

Polio virus pops up in unexpected places

On three occasions since June last year the polio virus has made impromptu appearances that have given the international health community food for thought.

First, in June it was found in tap water in the eastern French town of Strasbourg. On the strength of preliminary analysis, WHO believes that this virus came from an old vaccine strain that possibly escaped from a laboratory. "This event underlines the need for all laboratories to begin implementing WHO's plan for worldwide containment of laboratory poliovirus," commented Bruce Aylward, who heads WHO's polio eradication team.

Then in July, the virus appeared in the Dominican Republic and Haiti, where it had by 22 December caused 8 confirmed cases of polio, with two deaths. The responsible virus was identified as originating from an oral polio vaccine virus that had "reverted" to a virulent form and spread in an incompletely vaccinated community. This is the first outbreak of polio in the Americas since the disease was certified in 1994 as eradicated from the region. "The outbreak is being properly investigated and controlled and should not affect the certification," Dr Aylward said.

Finally, in August, an outbreak of polio occurred in the West African island of Cape Verde, and had caused 44 cases by 22 December. On the strength of molecular analysis, WHO officials believe this outbreak was caused by a wild poliovirus, probably imported from Angola, where transmission of the infection is still occurring.

These two outbreaks, Dr Aylward said, "tell us first that we will eventually *have* to stop immunization with the oral polio vaccine once polio has been globally certified as eradicated and that we will have to do so in a globally coordinated manner so that no country remains vulnerable. Until that time, high oral polio vaccine coverage must be maintained." Dr Aylward added: "They also tell us that the vaccine virus and not just wild poliovirus will have to be rigorously contained after eradication and that thorough polio surveillance will have to continue for quite a number of years not only after eradication but also after the cessation of immunization." ■

John Maurice, *Bulletin*

Internet initiative to boost health research in Africa, Central Asia, and Eastern Europe

In December WHO launched an initiative aimed at bridging the information technology gap. This "digital divide", as UN Secretary-General Kofi Annan has called it, currently handicaps health researchers in low-income countries. The aim is twofold: to provide access for researchers in developing countries to cutting-edge scientific information via the Internet — often out of their reach for technical and cost reasons — and to enable health researchers from developing countries and emerging economies to network with scientific colleagues from around the world.

Overall, the initiative should give a much-needed boost to research into diseases that disproportionately affect the poor — a neglected area which attracts less than 10% of global funds for health research.

Barbara Aronson of WHO's Library and Information Networks for Knowledge, who helped broker the public-private research initiative, says it will help put researchers from developing countries and emerging economies on the map at last. "This will ensure that their voices are heard and that research in these countries will get the attention and recognition it deserves both locally and internationally."

A 6–12-months pilot project of the initiative will begin in early 2001 at nine health research institutes specializing in tropical diseases, reproductive health, and communicable and noncommunicable diseases in Africa (Ghana, Mali, Mozambique, the United Republic of Tanzania, Uganda), Central Asia (Mongolia), and Eastern Europe (Armenia, Uzbekistan).

The pilot project marks the operational launch of a wider United Nations programme, Health InterNetwork, established early last year to improve global public health by increasing the flow of health information worldwide via the Internet. The Health InterNetwork, spearheaded by WHO, aims to create a public health portal on the Internet and establish new information sites in developing countries and emerging economies by the end of 2003. The Health InterNetwork partners — the Open Society Institute of the Soros Foundation network, leading information service providers including Elsevier Science, ISI®, and SilverPlatter, other UN agencies, and a range of public and private sector partners — will

provide computer technology, training, and logistic support tailored to meet the differing needs of researchers, policy-makers, and health care providers in the different countries. By 2002, about 30–40 countries are expected to be participating.

Other pilot projects in the pipeline include a programme for nurse training in Africa and a project to improve the flow of information and communication at all levels within India's health system.

The health research initiative will establish high-speed Internet connectivity, provide top-quality scientific information online, and train researchers in information management so they can exploit these services to the full. The three information service providers involved have each agreed to make a one-year donation of their subscription-only online services to the participating research institutes. If the pilot projects are successful, WHO will then negotiate a price for continued services on a country-by-country basis. WHO anticipates that donor support of US\$ 40–50 million will be needed over the first five years for the 30–40 countries involved.

In a separate development, Brazil and China have each made bilateral agreements outside the Health InterNetwork with Elsevier Science, ISI®, and SilverPlatter to provide health research information online.

Dr Gro Harlem Brundtland, WHO Director-General, said: "If the researchers and scientists can read the same journals, search the same databases, join in the discussion groups, compete for the same grants as their colleagues from wealthier countries, it will strengthen their own research, bring them into the international community of researchers and eventually improve dissemination of their own results." ■

Sheila Davey, *Geneva*

Taking avoidable danger out of pregnancy

Last October, in an attempt to make a dent in the huge, persistent toll of maternal deaths and disease, WHO launched a campaign to urge country health authorities to tackle the heavy toll of unsafe pregnancies. Of the 210 million women who become pregnant each year, about 20 million become ill and more than half a million die from causes

related to pregnancy, childbirth or the immediate post-partum period.

The campaign has three targets. One is to reduce the number of unwanted pregnancies: preventing unsafe abortion by providing couples with greater access to safe contraception could reduce maternal deaths by up to 13%, WHO estimates. The second target is to increase the proportion of childbirths assisted by qualified health personnel from the current 50–55% to 80% worldwide by 2005: this should help combat, for example, infection during and after delivery, which accounts for about 15% of maternal deaths, and also obstructed labour, which accounts for 8%. The third target is to ensure that more women have access to proper hospital care for complications of pregnancy, such as post-partum haemorrhage, which is linked to 25% of deaths, and convulsions due to high blood pressure, which causes about 12% of maternal deaths.

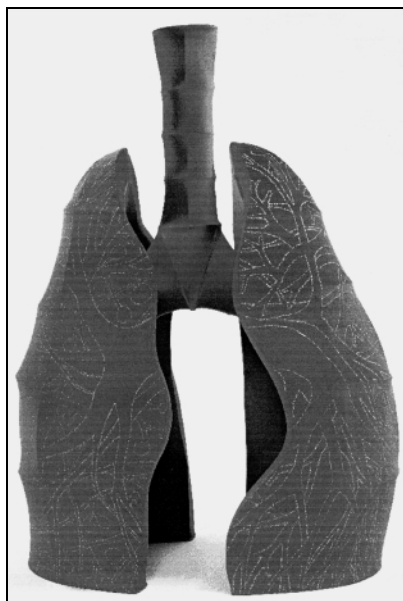
“We know that maternal mortality and morbidity are related to several factors,” Paul Van Look, director of WHO’s Department of Reproductive Health and Research, explained to the *Bulletin*. “Poverty is certainly an important one. We know, for example, that a woman in a family living on less than \$ 1 a day is 300 times more likely to die or fall ill during or after pregnancy than a woman who is better off.” Lack of education is another factor. “Health problems, of course, are also critical, and that is where we hope to make a significant difference.”

The WHO campaign will focus mainly on Africa and Asia, where the vast majority of maternal deaths occur. Ten countries will participate in an initial pilot phase — Ethiopia, Mauritania, Mozambique, Nigeria and Uganda, in WHO’s African region; Indonesia, in South-East Asia; the Lao People’s Democratic Republic, in the Western Pacific; Sudan, in the Eastern Mediterranean; and Bolivia, in the Americas.

What is new about the campaign, Dr Van Look said, is the fact that its targets are specific and its scope comprehensive. “Up to now, many countries have dealt with one or another of the three targets, putting, say, efforts into training skilled attendants but paying little attention to providing facilities where these attendants could send women who encounter life-threatening complications. Our aim is to make sure that all countries incorporate all three targets in their national health plans.” ■

John Maurice, *Bulletin*

Art inspired by tobacco



The sculpture of human lungs shown above is one of 20 exhibits by European artists, all inspired by the theme: Quitting smoking. This “SmokeArt” show, organized by WHO, was launched last November in London and will travel over the next 12 months to several European capitals. Posters of the exhibits will be distributed for display in doctors’ surgeries and pharmacies throughout Europe. ■

John Maurice, *Bulletin*

Obesity in children in developing countries — an expanding problem?

A WHO analysis of nutrition data from 94 developing countries has identified 21 countries where more than 5% of preschool children are overweight, as defined by WHO standards. Regional averages for overweight prevalence rates are highest for Latin America (4.4%), although Asia has the largest population of overweight children — 10.6 million or 60% of the total overweight children in developing countries. A country league table for overweight preschoolers would put Uzbekistan (14.4% overweight preschoolers) at the top, followed by Kiribati (11.1%), Algeria (9.2%) and Egypt (8.6%). Sixteen developing countries show a rising trend. The study was conducted by Mercedes de Onis and Monika Blössner of WHO’s Department of Nutrition for Health and Development, and published in the October 2000 issue of the *American Journal of Clinical Nutrition*. ■

In Brief

World’s water supply and sanitation services called “shameful”

One quarter of the 4.8 billion people living in developing countries lack acceptable sources of water and a half lack adequate sanitation, according to a WHO and UNICEF report released last November. The report, titled *The global water supply and sanitation assessment 2000*, says 30% of water supplies are not functioning in Africa and 17% in Asia. This situation, says Richard Jolly, chair of the Geneva-based Water Supply and Sanitation Collaborative Council, in Switzerland, “is shameful, a scandal.” The report also notes that only about 35% of wastewater is treated in Asia, only 14% in Latin America and “a negligible percentage” in Africa. In large cities of developing countries, the report says, about 40% of rural water is unaccounted for. “Most of this water is simply lost before reaching the potential user.” ■