

Q: Lack of economic incentives and conflict have resulted in the migration of health professionals: an estimated 15 000 Arab doctors left their countries between 1998 and 2000, according to the Arab human development report 2002 published by the United Nations Development Programme in 2002. How is the Regional Office helping Member States to address health worker shortages?

A: Human resources development is a regional priority. We work closely with academic and teaching institutions to promote human resources development. This work addresses all health professionals, not only doctors. We have studied human resources development in the region and the movement of health professionals from one country to another. In some countries we support better working conditions and incentives to retain the limited number of available health professionals. In other countries we support efforts to produce more professionals to fill the gap. For populous countries with a large number of graduates, we support national efforts to produce highly skilled health professionals who support their countries' economies by working abroad and sending money home.

Q: Some governments in the Eastern Mediterranean Region spend a great deal more on defence than on health. How is the Regional Office addressing this?

A: Our region has so many emergencies and political problems that you cannot persuade governments to spend less on defence. However, I think we have been successful in making health and education a high priority for all countries. Some countries, such as

Morocco and Yemen, are spending 30% on education alone. Jordan and Lebanon spend 9.4% and 10.2%, respectively, of their budget on health.

Q: Arab countries produce less than 0.5% of the papers published in the world's top 200 medical journals, according to Science in the Arab world: vision of glories beyond, published in 2005. How is the Regional Office working with governments to encourage them to translate research findings into evidence-based policy?

A: It is true that the contribution of our Member States to global scientific publications is very limited. There are several reasons for this, one is the limited financial and other resources allocated to health research. Many researchers publish their papers in good local scientific journals, which reach the audiences they most need to reach. We publish the *Eastern Mediterranean Health Journal* to encourage regional scientists conducting operational and health systems research, such as on types of viruses that cause diarrhoea in a country or a district. We are encouraging ministries of health to play a major role in this type of research. We have had very good response from several countries including Egypt, where the First Lady, Suzanne Mubarak, strongly supports health research. We are also trying to build up a researchers' network to do more health systems research and encourage policy-makers to use research findings to make policy decisions.

Q: To what extent is the health sector in the Eastern Mediterranean Region still dominated by the English language?

A: In most of the Arabic-speaking countries teaching in the medical, pharmacy and nursing schools is in English or French. However, they usually practise in Arabic so there is potential for communication problems with patients and other technical staff. In the Syrian Arab Republic and to a great extent in Sudan and in the Libyan Arab Jamahiriya doctors, nurses and other health workers are taught in Arabic, while in the Islamic Republic of Iran, doctors study in Farsi. Our policy is to encourage teaching in the national language and we also support translation and publishing of medical text books and reference books in national languages.

Q: Saudi Arabia – your country of birth – is the main financial supporter of WHO in the Eastern Mediterranean Region. Can WHO be certain to secure financial support of the Regional Office once it no longer has a Saudi Arabian regional director?

A: I don't think Saudi Arabia's support for WHO is related to having a Saudi as a regional director. This relationship was established before my arrival and I am sure it will continue after my departure. Saudi Arabia believes in WHO. Until the late 1980s, some countries in the region, including Saudi Arabia and the United Arab Emirates, did not receive any financial allocation from WHO because their allocations were given to other countries. Now funds are distributed routinely. Nevertheless, a lot of bilateral support goes from wealthy countries like Saudi Arabia to less privileged countries in and outside the region. ■

WHO's 60 years and the Global Health Histories initiative

Twenty African scholars, historians of medicine and public health leaders joined a debate in Nairobi on the impact decolonization and the end of the Cold War have had on health in Africa. The debate from 6 to 8 February was part of the Global Health Histories initiative and one of a series of events leading up to WHO's 60th anniversary on 7 April 2008.

WHO launched the Global Health Histories initiative in 2005 in recognition of the importance of the history of public health.

As part of this initiative, WHO plans to publish a history of global health over the last 60 years, in 2008. The book will cover the major health events since WHO was founded in 1948 and WHO's role in them. It will also look at the development of public health during decolonization, the Cold War and globalization.

To date, WHO has published official histories of its first two decades and next year plans to publish a history of the third covering the pivotal years of the 1970s.

The Global Health Histories initiative includes an oral history project. Retired WHO staff have been recording and transcribing interviews with leading WHO figures recalling some of the world's most important health events. The interviews are available to the public in the WHO archive.

The National Library of Medicine in the United States is preparing an exhibition that will chart the history of public health over the last 60 years. The show will open at the US library, which is based in Bethesda, Maryland, in 2008 and may tour WHO's Regional Offices and headquarters.

To mark WHO's 60th anniversary, the *Bulletin of the World Health Organization* plans a volume of papers from the Public Health Classics series. One of the most popular sections of the journal, Public Health Classics publishes commentaries by

experts who analyse groundbreaking papers in the context of public health today.

The Nairobi debate in February this year was organized by WHO's Department of Knowledge Management and Sharing with funding from

the Special Programme for Research and Training in Tropical Diseases.

The Global Health Histories' web site gives an overview of these and other upcoming events: http://www.who.int/global_health_histories/en/ ■

Recent news from WHO

- Governments, donors and international agencies, at a meeting in Geneva on 28 February, agreed that implementation of innovative, tailored approaches can eradicate the **polio virus** in Afghanistan, India, Nigeria and Pakistan, the only countries where polio remains endemic. Personal envoys of heads of the four governments presented these new plans for the final assault on these last remaining strongholds of the virus. WHO warned that if additional funds of US\$ 575 million are not found for 2007–2008, the global polio eradication programme will be forced to cancel key activities as early as May 2007.
- A new WHO report shows that **neurological disorders**, ranging from epilepsy to Alzheimer disease, from stroke to headache, affect up to one billion people worldwide. *Neurological disorders: public health challenges*, which was released on 27 February, reveals that of the one billion people affected 50 million suffer from epilepsy and 24 million from Alzheimer and other dementias. Read the report at: http://www.who.int/mental_health/en
- Dr Margaret Chan, Director-General, named her **senior team** to lead the clusters of departments at WHO headquarters on 22 February. Chan announced a revised structure including three new clusters to re-align WHO's structure with the six core areas: health development, health security, health systems capacity, evidence and information, partnership, and performance. Dr Ala Alwan was named assistant director-general of a new cluster for Health Action in Crises, which was formerly a WHO programme. Dr Tim Evans was named assistant director-general of a new cluster for Information, Evidence and Research. Dr Anders Nordström was named assistant director-general of a new Health Systems and Services cluster. Chan made two additional assistant director-general appointments: Dr Hiroki Nakatani to head the HIV/AIDS, Tuberculosis and Malaria cluster, and Ms Namita Pradhan to head the General Management cluster. Chan also appointed Mr Denis Aitken as representative of the Director-General for a new programme on Partnerships and UN Reform.
- A meeting of experts held 14 to 16 February at WHO to discuss advances in **pandemic influenza vaccine development**, reported encouraging progress. More than 40 clinical trials have been completed or are ongoing. Sixteen manufacturers from 10 countries are developing prototype pandemic influenza vaccines to protect humans against H5N1 avian influenza virus. Five of them are also involved in the development of vaccines against other avian viruses (H9N2, H5N2, and H5N3).

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2007/en/index.html>



Volunteers in Pakistan are trained at a polio clinic to administer the oral vaccine to children in refugee camps. Pakistan is one of the four remaining polio endemic countries.

WHO/J. M. Giboux



Rotary International President Bill Boyd, Director of US Centers for Disease Control and Prevention (CDC) Dr Julie Gerberding, UNICEF Deputy Executive Director Kul Gautam and WHO Director-General Dr Margaret Chan at 28 February meeting in Geneva.

WHO



Researcher developing a vaccine candidate for avian flu in the United Kingdom.

WHO/G. Smyth