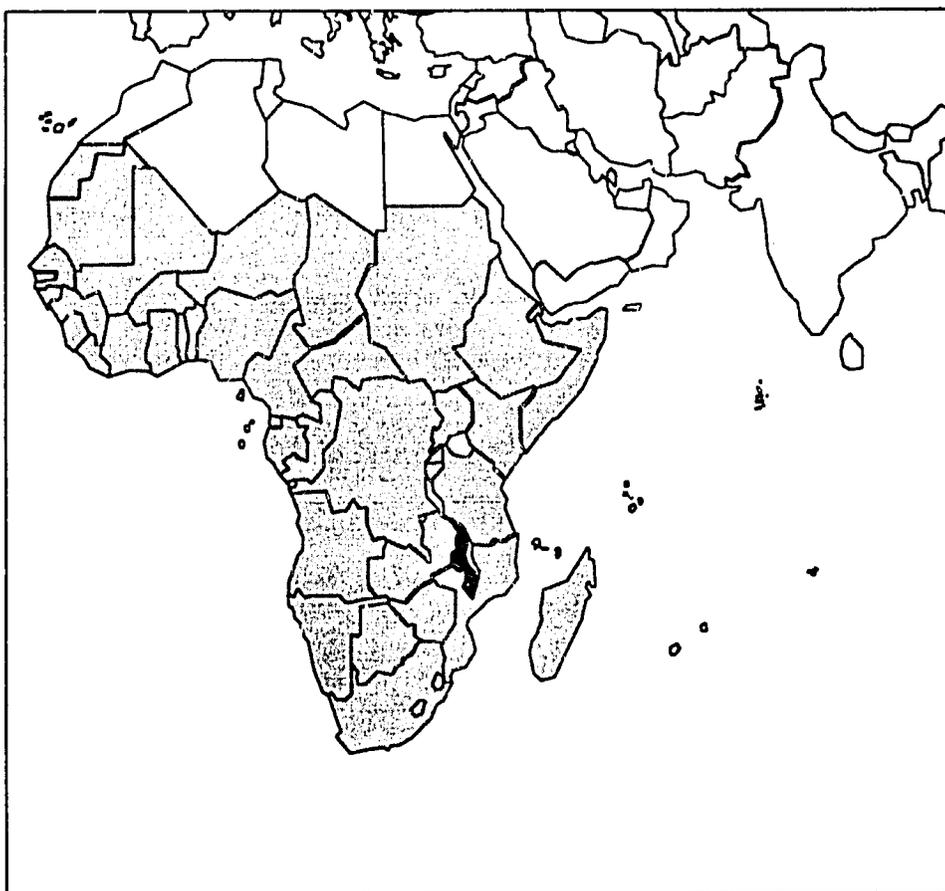


PA-100-1002
100-1002

Country Health Profile

MALAWI

**Health Situation & Statistics Report
1994**



Center for International Health Information
1601 N. Kent Street, Suite 1014
Arlington, VA 22209

The Center for International Health Information (CIHI), a project managed by Information Management Consultants, Inc. (IMC), prepared this document under the Data for Decision Making Project, #936-5991.05 (CIHI-II), contract number HRN-5991-C-00-3041-00, with the Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development (USAID).

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MALAWI

Country Health Profile

This is one of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile contains descriptive information and tables on the country's health and demographic characteristics, health indicators and trends, and when available, the health care system. Profile information is compiled from CIHI's databases and reference library, as well as through research and analysis of other data sources and reports.

The profiles are intended to provide current and trend data in a concise format for policy and decision-making, planning and evaluation, and monitoring of health status for use by individuals and organizations. Contact CIHI at the address on the preceding page for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous page or through USAID, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research.

TABLE OF CONTENTS

JULY 1994

I: Health & Demographic Overview	1
Current Demographic and Health Indicators	1
Trends in Selected Demographic and Health Indicators	2
Population Estimates/Pyramid	3
Trends in Selected Health and Child Survival Indicators	4
Vaccination Coverage Rates	4
ORS Access, ORS and/or RHF Use Rates	6
Contraceptive Prevalence Rate	6
Access to Potable Water	7
Access to Adequate Sanitation	7
Comparative Indicators	8
Comparative IMR Rates	8
Comparative Vaccination Coverage Rates	9
Comparative ORS Access, ORS and/or RHF Use Rates	9
II: Data Notes	10
III: Sources*	13

** Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

I. HEALTH AND DEMOGRAPHIC OVERVIEW

Current Demographic and Health Indicators

JULY 1994

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	10,615,200	1993	UNP9200
Urban Population	1,370,200	1993	UNP9200
Women Ages 15-49	2,306,400	1993	UNP9200
Infant Mortality	134	1990	DHS9401
Under 5 Mortality	234	1990	DHS9401
Maternal Mortality	620	1992	DHS9401
Life Expectancy At Birth	44	1993	CALXX01
Number of Births	455,392	1993	CALXX00
Annual Infant Deaths	61,159	1993	CALXX01
Total Fertility Rate	6.7	1992	DHS9401

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
Vaccination Coverage			
BCG	95	1992	DHS9401
DPT 3	84	1992	DHS9401
Measles	70	1992	DHS9401
Polio 3	84	1992	DHS9401
Tetanus 2	73	1992	DHS9401
DPT Drop Out	12	1992	DHS9401
Oral Rehydration Therapy			
ORS Access Rate	56	1988	WHD9000
ORS and/or RHF Use	56	1992	DHS9304
Contraceptive Prevalence			
Modern Methods (15-44)	8	1992	DHS9304
All Methods (15-44)	14	1992	DHS9304
Nutrition			
Adequate Nutritional Status	63	1992	DHS9304
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	3	1992	DHS9401
B) Complementary Feeding	87	1992	DHS9401
Continued Breastfeeding	93	1992	DHS9401

Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
HIV-1 Seroprevalence			
Urban	23	1991	BUC9103
Rural	12	1990	BUC9101
Access to Improved Water			
Urban	77	1988	AID9012
Rural	36	1988	AID9012
Access to Sanitation			
Urban	70	1988	AID9012
Rural	36	1988	AID9012
Deliveries/Trained Attendants	55	1992	DHS9304

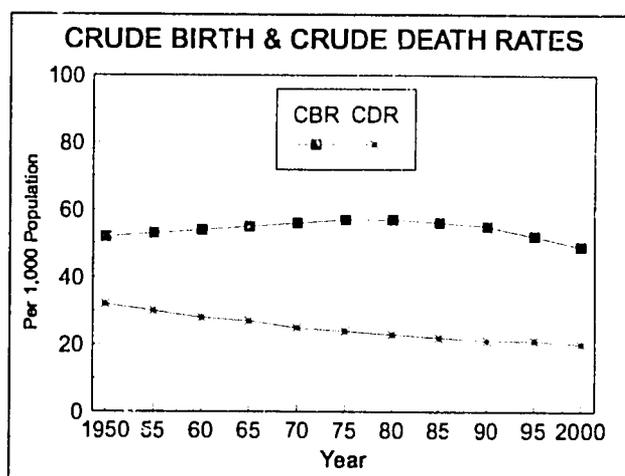
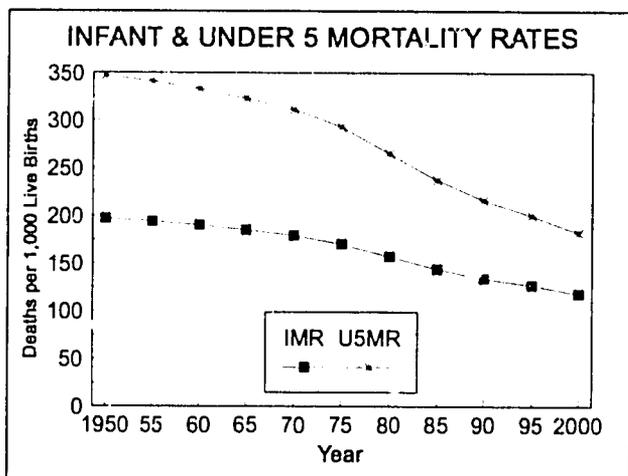
NA = Notavailable



Trends in Selected Demographic and Health Indicators

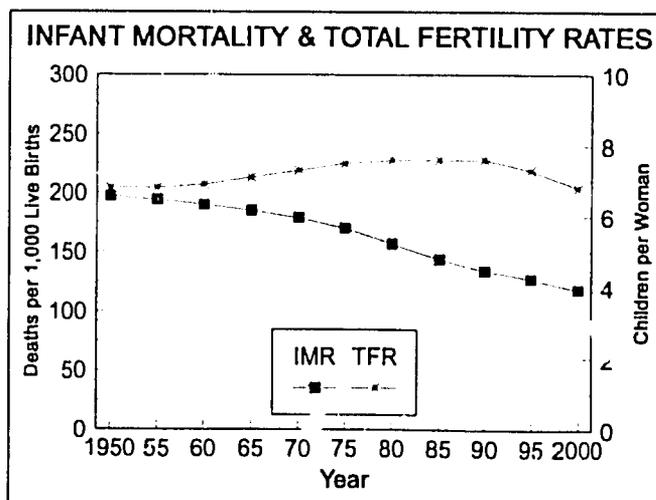
JULY 1994

INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	197	194	190	165	179	170	147	144	134	127	118	CALX03
Under Five Mortality	347	341	333	323	311	293	265	237	216	200	182	CALX03
Crude Birth Rate	52	53	54	55	56	57	57	56	55	52	49	UNP9200
Crude Death Rate	32	30	28	27	25	24	23	22	21	21	20	UNP9200
Avg. Annual Growth Rate	2	2	2	3	3	3	3	4	4	3	2	UNP9200
Total Fertility Rate	6.8	6.8	6.9	7.1	7.3	7.5	7.6	7.6	7.6	7.3	6.8	UNP9200



IMR and TFR

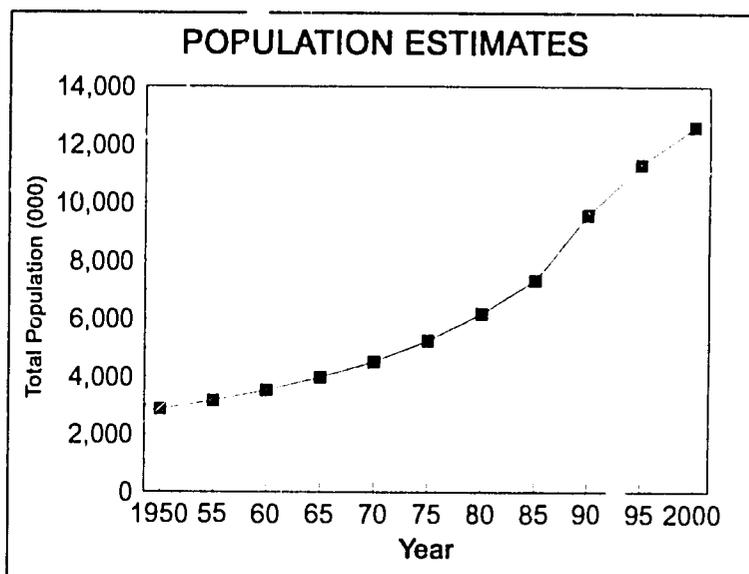
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.



Population Estimates/Pyramid

JULY 1994

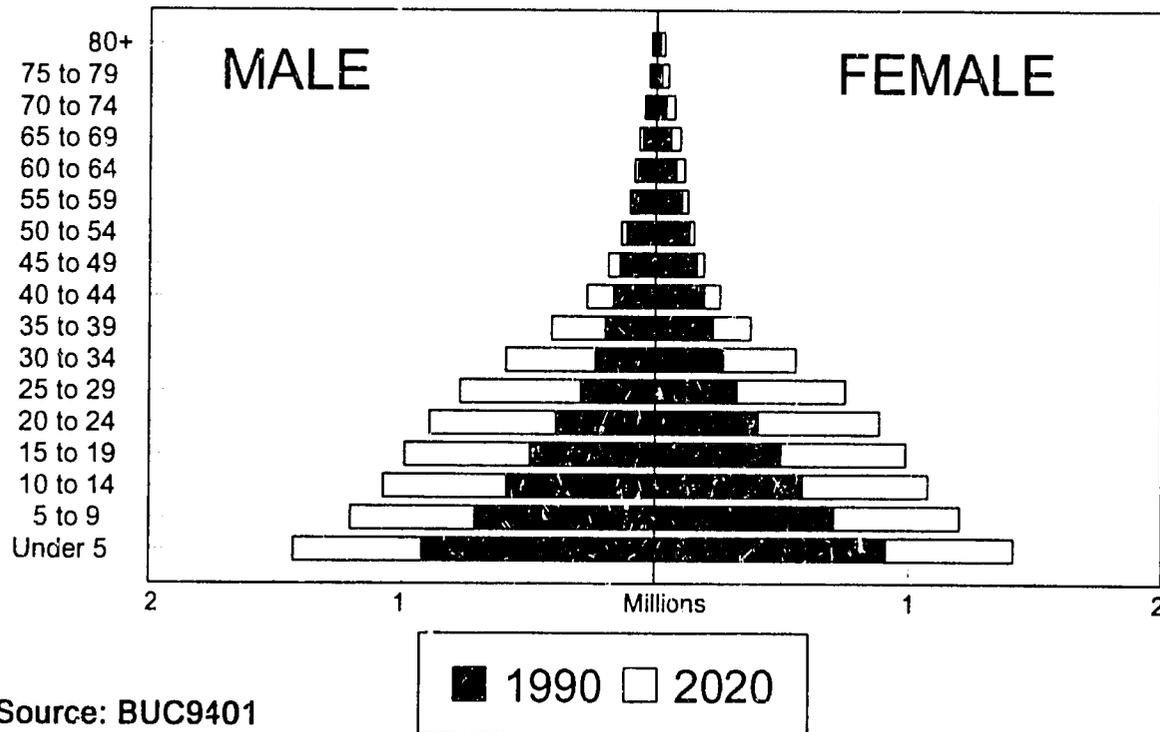
POPULATION ESTIMATES (000s)		
YEAR	VALUE	SOURCE
1950	2,881	UNP9200
1955	3,169	UNP9200
1960	3,529	UNP9200
1965	3,975	UNP9200
1970	4,518	UNP9200
1975	5,244	UNP9200
1980	6,183	UNP9200
1985	7,335	UNP9200
1990	9,582	JNP9200
1995	11,304	UNP9200
2000	12,612	UNP9200



CURRENT & PROJECTED POPULATION

By Age & Gender: 1990 - 2020

Total Population 1990: 9,288,531 Total Population 2020: 16,696,823



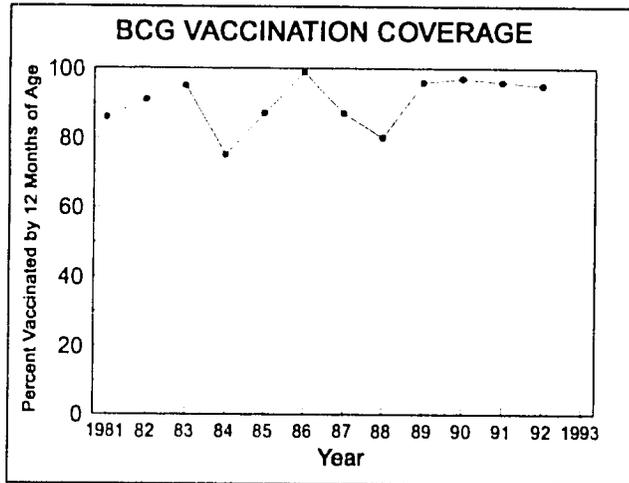
Source: BUC9401



Trends in Selected Health and Child Survival Indicators

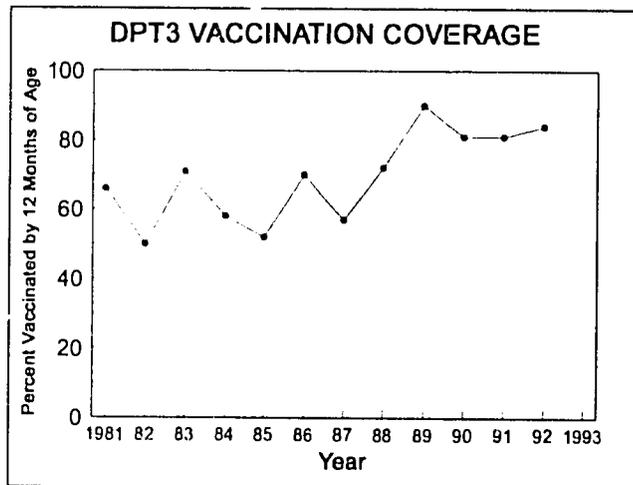
Vaccination Coverage Rates

JULY 1994



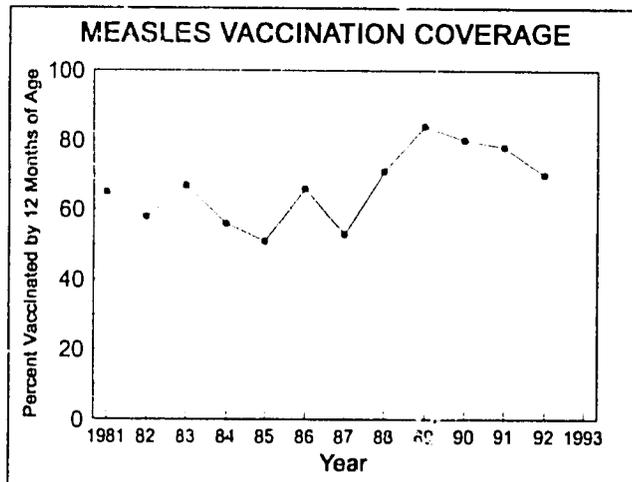
BCG COVERAGE

YEAR	PERCENT	SOURCE
1981	86	WHE8700
1982	91	WHE8801
1983	95	WHE8801
1984	75	WHE8801
1985	87	WHE8801
1986	99	WHE8801
1987	87	WHE8800
1988	80	WHE8802
1989	96	WHE9001
1990	97	WHE9100
1991	96	WHE9202
1992	95	DHS9401
1993	NA	



DPT3 COVERAGE

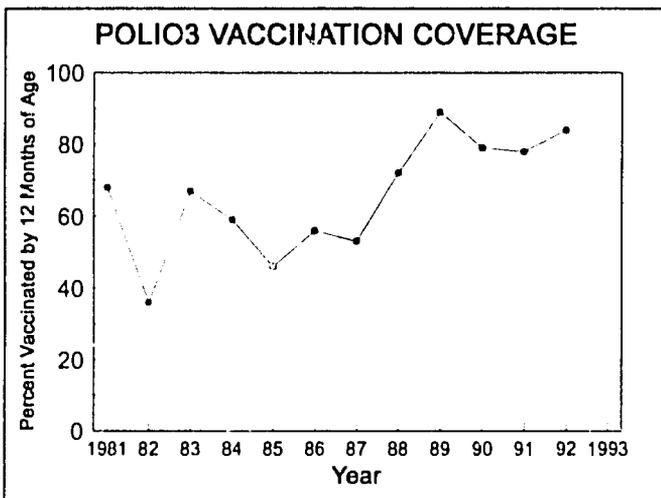
YEAR	PERCENT	SOURCE
1981	66	WHE8700
1982	50	WHE8801
1983	71	WHE8801
1984	58	WHE8801
1985	52	WHE8801
1986	70	WHE8801
1987	57	WHE8800
1988	72	WHE8802
1989	90	WHE9001
1990	81	WHE9100
1991	81	WHE9202
1992	84	DHS9401
1993	NA	



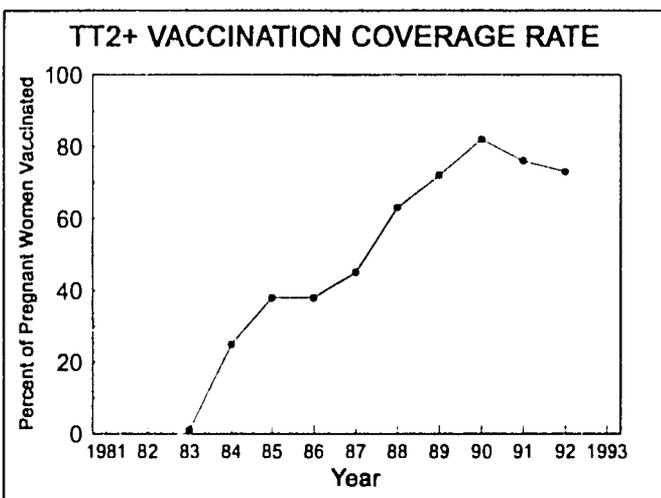
MEASLES COVERAGE

YEAR	PERCENT	SOURCE
1981	65	WHE8700
1982	58	WHE8801
1983	67	WHE8801
1984	56	WHE8801
1985	51	WHE8801
1986	66	WHE8800
1987	53	WHE8801
1988	71	WHE8802
1989	84	WHE9001
1990	80	WHE9100
1991	78	WHE9202
1992	70	DHS9401
1993	NA	

Vaccination Coverage Rates, continued



POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1981	68	WHE8700
1982	36	WHE8801
1983	67	WHE8801
1984	59	WHE8801
1985	46	WHE8801
1986	56	WHE8801
1987	53	WHE8800
1988	72	WHE8900
1989	89	WHE9001
1990	79	WHE9100
1991	78	WHE9202
1992	84	DHS9401
1993	NA	

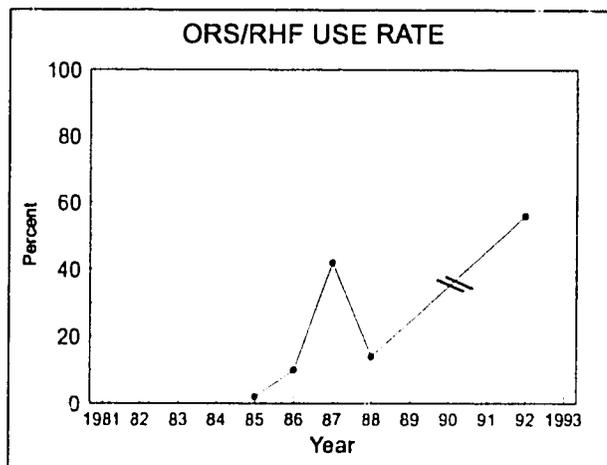
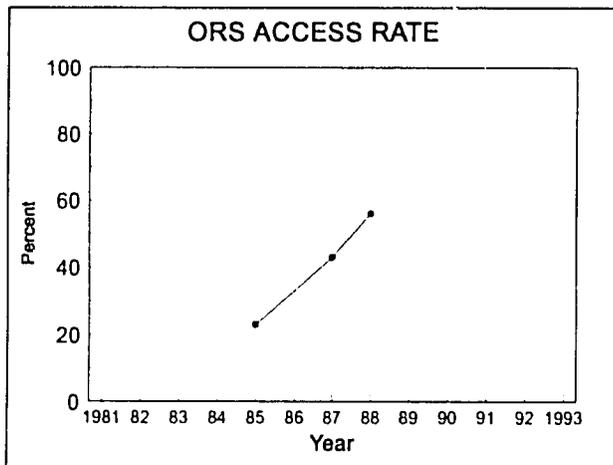


TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1981	NA	
1982	NA	
1983	1	WHE8801
1984	25	WHE8801
1985	38	WHE8800
1986	38	WHE8801
1987	45	WHE8800
1988	63	WHE8802
1989	72	WHE9001
1990	82	WHE9200
1991	76	WHE9202
1992	73	DHS9401
1993	NA	



ORS Access, ORS and/or RHF Use Rates

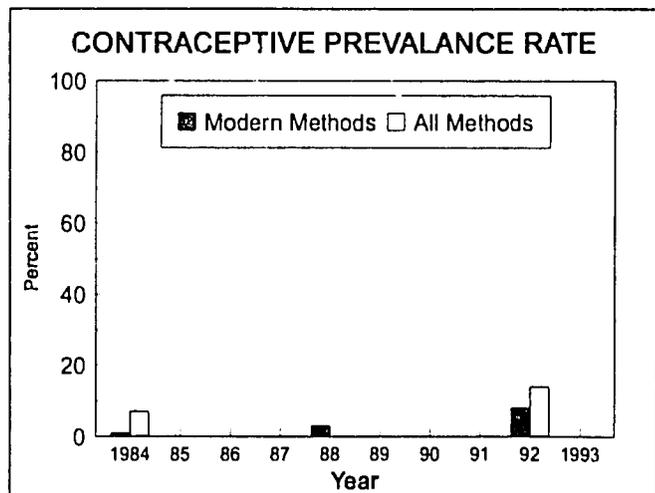
JULY 1994



INDICATOR	1985	1986	1987	1988	1989	1990	1991	1992	1993
ORS Access	23	NA	43	56	NA	NA	NA	NA	NA
Source	WHD8700		WHD8900	WHD9000					
ORS/RHF Use	2	10	42	14	NA	NA	NA	56	NA
Source	WHD8700	WHD8800	WHD8900	WHD9001				DHS9304	

Contraceptive Prevalence Rate

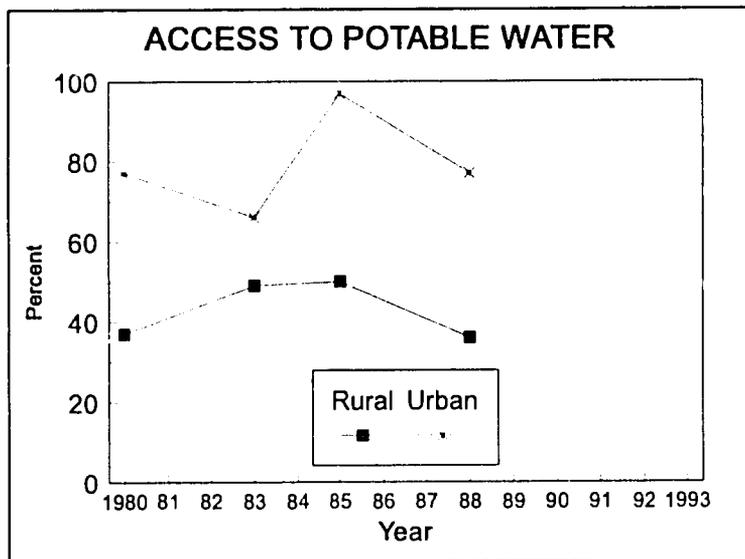
JULY 1994



YEAR	MODERN METHODS	SOURCE	ALL METHODS	SOURCE
1984	1	CAB8400	7	PRB9000
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	3	AID9302	NA	
1989	NA		NA	
1990	NA		NA	
1991	NA		NA	
1992	8	DHS9304	14	DHS9304
1993	NA		NA	

Access to Potable Water

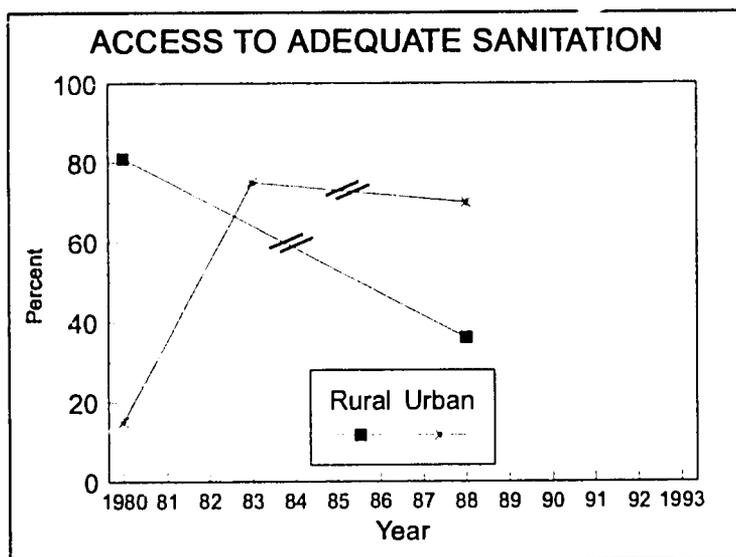
JULY 1994



YEAR	RURAL SOURCE	URBAN SOURCE
1980	37 AID9012	77 AID9012
1981	NA	NA
1982	NA	NA
1983	49 WHO9101	66 WHO9101
1984	NA	NA
1985	50 WHO9101	97 WHO9101
1986	NA	NA
1987	NA	NA
1988	36 AID9012	77 AID9012
1989	NA	NA
1990	NA	NA
1991	NA	NA
1992	NA	NA
1993	NA	NA

Access to Adequate Sanitation

JULY 1994



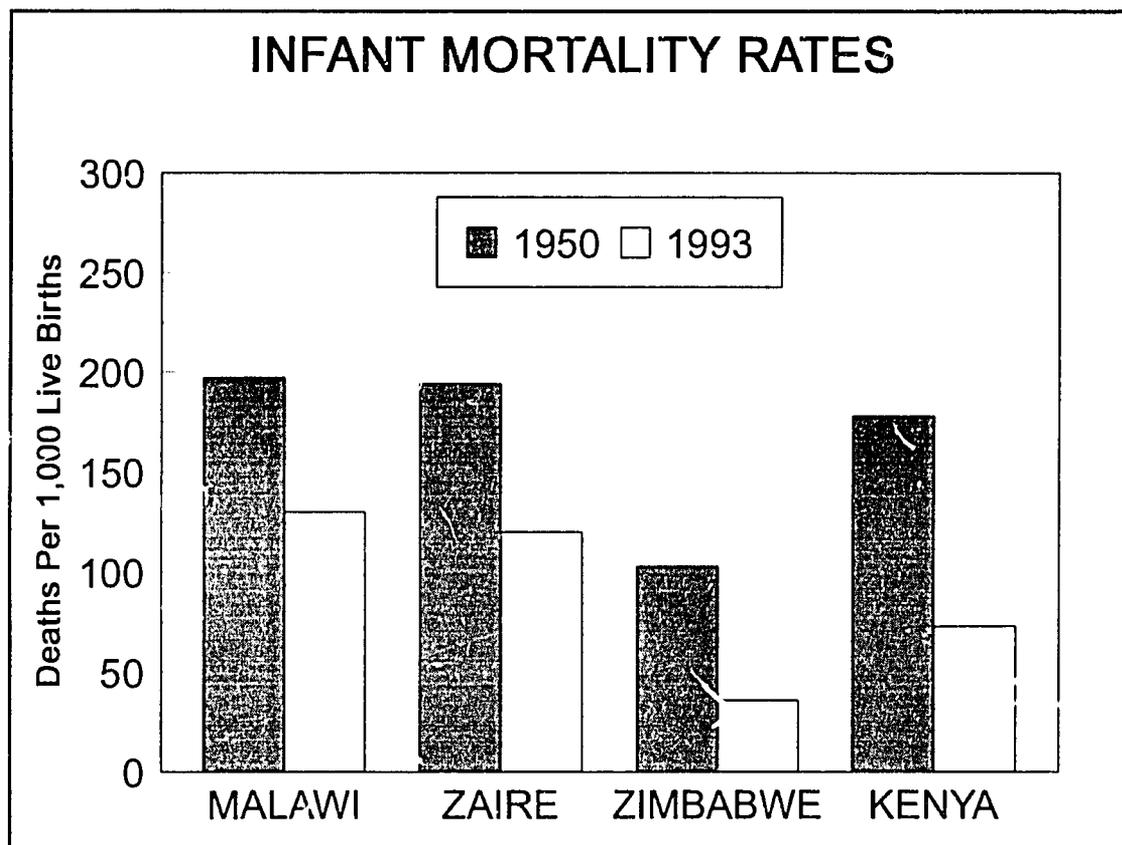
YEAR	RURAL SOURCE	URBAN SOURCE
1980	81 WHO9101	15 AID9012
1981	NA	NA
1982	NA	NA
1983	NA	75 WHO9101
1984	NA	NA
1985	NA	NA
1986	NA	NA
1987	NA	NA
1988	36 AID9012	70 AID9012
1989	NA	NA
1990	NA	NA
1991	NA	NA
1992	NA	NA
1993	NA	NA



COMPARATIVE INDICATORS

Comparative IMR Rates

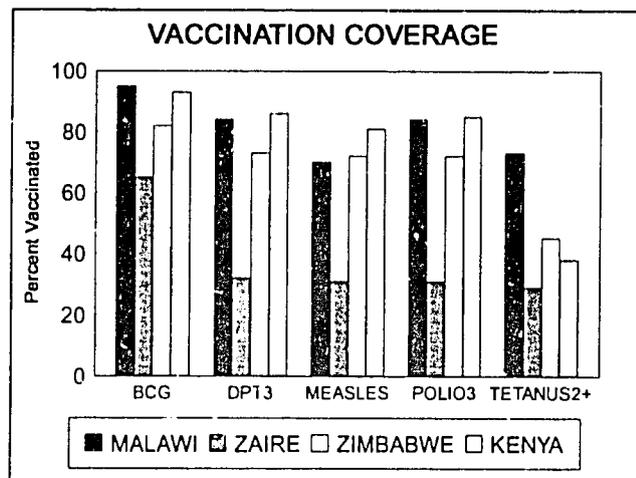
JULY 1994



COUNTRY	1950	SOURCE	1993	SOURCE
MALAWI	197	CALXX03	130	CALXX03
ZAIRE	194	WBK9302	120	WBK9302
ZIMBABWE	103	WBK9302	36	WBK9302
KENYA	178	CALXX03	73	CALXX03

Comparative Vaccination Coverage Rates

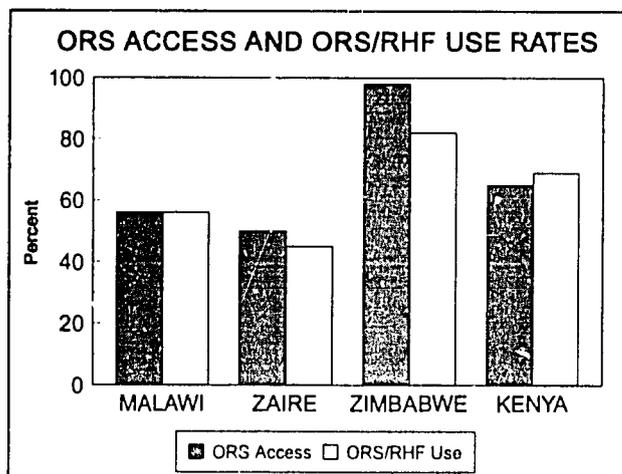
JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
MALAWI	BCG	1992	95	DHS9401
	DPT3	1992	84	DHS9401
	Measles	1992	70	DHS9401
	Polio 3	1992	84	DHS9401
	Tetanus 2	1992	73	DHS9401
ZAIRE	BCG	1991	65	WHE9200
	DPT3	1991	32	WHE9200
	Measles	1991	31	WHE9200
	Polio 3	1991	31	WHE9200
ZIMBABWE	BCG	1992	82	WHE9301
	DPT3	1992	73	WHE9301
	Measles	1992	72	WHE9301
	Polio 3	1992	72	WHE9301
KENYA	Tetanus 2	1991	45	WHE9202
	BCG	1992	93	WHE9301
	DPT3	1992	86	WHE9301
	Measles	1992	81	WHE9301
KENYA	Polio 3	1992	85	WHE9301
	Tetanus 2	1991	38	WHE9202

Comparative ORS Access, ORS and/or RHF Use Rates

JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
MALAWI	ORS Access	1988	56	WHD9000
	ORS/RHF Use	1992	56	DHS9304
ZAIRE	ORS Access	1991	50	WHD9201
	ORS/RHF Use	1991	45	WHD9201
ZIMBABWE	ORS Access	1993	98	WHD9401
	ORS/RHF Use	1993	82	WHD9401
KENYA	ORS Access	1991	65	WHD9201
	ORS/RHF Use	1991	69	WHD9201



II: DATA NOTES

JULY 1994

Notes On Mortality Estimation

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World

Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

Definitions

Demographic Indicators

Total Population: The mid-year estimate of the total number of individuals in a country.

Average Annual Rate of Growth: An estimate of the rate at which a population is increasing (or decreasing) in a given year.

Infant Mortality Rate: The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

Under 5 Mortality Rate: The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

Maternal Mortality Ratio: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

Crude Birth Rate: An estimate of the number of live births per 1,000 population in a given year.

Crude Death Rate: An estimate of the number of deaths per 1,000 population in a given year.

Life Expectancy At Birth: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

Number of Births: An estimate of the number of births occurring in a given year.

Annual Infant Deaths: An estimate of the number of deaths occurring to children under age one in a given year.

Total Fertility Rate: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

Child Survival Indicators

Vaccination Coverage In Children:

An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday--three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

Vaccination Coverage in Mothers:

An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has

had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

DPT Drop-out Rate: An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

Oral Rehydration Salts (ORS)

Access Rate: An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

ORS and/or Recommended Home

Fluid (RHF) Use Rate: An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

Contraceptive Prevalence Rate: An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

Adequate Nutritional Status: An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

Appropriate Infant Feeding: A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.



Exclusive Breastfeeding: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

Complementary Feeding: An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

Continued Breastfeeding: An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

Access to Sanitation, Rural: An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

Deliveries By Trained Attendants: An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

Other Health Indicators

HIV-1 Seroprevalence, Urban: An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

HIV-1 Seroprevalence, Rural: An estimate of the proportion of all persons living in rural areas infected with HIV-1.

Access to Improved Water, Urban: An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

Access to Improved Water, Rural: An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

Access to Sanitation, Urban: An estimate of the proportion of all persons living in urban areas with

III: SOURCES

JULY 1994

- AID0000 Data for the timelines is a consolidation of data from: a) annual USAID Health and Child Survival Project Questionnaires, b) USAID Congressional Presentations (CPs), and c) the USAID Office of Private Voluntary Cooperation/Bureau for Food and Humanitarian Assistance.
- AID9012 Water and Sanitation for Health Project, U.S. Agency for International Development. Water and Sanitation Sector Profiles of Twenty African Countries, June 1989.
- AID9302 KAP Survey by Chancellor College as cited in Africa Bureau Memo reviewing Child Survival Country Fact Sheets, 2/16/93
- BUC9101 Bureau of Census, Center for International Research. Recent HIV Seroprevalence Levels By Country, February, 1991.
- BUC9103 Bureau of Census, Center for International Research, Recent HIV Seroprevalence Levels By Country, April, 1992
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
- CAB8400 Unpublished data from Family Formation Survey, 1984 as cited in USAID cable #00015.
- CALXX00 Calculated from values given for total population and crude birth rate from designated sources for those variables.
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