



Lac-Ngan district health centre. Local people, mostly Hmong minority, attend regularly to have their bednets impregnated with insecticide. Health centre workers carry out the impregnation (dipping).  
Photographer: WHO/DBN/Martel  
Vietnam

## “PARTNERS ROLL BACK MALARIA”

Several hundred million people continue to be infected annually with malaria, which results in almost 300 million clinical cases worldwide each year, and over one million deaths. Malaria impedes sustainable development in a number of ways — for example through its effects on fertility, population growth, premature mortality and medical costs, saving and investment, worker productivity, and absenteeism.

The Roll Back Malaria partnership of WHO is working to ensure that those fighting malaria do it in a sustainable fashion. The approach emphasizes prevention, and incorporates a broader developmental as well as environmental perspective. A multifaceted approach was particularly successful in Vietnam, where malaria deaths were reduced by 97% within five years, largely due to the supply of insecticide-treated bednets, and high quality locally produced antimalarial drugs.

In Ethiopia, a pioneering scheme involving the recruitment of mothers to teach other mothers how to diagnose and treat malaria in the home has led to a 40%

reduction in overall death rates among children under five. And in Kenya a community bednet-sewing industry resulted in a sustainable business as well as reducing malaria cases.

The Roll Back Malaria partnership is also reversing an alarming upsurge of malaria cases in Azerbaijan that began in the mid-1990s, with the number of cases having increased from 667 in 1994 to 13,000 in 1996. It has helped reduce malaria cases by over 50% in its first year of operation. To sustain this downward trend, Roll Back Malaria partners introduced a public-private partnership to ensure wider access to early diagnosis and rapid treatment for malaria, to improve surveillance and epidemic response, to promote cost effective and sustainable vector control and to strengthen operational research capacity with the Ministry of Health.

Today, a new generation of doctors, laboratory technicians, and vector control personnel are being trained in Azerbaijan to roll back malaria. Integrated vector control programs in Azerbaijan were notable, however, not only because the density of mosquitoes was reduced, but because they did so through sound environmental management. Although insecticides are still used in the highest risk areas, larvae-eating fish have been introduced in mosquito breeding grounds (such as stagnant water and slow moving streams) as an alternative measure to insecticides.



Strengthening of health centres for diagnosis of common ailments.  
Photographer: WHO/EMRO  
Morocco

## “DEVELOPMENT FOR HEALTH”

In many places, women have been particular beneficiaries of WHO's Basic Development Needs Initiative approach as demonstrated in the following example.

Mrs. Habiba is a widow with six children, including a disabled daughter. Mrs Khawar, who lives in the same village, is also a widow and has seven children. Mrs. Habiba made her living by taking in laundry, making around US \$12 per month, while Mrs Khawar raised livestock and sold dairy products, making around US\$ 38 per month. Through the BDN programme the women were able to obtain a loan of US \$200 each. Mrs Habiba bought cows and poultry and set up a small general store. The dairy products, eggs and chickens she produces support the nutrition needs of her family, as well providing a surplus that she sells to her neighbours; the store provides employment for her son and is now the main source of family income. Mrs Khawar invested her loan in buying more livestock and poultry and as a result has substantially improved her income and the quality of life of her family. Both women are repaying the loans according to an agreed schedule.

They both agree that the BDN programme has benefited them in many ways, not just financially. It has increased their awareness of health issues, they have also learned environmental management skills and to take better care of the nutritional needs of their families. What they know and can do, they say, has definitely improved their own and their children's lives and they are determined to continue.

Health cannot be achieved in isolation. Many of the key determinants of health and disease — as well as the solutions — lie outside the direct control of the health sector. These determinants include water and sanitation, air quality, agriculture, education, finance, employment, housing, as well as diet and life style. All are crucial to health and sustainable development. The Basic Development Needs Initiative (BDN), launched in 1987 in the Eastern Mediterranean Region, is an integrated approach to improving health and quality of life through the initiation of sustainable, long-term, socio-economic development projects rooted in full community involvement. BDN is based on three aims: organizing the community, building its capacity and promoting self-reliance and self-sufficiency.

The World Health Organization has been instrumental in providing technical support necessary to establish model BDN areas throughout the Eastern Mediterranean Region. WHO has provided vital assistance in advocacy, capacity-building, training, operationalization, sharing of experience, information, research and evaluation. To date, the BDN initiative has been implemented in 14 countries throughout the region.

In Jordan, the BDN programme was launched in one village in 1989 by the Noor Al-Hussein Foundation, a non-governmental organization, in collaboration with a cross-section of ministries. The programme was supported financially and technically by WHO. Strong political commitment, followed up by advocacy and intensive social and community preparation, has assured the success of the programme.

### The objectives of the BDN approach include:

- Improving quality of life for all people in a community through meeting their own basic needs;
- Managing social development based on people's participation and intersectoral collaboration among government sectors;
- Ensuring community self-reliance for their own development needs.

## ENSURING HEALTHY ENVIRONMENTS FOR CHILDREN

A special WSSD initiative of the World Health Organization is ensuring healthy environments for children. This is an essential component of WHO's efforts to reduce global poverty and reach the Millennium Development Goals. WHO's focus is on health dangers in the places where children live, are educated and play, i.e. in ensuring healthy and safe homes, schools, play areas and surroundings. WHO will focus increased attention on the most important risks, for example, water, disease vectors, waste, air, chemicals and unhealthy behaviours. WHO will encourage the widespread participation of many stakeholders in an alliance of interested organizations and groups, resulting in a participatory, popular, local level movement which is science-based and action-oriented.

## WHO: WORK AND GOALS IN RELATION TO SUSTAINABLE DEVELOPMENT AND WSSD

WHO's goals are to build healthy populations and communities, and to combat ill-health. To realize these goals, four strategic directions provide a broad framework for focusing WHO's technical work in relation to health and sustainable development.

- Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.
- Promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.
- Developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.
- Framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy

### WHO is bringing the following key messages to WSSD:

- The intrinsic value of health; and its role in advancing economic development and poverty reduction
- The impact on health of environmental degradation, unhealthy consumption patterns/lifestyles and mismanagement of natural resources
- The need to assess health impacts of development policies and practices
- The importance of partnerships and alliances as key to addressing threats to health and sustainable development

### WHO's response to the challenge of sustainable development

Through many of its programmes, WHO is responding to the call for clear, implementable strategies that address the links between ill-health, environment and development. Key action areas in WHO's response to the challenge of sustainable development include:

- Scaling up of actions for better health among poor people. WHO is working with Member States as they:
  - Strengthen health and sustainable development planning
  - Improve resourcing and stewardship for health systems
  - Secure access to new resources
  - Seek equitable access to essential medicines and technology
  - Assess gains of investments in health
  - Implement cost-effective interventions inside and outside the health sector

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