Correction: Due to a printing error, the figure for WHO's 1988-89 biennial budget appeared on page 30 of our November issue as US $33,980,000. This should have read US $633,980,000. We apologise to readers for this mistake.
Public Outcry Led to Success Against Smoking

Four countries which had scored successes against smoking by the mid-1980s—particularly in decreasing the number of male smokers—owe their achievements, in large part, to the initiative of ordinary citizens. Their outcry against tobacco-related diseases, combined with a spirited public debate in the mass media, spurred governments on to act.

The call to action occurred in the 1960s and 1970s, according to stories of anti-tobacco campaigns from Finland, Norway, Sweden and the United Kingdom told in "Successes Against Smoking," a 20-page booklet released by WHO for the 6th International Conference on Smoking or Health, held from 9-11 November 1987 in Tokyo. Here is a chronology of developments.

Finland: In 1971, Finns petitioned their government to act following studies that showed them with the highest male mortality rates in the world from coronary heart disease. In 1976 the government launched a country-wide information and education programme under the National Bureau of Health, and Parliament passed the Finnish Tobacco Act.

The result: by the early 1980s, the number of male smokers in North Karelia, the country with highest mortality, had decreased by 14 per cent—from 52 per cent in 1972 to 38 per cent in 1982.

Norway: In 1967, a committee set up by Norway's health ministry drew up a report, "Influencing Smoking Behaviour," proposing a national anti-tobacco programme. This followed public outcry that resulted from front-page press coverage of the report on smoking and health by the U.S. Surgeon General in 1964 linking smoking to disease.

In 1970, the Norwegian parliament established a National Council on Smoking and Health, charging it with the task of carrying out government measures against the harmful effects of tobacco." In 1975 it passed the Act on Restrictive Measures for Marketing of Tobacco Products.

The result: by the early 1980s the number of male smokers had decreased by 13 per cent—from 53 per cent in 1974 to 40 per cent in 1982. In addition the numbers of teenage smokers had also declined—for boys from 40 per cent to 26 per cent, and for girls from 41 per cent to 22 per cent.

Sweden: In 1963, responding to a call by 25 scientists for a tobacco campaign, Sweden established the National Smoking and Health Association to serve in an advisory capacity to its National Bureau of Health and Welfare.

The results: by the mid-1980s, the number of male and female smokers between 1970 and 1984 had dropped to 30 per cent—in the case of males from 50 per cent, and of females from 33 per cent.

In addition, the number of 13-year-old smokers had sharply declined—for boys from 40 per cent to 5 per cent, and for girls from 16 per cent to 6 per cent.

The Villager's Voice: Prevent Toothaches!

Even though no community is free from tooth decay or gum diseases, most health planners do not usually place oral health care high on a list of priorities. But when people living in small rural communities are asked, according to WHO experts, they invariably rank oral health care amongst their top problems. It is easy to understand why—a toothache hurts, and pain is immediate.

As a consequence of increased sugar consumption, and a lack of preventive programmes, more people in the developing world than in the industrialised world suffer from toothaches today.

The answer to decayed, loose or missing teeth does not lie in training more and more dentists—it's too costly, and it takes too long. It is rather through prevention by teams of oral health workers led by a dentist.

In courses lasting up to two weeks, Thailand training personnel, called oral health examiners, to recognise a range of dental ills; educators, to teach concepts of oral hygiene (for instance, "Clean your mouth daily, ") "Use sugar intelligently—limit sweets between meals "); and scalers, to remove tartar from teeth.

This preventive model project could serve as an example for other developing countries, where diseases of lifestyles are already emerging as problems. A major advantage of good oral hygiene, WHO experts point out, is that it heightens awareness of the need for overall healthy lifestyles.

A Study to Show How to "Keep Arteries Clean"

A five-year study to determine how atherosclerosis—the condition upon lifestyles is now under way in 27 countries, five in Africa, seven in Asia ten in Europe and five in Latin America.

The study is being carried out by WHO and the International Society and Federation of Cardiology. Called the Study of pathobiological determinants of atherosclerosis in youth (PBAY), its aim is to prevent disorders of the heart or blood.

"The child is father of the man," WHO officials say. "It's little use starting at age 45. We need to say to the young: Keep your arteries clean."

Earlier studies, of soldiers in war, had shown individuals in the prime of life already afflicted with signs of atherosclerosis. Thus researchers plan to examine the structural changes in arteries of those between ages 5 and 34 who die from other than cardiovascular diseases.

Among the most common cardiovascular diseases is atherosclerosis, arteries so clogged by a build-up of fatty deposits that the flow of blood through them is impeded. Heart diseases result, or heart attacks ensue.

The principal factors associated with an increased risk of heart disease are a high-fat diet, a lack of exercise, and smoking—in short, unhealthy lifestyles. The habits of a lifetime begin in childhood.

Strokes, high blood pressure, rheumatic heart disease, and heart muscle disease are also

United Kingdom: In 1962 and 1971 the Royal College of Physicians published reports on "Smoking and Health" that led to the founding of Action on Health, a citizens' group dedicated to rallying voluntary action against smoking.

In response the government established in 1966 what is renamed now the Health Education Authority, and later the Scottish Health Education Group, to advise its Department of Health and Social Security on campaigns against what was described as the leading avoidable cause of death in the United Kingdom.

The result: by the early 1980s, the number of male smokers had declined by 27 per cent—from a high of 65 per cent in the late 1940s to 38 per cent in 1982. And the number of female smokers dropped from 41 per cent to 8 per cent over that period.

Photo: VHO/Peter Oztario

"A toothache hurts, and pain is immediate."

Photo: VHO/Zafar

"It's little use starting at age 45."
common forms of cardiovascular disease. Taken together, they represent the No. 1 health problem in the industrialised world, and are fast becoming a major worry to the developing countries as well.

Preventive measures have been ignored by and large, at adults. No longer should this be so. Pointing to the example of regular dental check ups, some cardiologists even foresee a regular cardiovascular check-up for children.

Senior Citizens Not Responsible For Deficits

The deficits in national health or social security schemes are often blamed on longevity. More people live longer and need more medical care, the argument goes, therefore costs must go up.

Now a report by the International Labour Organisation entitled "Demographic Development and Social Security" suggests that "other factors have helped to send medical costs spiralling," namely, "more people seeking treatment more often, and more expensive techniques of diagnosis and cure resulting from new technology." Studies in France and the Netherlands show that even though illnesses increase steadily with age, the effects of longevity on health schemes are "modest and could be estimated at 0.5 per cent a year between 1985 and 2015."

Yet since 1975 a number of European countries have cut back on expenses covered by national schemes, by passing more costs on to patients and by limiting the extent of care. In the United Kingdom, however, the ILO report points out, the national health services pays doctors a higher fee for caring for patients over 65, and in Yugoslavia senior citizens are "considered a valuable group and are accorded easier access to health care."

Over 15 per cent of Europeans will be 65 or older by the year 2015, according to the UN demographic projections. They will include the following percentage of populations:

- 15 to 20 per cent in countries of eastern Europe,
- 20 to 25 per cent in Denmark, the Federal Republic of Germany, Luxembourg and Sweden, and
- 25 per cent and over in Switzerland.

Newsbriefs

- By Presidential Hand. President André Kolingba, administered a polio shot to an infant at a health centre in Bangui to launch the accelerated phase of his country's programme to protect children against six diseases.
- Almost a half of the children in the Central African Republic die before reaching their fifth birthday from diseases prevented by immunization. "Immunization," he said, paraphrasing WHO's World Health Day theme, "gives every child a chance for survival."

- Lobbying for Health. Readers of the Journal of Pain and Symptom Management, a quarterly published by the Department of Anaesthesiology, University of Wisconsin, in Madison, were asked by editor George Heidrich, to write to members of the U.S. Congress on behalf of WHO.

- "Programmes like the cancer pain relief ("Freedom from Cancer Pain"), and efforts to control AIDS, affect persons in all nations, and depend on coordination from WHO," he said in an open letter that urged readers to lobby for payment in full of the U.S. contribution to WHO. Wisconsin is a WHO demonstration state in cancer pain relief.

- Off the Press. A ship's crew today is no longer likely to be all male. Thus, a chapter on pregnancy and women's medical problems has been added to the International Medical Guide for Ships in its first updating in nearly two decades. There are other new chapters in the second edition, for instance, on the medical care of castaways, and reflecting the phenomena of the "boat people"—of rescued persons.

- Phasing-Out Smoking by Phases. Last April WHO's regional office for Europe in Copenhagen banned smoking from more public places—in addition to conferences rooms, where smoking had already been prohibited, in lobby and reception areas. In April, it offered cessation courses for smokers; in September it asked staff to voluntarily refrain from smoking in offices.

- Effective 1 January 1988, it becomes—except for certain designated areas—a smoke-free environment, the sixth of six regional offices committed to clean indoor air.

- In addition, Copenhagen relinquished the privilege of tobacco purchases accorded by the host government, Denmark. And it is making clear its preference to hiring non-smokers by stating in vacancy notices that "WHO promotes a tobacco-free working environment."

- Tobacco—Free Vojvodina. The province of Vojvodina in Yugoslavia passed legislation, effective from last July, prohibiting smoking in work places and public spaces, according to Tanyug, the country's news agency. The law, the first of its kind in Yugoslavia, resulted from an initiative by the Union of Cancer Societies.

In the next issue

On 7 April 1988, WHO will celebrate 40 years of effort in international public health. The World Health Day issue of World Health, January-February, will have a share in the celebrations, and will underline the sense of public involvement in public health that is conveyed in our slogan for the Day: "Health for all—all for health."