



EXECUTIVE BOARD

Seventy-fifth Session

Provisional agenda item 21.2



~~RESTRICTED~~

REVIEW OF NONGOVERNMENTAL ORGANIZATIONS IN  
OFFICIAL RELATIONS WITH WHO

*Organizations, Non-Gov*

With respect to the triennial review of relations with nongovernmental organizations in official relations with WHO, the Director-General brings to the attention of the Board summaries of information provided by the one-third of nongovernmental organizations on the official list to be reviewed at its current session.

Background information concerning the review

The purpose of this document is to bring to the attention of the Executive Board current information with regard to the group of nongovernmental organizations in official relations with WHO, relations with which are due for review by the Board at its seventy-fifth session. This is in accordance with the provisions of the Working Principles governing the Admission of Nongovernmental Organizations into Official Relations with WHO<sup>1</sup>, namely that the Board shall review triennially the relationship with such organizations on the official list, and also in line with the current practice decided by the Board<sup>2</sup> to spread this review over the three-year period, considering one-third of the organizations each year.

The nongovernmental organizations to be reviewed at the seventy-fifth session are those falling into the third group, namely those on the list in the Annex commencing under section 12 "Diagnostic, therapeutic and rehabilitative technology" with the World Federation of Societies of Anaesthesiologists, through section 13 "Disease prevention and control".

In preparation for this review, the Director-General, on 3 July 1984, sent a request to the organizations concerned for information on their collaboration with WHO, and at the time of preparation of this working paper, 37 out of the 41 organizations had responded. The Board is invited to review relations with these organizations in the light of health-for-all strategies.

The summaries which follow have been compiled from the information provided by the nongovernmental organizations, as supplemented by the Director-General.

In most cases, exchange of information and attendance at each other's meetings, including, wherever practicable sessions of the Executive Board, regional committees and World Health Assembly, are already some of the basic elements of collaboration and these are not therefore specifically mentioned except in certain cases where they were particularly relevant. With the majority of organizations some kind of broad framework for collaboration has been established in line with the relevant medium-term programmes. However, in certain cases the absence of such a framework is reflected in the episodic type of collaboration which currently exists.

<sup>1</sup> WHO Basic Documents, 34th edition, 1984, pp. 71-74.

<sup>2</sup> Resolution EB61.R38.

In the case of the International Society of Orthopaedic Surgery and Traumatology, after having suspended official relations at its seventy-first session in January 1983, the Board in January 1984 decided to defer its decision on the re-establishment of official relations for one further year and suggested that efforts should be made to develop concrete collaboration with that organization.<sup>1</sup> An updated report on the International Society is included in this document after the summaries relating to the nongovernmental organizations being reviewed at this session.

### Summaries

1. WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS (WFSA)  
Founded (F): 1955 Admitted (A): 1957

The Federation has national societies in 77 countries. Its activities include Quadrennial World Congress, the latest in Manila in 1984; Latin-American Congress of Anaesthesiology (biennial) the latest in Lima in 1983; visiting educational teams; financial assistance for lecture teams to visit countries in the developing world and anaesthetic training centres in Caracas and Manila.

Current areas of collaboration include production of simple, instructional manuals for worldwide distribution, continued collaboration with respect to training courses in anaesthesiology given in the Manila and Caracas centres, and clinical technology. Future collaborative activities will be aimed at the strengthening of equipment and refinement of equipment already available, the use of local anaesthetics and regional block techniques for common surgical interventions, evaluation of commonly used anaesthetic equipment, and manufacture of or substitutes for anaesthetic gases. WFSA has taken an active part in the discussions regarding the preparation of teaching material on local, regional and general anaesthesia at the first referral level hospital. This material will be field-tested at a later stage.

2. INTERNATIONAL COMMISSION ON RADIATION UNITS AND MEASUREMENTS (ICRU)  
F: 1925 A: 1956

Through its consultants and committees, a 13 member committee formulates recommendations on radiation quantities, units and measurement and procedures for their application in the field of radiation protection. These are published in the form of reports (39 up to present). The work of ICRU complements that of WHO in the field of radiobiology, diagnostic radiology, nuclear medicine, radiation protection and environmental radioactivity. For example, the published recommendations are a source of information for the WHO/IAEA network of secondary standards dosimetry laboratories.

ICRU was represented at the PAHO meeting in Washington in 1983 where it presented a paper on the role of the ICRU in quality assurance in radiation therapy. It also sent a representative to the joint IAEA/WHO meeting (November 1983, Vienna) on the future of secondary standards dosimetry laboratories. Future joint activities are planned for quality assurance, measurement of low-level radioactivity in humans, microdosimetry and a practical determination of a dose equivalent index.

3. INTERNATIONAL COMMISSION ON RADIOLOGICAL PROTECTION (ICRP)  
F: 1928 A: 1956

Through its four committees, a 13 member commission formulates and publishes recommendations on radiation safety standards, mainly dealing with basic principles of radiation protection. The recommendations are kept continually under review in order to cover the increasing number and scope of potential radiation hazards, and to take account of new knowledge concerning the effects of ionizing radiations. Various other activities are concerned with protection of the patient and with radioactive waste disposal.

WHO has over the years participated in the revision of various ICRP publications, the latest being on protection of the patient in radiotherapy. WHO has been invited to attend recent ICRP meetings. Relations with the WHO Regional Office for the Americas are very fruitful, contact being maintained with the various ICRP commissions and individual members for advice and consultation.

---

<sup>1</sup> Decision EB73(15).

4. INTERNATIONAL ELECTROTECHNICAL COMMISSION (IEC)  
F: 1906 A: 1974

IEC promotes international cooperation on all questions of electrical and electronic standards. It works through national committees located in 41 countries, and issues standards for, inter alia, electroacoustics and electrical equipment in medical practice, which express an international consensus of opinion intended to assist national committees in their efforts towards harmonizing standards with IEC standards in line with national conditions. Technical reports are prepared by technical committees pending the attainment of sufficient international agreement on a given subject.

There is general exchange of information, and cooperation sought in WHO projects related to the construction of medical equipment appropriate for developing countries. Many IEC publications have relevance as reference materials for WHO activities. The technical expertise of the Commission for training of personnel in the maintenance and repair of medical equipment could be a useful future aspect of collaboration.

5. INTERNATIONAL RADIATION PROTECTION ASSOCIATION (IRPA)  
F: 1966 A: 1973.

IRPA has associate societies, totalling about 12 000 members in 30 countries. Through its quadrennial congress and various committees and commissions it seeks to provide for the protection of man and his environment from the hazards caused by ionizing, and non-ionizing radiation, and thereby to facilitate the medical and industrial exploitation of radiation and atomic energy for the benefit of mankind, and encourage the establishment of universally acceptable radiation protection standards or recommendations through the international bodies concerned with continuous review of these matters. Its next regional congress will be held in Maastrich, Netherlands, in March 1985, and will deal with radiation in the private house.

There has been close collaboration between WHO and IRPA in the area of radiation protection, particularly as regards its Sub-Committee on Non-ionizing Radiation (INIRC). Over the last four years four Environmental Health Criteria documents - on ultraviolet radiation, radiofrequency and microwaves, ultrasound, and lasers and optical radiation - have been prepared jointly by WHO and this Sub-Committee. Work has recently started on a fifth topic, namely, magnetic waves, and a criteria document is to be published in 1986 or 1987. There has also been active collaboration between the WHO Regional Office for Europe and IRPA.

6. INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNICIANS (ISRRT)  
F: 1959 A: 1967

ISRRT has 55 national and regional societies in 52 countries, and aims to promote and encourage improved standards of training in radiography, radiotherapy and allied subjects; facilitate the exchange of information and experience on radiographic and radiotherapeutic techniques and allied subjects through the medium of international cooperation. It organizes regular conferences for these purposes, provides grant aid through the ISRRT World Radiography Educational Trust Fund, and donates books and journals to developing countries.

ISRRT has directed its aims towards the needs of developing countries, supporting WHO policy in the field of radiation medicine, and has promoted workshops for quality assurance in Europe, Africa and Asia. To direct activities concerned with promotion of the WHO Basic Radiological Services (BRS) concept ISRRT formed a BRS Committee in 1981 and it has been involved in the relevant meetings in this field.

7. INTERNATIONAL SOCIETY OF RADIOLOGY (ISR)  
F: 1963 A: 1969

ISR has national societies and individual members in 59 countries. Its activities include sponsorship of education in medical radiology throughout the world and particularly in non-industrialized countries, and sponsorship and support of International Commissions, special ad hoc committees and subcommittees appointed by a Commission, as well as other duties referred to the Society from the International Congress of Radiology. ISR also maintains an International Commission on Rules and Regulations (ICRR) and organizes a quadrennial congress.

Discussions have taken place on the topic of undergraduate training in radiology, and also training at postgraduate level in two aspects: training of specialists in radiodiagnosis for countries in which such specialists are lacking, and training of general practitioners to interpret films produced by basic radiological service machines. A training centre for radiologists from English-speaking African countries is in the process of being established by ISR and WHO at the University of Nairobi, and there are plans for a similar training centre in Cameroon for French-speaking African countries.

8. WORLD FEDERATION OF NUCLEAR MEDICINE AND BIOLOGY (WFNMB)

F: 1970 A: 1975

The Federation has 55 national societies and its objectives are to assist national nuclear medical services in the development, organization and quality control of nuclear medicine. Three congresses have been held, the latest in Paris in 1982.

WHO contributed to a joint session on nuclear medicine in developing countries held at the WFNMB International Congress, 1982. Discussions have taken place with regard to extending collaboration in such areas as promotion of quality control programmes for improvement of nuclear medicine services, particularly in developing countries, and the identification of appropriate institutes for training.

9. INTERNATIONAL ASSOCIATION OF LOGOPEDICS AND PHONiatrICS (IALP)

F: 1924 A: 1963

The Association has affiliated societies in 38 countries, and aims to develop contacts between individuals or organizations concerned specifically with research on hearing, voice and language and establish precise terminology in logopedics and phoniatrics. It holds triennial congresses, the latest in Edinburgh in 1983.

The Association represents a highly specialized group of professionals dealing specifically with promoting standards of training and research in human communication disorders, and is supportive of WHO policies and programmes in the area of disability prevention and rehabilitation. It is reviewing relevant parts of the WHO manual on training the disabled in the community and will encourage its national associates particularly in developing countries to field test the approaches described in the manual related to communication problems. The Association will also promote the training of medical and paramedical personnel in community-oriented approaches. WHO staff participated actively in the 1983 Congress of the Association when information on the WHO community-based rehabilitation programme was disseminated and promoted.

10. INTERNATIONAL FEDERATION OF PHYSICAL MEDICINE AND REHABILITATION (IFPMR)

F: 1950 A: 1967

The Federation has national societies in 33 countries. It organizes international congresses of physical medicine and rehabilitation at regular intervals and collects and exchanges information on matters pertaining to physical medicine and rehabilitation between member societies.

The Federation supports WHO strategies in the area of rehabilitation through the activities of its Committee on Training and Education. This Committee is reviewing the curricula for training in physical medicine and rehabilitation with the aim of adapting rather than changing the pattern of existing rehabilitation services, using the more community-oriented approach.

11. REHABILITATION INTERNATIONAL (RI)

F: 1922 A: 1951

The organization has affiliated national organizations in 81 countries, associate members in 17 countries and nine international member organizations. It maintains seven scientific commissions on specialized aspects, each operating from a detached secretariat. Its aims are directed towards prevention of all categories of impairment, disability and handicap, and to the development of services that will enable individuals, families, communities and governments to assist in avoiding or overcoming the consequences of those conditions.

Collaboration continues with regard to evaluation and promotion of the WHO concept of community-based rehabilitation. Two special sessions on WHO community-based rehabilitation activities were held during the 15th World Congress of Rehabilitation International, Lisbon, 1984. Since 1982 the RI Medical Commission has been cooperating with WHO regarding testing of the International Classification of Impairments, Disabilities and Handicaps. Collaboration also takes place at regional level, e.g., development of projects in disability prevention and rehabilitation in Morocco, and the meeting on disability prevention and rehabilitation of very young disabled children; Panama. Promotion of the WHO Expanded Programme on Immunization continues.

12. WORLD CONFEDERATION FOR PHYSICAL THERAPY (WCPT)  
F: 1951 A: 1956

WCPT has national organizations in 45 countries. It encourages improved standards of physical therapy training and practice and promotes scientific knowledge of new developments in physical therapy and exchange of information between nations. Activities include: recruitment of physical therapists for official assignments; contacts with countries developing physical therapy services; information service; and a quadrennial congress.

WHO staff participated in the Confederation Congress in 1982 and presented the WHO rehabilitation programme and the expected role of physiotherapists in programme implementation. It is recognized that physiotherapists, as a professional group in the field of rehabilitation, are important for promoting and supporting WHO programmes at national, regional and global levels. Discussions have taken place on the training of intermediate level personnel for rehabilitation. Several national affiliates of the Confederation are actively involved in WHO-supported projects and country programmes of community-based rehabilitation and there is collaboration with respect to health aspects of aging, particularly with respect to a joint WCPT/WHO Manual on Physical Therapy for the Elderly.

13. WORLD FEDERATION OF THE DEAF (WFD)  
F: 1951 A: 1959

The Federation has national organizations in 70 countries and regional secretariats have been set up. Activities are organized by a scientific section which acts as, a permanent advisory board on all medical, educational, social and readaptation subjects concerning the deaf. It has special commissions on such topics as audiology and medical rehabilitation, educational rehabilitation, psychology, vocational rehabilitation, social protection, means of communication, the arts. It holds a Quadrennial World Congress, and the XXX Foundation Anniversary International Conference was held in Rome in 1981.

Useful exchange of information has continued and the Federation was consulted on the relevant sections of the WHO manual on training the disabled in the community. WHO was consulted on a glossary of terms and terminology for the deaf. Certain requests for specific information and/or services have been referred to the Federation in view of its special expertise. The Federation would like to strengthen collaboration with respect to deafness prevention, integration of deaf persons into the community and information to the general public.

14. WORLD FEDERATION OF OCCUPATIONAL THERAPISTS (WFOT)  
F: 1952 A: 1959

WFOT has full members in 35 countries. It aims to promote internationally recognized standards for the education of occupational therapists; facilitate international exchange and placement of therapists and students; facilitate exchange of information and promote research. It holds biennial council meetings and quadrennial congresses.

The Federation collaborates in field testing of the WHO manual on training the disabled in the community. It is developing criteria for occupational therapist advisers, specifying these for field workers oriented to community rehabilitation programmes in developing countries. It contributed to the revision of the guidelines for the development of curricula for the education of rehabilitation assistants in developing countries drafted by WHO. As education and training of manpower is a key issue for further development of community-based rehabilitation activities, collaboration with WFOT in this respect will be

of particular interest and a meeting with WFOT on this subject is planned for the latter part of 1985. In collaboration with the WHO Regional Office for the Americas, the Federation is carrying out preparatory work in identifying facilities for training Spanish-speaking therapists. It is also working with WHO and other nongovernmental organizations in various aspects of the programme on health of the elderly.

15. WORLD REHABILITATION FUND (WRF)  
F: 1955 A: 1984

WRF is governed by a Board of Directors, 32 members, elected annually; an Executive Committee and eight working committees. The main areas of activity are the training and continuous education of rehabilitation specialists and provision of technical cooperation. The latter has featured intensive short-term training courses for technicians and assistance in setting up of prosthetic/orthotic (P/O) workshops. In this field WRF has pioneered simplifying of P/O technology and adapting it to the conditions of the countries, using local materials and skills and developing local manpower. A network of such workshops has thus been built up and they function in several developing countries.

In support of WHO programmes and policies concerning community-based rehabilitation services, WRF tests this new approach in a few countries and, on the basis of its experiences in the Philippines, has published a monograph on community-based rehabilitation services. Further collaboration will concentrate on manpower training for community and referral services. WRF and WHO are closely collaborating on the planning and running of a management seminar and a training course for Lebanese trainers/supervisors of community-based rehabilitation in Cyprus in October and December 1984. WRF also works closely with PAHO in the development of two community-based programmes in South America and the Caribbean and in a similarly-oriented training seminar for the region. It will continue its emphasis on appropriate technology in the training courses as well as experimenting with the development of materials to supplement the WHO manual on training the disabled in the community.

16. WORLD VETERANS FEDERATION (WVF)  
F: 1950 A: 1956

The Federation has national organizations (160) in 53 countries. WVF initiates or supports measures for the peaceful settlement of international conflicts, sponsors and encourages surveys and research on rehabilitation of handicapped persons, legislation concerning war veterans, protection of human rights, disarmament and peacekeeping. Of particular concern to the Federation is the problem of accessibility of the man-made environment as a basic condition for reintegration. It holds General Assemblies.

Collaboration consists of exchange of information and attendance at each other's meetings. The Federation has expressed its willingness to be associated with the WHO activities related to primary health care and health for all. A staff member from the WHO Regional Office for Africa attended the WVF regional conference held in Dakar (1983).

17. INTERNATIONAL ACADEMY OF PATHOLOGY (IAP)  
F: 1906 A: 1976

The Academy has 21 national or regional divisions with 7600 members. It holds biennial International Congresses and divisional meetings are held at least annually; these feature training courses. It also produces scientific publications. Activities include promotion of education in pathology and international communication in pathology, as well as enhancement of knowledge of diseases of children in collaboration with societies of paediatric pathology and of maternal diseases in collaboration with societies of gynaecological pathology.

The Academy has worked closely with WHO in respect of the International Histological Classification of Tumours and the Classification of Renal Diseases, including promotion and dissemination of these standards. The Academy assists WHO in promoting the utilization of WHO classifications in pathological, clinical and epidemiological studies. A survey is in progress among the Academy's members on the occurrence of the malignant lymphoepithelial lesion, and also on the evaluation of the WHO International Histological Classification of Tumours. Members of the Academy are on the WHO Expert Advisory Panel on Cancer.

18. INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)  
F: 1929 A: 1948

The Agency has eight regional committees and national committees in 64 countries; national organizations as associate or corporate members (approximately 80 in 12 countries) and nine affiliate organizations. Activities include study through international investigation, in cooperation or coordination with international organizations, of the causes - direct and indirect - which may result in blindness or impaired vision; encouragement and promotion of measures calculated to eliminate such causes; and dissemination of knowledge on all matters pertaining to the care and use of the eyes. IAPB promotes international research; maintains an information centre and film loan service.

The Agency has collaborated closely with WHO in a number of areas such as: training courses for different levels of multidisciplinary staff, which was one of the recommendations emanating from the WHO task force on strategic planning for the prevention of blindness, and assistance in raising extrabudgetary funds for the WHO programme for the prevention of blindness. IAPB regularly participates in meetings of the WHO programme advisory group, and actively contributes to its work. IAPB's President emeritus initiated the establishment of regional foundations for the prevention of blindness, most recently the Asian Foundation for the Prevention of Blindness in Hong Kong, which is giving economic support to programmes for the prevention of blindness in WHO's South-East Asia and Western Pacific Regions. Jointly with the WHO programme for the prevention of blindness, IAPB convened an ad hoc meeting of nongovernmental organizations working in the field of blindness prevention, in Geneva in 1983, to strengthen collaborative activities. It also participated in a task force on evaluation mechanisms for programmes for the prevention of blindness in 1984. In accordance with a recommendation of the WHO programme advisory group on the prevention of blindness, IAPB has initiated an inventory of blindness prevention projects supported by nongovernmental organizations. There is collaboration with the WHO Regional Office for the Americas, providing programme and financial inputs. Future collaboration is to include strengthening of interrelationships with Latin American countries, particularly in study of prevalence of ophthalmological diseases. IAPB promotes awareness and generates knowledge in the field of blindness prevention and also contributes to the mobilization of resources for prevention programmes at all levels.

19. INTERNATIONAL ASSOCIATION OF CANCER REGISTRIES  
F: 1966 A: 1979

The Association has institutions and voting members in 46 countries. Activities include scientific meetings and publications, to develop appropriate standard methods and techniques for registration practice in cancer registries; epidemiological studies on various aspects of cancer.

The Association is supportive of WHO policies and priority programmes and regularly disseminates such information to its members through its newsletter. Collaboration has been mainly in exchange of information and active participation in each other's meetings. In particular, WHO takes an active part in the Association's annual scientific meetings. There is also cooperation in the development of the Tenth Revision of the International Classification of Diseases with regard to national and international comparable data on cancer morbidity and mortality.

20. INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE LIVER (IASL)  
F: 1958 A: 1979

IASL has individual members in 50 countries. Councillors represent African, Asian, European, Latin American and North American regions of the Association together with its Asian-Pacific Association and Pan-African Association. It has a biennial scientific meeting, combined with meetings dealing with specific aspects such as standardization of nomenclature, diagnostic criteria and diagnostic methodology.

Up to the present time collaboration has been mainly through exchange of information and mutual attendance at meetings, with the greater part of collaboration taking place at regional level. For example, a symposium on virus-associated cancer in Africa took place in April 1984, sponsored by OAU, WHO and IASL.

## 21. INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY (ICSP)

F: 1962 A: 1963

ICSP has national societies in 36 countries. Activities include: standardization of nomenclature and diagnosis in tumour pathology including nutritional pathology and paediatric pathology. ICSP brought about publication of the first comprehensive manual on neonatal and perinatal autopsy. The Council supports laboratories in developing countries and promotes uniform coding systems.

ICSP has been closely associated with WHO over many years in the development and implementation of the programme of International Histological Classification of Tumours, contributing its scientific expertise and obtaining financial assistance, and promoting these classifications through its national societies, in pathology journals and also through special presentations at national and international meetings. This type of activity will continue in the future with emphasis on promoting the utilization of the classifications at all levels of pathology practice and research. Evaluation of the classifications will be a future activity in which ICSP will participate. ICSP is represented on the WHO Expert Advisory Panel on Cancer.

## 22. INTERNATIONAL CYSTIC FIBROSIS (MUCOVISCIDOSIS) ASSOCIATION (ICFMA)

F: 1964 A: 1973

The Association has national organizations in 38 countries. Activities include annual meetings, international scientific conferences held every three to four years in conjunction with annual meetings. The latest conference was held in Brighton (United Kingdom) in 1984, and was attended by 1200 persons.

Close collaboration has recently been established within the broad area of the prevention and control of hereditary diseases and development of genetic approaches for health promotion and WHO is represented on the ICFMA scientific and medical advisory committee. A number of areas have been identified, where collaboration could develop including diagnosis and screening, improvement of care, the role of community involvement including education of the public, and research needs. Specific activities agreed upon are evaluation of the incidence of cystic fibrosis in selected countries including developing ones, and efforts to integrate the management of the disease within existing basic health care services. A joint ICFMA/WHO meeting in Vienna in October 1983 worked out recommendations on standards for diagnosis and management of cystic fibrosis, and explored scientific bases for future research and development.

## 23. INTERNATIONAL DIABETES FEDERATION (IDF)

F: 1949 A: 1957

The Federation has national organizations in 63 countries. The latest Congress was held in Nairobi in 1982.

A Joint WHO/IDF Executive Committee on Diabetes has been established to monitor the implementation of the recommendations formulated by the WHO Expert Committee and to guide and evaluate the joint activities; this committee meets annually. IDF has also made an effective input to the educational activities organized by WHO in the field of diabetes. In 1981, a WHO/IDF seminar on clinical epidemiology and public health aspects of diabetes mellitus brought together participants from developed and developing countries; a postgraduate course for primary health workers was held in Kashmir; and a series of workshops on diabetes education was conducted by IDF: A WHO/IDF International Seminar on Appropriate Laboratory Technology was held in Zagreb (1983). The Federation contributes both scientific and financial resources to the development of national diabetes programmes within national health care delivery systems. It maintains contact with WHO regional offices through its vice-presidents. Regionalization of IDF according to WHO regions has facilitated development and implementation of the WHO/IDF Action Programme on Diabetes. Since October 1983, WHO/IDF Kelly West Memorial Fellow in Diabetes has assisted WHO in its programme on diabetes.

24. INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES (IFOS)  
F: 1933 A: 1972

IFOS has societies, mainly national, in 63 countries. Through its International Council, it initiates and supervises arrangements for periodical international congresses and maintains an index ophthalmologicus on ophthalmological institutions throughout the world. Direct committees study problems of international interest regarding vision (e.g. nomenclature of eye diseases and symptoms; standardization of functional eye examinations, including colour vision examinations; ophthalmic instruments). Its latest Congress was organized in San Francisco (United States of America), in 1982.

IFOS has been represented at the annual meetings of the programme advisory group of WHO's programme for the prevention of blindness, as well as at certain task force meetings dealing with data on blindness and with the economic implications of blindness prevention. Collaboration between WHO and IFOS, also includes promotion of training of ophthalmologists in preventive ophthalmology with special emphasis on simple and adequate eye care at the community level. IFOS has been collaborating in the establishment by WHO (in cooperation with the International Federation of Surgical Colleges) of standard lists of surgical instruments, including ophthalmic instruments, for use at district and provincial level; the Ninth Revision of International Classification of Diseases; and identification of expertise in the field of chloroquine-induced retinopathy. IFOS has also published and disseminated an article on the global aspects of blindness prepared by WHO. Consultations have also been initiated with regard to the Tenth Revision of the International Classification of Diseases and its ophthalmological chapter.

25. INTERNATIONAL FEDERATION OF SPORTS MEDICINE  
F: 1928 A: 1958

The Federation has national federations in 53 countries. Activities include biennial congresses; International Congress on the Child and Sport, Urbino (Italy), October 1984; regular meetings of a scientific commission.

WHO has been represented at the Federation's biennial congresses. The Federation will assist WHO in further spreading the concept of regular physical activity as an important factor in protecting and promoting health, and may assist in the WHO programme on smoking and health by disseminating anti-smoking information in athletic and other sporting circles, as well as the collection of basic data on health status and mortality statistics, particularly in connection with cardiovascular diseases, as they relate to athletes from various countries. WHO has been invited to contribute a paper on physical activity in health preservation and health education to the 23rd World Congress on Sports Medicine, Brisbane (Australia), 1984, which has as its theme: sports and health for all.

26. INTERNATIONAL ASSOCIATION OF HYDATID DISEASE  
F: 1941 A: 1955

The Association has individual members in 41 countries. Activities include running a documentation centre and working for ratification in different countries of laws coordinating methods of controlling hydatid diseases. The Association has participated in several international and regional meetings in its field of interest and in 1985 a hydatidosis control programme will be elaborated at the XII International Hydatidological Congress to be held in Madrid.

The Association is active at the country level, particularly in the Americas where echinococcosis/hydatidosis is one of the important zoonoses. Whilst covering all aspects of the broad field of hydatidosis, the Association's studies on the social and economic aspects of the disease are of particular interest. The Association together with the national authorities and with the Pan American Zoonoses Center plans an action programme in Argentina. The Association participated in a WHO meeting (1982) bringing together directors of zoonoses centres and representatives of organizations concerned with veterinary public health programmes.

27. INTERNATIONAL LEAGUE AGAINST RHEUMATISM (ILAR)  
F: 1927 A: 1950

ILAR has national societies in three regional leagues: European League against Rheumatism (EULAR), Pan-American League (PANLAR), Southeast Asia Pacific League (SEAPAL). Individual members are approximately 13 000 physicians and an increasing number of allied health professionals (nurses, orthopaedists, radiologists, paediatricians) and corporate members. The League holds a Quadrennial Congress. It actively supports development of an internationally acceptable nomenclature and classification, standardization of therapeutic criteria, laboratory procedures, radiological and pathological classifications, registry of adverse drug reactions, post-marketing surveillance of newly-introduced anti-rheumatic drugs, effective policies for scientific research, and professional and public education programmes.

Following an ILAR initiative to strengthen collaboration with WHO in the context of the International Year of Disabled Persons, efforts were made to establish a joint WHO/ILAR programme on rheumatic diseases, including measures to implement research and educational aspects within the framework of primary health care. ILAR is represented on the WHO Expert Advisory Panel on Chronic Degenerative Diseases. The League has been associated with WHO in the Community-Oriented Programme for Control of Rheumatic Diseases (COPCORD) in a rural area of the Philippines since 1981, in a similar epidemiologically-oriented survey in Indonesia; and in the Conference on the Epidemiology of Rheumatic Diseases in Developing and Developed Countries, 1982. ILAR provided support and actively participated in joint WHO/ILAR task force meetings (1982, 1984) which developed an action programme in rheumatology. Various activities related to nomenclature and classification of rheumatic diseases, development of standardized diagnostic tests, and therapeutic criteria are being undertaken and/or developed. There are also a collaborative study of adverse reactions to drugs used in rheumatology and continuing educational programmes. Since the April 1984 recommendations of the WHO/ILAR task force meeting, collaboration is directed to implementation of the WHO medium-term programme in rheumatic diseases and includes specific activities in research, education and training, and health services development.

28. INTERNATIONAL LEPROSY ASSOCIATION (ILA)  
F: 1931 A: 1948

ILA has members in 100 countries. Meetings of experts are held frequently on an international basis; representatives participate in regional leprosy campaigns; world congresses are held. The latest quinquennial congress took place in New Delhi in 1984. Close relationship is maintained with voluntary agencies engaged in leprosy fund-raising activities and leprosy control.

Collaboration is centred mainly on research into immunological, microbiological and epidemiological aspects, as well as treatment and control of leprosy, and training activities, within the framework of primary health care. Many members of the WHO Expert Advisory Panel on Leprosy are members of the Association. WHO staff have participated in the quinquennial congresses of the Association and in the workshops, either associated with the congresses, or held independently. The Association is actively promoting the concept of technical cooperation among developing countries in the field of leprosy control, and encourages universities and other training institutions to include leprosy in the curricula. A number of ILA members are also active in the WHO Special Programme for Research and Training in Tropical Diseases, as participants in steering committees and technical groups, or in coordinated research. There has been close collaboration with WHO (global and regional levels) in the XII International Leprosy Congress, New Delhi (1984). ILA participated in two WHO technical meetings, namely on action plans for leprosy control, New Delhi (August 1982), and a coordinating meeting on implementation of multidrug therapy in leprosy control, held in February 1984.

29. INTERNATIONAL ORGANIZATION AGAINST TRACHOMA (IOAT)  
F: 1924 A: 1955

IOAT membership consists of national societies and individuals, in 107 countries. Activities include organizing biennial scientific conferences in conjunction with the International Congress of Ophthalmology and information meetings in intervening years; publishing original scientific papers in the International Review of Trachoma, and promoting adoption of legislative and sanitary measures to increase social action in anti-trachoma campaigns.

Over the last few years, IOAT has published and disseminated several news items on the WHO programme for the prevention of blindness and its activities. WHO was represented at the annual meeting of IOAT which took place in conjunction with the XXIV International Congress of Ophthalmology in San Francisco (United States of America), in 1982. IOAT also assists in identifying suitable WHO short-term consultants and expertise in the field of trachoma control. It has been invited to send a representative to the meetings of the WHO programme advisory group on the prevention of blindness and was also invited to the meeting with nongovernmental organizations active in the field of blindness prevention, held in December 1983. Future cooperation could include: publication and dissemination of information in relation to the prevention of blindness, particularly the control of trachoma in national programmes; advisory services on the training of personnel and research concerning the control of trachoma; identification of opportunities for applied research on trachoma in national programmes; advice, and identification of suitable expertise, on trachoma and its control.

30. INTERNATIONAL SOCIETY OF CHEMOTHERAPY (ISC)  
F: 1959 A: 1977

ISC has national affiliated societies, specialized groups, individual members in 52 countries. Activities include Commissions for special activities, lectures, symposia, workshops. A biennial Congress is held - the latest in Vienna, in 1983.

Collaboration is based on a useful exchange of scientific information on various aspects of chemotherapy including the expanding fields of newer chemotherapeutic drugs.

31. INTERNATIONAL SOCIETY AND FEDERATION OF CARDIOLOGY (ISFC)  
F: 1950 A: 1960

Membership consists of national cardiac societies and heart foundations in 65 countries. Activities are carried on through a series of scientific councils, in respect to the development of cardiology in its various aspects (application, instruction, research). A quadrennial congress is held.

There has been close collaboration involving mutual attendance at technical meetings, and there is strong representation from ISFC on the WHO Expert Advisory Panel on Cardiovascular Diseases. Recent activities include: active participation in WHO programme on prevention of rheumatic fever/rheumatic heart disease; joint WHO/ISFC programme on pathobiological determinants of atherosclerosis; ISFC has provided a faculty for WHO regional training courses in the epidemiology and prevention of cardiovascular diseases. Representatives from WHO Regional Offices have also participated in ISFC regional workshops/training courses. Efforts will continue in international standardization of methodology, diagnostic criteria and nomenclature of different cardiovascular diseases through joint WHO/ISFC task forces. ISFC will continue to assist in the development of training courses and materials with particular emphasis on the primary health aspects of cardiovascular disease.

32. INTERNATIONAL SOCIETY FOR HUMAN AND ANIMAL MYCOLOGY (ISHAM)  
F: 1954 A: 1975

ISHAM has affiliated national organizations in 11 countries. Activities include a triennial congress, and workshops (e.g., on anti-fungal testing) in association with various national and international meetings; compilation of a list of centres undertaking routinely serological examinations for diagnosis of mycotic infections, as well as a list of centres offering formal training in medical and veterinary mycology.

Specific examples of recent collaboration are: the meeting on WHO/ISHAM strategies for prevention and control of mycotic diseases related to animals and animal products (London, March 1984), and an editorial group meeting for the WHO/ISHAM guidelines for the diagnosis and control of dermatophytoses common to man and animals (Geneva, June 1984). A WHO/ISHAM consultation for the development of national programmes on the prevention and control of major mycotic zoonoses has been planned jointly and is to take place in Atlanta (United States of America), in May 1985. A WHO/ISHAM medium-term programme has now been jointly elaborated in line with the WHO Seventh General Programme of Work. The establishment of the strategies and practical methods for carrying out surveillance, prevention and control of

major mycotic zoonoses, and the development of national programmes of control are the priority areas of this joint medium-term programme. Joint research activities are also taking place in the development of vaccines and chemotherapy for the major mycotic zoonoses, and joint training courses at international and national levels are also being planned (e.g., medical mycology courses in Thailand).

33. INTERNATIONAL UNION AGAINST CANCER (UICC)  
F: 1934 A: 1948

UICC membership includes voluntary cancer organizations: cancer research and/or treatment centres; cancer research laboratories; specialized cancer hospitals; and, in certain countries, ministries of health; totalling 206 members in 79 countries. Activities take the form of ten programmes: detection and diagnosis; tumour biology; epidemiology and prevention; professional education; cancer campaign, organization and public education (COPE); international collaborative activities; fellowships and personnel exchange; smoking and cancer; treatment and rehabilitation; multidisciplinary project on breast cancer. UICC holds international congresses.

There is close consultation between UICC, WHO and the International Agency for Research on Cancer (IARC) in the implementation of the various programmes, and many UICC activities complement or supplement WHO or IARC action. The voluntary organizations forming UICC make significant contributions in information transfer, professional training, and education of the public aimed at the promotion of cancer prevention, early detection, therapy, and rehabilitation. Recent collaboration includes: the joint UICC/WHO conference on cancer education of medical students, Geneva (1981); a course on cancer education, Cairo, 1982; the joint UICC/WHO workshop on smoking control, Kuwait (1982) and Khartoum, (1984); and the joint UICC/WHO/BCTCS (Breast Cancer Trials Coordinating Subcommittee) review meeting of all controlled trials of tamoxifen in early breast cancer (1984). In coordination with the WHO Regional Office for South-East Asia, UICC representatives have conducted courses on cancer chemotherapy. UICC also participated in and provided literature for meetings on smoking and health in Nepal and Indonesia. The WHO Regional Office for the Americas collaborates in a series of courses in clinical oncology organized by UICC in a number of Latin American countries.

34. INTERNATIONAL UNION OF IMMUNOLOGICAL SOCIETIES (IUIS)  
F: 1968 A: 1972

IUIS has national societies in 31 countries. Activities involve training programmes, standardization of immunological reagents and of methodology and dissemination of information thereon. This is done through a series of committees in which WHO regularly participates and by means of symposia, etc. The latest Triennial International Congress was held in Kyoto (Japan), in 1983.

IUIS is represented on the WHO Expert Advisory Panels on Immunology and Parasitic Diseases. The reports of its nomenclature subcommittee, which relate to the development of immunological international standards and biological reference preparations, are published in the Bulletin of the World Health Organization. During 1983-1984, activities have continued in respect of a joint programme on standardization of immunological reagents and as also collaboration on revising the nomenclature of HLA. Additional collaboration has included revising the nomenclature of leukocyte antigens, and organization of a meeting on prevention of allergies (1984).

35. INTERNATIONAL UNION OF MICROBIOLOGICAL SOCIETIES (IUMS)  
F: 1930 A: 1951

IUMS has national societies in 57 countries. The Union works through a series of Commissions and committees. The latest Quadrennial Congress was held in Boston (United States of America), in 1982. The latest Virology Congress was held in Sendai (Japan), in 1984.

Main contacts are through the Commission on Biological Standardization. Members of Association are represented on WHO expert advisory panels. Collaboration relates to standardization of reference biological substances and assays, as well as food microbiology and hygiene, and microbiological specifications for food. WHO collaborates with IUMS

Medical Microbiology Interdisciplinary Committee (MEMIC). Collaboration also takes place through the IUMS/WHO/FAO comparative virology programme and the IUMS/ISHAM/WHO programme on dermatophytoses in man and animals.

36. INTERNATIONAL UNION AGAINST TUBERCULOSIS (IUAT)

F: 1920 A: 1948

IUAT has affiliated bodies in 113 countries. Activities are carried out through scientific committees on epidemiology and statistics, diagnostic methods, bacteriology and immunology, prophylaxis, treatment, tuberculosis in animals; non-tuberculous respiratory diseases; smoking and health, with regional technical committees for follow-up and research concerning application of control programmes. They include group education activities and service programmes and research in developing countries. The latest conference was held in Buenos Aires in 1982.

Representatives of IUAT have been actively involved in WHO technical meetings dealing with tuberculosis, vaccination policies, smoking and acute respiratory diseases, as well as discussion groups on chronic respiratory diseases. There has been collaboration in training activities. A new venture has been developed jointly by WHO and the IUAT with a number of its constituent members - the TSRU (Tuberculosis Surveillance Research Unit) - to study the epidemiological behaviour of tuberculosis and the efficacy and efficiency of various control measures, approaches and programmes. The recent centenary of Koch's discovery was the occasion of a joint IUAT/WHO study group on tuberculosis and the joint preparation of a centenary kit. In the field of anti-smoking, the IUAT sensitizes constituent members to the problems and encourages action. Collaboration also extends to asthma and other chronic lung diseases and there are exchanges with WHO including the holding of a course on epidemiological approaches to chronic lung diseases. The role and impact of an efficient primary health care system for the delivery of measures against tuberculosis and respiratory diseases is being studied. There is active cooperation with the WHO Regional Office for the Americas in support of programmes of tuberculosis control in a number of Latin American countries.

37. INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES AND THE TREPONEMATOSES (IUVDT)

F: 1923 A: 1948

IUVDT membership consists of national organizations, government departments, and individuals in 38 countries. The Union aims to compile and disseminate information and statistics about sexually transmitted diseases; stimulate research; support action against uncontrolled prostitution; and provide material for health education. The latest General Assembly was held in Montreal (Canada), in 1984.

The IUVDT regional directors are in contact with WHO regional offices and attend the appropriate regional committees. The Union is well represented on the Expert Advisory Panel on Venereal Diseases, Treponematoses and Neisseria Infections, and has contributed to the formulation of WHO programmes and recommendations which have wide application at the national level. In June 1984, 2000 participants, many of them members of the WHO Expert Advisory Panel, attended the General Assembly to discuss and examine the essential activities and objectives proposed by the relevant WHO programme, in collaboration with which the Assembly programme had been drawn up. Following its general and regional meetings the Union will concern itself increasingly with the establishment of basic diagnostic standards; the spread of antibiotic resistant strains of bacteria; the organization of training of personnel at the national level; the emergence of new diseases, such as the acquired immune deficiency syndrome (AIDS); and the organization and coordination of primary health care as it relates to the control of endemic treponematoses.

38. WORLD ASSOCIATION OF SOCIETIES OF (ANATOMIC AND CLINICAL) PATHOLOGY (WASP)

F: 1947 A: 1973

WASP groups national societies representing one or several sections of clinical pathology in 37 countries. The Association aims to promote the development of pathology in all its branches through congresses and colloquia, interchange of publications and personnel, stimulating research, and establishing world standards of nomenclature and methodology. It holds a biennial congress, the latest in Tokyo in 1983.

The Association has assisted WHO in activities related to pathology in its broadest sense including laboratory medicine, anatomical and clinical pathology, haematology and microbiology. It collaborates with WHO with regard to standards in diagnostic material and in areas such as nomenclature of diseases, the *Système international d'Unités* (SI) and other matters of mensuration, classification of tumours and the strengthening of health laboratory services in developing countries, including making available appropriate technology. Representatives of WASP attended the June 1984 meeting of the WHO Expert Committee on the Tenth Revision of the International Classification of Diseases.

39. WORLD COUNCIL FOR THE WELFARE OF THE BLIND (WCWB)  
F: 1951 A: 1973

WCWB has national Members and Associate Members in 85 countries, and regional branches in each continent. The Council provides means of consultation between organizations of and for the blind; encourages exchange of experience; collects and disseminates information; carries out studies in the field of service to the blind and prevention of blindness; provides guidance in fields of education, rehabilitation, vocational training and employment, recommends measures for improving the standards of living of the blind and encourages all social and legislative action to achieve their full integration in the general community. The Council works through 10 standing technical committees, and organizes congresses, conferences, training, seminars and other meetings, as well as a quinquennial World Assembly, the latest being held in Riyadh in 1984.

Main activities in recent years have included collection, dissemination and exchange of information and participation in each other's meetings, both at the international and regional levels; stimulation by the World Council of its affiliates to urge governments to set up national programmes for the prevention of blindness, take active part in them, carry out prevalence studies and support information campaigns; participation in WHO's programme on disability prevention and rehabilitation through the Council of World Organizations interested in the Handicapped.

40. WORLD FEDERATION OF PARASITOLOGISTS (WFP)  
F: 1962 A: 1972

WFP has national organizations in 17 countries and five regional organizations. It promotes and coordinates exchange of knowledge, research and other activities in human and animal parasitology; and assures the continuity of the International Congresses of Parasitology, the latest being held in Toronto (Canada), in 1982.

Joint activities have so far included attendance of WHO staff at the World Federation's scientific meetings, and exchange of scientific information. It is expected to develop closer contacts in respect of dissemination of information on basic science and epidemiology relating to parasitic diseases in view of their importance in public health.

41. WORLD VETERINARY ASSOCIATION (WVA)  
F: 1959 A: 1956

Although WVA was founded only in 1959, it had already been admitted into official relations with WHO in 1956, as the Permanent Committee for the International Veterinary Congresses. WVA has member national organizations or groups of national organizations in 66 countries. Activities include exchange of information and establishment of a uniform nomenclature. The latest quadrennial International Veterinary Congress was held in Perth (Australia) in 1983.

The Association collaborates closely with WHO in work related to human health, (i.e., on the coexistence of man and animals in urban areas). WHO collaborates (with FAO), in the work of the WVA subcommittee on veterinary education. WHO will be invited to assist in organizing the scientific programme of the XXIII World Veterinary Congress to be held in Montreal (Canada), in 1987. Future activities will place particular emphasis on the

collaboration of in-service training of veterinary and associated staff in developing countries and contributions to WVA specialized committees (e.g., for animal protection).

\* \* \*

The following is a report on the progress made during the past year with efforts to develop concrete collaboration with the International Society of Orthopaedic Surgery and Traumatology, relations with which were suspended in 1984 for a further year.

INTERNATIONAL SOCIETY OF ORTHOPAEDIC SURGERY AND TRAUMATOLOGY (SICOT)  
F: 1929 Originally admitted: 1968 Relations suspended: 1983

The Society is the largest body in the world concerned with orthopaedics. It has national branches or individual members in 64 countries, and is globally recognized in its own field. Its activities are however rather specialized when viewed in the light of the orientation of the WHO programme of disability prevention and rehabilitation.

Communications with SICOT have now been firmly established. A WHO representative attended the meeting of the SICOT Commission on Education and the Developing Countries in September 1984, where SICOT made a firm commitment with regard to future collaboration with WHO and designated one of its executive officers to act as a permanent liaison with WHO. A framework for future collaboration was established; this will comprise preparation of guidelines, instruction and teaching materials and audiovisual aids on orthopaedic surgery and traumatology; support to the orthopaedic and traumatology programmes in developing countries, mainly through World Orthopaedic Concern; two representatives of SICOT will be members of the WHO working group on basic orthopaedic and traumatological procedures for first level referral hospitals, to be held in Geneva in April 1985.

ANNEX

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

ORGANIZATIONS ARRANGED ACCORDING TO WHO PROGRAMME CLASSIFICATION STRUCTURE

Programme

DIRECTION, COORDINATION AND MANAGEMENT

2.3 General programme development

International Federation for Information Processing

HEALTH SYSTEM INFRASTRUCTURE

3. Health system development

3.1 Health situation and trend assessment

The Biometric Society

International Air Transport Association

International Federation of Health Record Organizations

International Organization for Standardization

4. Organization of health systems based on primary health care

African Medical and Research Foundation International

Aga Khan Foundation

Christian Medical Commission

Commonwealth Medical Association

International Academy of Legal Medicine and Social Medicine

International Committee of the Red Cross

International Council on Jewish Social and Welfare Services

International Council on Social Welfare

International Council of Women

International Epidemiological Association

International Federation for Hygiene, Preventive and Social Medicine

International Hospital Federation

International Society for Burn Injuries

International Sociological Association

International Union of Architects

League of Red Cross Societies

Medicus Mundi Internationalis (International Organization for Cooperation  
in Health Care)

World Federation of Public Health Associations

5. Health manpower

International College of Surgeons

International Committee of Catholic Nurses

International Confederation of Midwives

International Council of Nurses

International Federation of Medical Student Associations

International Federation of Surgical Colleges

Medical Women's International Association

World Federation for Medical Education

World Organization of National Colleges, Academies and Academic

Associations of General Practitioners/Family Physicians (WONCA)

6. Public information and education for health

International Union for Health Education

World Federation of United Nations Associations

Programme

HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE

7. Research promotion and development

Council for International Organizations of Medical Sciences  
International Council of Scientific Unions  
International Union of Biological Sciences

8. General health protection and promotion

8.1 Nutrition

International Union of Nutritional Sciences

8.2 Oral health

International Dental Federation

8.3 Accident prevention

International Association for Accident and Traffic Medicine

9. Protection and promotion of the health of specific population groups

9.1 Maternal and child health, including family planning

9.2 Human reproduction research

International Federation of Fertility Societies  
International Federation of Gynecology and Obstetrics  
International Pediatric Association  
International Planned Parenthood Federation  
International Union of School and University Health and Medicine  
The Population Council

9.3 Workers' health

International Association of Agricultural Medicine and Rural Health  
International Ergonomics Association  
International Federation of Chemical, Energy and General Workers' Unions  
Permanent Commission and International Association on Occupational Health

9.4 Health of the elderly

International Centre of Social Gerontology  
International Federation on Ageing

10. Protection and promotion of mental health  
(including alcohol and drug abuse)

International Association for Child and Adolescent Psychiatry and Allied Professions  
International Association for Suicide Prevention  
International Brain Research Organization  
International Council on Alcohol and Addictions  
International Federation of Multiple Sclerosis Societies  
International League against Epilepsy  
International Society for the Study of Behavioural Development  
International Union for Child Welfare  
Joint Commission on International Aspects of Mental Retardation  
World Federation for Mental Health  
World Federation of Neurology  
World Federation of Neurosurgical Societies  
World Psychiatric Association

Programme

11. Promotion of environmental health

Inter-American Association of Sanitary and Environmental Engineering  
International Association of Environmental Mutagen Societies  
International Association on Water Pollution Research and Control  
International Astronautical Federation  
International Federation for Housing and Planning  
International Society of Biometeorology  
International Solid Wastes and Public Cleansing Association  
International Union for Conservation of Nature and Natural Resources  
International Union of Local Authorities  
International Water Supply Association

12. Diagnostic, therapeutic and rehabilitative technology

12.1 Clinical, laboratory and radiological technology for health systems based on primary health care

12.2 Essential drugs and vaccines

12.3 Drug and vaccine quality, safety and efficacy

International Association of Medical Laboratory Technologists  
International Committee for Standardization in Haematology  
International Council for Laboratory Animal Science  
International Federation of Clinical Chemistry  
International Federation for Medical and Biological Engineering  
International Federation of Pharmaceutical Manufacturers Associations  
International Pharmaceutical Federation  
International Society of Blood Transfusion  
International Society of Endocrinology  
International Society of Haematology  
International Union of Pharmacology  
International Union of Pure and Applied Chemistry  
World Federation of Associations of Clinical Toxicology Centers and Poison Control Centers  
World Federation of Hemophilia  
World Federation of Proprietary Medicine Manufacturers  
World Federation of Societies of Anaesthesiologists  
International Commission on Radiation Units and Measurements  
International Commission on Radiological Protection  
International Electrotechnical Commission  
International Radiation Protection Association  
International Society of Radiographers and Radiological Technicians  
International Society of Radiology  
World Federation of Nuclear Medicine and Biology

12.5 Rehabilitation

International Association of Logopedics and Phoniatics  
International Federation of Physical Medicine and Rehabilitation  
Rehabilitation International  
World Confederation for Physical Therapy  
World Federation of the Deaf  
World Federation of Occupational Therapists  
World Rehabilitation Fund  
World Veterans Federation

Programme

HEALTH SCIENCE AND TECHNOLOGY - DISEASE PREVENTION AND CONTROL

13. Disease prevention and control

International Academy of Pathology  
International Agency for the Prevention of Blindness  
International Association of Cancer Registries  
International Association for the Study of the Liver  
International Council of Societies of Pathology  
International Cystic Fibrosis (Mucoviscidosis) Association  
International Diabetes Federation  
International Federation of Ophthalmological Societies  
International Federation of Sports Medicine  
International Association of Hydatid Disease  
International League against Rheumatism  
International Leprosy Association  
International Organization against Trachoma  
International Society of Chemotherapy  
International Society and Federation of Cardiology  
International Society for Human and Animal Mycology  
International Union against Cancer  
International Union of Immunological Societies  
International Union of Microbiological Societies  
International Union against Tuberculosis  
International Union against the Venereal Diseases and the Treponematoses  
World Association of Societies of (Anatomic and Clinical) Pathology  
World Council for the Welfare of the Blind  
World Federation of Parasitologists  
World Veterinary Association

= = =