

WHO was where in December

- On **1 December**, World AIDS Day, the WHO web site featured the real-life stories of three of some 17.6 million women living with HIV/AIDS across the world. The series, which is entitled: Have you heard us today?, profiles Balabwa, 22, from South Africa, Phala, 24, from Cambodia; and Francine, 48, from Rwanda and underscores how women are biologically and socially more vulnerable to HIV infection than men.
- WHO announced on **1 December** that 40 countries had ratified the Framework Convention on Tobacco Control (FCTC) and that the tobacco control agreement would come into force on 27 February. From then on, the 40 countries — and others that subsequently become parties — will be legally bound by treaty provisions on: increasing the price of and tax on tobacco to make it less attractive; restricting tobacco advertising and sponsorship; labelling that spells out the health risks of tobacco consumption; the illicit trade in cigarettes and other tobacco products; and provisions to protect people from second-hand smoke.
- WHO said on **1 December** new data indicate that pregnant women and very young children derive even greater benefits from anti-parasite drugs than had previously been thought. Such drugs have long been used to treat school-age children in campaigns worldwide to improve health and educational outcomes. Experts told a November meeting in Geneva of the Partnership for Parasite Control, hosted by WHO, that the drugs contributed to improvement in the survival chances of infants and pregnant women and to combating anaemia and iron deficiency.
- Ministers of health and finance, aid donors, senior representatives of the global development community and charitable foundations gathered in Abuja, the Nigerian capital, on **2–3 December** to review progress on the Millennium Development Goals. They called for increased funding from national governments and donors, better coordination between donors to manage aid and urgent action to address a massive shortage of health workers, particularly in southern Africa, (see story on p. 5) as well as greater attention to crisis-hit “fragile states”. The High-Level Forum meeting was hosted by the Government of Nigeria and organized by WHO and The World Bank.
- French football star Christian Karembeu lent a touch of glamour on **10 December** to WHO’s HIV/AIDS Department, by promoting a cartoon booklet called *HIV/AIDS: Stand Up for Human Rights* aimed at fighting the stigma and discrimination attached to being HIV-positive. The booklet is being distributed by five of FIFA’s (Fédération Internationale de Football Association) national football associations: Botswana, Ghana, South Africa, Uganda and Zambia to promote more awareness of the disease.
- On **13 December** Togo launched a nationwide campaign to vaccinate one million children aged under five years against measles and polio and provide them with two other life-saving interventions: mosquito nets to prevent malaria and deworming tablets. The Togo campaign involving thousands of volunteers aimed to gauge how effectively this approach can deliver multiple treatments. Until now, public health multitasking has been successful on a smaller scale, but it has not been tried on a national level, WHO said.
- In a groundbreaking project sponsored by WHO, Israeli and Palestinian health professionals have joined forces to co-author a new health journal called: *Bridges: the Israeli-Palestinian Public Health Magazine*. The first edition of the bimonthly journal was published in December. It is written, edited, produced and managed jointly by Palestinian and Israeli academics and health professionals. The goal is to help improve the health situation for people in West Bank and Gaza Strip and establish links between the two communities. <http://www.healthinform.net/files/who/bridges.pdf>
- The Government of the Philippines and the United Nations appealed on **15 December** for US\$ 6.4 million after four typhoons and tropical storms swept through the north-eastern part of the country in late November and early December killing 1060 people and injuring 1023. WHO said 880 000 people have been displaced by floods. WHO is helping health authorities in the stricken region to prepare for and control malaria outbreaks and with emergency response coordination in general.
- A new WHO country office web site for Ethiopia went live on **17 December** and can be found at: <http://www.who.int/countries/eth/en/>

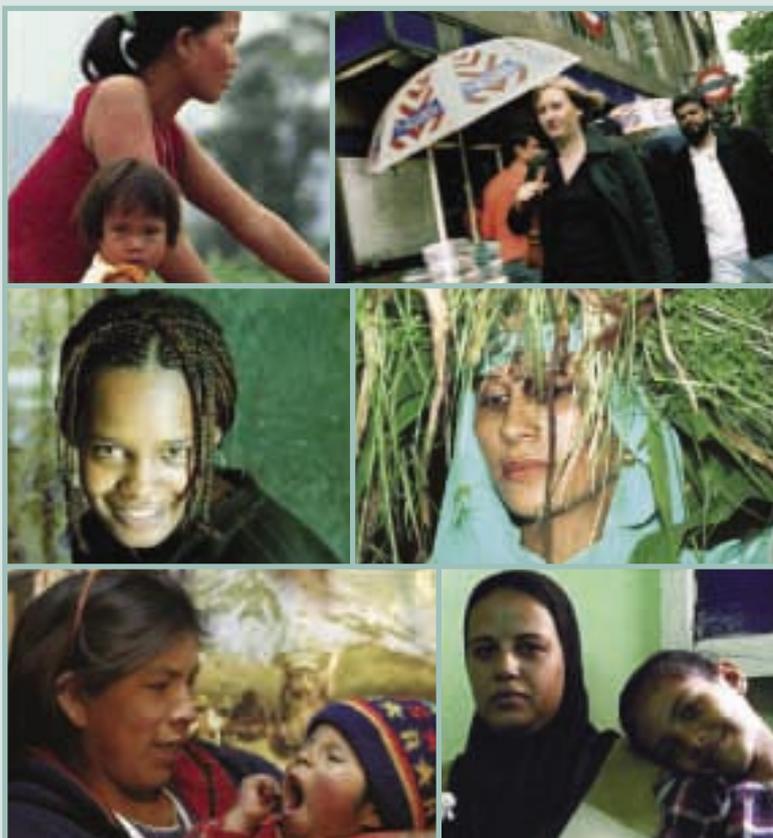


Photo compilation from WHO’s web-based feature series about six mothers in different parts of the world who were expecting a baby in late 2004 or early 2005. The Great Expectations series was launched on the WHO web site in September 2004. Since then, it has had 40 000 web-based visitors and featured in stories for the BBC and the *New York Times*.

K. Robinson (UK), J. Holmes (Lao PDR), H. Farid (Egypt), P. Bagla (India), A. Suárez-Weise (Bolivia), P. Wiggers (Ethiopia).

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

New WHO Regional Director pledges to do better for Africa



WHO/AFRO

Dr Luis Gomes Sambo

Dr Luis Gomes Sambo, 52, started his career as a District Medical Officer in his native Angola in 1977, the year he obtained his degree in medicine from the Faculty of Medicine at the University of Angola and from the Faculty of Medical Sciences of the Universidade Nova de Lisboa.

He has held several public health posts in Angola, including that of Deputy Minister of Health from 1983 to 1988. In 1989, Dr Sambo joined WHO and has held posts in Zimbabwe and Guinea Bissau.

Since 1994, he has been working at the African Regional Office (AFRO) which is now headquartered in Brazzaville, Congo, most recently as Director of Programme Management — second in command to the Director — coordinating WHO's programme of technical cooperation with the Region's 46 Member States.

Director for the African Region could be one of the toughest jobs in global public health. When Dr Luis Gomes Sambo takes up the post on 1 February he faces a considerable challenge: how do you tackle the world's highest disease burden in a region where 45% of the population live on less than US\$ 1 a day?

His predecessor Dr Ebrahim Samba dismissed severe criticism last August in the *Lancet* that he had failed to do enough to address Africa's health problems.

Dr Sambo told the *Bulletin* he wants to work more closely with communities, governments and regional groups, like NEPAD and the African Union. His priorities: HIV/AIDS, malaria, tuberculosis, maternal death and infant mortality. The challenge: to build and reinforce primary health systems to improve delivery of health care and to address the dire shortage of doctors, nurses and other health workers in the region.

Dr Sambo said he was optimistic that WHO would do an even better job in the region over the next five years.

Q: *WHO's African office faced severe criticism in an editorial in the Lancet in August? Does WHO still have a major role to play in the region?*

A: Yes, WHO Regional Office for Africa certainly has, and will continue to have a major role to play in the African Region. The region has a high burden of HIV/AIDS, malaria, tuberculosis, maternal and infant mortality, among others. Our priority will be to support countries in strengthening health systems, especially addressing inadequate human resources for health. We will also look at financing, as health services in Africa are underfunded. Several programmes with proven efficacy need to be scaled up. At local level, we will encourage the involvement of communities.

Q: *What are you doing about the shortage of health workers in African countries?*

A: The shortage of health workers is really grave in many countries. Without human resources, health systems cannot deliver the required health services. There is a severe brain drain in the region.

Governments and development partners are now addressing this matter more seriously and WHO is providing support to governments to develop appropriate policies and strategies.

We are also providing fellowships for countries to train and specialize staff according to their national health needs. In some cases, we are providing direct financial support.

Q: *What are your main challenges?*

A: We need not only more funding but also more efficient management of these funds in order to get maximum results. We need to increase dialogue and explore synergies with other health development partners and optimize the overall resources that go into health development.

We need more effort and commitment from governments to increase public expenditure on health to at least 15% of their national budgets. In the African Region, governments spend on average about 8% of their budgets on health. The average per capita expenditure is about US\$ 12.

This is far below the minimum US\$ 30–40 needed to deliver essential health-care services, according to WHO's Commission on Macroeconomics and Health.

Q: *How will you encourage governments to increase budgets, focus on primary health systems and retain professional health staff?*

A: I will try to establish a more active dialogue with governments, but also with health development partners, particularly multilateral agencies, such as The World Bank, the African Development Bank, the European Union, and the Global Fund, and other public and private partnerships. We need a better coordination rather than approaching countries in fragmented way. The health MDGs (Millennium Development Goals) are already a very good way of bringing partners together to support development in Africa in a coordinated way. The New Partnership for Africa's Development (NEPAD) offers that opportunity too.

Q: *What are the root causes of ill-health in Africa?*

A: These are numerous: weak economic performance, very weak health systems, and poverty. It is a vicious circle. Due to a multitude of reasons — ill-conceived programmes, disasters, drought, etc. — economic performance in the Region has been very poor and health systems have not been able to adequately supply essential health services. Most are faced with a shortage of qualified staff; poorly maintained buildings,

equipment and facilities; and in some cases shortages of medicines. The effects include reduced efficiency and service quality; less confidence in public sector facilities; low morale and high staff turnover; and poor health indicators. Poverty in Africa affects most of the population. At least 45% of Africans live on less than US\$ 1 per day. These people have difficulty in getting quality health care. Some don't have any care at all,

sometimes the only alternative is traditional medicine which is not enough. I am optimistic that WHO will be able to do better in this region during the next five years. ■

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