

In Brief

New child nutrition strategy

WHO has formulated a new strategy that calls on all governments to adopt a national policy ensuring that infants and young children are properly fed. "One can count on the fingers of one hand the number of countries that have such a policy", says Randa Saadeh of WHO's nutrition unit. The strategy asks governments, international organizations, health professionals and other health policy-makers to promote exclusive breastfeeding for infants in their early months and proper complementary feeding thereafter. It asks them to ensure that expectant mothers have access to "baby-friendly" hospitals, where breastfeeding is encouraged. And, adds Mrs Saadeh, "the strategy also asks governments and health decision-makers to ensure that children are properly fed, especially in exceptionally difficult circumstances, such as in areas ravaged by conflict or by disease". WHO estimates that 1.5 million children die every year from poor feeding practices and that only a third of children worldwide are exclusively breastfed in their first four months. Since September last year, the strategy has been tested in three countries — China, Scotland, Zimbabwe — and the response, Mrs Saadeh says, "has been amazingly positive". By October this year, all countries will have had a chance to mull over and, eventually, Mrs Saadeh and her colleagues hope, adopt the new strategy. ■

WHO and Europe boost cooperation

In mid-December WHO Director-General Gro Harlem Brundtland and David Byrne, European Commissioner for Health and Consumer Protection, signed an agreement calling for stepped-up cooperation between WHO and the European Union. Since 1982, the two institutions have been working together in health research, development and humanitarian aid, environmental issues, chemical products, food safety, surveillance of communicable diseases and monitoring of health. A joint statement by Dr Brundtland and Mr Byrne flags anti-tobacco activities as a top priority area. The need to strengthen the relationship,

said Mr Byrne, stems from the fact that "health problems and solutions take on a more global character every day [and] the important job [we] have to do, particularly in view of an enlarged Europe and the fading of borders, ...when it comes to keeping up with both old or recurring and newly emerging health threats". ■

Middle East violence batters health

In mid-December, WHO issued a report listing the damage to health and health services in the Palestine Self Rule Areas as a result of the current violence affecting the region. To date, nearly 400 people have lost their lives, mostly Palestinian youngsters, and more than 10 000 have been injured, about half seriously. Health facilities have been "overwhelmed by the sudden burden of patients", the report says. Road blocks and border closures prevent health staff reaching their places of work and disruption of public services — water, electricity, sanitation and communications — increases the risk of disease and jeopardizes early-warning surveillance. ■

Measuring how easy it is to get needed drugs

WHO and Management Sciences for Health, a private US non-profit health management organization based in Boston, Massachusetts, are about to field-test in six developing countries a set of indicators that together will measure how accessible drugs are to people in these countries. Nearly two-thirds of deaths in developing countries are due to diseases that can be treated by common essential drugs. But such drugs are not available to an estimated one-third of the world's population, according to WHO figures. Jonathan Quick, who heads WHO's essential drugs department, says WHO and its partners are "moving rapidly to boost drug access in countries where health status is poorest". There is, however, a need first of all to set up a mechanism to "measure and monitor access to drugs more accurately and identify the main barriers to access". The indicators to be tested are still being finalized but are likely to include such things as availability, geographical accessibility, affordability, acceptability, quality

of production and related services for essential drugs. ■

Diary

An eventful mental health year

The following events will take place this year in the context of WHO's year-long campaign to put mental health on the map.

- 12–13 February — Launch of the second phase of the global campaign against epilepsy.
- 4 April — Celebration of World Health Day by WHO Director-General Gro Harlem Brundtland in Kenya.
- 4 April — Symposium on mental health and human rights at WHO headquarters in Geneva, Switzerland.
- 6 April — World Health Day celebrations at WHO headquarters in Geneva, Switzerland.
- 7 April — World Health Day celebrations around the world, under the slogan *Stop exclusion, Dare to care*.
- 15 May — During the World Health Assembly, ministerial round table meetings on mental health and socioeconomic factors, mental health services, stopping the exclusion of people with mental illness, and gender disparities and mental health.
- October — Publication of *The World Health Report 2001* devoted to mental health. ■



**Stop exclusion
Dare to care**