

WHO joins international effort to help Bam earthquake survivors

WHO has offered to provide technical and material support to the Islamic Republic of Iran, as its Ministry of Health faces the challenge of meeting the urgent health needs of tens of thousands of people affected by the recent earthquake in Bam.

“The profound tragedy of thousands of people killed has caused emotional and psychological trauma for the tens of thousands of people who have survived,” said WHO Director-General, Dr LEE Jong-wook, in his letter of condolences to the Minister of Health and Medical Education of the Islamic Republic of Iran. “It is now imperative to ensure their mental and physical well-being to the fullest extent possible during this fragile period,” he said.

The earthquake, which took place on 26 December, left over 40 000 people dead and around 30 000 injured as well as destroying approximately 20 000 homes, leaving more than 45 000 people homeless. Health concerns faced by the survivors of the earthquake include exposure to cold night temperatures, inadequate access to safe water and sanitation and insufficient injury care.

The physical structures of the main hospitals in Bam, and several urban and rural health clinics, have collapsed. Many medical staff and other health workers have been injured or killed. The Ministry of Health and Medical Education estimated, on a preliminary basis, that the reconstruction of the health system in Bam and its district will require at least US\$ 25 million. WHO is now appealing for US\$ 3.5 million for immediate use by the Iranian authorities to purchase supplies, rehabilitate health facilities and provide vital public and community health services.

Since the earthquake, an estimated US\$ 100 million has been pledged to aid Bam's beleaguered inhabitants. United Nations Under Secretary General for Humanitarian Affairs, Jan Egeland, launched an appeal on 8 January for an additional US\$ 70 million — approximately US\$ 30 million for UN efforts

and US\$ 40 million for the International Federation of Red Cross and Red Crescent Societies.

“The priorities are to take care of the survivors, reduce the negative health impacts of the harsh environmental conditions on them, re-establish systems that keep a lookout for communicable diseases and — if they are detected — make sure they are quickly controlled, and re-start health care services ensuring adequate psychological counselling and care to those who survived the tragedy,” said Dr Hussein A. Gezairy, the Regional Director for the WHO Eastern Mediterranean Regional Office, in his condolences message to the President and to the Minister of Health and Medical Education.

WHO has organized a team of experts in emergency health care, epidemiology of diseases, information collection and analysis, environmental health, and health service planning to work with the Iranian Ministry of Health and Medical Education and local officials in the affected area. ■

Health-related Millennium Development Goals out of reach for many countries

Many developing countries will not be able to reach the health-related

Millennium Development Goals (MDGs) unless clear and immediate action is taken combined with a concerted effort over the next 12 years, warned the World Bank and WHO in Geneva at a meeting on 8 and 9 January.

The meeting brought together representatives from concerned countries, development agencies and UN organizations to assess progress towards the health-related goals and to map out a future strategy for their achievement. The World Bank and WHO noted that the health goals are particularly difficult to meet and that progress towards them is slower than towards some of the other goals. Four of the eight MDGs, set at the United Nations Millennium Summit in September 2000, relate to health: to reduce maternal mortality by three-quarters and child mortality by two-thirds, halve the proportion of people who suffer from hunger, combat HIV/AIDS, malaria and other diseases, and improve access to safe drinking-water and essential drugs.

“When these kinds of targets are set, it seems too soon to take urgent action, and then, after a few short years, it seems too late,” said Dr LEE Jong-wook, WHO Director-General. “Where the targets are the product of a large consensus there is also the hazard of everyone waiting for everyone else to risk making the first move. We still have time to avoid these



A woman mourns for her loved ones after losing her entire family in the earthquake in Bam, south-east Iran. The earthquake left over 40 000 dead and approximately 30 000 injured.

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pitfalls with the targets for 2015, but to do so we have to act now.”

The World Bank estimates that progress against child mortality has so far been so slow that no sub-Saharan country in Africa is on target to reach this goal. Currently only 16% of developing countries are on track for achieving the child mortality target. The maternal mortality goal is faring little better: only 17% of developing countries are likely to meet this target. In Latin America and the Caribbean, for example, just 4.2% of countries are on track for reducing maternal mortality to levels set by the MDGs for 2015. In addition, 60% of developing countries will fail to adequately reduce malnutrition.

“We need to look at measures such as committing increased resources to meeting the health-related MDGs, and using those resources more effectively in countries,” said Mr James Wolfensohn, President of the World Bank. “Donor harmonization in resource mobilization and use, strengthening human resources in the health sector and improving monitoring and evaluation, through the optic of a strong country and equity focus, will be particularly important,” he added.

Lack of progress towards the health-related MDGs is likely to affect progress towards the other goals, such as those concerned with education. Furthermore, both education and access to clean water for mothers are key determinants of child mortality rates.

Participants at the meeting noted that although lack of resources has been identified as a huge constraint, many of the “technologies” needed to improve health are available and affordable. The absence of strong health systems was highlighted as one of the major obstacles to getting these technologies to people in developing countries. ■

Polio will be finished by year's end, say Ministers of Health

Polio will become a thing of the past within the next twelve months said Ministers of Health and representatives from the six remaining polio-endemic countries at a high-level meeting at WHO headquarters in Geneva on 15 January.

Representatives from Afghanistan, Egypt, India, Niger, Nigeria and Pakistan unveiled a bold new plan to immunize 250 million children during a series of

massive polio immunization campaigns in 2004.

Health ministers noted that the success or failure of the Global Polio Eradication Initiative — the world's largest public health initiative — now rests with the governments of the six endemic countries. Polio transmission levels are now at their lowest ever in the key countries of India, Pakistan and Egypt, providing these governments with a rare opportunity to halt the spread of the virus. The first milestone in 2004 toward global polio eradication may well come from Egypt, according to epidemiologists, followed closely by India.

“We have a unique window of opportunity in which to end polio for ever,” said India's Minister of Health, Ms Sushma Swaraj, speaking from Delhi. Dr Bruce Aylward, Coordinator of the Eradication Initiative at WHO said that the meeting was extremely important because it demonstrated recognition by the six polio-endemic countries that the success of polio eradication requires high-level government action.

“I think this declaration is incredibly important because the countries are committed ... Polio eradication is no longer a health issue. It is a political issue,” Aylward told the BBC.

The Global Polio Eradication Initiative, spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF, has seen an international investment of US\$ 3 billion over 15 years and the involvement of 200 countries and 20 million volunteers. Thanks to these efforts and the renewed commitment from governments of the last six polio-endemic countries, the disease could become the first to be eradicated in the 21st century.

Nigeria is currently the greatest threat to global eradication. In late 2003, immunization activities were brought to a halt in the state of Kano, the last major polio reservoir in Africa, because of unfounded rumours suggesting that the polio vaccine was not safe. With immunization stalled, polio was able to cross the border into Nigeria and spread into the previous polio-free countries Cameroon, Chad and through Niger into Benin, Burkina Faso, Ghana and Togo necessitating a massive immunization campaign across west and central Africa.

WHO confirmed two new polio cases in Benin and Cameroon, both formerly polio-free countries, demonstrating the fragility of progress and the urgency of stopping polio virus transmission in the six remaining endemic countries.

The Nigerian Minister of Health, Professor Eytayo Lambo, outlined the steps his country will take to “dramatically” improve polio campaigns in the first half of 2004, particularly in the northern states where the virus continues to circulate widely.

“We will work together as one — federal, state and local governments, religious and traditional leaders, Christians and Muslims — to reach every child with the polio vaccine,” he said.

The Ministers agreed to an all-out effort to immunize every child against polio from early 2004, particularly in Nigeria, India and Pakistan, which together account for 95% of all polio cases worldwide. “There is no room in India's future for polio,” said Swaraj.

However, full implementation of the eradication plans outlined by Ministers of Health requires an additional US\$ 150 million to fill the remaining funding gap for activities during 2004 and 2005. ■

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