

and there were renewed control efforts in the early 1980s up to 1985 in response to that. Then came HIV and other global priorities. I am sure that if yaws had been dealt with properly, we would not have this as a health problem anymore. Political and donor will is needed. If countries commit to ridding themselves of the disease, they may get international backing and help. It's a mixture of reasons why we haven't achieved sustainable health gains in yaws control, but let us hope that this time we will get it right.

Q: Is it necessary to eradicate yaws and how long would that take?

A: Yaws is amenable to eradication, like polio and guinea worm. It should be eradicated because, if left undetected, it leads to severe disfigurement and disability and it can spread. In India, yaws has been eliminated. Compared to 60 years ago, it's a small health problem globally. There are very few pockets of yaws today, not at national level but in the communities, where it's a major problem. We say that "where the road ends, yaws begins". It affects marginalized or isolated communities. In India, it has been tribal populations. In Africa, for

example, the pygmies in central Africa are heavily infected. To do something for these poor people for whom there is no access to health services, the motive is purely humanitarian. We want to secure political commitment so that this disease can be written into the history books of public health. We are not looking for large amounts of money compared to the huge resources going into other health programmes. There have been two main efforts to eliminate yaws, in the 1950s and 1960s, and in the 1970s. The disease was not eliminated, but the programme got eliminated. The responsibility for eradication lies with countries. The role of WHO is to advocate from the global level, and give renewed guidance on the control and capacity building, and give support.

Q: How will WHO get the necessary global coordination to do this? Will it launch an eradication campaign?

A: We don't expect to go to that scale, we believe we need some modest resources to support countries and countries already have some resources of their own. If we are really determined to eliminate this disease it would require some dedicated resources.

When there are only a few last cases, the disease is not considered a priority any more. Therefore, going after the last cases is always a bigger challenge because you need an enormous amount of resources and continuous commitment of partners.

Q: What are the lessons learned from the yaws experience, in terms of the control of the disease for many years and its re-emergence?

A: Success can lead to neglect; it is a vicious-circle of success and neglect. It was a great public health achievement of the past, but that success led to the neglect and problem we face today of trying to revive control efforts. If some diseases are set for elimination or eradication within a specific timeframe, every effort should be made to get that goal accomplished in time before other health problems take over. Finally, the re-emergence of yaws gives all of us another lesson about infectious diseases that are transmitted from human to human. No one is safe until everyone is safe. Just dealing with a specific geographic area without being sure your neighbours are free will lead to the disease transferring from endemic to non-endemic places. ■

Recent news from WHO

- WHO and other United Nations agencies made the first high-level international visit since last month's peace accord to the central west Sudanese town of Abyei on 19 June. The mission was to plan for the **reconstruction of health facilities** and other vital infrastructure in the town, as well as for the return of thousands of people.
- China and the United Arab Emirates (UAE) have made impressive strides in tackling the risk of contamination from **unsafe blood** by reaching close to 100% voluntary blood donation. Their efforts to increase their safe blood base were promoted as models for other countries to follow, on the occasion of World Blood Donor Day, on 14 June.
- The first ever **HIV/tuberculosis** Global Leaders' Forum called for action to strengthen the response to this lethal dual infection. The forum, held in New York on 9 June, was the largest gathering of world leaders at a tuberculosis event. Speakers included UN Secretary-General Ban Ki-moon and WHO Director-General Dr Margaret Chan.
- Nearly 3 million people are now receiving **antiretroviral therapy** in low- and middle-income countries, according to a new report launched 2 June by WHO, the Joint United Nations Programme on HIV/AIDS and United Nations Children's Fund. The 3 by 5 campaign that sought to have 3 million people living with HIV on treatment by 2005 has now been met. The report, *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*, can be found at: <http://www.who.int/hiv/mediacentre/2008progressreport/en/index.htm>
- WHO urged governments to protect the world's 1.8 billion young people by imposing a **ban on all tobacco advertising, promotion and sponsorship**. WHO's call to action came on the eve of World No Tobacco Day on 31 May. Recent studies show that the more young people are exposed to tobacco advertising, the more likely they are to start smoking. Despite this, only 5% of the world's population is covered by comprehensive bans on tobacco advertising, promotion and sponsorship. Tobacco companies, meanwhile, continue targeting young people by falsely associating use of tobacco products with qualities such as glamour, energy and sex appeal.
- WHO and its Health Cluster partners in Myanmar launched a six-month action plan on 30 May to provide immediate **health care for cyclone survivors** and to support longer-term efforts to rebuild the country's ravaged health system.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>