

March), Ghana, Niger, Nigeria, Côte d'Ivoire and Togo will come together to launch the campaign and tens of thousands of vaccinators will go house-to-house over three days to administer the vaccine directly to every child.

"After eight years of incredible collaboration and investment, Africa is standing on the verge of a well-deserved triumph in public health," said Dr Ebrahim Samba, WHO Regional Director for the African Region.

However, hopes of a quick end to polio in Africa have been overshadowed by the recent polio outbreak in Nigeria. Until mid-2003, Nigeria was part of Africa's polio success story, with only a few northern states remaining polio-endemic and the country's capital, Lagos — Africa's most densely populated city — polio-free for over two years. However, suspension of immunization campaigns in the northern state of Kano fuelled by unfounded rumours about the safety of polio vaccine led to an outbreak of the virus which then spread to the neighbouring polio-free countries of Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Ghana and Togo.

"The disease is now threatening to make a comeback, and the whole continent is on the brink of re-infection unless these campaigns stop the further spread of the virus," said Samba.

"Before this new wave of cases, Africa had made the most rapid progress of any continent to secure a polio-free future for its children," said Rima Salah, UNICEF's Regional Director for West and Central Africa. "It would be an unspeakable tragedy to allow the virus to slip back now. National and community leaders must take a stand to stop the spread of the disease and ensure a victory over polio for the entire continent."

The campaign to "Kick Polio Out of Africa," launched by Nelson Mandela and other African leaders, has cut the number of children with paralysis caused by polio down from 205 cases per day in 1996 to just 388 a year in 2003.

Since its launch in 1988, the Global Polio Eradication Initiative, spearheaded by WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF has seen the number of polio-endemic countries drop from 125 to just six — Afghanistan, Egypt, India, Niger, Nigeria and Pakistan.

Despite the resurgence of polio in West Africa which has put millions of

children at risk, partners in the Global Polio Eradication Initiative remain hopeful that if the upcoming campaigns reach every child, polio transmission in Africa can still be stopped in 2004.

"Africa has proved it can stop polio — now its time to finish the job," said Samba. ■

WHO issues guidelines for herbal medicines

WHO has released guidelines for ensuring the safety, efficacy and environmental sustainability of the US\$ 60 billion a year herbal medicines market amidst an increasing number of reports indicating adverse health reactions caused by the misuse of medicinal plants.

The *WHO guidelines on good agricultural and collection practices for medicinal plants*, issued on 10 February 2004, are intended for national regulatory bodies and offer advice on cultivation and collection methods, site selection, climate and soil considerations and the correct identification of seeds and plants. They also offer guidance on post-harvest operations such as labelling and legal components including national and regional laws on quality standards, patent status and benefits sharing.

Representing an annual global market of US\$ 60 billion every year, herbal medicines account for around 20% of the overall drug market.

According to WHO, up to 80% of the population in Africa depends on traditional medicine for primary health care and in China, herbal medicines account for 30–50% of total medicinal consumption. In Europe, North America and other industrialized regions over 50% of the population have used complementary or alternative medicine at least once.

"It is not a binding guideline for any country, but it is a model or a sort of checklist which they can use to make their own national regulations," said Hans Hogerzeil, acting Director of WHO's Essential Drugs and Medicines department.

Although, 70 countries have a national regulation on herbal medicines, the legislative control of medicinal plants lacks structure due to differing definitions of medicinal herbs and products and diverse approaches to their licensing, dispensing, manufacturing and trading.

Hogerzeil described an enormous unregulated industry in which huge

amounts of leaves and traditional medicines are being shipped from various exporting countries such as China, India and Pakistan to many other countries. "Somebody has to regulate that, at least their safety," he said.

According to WHO, reports of patients experiencing negative health consequences caused by the use of herbal medicines are on the rise. These cases are usually linked to the poor quality of herbal medicines, the incorrect identification of plant species or inadequate labelling.

For example, ephedra or Ma Huang, traditionally used in China to treat respiratory congestion, was marketed in the states as a dietary aid. Overdosage led to at least a dozen deaths, heart attacks and strokes prompting the US Food and Drug Administration to issue a consumer alert in December 2003 on the safety of products containing ephedra.

The guidelines also address growing concerns over the potential threat to biodiversity posed by the booming herbal medicines market. Over-harvesting may lead to the extinction of endangered species and the destruction of national habitats and resources, warned WHO. ■

Oral diseases increasing in developing countries

Oral diseases such as tooth decay, gum disease and oral and pharyngeal cancers are still a problem in the developed world and have also become a threat to oral health in developing countries, says a new report released on 24 February 2004 by WHO's Global Oral Health Programme.

According to the report (http://www.who.int/oral_health/publications/report03/en/), an estimated five billion people worldwide have experienced tooth decay. While it appears to be less severe in most African countries, the report states that tooth decay is expected to increase in many developing countries in Africa as a result of the growing consumption of sugars and inadequate exposure to fluorides. ■