

## Poor countries need help to fight bird flu



WHO/WPRO

Dr Shigeru Omi

Dr Shigeru Omi, 56, earned his MD in 1978 and a PhD in molecular biology in 1990 at Jichi Medical School in his native Japan. He started his career as a medical officer for the Tokyo Metropolitan Government and worked as a medical doctor to promote health on remote Japanese islands where resources were scarce. In 1989, he became Deputy Director of the Office of Medical Guidance and Inspection in Japan's Ministry of Health and Welfare. In 1990, he joined WHO as medical officer and developed the Western Pacific Region's strategy for polio eradication. After holding a number of senior posts in the Western Pacific Region, Dr Omi became Regional Director in 1999.

Nearly one-third of the world's population or 1.6 billion people live in the 37 countries and areas of WHO's Western Pacific Region, which stretches from China in the north to New Zealand in the south and French Polynesia in the east. The Western Pacific Region and WHO's 11-country South-East Asia Region have been at the forefront of WHO's efforts to stem the spread of avian influenza and to help countries prepare for an outbreak among humans. Among the first to warn the world about the possible dimensions of a flu pandemic was Dr Omi.

In this interview with the Bulletin, Dr Omi calls on donor countries and institutions to help raise US\$ 260 million to support measures in developing countries to prevent further spread of avian influenza, particularly in countries in Asia where the virus has already infected and killed humans. He also talks about other public health priorities in WHO's Western Pacific Region.

*Q: How likely is an avian influenza pandemic among humans? What is your assessment of the current situation?*

A: We are very concerned by the current situation. The virus is already entrenched in this part of the world and has now moved westward through Mongolia and Kazakhstan into Russia and beyond. More human cases of avian influenza have been reported this year than last year. The H5N1 virus remains unstable and unpredictable. A case in point: a few months ago in Qinghai Province (China) many migratory birds died. Usually migratory birds are regarded as quite resilient to the H5N1 virus, so this was another indication that it remains very unstable and changeable. Another concern is that ducks and some other species of birds are serving as a silent reservoir. They are infected but they don't show any symptoms and so they can pass the virus to other birds and to human beings. If you also take into account the historical perspective, looking at the

history of the 20th century, every 30 or 40 years we have a human influenza pandemic, so we cannot rule out the eventual occurrence of a human influenza pandemic.

*Q: Are countries in the Western Pacific Region doing enough to stop the spread of avian influenza among birds?*

A: All the countries are doing their best under the circumstances. But the capacity for detecting and reporting cases among birds is very limited in those countries, particularly where there are no mechanisms for financial compensation for farmers to encourage such reporting. The majority of human cases occur in rural areas where reporting lines are not good. In general, the

level of awareness is quite poor. Some rural people may have heard that the virus can pass from birds to humans, but their knowledge is still quite limited. All the Member States have to double and triple their efforts, but I don't think they can solve all the issues alone. That's why I believe that the international community, partner agencies and donor agencies need to help countries to cope with this daunting challenge.

*Q: How is WHO helping these countries cope with that challenge?*

A: We have established systems for reporting, surveillance and laboratory testing and we have approached major donor countries and agencies to help them meet the financial gap. We still need an additional US\$ 160 million for the next couple of years.

“ ... it's very important to restructure and improve farming practices, down the chain of production to how chickens are sold in the market. There are many things we can do ... ”

*Q: What kind of support are you seeking from the international community? For prevention of the spread of the disease or measures in the event of a pandemic?*

A: We need both. On the one hand, we must do our best to avert this pandemic, but at the same time we have to prepare for the worst-case scenario by stockpiling antiviral drugs in strategic loca-

tions so that they will be immediately available if needed. Developing vaccines for the virus is not an easy task,

and so far only developed countries are doing this. But in the long term, I think some of the developing countries in our Region are also interested in developing vaccines on their own. One of WHO's aims is to help countries to become self sufficient.

*Q: Why are humans becoming affected by diseases that spring from the animal world, such as SARS (Severe Acute Respiratory Syndrome) and avian influenza?*

A: There are many factors. One is that for the last 20 years growing prosperity in Asia has increased the demand for animal meat, particularly chicken. To meet this demand, chicken farmers have increased production, but often in unhygienic conditions. That's why it's very important to restructure and improve farming practices, down the chain of production to how chickens are sold in the market. There are many things we can do: segregation between ducks and chickens, between poultry and humans. Markets can be cleaned regularly. Hong Kong is doing this kind of thing. To avoid the risk of transmission, when slaughtering chickens, we propose central slaughtering houses. These are measures countries can implement, but it's not easy. That's why the international community needs to help these countries.

*Q: The measures you have outlined will not be cheap or easy to implement. How much will all this cost and where's the money coming from?*

A: It's very difficult to estimate how much it will cost. The Food and Agriculture Organization of the UN (FAO) and the World Organisation for Animal Health (OIE) have asked [for funds] to the tune of US\$ 100 million for their short-term needs. On the public health front, we have asked for US\$ 160 million for the immediate couple of years, although as we go along we may need additional funds. US\$ 260 million sounds like a very big figure, but it is worthwhile for the international com-

munity, because if we are faced with an influenza pandemic, economies will lose billions of dollars.

*Q: Apart from avian influenza, what are your priorities?*

A: First, to tackle emerging communicable diseases, including the growing problem of tuberculosis and HIV/AIDS. Secondly, to tackle noncommunicable diseases, such as diabetes, high blood pressure, cancer and mental health problems. And, thirdly, to address broader health systems issues, such as financing health services and the huge problem of the migration of health workers for economic reasons from countries that need them most.

“ US\$ 260 million sounds like a very big figure, but it is worthwhile for the international community, because if we are faced with an influenza pandemic, economies will lose billions of dollars. ”

*Q: What other areas of work are important?*

A: In this part of the world, we have reached a point in terms of life expectancy and GDP where we can discuss the quality of medical services. Medical services and science have been dictated by biomedical approaches, forgetting about the psychosocial approach. So in parallel to communicable and

noncommunicable diseases, we are starting to focus on the improvement of patient safety and quality of medical services – not just taking into account biomedical factors, such as measuring blood pressure, but also psychosocial factors; in other words, taking a more holistic approach. We are working on publishing a book that indicates how psychosocial factors have an influence on the health outcome. Also for our regional committee meeting next year, we will present a policy framework that can be the basis for developing national policies.

*Q: How successful have countries in your Region been in tobacco control?*

A: New Zealand's tobacco control programme provides a global model and China, the biggest country in the world, recently ratified the WHO Framework Convention on Tobacco Control, which will have a huge impact. Indeed, most Western Pacific states have already ratified [the treaty], and this is very important because the Region has an exceptionally high mortality rate, with more and more young women and others taking up smoking. The multi-billion dollar and multi-national cigarette industry is relying on that [uptake]. They lost markets in the developed world and now they are eyeing this part of the world. So it's not an easy battle. ■

## WHO assists with relief efforts in south Asia

WHO experts have been helping Pakistan and India with the provision of emergency health care to thousands of survivors injured in or made homeless by the 8 October earthquake in south Asia.

The earthquake which measured 7.6 on the Richter Scale hit Pakistan hardest, but parts of India and Afghanistan were also affected.

According to Pakistani authorities, an estimated 3.3 million people lost their homes and more than 38 000 people died. Many of an estimated 65 000 people injured had still received no treatment two weeks after disaster struck, WHO said.

As part of a United Nations Flash Appeal, WHO requested US\$ 21.7

million to address the health needs of some four million people living in the affected region in south Asia after 26 hospitals were destroyed and 600 clinics were destroyed or severely damaged.

WHO said the number of health workers needed to double or triple to address these needs.

In Pakistan, where officials have called the earthquake the “worst disaster” in their history, the WHO country team joined by 60 experts from headquarters have been helping to assess the population's health needs and to coordinate a response.

Disease surveillance, particularly in larger population centres will be critical to find and stop any disease outbreaks. WHO is helping to estab-

lish an Early Warning and Response Surveillance Network (EWARN) to track and respond to outbreaks of disease.

More than 200 Pakistani health officials and all health partners were being trained in disease surveillance including surgical teams, medical teams and field hospitals. These staff were then to report to EWARN on the number and type of cases they have treated.

WHO, together with Pakistan's Ministry of Health, sent 40 teams of surgeons as well as public health and environmental specialists to

areas affected by the earthquake on 18 October. Another group of 100 students and 30 epidemiologists from the Aga Khan University were due to be trained and dispatched to help with disease surveillance and response.

WHO, Pakistan's Ministry of Health, the Government of the Islamic Republic of Iran and the Italian Government have delivered nine emergency health kits containing sufficient medicines and medical supplies to serve the needs of 270 000 people for one month. Of these, four emergency health kits have been delivered to

Mansehra and three to Muzaffarabad while the remainder were in the capital, Islamabad.

The earthquake caused serious damage in some areas of Jammu and Kashmir in India, where the WHO country team has been helping the authorities with disease surveillance. WHO's Regional Office for South-East Asia provided four surgical supply kits that can serve hundreds of people with injuries. The WHO Country office in India has also provided US\$ 11 600 to the Indian Red Cross for urgent relief items. ■

## Recent news from WHO

- Dr Shigeru Omi, Regional Director of WHO's Regional Office for the Western Pacific called on donor countries and institutions to help raise US\$ 260 million to support measures in developing countries to prevent the spread of **avian influenza** (see p. 809). WHO experts have warned that this avian influenza virus could potentially mutate into a form that could be easily passed from human to human, thus sparking a human influenza pandemic. Although the **H5N1 virus** has been found in birds in Europe, WHO experts said this mutation was more likely to take place in Asia, where humans have already become infected with H5N1 and died. WHO reminded the public that there is no evidence that avian influenza is food-borne and advised the public not to stockpile antiviral drugs.
- WHO is hosting a meeting of partners in Geneva from 7–8 November to coordinate funding for a global response to **avian influenza** and a **possible human influenza pandemic**. A new International Partnership on Avian and Pandemic Influenza, which the United States announced at the World Summit in New York, held its first planning meeting with other countries on 7–8 October in Washington, and Canada hosted a ministerial meeting on 25–26 October to discuss policy issues and support the work of the partnership. Senior public health expert at WHO, Dr David Nabarro was appointed by Secretary-General Kofi Annan on 29 September to coordinate the United Nations response to the threat of an influenza pandemic.
- Members of the Stop TB partnership finalized details of a **new Stop TB strategy** at a meeting in Versailles and Paris, France, 15–17 October to help countries achieve Millennium Development Goal 6 to reduce **tuberculosis** cases by 2015. The strategy, which is due to be launched in coming months, continues the **DOTS strategy** of political commitment, case detection, standardized treatment, drug supplies and monitoring systems. In addition, the new strategy calls for closer collaboration on HIV/TB co-infection and multiple drug-resistant tuberculosis. The new strategy also seeks to promote efforts that strengthen health systems and engage public and private providers, and it seeks to empower patients and communities, and promote more research.
- **Chronic diseases** are by far the leading cause of death in the world and the impact of heart disease, stroke, cancer and diabetes is steadily growing, according to a new WHO report released on 5 October. The report: *Preventing Chronic Diseases: a vital investment* projects that some 17 million people will die prematurely every year as a result of chronic disease and that the vast majority of these deaths, or 80%, are in low-to-middle-income countries. The report estimates the economic impact of chronic diseases to be billions of dollars lost in national income in countries across the world as a result of heart disease, stroke, cancer and diabetes. The estimated accumulated losses to China from 2005 to 2015, for example, are US\$ 558 billion, for India US\$ 236 billion, and US\$ 303 billion for the Russian Federation. [http://www.who.int/chp/chronic\\_disease\\_report/en/](http://www.who.int/chp/chronic_disease_report/en/)
- On 10 October, WHO released the World Health Organization Mental Health Atlas 2005, an update on the first edition of 2001. The second edition contains the most complete global data available on **mental health resources** to date. The survey of 192 countries also shows a slight increase in the number of psychiatrists from 3.96 to 4.15 per 100 000 people worldwide. The disparity is huge, and ranges from 9.8 per 100 000 people in Europe to 0.04 in Africa. [http://www.who.int/mental\\_health/evidence/atlas/](http://www.who.int/mental_health/evidence/atlas/)

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2005/en/index.html>