

## WHO supports Liberia's health crisis appeal

Liberia launched an appeal for US\$ 16 million to provide emergency health care to its beleaguered population in 2004 and to start rebuilding its collapsed public health system after systematic looting and destruction during the last decade of conflict.

WHO officials said they hoped that the appeal launched on 19 November — just a month after the 14-year civil war was officially declared over — would be followed by a donors' conference in the new year similar to one in Madrid last month that raised US\$ 33 billion in reconstruction loans and grants for Iraq.

Omar Khatib, the WHO representative in Liberia, said that United Nations organizations had started to assess the West African country's reconstruction needs after 2004, to find out how much money to appeal for at a donors conference which they hoped would take place in New York in January or February next year.

Restoring Liberia's public health service is a priority along with agriculture, education, communication and transport, Khatib said. Of more than 200 doctors and 600 physicians' assistants in Liberia before the war, he said that only 25 doctors and 150 paramedics remained in place after hundreds of thousands of people fled for their lives.

"We will have to work very hard to bring back the health system to where it was before the war," Khatib said, adding: "We don't expect funds at the levels of [those donated to] Iraq. We hope donor countries will be as generous with Liberia as they were with Iraq."

Fighting has ceased and the new transitional government combining former ministers under ousted leader Charles Taylor and rebels was sworn in in September, but instability and the absence of law and order throughout the country still hamper relief efforts.

Chaos and violence this year has meant that only nine per cent of the US\$ 10 million aid package could be spent on health, leaving the vast majority of people with little, if any, health protection.

WHO is actively supporting NGOs who are filling Liberia's health care void, including Médecins Sans Frontières, Save the Children, Médecins du Monde, International Medical Corps, World Vision and the Red Cross. UK-based NGO, Merlin, is providing health care to 200 000 refugees and displaced persons, while UNICEF is trying to reduce infant and maternal mortality, improve immunization and prevent the spread of HIV/AIDS.

The UN World Food Programme is providing food supplies, as most Liberians can barely feed themselves and suffer from malnutrition. To assess the population's nutritional state outside the capital, an expedition to Tubmanburg, 60 km north-east of Monrovia, found 15 per cent with acute malnutrition and a further 57 per cent with chronic malnutrition.

Despite their dire need only a third of Liberia's three million population, living in and around the capital, Monrovia, can be reached easily by health care workers while many of the remaining two million people in the rest of the country are largely cut off.

Diseases such as cholera and diarrhoea, initially widespread and resulting largely from unclean water supplies, have now been brought under control thanks to a collaborative project between WHO and other international agencies, to routinely chlorinate wells in



KEYSTONE

A young, clearly malnourished boy awaits treatment by doctors at the Médecins Sans Frontières clinic in Monrovia, Liberia.

both Monrovia and Buchanan in Grand Bassa County, Liberia's second largest city.

In August there were 2700 cases of cholera but by October the clean water project had helped reduce these to about 1000. In October 240 cases of bloody diarrhoea a week were recorded — also caused by poor sanitation. However, Dr Luzitu Simao, the WHO desk officer in charge of Liberia, said laboratory tests have since shown these were not *Shigella* type 1 which causes epidemics.

Very little health care work has been possible outside the capital, but WHO and its partners have visited various parts of the country — sometimes by boat or plane because of the volatile security situation — to get a picture of the nation's health situation. They conducted a health care assessment in Tubmanburg as well as the northern towns of Vonjama and Zwedru in September and Buchanan in October. These visits provided a basis for the November appeal and planned donors conference.

WHO, UNICEF and Ministry of Health staff also completed a measles vaccination campaign in Tubmanburg and the surrounding districts, as only 29 per cent of Liberian children are protected against the killer disease.

An initial US\$ 16 million would go towards providing emergency health care for communicable diseases like cholera and to treat people with malaria and diarrhoea and improve immunization for polio, tetanus, measles and yellow fever. The funds would be used to rebuild, staff and equip six strategic hospitals and several primary health care centres and start a massive recruitment and training programme for health workers.

"The most urgent thing now is to address communicable disease and malnutrition and at the same time start thinking about reconstruction," said Simao. "Within the first six months of 2004 we would like to have the communicable disease situation under control, a minimum health service functioning and a minimum picture of what is going on in the country," Simao said.

The November appeal to donors was launched simultaneously in Geneva, New York and Rome with 40 other crisis-hit countries under the annual Consolidated Appeal Process. ■

Fiona Fleck, *Geneva*

## Global investment in health still falling short, says WHO

Ministers of health, finance and planning from 40 developing countries joined development partners at WHO for the Second Consultation on Macroeconomics and Health on 29–30 October to develop country-specific plans to increase global health investment.

The meeting marked nearly two years since the launch of the 2001 Report of the Commission on Macroeconomics and Health (CMH), which recommended that by 2007, donors should increase investment in health to US\$ 27 billion. Two years on, however, increases in health investment have failed to meet the levels needed to measurably impact major diseases affecting the world's poor, said WHO.

"If we don't increase resources for health and target these resources to activities that will have the greatest impact, we stand to lose millions of men, women and children to disease. This also means trapping individuals and families in poverty and disillusionment," said WHO's Director-General, Dr LEE Jong-wook.

A recent study at the Harvard Center for Population and Development Studies found that the total development assistance for health from major selected sources increased from an average of US\$ 6.1 billion between 1997 and 1999 to US\$ 7.7 billion in 2001. Most of this increase in funding was allocated to fighting HIV/AIDS in sub-Saharan Africa. WHO welcomed the recent increase in health assistance but warned that funding was still falling short of real needs.

The objective of the meeting was to develop concrete plans for increased health investment in countries. According to WHO, continued global leadership and follow-up from the development community, combined with inter-ministerial collaboration are needed: first, to increase resources for health for debt relief, development assistance and domestic resources and second, to eliminate health system and institutional constraints, enabling better absorption of increased resources.

"We need country-specific blueprints for making real increases in health investment. Developing countries and their partners need to collectively and quickly do much more, for health and global stability," said LEE. ■

## WHO launches campaign against counterfeit medicines

WHO launched an action plan at a meeting in Hanoi, Viet Nam, this month to crack down on substandard and counterfeit medicines circulating in six countries from the Greater Mekong sub-region.

The campaign, following on from similar initiatives in Africa, will target counterfeit and substandard antibiotics and AIDS, malaria and tuberculosis drugs in Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

"Combating low quality or illegal medicines is now more important than ever. Expanding access to safe, effective treatment for AIDS and other illnesses is no longer an option, it is an imperative," said WHO's Director-General, Dr LEE Jong-wook.

During the meeting on 11–13 November, WHO and the six countries embarked on joint activities to combat counterfeiting of medicines in the region, to promote advocacy activities directed at key decision-makers, health professionals and the general public and to strengthen inspection and post marketing surveillance.

WHO estimates that Cambodia has about 2800 illegal medicine sellers and about 1000 unregistered medicines on the market. In 2001, China had roughly 500 illegal medicine manufacturers, and the Lao People's Democratic Republic had about 2100 illegal medicine sellers.

Substandard medicines are believed to account for 8.5% of medicines on the market in Thailand. In Viet Nam eight per cent of randomly collected samples and 16% in Myanmar failed laboratory testing for quality assessment. From these batches, Rifampicin (used to treat tuberculosis) showed the highest failure rate at 26%, followed by Cotrimoxazole (an antibiotic used mostly for children) at 24%.

Malaria represents a potential growth market for substandard and counterfeit medicines in malaria-endemic countries due to the recommendation of more complex combination medicines to treat drug-resistant malaria. A recent WHO survey of the quality of antimalarials in seven African countries (Gabon, Ghana, Kenya, Mali, Mozambique, Sudan and Zimbabwe) revealed that between 20% and 90% of the products failed quality testing. Pervasive poverty seems to be a

root cause for the large numbers of substandard antimalarials found in the survey.

WHO has since initiated a series of training workshops in African countries to help manufacturers improve their standards and to encourage authorities to test and screen local and imported drugs more rigorously.

“Many tools exist to improve medicines’ quality control and supply systems,” explained Dr Vldimir Lepakhin, Assistant Director-General and Director of Health Technology and Pharmaceuticals at WHO. “The problem is one of resources. Most of the countries with the lowest quality pharmaceuticals are also the ones with the highest disease burden and the poorest economies.” ■

## WHO publications highly commended in BMA Medical Book Competition

In this year’s British Medical Association (BMA) Medical Book Competition, two WHO publications were highly commended in the Public Health category. Prizes were given to *Helminth control in school-age children* and *the World report on violence and health* during an awards ceremony at the BMA in London on 5 November 2003.

*Helminth control in school-age children* is a guide for planners and programme managers in health and education sectors who are charged with implementing community-based programmes aimed at controlling soil-transmitted helminth and schistosome infections in school-age children. Schistosomiasis and soil-transmitted helminth cause more than 150 000 deaths each year.

“An excellent practical guide for students in tropical health and health care workers in the field. It provides an excellent toolkit to aid setting up and sustaining a control programme for a significant public health problem in developing countries,” the competition judges said of the book.

The *World report on violence and health* is the first comprehensive review of the problem of violence on a global scale — what it is, who it affects and what can be done about it. It aims to show that violence — the cause of over 1.6 million deaths every year — is preventable. “It is well written, easy to read, and authentic. Moreover, it has a practical approach to problems and also

gives recommendations for practical solutions. Its global approach makes it applicable to each and every country,” said the competition judges. For a review of the *World report on violence and health*, see the *Bulletin of the World Health Organization* 2002;80:915.

The annual competition, founded in 1996, awards prizes across several categories including popular medicine, clinical practice and patient information. For further information about the competition and award winners, visit the BMA website at [www.bma.org.uk/ap.nsf/Content/LIB2003WinnersBookCompetition](http://www.bma.org.uk/ap.nsf/Content/LIB2003WinnersBookCompetition). ■

## First association of medical editors for Eastern Mediterranean Region

The first ever association of medical editors for WHO’s Eastern Mediterranean Region was established during the region’s first conference on medical journals in Cairo, Egypt in early October.

The launch of the Eastern Mediterranean Association of Medical Editors (EMAME) follows the foundation of a similar initiative, the Forum for African Medical Editors (FAME), in Nairobi in October last year.

The Eastern Mediterranean association’s constitution and practice guidelines are currently under development but it is hoped that the initiative will promote and strengthen medical journals and support authors in the region.

Among the concerns to be addressed by the association is the under-representation of regional medical journals in the international literature and the disproportionate use by health care professionals of medical information from other sources such as pharmaceutical companies and international journals despite the availability of over 400 medical journals published in the region.

Dr Hooman Momen, Editor of the *Bulletin*, hoped that the association would also promote critical thinking among the region’s authors. “Not only will this indirectly improve the quality of medical research in the region but it will also mean better representation for the region’s authors in international medical journals,” he said.

The conference was attended by 80 participants from 19 countries and was organized by WHO’s Regional Office

of the Eastern Mediterranean (EMRO) in collaboration with the Saudi Medical Journal. Topics under discussion included the status and trends in medical journal publishing in the region, problems and constraints faced by medical editors, quality and ethical issues and the promotion of networking and information dissemination.

Key recommendations included regular training for editors of regional biomedical journals, improved communication between editors and greater efforts by editors to fulfil the criteria necessary for the inclusion of their journals in international indexing services.

The coordination committee founded for the establishment of EMAME is currently gathering information and inviting editors of all biomedical journals in the region to participate in the association. ■