

THIRTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA37.18

Agenda item 20

16 May 1984

PREVENTION AND CONTROL OF VITAMIN A DEFICIENCY AND XEROPHTHALMIA

The Thirty-seventh World Health Assembly,

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on the prevention of blindness;

Recognizing the continuing great human suffering, and the considerable burden to both the individual and to society that is caused by nutritional blindness;

Considering that, in Asia alone, more than ten million children are affected by vitamin A deficiency and xerophthalmia; that more than one million of these become blind every year; that as many as seventy per cent. of this number die in the weeks immediately following the onset of blindness; and that the remainder are permanently blind;

Conscious that even mild cases of vitamin A deficiency and xerophthalmia contribute to increased morbidity and mortality in young children in many developing countries;

Considering that vitamin A deficiency and xerophthalmia are highly prevalent in Africa, Asia and the Western Pacific, and in limited areas of the Americas;

Aware that safe, effective and relatively inexpensive techniques exist to control vitamin A deficiency and xerophthalmia, in particular increased consumption of local foodstuffs rich in provitamin A, through periodic mass distribution of large doses of vitamin A, and the fortification of certain foods;

1. THANKS the Director-General for the updated information on selected global and regional trends in nutritional status and related indicators included in his report;

2. URGES all Member States to give high priority to the prevention and control of vitamin A deficiency and xerophthalmia wherever these problems exist through appropriate nutritional programmes as part of primary health care;

3. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, in assessing the most appropriate approaches, in the light of national circumstances, needs and resources, to preventing and controlling vitamin A deficiency and xerophthalmia;

(2) to collaborate with Member States in the monitoring of the incidence and prevalence of vitamin A deficiency and xerophthalmia;

(3) to prepare suitable materials, for adaptation and use at the national level, for training health workers and development workers in the prevention of vitamin A deficiency, particularly through education in nutrition and by promoting the production of local foodstuffs rich in provitamin A, and in the early identification and treatment of vitamin A deficiency;

(4) to coordinate with other intergovernmental organizations, and appropriate nongovernmental organizations, the launching and management of intensive and extensive international action to combat vitamin A deficiency, including the mobilization of financial and other resources required for such actions;

(5) to report to the World Health Assembly on progress in this area.

Thirteenth plenary meeting, 16 May 1984
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