- Make an inventory of the incoming health-related supplies, including medicines, medical and surgical supplies, and other items such as tents, generators, and water supply and sanitation equipment.
- Sort the relief supplies and mark those that can be put to immediate and urgent use with specially designed, self-adhesive color labels to distinguish and separate them from items that have no practical value at the moment (which, surprisingly, often constitute more than 50% of the donation).
- Identify and clearly label items that require special handling, such as refrigeration, or that must be used quickly because of a short shelf life.
- Enter inventory data at the site using portable computers, and prepare detailed reports for national relief authorities, for consignees taking delivery of the shipment, and for donors.
- Provide authorities with daily detailed lists that include information on the origin of each shipment, the consignee, the type of product, the therapeutic categories, etc.

The SUMA team will be in place and operational as soon as possible after a disaster, but it will not provide long-term support to a stricken country. As they work, team members will also train their counterparts in the affected country so that the operations become a national responsibility within a matter of days.

Support provided to the SUMA teams will include training prior to their missions; a sophisticated, user-friendly data base designed specifically for this project; laptop computers, printers, and xerox machines; self-sustained power sources; on-site communications by hand-held radios; satellite communications; and support staff.

Disaster-prone countries will begin by designating a project focal point and identifying volunteers to serve on the standby team. The national focal point and volunteers will assume the overall direction and supervision of team activities in case of disasters in their country.

The importance of the SUMA project and its teams lies not only in the contribution they will make to managing post-disaster relief supplies. SUMA also represents a joint response of the Latin American and Caribbean countries themselves to the type of problem that no developing country is fully equipped to handle alone, but can face with subregional solidarity and a sense of neighborhood.

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World Health Day 1992 Focuses on Cardiovascular Health

This year the theme for World Health Day, celebrated annually on 7 April to commemorate the adoption of the World Health Organization's constitution, was "Heartbeat—the Rhythm of Health." In observance of this event, a ceremony was held at PAHO Headquarters in Washington, D.C., on 8 April, cosponsored by PAHO/WHO and the American Association for World Health, an agency that

traditionally collaborates with PAHO on World Health Day programs. This year's ceremony opened with remarks by Dr. Carlyle Guerra de Macedo, PAHO's Director, and featured an keynote address by Senator J. Robert Kerrey of Nebraska.

The program called attention to the growing incidence of cardiovascular diseases—such as coronary heart disease, stroke, and hypertension—in Latin America and the Caribbean. In the next decade, it is projected that cardiovascular diseases will cause two to three times more deaths than infectious diseases in Latin America. Despite their decline since the 1970s, cardiovascular diseases are still the leading cause of death in the industrialized countries of North America. Thus, these diseases constitute the principal cause of death, reduced productivity, and health services utilization in this hemisphere.

Although the value of medical and surgical interventions in the treatment of cardiovascular diseases has been demonstrated in recent decades, today more than ever the enormous influence of lifestyle and environment on the development of these diseases is recognized. Curative interventions alone cannot combat the problem; prevention has become an indispensable element in all control strategies.

Given the widely confirmed causal role of habits such as smoking, excessive alcohol consumption, lack of exercise, and a high-cholesterol diet, it is imperative to use all possible means to educate the public about the risks associated with these behaviors. Official cardiovascular disease control strategies should have a dual focus: 1) modifying individual conduct and 2) identifying through surveillance systems groups at high risk, such as diabetics and persons suffering from hypercholesterolemia, obesity, and arterial hypertension.

In developing countries, it is often difficult to initiate preventive programs because of their high cost. However, the costs of health care and low work output are even greater. As a rising standard of living makes products such as tobacco and alcohol more attainable, the governments must mount public education campaigns to counteract advertising by these products' manufacturers.

While the developing countries are depending on the professionals and entrepreneurs in their populations to help lead the way in economic development, members of these groups are the most likely victims of heart disease and stroke at ages below 65 years. These afflictions are a consequence of hypertension, which produces no noticeable discomfort until a medical crisis strikes. The increase in hypertension in developing countries parallels the increase in affluence, which is associated with unhealthy changes in diet and in life-style, such as sedentary habits. This alarming trend is one reason that WHO chose to highlight cardiovascular health as the World Health Day 1992 theme.

The program closed with an encouraging observation: a world free of Cold War conflicts should be able to direct more resources toward the conquest of chronic diseases.