Mauritius Plans Campaign Against Heart Diseases

Patterns of cardiovascular disease, described as “akin to those in the industrialised nations,” are emerging in Mauritius, a developing nation of one million ethnically diverse peoples located in the south-western part of the Indian Ocean.

As a result, Mauritius is now readying for a campaign aimed at reducing both the level of the diseases and the risks of them, according to a report presented recently at a meeting of experts in Geneva.

Says the country’s health minister, Dr Jagdishwar Goburdun: “By the year 2000, we want to see our death rates from cardiovascular diseases fall as rapidly as those in the United States have.”

The report was based on a survey carried out by Mauritians, along with officials from WHO collaborating centres in Melbourne, Australia; Newcastle-upon-Tyne in Britain; and Helsinki, Finland.

Presented by Professor Jaakko Tuomilehto of Finland’s National Public Health Institute, it “confirmed high prevalence of major noncommunicable diseases, as well as unacceptable risk factors levels in all ethnic groups.”

Some 70 percent of Mauritians are of Indian origin, 28 percent Creole (that is, mixed African, European and Indian ancestry) and 2 percent Chinese.

Coronary heart disease is the most common cause of mortality in the island-nation, accounting for 14 percent of all deaths at all ages, and 50 percent in those over age 45. “These rates are higher than in many of the developed nations and higher than in any other developing country,” the report states.

The survey also shows:
- About 15 percent of the adult population, or 71,000 people, afflicted with hypertension.
- At least half of adults with cholesterol levels higher than 5.2 millimols per litre, the international norm; and as a result 20 percent of men and 33 percent of women are obese.
- About 60 percent of men in Mauritius smoke, a rate “higher than in most developed and developing countries.”
- About 20 percent regularly drink alcohol.
- Just 6 percent “take part in regular leisure-time, physical activity of moderate or high degree... lower than in many other populations in the world.”

According to WHO experts, “the risk factors in Mauritius correspond very closely to those in the United Kingdom and the Federal Republic of Germany.”

As part of a new impetus aimed at urging governments to act against cardiovascular diseases, WHO has launched a programme of information and education under the theme: “Heart Attacks Are Developing in Developing Countries: Prevent Them Now.”

Child Survival: Goals for the Next 12 Years

The global eradication of polio. The reduction of measles deaths by 95 percent. The initial elimination of neonatal tetanus. A 70 percent drop in diarrhoea deaths. A 25 percent decline in the fatality rate from acute respiratory infections in children under age five. A 50 percent reduction in maternal mortality.

These are the goals for the next 12 years, set out by a Task Force on Childhood Survival comprising representatives of WHO, UNICEF, the World Bank, and the Rockefeller Foundation. According to Dr William Foege, its head, the goals are “ambitious but achievable.”

Already much has been accomplished, participants at a recent three-day meeting in Taloires, France, learnt from successive speakers, including the following:
- WHO’s Expanded Programme on Immunization is saving more than a million children in the developing world every year from measles, neonatal tetanus and whooping cough,” according to Dr Ralph Henderson, the programme’s director. He added that it is “saving close to 290,000 children from paralysis by polio.”
- In 1986 alone, “approximately 750,000 deaths from diarrhoea were avoided,” reported Dr Michael Merson, director of WHO’s diarrhoeal diseases control programme. This number can perhaps be doubled by next year to 1.5 million, and doubled again to three million by 1995.
- A number of manufacturers and institutions are working to develop and produce new vaccines under contract to WHO at a pre-determined cost volume and at a price approximately equal to the marginal cost of production,” according to reports from Dr Anthony Robbins, Boston University, and Dr Phyllis Freeman, University of Massachusetts.

Mosquito Repellent Soap Used Against Malaria

A soap that repels mosquitoes has been tested successfully as an anti-malarial weapon in countries of the Western Pacific.

According to WHO’s Regional Office in Manila, the tests have shown that: “Using the soap on exposed areas of the body gives protection from disease-carrying bites of mosquitoes.” If soap suds are left on the skin, and not washed off, then protection lasts from six to twelve hours.

The mosquito-repellent qualities of the soap derives essentially from permethrin, a non-toxic substance. The soap is made up of 0.5 percent permethrin and 20 percent deet, (N,N-diethyl-m-toluamide). A 40-gram bar costs about twenty U.S. cents, “often ten times or more cheaper than ordinary commercial repellents,” according to WHO officials.

In addition, a soap-repellent is better than lotion-repellents, they say. Lotions evaporate rapidly; soap adheres firmly to the skin, thereby also killing mosquitoes that bite.

The soap’s formula was developed by Thomas Simmon, an Australian scientist of Simmons Nominees Pty Limited.

Plains call for WHO and the Philippines to carry out a joint project using the soap in Tawi Tawi, a province in southern Philippines where malaria is rampant.

In villages where mosquito nets are doused with permethrin, “significant reduction in mosquito densities and malaria parasites have been reported,” WHO says.
Proposals Sought For Research in Safe Motherhood

WHO is inviting proposals for its newly-launched programme of research into means of reducing illness and deaths of women in childbirth.

As part of a "safe motherhood" initiative, WHO will make grants up to US $40,000 for proposals in operational research to successful applicants, either individuals or groups, from developing countries. Essentially the object is to find ways of applying knowledge and technology already available to improve existing services and programmes.

The programme does not cover building or the equipping of health centres or hospitals, but it could fund the purchase of specific equipment—such as haemoglobinometers, blood pressure meters, or short-wave radios—that form part of the proposal.

WHO Photo Competition, S. Vasilev

How to prevent deaths in childbirth.

Each year, some half a million women—99 per cent of them in the developing world—die from causes related to pregnancy and childbirth, and countless others suffer permanent damage to their health. Yet knowledge and technology exists, say WHO officials, that could prevent the tragedy.

Among reasons cited why women die in childbirth:

- They receive no pre-natal care; they have too many children because they are afraid to use contraception; they resort to illicit abortions; they are afraid of hospitals, or they cannot afford the price of transportation to hospitals and health centres.

- In short, the problems result from social, cultural, and economic causes, rather than from deficiencies in health care.

(For more information, write: Manager, Safe Motherhood Initiative, WHO Division of Family Health, Geneva.)

Newsbriefs


As the disease is spread mainly through sex, the surest way to avoid AIDS, advises Dr. Jonathan Mann, Director of WHO's Global Programme on AIDS, is either to abstain or to "stay with one faithful, uninfected partner," or "as you cannot tell by appearances whether someone is infected," to use a condom. In the absence, thus far, of a vaccine or a cure, "knowledge is the only protection."

Among other topics addressed: AIDS and blood transfusions; AIDS and medical infections.

(For a free copy, clip this Newsbrief, and send to WHO Global Programme on AIDS, Geneva.)

Canada Health Day

- Canada Health Day. The Canadian Hospital Association and the Canadian Public Health Association adopted WHO's 40th anniversary theme, "Health for All, All for health," as is shown here, in observance of its day of health education and promotion.

- Developing Countries are Developing CVD's. Life expectancy at birth in developing countries, already on the rise, is projected to average 60 by the year 2000, and as a consequence cardiovascular diseases will have become "actively emerging or established" in virtually every country, accounting for between 15 to 25 per cent of all deaths.

"Unless prevention begins today" Dr. Silas Dodu, a WHO consultant, warns, "history will repeat itself"—a reference to the magnitude of the CVD problem in the developed world. (See also related story, opposite page.)

- Lifestyles Determine Cancer. Lung cancer is the most common form in the developed world, and cervical cancer the most common in the developing world, according to WHO's World Health Statistical Annual, 1987.

Because the Third World began smoking after World War II, relatively late, lung cancer is its sixth most common form. Largely as a result of early detection through screening—which may be too costly for developing countries—cervical cancer is only the tenth most common form in the industrialised world.

- The Risks to U.S. Health. What are the risks to health today in the United States, a country virtually free from communicable diseases? According to figures from the US Centers for Diseases Control, (published in Newsweek magazine, 11 April 1988), the following were the major killers during 1986: AIDS, 8,959 deaths; Homicides, 21,400; Suicides, 31,470; Motor Vehicles 48,560, and Tobacco-related diseases 350,000.

In the next issue

Not all illnesses are caused by germs, viruses and parasites. A whole set of diseases result from unhealthy lifestyles (such as smoking or alcohol abuse), from environmental or other pollutants (some cancers, for instance), or from genetic factors and organic weaknesses of the body's natural defences. The October issue of World Health examines these "non-communicable diseases."

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