencies, their international and national partners and other health care professionals. It is intended to help decision-makers and others understand the additional actions required to obtain evidence and to identify gaps in eye care service provision, in order to strengthen access to high-quality, comprehensive, integrated eye care services.

Ear and Hearing Care. Planning and Monitoring of National Strategies Manual

A national ear and hearing care strategy should seek to reduce the prevalence, incidence and impact of hearing loss in the community, through public health approaches that are integrated with the country’s health system and service delivery. The development of a holistic and integrated strategic plan is the first step towards provision of effective and sustainable ear and hearing care services.

This manual provides guidance on developing and implementing such a strategy. The manual can be used in combination with the Ear and Hearing Care Situation Analysis Tool, which provides a detailed framework for an initial situation analysis. It outlines the planning process, with a special focus on practical aspects, recognizing that each country has its own particular priorities and available resources. It is one of a series of publications on planning and monitoring of ear and hearing care services. It is accompanied by a tool that facilitates situation analysis for ear and hearing care within the health system.
The accumulated knowledge and experience of safe hospitals and applying the Hospital Safety Index methodology made it possible to review and produce this second version of the Guide for Evaluators for the Hospital Safety Index. Over the past three years, the expert advice of policy-makers and practitioners from disciplines, such as engineering, architecture and emergency medicine, has been compiled, reviewed and incorporated into this version of the Guide.

This Guide for evaluators for the Hospital Safety Index provides a step-by-step explanation of how to use the Safe Hospitals Checklist, and how the evaluation can be used to obtain a rating of the structural and nonstructural safety, and the emergency and disaster management capacity, of the hospital. The results of the evaluation enable hospital’s own safety index to be calculated. The Hospital Safety Index tool may be applied to individual hospitals or to many hospitals in a public or private hospital network, or in an administrative or geographical area.

The evaluation provides direction on how to optimize the available resources to increase safety and ensure the functioning of hospitals in emergencies and disasters. The results of the evaluation will assist hospital managers and staff, as well as health system managers and decision-makers in other relevant ministries or organizations in prioritizing and allocating limited resources to strengthen the safety of hospitals in a complex network of health services. It is a tool to guide national authorities and international cooperation partners in their planning and resource allocation to support improvement of hospital safety and delivery of health services after emergencies and disasters.
Health Inequities in the Eastern Mediterranean Region
Selected Country Case Studies

This report aims to assess the extent of health inequities within and across countries of the Eastern Mediterranean Region. It identifies the major factors contributing to these inequities and considers policy implications for countries as a result of the analysis. Analysis is limited to data on health outcomes from six countries representing a wide range of social and economic status – Djibouti, Lebanon, Morocco, Syrian Arab Republic, Tunisia and Yemen.

The study also analyses the role of changes in the health system in contributing to widening or narrowing health inequities and highlights the contribution to health inequities of factors outside the health sector.

Economic Crisis, Health Systems and Health in Europe
Country Experiences

The financial and economic crisis has had a visible but varied impact on many health systems in Europe, eliciting a wide range of responses from governments faced with increased financial and other pressures. This book maps health system responses by country, providing a detailed analysis of policy changes in nine countries and shorter overviews of policy responses in 47 countries. It draws on a large study involving over one hundred health system experts and academic researchers across Europe.

Focusing on policy responses in three areas – public funding of the health system, health coverage and health service planning, purchasing and delivery - this book gives policymakers, researchers and others valuable, systematic information about national contexts of particular interest to them, ranging from countries operating under the fiscal and structural conditions of international bailout agreements to those that, while less severely affected by the crisis, still have had to operate in a climate of diminished public sector spending since 2008.

Along with a companion volume that analyses the impact of the crisis across countries, this book is part of a wider initiative to monitor the effects of the crisis on health systems and health, to identify those policies most likely to sustain the performance of health systems facing fiscal pressure and to gain insight into the political economy of implementing reforms in a crisis.

Beyond Bias: Exploring the Cultural Contexts of Health and Well-being Measurement
First Meeting of the Expert Group

The WHO Regional Office for Europe convened the first expert group on the cultural contexts of health and well-being in January 2015. When adopting Health 2020, the European policy for health and well-being, WHO Member States agreed to a framework for measuring and reporting on objective and subjective well-being. This work still faces practical challenges, particularly with respect to the influence of cultural factors on well-being and well-being measurement.

The Regional Office asked the expert group to advise on how to consider the impact of culture on health and well-being, and how to communicate findings from data on well-being across such a culturally diverse region as Europe. This report outlines the expert group’s detailed recommendations on each of these objectives.
Taking a Participatory Approach to Development and Better Health
Examples from the Regions for Health Network

This publication documents the experiences of participatory approaches for development and better health taken by Region Skåne (Sweden) and three other regions, described in case studies: the Autonomous Province of Trento (Italy), the Autonomous Community of Andalusia (Spain) and Wales (United Kingdom).

If the ultimate goal of all development is to improve the prerequisites for long-term survival and the well-being of the population in a region, this entails action for increased social inclusion and a more equitable distribution of the social determinants of health. The intentional consequences of participatory approaches go far beyond the health sector, into the realm of creating positive sustainable social change.

Through the engagement of stakeholders, recognizing the value of each person’s contribution to the process is not only practical but also collaborative and empowering in finding solutions together. WHO’s Health 2020 policy calls for a whole-of-government and whole-of-society approach that involves a range of stakeholders at all levels.

Voluntary Health Insurance in Europe
Country Experience

No two markets for voluntary health insurance (VHI) are identical. All differ in some way because they are heavily shaped by the nature and performance of publicly financed health systems and by the contexts in which they have evolved. This volume contains short, structured profiles of markets for VHI in 34 countries in Europe. These are drawn from European Union member states plus Armenia, Iceland, Georgia, Norway, the Russian Federation, Switzerland and Ukraine. The book is aimed at policy-makers and researchers interested in knowing more about how VHI works in practice in a wide range of contexts. Each profile, written by one or more local experts, identifies gaps in publicly-financed health coverage, describes the role VHI plays, outlines the way in which the market for VHI operates, summarises public policy towards VHI, including major developments over time, and highlights national debates and challenges.

Case-based Payment Systems for Hospital Funding in Asia
An Investigation of Current Status and Future Directions

A number of middle-income countries in the Asia Pacific region are introducing or considering the implementation of Diagnosis-Related Groups (DRGs) as a method for managing hospital funding arrangements. DRGs come within a broader category of case-based or activity-based funding arrangements that are used principally as a method for increasing the efficiency of hospital services. This volume presents a background study of DRG-based payment systems, drawing on the experience of implementing such hospital funding arrangements internationally, including an overview of developments in the Asia Pacific region. The aim of the study is to provide an evidence base and identify lessons learned for emerging countries in the region who are considering implementing a DRG-based payment system.
Ensuring Innovation in Diagnostics for Bacterial Infection
Implications for Policy

The inappropriate use of antibiotics is a primary cause of the ongoing increase in drug resistance amongst pathogenic bacteria. This study delineates priorities for developing diagnostics to improve antibiotic prescription and use with the goal of managing and curbing the expansion of drug resistance.

It calls for new approaches, particularly in the provision of diagnostic devices, and, in doing so, outlines some of the inadequacies in health, science and policy initiatives that have led to the dearth of such devices. The authors make the case that there is a clear and urgent need for innovation, not only in the technology of diagnosis, but also in public policy and medical practice to support the availability and use of better diagnostic tools.

This book explores the complexities of the diagnostics market from the perspective of both supply and demand, unearthing interesting bottlenecks, some obvious, some more subtle. It calls for a multifaceted and broad policy response, and an overhaul of current practice, so that the growth of bacterial resistance can be stemmed.

Health Systems in Transition (HiT) series

The Health Systems in Transition (HiT) series consists of country-based reviews 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 review is produced by country experts in collaboration with the Observatory’s staff. In order to facilitate comparisons between countries, reviews are based on a template, which is revised periodically. The template provides detailed guidelines and specific questions, definitions and examples needed to compile a report.

HiTs seek to provide relevant information to support policy-makers and analysts in the development of health systems in Europe.

HiT individual issues for 2015, Volume 17 (ISSN 1817-6119):
France, Luxembourg, Switzerland, Israel, Ukraine, Czech Republic, United Kingdom
**Factors Conducive to the Development of Health Technology Assessment in Asia**

With universal health coverage (UHC) high on the global health agenda, governments of many low- and middle-income countries (LMICs) have pledged to increase health investment in the scale-up of essential health services to meet the needs of their people. This has led to the recognition of health technology assessment (HTA) as a necessary tool for setting priorities especially in the UHC context. This Policy Brief was developed based on experiences from six settings – China, Indonesia, the Republic of Korea, Malaysia, Thailand and Viet Nam – which represent approximately one-sixth of the world’s population. The Policy Brief highlights the problems and evidence concerning HTA development in the Asia Pacific region and makes recommendations that may be potentially applicable to settings in other regions.

**Immunization Safety Surveillance. Third edition**

Guidelines for Immunization Programme Managers on Surveillance of Adverse Events Following Immunization

This document is intended to assist immunization programme managers and national regulatory authorities in establishing and/or strengthening immunization safety surveillance systems.

The first edition of the Regional Immunization Safety Surveillance: Guidelines for Managers of Immunization Programmes on Reporting and Investigating Adverse Events Following Immunization was published in 1999. Over the following decade, significant developments were made in the field of immunization safety, in both knowledge and practices. In 2012, the Expanded Programme on Immunization (EPI), at the WHO Regional Office for the Western Pacific, undertook an extensive revision of the guidelines, which resulted in the Second Edition. This Third Edition, in 2015, covers the most up-to-date information available in vaccine and immunization safety globally.

**Improving the Quality of and Access to HIV, Syphilis and Hepatitis B and C Testing**

The WHO Regional Office for the Western Pacific contracted the National Serology Reference Laboratory (NRL), Australia, a WHO Collaborating Centre, to support a gap analysis at sites that conduct HIV, syphilis, HBV and HCV testing. The WHO Laboratory Assessment Tool, published in 2012, was developed to assess national laboratory systems and those of individual facilities. For the gap analysis, this tool was adapted to focus on HIV, syphilis, HBV and HCV testing, and to collect information about licensing of laboratories, regulation and management of test kits, standards, quality management and quality assessment (Systems questionnaire). An additional questionnaire (Testing questionnaire) was developed to collect information on the current testing undertaken for diagnostic, blood screening and clinical management purposes (HIV only).

**Joint Review of the Health Sector Response to HIV in Viet Nam 2014**

Over the past 25 years, Viet Nam has been mounting a strong health sector response to the HIV epidemic, with significant progress in preventing new infections and reducing AIDS-related deaths, most notably in the past 10 years. These achievements were made possible through a combination of strong government leadership across multiple sectors, participation of affected communities and civil society, and effective collaboration between the Government of Viet Nam and international development partners. This review is aimed to document the progress and impact of the national response to HIV in Viet Nam, and to inform optimization of the national programme towards the national strategy targets and the vision of ending AIDS by 2030.
Peoples Republic of China 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.

WHO Regional Office for the Western Pacific
2015, 217 pages [E]
ISBN 978 92 9061 728 0
CHF 25.00/US$ 30.00
In developing countries: CHF 17.50/US$ 21.00
Order no. 15200252

Status on Health-care Waste Management in Selected Countries of the Western Pacific Region 2008-2013

This report presents the status of Health Care Waste Management (HCWM) in selected countries in the Western Pacific Region. The compilation of the report was based on a survey conducted in selected countries in the Region. Additional information and data have been updated and incorporated in the report through a search and review of the literature. An assessment of results was made based on the survey and literature review.

The assessment covers the management aspects of HCWM, which is comprised of current practices, including policies, regulations, training, awareness raising, technologies and financing in countries in the Western Pacific Region. The report also briefly presents definitions and classifications of health care wastes (HCW), as well as information about the generation of HCW. Likewise, the status of policies and regulatory frameworks is explained, taking into account international agreements and conventions to which countries are signatories.

Selected countries discussed in this report include Australia, Brunei Darussalam, Cambodia, China, Fiji, Japan, Kiribati, the Lao People’s Democratic Republic, Malaysia, the Marshall Islands, Micronesia (the Federated States of), Mongolia, Nauru, New Zealand, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam.

WHO Regional Office for the Western Pacific
2015, 50 pages [E]
ISBN 978 92 9061 733 4
CHF 10.00/US$ 12.00
In developing countries: CHF 7.00/US$ 8.40
Order no. 15200254

The Challenge of Extending Universal Coverage to Non-poor Informal Workers in Low- and Middle-income Countries in Asia
Impacts and Policy Options

Extending coverage to non-poor informal workers is a particular challenge within the broader context of expanding universal health coverage. Both require national intervention and national reform, and tasks sometimes overlap.

This paper attempts at addressing the critical questions on whether governments can make a commitment to providing coverage universally; whether the fiscal space or capacity exists to enable governments to fund prepayment programmes; and whether the political leadership exists to enable the implementation of effective programmes.

WHO Regional Office for the Western Pacific
2015, 61 pages [E]
ISBN 978 92 9061 722 8
CHF 15.00/US$ 18.00
In developing countries: CHF 10.50/US$ 12.60
Order no. 15200253
**Vaccine Safety Communication**

Guide for Immunization Programme Managers and National Regulatory Authorities

This guide enables effective planning and implementation of proactive communication actions to promote understanding of the importance of vaccines in preventing illness and preventable deaths, and raises awareness of vaccine risks and perceptions of risk. The guide also covers prompt and effective communication in response to an adverse event following immunization (AEFI) or any other vaccine safety concerns that threaten public trust in a vaccine and compliance with the immunization programme. The guide offers systematic, scientific and practical approaches, tips and tools to help strengthen the capacity of the various stakeholders in planning, implementing, managing, monitoring and evaluating, and documenting communication interventions around vaccine safety issues and immunization.

**Viral Hepatitis in Mongolia**

Situation and Response 2015

An assessment of the current situation and response to viral hepatitis in Mongolia was carried out in September 2014 and January 2015 by the World Health Organization Regional Office for the Western Pacific, Office of the WHO Representative in Mongolia, and the United States Centers for Disease Control and Prevention.

The assessment was supported by the Mongolian National Center for Communicable Diseases and the Ministry of Health and Sports. The United States National Cancer Center and the National Institutes of Health carried out the assessment of liver cancer during the September 2014 review. These reviews supported the development of a new national hepatitis strategy in Mongolia.

**Violence in the Western Pacific Region**

In many countries, the violent taking of another’s life is seen as a most serious offence, attracting the gravest consequences society can administer. The impact and long-term trauma of interpersonal violence on families, communities and individuals and its dehumanizing effects cannot be overestimated.

This document reports the findings for the Western Pacific Region of the Global Status Report on Violence Prevention 2014. The results presented reflect the burden of interpersonal violence in the Region and the national policies, programmes, services for victims of violence, and legislation in response to national situations.

**One Health: Improving Zoonotic Disease Control Through the Shared Use of Information from the Human, Animal and Environmental Health Sectors**

Zoonoses (or zoonotic diseases) are infectious diseases spread between animals and humans. They are estimated to be responsible for about 70% of newly emerging infectious diseases in humans over the past 30 years. There is concern that there will be an increase in the incidence of zoonotic diseases in the future, given the changing environment and expanding domestic animal and human populations, especially in the rapidly developing Asia Pacific region. The emergence of zoonotic disease is closely linked to changes in human demographics and society, changes in land use or agricultural practices, and poor public health systems. This policy brief presented a number of approaches/methods that can be adapted by Member States to achieve an effective health information systems for data on zoonoses.
Cross-border Migration and Health Service Access in the Greater Mekong Subregion (GMS)

This document examines the intersections between the health needs of migrants and their access to health services in the Greater Mekong Subregion (GMS). It analyses contexts, needs and gaps with regard to the health of migrants in five low- and middle-income countries in the GMS: Cambodia, the Lao People’s Democratic Republic and Viet Nam (Member States of the WHO Western Pacific Region), and Myanmar and Thailand (Member States of the WHO South-East Asia Region).

The paper concentrates on access to health services among migrants who have crossed international borders and reside in a destination country: that is, immigrants. It focuses on international or cross-border migration in the GMS, not internal displacement.

It therefore does not address rural–urban/urban–rural/rural–rural migration, or development-forced displacement and resettlement, which occur primarily within national borders, or internal displacement associated with political unrest and other drivers of mobility.


In the Western Pacific Region, violence and injuries kill more than one million people every year. The major causes include road traffic injuries, falls, drowning, poisoning, interpersonal violence and burns, with 85% of fatal injuries occurring in low- and middle-income countries.

This Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 recommends immediate and sustainable steps to reduce high national burdens of violence and injuries and highlights the importance of intersectoral partnership. The plan outlines strategic actions and establishes regional targets to be achieved by 2020.

Health Systems in Transition: Template for Authors, as Adapted for Use in the Asia Pacific Region. Updated 2016

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 template, which is revised periodically. The template provides detailed guidelines and specific questions, definitions and examples needed to compile a profile.

This new edition is designed to simplify the HiT authorship process. Navigation of the template has been clarified by separating the various elements that make up the template and introducing a number of visual indicators.
Human Resources for Health Country Profiles China

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.

World Health Statistics 2016: Monitoring Health for the Sustainable Development Goals (SDGs)

The World Health Statistics series is WHO's annual compilation of health statistics for its 194 Member States.

The World Health Statistics 2016 focuses on the health and health-related Sustainable Development Goals (SDGs) and associated targets. It represents an initial effort to bring together available data on SDG health and health-related indicators, providing an assessment of the situation in 2016.

The SDG health goal – Ensure healthy lives and promote well-being for all at all ages – includes 13 targets, covering all major health priorities, and including the unfinished and expanded Millennium Development Goals (MDGs) agenda, four targets to address noncommunicable diseases (NCDs), mental health, injuries and environmental issues, and four “means of implementation” targets. This report also seeks to demonstrate the critical linkages between health and other SDGs by including indicators of selected health determinants and risk factors in other SDG targets.

The series is produced by the WHO Department of Information, Evidence and Research, of the Health Systems and Innovation Cluster. As in previous years, World Health Statistics 2016 has been compiled using publications and databases produced and maintained by WHO technical programmes and regional offices.

WHO presents World Health Statistics 2016 as an integral part of its ongoing efforts to provide enhanced access to comparable high-quality statistics on core measures of population health and national health systems. Unless otherwise stated, all estimates have been cleared following consultation with Member States and are published here as official WHO figures.
WHO Recommendations for Prevention and Treatment of Maternal Peripartum Infections

The goal of the present guideline is to consolidate guidance for effective interventions that are needed to reduce the global burden of maternal infections and its complications around the time of childbirth. This forms part of WHO’s efforts towards improving the quality of care for leading causes of maternal death, especially those clustered around the time of childbirth in the post-MDG era.

Specifically, it presents evidence-based recommendations on interventions for preventing and treating genital tract infections during labour, childbirth or puerperium, with the aim of improving outcomes for both mothers and newborns.

The primary audience for this guideline is health professionals who are responsible for developing national and local health protocols and policies, as well as managers of maternal and child health programmes and policy-makers in all settings. The guideline will also be useful to those directly providing care to pregnant women including obstetricians, midwives, nurses, and general practitioners.

The information in this guideline will be useful for developing job aids and tools for both pre- and in-service training of health workers to enhance their delivery of care to prevent and treat maternal peripartum infections.

Pregnancy, Childbirth, Postpartum and Newborn Care. Third edition

A Guide for Essential Practice

This guide provides a full range of updated, evidence-based norms and standards that will enable health care providers to give high quality care during pregnancy, delivery and in the postpartum period, considering the needs of the mother and her newborn baby.

All recommendations are for skilled attendants working at the primary level of health care, either at the facility or in the community. They apply to all women attending antenatal care, in delivery, postpartum or post abortion care, or who come for emergency care, and to all newborns at birth and during the first week of life (or later) for routine and emergency care.

This guide is a guide for clinical decision-making. It facilitates the collection, analysis, classification and use of relevant information by suggesting key questions, essential observations and/or examinations, and recommending appropriate research-based interventions. It promotes the early detection of complications and the initiation of early and appropriate treatment, including time referral, if necessary.

Correct use of this guide should help reduce high maternal and perinatal mortality and morbidity rates prevalent in many parts of the developing world, thereby making pregnancy and childbirth safer.
A Guide to Nursing and Midwifery Education Standards

Nursing and midwifery education is the foundation of a qualified and competent nursing and midwifery workforce. Improving the quality of nursing and midwifery education and training is an important way of strengthening health systems. This is approached principally by establishing standards for professional education, assuring quality educational processes and institutions, and accrediting institutions offering educational programmes for initial, specialist and advanced professional education.

The aim of this publication is to support the establishment of systems that promote improvement in the quality of nursing education in the Region. It sets out a number of agreed regional nursing education standards, associated quality criteria and sources of evidence, and discusses the key principles underpinning the standards.

Patient Safety Tool Kit

The Patient safety tool kit describes the practical steps and actions needed to build a comprehensive patient safety improvement programme in hospitals and other health facilities. It is intended to provide practical guidance to healthcare professionals in implementing such programmes, outlining a systematic approach to identifying the “what” and the “how” of patient safety.

The tool kit is a component of the WHO patient safety friendly hospital initiative and complements the Patient safety assessment manual, also published by WHO Regional Office for the Eastern Mediterranean.
The Selection and Use of Essential Medicines

This report presents the recommendations of the WHO Expert Committee responsible for updating the WHO Model Lists of Essential Medicines. The goal of the meeting was to review and update the 18th WHO Model List of Essential Medicines (EML) and the 4th WHO Model List of Essential Medicines for Children (EMLc).

In accordance with approved procedures, the Expert Committee evaluated the scientific evidence on the basis of the comparative effectiveness, safety and cost-effectiveness of the medicines. Both lists went through major revisions this year, as the Committee considered 77 applications, including 29 treatment regimens for cancer, and innovative hepatitis C and tuberculosis (TB) medicines. The Expert Committee recommended the addition of 36 new medicines to the EML (15 to the core list and 21 to the complementary list); and recommended the addition of 16 new medicines to the EMLc (five to the core list and 11 to the complementary list).

 Annexes to the main report include the revised version of the WHO Model List of Essential Medicines (19th edition) and the WHO Model List of Essential Medicines for Children (5th edition). In addition there is a list of all the items on the Model List sorted according to their Anatomical Therapeutic Chemical (ATC) classification codes.

WHO Expert Committee on Specifications for Pharmaceutical Preparations
Fiftieth Report

This report provides independent expert recommendations and guidance to ensure that medicines meet identical standards of quality, safety and efficacy in all WHO Member States. The Committee held its first meeting in 1947 under the name of the Expert Committee on Unification of Pharmacopoeias.

Over time, it expanded the scope of its standard-setting work from quality control testing specifications to all arrangements that must be made in the development, production, regulation and supply of medicines to ensure that the medicines reaching the patients are of the quality required for their intended use.

The following guidelines were adopted and recommended for use:

- Good pharmacopeial practices (Annex 1)
- FIP-WHO technical guidelines: points to consider in the provision by health-care professionals of children-specific preparations that are not available as authorized products (Annex 2)
- Guidance on good manufacturing practices: inspection report, including Appendix 1: Model inspection report (revision) (Annex 4)
- Guidance on good data and record management practices (Annex 5)
- Good trade and distribution practices for starting materials (revision) (Annex 6)
- Guidelines on the conduct of surveys of the quality of medicines (Annex 7)
- Collaborative procedure between the World Health Organization (WHO) prequalification team and national medicines regulatory authorities in the assessment and accelerated national registration of WHO-prequalified pharmaceutical products and vaccines (revision) (Annex 8)
- Guidance for organizations performing in vivo bioequivalence studies (revision) (Annex 9)
- World Health Organization general guidance on variations to multisource pharmaceutical products (Annex 10)

The Committee also adopted the revised guidance on good manufacturing practices for biological products (Annex 3).
International Nonproprietary Names (INN) identify pharmaceutical substances or active pharmaceutical ingredients. Each INN is a unique name that is globally recognized and is public property. A nonproprietary name is also known as a generic name.

This edition consolidates the International Nonproprietary Names (INN) for pharmaceutical substances, published in Cumulative List No. 15, 2013 and Lists 110 to 113 of proposed INN published since that time. It incorporates 9126 INN for individual pharmaceutical substances.

The Cumulative List groups together all INN in Latin, English, French, Spanish, Arabic, Chinese and Russian published up to November 2015, together with references to the lists of proposed and recommended INN in which they have been published. It also includes references to other generic names such as national nonproprietary names and names used by the International Organization for Standardization (ISO), pharmacopoeial monographs, the List of Narcotic Drugs under International Control, and other sources.

National nonproprietary names differing from the INN are cross-referenced to the corresponding INN. In addition, the list contains molecular formulae and the Chemical Abstracts Service (CAS) registry numbers. Since the publication of Cumulative List No.15, some 326 INN have been selected as proposed INN and 314 have been published as recommended INN.

Nonproprietary names are intended for use in pharmacopoeias, labelling, product information, advertising and other promotional material, drug regulation and scientific literature, and as a basis for product names, e.g. for generics. Their use is normally required by national or, as in the case of the European Community, by international legislation. As a result of ongoing collaboration, national names such as British Approved Names (BAN), Dénominations communes françaises (DCF), Japanese Adopted Names (JAN) and United States Accepted Names (USAN) are nowadays, with rare exceptions, identical to the INN.

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: emtricitabine; opanoic acid; salbutamol; tenofovir disoproxil fumarate.

In preparing this fifth edition, the opportunity has been taken to improve certain aspects of the layout and format of the content.
World Malaria Report 2015

This report assesses global malaria disease trends and changes in the coverage and financing of malaria control programmes between 2000 and 2015. It also summarizes progress towards international targets, and provides regional and country profiles that summarize trends in each WHO region and each country with malaria.

The report is produced with the help of WHO regional and country offices, ministries of health in endemic countries, and a broad range of other partners. The data presented are assembled from the 96 countries and territories with ongoing malaria transmission, and a further five countries that have recently eliminated malaria. Most data are those reported for 2014 and 2015, although in some cases projections have been made into 2015, to assess progress towards targets for 2015.

Malaria Microscopy Quality Assurance Manual Version 2

This second version of the Manual is based on the recommendations of experts made at a WHO technical consultation to review the experiences of national malaria control programmes (NMCPs), national reference laboratories (NRLs) and technical agencies in using the Manual and country experience in order to improve systems for managing the quality of malaria microscopy.

This second version takes into account the many years of experience of several agencies in the various aspects of quality assurance (QA) described in the Manual. The Manual is designed primarily to assist managers of NMCPs and general laboratory services responsible for malaria control. The information is also applicable to nongovernmental organizations (NGOs) and funding agencies involved in improving quality management systems for malaria microscopy.

The Manual is not designed for QA of microscopy in research situations, such as in clinical trials of new drugs and vaccines, or for monitoring parasite drug resistance. It forms part of a series of WHO documents designed to assist countries in improving the quality of malaria diagnosis in clinical settings, including the revised training manuals on Basic malaria microscopy (2010) and the Bench aids for malaria microscopy (2010).
Global Tuberculosis Report 2015

This is the twentieth global report on tuberculosis (TB) published by WHO in a series that started in 1997. It provides a comprehensive and up-to-date assessment of the TB epidemic and progress in implementing and financing TB prevention, care, control and research at global, regional and country levels using data reported by over 200 countries that account for more than 99% of the world’s TB cases.

In this 2015 edition, particular attention is given to assessment of whether 2015 global TB targets set in the context of the Millennium Development Goals were achieved worldwide and at regional and country levels.

The four annexes of the report include an explanation of how to access and use the online global TB database, one-page profiles for 22 high TB-burden countries, one page regional profiles for WHO’s six regions, and tables that show estimates and data for key indicators for all countries for the latest year.

Tuberculosis Control in Complex Emergencies

Tuberculosis control is a major public health challenge in complex emergencies. The aims of this publication are to provide guidance on the main tuberculosis control functions and activities in complex emergency settings and improve tuberculosis prevention and care measures. It is intended to be used by decision-makers and policy-makers, national tuberculosis control programmes, international agencies, donors, nongovernmental organizations, community-based organizations, medical professionals, primary health care workers, and research institutions.

Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific Region 2016-2020

In 2014, the Sixty-seventh World Health Assembly endorsed the Global strategy and targets for tuberculosis prevention, care and control after 2015, also known as The End TB Strategy. The strategy aims to “end the global TB epidemic” by 2035, bringing the level of disease burden in the whole world down to the level seen now in countries with the lowest TB burden.

Within the scope of this 20-year time span, this regional framework focuses on the implementation of The End TB Strategy in the coming five years. The indicators and targets of The End TB Strategy are reinforced, especially ensuring no families face catastrophic costs due to TB. Based on extensive consultation, the regional framework aims to provide policy options for consideration in order to update national strategies and plans and strengthen national efforts to advance TB control.

WHO Regional Office for the Eastern Mediterranean

WHO Regional Publications, Eastern Mediterranean Series, No. 34
2015, 39 pages [E]
ISBN 978 92 9022 121 0
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WHO Regional Office for the Western Pacific

2016, 67 pages [E]
ISBN 978 92 9061 755 6
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In developing countries: CHF 10.50/US$ 12.60
Order no. 15200260
Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene
Practical Solutions for Policies and Programmes

This publication, jointly prepared by WHO, the United Nations Children’s Fund (UNICEF) and the United States Agency for International Development (USAID), summarizes the current evidence on the benefits of WASH (water, sanitation and hygiene) for improving nutrition outcomes and describes how WASH interventions can be integrated into nutrition programmes.

It provides practical suggestions, targeted at nutrition programme managers and implementers, on both “what” WASH interventions should be included in nutrition programmes and “how” to include them. It also seeks to help the WASH community to better understand their role, both as providers of technical expertise in WASH interventions and in prioritizing longer-term improvements to WASH infrastructure in areas where under-nutrition is a concern.
The Bulletin is one of the world’s leading public health journals. It is peer-reviewed monthly with a special focus on developing countries, giving it unrivalled global scope and authority.

In 2010, the Bulletin was named as being in the top 10 public and environmental health journals for impact, according to the Institute of Scientific Information (ISI). It is essential reading for all public health decision-makers and researchers who require its special blend of research, well-informed opinion and news.

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Published monthly, ca 80 pages per issue
2016: volume 94
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Languages: English with abstracts of papers in Arabic, Chinese, French Russian and Spanish
ISSN 0042-9686
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www.who.int/bulletin
Contacts: bulletin@who.int
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.

The collection, which is organized according to major health subjects, contains more than one hundred books on medicine and public health. The collection has recently been revised and updated with the latest information available.

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.

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ISSN 1010-9609; quarterly (approx. 60 pages per issue); 2016, Vol. 30; 
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资料箱

实验室生物安全是综合应用行政管理措施、遏制原则、方法和规程、安全设备、应急准备和设备等手段，使实验室工作人员能够安全处理具有潜在传染性的微生物的过程。生物安全也致力于预防对病原体的意外暴露或病原体泄漏事故。本手册描述了不同级别结核病检测实验室为减少实验室获得性感染风险而应采取的最低生物安全措施。

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Biosafety Manual
Resource kit

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第四十八版

第四十八版囊括了直至2014年12月31日时通过的修订款。它将与世界卫生组织管理有关的必要文件汇成单卷本，其中包括《组织法》、世界卫生大会和执行委员会会议事规则以及财务和人事条例。还包括专家咨询团和专家委员会及研究组和学术组条例、与联合国和其它机构订立的协定文本、《专门机构特权与豁免权公约》、《国际癌症研究机构章程》以及与非政府组织的关系准则。它列明了世界卫生组织的会员和准会员。

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Selected Books
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温石棉

全球每年至少有107,000人死于石棉造成的疾病。许多国家在本国采取行动，禁止使用一切形式的石棉，以限制石棉的暴露，控制和预防和最终消除与石棉相关的疾病。但仍有一些国家出于种种原因未采取这样的措施。因此，本出版物的主要用意是协助世界卫生组织（世卫组织）会员国就管理温石棉暴露带来的健康风险作出明智决定。

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世界残疾人报告（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《世界残疾人报告》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。

报告章节内容涉及健康、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。报告还专注于对低收入、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将康复、支持服务和无障碍环境有助于确保残疾人参与教育、就业和更广泛的社会活动。报告还强调公共卫生、人权和发展的，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。

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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、健康结果。指南由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以获得的基本药物和技术管理糖尿病提供了基础。指南就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。有关建议专针对糖尿病患者，因为它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应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。建立的指南专家组既包括外部专家也包括世卫组织职员。

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Однако другим странам по ряду причин еще только предстоит принять подобные меры. С учетом этого, настоящая публикация призвана в первую очередь оказать содействие государствам-членам Всемирной организации здравоохранения (ВОЗ) в принятии обоснованных решений по регулированию рисков для здоровья, сопутствующих воздействию хризотилового асбеста.

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2015, 97 pages
ISBN 978 92 8905067 8
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Tuberculosis Laboratory Biosafety Manual

Руководство по биологической безопасности лабораторных исследований при туберкулезе

Комплект ресурсов

Обеспечение биобезопасности лабораторий является процессом, в котором используется комплекс мер административного контроля, принципов обеспечения изоляции, лабораторной практики и процедур, оборудования для обеспечения безопасности, мер обеспечения готовности к чрезвычайным ситуациям и лабораторного оборудования для безопасной работы лабораторного персонала с инфекционными микроорганизмами; целью обеспечения биобезопасности также является предотвращение непреднамеренного воздействия патогенов или их случайного высвобождения.

В настоящем руководстве приводится описание минимальных мер обеспечения биобезопасности, которые должны быть введены в действие в лабораториях различного уровня, где проводится тестирование на туберкулез (ТБ) для снижения риска внутрилабораторных инфекций.

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На стыке здравоохранения, интеллектуальной собственности и торговли Цель настоящего исследования – способствовать более глубокому пониманию характера взаимодействия между процессами регулирования таких существенно различных сфер, как здравоохранение, торговля и интеллектуальная собственность, и влияния этого взаимодействия на инновации в медицине и условия доступа к медицинским технологиям.

Оно содержит данные о взаимовлиянии механизмов интеллектуальной собственности, правил торговли и динамики доступа к медицинским технологиям в области медицинских технологий, а также об опыте разных стран в их регулировании. Партнерские усилия Всемирной организации здравоохранения, Всемирной организации интеллектуальной собственности и Всемирной торговой организации позволяют объединить экспертные знания, накопленные секретариями этих трех организаций в областях их специализации.

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Promoting Access to Medical Technologies and Innovation

Intersections Between Public Health, Intellectual Property and Trade

Повышение доступности медицинских технологий и инноваций

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Introduction
Dans cette section vous trouverez les ouvrages et produits d’information de l’OMS publiés en version française depuis octobre 2015. 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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Le Centre international de recherche sur le Cancer: les 50 premières années, 1965–2015

Depuis sa création en 1965, le Centre international de Recherche sur le Cancer (CIRC), agence de l’Organisation mondiale de la Santé spécialisée sur le cancer, a mené des recherches dans le monde entier et a aidé des milliers de chercheurs sur le cancer dans les pays en développement à perfectionner leurs compétences grâce à des bourses, des cours et des projets en collaboration.

Cet ouvrage retrace la naissance du CIRC au cours des années 1960, une période de grand optimisme pour la coopération internationale comme pour les sciences médicales. Il décrit ensuite les principales réalisations du Centre au cours des cinquante dernières années, du développement d’outils de recherche sur le cancer à l’identification des facteurs de risque, et à l’évaluation d’interventions préventives. En se penchant sur l’histoire du CIRC, les auteurs montrent comment, en dépit de l’évolution du paysage de la recherche sur le cancer, la vision qui présidait à la création du Centre continue d’être une réponse adaptée aux besoins de la prévention et de la lutte contre le cancer dans le monde entier.

Ceci est d’autant plus vrai que le fardeau de la maladie pèse aujourd’hui plus lourdement sur les pays en développement, et que l’on fait de plus en plus appel aux études en collaboration menées au niveau international pour répondre aux priorités nationales de lutte contre le cancer.

Lutte contre les mycotoxines dans les pays à revenu faible et intermédiaire

Cet ouvrage évalue les mesures préconisées pour réduire l’exposition aux contaminants hautement toxiques et cancérigènes dans l’alimentation de base en Afrique et dans d’autres régions d’Asie et d’Amérique latine. Le Centre international de Recherche sur le Cancer a réuni un Groupe de travail d’experts mondiaux pour étudier les effets sanitaires des aflatoxines et des fumonisines, et évaluer de possibles mesures d’intervention.

Leur conclusion était que ces mycotoxines sont non seulement une cause d’intoxication aiguë et de cancer, mais qu’elles contribuent probablement aussi aux niveaux élevés de retard de croissance chez les enfants des populations touchées. Le Groupe de travail a également identifié des mesures efficaces pour réduire l’exposition dans les pays en développement.
Cadre opérationnel pour renforcer la résilience des systèmes de santé face au changement climatique

Destiné principalement aux professionnels de la santé publique et aux responsables de la santé, ce cadre servira également de guide aux décideurs dans d’autres secteurs déterminants pour la santé, comme la nutrition, l’eau et l’assainissement ainsi que la gestion des situations d’urgence. Les agences de développement international pourront également l’utiliser pour cibler leurs investissements et l’aide aux pays en matière de santé publique, de renforcement des systèmes de santé et d’adaptation au changement climatique.

L’objectif de ce cadre est de conseiller sur le renforcement des capacités des systèmes de santé et programmes de santé publique pour protéger la santé dans un changement instable et changeant.

En mettant en œuvre les dix principaux éléments présentés dans ce cadre, les organismes, autorités et programmes de santé seront davantage capables d’anticiper, de prévenir et de gérer les risques sanitaires liés au climat. Les pays les moins avancés et ceux qui élaborent les composantes Santé des plans nationaux d’adaptation (PNA) dans le cadre de la Convention-cadre des Nations Unies sur les changements climatiques (CCNUCC) peuvent trouver ce document particulièrement utile pour apporter une réponse globale aux risques que constituent la variabilité du climat à court terme et le changement climatique à long terme.

Progrès en matière d’assainissement et d’eau potable

Ce rapport montre combien le monde a changé depuis 1990. Il fournit une évaluation des progrès réalisés par rapport à la cible OMD et un aperçu des défis qui subsistent.

2016, 60 pages [E, F]
ISBN 978 92 4 256507 2
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Pays en développement : CHF 21.00/US$ 25.20
No. de commande 29304255
Rapport mondial sur la noyade
Comment prévenir une cause majeure de décès

Le présent rapport traite du problème de la noyade dans tous les pays et dans toutes les tranches d’âge mais est surtout axé sur les pays à revenu faible ou intermédiaire et sur les enfants et les jeunes pour qui l’incidence de la noyade est particulièrement élevée.

Le présent rapport vise à galvaniser l’attention et l’action en mettant en lumière comment il est possible de prévenir la noyade et de sauver des vies grâce à une collaboration entre secteurs, qu’il s’agisse de la santé, du développement rural, de la pêche, du secteur maritime ou de la gestion des risques de catastrophes.

Communication brève relative à la sexualité (CBS)
Recommandations pour une approche de santé publique

Les professionnels de la santé publique et les acteurs de services de santé accordent une attention croissante à la santé sexuelle en raison de sa contribution à la santé et au bien-être en général, chez l’adulte et chez l’adolescent. Les conséquences sanitaires des pratiques sexuelles à risque et les atteintes aux droits humains en matière de sexualité (par exemple les relations sexuelles sous contrainte) contribuent toutes deux au poids de morbidité mondiale.

Les recherches et les consultations menées ces dernières décennies ont montré que la communication en matière de sexualité est une question urgente sur laquelle il faut se pencher. Alors que les clients voudraient pouvoir aborder les questions de santé sexuelle avec leurs prestataires de soins, les professionnels de santé ne possèdent souvent ni la formation, ni les connaissances nécessaires pour le faire. Le rôle de la communication en matière de sexualité dans les soins de santé primaires n’a pas été défini suffisamment clairement.

Il s’agit d’un domaine de recherche encore inexploré et ces recommandations visent donc à donner aux responsables de l’élaboration des politiques et aux décideurs des établissements de formation en santé, des indications sur la mise en oeuvre par les soignants de compétences de conseil, en vue de traiter les problèmes de santé sexuelle dans le cadre des soins de santé primaires.
Vaccination pratique
Guide à l’usage des personnels de santé - mise à jour 2015

Comme la précédente édition de Vaccination pratique a été traduite et utilisée dans le monde entier, nous étions conscients de la lourde responsabilité qui nous incombait en nous lançant dans cette nouvelle version. Cette version comporte sept modules au lieu de huit : nous avons en effet décidé que nos lecteurs trouveraient plus utile de combiner la description des maladies à cibler et celles de vaccins correspondants.

Nous avons en outre ajouté plusieurs vaccins qui sont devenus plus accessibles et qui sont maintenant plus fréquemment utilisés. Enfin nous avons augmenté la section consacrée à l’intégration des vaccinations à d’autres interventions de santé publique : de formidables opportunités se sont en effet faites jour dans ce domaine au cours des années qui ont suivi l’édition précédente.

Cette édition revue et corrigée avait pour but de répondre au besoin d’améliorer les services de vaccination pour atteindre durablement plus de nourrissons, en se fondant sur l’expérience de l’éradication de la polio. Nous avons donc adapté des informations concernant la planification, le suivi et l’utilisation des données dans le cas de la polio, informations qui peuvent s’appliquer à tous les niveaux pour améliorer les services de vaccination. Ajoutons que la révision de ces modules est le résultat d’un travail d’équipe.

Un grand nombre d’experts, d’organisations et d’institutions ont bien voulu y contribuer et nous les remercions tous pour le temps qu’ils ont consacré à patiemment parcourir les versions successives de l’ouvrage.
Tuberculose : Lignes directrices relatives à la surveillance de la pharmacorésistance, 5ème édition


Ces lignes directrices actualisées intègrent aussi l’expérience acquise en 20 ans d’exercice du Projet mondial de surveillance de la résistance aux médicaments antituberculeux (désigné ci-après par le Projet mondial), lancé par l’OMS et l’Union internationale de lutte contre la tuberculose et les maladies pulmonaires (l’Union).

L’objectif des lignes directrices actuelles est d’aider les programmes nationaux de lutte contre la tuberculose (PNT) à élaborer des mécanismes de surveillance les plus solides possible, en partant d’enquêtes spécifiques périodiques dans les pays auprès de patients sélectionnés par sondage. L’objectif ultime sera de mettre en place des systèmes de surveillance en continuité de tests de sensibilité aux médicaments systématiques (TDS). Si les mécanismes de surveillance peuvent varier d’un pays à l’autre, les présentes lignes directrices préconisent l’emploi de certains critères standardisés pour la surveillance dans le cadre du Projet mondial en vue de garantir la comparabilité des résultats entre les pays participants et au cours du temps dans un même pays.

Ce document s’adresse aux programmes nationaux de lutte contre la tuberculose, et en particulier aux équipes de coordination de la surveillance, composées dans l’idéal de l’administrateur du programme, d’un spécialiste des activités de laboratoire, d’un logisticien, d’un spécialiste des activités de laboratoire, d’un épidémiologiste et d’un statisticien.

Cette édition des lignes directrices est divisée en trois parties. La partie I expose les principes du Projet mondial qui devront être considérés comme fondamentaux pour les systèmes de surveillance en continu et les enquêtes. La partie II décrit les étapes nécessaires pour planifier et mettre en œuvre une enquête destinée à déterminer la charge de tuberculose MR dans une zone donnée, puis gérer et interpréter les données recueillies. La partie III présente une démarche pour le suivi des tendances de la résistance aux médicaments au cours du temps, applicable aux pays pour lesquels il existe déjà des données de référence provenant d’enquêtes sur cette charge de tuberculose MR.
“L’établissement d’un réseau de diffusion de l’information médicale et sanitaire au-delà des circuits universitaires et académiques a été rendu possible par le projet “Bibliothèques bleues”. La cible des bibliothèques bleues, ce sont les centres de santé du district. Les livres sélectionnés ont été choisis pour cette cible.”

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

Bibliothèque bleue disponible en anglais, arabe, français, portuguais, espagnol
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Introducción
En la sección en español se recogen los datos bibliográficos de todos los productos de información publicados en español desde octubre de 2015 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 56), 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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Control de las micotoxinas en los países de ingresos bajos y medios

Este libro proporciona una evaluación de las medidas recomendadas para reducir la exposición a los contaminantes altamente tóxicos y cancerígenos presentes en los alimentos básicos en África y en algunas partes de Asia y América Latina. La Agencia Internacional de Investigación sobre el Cáncer convocó un Grupo de Trabajo de expertos mundiales para revisar los efectos adversos en la salud de las aflatoxinas y fumonisinas y evaluar posibles medidas de intervención. El panel concluyó que estas micotoxinas no sólo son unas de las causas de la intoxicación aguda y del cáncer, pero que probablemente también contribuyen a los altos niveles de retraso del crecimiento en los niños de las poblaciones afectadas. El Grupo de Trabajo también identificó medidas eficaces para reducir la exposición en los países en desarrollo.

2015, 80 páginas [E, F, S]
ISBN 978 92 4 350914 3
CHF 30.00/US$ 36.00
Países en desarrollo : CHF 21.00/US$ 25.20
N.º de pedido: 39304255

Estrategia técnica mundial contra la malaria 2016-2030

La elaboración de la Estrategia técnica mundial contra la malaria 2016-2030 se ha basado en un amplio proceso de consultas, que se inició en el junio de 2013 y culminó en la adopción del documento por la 68.ª Asamblea Mundial de la Salud, en mayo de 2015.

La Estrategia técnica mundial contra la malaria 2016-2030 se ha elaborado con el propósito de ayudar a los países a reducir el sufrimiento humano causado por la más mortal de las enfermedades transmitidas por mosquitos en el mundo.

2015, 30 páginas [E, F, S, C, Ar, R]
ISBN 978 92 4 356499 9
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Países en desarrollo : CHF 10.50/US$ 12.60
N.º de pedido: 39300324
Instrumento de evaluación de los servicios de atención oftálmica

El plan ofrece a los Estados Miembros una serie de medidas para que escojan la más apropiada a sus circunstancias y necesidades. Para tal efecto y con miras a avanzar hacia el acceso universal a una atención oftálmica de gran calidad, completa e integrada, las intervenciones tienen que fundamentarse en datos científicos con respecto a la magnitud y las causas de la discapacidad visual en la población y las deficiencias en la prestación actual de atención oftálmica. El presente “instrumento de evaluación de los servicios de atención oftálmica” (IESAO) permite recopilar datos e información acerca de la prestación de atención oftálmica en el nivel nacional o distrital y determinar si cumple los objetivos del plan de acción mundial sobre salud ocular.

El IESAO está dividido en tres secciones principales que se corresponden con la estructura de dicho plan. En la sección 1 se aborda la disponibilidad de datos sobre la prevalencia y las causas de la discapacidad visual, las deficiencias en los servicios de atención oftálmica y el uso de datos científicos para lograr el apoyo en pro de la salud ocular. En la sección 2 se brinda asesoramiento para evaluar la situación y el funcionamiento de los servicios de atención oftálmica de un país por comparación con las seis áreas del marco de la OMS para fortalecer los sistemas de salud. En la sección 3 se proporciona orientación para determinar el grado en que la salud ocular forma parte de los programas multisectoriales y para participar en asociaciones nacionales e internacionales en pro de la salud ocular.

Directrices para la vigilancia de la farmacorresistencia en la TB. 5a ed.

La quinta edición de las Directrices para la vigilancia de la farmacorresistencia en la TB es una versión actualizada de las ediciones anteriores publicadas en 1994, 1997, 2003 y 2009. Este documento tienen en cuenta los adelantos recientes en diagnósticos de laboratorio y las subsecuentes recomendaciones de la OMS, incluyendo las pruebas moleculares con sondas en línea para el tamizaje rápido de pacientes en riesgo de TB multidrogorresistente, la prueba Xpert MTB/RIF para el diagnóstico de TB pulmonar y extrapulmonar en los adultos y los niños y en el manual de implementación de la prueba Xpert MTB/RIF.

El objetivo del presente documento es prestar asistencia a los programas nacionales de control de la TB (PNT) en la formulación de los mecanismos de vigilancia más sólidos que sea posible, comenzando con las encuestas periódicas a partir de muestras de pacientes en cada país. La meta final consistirá en establecer sistemas continuos de vigilancia, basados en las pruebas sistemáticas de sensibilidad a los medicamentos.

Estas directrices están dirigidas al programa nacional de control de la TB y, en especial, el equipo de coordinación de la vigilancia, integrado en condiciones ideales por el gerente del programa nacional de control de la TB, un especialista de laboratorio, un especialista en logística, un epidemiólogo y un estadístico.
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

«...un recurso de información fiable y de fácil manejo...»
— Steve Baxendale, Pacific Open Learning Health Net, Fiji
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