

nity health workers to recognize mild and severe forms of ARI, application of the standard plan for case management by community health workers, and the referral system deserve highest attention.

Further expansion of the program will depend on strengthening the primary health care network as well as the ability of health workers at all levels to manage ARI and to educate mothers about these infections.

Types of Support by UNICEF-WHO

Support provided for this effort by UNICEF-WHO includes the following: (1) advocacy of the needs of the ARI program to muster health care resources and professional commitment; (2) health system support; (3) standardization of management and agreement on antimicrobial drugs to be used in accordance with the Action Program on Essential Drugs; (4) preparation and production of learning materials; (5) training of health workers at all levels; (6) provision of equipment and maintenance of regular supplies and drugs; (7) development of communications and health education programs; (8) program evaluation; and (9) dissemination of research results and other technical developments.

Conclusion

The available information seems to indicate that substantial differences in epidemiologic pat-

terns of acute respiratory infections in children exist between developed and developing countries. Bacterial infections are more common in developing countries; and this may, at least in part, explain the high mortality reported there. Certainly more research is needed, particularly research relating to the clinical and microbiological description of ARI, monitoring of bacterial pathogens and their sensitivity to antimicrobials, morbidity and mortality, and factors determining the incidence and severity of the diseases. While this research is of great value, the current knowledge of respiratory infections in developing countries should be utilized in formulating and testing guidelines for clinical management of ARI at both the primary health care and first referral levels. The national application of what is already known is likely to result in a measurable reduction in ARI-related mortality.

Both UNICEF and WHO should intensify their joint support to countries in the areas outlined above. The two agencies will collaborate closely to integrate an ARI component into the primary health care program along the above lines, particularly in countries where special efforts are being made to reduce child mortality and promote primary health care development.

Source: UNICEF-WHO Joint Committee on Health Policy, Acute Respiratory Infections: Progress Report on WHO Activities, 1983-1984, and Joint UNICEF-WHO Statement on Basic Principles for Control of Acute Respiratory Infections in Children in Developing Countries, Document JC25/UNICEF-WHO/85.6(a) Rev. 1, Geneva, 29 January 1985.

PAHO'S MATERNAL AND CHILD HEALTH PROGRAM

Introduction

Children, adolescents, and women of child-bearing age make up about 65% of the population of most countries of the Americas. They are also the groups most vulnerable to health problems and most in need of care. For these

reasons, promoting their health has been given top priority by PAHO and its Member Countries, and many major objectives set forth by PAHO (among them increasing life expectancy, reducing infant mortality, reducing deaths of children aged 1-4 years, immunizing pregnant women against tetanus, and immunizing all chil-

dren against diphtheria, whooping cough, tetanus, tuberculosis, measles, and poliomyelitis) relate directly to these age groups.

In all, more than 200 million people in Latin America and the Caribbean constitute this program's target population. By and large, the most urgent problems they face are as follows:

- Childhood mortality in the Americas has decreased by more than one-third since the 1960s, but death rates are still too high and vary widely. In some countries, even now, as many as 200 of every 1,000 children born each year die before reaching their first birthday.

- Risks associated with pregnancy are still high for many women, especially those living in rural and marginal urban areas. Teenage pregnancy, along with other social and economic problems, keeps young women from realizing their full potential.

- Diarrheal diseases are the main cause of sickness and death among young children. Acute respiratory diseases are also a serious problem, causing more than 150,000 deaths each year among children 0-5 years old.

- In this same age group more than 20,000 deaths result each year from diseases that can be prevented by available and effective vaccines against diphtheria, whooping cough, tetanus, measles, and poliomyelitis.

- The annual risk of tuberculous infection in the Region is near 0.5%, with large variations between countries. More than half the new infections occur before 15 years of age and result in childhood tuberculosis or in later adult infectious disease. In spite of the lack of coverage of diagnostic methods, 250,000 new cases and over 40,000 tuberculosis deaths are reported annually.

The Objective

PAHO's task in facing these and other problems is to help the Member Countries improve relevant health conditions. All the countries now give high priority to the underlying problems of environmental sanitation, malnutrition, and the shortage of comprehensive and easily accessible maternal and child health services.

In addition, governments now recognize the need for effective health education and community participation, so that families can take part effectively in their own health care, and the need to work closely with other sectors, especially education, labor, justice, and agriculture, so as

to approach health as part of an overall social and economic policy.

Both WHO and UNICEF have recently endorsed intensive short-term efforts to promote selected primary health care interventions which promise to have a major health impact on these population groups under currently existing conditions. These short-term efforts include: (1) promotion and monitoring of the growth and development of children under five; (2) making oral rehydration therapy available; (3) immunization of all children; (4) promotion of breast-feeding; (5) provision of food supplements; (6) provision of family planning services; and (7) promotion of services providing care for acute respiratory infections.

The technical knowledge we need already exists in all these areas, and is ready for widespread application. Nevertheless, practical, cost-effective approaches are needed to bring the benefits of this knowledge to as many women and children as possible in all countries of the Region.

PAHO's Program

To help with this effort, PAHO carries out a number of important activities at regional or inter-country levels, at the national level, and in support of work in the communities where people live.

At the regional level, PAHO collects, analyzes, and disseminates information to the countries, especially on innovative approaches and new advances in technology. It also promotes and supports training programs and helps to develop cost-effective ways of monitoring and evaluating programs in the field.

In addition, PAHO helps to mobilize further resources for support of priority program components in maternal and child health. Presently, the PAHO program receives extrabudgetary support from the United Nations Fund for Population Activities (UNFPA), the W.K. Kellogg Foundation, and the World Health Organization's global programs—including the Expanded Program on Immunization, the diarrheal disease control program, and the program for control of

acute respiratory infections. The WHO/UNICEF Joint Program in Nutrition (funded by the Italian Government) also will contribute to activities promoting maternal nutrition and infant and young child feeding. (Besides supporting regional activities, these funding agencies are also supporting various projects at the national level.)

Regarding PAHO's national-level activities, PAHO country representatives and their staffs, supported by program experts from headquarters, work with country officials to strengthen national health policies and programs, promote intersectoral coordination, and help build the national capability to provide efficient and effective maternal and child health services. Some examples of their work are as follows:

- In the area of diarrheal disease control, PAHO has helped to introduce and promote widespread use of oral rehydration therapy (ORT) in 16 countries of Latin America and the Caribbean. (ORT is a very cheap and relatively simple technique that can save the lives of millions of infants and children suffering from severe diarrhea.) At the same time, PAHO is helping countries to develop programs that will tend to prevent these diseases through improved nutrition and sanitary practices.

- Regarding immunization, PAHO has developed a method that helps countries to study their immunization programs, identify the strengths and weaknesses in their current practices, and introduce changes that will assure better vaccination coverage. (A team of PAHO experts and their national counterparts visit the actual sites where immunizations are given to

study the immunization programs in action.)

- In many countries of Latin America and the Caribbean, PAHO administers funds from the United Nations Fund for Population Activities and other sources to assist countries in making family planning services available to those who need them most urgently, in ways that are socially and culturally acceptable.

- Active programs to control acute respiratory diseases are now underway in four countries of Latin America—Brazil, Guatemala, Honduras, and Panama.

As already noted, PAHO's maternal and child health program is concerned with the health problems of more than 200 million people in the Americas. It is expected that this program will achieve a measure of success and will help many women and children to live longer and more productive lives. PAHO's long-range goal, which is shared with the Member Governments, is to see that reproduction, growth, and development take place under the best possible biological, psychological, and social circumstances. For although many of PAHO's numerous projects are addressed specifically to issues of child survival, the Organization is concerned not only with reducing morbidity and mortality but with improving the quality of life.

Source: Pan American Health Organization, PAHO in Action: Newsletter of the Pan American Health Organization 1(1):2-3, 1984.

THE EPIDEMIOLOGY OF TUBERCULOSIS IN CHILE

Morbidity

In order to follow the trend of a disease in a community, it is extremely useful to know its prevalence in children. In Chile it is not possible to obtain this information about tuberculosis, since BCG vaccination coverage of children under 14 years of age is greater than 90%, thus preventing tuberculin test surveys to determine these indications.

However, tuberculosis morbidity has been recorded in Chile since 1971, when notification became compulsory (Table 1). Of the total cases notified in 1982, 77.5% were cases of pulmonary tuberculosis and 22.5% were extrapulmonary ones. Eighty-six per cent of the pulmonary tuberculosis cases and 71.7% of the extrapulmonary cases were confirmed bacteriologically.

Only 6% of the cases were in subjects under 15 years of age. The morbidity rates seem to be