

## Risk reduction can add 5–10 years to healthy life expectancy

Human beings globally could give themselves an average of 5–10 more years of healthy life, according to the *World Health Report 2002 — reducing risk, promoting healthy life*, which came out on 30 October. The authors came to this conclusion after quantifying the effects of some of the major risks of illness, disability and death, and then estimating how risk-reduction measures would change the picture. Of the 25 main preventable risks they studied, they found that the top 10 globally were: childhood and maternal underweight, unsafe sex, high blood pressure, tobacco, alcohol, poor hygiene (which includes unsafe water and sanitation), high cholesterol, indoor smoke from solid fuels, iron deficiency, and overweight. Together these account for over 22 million of the 56 million deaths that occur annually (40%), and a third of the total annual loss of healthy life-years.

Though some of these risks are global, others occur almost exclusively in certain parts of the world. About 1000 million people in middle- and high-income countries are overweight, whereas the 170 million children in the world who are underweight are in low-income countries. In North America and Western Europe, half a million people a year die from diseases related to overweight and obesity. In most of Africa, being underweight and having unsafe sex are the top risks, whereas in North America, Western Europe and industrialized countries in the Western Pacific such as Japan, the top risks are tobacco use and high blood pressure.

If all of these preventable risks were dealt with as fully as they can be, the report says, healthy life expectancy would increase by 16 years in the poorest countries of Africa, and by 5.4 years in the richest countries of Europe. "This report provides a road map for how societies can tackle a wide range of preventable conditions that are killing millions of people prematurely and robbing tens of millions of healthy life," WHO's Director-General, Gro Harlem Brundtland, said. "WHO will take this report and focus on the interventions that would work best in each region and on getting the information out to Member States."

The report enumerates measures for reducing some of the risks it describes. For instance, the most cost-effective strategy

for reducing under-nutrition is to combine preventive and curative interventions. Micronutrient supplementation with vitamin A, zinc and iron should be combined with maternal counselling to continue breast-feeding, and the provision of complementary foods. In addition, the treatment of diarrhoea and pneumonia both reduces and prevents malnutrition.

More details are given on how to reduce risk in this area and others, such as high blood pressure and cholesterol, sexual and reproductive health, addictive substances, and environmental hazards.

Further information can be obtained from Thomson Prentice, Managing Editor, World Health Report (email: [prenticet@who.int](mailto:prenticet@who.int)).

## WHO and UNICEF focus on eradicating polio in West Africa

From 11 to 17 November, 16 West African countries united to vaccinate all children under five years of age within their borders. Half of the 60 million doses of oral polio vaccine doses needed for this final push are being provided by Aventis Pasteur, the longest-standing corporate partner of the Global Polio Eradication Initiative. The Initiative is led by WHO, Rotary International, the US Centers for Disease Control and Prevention, and UNICEF. "We are further strengthening the solidarity which has brought us to the cusp of a polio-free world," said Gro Harlem Brundtland, WHO's Director-General, at a ceremony at the United Nations in New York to launch the final push.

Since it began in 1988, the Polio Eradication Initiative has reduced the number of countries in which poliovirus transmission occurs from 125 to 10. Of these, only three have high-intensity transmission: India, Nigeria and Pakistan. The remaining seven are Afghanistan, Angola, Egypt, Ethiopia, Niger, Somalia and Sudan, and so far this year each have had fewer than eight cases. "We are close to beating this crippling disease in Africa and worldwide," said Carol Bellamy, Executive Director of UNICEF, "but we are not there yet. We have to stay focused and committed and encourage support from all corners".

## Agencies sound the alarm for new strain of meningitis in Africa

The next meningitis outbreak in Africa could be less than two months away. The International Federation of the Red Cross, Médecins Sans Frontières, UNICEF and WHO have made an urgent appeal for the 10 million Euros needed to stockpile the vaccine and drugs that can prevent or limit it. Without this revolving stock, countries hit by a meningitis epidemic are left to deal with it alone, which would result in thousands of preventable deaths.

Meningitis outbreaks occur almost every year in the African meningitis belt, which stretches from Ethiopia in the east to Senegal in the west. In 2002 there were 33 000 cases and 2500 deaths. In the past 10 years there have been 700 000 deaths from this disease. Unless they are treated, half of those infected by it progress from headache and nausea to neurological damage, coma and death.

This year a strain known as W135, which had previously been responsible only for sporadic cases in Africa, was the main cause of an outbreak in Burkina Faso. Between February and June of this year 12 000 people in Burkina Faso were infected and 1500 of them died, most of them as a result of the W135 strain. The only vaccine currently available to provide protection against this strain is a tetravalent one manufactured largely for sale in rich countries and those sending pilgrims to Saudi Arabia on the Hadj. It costs US\$ 4–50 a dose, which is far beyond the means of the affected countries in Africa. Talks with manufacturers are progressing towards providing a stock of affordable vaccine against the W135 strain – at US\$ 1 or less.

## Prize goes to authors of Public Health Classic

Dilip Mahalanabis, Nathaniel Pierce, Norbert Hirschhorn and David Nalin, who together pioneered oral rehydration therapy, have been awarded the first Pollin Prize for Paediatric Research. Their discovery was hailed by the *Lancet* as "the most important medical discovery of the 20th century". It was reported by Mahalanabis et al. in the *Johns Hopkins Medical Journal* in January 1973, reprinted by the *Bulletin* as a Public Health Classic in May 2001 (*Bulletin*, 79: 471-9). The treatment is credited with saving 40 million lives in the last 30 years. ■