

Growing road traffic death toll requires action from all sectors, urges new report

Road traffic crashes kill 1.2 million people every year but by 2020 this figure is set to increase by 83% in low- and middle-income countries which already shoulder 90% of the global road traffic death toll, warns a new report launched in Paris on World Health Day, 7 April 2004.

Although road traffic crashes cost the world US\$ 518 billion every year, many countries have the know-how to reduce this figure, says the *World report on road traffic injury prevention*, the first ever joint report on the subject released by WHO and the World Bank. (See related editorial, *Road safety is no accident*, in this month's issue of the *Bulletin*, p. 241.)

"Thousands of people die on the world's roads every day," said WHO Director-General, Dr LEE Jong-wook on World Health Day, which this year is devoted to road safety. "We have the knowledge to bring these numbers down — what we are calling for now is increased political will and coordinated action ... Without effective action now, road traffic collisions will kill even more people in the future."

The bulk of the global burden of road traffic-related deaths occur in low- and middle-income countries, with countries in South-East Asia and the Western Pacific regions accounting for more than half of all road traffic deaths. The economic implications of this for developing countries are grave since more than half of all road traffic deaths occur among young adults between 15 and 44 years of age — often the family breadwinners, most of whom may never have owned a vehicle.

"Most road traffic collisions touch the communities and countries who can least afford to cope with the injuries and death these crashes cause," said LEE.

The annual bill footed by such countries for road traffic crashes stands at an estimated US\$ 65 billion — more than the total amount received by these same countries in development assistance and representing between 1% and 2% of their gross national product.

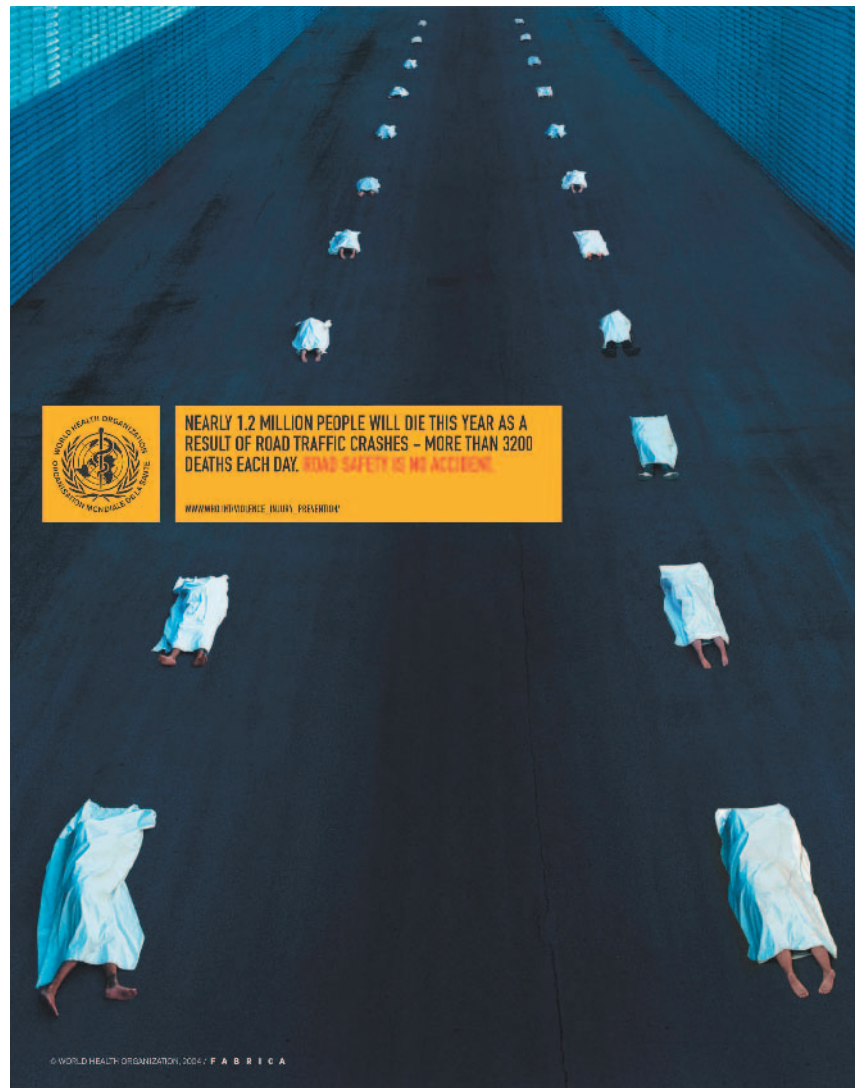
President of the Republic of Kenya, Mwai Kibaki, wrote in his preface to the report: "Over 3000 Kenyans are killed on our roads every year, most of them between the ages of 15 and 44 years. The cost to our economy from these accidents is in excess of US\$ 50 million exclusive of actual loss of life." The Kenyan President, a survivor of a severe road traffic crash himself, went on to "urge all nations to implement the recommendations of the *World report on road traffic injury prevention* as a guide to promoting road safety in their countries."

The report says that reducing risk in the world's road traffic systems is a multi-sectoral responsibility, requiring commitment and informed decision-making by government, industry,

nongovernmental organizations and international agencies. It also requires the participation of people from a wide variety of disciplines including road engineers, motor vehicle designers, law enforcement officers, health professionals and community groups. It recommends a "systems approach", moving away from a focus on individual behaviour alone to a holistic assessment of the problem.

"A death on the road is not the consequence of one person's action: road safety depends on the design and condition of the road and the car, transport policies, law enforcement, and people's behaviour," said LEE.

The report offers guidelines for adaptation at the local level beginning with the identification of a lead government agency to guide the national road



Poster for the Global Road Safety Campaign, launched on World Health Day, 7 April 2004.

traffic safety effort. It also highlights the need for countries to assess the magnitude of the problem, the policies, institutional settings and capacity relating to road traffic injury. It recommends the preparation of a national road safety strategy and plan of action and the allocation of financial and human resources to address the problem.

“Road safety is no accident,” says World Bank President, James D Wolfensohn together with LEE in a joint foreword to the report. “It requires strong political will and concerted, sustained efforts across a range of sectors. Acting now will save lives. We urge governments, as well as other sectors of society, to embrace and implement the key recommendations of the report.”

The United Nations General Assembly is to hold a plenary meeting — the first of its kind to address the issue of road safety — on 14 April, attended by senior national and international policy-makers including LEE. The meeting will consider a draft resolution containing suggestions for implementing some of the report’s recommendations, proposals for advancing the international road

safety agenda and for identifying a focal point within the UN, among other issues. The following month, the World Health Assembly will consider adopting a resolution on road safety.

Road safety is one of the themes of the 7th World Conference on Injury Prevention and Safety Promotion, which will take place in Vienna, Austria, on 6–9 June 2004. More than 1500 health specialists and opinion leaders from over a hundred countries are expected to attend.

“The conference will be an excellent opportunity to discuss how to further implement the technical aspects of the *World report on road traffic injury prevention*,” said Dr Etienne Krug, Director of WHO’s department of Violence and Injury Prevention. ■

PAHO works to restore public health services in Haiti

The rebellion in Haiti which erupted in early February 2004 forcing President Jean-Bertrand Aristide into exile on 29

February has had a devastating effect on an already precarious health system, said officials from the Pan American Health Organization (PAHO), the WHO Regional Office for the Americas.

PAHO reported on 1 March that most of Haiti’s public hospitals and health centres had ceased full operations — including the State University Hospital which takes care of the capital city’s population — and that the situation was compounded by a lack of electricity and water, triggered by fuel shortages. Whilst most of the private hospitals were beginning to resume operations, the eight hospitals in the area surrounding the country’s capital, Port-au-Prince, were unable to take care of patients, leaving many medical emergency cases unattended. Only about 60% of Haiti’s 8 million people have access to health care and the vast majority relies on public hospitals.

According to WHO’s Situation Report for Haiti on 8 March referring to the status of public health services in the capital, “there is no current capacity to assist patients either with injuries or with diseases.”



A Haitian armed rebel checks a truck from the International Committee of the Red Cross bringing medicine to the rebel-held Haitian city of Gonaives, north of the capital, Port-au-Prince.

REUTERS/Daniel Aguilar

"The situation in Port-au-Prince is serious because of the interruption of basic services, some of which were facing difficulties even before this crisis," said Dr Jean-Luc Poncelet, head of PAHO's Program on Emergency Preparedness and Disaster Relief. The agency has set up an emergency centre at its Washington DC headquarters to coordinate the work of 12 staff operating from Port-au-Prince. PAHO has about 70 people in the country as a whole working with numerous partners to restore Haiti's health system.

"PAHO continues to work to help alleviate Haiti's humanitarian crisis by coordinating the shipments of medical supplies to hospitals in the affected areas," said Poncelet. "The priorities continue to be to ensure the distribution of essential medicines and medical services to the most vulnerable sectors of the population, to strengthen the logistical support and to reactivate the monitoring stations for specific information about diseases."

In late February, in a joint operation with the International Committee for the Red Cross (ICRC), PAHO succeeded in sending two convoys with medicines and vaccines to the towns of Gonaives and Saint Marc, north of Port-au-Prince. Since then, the agency has been helping with the distribution of fuel supplies needed to restore services at ten Haitian hospitals. The disruption of fuel supplies has led to an interruption in the supply of drinking water which relies on fuel-powered generators and power stations. PAHO/WHO and ICRC are also working to respond to a shortage of propane gas which is needed to keep vaccines refrigerated.

Poncelet underlined the importance of incorporating the existing health infrastructure in efforts to help restore Haiti's health services.

"Haiti had an infrastructure, however limited, prior to this crisis, and efforts should be focused on putting that infrastructure back on its feet," he said. "We don't need to set up field hospitals, but rather concentrate on working with people who were already in the health services, as well as with nongovernmental organizations and other sectors."

The United Nations issued a Flash Appeal for US\$ 35 million on 3 March calling upon the international community to provide urgent aid for the beleaguered country. "The objective of

the Flash Appeal is to respond to urgent and immediate needs of the Haitian population and to quickly establish the basis for rehabilitation of social services and economic recovery," said the UN statement accompanying the launch of the appeal.

The appeal noted that several hospitals and health-care centres had been the target of armed groups resulting in the lack of medicines, vaccines and medical personnel. It also cited problems surrounding reproductive health, nutrition, access to HIV drugs, water, food security and violence.

UNICEF issued an emergency appeal on 27 February for US\$ 8.7 million to provide relief for children and women affected by the collapse in civil authority.

"We have to keep children alive now by vaccinating them and providing clean water," said UNICEF Executive Director, Carol Bellamy. "But we're also looking six months ahead ... to ensure that children and mothers have basic life-saving medical care." UNICEF, along with PAHO/WHO is planning on the resumption of vaccination activities against polio, measles and tetanus for some 280 000 children.

According to UNICEF, even before the crisis, the country's health system was in a state of disrepair — the situation for Haitian children was among the worst in the world, said the agency in a statement. More than one in 10 Haitian children die before the age of five and more than 200 000 have lost one or both parents to AIDS. Maternal mortality in the country is among the highest in the world.

An integrated multi-disciplinary assessment mission led by the UN Department of Peacekeeping Operations was due to begin a two-week mission in the country beginning 12 March. The team will draw on participation from other UN agencies including WHO/PAHO. ■

World is ill-prepared for "inevitable" flu pandemic

The recent avian influenza outbreaks in Asia serve as stark reminders that another influenza pandemic is inevitable and possibly imminent, said WHO Director-General, Dr LEE Jong-wook, during a conference on influenza preparedness hosted by WHO on 16–18 March 2004.

"We know another pandemic is "inevitable," said LEE. "It is coming. And when this happens, we also know that we are unlikely to have enough drugs, vaccines, health-care workers and hospital capacity to cope in an ideal way."

Poultry culling and other measures may have reduced the likelihood of a human pandemic influenza strain emerging soon from Asia as a consequence of avian flu. However, experts believe that because these outbreaks come in cycles, a human influenza pandemic must be expected at some time in the future. (See related editorial, *Avian flu and pandemic influenza*, on p. 242 in this month's issue of the *Bulletin*.)

The three-day global consultation on priority public health interventions before and during an influenza pandemic brought together experts from all regions on influenza, public health, health economics, health policy, drugs and pharmaceuticals, infection control measures, disease surveillance, modelling and risk communication.

Objectives of the meeting included the identification of practical measures and feasible interventions aimed at increasing access and use of vaccine and antivirals, sound public health measures that may slow down the initial spread of a pandemic virus and reduce its impact on the population, and surveillance strategies that would rapidly detect a new pandemic virus and monitor its spread.

Epidemiological models indicate that an influenza pandemic will pose a major disease and economic burden both in developed and developing countries. "Once a pandemic has begun, we must be ready to implement without delays the key activities required to minimize its impact. Therefore the planning and implementation of preparatory activities must start well in advance," said Dr Marja Esveld from WHO's department of Communicable Disease Surveillance and Response. "Few countries have so far developed and approved influenza pandemic preparedness plans."

Participants heard that whilst vaccines remain the most important public health intervention, they will not be available in the initial stages of a pandemic since it takes at least four to six months just to begin vaccine production once a new strain of the virus has been identified. Another problem could be inequitable access, with vaccines being used first in the few countries that have production capabilities.

“Antivirals, combined with public health measures, could help buy time for vaccine development,” said Esveld.

The consultation called for the establishment of a task force to explore the possibility of a global stockpile of antiviral drugs for use in the early phases of a pandemic. Since antivirals are in short supply, particularly in developing countries, their use would have a minimal impact later in the pandemic.

All participants agreed on the need to strengthen both human and animal influenza surveillance systems including laboratory facilities, in close collaboration with the agricultural sector.

Whilst the annual occurrence of seasonal influenza epidemics represents a major health and economic burden for developed countries, little is known about the impact of influenza in developing countries. However, influenza outbreaks in the tropics where viral transmission normally continues year-round tend to have high attack and case-fatality rates. For example, during an outbreak in Madagascar in 2002, more than 27 000 cases were reported within three months resulting in 800 deaths despite rapid intervention.

“More information on the burden of disease could help improve political commitment to invest in influenza control and pandemic preparedness,” said Esveld.

Slowing the spread of a pandemic and reducing its impact will require planning, preparation and global coordination. “When the next pandemic emerges, we will be able to respond properly only if we prepare properly,” said LEE.

For the latest updates on the human and avian influenza situation, visit: <http://www.who.int/csr/don/en/> ■

Substance addiction treatable, says new report

Substance dependence is as much a disorder of the brain as any other neurological or psychiatric disorder, says a new report launched by WHO on 18 March 2004. The report also says that recovery from substance dependence is possible.

“While we still do not know to what extent it is curable — given the long-term alterations in brain functioning that result from substance abuse — we do know that recovery from dependence

is effective through a number of effective interventions,” said Dr Catherine Le Galès-Camus, Assistant Director-General from WHO’s department of Noncommunicable Diseases and Mental Health.

Neuroscience of Psychoactive Substance Use and Dependence, the first report of its kind by WHO and three years in the making, summarizes the latest scientific knowledge on the subject and concludes that substance dependence is determined not only by biological and genetic factors but also by psychosocial, cultural and environmental factors.

It also calls for more awareness of the complex nature of the problem — in particular, how genes interact with environmental factors to sustain psychoactive substance-using behaviours — in order to better inform the development of new diagnostic tools and behavioural and pharmacological treatments. It supports effective policies, prevention and treatment approaches combined with the development of community-based interventions that do not stigmatize patients.

“The health and social problems associated with use of and dependence on tobacco, alcohol and illicit substances require greater attention by the public health community and appropriate policy responses are needed to address these problems in different societies,” said WHO Director-General, Dr LEE Jong-wook. “Many gaps remain to be filled, but this important report shows that we already know a great deal about the nature of these problems.”

Around 205 million people use an illicit substance, according to the United Nations Office on Drugs and Crime, with prevalence higher among men. Cannabis is the most common, followed by amphetamines, cocaine and opioids. However, studies reporting on the global burden of disease re-emphasize that the main burden is due to licit rather than illicit substances. Tobacco and alcohol contributed 4.1% and 4.0%, respectively, to the burden of ill-health in 2000, while illicit substances contributed 0.8%.

The explosive growth in knowledge in neuroscience in recent decades justifies the production of this report, said Dr Benedetto Saraceno, Director of WHO’s department of Mental Health and Substance Abuse. “The public health impact [of substance dependence] is enormous and requires a comprehensive approach to policy and programme development.” ■

Governments must promote breastfeeding, says WHO and UNICEF

Breastfeeding is critical for child survival and governments must increase their commitment to its promotion and protection, say UNICEF and WHO in the *Global Strategy for Infant and Young Child Feeding*, launched on 23 March 2004.

“There is no better way than breastfeeding to make sure that a child gets the best start in life,” said UNICEF Executive Director, Carol Bellamy. “The strategy is an invaluable roadmap for governments to create supportive environments where women can make informed choices about feeding their children.”

The document, a product of over two years of global consultation, pinpoints the main problems relating to infant and young child feeding and identifies approaches for their solution.

Breastfeeding alone provides the ideal nourishment for infants for the first six months of life as it contains all the nutrients, antibodies, hormones, immune factors and antioxidants an infant needs to thrive.

“Exclusive breastfeeding in the first half-year of life and continued breastfeeding coupled with appropriate foods reduce the number of children under five who die from malnutrition,” said WHO Director-General, Dr LEE Jong-wook.

The strategy calls for a dramatic increase in the number of infants exclusively breastfed. Currently, no more than 35% of infants worldwide are exclusively breastfed during even the first four months of life. Complementary feeding frequently begins either too early or too late and foods are often nutritionally inadequate or unsafe.

The strategy also addressed the risk of HIV transmission through breastfeeding — an absolute risk of between 5% and 20% globally. This needs to be balanced against the increased risk of mortality when infants are not breastfed.

The *Global Strategy for Infant and Young Child Feeding* is available at: http://www.who.int/nut/documents/gs_infant_feeding_text_eng.pdf ■