

## WHO to explore health risks in Gulf and Balkans war zones

WHO wants to carry out a US\$ 20-million, four-year investigation into environmental risk factors, including depleted uranium and other radioactive metals, which may have led to alleged increases in cancers and other illnesses in the Balkans and the Gulf. In the shorter term, WHO is looking for US\$ 2 million to fund operations in the two emergency areas over the next six months.

The two regions have been the scene of violent conflict over the past 10 years and WHO will investigate the health status of civilian populations and humanitarian personnel who have been working there. Europe has been in the grips of a panic since 30 Balkans veterans became ill, among them five who died from leukaemia.

The media have concentrated on depleted uranium (DU) as the likely cause of the purported increase in disease. More recently, the focus has widened to include other radioactive metals, such as plutonium, neptunium and americium, found in shells used by the US military in Kosovo, according to press reports. But Xavier Leus, Director of WHO's department of emergency and humanitarian action, says the current speculation about possible health risks of DU is "unacceptable". "Evidence on the incidence of cancers needs to be strengthened in communities within Iraq and the Balkans in order to draw any epidemiological conclusions," he said. "There is also very little information on other possible risk factors for civilians and the military that may be equally important."

Over the next four years, WHO will attempt to find out first of all whether or not there has been a true increase in cancers, including leukaemia, and in other noncommunicable diseases, and if so what environmental factors in the region might be to blame.

Possible risk factors include, for the Balkans, pollution from heavy industry and mining activities in the region and, for the Gulf, environmental pollution and chemicals which may have been used in the Gulf War and the Iran-Iraq War. Radioactive metals are just one category of possible agents being considered, WHO says.

WHO has appealed to the international community for US\$ 2 million to cover its investigations in Iraq and the Balkans over the next six months and says about

US\$ 20 million will be needed over the next four years to carry out in-depth studies. The immediate needs include field surveys, the strengthening of national surveillance systems for noncommunicable diseases, including cancers, and the deployment of toxicologists, and radiation and chemical experts.

WHO has invited experts from Iraq to a meeting in Geneva, at a still unspecified date, to help draw up guidelines for the investigation into the possible health effects of environmental contamination in the Gulf Region. The Iraqi government maintains that exposure to DU is responsible for an increase in cancers and congenital malformations among the civilian population. Since 1995, WHO has been working with the ministry of health in Iraq to rebuild the country's cancer registries, so that trends in cancer incidence can be recorded and verified.

In late January, WHO sent a team of environmental health experts to Kosovo to make an initial assessment of the data available on population exposure to DU and other contaminants and its possible damage to health. It is currently reviewing hospital data on cancer incidence and has made recommendations for improved surveillance and environmental safety measures.

WHO is currently completing a thorough review of the scientific evidence for health effects from exposure to DU. "This report should be completed in March and will form a reference from which health risk assessments can be made for different exposure situations," Mike Repacholi, who is coordinating the production of the WHO scientific review, told the *Bulletin*.

Meanwhile, samples of DU found at 8 of the 11 sites in Kosovo inspected by the United Nations Environment Programme (UNEP) during a field assessment in November 2000 are currently being analysed at five European laboratories. The UNEP team collected samples of soil, water, milk, and vegetation, and carried out smear tests on buildings, vehicles, and weapons. Some 340 samples are currently being examined for both radioactivity and toxicity. The results are due in early March.

Most studies to date — mainly involving uranium workers and people affected by the Chernobyl disaster — suggest that, at low exposure rates, the health risks from exposure to DU are low. However, WHO

maintains that the evidence available is too limited to be conclusive.

What is known is that the heavy metal component of uranium can cause kidney damage in experimental animals. And some studies suggest that long-term exposure could cause similar damage in humans. The radiological risks include a possible increased risk of lung cancer if DU particles are inhaled and an elevated risk of other cancers, including leukaemia, only if DU is absorbed into the blood or other organs.

However, it is thought unlikely that DU could be responsible for the leukaemia cases reported among military personnel who served in the recent conflict in Kosovo, since the disease normally takes at least five years to develop after exposure to radiation. ■

Sheila Davey, *Geneva, Switzerland*

## WHO's Executive Board tackles tricky topics

At its 107th meeting, held throughout the third week of January, the delegates of the 32 countries making up WHO's Executive Board had some thorny issues to discuss. A sampling: Should WHO continue to recommend exclusive breastfeeding for the "first 4 to 6 months" of a baby's life or switch to the first 6 months? Should the organization continue to rank the health systems of its 191 member states, as it did for the first time in its *World Health Report 2000*? How good a job is WHO doing in responding to epidemics?

### *Breastfeeding*

WHO currently recommends that babies should be exclusively breastfed "from birth to 4 to 6 months". Some countries, particularly in the developing world, want that statement to read: "from birth to 6 months"; others, particularly in the industrialized world, want to keep WHO's vaguer wording. At issue is how early in life babies could safely be given foods other than breast milk. Related to that issue is what to do about manufacturers and distributors of industrially prepared infant food who do not abide by the International Code of Marketing of Breast-milk Substitutes that WHO issued 20 years ago to combat "inappropriate sales promotion of infant foods".

The Board passed a resolution calling for strengthening of "national mechanisms to ensure [their] global compliance" with the international code.

On the age issue, the Board decided to let the forthcoming May meeting of the World Health Assembly decide. By then a WHO-mandated literature review on the topic will have been completed and a group of experts will have met to discuss the review's findings.

#### *Ranking of health systems*

Last year's *World Health Report* erupted onto the international health scene with a ground-breaking table ranking the 191 member states of the organization according to how their health systems were performing. As WHO Director-General Gro Harlem Brundtland admitted in her opening statement to the Board, this exercise provoked not only "considerable public interest" but also "significant debate ... including critical remarks". Some countries were unhappy with the methodology or the data used. Others felt they should have been more involved in the process. Yet others questioned the usefulness of the table. Responding to these criticisms, Dr Brundtland said that the next ranking of health systems — scheduled for 2002, and every two years thereafter — would be based on a broad consultative process conducted at national, regional and global levels. The Board expressed satisfaction at Dr Brundtland's response and called for continuation of the health system assessments.

#### *Outbreak surveillance and response*

WHO is stepping up its outbreak surveillance and response capability. It is taking a leading role in a powerful new "network of networks" that scans the Internet for rumours of outbreaks, investigates suspected cases and verifies outbreaks of international concern. WHO announces confirmed outbreaks on its web site (<http://www.who.int/cha/disasters/>), together with advice on any travel or trade restrictions. A long-standing problem has been the reluctance of some countries to acknowledge outbreaks and thereby risk a negative impact on tourism and trade. The new procedures being put in place, which are implemented in close collaboration with the affected country, are contributing to prompt notification of outbreaks, mobilization of international assistance and rapid containment of epidemics.

The Board called on the Director-General to provide support to countries to bolster "their capacity to detect and respond rapidly to communicable disease threats and emergencies". ■

John Maurice, *Bulletin*, with reporting by Mary Kay Kindhauser, *WHO*

## In Brief

### WHO opens new office in France

On 8 February, WHO announced the opening in Lyon, a French city 150 km from the organization's Geneva headquarters, of an office that will coordinate activities aimed at bolstering the capability of developing countries to tackle epidemics, emerging diseases and drug resistance. The office, which will be part of WHO's communicable disease, surveillance and response department, will help train specialists from all over the world in epidemic control techniques. ■

## Diary

### Healthy water for all



WHO

"Water and health" is the theme of World Water Day 2001, which falls this year on 22 March. The theme also explains why this year WHO is the event's lead agency, among a large congregation of UN or UN-related bodies with an interest in water. The day will be marked by activities around the world aimed at reminding people of the vital link between safe water and health. Visit [www.worldwaterday.org](http://www.worldwaterday.org) for further information. ■