

28-year river blindness campaign celebrates completion

On Friday 6 December the Onchocerciasis Control Programme (OCP) ended with a closing ceremony in Ouagadougou, Burkina Faso, having eliminated river blindness as a public health problem in West Africa. Farmers are now moving back to reclaim the 25 million hectares of fertile riverine land made habitable by the removal of this threat.

River blindness is caused by *Onchocerca volvulus*, a filarial parasite which infests the skin and eyes. Its vector is the blackfly, which breeds in the environment of fast-flowing water. In 1974 when the OCP began, the disease was causing blindness in 10% of the population in the most highly affected areas, and visual impairment in 30%. Families were moving away from the river valleys to save their eyesight. The campaign to get rid of this danger was concentrated initially on eliminating the vector. This involved aerial spraying of larvicide to destroy blackfly, mainly from helicopters travelling at low altitude following the course of the river.

In 1988 the programme took a decisive turn towards success with the availability of ivermectin, an anthelmintic which destroys the microfilaria. Its manufacturer, Merck & Co. Inc., had decided to donate the drug free of charge. Distribution began with OCP staff bringing it to remote areas, and was later taken over by community distributors.

The OCP was a WHO-led partnership of donors, Merck & Co. Inc., nongovernmental organizations, community distributors, and other agencies. In addition to removing a major health threat, it leaves behind a health infrastructure with strengthened capacity for vector control and epidemiology, and national surveillance systems on the alert for new outbreaks.

New coalition for access to antiretrovirals

A new alliance has been formed to increase access to antiretroviral drugs in low- and middle-income countries. Named the International HIV Treatment Action Coalition (ITAC), it was launched on 12 December in Geneva (Switzerland) and Dakar (Senegal), and pools the efforts of more than 50 partners. These include government bodies, nongovernmental organizations, and private sector, academic and research institutions.

Antiretrovirals are not a cure for AIDS but they help to sustain immunity, and in countries where they are widely available they have dramatically reduced HIV-related illness and death. Of the 3.1 million AIDS deaths which occurred in 2002, 99% were in poorer countries. WHO estimates that only 5% of those who need antiretrovirals in these countries are getting them. In sub-Saharan Africa, the proportion is thought to be more like 1%.

Dr Gro Harlem Brundtland, Director-General of WHO, expressed the idea that unites the Coalition as follows: "Does anyone deserve to be sentenced to death because she or he cannot access care that costs less than \$ 2 a day? Is anyone's life worth so little? Should any family become destitute as a result? Should children be orphaned? The answers must be no, no, no and no."

Served by a small secretariat at WHO's headquarters in Geneva, ITAC plans to promote reliable drug procurement systems, more efficient information sharing about what makes programmes work, and training for health workers. It also aims to galvanize donors and provide technical support for national HIV treatment programmes. Dr Joep Lange, President of the International AIDS Society, said: "These drugs have saved hundreds of thousands of lives in Europe and the United States. They could do the same for millions more in developing countries. If we can get cold Coca-Cola and beer to every remote corner of Africa, it should not be impossible to do the same with drugs."

Water redefined as a human right

"Water is fundamental for life and health. The human right to water is indispensable for leading a healthy life in human dignity. It is a pre-requisite to the realization of all other rights." This statement is from a "General Comment" issued on 27 November by the United Nations Committee on Economic, Cultural and Social Rights. A General Comment is an interpretation of the provisions of the International Covenant concerning these rights. This one obliges the 145 countries that have ratified the Covenant to "move expeditiously and effectively towards the full realization of the right to water".

The significance of the General Comment is that it provides civil society with a means of holding governments accountable

for fulfilling their obligations in this respect. At the same time, it provides a framework for governments to use in formulating policy and strategies for public health.

Research network fosters synergy for mental health

WHO's department of Mental Health and Substance Dependence joins the Institute of Social and Preventive Medicine of the University of Geneva in a project entitled "Health, human rights and legislation: a special focus on mental health", funded by the Geneva International Academic Network (GIAN). The GIAN's main aim is to create synergies among academic institutions and international organizations to promote sustainable development, human rights and intercultural dialogue through collaboration between academic and international organizations. Its budget for 2003 is 2.4 million Swiss francs. The project of WHO and the Social and Preventive Medicine Institute will result in training modules for health students and professionals on the human rights of people with mental disorders.

More about GIAN and its projects can be found at <http://www.ruig-gian.org>.

Guide to resources for preventing violence published

WHO has published a *Guide to United Nations resources and activities for the prevention of interpersonal violence*. It provides information on the work of 14 UN agencies and programmes in this area, together with contact data, a bibliography, web site addresses, and the addresses of the relevant databases.

Details and a copy of the Guide are available from bookorders@who.int.

Forum on noncommunicable diseases meets in Shanghai

The Second Global Forum on Noncommunicable Disease Prevention and Control was held from 4 to 6 November in Shanghai to discuss national, regional and global strategies. These diseases are now responsible for 60% of the deaths occurring globally. The third Global Forum will meet in Rio de Janeiro in November 2003. Further information can be obtained from Dr Pekka Puska, puskap@who.int. ■