

traffic safety effort. It also highlights the need for countries to assess the magnitude of the problem, the policies, institutional settings and capacity relating to road traffic injury. It recommends the preparation of a national road safety strategy and plan of action and the allocation of financial and human resources to address the problem.

“Road safety is no accident,” says World Bank President, James D Wolfensohn together with LEE in a joint foreword to the report. “It requires strong political will and concerted, sustained efforts across a range of sectors. Acting now will save lives. We urge governments, as well as other sectors of society, to embrace and implement the key recommendations of the report.”

The United Nations General Assembly is to hold a plenary meeting — the first of its kind to address the issue of road safety — on 14 April, attended by senior national and international policymakers including LEE. The meeting will consider a draft resolution containing suggestions for implementing some of the report’s recommendations, proposals for advancing the international road

safety agenda and for identifying a focal point within the UN, among other issues. The following month, the World Health Assembly will consider adopting a resolution on road safety.

Road safety is one of the themes of the 7th World Conference on Injury Prevention and Safety Promotion, which will take place in Vienna, Austria, on 6–9 June 2004. More than 1500 health specialists and opinion leaders from over a hundred countries are expected to attend.

“The conference will be an excellent opportunity to discuss how to further implement the technical aspects of the *World report on road traffic injury prevention*,” said Dr Etienne Krug, Director of WHO’s department of Violence and Injury Prevention. ■

PAHO works to restore public health services in Haiti

The rebellion in Haiti which erupted in early February 2004 forcing President Jean-Bertrand Aristide into exile on 29

February has had a devastating effect on an already precarious health system, said officials from the Pan American Health Organization (PAHO), the WHO Regional Office for the Americas.

PAHO reported on 1 March that most of Haiti’s public hospitals and health centres had ceased full operations — including the State University Hospital which takes care of the capital city’s population — and that the situation was compounded by a lack of electricity and water, triggered by fuel shortages. Whilst most of the private hospitals were beginning to resume operations, the eight hospitals in the area surrounding the country’s capital, Port-au-Prince, were unable to take care of patients, leaving many medical emergency cases unattended. Only about 60% of Haiti’s 8 million people have access to health care and the vast majority relies on public hospitals.

According to WHO’s Situation Report for Haiti on 8 March referring to the status of public health services in the capital, “there is no current capacity to assist patients either with injuries or with diseases.”



A Haitian armed rebel checks a truck from the International Committee of the Red Cross bringing medicine to the rebel-held Haitian city of Gonaives, north of the capital, Port-au-Prince.

"The situation in Port-au-Prince is serious because of the interruption of basic services, some of which were facing difficulties even before this crisis," said Dr Jean-Luc Poncelet, head of PAHO's Program on Emergency Preparedness and Disaster Relief. The agency has set up an emergency centre at its Washington DC headquarters to coordinate the work of 12 staff operating from Port-au-Prince. PAHO has about 70 people in the country as a whole working with numerous partners to restore Haiti's health system.

"PAHO continues to work to help alleviate Haiti's humanitarian crisis by coordinating the shipments of medical supplies to hospitals in the affected areas," said Poncelet. "The priorities continue to be to ensure the distribution of essential medicines and medical services to the most vulnerable sectors of the population, to strengthen the logistical support and to reactivate the monitoring stations for specific information about diseases."

In late February, in a joint operation with the International Committee for the Red Cross (ICRC), PAHO succeeded in sending two convoys with medicines and vaccines to the towns of Gonaives and Saint Marc, north of Port-au-Prince. Since then, the agency has been helping with the distribution of fuel supplies needed to restore services at ten Haitian hospitals. The disruption of fuel supplies has led to an interruption in the supply of drinking water which relies on fuel-powered generators and power stations. PAHO/WHO and ICRC are also working to respond to a shortage of propane gas which is needed to keep vaccines refrigerated.

Poncelet underlined the importance of incorporating the existing health infrastructure in efforts to help restore Haiti's health services.

"Haiti had an infrastructure, however limited, prior to this crisis, and efforts should be focused on putting that infrastructure back on its feet," he said. "We don't need to set up field hospitals, but rather concentrate on working with people who were already in the health services, as well as with nongovernmental organizations and other sectors."

The United Nations issued a Flash Appeal for US\$ 35 million on 3 March calling upon the international community to provide urgent aid for the beleaguered country. "The objective of

the Flash Appeal is to respond to urgent and immediate needs of the Haitian population and to quickly establish the basis for rehabilitation of social services and economic recovery," said the UN statement accompanying the launch of the appeal.

The appeal noted that several hospitals and health-care centres had been the target of armed groups resulting in the lack of medicines, vaccines and medical personnel. It also cited problems surrounding reproductive health, nutrition, access to HIV drugs, water, food security and violence.

UNICEF issued an emergency appeal on 27 February for US\$ 8.7 million to provide relief for children and women affected by the collapse in civil authority.

"We have to keep children alive now by vaccinating them and providing clean water," said UNICEF Executive Director, Carol Bellamy. "But we're also looking six months ahead ... to ensure that children and mothers have basic life-saving medical care." UNICEF, along with PAHO/WHO is planning on the resumption of vaccination activities against polio, measles and tetanus for some 280 000 children.

According to UNICEF, even before the crisis, the country's health system was in a state of disrepair — the situation for Haitian children was among the worst in the world, said the agency in a statement. More than one in 10 Haitian children die before the age of five and more than 200 000 have lost one or both parents to AIDS. Maternal mortality in the country is among the highest in the world.

An integrated multi-disciplinary assessment mission led by the UN Department of Peacekeeping Operations was due to begin a two-week mission in the country beginning 12 March. The team will draw on participation from other UN agencies including WHO/PAHO. ■

World is ill-prepared for "inevitable" flu pandemic

The recent avian influenza outbreaks in Asia serve as stark reminders that another influenza pandemic is inevitable and possibly imminent, said WHO Director-General, Dr LEE Jong-wook, during a conference on influenza preparedness hosted by WHO on 16–18 March 2004.

"We know another pandemic is "inevitable," said LEE. "It is coming. And when this happens, we also know that we are unlikely to have enough drugs, vaccines, health-care workers and hospital capacity to cope in an ideal way."

Poultry culling and other measures may have reduced the likelihood of a human pandemic influenza strain emerging soon from Asia as a consequence of avian flu. However, experts believe that because these outbreaks come in cycles, a human influenza pandemic must be expected at some time in the future. (See related editorial, *Avian flu and pandemic influenza*, on p. 242 in this month's issue of the *Bulletin*.)

The three-day global consultation on priority public health interventions before and during an influenza pandemic brought together experts from all regions on influenza, public health, health economics, health policy, drugs and pharmaceuticals, infection control measures, disease surveillance, modelling and risk communication.

Objectives of the meeting included the identification of practical measures and feasible interventions aimed at increasing access and use of vaccine and antivirals, sound public health measures that may slow down the initial spread of a pandemic virus and reduce its impact on the population, and surveillance strategies that would rapidly detect a new pandemic virus and monitor its spread.

Epidemiological models indicate that an influenza pandemic will pose a major disease and economic burden both in developed and developing countries. "Once a pandemic has begun, we must be ready to implement without delays the key activities required to minimize its impact. Therefore the planning and implementation of preparatory activities must start well in advance," said Dr Marja Esveld from WHO's department of Communicable Disease Surveillance and Response. "Few countries have so far developed and approved influenza pandemic preparedness plans."

Participants heard that whilst vaccines remain the most important public health intervention, they will not be available in the initial stages of a pandemic since it takes at least four to six months just to begin vaccine production once a new strain of the virus has been identified. Another problem could be inequitable access, with vaccines being used first in the few countries that have production capabilities.