

New Regional Director for Africa nominated



Dr Luis Gomes Sambo nominated as new Regional Director for Africa.

Dr Luis Gomes Sambo of Angola, who has held senior WHO posts for the last 15 years, has been nominated as the new Regional Director for Africa.

He was elected by the Regional Committee for Africa, which represents 46 governments, on 2 September and his nomination will be submitted to the WHO Executive Board for confirmation in January 2005.

The former Angolan health minister pledged to work towards a more efficient WHO Regional Office for Africa, promising to motivate staff more and provide technical support to Member States in a more efficient way.

In August, outgoing regional director, Dr Ebrahim Samba, who is from the Gambia, dismissed a scathing editorial published in the *Lancet* medical journal on 7 August criticizing the work of the regional office during his 10-year term.

Samba, who retires at the end of the year, defended his record saying that despite widespread poverty and instability in the region his office had achieved unprecedented success (*Bulletin* 2004:82(9)).

Incoming director Sambo is currently Director of Programme Management in the African Region, where he is responsible for designing strategies and coordinating technical support programmes for all 46 countries in the region. ■

Survey finds up to 10 000 died each month in Darfur

At least six thousand and as many as 10 000 people died in Sudan's Greater Darfur region every 30 days between 15 June and 15 August, according to estimates based on the initial results of a survey of internally displaced people in western and northern Darfur.

The survey, which is being conducted by WHO, Sudan's Ministry of Health and the European Programme for Intervention Epidemiology, found that half to three-quarters of the deaths of children aged less than five years were linked to diarrhoea. WHO said that these could easily be prevented by simple cost-effective measures, such as providing improved access to clean water and better sanitation.

The initial findings of the survey, which was released on 13 September, also found that an estimated 15% of all deaths were linked to injuries and violence. The survey among internally displaced people in southern Darfur was interrupted in early September but has since been resumed. The full results are not yet available, WHO said.

"This survey confirms what the humanitarian community has suspected for some weeks. The results, along with the other information gathered by our staff, tell us that the people in Darfur need more assistance," said Dr LEE Jong-wook, WHO's Director-General.

An estimated 1.2 million Sudanese have fled their villages, which were under attack by militias, and have taken refuge in 129 camps across Darfur. Their displacement has triggered one of the world's greatest humanitarian disasters and a major international relief effort is underway to help them.

In western Darfur which has an estimated 498 500 internally displaced people, the study found a crude mortality rate — the mortality rate from all causes of death for a population — of 2.9 displaced people per 10 000 per day during the eight-week period.

In northern Darfur with an estimated 382 600 internally displaced people, the figure was lower with a crude mortality rate of 1.5 displaced people per 10 000 people per day.

Both surpassed the threshold of one death per 10 000 people a day that defines a humanitarian emergency.

WHO said the findings underscore the urgent need to scale up humanitarian assistance in Darfur and, in particular, to improve access of all internally displaced people to drinking-water, water and soap for washing, sanitation, and quality health care. ■

Danzon re-nominated as WHO Regional Director for Europe



Marc Danzon re-nominated as WHO Regional Director for Europe.

Dr Marc Danzon, a French national, has been nominated as the WHO Regional Director for Europe and is due to start this — his second five-year term — on 1 February 2005.

His nomination was uncontested and will be submitted to the WHO Executive Board in January for confirmation.

Danzon said his priorities were to help the region's 52 Member States address public health issues, such as non-communicable diseases and HIV/AIDS, as well as to provide policy-makers and

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health-care providers with reliable health information. ■

WHO and UNAIDS call for joint HIV-tuberculosis action

WHO and UNAIDS have called for more action and funding to combine HIV testing with the treatment of tuberculosis (TB) in a new strategy to save millions of lives.

The joint call by WHO and UNAIDS on 21 September came just two months after former South African president Nelson Mandela appealed at an International AIDS Conference in Bangkok to step up the fight against TB.

Combined TB treatment and HIV testing and treatment could save the lives of as many as 500 000 HIV-positive Africans every year, they said.

“By strengthening collaboration between TB and AIDS communities we will be able to respond to the challenges ahead more effectively,” Dr Mario Raviglione, Director of the WHO Stop TB Programme, told a meeting of health experts in the Ethiopian capital, Addis Ababa.

Of some 25 million Africans infected with HIV, about eight million also harbour the bacillus that causes TB.

Each year, 5% to 10% of these eight million develop active TB and up to half — or four million — will develop the disease at some point in their lives, WHO said.

WHO said that without TB treatment, HIV-positive people who have developed TB often die within months but noted that national TB programmes in Africa, for example, currently treat fewer than half of the HIV-positive people with active TB. ■

Surveys suggest new ways to improve mental health

Two new reports found that appropriate public health measures and social programmes can prevent mental and behavioural diseases, while early identification of serious disorders can result in more effective treatment.

WHO said that the two reports, which were released on 20 September at a conference in New Zealand showed how better nutrition, factors such as improving access to education, paying

attention to the quality of environment and housing, and strengthening community networks can have a beneficial effect on mental health.

Dr Catherine Le Gales-Camus, WHO's Assistant Director-General, Non-Communicable Diseases and Mental Health, welcomed the reports' findings.

She said that health professionals and planners were often so preoccupied with treating people with mental illnesses they sometimes neglected others who were likely to develop them. “We need to intervene sooner, when people are still on the cusp of having a problem,” Le Gales-Camus said.

One example of early identification of potential mental problems was psychosocial programmes in schools. The reports showed how school-based programmes such as these can lead to decreased prevalence of conduct and substance-abuse disorders.

Mental and behavioural diseases are estimated to affect one in four individuals during their lifetime, according to WHO statistics.

The two new reports were presented at the 3rd World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders.

Texts of the two studies, one entitled: *Prevention of Mental Disorders* and the other: *Promoting Mental Health*, are available from: www.who.int/mental_health/evidence/en/ ■

Maternal mortality initiative to fight “invisible epidemic”

WHO joined forces with other agencies to step up the fight against maternal mortality in a major training and education initiative to prevent women dying in pregnancy and childbirth in 20 developing countries.

Some funds are in place to get the project moving, but WHO said a further US\$ 10 million was needed to implement it fully in the 20 countries

which have some of the highest maternal mortality rates in the world.

The initiative, launched on September 29 by the Partnership for Safe Motherhood and Newborn Health, which includes WHO and other international and regional agencies, also aims to improve the collection of data on maternal deaths.

Some 500 000 women die in pregnancy and childbirth every year, according to current WHO data.

WHO believes, however, that the real figure is much higher. It estimates that about 50% of maternal deaths are not reported because they are not classified correctly or, as is more often the case, not counted at all.

It noted that 62 countries have no data on maternal mortality.

“We have an invisible epidemic,” said Dr Joy Phumaphi, WHO Assistant Director-General, Family and Community Health.

“Women should not die giving birth. Their deaths are preventable, even in the poorest countries,” Phumaphi said.

A new manual entitled *Beyond the Numbers – Reviewing Maternal Deaths and Complications to Make Pregnancy Safer* is being distributed as part of the campaign, WHO said.

Maternal mortality underscores the stark divide between rich and poor countries, and reducing the number of women who die in pregnancy and childbirth is one of the Millennium Development Goals to improve public health in developing countries.

In some developing regions, a woman has a one in 16 chance of dying during pregnancy and childbirth compared with a one in 2800 risk for women in the developed world.

The main causes of maternal death are blood loss, infection, hypertensive disorders, obstructed labour and unsafe abortions, WHO said.

The manual is available on: <http://www.who.int/reproductivehealth/publications/btn/btn.pdf> ■

Contributions are welcome for the Letters section, in response to articles that have appeared in the *Bulletin* or on matters of major public health importance. Letters are usually between 400 and 850 words, with a maximum of six references; they will be edited and may be shortened.

Manuscripts should be submitted to the *Bulletin* via our submissions web site accessed at <http://submit.bwho.org> or via a link from www.who.int/bulletin where there are “Help” and “FAQ” (frequently asked questions) buttons to assist authors.