

needs in terms of illnesses (e.g. malaria or HIV), drug policy (which drugs are available at which level of health facility) and organizational structure. The fact that it has been essential to build from the beginning and continually nurture partnerships with other principal actors in child health creates a stronger technical and funding base, and helps develop harmonious assistance to countries.

Q: What lessons did you learn for the future, when implementing this programme?

A: One key lesson was that you need to have the programmatic tools at the

same time as the training tools. One of the initial criticisms was that IMCI was just a training programme, since the other programmatic areas were not developed well enough initially. Another key lesson was in our presentation of IMCI to countries. For example, the training of health workers is done in a fairly intensive 11-day course. For the health worker, it is a short time to learn a great deal of material. For the decision-makers, it is a long time to take health workers from their posts. For the funders, it is expensive. Overall, you have a mixture of interests. In the packaging, we were focused more on the

content than on an explanation of why that length of time is necessary. Having all programmatic tools ready may have been a more successful way of ensuring agreement among the decision-makers and the funders. In addition, we need to be quicker to present positive results. Although we embarked on a very comprehensive multi-country evaluation of IMCI, we didn't pay sufficient attention to more punctual evaluation and feedback that would give results we could communicate to the ministries of health and to partners. I would do that differently in future. ■

Recent news from WHO

- WHO welcomed the **focus on infectious diseases** and **detailed health commitments made by the G8** countries in a final statement at 15–17 July summit in St. Petersburg, Russia. "The G8 spoke together on the essential need to tackle infectious diseases, because of their health, social, security and economic impacts," said WHO Acting Director-General Anders Nordström. "The commitments are detailed and specific, and represent another step forward in G8 leadership on public health." The G8 pledged to improve the ways in which the world cooperates on surveillance for infectious diseases, including improving transparency by all countries in sharing information. The G8 also committed to continued support to fight HIV/AIDS, tuberculosis, malaria, and to eradication of polio. Nordström led a senior WHO team at the summit to contribute to discussions on infectious disease, and he addressed G8 leaders, in the presence of heads of state or government officials from Brazil, China, the Congo, Finland, India, Kazakhstan, Mexico and South Africa, as well as UN officials who had been invited.
- The Codex Alimentarius Commission has adopted new standards on the maximum allowable levels of a number of key contaminants and food additives in order to protect the health of consumers. At its latest session, which ended on 7 July, the Commission set standards for the maximum allowable amounts of contaminants such as lead and cadmium in certain foods. Additionally, newly adopted codes of practice will give guidance to governments on how to prevent and reduce dioxins and aflatoxins in food.
- WHO issued updated guidelines on 28 June for the airline industry to reduce the risk of tuberculosis (TB) and other infectious diseases being passed from passenger to passenger on board aircraft. The **Tuberculosis and Air Travel guidelines** stipulate that people with infectious TB must postpone long-distance travel, while those with multidrug-resistant tuberculosis (MDR-TB) must postpone any air travel.
- WHO launched the world's first-ever international guidelines on **safe places to swim and bathe** on 27 June. The guidelines aim to protect people from the health risks associated with swimming pools, spas and other recreational bathing areas.
- Indonesia hosted an international expert consultation on **avian influenza** from 20 to 22 June. During the meeting, experts reviewed the status of the H5N1 virus in humans and animals. The group made recommendations on improving control of the virus in animals and humans, and it reviewed the lessons learned for rapid response and containment.
- WHO and the United Nations Population Fund pledged to step up efforts to address the increasing levels of **sexual and reproductive ill-health** after a 16 June meeting on the issue. The move follows two World Health Assembly resolutions on the issue in 2005 and 2006. Inadequate sexual and reproductive health services have resulted in maternal deaths and rising numbers of sexually transmitted infections, particularly in developing countries. WHO estimates that 340 million new cases of sexually transmitted bacterial infections, such as syphilis and gonorrhoea, occur annually in people aged 15–49 years. Many are untreated because of lack of access to services.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2006/en/index.html>