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## WHO and UNAIDS call for joint HIV-tuberculosis action

WHO and UNAIDS have called for more action and funding to combine HIV testing with the treatment of tuberculosis (TB) in a new strategy to save millions of lives.

The joint call by WHO and UNAIDS on 21 September came just two months after former South African president Nelson Mandela appealed at an International AIDS Conference in Bangkok to step up the fight against TB.

Combined TB treatment and HIV testing and treatment could save the lives of as many as 500 000 HIV-positive Africans every year, they said.

“By strengthening collaboration between TB and AIDS communities we will be able to respond to the challenges ahead more effectively,” Dr Mario Raviglione, Director of the WHO Stop TB Programme, told a meeting of health experts in the Ethiopian capital, Addis Ababa.

Of some 25 million Africans infected with HIV, about eight million also harbour the bacillus that causes TB.

Each year, 5% to 10% of these eight million develop active TB and up to half — or four million — will develop the disease at some point in their lives, WHO said.

WHO said that without TB treatment, HIV-positive people who have developed TB often die within months but noted that national TB programmes in Africa, for example, currently treat fewer than half of the HIV-positive people with active TB. ■

## Surveys suggest new ways to improve mental health

Two new reports found that appropriate public health measures and social programmes can prevent mental and behavioural diseases, while early identification of serious disorders can result in more effective treatment.

WHO said that the two reports, which were released on 20 September at a conference in New Zealand showed how better nutrition, factors such as improving access to education, paying

attention to the quality of environment and housing, and strengthening community networks can have a beneficial effect on mental health.

Dr Catherine Le Gales-Camus, WHO's Assistant Director-General, Non-Communicable Diseases and Mental Health, welcomed the reports' findings.

She said that health professionals and planners were often so preoccupied with treating people with mental illnesses they sometimes neglected others who were likely to develop them. “We need to intervene sooner, when people are still on the cusp of having a problem,” Le Gales-Camus said.

One example of early identification of potential mental problems was psychosocial programmes in schools. The reports showed how school-based programmes such as these can lead to decreased prevalence of conduct and substance-abuse disorders.

Mental and behavioural diseases are estimated to affect one in four individuals during their lifetime, according to WHO statistics.

The two new reports were presented at the 3rd World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders.

Texts of the two studies, one entitled: *Prevention of Mental Disorders* and the other: *Promoting Mental Health*, are available from: [www.who.int/mental\\_health/evidence/en/](http://www.who.int/mental_health/evidence/en/) ■

## Maternal mortality initiative to fight “invisible epidemic”

WHO joined forces with other agencies to step up the fight against maternal mortality in a major training and education initiative to prevent women dying in pregnancy and childbirth in 20 developing countries.

Some funds are in place to get the project moving, but WHO said a further US\$ 10 million was needed to implement it fully in the 20 countries

which have some of the highest maternal mortality rates in the world.

The initiative, launched on September 29 by the Partnership for Safe Motherhood and Newborn Health, which includes WHO and other international and regional agencies, also aims to improve the collection of data on maternal deaths.

Some 500 000 women die in pregnancy and childbirth every year, according to current WHO data.

WHO believes, however, that the real figure is much higher. It estimates that about 50% of maternal deaths are not reported because they are not classified correctly or, as is more often the case, not counted at all.

It noted that 62 countries have no data on maternal mortality.

“We have an invisible epidemic,” said Dr Joy Phumaphi, WHO Assistant Director-General, Family and Community Health.

“Women should not die giving birth. Their deaths are preventable, even in the poorest countries,” Phumaphi said.

A new manual entitled *Beyond the Numbers – Reviewing Maternal Deaths and Complications to Make Pregnancy Safer* is being distributed as part of the campaign, WHO said.

Maternal mortality underscores the stark divide between rich and poor countries, and reducing the number of women who die in pregnancy and childbirth is one of the Millennium Development Goals to improve public health in developing countries.

In some developing regions, a woman has a one in 16 chance of dying during pregnancy and childbirth compared with a one in 2800 risk for women in the developed world.

The main causes of maternal death are blood loss, infection, hypertensive disorders, obstructed labour and unsafe abortions, WHO said.

The manual is available on: <http://www.who.int/reproductivehealth/publications/btn/btn.pdf> ■

Contributions are welcome for the Letters section, in response to articles that have appeared in the *Bulletin* or on matters of major public health importance. Letters are usually between 400 and 850 words, with a maximum of six references; they will be edited and may be shortened.

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