

A: Under current WHO recommendations for treating children with severe pneumonia, they should be referred to a health facility and given injectable antibiotics. We have plenty of data to show that when a health worker tells parents that their child is very sick and should be taken to a health facility, many children are not taken to the health facility and die at home. Guidelines cannot always be followed in real life as there are so many constraints. Our study shows that you can treat these sick children at home and save their lives. It also offers an opportunity to provide health education to the mother. It involves detailed counselling on how to look out for signs of deterioration and when to take children to a health facility. That way, you can save many lives without referral, which can be a very complicated process in many under-privileged communities.

Q: Do your findings mean that WHO guidelines on treating children aged less than five years with pneumonia need to be updated? What was WHO's response to the findings?

A: WHO guidelines are based on evidence, and evidence is not carved out in stone. Thirty years have passed since the initial evidence on which the guidelines were based. In 2003, WHO invited experts from across the world to an ARI consultation in Geneva to

make modifications to the guidelines in the light of new evidence. Recently there was another meeting to revise the guidelines again.

Q: Home-based care is a low-cost solution but one that faces opposition from medical and public health professionals. Has such opposition been a hurdle for your work?

A: Health-care professionals are concerned about safety of any new intervention, and rightly so. When I presented our study results for the first time, there was a huge uproar. There was concern that the children participating in the study were monitored closely by health professionals, but that in real life that may not be possible. What if children were not monitored very closely, what would happen to those children? Are we not exposing these children to high risks? At least in hospital they are being monitored. My response to those concerns is that our data show that hospitalization in no way confers a certain degree of safety to these children. The data show that all the deaths, except one, took place in the hospital and that taking children to hospital and keeping them under close vigilance does not protect them from death or treatment failure. Professionals do become convinced by evidence but that does not mean they change their practice.

Q: What about the risk of developing resistance to antibiotics that mothers are giving to their children?

A: Drug resistance is a huge problem but our study does not recommend indiscriminate use of antibiotics. We do not recommend giving the mother the authority to start the antibiotics. The child is seen by a health-care provider who prescribes an antibiotic and determines the dose and duration of therapy. All they do is hand over the medicine to the mother with instructions on how and when to give the child their medicine, what signs to look out for, when to bring the child to the health facility.

Q: What is the next step, apart from revising WHO guidelines on childhood pneumonia?

A: In our study, children with pneumonia were seen by qualified doctors and treated and monitored by qualified doctors. In real life, a doctor is not available in many communities. The next step is to find out if it is safe for lady health workers (community health workers) to treat severe pneumonia at home. This study has started in two districts in Pakistan, Haripur and Hala. Along with Save the Children, Pakistan, and the Aga Khan University, we are in the process of training the lady health workers. We will have the results in three years' time. ■

Recent news from WHO

- WHO welcomed the announcement that the Government of Japan is awarding the first **Hideyo Noguchi Africa Prize** for service to global public health. The recipients are Brian Greenwood, Professor of Clinical Tropical Medicine at the London School of Hygiene and Tropical Medicine, and an innovator in malaria research; and Miriam K Were, an AIDS specialist doing community-based work in East Africa. Each will receive 100 million yen (about US\$ 1 million) at the awards ceremony on 28 May.
- WHO's Regional Office for Africa was scheduled to hold a major conference on **primary health care** in collaboration with United Nations agencies, the World Bank, the African Development Bank and other partners. The 28–30 April conference, hosted by the government of Burkina Faso in Ouagadougou, marks the 30th anniversary of the Declaration of Alma-Ata on primary health care. Health service managers, researchers and representatives of health ministries, training institutions, nongovernmental organizations and communities were expected to attend.
- World Health Day 2008 on 7 April marked the 60th anniversary of the World Health Organization. WHO used this occasion to raise awareness about the need to protect health from the adverse effects of **climate change**. Among the many initiatives to mark the event worldwide, WHO Director-General Margaret Chan launched a new report, *Protecting health from change* (http://www.who.int/world-health-day/toolkit/report_web.pdf) and WHO's Office for the European Region published a document entitled *Protecting health in Europe from climate change* (http://www.euro.who.int/Document/GCH/Protecting_health.pdf)
- A week-long campaign to vaccinate 5.7 million people against **yellow fever** across the southern half of Mali began on 11 April and, for the first time, the campaign relied partly on vaccines provided by a developing country. Half the vaccine needed was supplied by Bio Manguinhos of Brazil.

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