

Previous winners of the Sasakawa Health Prize



Year	Decision of the Executive Board	Laureate
2024	Decision EB154(18) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2024 to Dr Doreen Ramogola-Masire from Botswana for her outstanding innovative work in health development.	<p>Dr Doreen Ramogola-Masire (Botswana)</p> <p>Dr Doreen Ramogola-Masire is Professor of Obstetrics and Gynaecology and Deputy Vice-Chancellor, Research and Enterprise, at the University of Botswana. Since 2002, she has played an important role in the development and implementation of Botswana's first National Cervical Cancer Prevention Strategy, which was launched in 2012. Through her role as a member of the National HIV Technical Working Group for the past two decades, she took an active part in developing and updating the National Strategic Framework for HIV. She worked to expand the partnerships that had been developed to support the country's HIV/AIDS programme to also support cervical cancer prevention. Her work initially focused on screening and early treatment of precancerous lesions caused by human papillomavirus (HPV) infections and then expanded, with HPV vaccination starting in 2015. Thanks to the use of self-collected samples for HPV testing, the cervical cancer screening programme will be accessible to more women in Botswana, including socially and geographically disadvantaged women. In addition, her innovative work in training nurses and medical officers to carry out cervical cancer screening, and on treatment procedures using telemedicine as a quality assurance tool, helped the country to implement its cervical cancer prevention programme despite an insufficient number of trained gynaecologists. Moreover, she has facilitated the development of an obstetrics and gynaecology specialization programme at the national level, which will help to ensure a supply of well-trained specialists able to lead this work in the future. Dr Masire's involvement of community and traditional leaders at key stages of the preparation for the programme's launch is expected to be an important factor in ensuring the programme's success. In her new role as leader of the Strategic Office for Research at the University of Botswana, Dr Masire continues to facilitate and build capacity for collaborative and impactful multidisciplinary health research, with the inclusion of the impact of climate change. Dr Masire would like to use the award to invest in supporting the qualitative aspect of the development of biomarker triage strategies for women who screen positive for any high-risk HPV.</p> <p>Report of the Selection Panels (EB154/42)</p> <p>News release</p>
2023	Decision EB152(25) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded	<p>Nick Simons Institute (Nepal)</p> <p>The Nick Simons Institute is a nongovernmental organization that aims to improve health care and innovatively fill health workforce gaps that the health system faces in rural areas of Nepal. The Institute works closely with the Ministry of Health and Population of Nepal to train medical professionals (such as midwives and anaesthetic assistants) in rural areas, to enable them to provide the services that are most needed by the local population.</p>

	<p>the Sasakawa Health Prize for 2023 jointly to the Nick Simons Institute of Nepal and Professor Vichai Tienthavorn from Thailand for their outstanding innovative work in health development.</p>	<p>Some 7000 professionals have received such “upgrader” training. The Institute also implements its Curative Service Support Programme, which supplies essential equipment to hospitals and provides targeted additional human resources to help to solve the issue of the lack of medical professionals in rural areas. A total of 44 hospitals have already benefited from this programme. The Institute also subsidizes the living costs of doctors and health workers in order to increase retention of these much-needed individuals in rural areas. The Hospital Strengthening Programme, the third key programme run by the Institute, uses a tool called Minimum Service Standards to help to identify gaps in readiness to improve the quality of hospital services and develop an action plan for improvement. A total of 119 hospitals have benefited from the Hospital Strengthening Programme since 2015. In addition, the Institute conducts research and advocacy activities to shape perceptions and influence policies that affect rural health workers and health care systems in Nepal. If the award is confirmed, the Institute would like to invest in training in newborn care at the hospitals it supports and in motivating and rewarding selected outstanding rural health workers.</p> <p>Professor Vichai Tienthavorn (Thailand)</p> <p>Professor Vichai Tienthavorn is President of the Praboromarajchanok Institute, which is under the Ministry of Public Health of Thailand. He has been involved in three major initiatives. The first relates to the prevention and control of thalassemia in Thailand. As the Director-General of the Department of Health, he developed an innovative policy entitled “Choose Partners, Choose to Be Pregnant, and Choose to Deliver”, to reduce the prevalence of severe thalassemia in Thailand. In the light of the policy’s positive impact, Professor Tienthavorn promoted its adoption at ministerial level as the national policy for thalassemia prevention and control. The second major initiative is “7-Colour Traffic Light Ping Pong”, a communication tool Professor Tienthavorn designed while he was Dean of the Faculty of Medicine at the University of Phayao in Thailand, to help individuals to improve their behaviours in order to prevent and control diabetes and hypertension. The tool is a basic screening method for diabetes and hypertension that can reduce the rate of medication intake, save travelling and medical service costs of local populations and reduce public health officers’ workload. This simple and effective approach has contributed to addressing the severe challenge of noncommunicable diseases in this middle-income country. A national policy was formulated based on this tool. The third major initiative addresses the challenge of the maldistribution of the health workforce, especially in border and rural areas of the country. The Praboromarajchanok Institute, headed by Professor Tienthavorn, formed partnerships with nearly all village schools to recruit high school students, train them and help them to settle back locally. An accelerated medical curriculum to train the local health workforce has also been developed to address the needs of communities where there is a shortage of staff. If the award is confirmed, Professor Tienthavorn would like to further expand</p>
--	---	--

Previous winners of the Sasakawa Health Prize



		<p>partnerships with schools, give one-year training courses to village health volunteers to enable them to become nurses, and pursue efforts to adapt the health care curriculum to address the needs of the most underserved communities in Thailand.</p> <p>Report of the Selection Panels (EB152/44)</p> <p>News release</p>
2022	<p>Decision EB150(18): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2022 to Dr Paisan Ruamviboonsuk from Thailand for his work on diabetic retinopathy in Thailand.</p>	<p>Dr Paisan Ruamviboonsuk (Thailand)</p> <p>Dr Ruamviboonsuk is an ophthalmologist specializing in retinal eye care at Rajavithi Hospital, the largest tertiary care hospital under the Ministry of Public Health of Thailand. Over the past 25 years, Dr Ruamviboonsuk has focused on addressing what was the second leading cause of blindness in Thailand, diabetic retinopathy. Dr Ruamviboonsuk has developed a special method to screen for the condition, by grading retinal photographs. He has piloted an initiative to allow trained non-ophthalmological personnel to use this method and become increasingly able to correctly detect retinopathies everywhere in Thailand, including in the most remote areas. This is particularly important given the shortage of ophthalmologists and the high percentage of retinopathies that are not detected at the early stages. Dr Ruamviboonsuk has gathered evidence to demonstrate the effectiveness of this strategy in detecting diabetic retinopathy and the improved efficiency of the use of existing health system capacity. Dr Ruamviboonsuk's work has led to the endorsement of screening for diabetic retinopathy as a nationwide programme under the Ministry of Public Health's umbrella, free of charge for all. The resulting steep reduction in the number of patients that develop blindness as a result of diabetes has led to diabetic retinopathy no longer being the second leading cause of blindness in Thailand. Dr Ruamviboonsuk is committed to continuing to explore the use of innovative technologies to improve the health of patients.</p> <p>Report of the Selection Panels (EB150/44)</p> <p>News release</p>
2021	<p>Decision EB148(14): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2021 to Dr Wu Hao, Director of the Fangzhuang Community Health Service</p>	<p>Dr Wu Hao (China)</p> <p>Dr Wu Hao is Director of the Fangzhuang Community Health Service Center in the Beijing region, a general practice chief physician and professor of general medicine. He is a national expert in health popularization, who combines his experience of international family medicine with China's national conditions and the current situation of primary health care services. As a leader in innovation, he has developed an intelligent family physician-optimized collaborative model (IFOCM), which is a collaborative and integrated human-centred and information technology-based service for family physicians, based on "smart" health care. This standardized program has been adapted and applied during the coronavirus disease (COVID-19) epidemic. As a professor in</p>

Previous winners of the Sasakawa Health Prize



	Center, China, and to Dr Amal Saif Al-Maani, Director of the Central Department of Infection Prevention and Control in the Ministry of Health, Oman.	<p>the Department of General Medicine of Capital Medical University in Beijing, Dr Wu has been committed to: training, to enlarge the pool of family physicians, and to improving the basic medical and health service system in poor areas in China; ensuring equal access to primary health care nationwide; and promoting better health at the community level. An example of this is the fact his team trains nearly 5000 family physicians a year. Notably, in the past five years Dr Wu has carried out more than 20 national-, provincial- and ministerial-level projects related to medicine and has published over 70 journal articles. Dr Wu's efforts have increased in the current context of the pandemic. In the early days of the disease in China, Dr Wu joined a group of experts who put forward the policy recommendation of taking region-specific and multi-level approaches by classifying the risk in different counties. He has also developed and delivered online training modules to community epidemic prevention workers.</p> <p>News release</p> <p>Dr Amal Saif Al-Maani (Oman)</p> <p>Dr Amal Saif Al-Maani, Director of the Central Department of Infection Prevention and Control in the Ministry of Health in Oman, is a paediatric infectious disease and infection control expert with a specific focus on developing the care of children, public health and national infection control, and responding to antimicrobial resistance and emerging pathogens. Dr Al-Maani has established the national infection control programme and drafted a code of practice for the programme, as well as related policies and guidelines. She has led one of the largest campaigns to raise awareness of antimicrobial resistance through a multisectoral approach, with a particular emphasis on engaging the community. Of particular note, she established a system for antimicrobial resistance surveillance at the national level, which enabled Oman to become part of the Global Antimicrobial Resistance Surveillance System, in which she currently serves as a focal point. Dr Al-Maani has also led work on paediatric tuberculosis and HIV and has created a transitional clinic for adolescents with HIV as they transition to adult care at the Royal Hospital in Muscat. Dr Al-Maani's research has been widely published. Recently, and with significant impact, she has led the national infection response efforts during the COVID-19 pandemic, and is a member of the technical advisory group for the national response committee.</p> <p>Report of the Selection Panels (EB148/43)</p> <p>News release</p>
2020	Decision EB146(25) : The Executive Board, having considered the report of the Sasakawa Health Prize	<p>Geo-RIS (Peru)</p> <p>Geo-RIS, under the leadership of Dr Gelberth John Stamp, was designed in 2018 to promote the reorganization of health services for primary health care and to provide a computer tool to automate processing of demographic and geo-referenced information. The program provides health sector managers with information on health</p>

Previous winners of the Sasakawa Health Prize



	<p>Selection Panel, decided to award the Sasakawa Health Prize for 2020 to Geo-RIS (Sistema Geoespacial de las Redes Integradas de Salud, (Geospacial System of Integrated Health Networks)), Dirección General de Aseguramiento en Intercambio Prestacional del Ministerio de Salud of Peru.</p>	<p>indicators relevant to their geographical region, which improves public health decision-making. The e-platform integrates various publicly available data sources, such as population size and density, health indicators, availability of human resources, service centres and characteristics of health service institutions.</p> <p>Report of the Selection Panels (EB146/44)</p> <p>News release</p>
2019	<p>Decision EB144(11): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2019 to Professor Judith Ndongo Embola Torimiro, Associate Professor of Molecular Biology and Coordinator of Laboratories in the Chantal Biya International Reference Centre for Research on the Prevention and Management of HIV/AIDS, Cameroon, and Chair of the Department of Biochemistry in the Faculty of Medicine and Biomedical Sciences,</p>	<p>Professor Judith Ndongo Embola Torimiro (Cameroon)</p> <p>Professor Judith Ndongo Embola Torimiro has been nominated for her extensive contribution, since 1992, to health and development in Cameroon. Professor Torimiro is presently Associate Professor in Molecular Biology, Director of Laboratories, in the Chantal Biya International Reference Centre for Research on the Prevention and Management of HIV/AIDS, and Chair of the Department of Biochemistry in the Faculty of Medicine and Biomedical Sciences, University of Yaoundé. Professor Torimiro has over 38 peer-reviewed publications on HIV and hepatitis B, C, D and G.</p> <p>Professor Torimiro's notable achievements are in the following main areas of work related to HIV/AIDS and hepatitis B and C, namely: strengthening health systems; capacity-building, health ethics research; and training of health workers and supervising postdoctoral fellows, specifically in molecular biology. She is also recognized for her contribution to increasing awareness of, and providing outreach services on, sexually transmitted infections and cancers in women, especially in rural areas of Cameroon.</p> <p>News release</p> <p>Mr Eusebio Quispe Rodríguez (Peru)</p> <p>Mr Eusebio Quispe Rodríguez, mayor of the district of Iguain in Peru, has been nominated for his key leadership role in reducing the rate of anaemia in children under three years of age from 65% to 12% over the past three years in Iguain. This is one of the poorest districts in the country, having experienced decades of social unrest and violent acts of terrorism. Its population was decimated, being reduced by 30% and many more people were pushed to leave and abandon their farms and livestock.</p>

Previous winners of the Sasakawa Health Prize



	<p>University of Yaoundé, and to Mr Eusebio Quispe Rodríguez, mayor of the district of Iguain in Peru.</p>	<p>Since 2015, under the leadership of Mr Quispe Rodríguez, the population of Iguain has been rebuilding its social fabric and improving its health conditions. Mr Quispe Rodríguez created multisectoral technical teams composed of local authorities, community leaders, staff of the health centres that are responsible for social programmes, teachers and parents. These teams manage community surveillance centres and carry out home visits to raise awareness of basic sanitation, chronic infant malnutrition and anaemia, introducing a food model created to reduce the high rate of anaemia and teaching people to improve their diets by consuming locally cultivated products, such as potatoes, quinoa and corn strengthened with state-provided micronutrients. There is a plan to replicate this model in other areas of the country.</p> <p>As mayor, Mr Quispe Rodríguez and his administration have made plans for an irrigation project, in order to increase agricultural productivity and thus ensure improved nutrition for their community throughout the year. The prize money would be used for this project and would also serve to create and sustain more community surveillance centres.</p> <p>Report of the Selection Panels (EB144/40) News release</p>
2018	<p>Decision EB142(14): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2018 to the Fundación Pro Unidad de Cuidado Paliativo (Pro Palliative Care Unit Foundation) of Costa Rica for its contribution to the rights of children with terminal illnesses.</p>	<p>Unidad de Cuidado Paliativo (Pro Palliative Care Unit Foundation) (Costa Rica)</p> <p>The Foundation, a non-profit organization, is being recognized for its contribution to the rights of children with terminal illnesses. Created in Curridabat, San José Province, Costa Rica in 1992, the Foundation supports the National Program of Paediatric Palliative Care for children and adolescents with life-limiting conditions, during the terminal phases of their lives. It operates in the National Children's Hospital and other medical centres and in home settings across Costa Rica. The Foundation trains health professionals from Costa Rica and elsewhere in Latin America and, since 2006, runs a master's programme in palliative care in conjunction with Santa Paula University. The Foundation has opened and is running two day centres, which are primarily run by multidisciplinary volunteer teams who offer activities such as music therapy, art therapy, dog therapy, as well as physiotherapy, occupational therapy, hypnosis and reiki.</p> <p>The Foundation also trains family caregivers and operates a national home-visit care programme. It provides medical equipment and assistive products such as wheelchairs, oxygen tanks, and nebulizers at reasonable cost, and assists low-income families with the purchase of medicines, and also provides them with monthly food assistance. In addition, the Foundation runs a mourning programme, offering a one-year follow-up for parents, siblings and caregivers of a deceased child and provides funding support for the funeral.</p> <p>Report of the Selection Panels (EB142/30)</p>

Previous winners of the Sasakawa Health Prize



		News release
2017	Decision EB140(12) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2017 to Dr Arslan Rinchin of Mongolia for his remarkable contribution to the advancement of primary health care in Mongolia.	<p>Dr Arslan Rinchin (Mongolia)</p> <p>Dr Rinchin, born in 1943, is being nominated for his remarkable contribution to the advancement of primary health care in Mongolia.</p> <p>Since 1971, Dr Rinchin has devoted his career to tackling viral hepatitis in Mongolia. Between 1973 and 1978, Dr Rinchin carried out research on hepatitis B surface antigen (HBsAg) and its detection, HBsAg being the primary marker of hepatitis B virus infection. His findings demonstrated that hepatitis B was endemic in Mongolia and that it affected mainly children. In the light of this, he advocated the rapid adoption of health practices to reduce the number of infections with hepatitis B virus, namely improvement of sterilization of injection equipment and medical instruments, and an increase in hepatitis B vaccination rates. The immediate effect was that as of 1981 a slight decrease in the number of hepatitis B virus infections was measured. A further decrease was seen following the introduction in 1991 of hepatitis B vaccination in the national immunization schedule.</p> <p>Dr Rinchin has published articles in national and international journals, and initiated the Expanded Programme on Immunization in Mongolia, with financing, which he helped to ensure, from WHO, UNICEF and the Japan International Cooperation Agency.</p> <p>Report of the Selection Panels (EB140/43)</p>
2016	Decision EB138(7) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2016 to the Federation of Medicus Mundi of Spain for its innovative project “Transforming public health systems on the basis of primary health care principles”, which was developed in El Salvador, Guatemala and Peru and	<p>Federation of Medicus Mundi (Spain)</p> <p>The Federation of Medicus Mundi Spain is a nongovernmental organization which was created in 1963 and is being nominated by the Minister of Health, Social Services and Equality of Spain, with the support of the health ministers of El Salvador and Peru, and various public institutions in the Plurinational State of Bolivia and Guatemala.</p> <p>The Federation of Medicus Mundi Spain has been nominated for its project “Transforming public health systems on the basis of primary health care principles”, which was developed in the Plurinational State of Bolivia, El Salvador, Guatemala and Peru more than two decades ago. The improved coverage of and equitable access to health care in rural and indigenous communities has been achieved by strengthening public primary health care in accordance with the Federation’s “Model of integrated and inclusive health” which has been designed as a long-term strategy to promote the reform of the health system based on rights and through integrated comprehensive care aimed at reducing inequalities.</p> <p>Report of the Selection Panels (EB138/49)</p>

Previous winners of the Sasakawa Health Prize



	the Plurinational State of Bolivia more than two decades ago.	News release
2015	Decision EB136(8) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2015 to the Childbirth with Dignity Foundation of Poland. The Childbirth with Dignity Foundation is being honoured for its significant and innovative contribution to public health in Poland.	<p>Childbirth with Dignity Foundation (Poland)</p> <p>The Foundation for Childbirth with Dignity, established in 1996, is being honoured for its significant and innovative contribution to public health in Poland.</p> <p>The Foundation for Childbirth with Dignity is the continuation of a very successful national campaign, organized in 1994 by the Ecology Educational Centre and two national publications. The aim was to initiate a public dialogue on the subject of childbirth. Numerous physicians and midwives actively responded to the call for change and thus began a transformation in the field of obstetrics in Poland. During childbirth, women are now able to be accompanied by their partner; they may have visitors following delivery, and are no longer separated from the babies after birth.</p> <p>The Foundation for Childbirth with Dignity, established in 1996, is a nongovernmental organization that works to improve the quality of perinatal care in maternity institutions in Poland. Its aims include to empower women so that they may express openly their needs and demand respect for their rights, and to create a society that recognizes the importance of childbirth and motherhood, which, will transform society into one that is more sensitive, open and caring.</p> <p>Report of the Selection Panels (EB136/41)</p> <p>News release</p>
2014	Decision EB134(11) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2014 to the Leprosy Control Foundation, Inc./Dominican Institute of Dermatology and Skin Surgery “Dr Hubert Bogaert Diaz” of the Dominican	<p>Leprosy Control Foundation, Inc./Dominican Institute of Dermatology and Skin Surgery “Dr Hubert Bogaert Diaz” (Dominican Republic)</p> <p>The Institute, established in 1963, aims to work towards eliminating leprosy and the main forms of dermatosis in the Dominican Republic, and to provide integrated specialized care for dermatological and sexually transmitted infections and HIV/AIDS. The Institute has developed ethical programmes in the areas of research, education, screening, care and treatment of diseases, as well as primary care strategies for dermatology in rural and urban areas. Its innovative approach to the treatment of leprosy has greatly contributed to the reduction of the rates of incidence of leprosy. During its 50 years of existence, the Institute has treated over 13 000 patients, of whom more than 9 000 are fully cured, thanks to early case detection, suitable treatment, including multidrug therapy, as recommended by WHO, and educational campaigns. Decentralized community participation has reduced the cost of patient care and promoted local decision-making and the empowerment of caregivers.</p>

Previous winners of the Sasakawa Health Prize



	Republic, which has greatly contributed to the reduction of the rates of incidence of leprosy in the Dominican Republic.	Report of the Selection Panels (EB134/45)
2013	Decision EB132(5) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2013 to Professor No-Yai Park from the Republic of Korea who has been instrumental in improving the quality of public health centres and health staff education, particularly in the area of maternal and child care nursing in the Republic of Korea.	<p>Professor No-Yai Park (Republic of Korea)</p> <p>Professor No-Yai Park has been instrumental in improving the quality of public health centres and health staff education, particularly in the area of maternal and child care nursing in the Republic of Korea, where she is revered as the “mother of public health”. The first of many teaching manuals published by Professor Park, “The practice job guideline of public health nursing”, was based on her grassroots-level experiences, working with disadvantaged people in local settings at different levels in the health sector. She also designed the “Field management training programme” to improve the theoretical and practical expertise of medical personnel in public centres, as well as a community health level survey system, which enables local communities to collect statistical information, diagnose their needs and establish local public health care plans, according to local priorities.</p> <p>Report of the Selection Panels (EB132/35)</p> <p>News release</p>
2012	Decision EB130(11) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2012 to the Syamsi Dhuha Foundation of Indonesia for its work in improving the quality of life	<p>Syamsi Dhuha Foundation (Indonesia)</p> <p>Dian Syarief, Chairperson of the Syamsi Dhuha Foundation, was diagnosed with lupus in 1998. Although surviving the disease, Dian Syarief was left with impaired vision. In 2003, she decided to create, together with her husband, Eko Pratomo, the Syamsi Dhuha Foundation with the intention of EB130/32 3 improving the quality of life of people living with lupus and poor vision. The Foundation is recognized for its innovative achievements and activities, which include the launch of education, familiarization and research programmes on the incurable disease. It provides training programmes for medical professionals, as well as online services. The Foundation supports access to cheap medicine for people living with lupus. High treatment costs inspired the creation of the Foundation’s Research Sponsorship programme, which supports the research or planned research on finding supplementary therapies and herbal-based medicines.</p>

Previous winners of the Sasakawa Health Prize



	of people living with lupus and poor vision.	<p>Care for Low Vision is one of the Foundation's activities and the Foundation has initiated an Annual World Sight Day in cooperation with the National Eye Hospital. Care for Low Vision aims to provide guidance to people with poor vision and to provide education to their families and to the public.</p> <p>Report of the Selection Panels (EB130/32)</p>
2011	<p>Decision EB128(3): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2011 to both Dr Eva Siracká of Slovakia, and the Fraternidad Pequeña Familia de María – Albergue de María, of Panama for their outstanding innovative work in health development.</p>	<p>Dr Eva Siracká (Slovakia)</p> <p>Dr Eva Siracká is a prominent scientist active in the field of cancer and is being acknowledged for her lifelong activities and overall contribution to oncology. She founded the League against Cancer in 1990, which is the leading cancer organization in Slovakia, and which participates in the European programme against cancer, organizes regular education and prevention actions, offers care for oncology patients and their families, and participates in and funds clinical and research projects. Every year the League against Cancer organizes popular fundraising activities such as "Daffodil Day", now in its twelfth year, and the Terry Fox Run.</p> <p>Fraternidad Pequeña Familia de María – Albergue de María (Panama)</p> <p>The Pequeña Familia de María is a non-profit association, established on 11 February 2000 and managed by the Albergue Maria Association. It has affiliations to the Ministry of Health, Ministry of Social Development, Social Security Fund, University of Panama, Colón Free Trade Zone and the District of Colón, Panama. A paediatric clinic for children living with HIV/AIDS in the Provinces of Colón and Darien and the Kuna-Yala Indigenous Region was opened on 17 July 2005. The San José Home for Children living with HIV/AIDS was opened on 28 December 2006; the dental clinic, counselling service, social welfare office and physiotherapy unit were opened on 28 December 2007. The Association's general objectives are to provide a humanitarian example of Christian aid to people of all ages living with HIV/AIDS by offering them a dignified life through a comprehensive recovery programme, which includes physical, emotional, family and spiritual assistance.</p> <p>The Association offers many services, including a paediatric and dental clinic and a physiotherapy unit, counselling services, a social welfare office, residential homes for children, and the "Domus Mariae" which is a rest and recreational activity centre for all HIV patients. It ensures the coordination of antiretroviral drug orders, the supervision of their supply and the coordination of test results.</p> <p>Report of the Selection Panels (EB128/29)</p>
2010	<p>Decision EB126(7): The Executive Board, having considered the report of the Sasakawa Health Prize</p>	<p>Dr Du Xueping (China)</p> <p>Dr Xueping Du is Director of the YueTan Community Health Service Center of FuXing Hospital, affiliated to the Capital Medical University. She is being nominated by the Ministry of Health of China for contributing, since 1994, in a pioneering manner, to the development of general medicine in China, thus ensuring it has become an</p>

Previous winners of the Sasakawa Health Prize



	<p>Selection Panel, awarded the Sasakawa Health Prize for 2010 to Dr Du Xueping of China for her outstanding innovative work in health development.</p>	<p>important discipline in the Chinese health-care system. In 1996, Dr Xueping Du established the first community health service centre in Beijing named the “Red Apple”. During the next 15 years, Dr Xueping Du and her team developed protocols for disease management for hypertension, coronary heart disease, diabetes mellitus and stroke. In addition, they established criteria for referrals which resulted in shortened hospital stays and improved transition from in-patient to out-patient care, leading to improved patient satisfaction and reduced costs for the health system. As a result of this work, public awareness of prevention and treatment for hypertension increased from 11% to 88%, and for diabetes mellitus from 5% to 75%.</p> <p>Dr Xueping Du has developed training programmes, which have improved the quality of general practitioners in China. In addition, she played an essential role in establishing, in 2000, the training base in FuXing Hospital to train general practitioners in Beijing. Some of Dr Xueping Du’s students have become general practitioners, working in the community-based health centres and are playing leading roles in both clinical work and academic programmes, assisting Dr Xueping Du in further developing community-based general practice in and outside Beijing.</p> <p>Dr Xueping Du has now extended her efforts to help to improve community health services in economically less-developed regions in the western part of China. Dr Xueping Du and her team have provided eight community-based rehabilitation training classes to doctors from 20 provinces and regions outside Beijing, thereby facilitating 141 doctors to put into practice what they have learnt and EB126/29 3 to start providing rehabilitation services to patients suffering from paralysis in their own communities. Dr Xueping Du has also provided training to nursing staff from all over China.</p> <p>With her team, Dr Xueping Du has, over the past eight years, organized an annual Beijing Symposium on Family Medicine and Community Health Services, which has led to the further development of community health services in China. Since 2004, she has also been involved in setting up exchange programmes with medical schools at the Universities of Wisconsin and Columbia, United States of America.</p> <p>Report of the Selection Panels (EB126/29)</p>
2009	<p>Decision EB124(3): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2009 to Dr Amal</p>	<p>Dr Amal Abdurrahman al Jowder (Bahrain)</p> <p>Dr Amal, Acting Director of the Health Promotion Directorate in the Ministry of Health, Bahrain, is a dedicated leader and an outstanding professional in the field of health promotion. She has spearheaded many initiatives at community level and in the ministry. She has involved all interested parties and ensured the enlightenment and empowerment of the community while building a reliable information network formed by health specialists, representatives from social centres, municipalities, EB124/26 3 clubs and local schools, which have collaborated on disseminating information on health issues through newspaper articles, exhibitions, seminars and public</p>

Previous winners of the Sasakawa Health Prize



	<p>Abdurrahman al Jowder (Bahrain), for her outstanding innovative work in health development.</p>	<p>lectures nationwide. She organized the first telephone hotline for health queries in Bahrain. Another successful campaign involved the promotion of vaccinations to all, with a nearly 100% coverage rate.</p> <p>Dr Amal has written many educational publications and has introduced the teaching of health education and health promotion into the family practice residence programme. She set up committees of public school education, with the training of supervisors, thus creating the nucleus of health promotion in schools. In 1994, she introduced AIDS education into the school curriculum. She has trained many workers in various ministries, members of the civil society, clubs and associations, and is the coordinator of a project to improve coordination between the Ministry of Health and other ministries. She has participated in the preparation of various health-promotion activities, in particular the creation of the first anti-smoking clinic. She is also active politically and a leading figure in the community of volunteer workers and has participated in many missions, including the Hajj Medical Mission for four years.</p> <p>Report of the Selection Panels (EB124/26)</p>
2008	<p>Decision EB122(3): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2008 to the Movement for Reintegration of People Affected by Hansen's Disease (MORHAN), Brazil, for its outstanding innovative work in health development.</p>	<p>Movement for Reintegration of People Affected by Hansen's Disease (MORHAN) (Brazil)</p> <p>The Movement has been an important partner of the Ministry of Health in the struggle against leprosy (Hansens disease), which still persists in Brazil today. It is an independent community initiative and not governmental, and is the main stakeholder in the prevention, detection, and treatment of the disease, and of the social reintegration of this special disability group.</p> <p>The aim of the Movement is also to educate and involve the community and prevent discrimination. It develops and distributes educational and information materials, and organizes workshops to involve families and the public, using multimedia communication. It also encourages people to visit the old colony hospitals to promote the importance of this action to the public health administrators.</p> <p>The Movement has established community centres for the prevention and treatment of leprosy, integrating its work with other public services and policies and with local and regional initiatives. It has played an important role in the development of legislation for the protection of the human rights of those affected by the disease.</p> <p>MORHAN launched its first media campaign in 1988, organizing 12 national meetings to inform the public and the government of the problems faced by sufferers of leprosy. It participated in the development of the Brazilian Constitution between 1986 and 1988 and was involved in the elaboration of legislation to support people affected by thalidomide and to control the production of this medicine, playing an important role in the recognition of ethical standards for handicapped and disadvantaged population groups.</p> <p>Report of the Selection Panels (EB122/35)</p>

Previous winners of the Sasakawa Health Prize



2007	<p>Decision EB120(7) The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2007 to Dr Jose Antonio Socrates (Philippines) for his outstanding innovative work in health development.</p>	<p>Dr Jose Antonio Socrates (Philippines)</p> <p>As a provincial health officer, Dr Jose Antonio Socrates has introduced several innovations in the Government's delivery of health-care services to the rural communities of Palawan. Dr Jose Antonio Socrates has made remarkable contributions to community health care in the Philippines through the establishment of the British Palawan Trust and Bahatala Incorporated, both nongovernmental organizations recognized for their pioneering work in reaching out to impoverished people in their homes and communities.</p> <p>Document: https://apps.who.int/gb/ebwha/pdf_files/WHASSA_WHA60-Rec2/WHASS1-REC2_en.pdf (page 242)</p>
2006	<p>Decision EB117(5): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2006 jointly to the International Leprosy Union (India) and to the Agape Rural Health Program (Holistic Community Based Health Development Program) (Puerto Princesa City, Palawan, Philippines).</p>	<p>International Leprosy Union (India)</p> <p>The International Leprosy Union has pioneered the fight in India for the protection of the human rights of leprosy patients as well as endeavouring to effect changes in laws which deny these rights. The International Leprosy Union was formally launched in 1986, 20 years ago, to mobilize support for issues relating to the elimination of leprosy and build political will. It has made significant contributions towards prevention, as well as the provision of rehabilitation services, and is actively involved in training and information exchange and dissemination.</p> <p>Agape Rural Health Program (Holistic Community Based Health Development Program) (Philippines)</p> <p>The Agape Rural Program in the Philippines has developed innovative strategies to address health developmental concerns and improve the health conditions of poor and needy rural communities in the Philippines. The Agape Rural Program is a holistic, community-based health development programme, aimed at empowering individuals and communities to identify, prioritize and find solutions to their health problems, while providing compassionate health services to address urgent needs, and developing community projects geared towards improving the quality of life of the populations.</p> <p>Document: WHA59-2006-REC-2-eng-fre.pdf (who.int) (page 158)</p>
2005	<p>Decision EB115(7): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded</p>	<p>Centre for Training and Education in Ecology and Health for Peasants (Mexico)</p> <p>The Centre has done remarkable work, improving the health and nutrition of the disadvantaged indigenous population in Mexico. The Centre collaborates in the creation of conditions for a better exercise of the economic, social and cultural rights of indigenous peoples. It takes a holistic approach and its work includes creation of health-care systems, enhancement of health education and mobilization of volunteer community health workers</p>

Previous winners of the Sasakawa Health Prize



	the Sasakawa Health Prize for 2005 to the Centre for Training and Education in Ecology and Health for Peasants (Mexico).	and even ranges as far as generating agro-ecology programmes. The Centre has successfully realized the ideals of health for all in all of the communities it serves. Document: WHA58-2005-REC-2-eng-fre.pdf (who.int) (page 145)
2004	Decision EB113(3) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2004 to the Family Planning Association of Sri Lanka (Sri Lanka).	Family Planning Association of Sri Lanka (Sri Lanka) The Family Planning Association of Sri Lanka has pioneered the implementation of a family planning programme in Sri Lanka through reproductive health education and counselling, especially for young people. The Association has also contributed to the improvement of health and family planning among internally displaced persons and to the increased use of contraceptives in the country. The Association promotes family planning among all levels of the population, carrying out activities such as the training of staff, volunteers, service providers, peer educators and counsellors. The Association proposes to use the prize money for a two year family planning project in collaboration with the State, covering internally displaced persons and involving the local community. Document: WHA57-2004-REC-2-eng-fre.pdf (who.int) (page 167)
2003	Decision EB111(8) : The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2003 to the Department of Health, Center for Health Development, Eastern Visayas (Philippines) and the Yemen Leprosy Elimination Society (Yemen).	Department of Health, Center for Health Development, Eastern Visayas (Philippines) The Department of Health, Center for Health Development - Eastern Visayas, in the Philippines, was established in 1972 to strengthen the health care delivery system in the Eastern Visayas, one of the poorest regions in the country. As part of the programme for geographically isolated and disadvantaged areas and with active community involvement, the Center has been successful in improving the health care delivery system in these areas and in providing quality health care to the population, with the establishment of an efficient health infrastructure. Yemen Leprosy Elimination Society (Yemen) The Yemen Leprosy Elimination Society was established in 1992 as a nongovernmental organization with the aim of eliminating leprosy in the country and taking care of people affected by the disease. Working in close coordination with governmental and other nongovernmental organizations, the Society has organized field activities to improve the quality of diagnosis and treatment of leprosy patients. It has established a training centre for leprosy workers as well as a rehabilitation centre for leprosy patients and their families to help them acquire skills that will facilitate their reintegration into the community. Document: WHA56-2003-REC-2-eng-fre.pdf (who.int) (page 174)

Previous winners of the Sasakawa Health Prize



2002	<p>Decision EB109(6): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2002 to the Programa Nacional de Atencion Odontologica Integral para Mujeres Trabajadoras de Escasos Recursos of Chile.</p>	<p>Programa Nacional de Atención Odontológica Integral para Mujeres Trabajadoras de Escasos Recursos (Chile)</p> <p>The purpose of the Programme is to improve the health status of women who belong to one of the most disadvantaged groups of the population and to help them recover their self-esteem. The Programme intends not only to improve their dental health but also to increase their opportunities in the labour market, allowing them to break out of the vicious cycle of poverty and discrimination in which they are trapped. The beneficiaries of this Programme are low-income women between the ages of 18 and 45 whose level of education does not exceed compulsory education and who have lost their job, are underemployed, or have their first job. Thanks to this Programme, 38 700 women were able to receive comprehensive dental treatment between 1995 and 2000. The Award amount will be used to support the expansion of activities to 50 new communes, in order to offer comprehensive dental care to some 14 000 women.</p> <p>Document: WHA55-2002-REC-2-eng-fre.pdf (who.int) (page 153)</p>
2001	<p>Decision EB107(7): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2001 to Dr João Aprigio Guerra de Almeida (Brazil).</p>	<p>Dr João Aprigio Guerra de Almeida (Brazil)</p> <p>Dr Guerra de Almeida is currently in charge of the National Reference Centre for Breastmilk Banking at the Fernandes Figuerias Institute, Oswaldo Cruz Foundation. Since 1985 he has been involved in the development of breastfeeding policies in Brazil and has personally contributed to the improvement and expansion of a network of breast milk banks throughout the country. The network, which currently includes 150 units, has succeeded in developing the practice of breastfeeding, which has had obvious beneficial effects for mothers and children. Thanks to the dedication of Dr Guerra de Almeida, the network began to expand to other Latin American countries through technical cooperation and technology transfer programmes. Prize funds will be used for staff training, further research and technological development of Brazil's network of breast milk banks.</p> <p>Document: WHA54-2001-REC-2-eng-fre.pdf (who.int) (page 131)</p>
2000	<p>Decision EB105(8): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2000 to Dr Yoav Horn (Israel), Dr Oviemo Otu</p>	<p>Dr Yoav Horn (Israel)</p> <p>Dr Horn's career, spanning over 30 years, has been entirely devoted to cancer research and treatment of cancer patients in Israel and the West Bank. In 1978, Dr Horn established, in collaboration with Palestinian doctors, an oncology programme in the West Bank, at the time in urgent need of modern oncological services. Thanks to this programme, cancer patients can receive most of their medical care locally without having to travel to Israel. Dr Horn is well known not only for his highly competent work as a researcher, doctor and teacher, but also for his passionate devotion to his patients and their families. The award will be used to create a West Bank Cancer Association directed by Dr Horn himself. The Association will focus essentially on educational activities related to</p>

Previous winners of the Sasakawa Health Prize



	<p>Ovadge (Nigeria) and the Family Planning Association (PLAFAM) (Venezuela).</p>	<p>cancer prevention, early detection and treatment; training programmes for doctors, nurses and cancer-related professionals; and on setting up new facilities in hospitals, clinics, laboratories and rehabilitation centres for prevention, early detection, treatment and follow-up of cancer patients.</p> <p>Dr Oviemo Otu Ovadge (Nigeria)</p> <p>Dr Oviemo Otu Ovadge is a consultant anaesthesiologist at Ikoyi Military Hospital. While training as a medical doctor in Nigeria, Dr Ovadge observed that many pregnant women died of internal haemorrhaging from ruptured ectopic pregnancies, a common, often fatal condition in developing countries. Dr Ovadge invented a very simple blood-saving device known as EA T SET (Emergency Auto-Transfusion Set) designed to replace the gauze filtration technique used in developing countries. The device has been used successfully on a number of patients with ruptured ectopic pregnancies and life-threatening intraperitoneal bleeding. The prize money will be used to increase the scope of current clinical trials of the EAT SET, and to conduct parallel studies in hospitals in India, South Africa, Zimbabwe, and any other interested developing countries. Dr Ovadge will use part of the funds to acquire portable clean-room facilities in his effort to manufacture the EAT SET and promote local manufacturing of medical devices in Nigeria.</p> <p>Family Planning Association (PLAFAM) (Venezuela)</p> <p>The Family Planning Association (PLAFAM) was founded in 1986 to promote family planning in Venezuela and to improve sexual and reproductive health, particularly among the poor, by developing medical and educational programmes. PLAFAM recently started an innovative programme dealing with gender-based violence, a major problem concerning mainly women in Venezuela. The services offered by the Association focus on prevention, including awareness-raising activities to draw attention to gender-based violence and have it treated as a public health issue; and on assistance, through medical care, counselling, social work and psychological help for the victims of violence. The Association has also been working on the legal aspect of gender-based violence. Its commitment led to the approval, in 1998, of a law on violence against women and the family, which came into force in January 1999.</p> <p>Document: WHA53-2000-REC-2-eng-fre.pdf (who.int) (page 121)</p>
1999	<p>Decision EB103(10): The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded</p>	<p>Dr Juan Guillermo Ortiz Guier (Costa Rica)</p> <p>During a career that spans over 30 years, Dr Ortiz Guier's contribution to primary health care has been exemplary, both in terms of his accomplishments at country level and in fostering the primary health care movement worldwide. Having been involved in the development of a community hospital in the rural region of</p>

Previous winners of the Sasakawa Health Prize



	<p>the Sasakawa Health Prize for 1999 to Dr Juan Guillermo Ortiz Guier (Costa Rica) and to the Institute of Urban Primary Health Care (South Africa).</p>	<p>San Ramon since its inception in 1955, Dr Ortiz began in the early 1960s to organize home care for aged people in the same area, building up teams of physicians, nurses and other auxiliary personnel including social workers, to serve this programme. The programme, designed to provide access to appropriate health care for all, was later to become known as "Hospital without Walls". In 1974, the programme was expanded to include the establishment of 300 health posts throughout the country, and a year later the Social Security Fund created 400 primary health care teams to cover the whole country. At international level, Dr Ortiz was involved in the preparation of the Alma-Ata Conference in 1978 and has frequently been called upon to present his experience in many countries of the world. The prize money will be used in part to support a subprogramme of "Hospital without Walls" for aged people, entitled Hagar de Ancianos de San Ramon. It will also be used to support the creation and organization of health development committees in primary and high schools throughout Costa Rica.</p> <p>Institute of Urban Primary Health Care (South Africa)</p> <p>The Institute of Urban Primary Health Care, Bergvlei was established in 1990, initiated by the Alexandra Health Centre to carry out primary health care research and training activities. In 1997 it became an independent trust. The work of the Institute has helped to build the capacity and numbers of health service personnel able to work in primary health care. Since 1994 its activities have extended beyond provincial and country boundaries to include neighbouring provinces and countries. The prize money will be used to expand the Institute's work through its local branch in Kwa Zulu, Natal Province. The Institute also intends to develop courses for other categories of health personnel involved in rehabilitation in Kwa Zulu. The aim is to ensure that rehabilitation is truly regarded as one of the cornerstones of primary health care.</p> <p>Document: WHA52-1999-REC-2-eng-fre.pdf (who.int) (page 116)</p>
1998	<p>Decision EB101(9): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1998 to (1) Ms Roselyn Mokgantshe Mazibuko (South Africa); (2) Dr Ahmed Abdul Qadr Al Ghassani (Oman); and (3) the Gondar College of</p>	<p>Ms Roselyn Mokgantshe Mazibuko (South Africa)</p> <p>Prior to taking up her present position as Chief Director of Primary Health Care, Policy and Planning, in the Department of Health and Welfare of her country, Ms Mazibuko served for five years as Director of the Hlatlolanang Health and Nutrition Education Centre, which is situated in a remote area of the Northern Province and has a population of about 1.1 million people. She has made a major and innovative contribution to the development of primary health care in this underserved part of the country. The underlying principle of her work has been the promotion of people's self-reliance with addressing disease problems related to poverty. Highlights of Ms Mazibuko's accomplishments are: the establishment of a community safety centre which integrates primary health care and child care services with education, counselling and provision of information resources; the integration of the Hlatlolanang scheme of health care and education into government health services in a child care and development programme - early childhood development centres were set up in villages, run by</p>

	<p>Medical Sciences (Ethiopia).</p>	<p>specially trained semi-literate women; the creation of primary health care systems through the mobilization of villagers, in particular women, for addressing key health issues and health education concerns, and establishment of income-generation groups in villages; and also the development of tailor-made university courses on health promotion for primary health care.</p> <p>Dr Ahmed Abdul Qadr Al Ghassani (Oman)</p> <p>Dr Ahmed Abdul Qadr Al Ghassani, from Oman, in his position as Under-Secretary for Health Affairs in the Ministry of Health, has exerted a marked influence on his country's strategies in the areas of maternal and child health and nutrition, health education and immunization, and the provision of health care for the entire population. His major achievements include the expansion of postgraduate medical education to include specialization in family health; nationwide institution of iodization and vitamin A supplementation (for infants 9 to 12 months); strengthening of the disease surveillance system leading to a significant decline in the endemicity of the diseases targeted; and improvements in maternal and child services, malaria control, immunization coverage for children under one year of age, and the child-spacing and school health programmes. Dr Al Ghassani will use the prize money to further improve Oman's health programmes, in particular the national cancer programme, the training and continuing education of primary health care workers; the enhancement of community-based programmes, and the expanded programme on immunization. Dr Al Ghassani's work in Oman has resulted in improved health care facilities in general and in increased selfreliance in curative services in particular. Through his collaborative approach he has brought together several government sectors to focus on health, resulting in significant improvements in the population's health status.</p> <p>Gondar College of Medical Sciences (Ethiopia)</p> <p>Gondar College of Medical Sciences was established in 1954 to provide training for different categories of qualified health personnel. It became part of Addis Ababa University in 1961 and was transformed in 1976 to train medical doctors. It also trains laboratory technicians and midwives as well as health officers and nurses. A51NR/9 page 171 In addition to its training activities, Gondar College is involved in the provision of health services in North Gondar and adjacent zones comprising some three million people. It is also involved in the conduct of health and health-related research; the identification of public health problems, design of solutions and dissemination of approaches to care providers; and the provision of information on health services improvements and development of human resources. The prize money will be used to further develop three major projects undertaken by Gondar College. The first is related to team training, which allows health officers, public health nurses and sanitarians to acquire team-building skills and to learn how to address the health</p>
--	-------------------------------------	---

Previous winners of the Sasakawa Health Prize



		<p>problems of the community through the use of cooperative processes. Through a mix of classroom and field training in villages and health centres, the personnel is able to set up and provide primary health care in communities. The prize money will also help strengthen the surveillance system covering health and demographic characteristics, which was established in a selected district in North Gondar for a sample population of over 25,000 people, in order to design cost-effective intervention programmes targeting common health problems. Finally, the prize money will contribute to develop further the chronic-illness care project, which allows patients with incurable chronic illnesses to be treated in their nearest primary health care centres. The work programme of Gondar College is a good example of a comprehensive community-oriented approach pursued by an educational institution. Its active outreach approach to the development of health services has attracted the support of foreign educational and development institutions and international agencies.</p> <p>Document: WHA51-1998-REC-2-eng-fre.pdf (who.int) (pages 167-171)</p>
1997	<p>Decision EB99(10): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1997 to the Mongar Health Services Development Project (Bhutan) for outstanding innovative work in health development.</p>	<p>The Mongar Health Services Development Project (Bhutan)</p> <p>The purpose of this project was to devise and test a system of effective, comprehensive, primary health care with functional referral support services through the promotion of community participation and intersectoral collaboration. The main activities included the development of coordinating bodies at various levels in the district, the setting-up of a village health-workers system, the establishment of outreach clinics of basic health units and the district hospital. Particular emphasis was placed on the promotion of awareness and overall organization of the communities, the strengthening of expanded programmes of immunization, the promotion of sanitation and hygiene, safe drinking-water supplies and nutritional development. Supportive activities comprised the strengthening of the health referral system, the logistic and information support system and the development of a women's health-workers system in the district. The Mongar Project has yielded very positive results. It has manifestly helped to improve primary health care approaches in Bhutan and continues to have a broad influence on the expansion of health services in the country.</p> <p>Document: Fiftieth World Health Assembly, Geneva, 5-14 May 1997: verbatim records of plenary meetings (who.int) (page 156)</p>
1996	<p>Decision EB97(9): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for</p>	<p>Father A. Gherardi (Chad)</p> <p>In 1968 Father Gherardi founded the Integrated Development Programme in Goundi, Republic of Chad, and has served as Director General of that programme for the past 27 years. Dr Gherardi launched this development programme in a remote rural area of Chad, which at that time lacked any kind of public or private hospital service. Over the years, the programme has successfully established a network of health services in the Goundi region, with the help of the local population. Twenty health posts have been built, managed by health assistants</p>

Previous winners of the Sasakawa Health Prize



	<p>1996 to Father Angelo Gherardi (Chad) and the Society for Health Education (Maldives).</p>	<p>trained by nurses from the Catholic mission. Six health centres have been built and equipped, and their staff trained in public health techniques and methods. Between 1974 and 1984 the programme established a 113-bed hospital in Goundi with the support of the Ministry of Health, equipped with essential services; it also opened a nursing school, which has so far trained 50 nurses and 110 auxiliaries, and promoted a loan programme for young Chadians to study medicine. A group of 220 rural health workers have also been trained to provide health education to the population. A key element of the project was the introduction in 1974 of a user payment system, which had had very good results. As part of the integrated development activities, it is worth mentioning the creation of two agricultural science schools and the assistance given to eight primary schools and one secondary school. According to an evaluation of the Integrated Development Programme carried out by the Chadian Ministry of Public Health, the region now has a complete and functional integrated health system. It is very interesting to note that this initiative started before Alma-Ata and the approval by the World Health Organization of primary health care as a means to achieve health for all. This initiative can serve as a model for other developing countries. Its achievements are the fruit of the inexhaustible dedication, innovative leadership and far-sightedness of Father Gherardi, who was able to obtain the support and participation of the community and to secure national and international support.</p> <p>Society for Health Education (Maldives)</p> <p>The Maldives Society for Health Education is a non-governmental organization founded in 1988 by a group of national professionals, physicians, teachers, nurses and social workers who recognized the need for an independent health education programme. The main activities, which emphasize the well-being of mother and child, include counselling for thalassemia and family and social issues, dissemination of information material on health and social issues, and family planning. Efforts are being made to extend these services to remote islands that lack some basic facilities and to involve community-based organizations in development work, particularly health education. The Society for Health Education has paved the way for the institutionalization of counselling in the Maldives and has also led the way in the field of thalassemia prevention. The Society for Health Education is an excellent example of a non-governmental organization that has taken a leadership role in the health sector, with positive collaboration between the Government and the non-governmental organization.</p> <p>Document: WHA49_1996-REC-2_eng.pdf (who.int) (page 29-30)</p>
1995	<p>Decision EB95(7): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the</p>	<p>Dr J. Torres Goitia Torres (Bolivia)</p> <p>Dr Torres Goitia Torres is a National Senator and is Chairman of the Senate Committee on Social Development. Since 1989 he has served as adviser on social policy to an organization representing 16 trade unions in the Andean area. Dr Goitia has succeeded in making important changes in the health policies and delivery of health</p>

Previous winners of the Sasakawa Health Prize



	<p>Sasakawa Health Prize for 1995 to Dr J. Torres Goitia Torres (Bolivia) and Professor Le Kinh Due (Viet Nam).</p>	<p>care in Bolivia. His realization of the importance of community participation and active promotion of this concept led to national mobilization for parasite control and mass vaccination campaigns resulting in the definitive disappearance of poliomyelitis, the temporary disappearance of measles and the reduction in the prevalence of goitre. He alerted the health authorities to the seriousness of Chagas disease, which resulted in the organization of the first campaigns to eliminate reduviid bugs. Dr Goitia established the National Medical Supplies Institute (INASME), which rationalized the use of drugs, reduced their price tenfold and expanded their distribution in rural areas.</p> <p>Professor Le Kinh Due (Viet Nam)</p> <p>Professor Le Kinh Due holds the Chair of Dermatology at the Hanoi Medical College, and in addition holds the post of Director of the National Institute of Dermato-venereology of Viet Nam. He also serves as Director of the National Leprosy Control Programme. The World Health Organization honoured Professor Le's contribution to the leprosy control programme with the Health for All Medal in 1988. Professor Le has devoted nearly 40 years of his professional life to the campaign against leprosy in Viet Nam. His innovative programme has produced significant results. Professor Le contributed greatly to the elaboration of multidrug therapy (MDT) programmes and their early application in Viet Nam. Owing to the sustained efforts and innovative strategies of Professor Le, Viet Nam has achieved the target of leprosy elimination in over half of the total population.</p> <p>Document: Forty-eighth World Health Assembly, Geneva, 1-12 May 1995: verbatim records of plenary meetings (who.int) (page 166)</p>
1994	<p>Decision EB93(4): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1994 to Dr Mo-Im Kim (Republic of Korea).</p>	<p>Dr Mo-Im Kim (Republic of Korea)</p> <p>Dr Kim is currently Dean and Professor of the College of Nursing at Yonsei University in Seoul. She obtained her B.Sc. in nursing from the same University in 1959. Her academic achievements culminated in a doctoral degree in 1973 from the Johns Hopkins School of Hygiene and Public Health.</p> <p>In the course of her illustrious career, she served as President of the Korean Academic Nursing Society, President of the Korean Nurses' Association, Vice-President of the Planned Parenthood Federation of the Republic of Korea; from 1989 to 1993, she was President of the International Council of Nurses. Dr Kim was a member of the National Assembly and, from 1981 to 1985, served on its Health Committee.</p> <p>Dr Kim has received a number of awards from the Korean Government, the Korean Nurses Association and the Korean Women's Development Institute. In November 1991, the School of Hygiene and Public Health, Johns Hopkins University, recognized her as one of the "75 heroes of Public Health". Dr Kim has written numerous articles on primary health care subjects ranging from curriculum development to home health care.</p>

Previous winners of the Sasakawa Health Prize



		<p>While a member of the National Health Council (since 1976). Dr Kim played a key role in translating the concept of primary health care into a concrete government policy that would utilize nurses as prime agents of delivery, especially for people in provincial communities. She was instrumental in mobilizing social support for the implementation of primary health care through permanent institutional channels.</p> <p>Today, the Republic of Korea has a total of 2030 community health posts, staffed and managed wholly by nurses trained as community health nurse practitioners. The programme not only provides high-quality primary health care in the remote areas, but also contributes to overall community development.</p> <p>Dr Kim's current efforts are focused on improving the quality of services for low-income families in urban areas. In her position as Dean of the College of Nursing (a WHO collaborating centre), she is A47/VR/8 page 165 directing a pilot project in which the College will work with a health centre in Seoul to reorganize the nursing services in order to bring more efficient ways of delivering primary health care. The award will be utilized to implement the pilot project in other health centres in the country.</p> <p>Document: Forty-seventh World Health Assembly, Geneva, 2-12 May 1994: verbatim records of plenary meetings (who.int) (page 164-165)</p>
1993	<p>Decision EB91(6): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1993 to Professor Oladapo Alabi Ladipo and Mrs Grace Ebum Delano (Nigeria), and the Arpana Research and Charities Trust (India).</p>	<p>Professor Oladapo Alabi Ladipo and Mrs Grace Ebum Delano (Nigeria)</p> <p>Professor Ladipo has led the Fertility Research Unit of the Department of Obstetrics and Gynaecology, University College Hospital, Ibadan, since 1980. His assistant, Mrs Delano, has been Chief Programme Coordinator of the Unit since 1970. Over the last 12 years the Unit has applied and evaluated the lessons learned from its community-based health and family planning programmes in both rural and urban settings. The Unit has not only pioneered the development of community based programmes in both rural and urban settings, but it has successfully transferred its medical school project into a large-scale public sector activity integrated into the Government's primary health care programme. At the same time, it has advocated its programmes through the organization of a series of large-scale conferences benefiting a large number of Nigerians and other African and non-African health professionals. The initial project was a rural communitybased distribution programme which trained 171 village health workers, many of whom were traditional birth attendants, to provide basic curative and preventive services; to distribute contraceptives; and to provide for more hygienic and safe childbirth. This project was preceded by community surveys and, with these base-line surveys and group discussions at the community level, family planning was introduced as an integrated project within the maternal and child health framework.</p> <p>Arpana Research and Charities Trust (India)</p>

	<p>The Arpana Research and Charities Trust was established in 1981. The general objective of this organization is to provide curative, promotive and preventive health care services; to raise the status and living conditions of women through activities in functional literacy and income generation; and to stimulate awareness among the rural poor in order to increase the utilization of available health care and educational services.</p> <p>The Trust has an 85-bed hospital, which is also used as a training centre and referral base for the 39 primary health care centres run by the organization. They also operate mobile health clinics which cover 86 villages and run 14 day care centres. Emphasis is given to family planning in all the comprehensive health care activities undertaken by the organization. An extremely important and successful activity is the organization of camps on a six-monthly basis to screen for glaucoma and to perform surgery. Through its activities, the ana Trust seeks to accomplish an integrated rural health care/socioeconomic service with effective referral at the grass-roots level among rural poor. The programmes have succeeded in improving health status and health awareness, especially among disadvantaged rural women and children. A vital component of the work of this organization is its integrated and intersectoral approach: health care is provided in the context of overall development. A strategy underpinning the organization's activities is the use of health care catalysts in village communities by involving schoolchildren, teachers, traditional birth attendants, and housewives, to effect a change in awareness among people: awareness of the rudiments of health education and nutrition, use of available services and perhaps most important, an increased responsibility for their own health. A team of highly committed and motivated health educators is training a large number of local women in primary health care. Each woman is then allocated responsibility for 50 homes. In order to support this activity, effective referral systems have been developed between the community and the health service system.</p> <p>The Trust realizes the importance of the woman in the community and family as the first level health care provider. Based on this premise the organization has developed an extremely practical and successful programme to prepare adolescent girls for the future. This is done through teaching them to care for an infant in their home or neighbourhood for a year and assume responsibility for the child's immunization, nutrition, page 169 and monitoring its growth. Thus, through practical experience they are equipped with both the knowledge and skills, as well as confidence, to look after their own children in the future, and to stop the vicious cycle of discrimination against girl children. Family planning programmes are an integral part of Arpana's health services. Both temporary and permanent methods are provided. Currently, the organization is concentrating on family planning for women in their childbearing years through motivating couples to space children for health reasons. This is done through the advocacy and use of temporary methods, though sterilizations continue to be performed. Since the policy of the organization is to provide integrated health care services, traditional birth attendants are utilized extensively to provide not only maternal and child health services, but also health</p>
--	--

Previous winners of the Sasakawa Health Prize



		<p>education. The traditional birth attendants have been trained to identify and refer high-risk maternity cases to reduce mortality and morbidity.</p> <p>Document: Forty-sixth World Health Assembly, Geneva, 3-14 May 1993: verbatim records of plenary meetings (who.int) (page 168-169)</p>
1992	<p>Decision EB89(15): The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1992 to (1) Dr Handojo Tjandrakusuma (Indonesia); (2) Mrs Brigitte Girault and Mr Badara Samb (Senegal); and (3) the Canadian Public Health Association.</p>	<p>Dr Handojo Tjandrakusuma (Indonesia)</p> <p>Dr Handojo Tjandrakusuma graduated from the Faculty of Medicine, University of Airlangga, Surabaya, Indonesia, with an M.D. in 1965. He has been Director of the Academy of Physiotherapy from 1972, and Director of the Community-based Disability Prevention and Rehabilitation Centre from 1989. Dr Handojo Tjandrakusuma has been active in the field of community-based disability prevention and rehabilitation in Indonesia since 1978. In addition to the practical implementation of community-based rehabilitation, Dr Tjandrakusuma has also concentrated on the development of a theoretical framework for this field. More specifically, he has developed a conceptual base for activities that can be applied in many community projects other than the community-based rehabilitation programme in Indonesia. This model incorporates two basic principles: (1) community development as the basis of community-based disability prevention and rehabilitation; and (2) community-based disability prevention and rehabilitation strategies as a "patchwork" attached to existing community services.</p> <p>Dr Tjandrakusuma's work in community-based rehabilitation for the handicapped is of prime importance in both developing and industrialized countries. Not only are the psychological and emotional needs of handicapped people better met within families and communities, but community-based rehabilitation is also a very sound strategy for limiting demands on the health service in terms of both manpower and money. The framework for community-based rehabilitation developed by Dr Tjandrakusuma can be easily replicated in other countries. This is a scientifically sound yet simple programme that deserves recognition and dissemination.</p> <p>Mme Brigitte Girault and M. Badara Samb (Senegal)</p> <p>Mrs Brigitte Girault and Mr Badara Samb work as a team: the former is a founder member of the Normandy association for social aid to Senegal villages, which promotes and finances the Boucotte primary health care project, while Mr Badara Samb is the head nurse at Ziguinchor Hospital. He also functions as the local project leader and member of the project design, planning and implementation team. Their work is based on a psychosocial family-by-family problem-oriented approach to primary health care in Boucotte village in the Ziguinchor region of Senegal.</p> <p>The strategy to promote primary health care is essentially based on psychosociological and managerial data. Instead of taking an overall approach to solve the general problems identified, members of the team interview families unit by family unit. With the active participation of the members of each family they try to work out the</p>

	<p>scope of the problems identified in that family, the factors determining those problems, and what steps within the family's possibilities can be taken to solve the problems effectively. To achieve this they conducted an in-depth survey of the sociocultural realities of each family and assessed its potential weaknesses and difficulties. The survey also revealed any attitudes, behaviours and practices within each family that were harmful to health. Following these preparations, the measures to be taken within each family were then decided on and implemented. The project leaders observed that over 80% of the health problems of these very poor populations could be solved, or at least considerably reduced, by modifying certain attitudes and practices. They accordingly targeted the following areas: sanitation and hygiene, primary prevention through chloroquine prophylaxis, immunization, development of health promotion activities, health education, construction of latrines, drinking-water policy, housing, nutrition.</p> <p>The project started in 1981, and the evaluation carried out in 1991 shows an extremely positive impact on the health status of the village population. Mortality and morbidity among children and women fell by more than half. The hygiene and sanitation standards in the villages are now very satisfactory and there have been great changes in attitudes and behaviour conducive to maintaining good health. Prevention activities are carried out properly and very satisfactory coverage results have been recorded. The population as a whole is satisfied with and proud of the results it has achieved through this project. This is the first project on this scale in Senegal which incorporates all eight components of primary health care and which has fully succeeded in involving the population of a rural area in health activities. The project is a good example of primary health care based on family diagnosis and active community participation.</p> <p>Canadian Public Health Association (Canada)</p> <p>The Canadian Public Health Association, founded in 1908, is the only multidisciplinary and national voice for public health issues in Canada. It has contributed to the development of Canadian public health policies, the creation of national health and social service administrative structures, the founding of the World Federation of Public Health Associations, and collaborated in drafting the Declaration of Alma-Ata (1978) and the Ottawa Charter for Health Promotion (1986).</p> <p>The general objective of the Canadian Public Health Association is advocacy for the improvement and maintenance of personal and community health according to public health principles of disease prevention, health promotion and protection, and healthy public policy. In pursuit of this goal, the Canadian Public Health Association acts in a range of disciplines including health, environment, agriculture and transport. It provides an effective liaison and network both nationally and internationally and advocates public health issues. The Association also initiates, encourages and participates in public health research. The Association's main activities include: the implementation of national public health projects (AIDS education and awareness, national</p>
--	--

Previous winners of the Sasakawa Health Prize



		<p>clearing-house on AIDS, human resources planning, and others); conferences/workshops/seminars; publishing/health resources centre; advocacy/liaison; and international health programmes (strengthening public health associations in developing countries, Canada's international immunization programme, Southern African Development Coordination Conference-AIDS education and training programme, international health awareness programme).</p> <p>The Canadian Public Health Association has collaborated with developing countries all over the world in supporting and promoting public health through the establishment of national public health associations which, in turn, have worked to promote public health at national level. The Association has also funded wide-ranging country activities, from occupational health to developing health education materials.</p> <p>The activities of the Canadian Public Health Association are a very good example of how professional resources can be garnered to contribute effectively and efficiently to national and international health goals. Many developing countries can derive useful lessons from this self-reliant approach and it should be widely publicized. Public health professionals are especially marginalized in the developing countries and this type of organization may help them improve their image and status.</p> <p>Document: Forty-fifth World Health Assembly, Geneva, 4-14 May 1992: verbatim records of plenary meetings, reports of committees (who.int) (page 187-188)</p>
1991	<p>Decision EB87(8): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1991 to Dr Héctor Martínez and Dr Edgar Rey (Colombia); the Regional Centre for Development and Health/Primary Health Care (Benin); and the Vulowai Health Committee (Fiji).</p>	<p>Dr Hector Martinez Gomez and Dr Edgar Rey Sanabria (Colombia)</p> <p>The Colombian team of Dr Martínez and Dr Rey has developed a new procedure for the outpatient treatment of premature babies weighing less than 2000g, known locally as the "kangaroo mother" method. This method, which combines an early discharge from hospital with outpatient treatment, has achieved better results than the more costly method of prolonged hospitalization. A number of countries, such as Bolivia, Ecuador, El Salvador and Guatemala, Mozambique, Nicaragua and Peru, have adopted the same method. This method has also been successfully tested in Amsterdam and London. An irreplaceable part of the mother-child relationship is early skin-to-skin contact, as recommended by this new method for the care of premature and low-birth-weight babies.</p> <p>The Regional Centre for Development and Health/Primary Health Care (Benin)</p> <p>The Regional Centre for Development and Health/Primary Health Care in Benin was established in 1983. The main objective of the Centre is to identify rationalized models of low-cost services that can be delivered to the population, with the full participation of the community in the planning and implementation of services. Improved health coverage through primary health care interventions is another priority for the Centre.</p>

Previous winners of the Sasakawa Health Prize



		<p>This promising system of self-help management based on the use of family health workers, has enabled infant vaccination coverage to be increased from 8% to 70% in the space of six months. In order to facilitate the half-yearly analysis of coverage achieved, and to identify the major blockages, a monitoring model was developed and tested. This coverage analysis model has been adopted at the national level by the WHO Expanded Programme on Immunization, and today covers more than 200 communities in Benin.</p> <p>The Centre has also carried out considerable training activities, including both basic and in-service training. Twelve modules on the management of primary health care have been developed and successfully used for the training of health professionals at both national and regional levels.</p> <p>The Vulowai Health Committee (Fiji)</p> <p>The Vulowai Health Committee of Fiji is a voluntary nongovernmental organization established in 1985 to implement the principles of primary health care in an underprivileged rural setting. Monthly meetings and village inspections are held with active community participation. The main activities of the Committee include self-help projects with a community pharmacy, water-seal latrines, and the building of an access road to the health centre. The location of the monthly meetings is decided on a rotation basis, thus ensuring that no village is overlooked. Apart from the presence of teams from the Ministry of Health as professional advisers, the inspections and discussions are the full responsibility of the community.</p> <p>Document: Forty-fourth World Health Assembly, Geneva, 6-16 May 1991: verbatim records of plenary meetings, reports of committees (who.int) (page 173)</p>
1990	<p>Decision EB85(9): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1990 to Monsignor Fiorenzo Angelini, Professor B. N. Tandon, and the Biankouri Health Centre (Togo) for their innovative work in health development.</p>	<p>Monsignor Fiorenzo Angelini (Holy See)</p> <p>Monsignor Fiorenzo Angelini, Archbishop of Messina, is President of the Pontifical Council for Pastoral Assistance to Health Care Workers and director of the editorial board of the journal of the Pontifical Council, <i>Dolentium hominum</i>. Monsignor Angelini is the author of numerous articles and books, especially on the subject of ethical aspects of health and disease as seen in the context of Roman Catholicism. He has been recognized for his work both inside and outside his native Italy. His latest award, for service to humanity in medicine, comes from Georgetown University, Washington D.C.</p> <p>For 34 years Monsignor Angelini has devoted himself with true pastoral vocation to the health sector, particularly to the development of primary health care, care of the elderly, ethical aspects of medical assistance, and the training of medical and paramedical personnel. Anyone who did not know that he was a high-ranking figure in the Church would assume that he was a doctor actively involved in professional practice.</p>

	<p>During the 1950s Monsignor Angelini's work was confined to communities in Rome and the surrounding areas. Since then the scope of his work has broadened considerably and now extends to several countries in Europe as well as to a number of developing countries. Since 1969 he has been actively involved in the field of drug abuse, focusing on the social and ethical aspects of drug addiction. He has initiated a number of relevant programmes and organized a series of international meetings and conferences with the participation of Nobel Prize winners, ministers and senior WHO staff.</p> <p>Monsignor Angelini has been instrumental in fostering North-South dialogue and development cooperation in the field of health. Some tangible examples of his work are a rehabilitation centre in Côte d'Ivoire, a ten-bed outpatient department in Mozambique, 30 clinics serving 82 villages with a population of more than 32 000 in Guinea, eight outpatient departments in Ethiopia, and a long list of social works in developing countries.</p> <p>It is also worthy of note that Monsignor Angelini is one of the few people who has successfully promoted the introduction of primary health care at hospital level. In addition to these many achievements, Monsignor Angelini has worked in Aswan, Egypt, in the "favelas" of Rio de Janeiro, in Poland, and in Kerala and at the Agra leprosy centre in India. It is thus most appropriate that this Assembly should witness the presentation of a prize so well deserved.</p> <p>Professor B. N. Tandon (India)</p> <p>The second prize winner is Professor B. N. Tandon, who started his professional career as assistant professor of gastroenterology in 1962 at the All-India Institute of Medical Sciences, New Delhi. He now holds the post of Dean at the Institute. In 1988 Professor Tandon was appointed Chairman of the Scientific Advisory Committee of the National Institute of Nutrition in Hyderabad. In 1986 he was elected Fellow of the Indian National Science Academy. Two years later, in 1988, he received the Padma Bhushan award for outstanding service to his country, India.</p> <p>Throughout his medical career, Professor Tandon has concentrated on the development of primary health care programmes for high-risk groups, such as pregnant women and preschool children, especially from socially and economically deprived areas. In 1970 and 1971 he was actively involved in special child relief programmes at health and nutrition centres in Bangladesh refugee camps in Bangladesh and in India. This experience proved useful when he was working on a United Nations publication entitled A guide to food and health relief operations for disasters, a guide that is useful for any country.</p> <p>Professor Tandon is well known in India for his pioneering work in the Integrated Child Development Services, a primary health care programme for preschool children and pregnant women, which was launched early in 1975. The programme started with 33 experimental projects in different parts of India. By 1995 the programme is</p>
--	--

		<p>planned to cover the whole of India, the country with the second largest population in the world. The Integrated Child Development Services is the world's largest and longest established national primary health care programme for mothers and children. This is not an exaggeration but the reality of the laureate's achievement. It is a truly innovative programme that provides cost-effective primary health care to the most vulnerable group of the population on a priority basis.</p> <p>Biankouri Health Centre (Togo)</p> <p>Ten years old, the centre serves the populations of Biankouri and adjacent communities in the north of the country, dispensing medical care to approximately 300,000 patients per year. It should be noted that 62% of the annual budget of this magnificent centre comes from a self-financing revolving fund and the rest from private donations. There is no doubt that its success stems largely from Sister Claire's vision, dedication and enthusiasm. She was previously involved actively in the formulation and development of national strategies for food and nutrition in Togo.</p> <p>The Biankouri Health Centre has a network of 42 branches providing integrated primary health care and maternal and child health care. In addition to pre- and postnatal care, it offers immunization and health and nutritional education, including promotion of breast-feeding, regular weighing of infants and the use of growth charts.</p> <p>The Centre also deals with rehabilitation of the disabled, successfully employing simple but efficient locally-produced apparatus. Environmental health issues are also being tackled, particularly the provision of drinking-water and sanitation facilities. A great deal has been done in the area of reforestation. More than 5500 trees have been planted in the vicinity of Biankouri during the past few years.</p> <p>Health education, especially for women, has also been undertaken together with such income-generating activities as weaving and the establishment of small cooperatives and manual grain mills. To sum up, the integrated health centre at Biankouri is built upon efficient organization and good management, in accordance with the principle of active community participation. It is a wonderful example of primary health care which could be followed by other countries.</p> <p>Document: Forty-third World Health Assembly, Geneva, 7-17 May 1990: verbatim records of plenary meetings, reports of committees (who.int) (page 100-101)</p>
1989	Decision EB83(8) : The Executive Board, after considering the report of the Sasakawa Health Prize	Dr Niu Dongping (China)

Previous winners of the Sasakawa Health Prize



	<p>Committee, awarded the Sasakawa Health Prize for 1989 to Dr Niu Dong-ping for his pioneering leadership in using the primary health care approach to develop oral health care services in rural areas; they have served as a model both for China and for other developing countries .</p>	<p>Dr Niu Dong-ping is a stomatologist. He is currently the Director of the Yuncheng Stomatological Preventive Centre and the Yuncheng Stomatological Hospital in the Shanxi Province of China. He has spent all his working life in China, the past eight years or so in the Shanxi Province.</p> <p>Dr Niu Dong-ping is recognized for his pioneering work in extending primary oral health care services in rural areas of China. By successfully establishing a three-level oral health preventive network in a predominantly rural area of China with a population of nearly four million, he has paved the way for the extension of oral health services in other regions of China. Apart from this remarkable enterprise, Dr Niu Dong-ping's other accomplishments include the setting-up of training facilities for oral health workers, the mobilization of substantial financial support for these activities, and an innovative dental health insurance for schoolchildren.</p> <p>Dr Niu Dong-ping's programme is aimed at building self-reliance at the local community level and has been more than effective in extending coverage and reducing oral health problems. It has served as a model for the extension of oral health care services in rural areas, both for China and for other developing countries.</p> <p>Dr Niu Dong-ping represents a perfect example of dedicated and pioneering leadership in developing oral health care services, using the primary health care approach and appropriate technology. I therefore have great pleasure in congratulating him and handing over to him a very well-deserved prize, the funds of which will be used, according to his wish, to contribute to the targets of the programme, including expansion of services, training of additional oral health workers, and oral health education to cover 50% of the population in the area concerned.</p> <p>Document: Forty-second World Health Assembly, Geneva, 8-19 May 1989: verbatim records of plenary meetings, reports of committees (who.int) (page 91)</p>
1988	<p>Decision EB81(11): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1988 jointly to Dr Christian Aurenche and the Indonesian Family Welfare Movement (PKK) for their innovative work in health</p>	<p>Dr Christian Aurenche (France/Cameroon)</p> <p>Dr Aurenche is being recognized for his dedicated efforts in helping the people of Tokombéré region in northern Cameroon to achieve their own health development.</p> <p>Dr Aurenche started his professional life as a volunteer physician in the Central African Republic. From 1966 to 1976, he carried out a number of short -term assignments in Africa, and promoted the activities of Medicus Mundi (France), a very active nongovernmental organization of which he is currently Vice-President.</p> <p>Since 1976, he has been supporting and developing a health promotion project in Tokombéré district, which is a rural, mountainous area of northern Cameroon. Its dispersed population of about 55 000 consists mainly of farmers and is largely illiterate. On his arrival in Tokombéré, Dr Aurenche found a rural mission hospital staffed with qualified and conscientious local personnel. But despite a growing consumption of drugs and expanded investment, the health situation of the local population was not improving. In order to change this situation,</p>

	development.	<p>Dr Aurenche adopted an innovative approach, shifting the traditional focus of the health care system from the hospital to the village; the villagers became the basic health actors, and the health professionals their technical assistants. The hospital thus became a centre for health promotion.</p> <p>This in -depth reorientation of health services led to the following developments: (1) establishment of close and regular links between the hospital staff and villagers; (2) development of a comprehensive training system, geared to people's health problems, through mobile health personnel; (3) promotion of a staff - training system based on continuing communication with the villagers; and (4) support to villagers committed to initiating community action.</p> <p>Dr Aurenche has demonstrated through his personal dedication and leadership how the principles of primary health care can be applied even in a remote rural community. He has shown that enabling people to be responsible for their health, through a steady process of information, education and involvement is the most important ingredient of success. This innovative experiment is useful not only for Cameroon, but also for many other developing countries.</p> <p>Indonesian Family Welfare Movement (PKK) (Indonesia)</p> <p>The Indonesian Family Welfare Movement is a community-based volunteer movement which has been recognized by the Government of Indonesia for its dedicated and innovative work to mobilize women at all levels of society in support of primary health care. The long-term objective of the Family Welfare Movement, or PKK as it is known in Indonesia, is to achieve family and social justice and prosperity based on the State philosophy of Pancasila. To that end, PKK has set up ten major programmes, including programmes for the encouragement of collective self-help, the improvement of nutrition, better clothing, health and environmental protection.</p> <p>In order to reduce the infant mortality rate to below 75 per 1000 by 1989, the Government of Indonesia launched an accelerated strategy providing services in maternal and child health, family planning, immunization, nutrition and diarrhoeal diseases control at the village level through an integrated community health post. PKK is the prime mover behind the establishment of these vitally-needed community health posts.</p> <p>The Movement's significant achievements in the past five years include the nutritional monitoring of more than 8 million children under 5 years, the education and motivation of mothers in respect of child care, and the involvement of women in other community-development activities. Recent data from the Ministry of Health have begun to show significant increases in the use of family planning and immunization services and a reduction in infant mortality. PKK has also increased the participation of women in decision-making concerning development activities. It has done this by organizing women's gatherings, training women volunteers and setting up educational campaigns to teach women to read and write. The community development activities</p>
--	--------------	---

Previous winners of the Sasakawa Health Prize



		<p>organized and supported by PKK include the construction of village water storage tanks, village-level sanitation, family vegetable gardens and road maintenance.</p> <p>The Indonesian Family Welfare Movement is a unique mechanism for community mobilization, especially as regards the participation of women in development. It has played a significant part in developing voluntary resources for the expansion of nutrition monitoring and education and the immunization of children under 5 years in rural areas. The Movement's role is considered particularly crucial by the Indonesian Government in achieving the goal of health for all by the year 2000.</p> <p>Document: WHA41_1988-REC-2_eng.pdf (who.int) (page 96-97)</p>
1987	<p>Decision EB79(9): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1987 to Sister Marie Joan Winch for her innovative work in health development.</p>	<p>Sister Marie Joan Winch (Australia)</p> <p>Sister Winch is a qualified nurse-midwife and child health nurse who has worked continually over the past 10 years for the improvement of Aboriginal health standards and to promote a better understanding between the Aboriginal and white communities in Australia.</p> <p>Sister Winch holds a diploma of applied science from the Western Australia Institute of Technology. Her present position is Coordinator of Health Education Programmes, an Aboriginal community-controlled organization under the umbrella of the Aboriginal Medical Service, Perth, Western Australia. While Secretary of the Southern Suburbs Aboriginal Association in the mid-1970s Sister Winch organized social activities, raised funds from the business community and started a scheme wherein unemployed Aboriginal youth undertook heavy household work for the elderly and incapacitated. As Hospital Employees Union representative from 1966 to 1975 she was successful in improving the working conditions for staff.</p> <p>Following study tours abroad to India and China in 1976 and 1977, Sister Winch was instrumental, as a council member of the Aboriginal Medical Service, in incorporating many of the principles learned in these countries into the delivery of health care for Aboriginal communities. From the Indian village programmes she brought to Western Australia nutrition and environmental health programmes at a practical and concrete level. From China's barefoot doctors' scheme she brought a philosophy and holistic approach to medical treatment which fits in with Aboriginal culture and experience.</p> <p>Sister Winch has successfully lobbied for the upgrading of the mobile medical unit, which has become a model for other services in areas ranging from the goldfields in Western Australia to New Mexico in the United States of America.</p> <p>In 1982 Sister Winch devised and since then has implemented the Aboriginal Health Workers' Programme. With little financial assistance and few resources she ran the first one-year programme single-handed. In 1983, with additional resources and other staff, a second programme was conducted for grandmothers, supporting young</p>

		<p>mothers and fringe dwellers. Nine of the first graduates are now employed by the Aboriginal Medical Service in Aboriginal communities throughout the State.</p> <p>Currently Sister Winch is Chairperson of the Centre for Aboriginal Studies at the Western Australia Institute of Technology, where she lectures in various disciplines. She regularly speaks to graduating doctors and teachers on Aboriginal culture and health. She is also a member of the parole board in Western Australia, working for better conditions and opportunities for Aboriginal prisoners and ex-prisoners. As an inaugural member of the Women's Advisory Council to the Premier of Western Australia, she has continued to work as an advocate for Aboriginal people in general and Aboriginal women in particular. Her Aboriginal students and graduates have become invaluable role models for their people.</p> <p>Document: WHA40_1987-REC-2_eng.pdf (who.int) (page 162)</p>
1986	<p>Decision EB77(13): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1986 jointly to the Ayadaw Township People's Health Plan Committee, Burma, Dr Lucille Teasdale Corti and Dr Pietro Corti, and Dr Amorn Nondasuta for their innovative work in health development.</p>	<p>Ayadaw Township People's Health Plan Committee (Burma)</p> <p>The Ayadaw Township Committee came into being in 1979, shortly after the Government of Burma launched its first People's Health Plan. It was soon noticed that although equal emphasis was given to all townships, Ayadaw was achieving substantially greater successes in health development activities than the others. The township gave highest priority to water, supply and adopted a slogan "We need water, not gold ". By 1985, almost all villages had access to safe water and 50% had access to proper sanitation as compared with 1.6% in 1980. As a result of Ayadaw's accelerated advances in the provision of safe water and sanitation, there have been no outbreaks of cholera or plague since 1979 and there has been a dramatic reduction in gastrointestinal infections. The Ayadaw Township People's Health Plan Committee offers an outstanding example of collective leadership at the community level in health and health-related development.</p> <p>Dr Lucille Teasdale Corti and Dr Pietro Corti (Uganda)</p> <p>Dr Lucille Teasdale Corti and Dr Pietro Corti are a husband-and-wife team. Dr Pietro Corti and his wife went to Uganda in 1961 as the first physicians at St Mary's Hospital, established that year by the Catholic Church of Uganda and supported by church and government groups in Italy. Dr Corti and his wife were the only doctors during the first four years, and through their tireless efforts the hospital facilities were developed until, by 1970, the hospital - later known as Lacor Hospital - was functioning with normal inpatient and outpatient services. During the 1970s, outreach was developed through three health centres, and training programmes were organized for nurses, laboratory staff and health educators. From the very beginning, child care was provided and group health education was given. As the hospital services developed and more staff were taken on, a more formalized primary health care programme was organized with health centres available within 30 km of the hospital base. Primary health care activities, linking the health centres with the main hospital, are based on the</p>

		<p>principle that serious and lasting primary health care activities need a well functioning curative structure with an efficient referral system. Lacor Hospital is a good example of the development of a church-related health institution in Africa since it combines medical work and health outreach into the community.</p> <p>Dr Amorn Nondasuta (Thailand)</p> <p>Dr Nondasuta is a physician with a postgraduate public health degree and a distinguished career in his Government's public health services. Since 1983 he has held the post of Permanent Secretary for Public Health in the Ministry of Health of Thailand. Dr Nondasuta's long experience in rural health development, coupled with his managerial skills, have been instrumental in planning and implementing valuable health projects in Thailand. Early on in his career, Dr Nondasuta took a particular interest in goitre and malnutrition, which were the main health problems in the north of Thailand. Through his efforts to control goitre through the production and distribution of iodized salt, a decrease in the incidence of the disease among schoolchildren from 75% to 5% was achieved within a year. Later, he initiated the idea of village nutrition centres for pre-school children who were suffering from protein-calorie malnutrition. A successful pilot project led to the establishment of 1200 village nutrition centres for children, resulting in a sharp decline in malnutrition. Subsequently, Dr Nondasuta initiated new approaches for rural health development through the use of health volunteers and community participation in health promotion, which was later adopted as the primary health care approach in Thailand. Following his proposal, the Thai Cabinet designated the year 1984 as Primary Health Care Year.</p> <p>It is clear, therefore, that Dr Nondasuta is a leader and an innovator in health development and his contribution goes far beyond the health sector. He has courageously initiated new approaches for the redistribution of resources from centrally-planned to village-based activities with effective intersectoral collaboration, thus playing a leading role in the orientation of the social development strategy of Thailand.</p> <p>Document: WHA39_1986-REC-2_eng.pdf (who.int) (page 153)</p>
1985	<p>Decision EB75(7): The Executive Board, after considering the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1985 jointly to Dr Jesus C. Azurin, Dr David Bersh</p>	<p>Dr Jesus C. Azurin (Philippines)</p> <p>Throughout his distinguished career, and particularly as Minister of Health, Dr Azurin has provided capable and dynamic leadership to the development of health services in his country. His work and achievements have been recognized nationally and internationally, and he is the recipient of several awards and citations.</p> <p>Dr Azurin's efforts - particularly as Deputy Minister and Minister of Health - illustrate those leadership qualities which are essential to converting political will into political action in favour of health for all. Dr Azurin has personally initiated and promoted a series of innovative measures to make primary health care a reality in the</p>

	<p>Escobar and the Society for Education, Welfare and Action - Rural (SEWA-RURAL), India, for their innovative work in health development.</p>	<p>Philippines. Noteworthy among his achievements is the mobilization of resources in favour of primary health care, which has led 99% of all barangays (villages) to initiate primary health care activities as of May 1984. Dr Azurin has reorganized the Ministry of Health in order to decentralize its activities.</p> <p>A strong believer in low-cost and locally available technology in health care, Dr Azurin has vigorously supported the establishment of village pharmacies as community projects to bring essential drugs within the reach of the population at an affordable cost. In the field of communicable diseases control, his dedicated and pioneering efforts have led to the establishment of a research institute for tropical medicine in Manila, as a support to the Ministry's programme to control communicable diseases. Finally, he has actively promoted and fostered linkages with other government and nongovernmental agencies to plan, implement, and evaluate primary health care programmes. For example, almost half a million teachers are now working hand in hand with 58,000 Health Ministry workers in order to educate the Filipinos in the improvement of their health.</p> <p>Dr David Bersh Escobar (Colombia)</p> <p>Dr Bersh is currently Director of Health of the Committee of Coffee-Growers in the province of Quindio, Colombia. He is an outstanding public health physician, with exceptional technical and managerial capabilities and a demonstrated sensitivity to community needs. His dedicated efforts since 1978 have played a major role in implementing the principles of primary health care in Quindio province.</p> <p>In his early career, Dr Bersh played an important role in the development of rural health services in Colombia. In 1977, he assumed the post of Director of Health of the Committee of Coffee-Growers in the province of Quindio. Here he conceptualized the health plan for the region, and coordinated and directed its implementation. A unique feature of the plan is the integration of the efforts of private industry with the Government's health sector. His vision and initiative have demonstrated how a private industry can promote, stimulate and reinforce government efforts to achieve primary health care. Some achievements of this plan to date are the reorganization of the health care delivery system in accordance with primary health care; the retraining of health workers; creation of a regional health education council and involvement of local community groups in education for health; and health system research studies which have guided the development of health programmes in the region.</p> <p>Building on these experiences, Dr Bersh has spearheaded the establishment of a National Centre for Health Education.</p> <p>SEWA-RURAL (Society for Education, Welfare and Action - Rural) (India)</p> <p>SEWA-Rural offers an excellent example of a voluntary organization working with government to develop primary health care for disadvantaged rural populations. Its dedicated efforts have already led to the adoption of</p>
--	--	--

Previous winners of the Sasakawa Health Prize



	<p>several innovative yet simple approaches to strengthening community-based health services.</p> <p>SEWA-Rural was established in 1980 by a group of concerned physicians and other professionals. The group's mission is to work for the removal of the poverty, ignorance and ill-health which affect rural India, through an integrated approach to rural development.</p> <p>The organization began its activities by taking over the management of a small maternity home and converting it into a fully-fledged community hospital in October 1980. This hospital is now providing a full range of in-patient and out-patient consultation facilities to the surrounding rural populations. SEWA-Rural has also initiated rural community outreach health services, working with village health workers, traditional birth attendants and mobile health teams. Outreach activities include health education, maternal and child health, case detection and treatment of tuberculosis patients, immunization, and supplementary nutrition.</p> <p>SEWA-Rural's activities have acquired the recognition and support of the Indian Government at the local, state and national levels. In fact, the Government has now transferred to the organization all the health workers, facilities, and corresponding budget for a 40-village area. The future plans of SEWA-Rural include developing its action in the area of education and economic development, and the Sasakawa Prize Award will be used to further these activities.</p> <p>Document: WHA38 1985-REC-2 eng.pdf (who.int) (page 139-140)</p>
--	---