

Health aid as well as food aid needed in southern Africa

Food aid must be accompanied by health services if devastating loss of life is to be averted in southern Africa, WHO pointed out on 5 August. In addition to the US\$ 500 million needed for food, US\$ 40 million is needed for health and nutrition interventions.

Adverse health conditions triggered by drought have put 12–14 million people at risk in the region. The crisis has been exacerbated by a long period of deterioration in the health services associated with the AIDS epidemic and economic difficulties. “We are particularly concerned about data coming in from the field showing a doubling of lifetime risk of maternal mortality in some areas, and the continuing rise in tuberculosis, acute respiratory infections and malaria,” said Dr Gro Harlem Brundtland, WHO’s Director-General. “We fear there could be at least 300 000 ‘extra’ deaths during the next six months because of the crisis.”

A survey in Malawi showed the levels of malnutrition in children rising from 6% to 19% in three months. The current estimates are that 7 million people need food aid now, and that this will have risen to 12.8 million by the end of the year. To date, the World Food Programme has been feeding 4.6 million people. “We’re staring catastrophe in the face,” said James Morris, Executive Director of the Programme, and the UN Secretary-General’s Special Envoy to the region. “With each passing month the situation will get worse if we don’t receive more food, water and medicine.”

Further information can be obtained from Gregory Hartl, Communications Adviser (email: hartlg@who.int).

Childhood obesity control strategy under preparation

Childhood obesity is not confined to rich industrialized countries. In Egypt, for example, surveys of four-year-old children have shown that more than 25% of them are overweight or obese. In Nigeria and Kenya between 5% and 10% fall into these categories. Similar findings are reported from other continents. The strongly suspected causes are reduced physical activity and over-consumption of energy-dense convenience foods. Its

effects include risk of type 2 diabetes and its consequences – particularly cardiovascular disease. The WHO diabetes programme is building a strategy for diet and physical activity, which will be presented at the World Health Assembly in 2004. Further information from Rhys Williams (email: williamsrh@who.int).

Draft treaty on tobacco control released

The draft treaty providing the basis for the final stage of negotiation on a Framework Convention on Tobacco Control was released by WHO on 16 July. Ambassador Luiz Felipe de Seixas Correa, the Brazilian diplomat who is the Chairman of the Intergovernmental Negotiating Body for the Framework Convention, oversaw the drafting of the text. He called it “a basket of best options for nations seeking to curb the tobacco epidemic.” The points it covers include tobacco advertising, promotion and sponsorship; illicit trade in tobacco products; taxes; international cooperation in areas such as agricultural diversification; and finance.

These will be considered by WHO’s Member States at a meeting in Geneva from 14 to 25 October this year. The draft treaty should then be ready to present to the World Health Assembly for adoption in May 2003. “As in any negotiations, there is a process of give and take and it is my firm belief that this text will meet the target date for adoption,” said Correa.

The Framework Convention represents WHO’s first engagement in treaty-making. In addition to the health sector, ministries of finance, trade and foreign affairs have been involved in the process. Tobacco kills 4.2 million people a year and is expected to kill over 10 million a year by the late 2020s unless major steps are taken now to change the trend.

For further information, contact Helen Green, Information Officer for noncommunicable diseases and mental health (email: greenh@who.int).

Study on the health implications of trade agreements published

WHO and the World Trade Organization today launched a joint publication on the

relation between trade rules and public health. The 172-page study is the first attempt at providing an analysis of how current trade agreements affect different aspects of health service provision and health policy development. It is meant as a primer for health professionals, trade negotiators, journalists and other interested parties. It focuses on 8 health issues: food safety, tobacco, environment, access to drugs, health services, nutrition, and emerging issues (such as biotechnology). *WTO agreements and public health* can be obtained from publications@who.int

Guide to skin cancer prevention launched

WHO’s global ultraviolet project, called Intersun, has published a practical guide to protection against skin cancer and cataract blindness that can be caused by over-exposure to sunshine. “Very simple and inexpensive protection measures, such as wearing a shirt, hat, sunglasses and sunscreen, and seeking shade during midday hours, can significantly reduce the risk of these conditions,” Intersun advises. “Such measures could eliminate up to 70% of skin cancers in several countries.”

Between 2 and 3 million non-melanoma skin cancers, as well as at least 132 000 malignant melanomas, occur globally each year. The incidence of skin cancers has risen significantly since the 1970s. Increased sun-seeking behaviour is thought to be the main cause, and it is compounded by depletion of the ozone layer, which provides a protective filter against ultraviolet radiation.

In 1997 WHO and other organizations designed an educational tool called the Global Solar UV Index. The United Nations Environment Programme, the World Meteorological Organization, the International Commission for Non-Ionizing Radiation Protection, and the German Federal Office for Federal Protection collaborated in this international effort. The index measures ultraviolet radiation levels at the earth’s surface, indicates the potential for skin damage, and provides advice on protective action.

Ultraviolet index values are grouped into exposure categories of low, moderate, high, very high and extreme, with corresponding colour codes. Icons indicate the appropriate action to take. See Intersun’s website at <http://www.who.int/peh-uv/> ■