World AIDS Day 1991

"Sharing the challenge" is the theme chosen for this year's World AIDS Day, 1 December, when attention will focus on the need for individuals, groups, communities and nations to work together towards the common goal of containing the AIDS pandemic.

WHO, which leads the global effort against AIDS, has long worked in partnership with ministries of health and with bilateral and nongovernmental organizations. It also works with other international organizations, especially the United Nations Development Programme (UNDP), the World Bank, the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA).

"No country can consider itself immune”, says Dr Hiroshi Nakajima, Director-General of WHO, “and no country can combat the disease in isolation. Preventing the spread of HIV, caring for those affected, and minimizing the social and economic repercussions of the AIDS pandemic all require the strength that comes from partnership.”

AIDS affects all sectors of society. It often strikes men and women in the prime of life who may be the only support of young children; those children will be orphaned by their death. The virus is mainly transmitted through sexual activity and through injecting illicit drugs. Social, cultural and legal barriers may make it difficult to ensure that uninfected people are informed about how to protect themselves. People infected with HIV are sometimes stigmatized and subject to discrimination.

World AIDS Day offers an opportunity for people around the world to join hands in the fight against AIDS. Contact your nearest health centre or hospital to find out what might be done in your community and how you can contribute by sharing the challenge.

The days are numbered for leprosy

WHO’s Member States have called for the elimination of leprosy as a public health problem by the year 2000. The aim is to reduce the number of cases of leprosy to below one case per 10,000 population.

Eighty per cent of all registered leprosy patients live in just five countries: Brazil, India, Indonesia, Myanmar and Nigeria. Cases have been registered in 88 other countries.

The first step towards eliminating leprosy as a public health problem will be to ensure that all patients receive "multidrug therapy", in which two or three drugs are delivered in a combined attack on the leprosy bacillus. Such treatment can cure early infections within six months. The sign of early infection is easily detected as a pale, numb patch on the skin. Older infections can be cured in two to four years. Multidrug therapy has already reduced the number of registered patients worldwide from 5.4 million in 1986 to 3.7 million in 1990.

The second, equally important step will be to search actively for people with leprosy. Leprosy is not transmitted through casual contact, yet unjustified fear of the disease is widespread, and patients are often treated as outcasts. People with leprosy are therefore often reluctant to admit they have it. As a result they only come forward for treatment when the disease has resulted in deformities of hands and feet, and disfigurement of the face.

If we want to succeed in the fight against leprosy, each and every one of us must change our attitude. Rather than fear, we must feel concern! Rather than reject, we must encourage, help and support.

Better be tobacco-free!

For the fourth World No-Tobacco Day, celebrated on 31 May, WHO certainly chose a burning subject. With the slogan "Public places and transport: better be tobacco-free," the Day was guaranteed to stir up both interest and controversy around the world. This was particularly the case in Europe and North America, where anti-smoking campaigns have already started to bear fruit, and where nonsmokers are increasingly aware of their right to breathe unpolluted air in public places and on public transport.

The growing exasperation of passive smokers was reflected in unprecedented coverage of the Day by the news media. The written press, radio and television devoted plenty of space to the event, and particularly underlined the fact that it was no longer simply a matter of denying smokers the right to knowingly endanger their own health, but rather to protect the health of non-smokers from the harmful consequences, now well established, of other people’s tobacco smoke.

In an appeal to all smokers on World No-Tobacco Day, the Director-General of WHO, Dr Hiroshi Nakajima, declared: "If not for yourself, then stop smoking for the sake of those around you who, by your action, are more vulnerable to the threat of cancer and also cardiovascular and respiratory diseases.” The Day sought in...
particular to encourage governments, communities, groups and individuals to step up awareness of the need for tobacco-free public society. To judge by the impact of the Day on public opinion from its media coverage, this appeal seems to have made itself heard.

Over and above the question of individual awareness—an indispensable prerequisite if smokers are to change their behaviour—it is noteworthy that more and more countries are taking legal measures to protect the public from passive smoking. By the end of 1990, no fewer than 63 countries had passed laws to ban smoking in public places—16 more than in 1986.

Forum on health in Accra

Ministers of health will not be the only participants at an international forum highlighting health and development to be held in Accra from 4 to 6 December 1991. The multisectoral nature of the meeting ensures that they will be joined by ministers of agriculture, education, environment, finance, foreign affairs, interior and planning, as well as representatives of many international organizations. The forum, which is sponsored by the Ghanaian government and the World Health Organization, is on the theme: "Health: a conditionality for economic development? Breaking the cycle of poverty and inequity." Its aim is to find a new path for economic and social development in the 21st century, taking account of the vulnerable and the disadvantaged.

Women are an integral part of the development process, yet paradoxically they are universally found to be among the most disadvantaged. Under present conditions, they cannot break out of the vicious circle of poverty and inequity. Many women still lack the necessary health care and educational possibilities that would prepare them to carry out their numerous roles effectively. They have poor or non-existent access to credit and other essential financial services which would help them in their economic activities, and they lack the appropriate technology which would go a long way towards alleviating their work burden and improving their quality of life. They are particularly vulnerable to economic hardship and are often the first to lose their jobs outside the home; yet within the home they are the ones who must make the little that is available go further.

What kind of development strategy can be devised to ensure that the poorest and most disadvantaged in any society will not only contribute to the development process, but also reap the economic and social benefits of their essential contribution? To try to answer this question, four major themes will be discussed: (1) defining the concept of vulnerability and examining the groups of society are most likely to be so described; (2) determining how to provide access to a range of financial services to support the economic development activities of those groups; (3) determining how to protect and improve the health status of the most vulnerable groups in the society, particularly women, when development policies and programmes are being formulated; (4) determining how to use functional literacy as an empowering process so that the vulnerable groups may acquire the economic skills and knowledge they need to improve their health status and quality of life.

Newsbriefs

* Prizes for research in community health. WHO's Regional Office for Africa is offering prizes for the best projects of research in community health during the academic year 1990-1991. There will be two kinds of awards. Thirty prizes of US$ 500 each will be awarded for work carried out by African students of medicine or of the health sciences; and 20 small subsidies to a maximum value of $1000 will be granted, each one permitting a student to carry out a research project in community health. Teaching institutions requiring further information about these prizes are invited to contact the WHO Representative in their country.

* Safe food for travellers. How can tourists or businessmen travelling abroad avoid illnesses caused by unsafe food and drink, and what should they do if they get diarrhoea? A handy guide issued jointly by WHO's programmes on Food Safety and on the Control of Diarrhoeal Disease suggests answers to these questions. For travellers, contaminated food and drink often pose a threat to health. This little folder sums up a number of simple guidelines which have often been stated but are too easily forgotten. For instance, it is much better to eat thoroughly cooked food that is still hot when served. Cooked food held at room temperature for several hours constitutes one of the greatest risks of foodborne illness. Public authorities, travel agencies, transport companies and those interested in wider distribution of the above-mentioned leaflet in English, French, German and Spanish can purchase it in packets of 50 (Swiss Francs 20/US Dollars 18) or in the form of a camera-ready copy (Swiss Francs 30/US Dollars 27) from Distribution and Sales, World Health Organization, 1211 Geneva 27, Switzerland. An Arabic version of the leaflet is also under preparation, and information about ordering this will be provided in a subsequent issue of this magazine.

In the next issue

Malaria is more than ever a reality of today, affecting millions of people all over the world and imposing a heavy burden on the economies and health systems of many countries. The September–October issue of World Health will describe some of the challenges and exciting aspects of the battle against this disease.