

No one in their right mind would suggest taking poisoned water and purifying it for drinking when there are other more important sources of water available. We need a long-term solution. Bangladesh is a developing country. We do not have the luxury of piecemeal solutions because if we only solve a piece of the problem, it will rebound on us on a much bigger scale.

*Q: What is your main concern in the future?*

A: Recent studies show that a large amount of groundwater is going to the fields for irrigation. It has been found that rice stalks that are used for cook-

ing can have a higher concentration of arsenic than contaminated drinking-water. People then breathe the fumes while they are cooking. Agencies are only monitoring arsenic in drinking-water but we need a proper evaluation of the risk from topsoil contamination. No international and national agencies are very serious about this, but arsenic in the food-chain has the potential to cause more serious problems in the future than arsenic in drinking-water.

*Q: Do you have a clear picture of how many people are suffering from arsenic-related disease?*

A: There are a lot of cases, but no

proper prevalence study has been done. There is an urgent need for research. We still don't know exactly how many people are suffering from cancer, skin lesions or gangrene. Arsenic can cause low birth weight, and many physical and neurological deficiencies. The Bangladeshi who is drinking water with 50 micrograms per litre of arsenic and has poor nutrition may have worse health than a well-nourished person drinking the same water. This is a point that bothers us very much. Moreover, agencies or donors are not taking responsibility for patient management or arranging for research on the long-term ill effects of arsenic. ■

### Recent news from WHO

- On 6 December, WHO launched a major initiative called "make medicines child size" to increase children's access to safe and effective medicines. HIV/AIDS, malaria, tuberculosis, pneumonia and diarrhoeal diseases account for over 50% of under-five mortality.
- In her message for World Aids Day on 1 December, WHO Director-General Dr Margaret Chan called on the world not to forget Africa or women. In all regions, the proportion of women living with HIV is growing. In sub-Saharan Africa, the most afflicted area, it approaches 61%, the highest in the world.
- Measles deaths in Africa fell by 91% between 2000 and 2006, from an estimated 396 000 to 36 000, reaching the United Nations 2010 goal to cut measles deaths by 90% four years early. The announcement on 29 November was made by the founding partners of the Measles Initiative: the American Red Cross, The United Nations Children's Fund (UNICEF), the United Nations Foundation, the United States Centers for Disease Control and Prevention (CDC) and WHO.
- The Ministry of Health in Uganda confirmed an outbreak of Ebola haemorrhagic fever in Bundibugyo district. On 7 December, 93 suspected cases, including 22 deaths, were reported.
- The United Kingdom contributed £2 million (US\$ 4 061 878) on 22 November to support the US\$ 10 billion WHO global pandemic influenza action plan to increase vaccine supply.
- WHO's Director-General announced a second round of changes in 2007 to the structure of the Organization, on 21 November. The Health Technology and Pharmaceuticals cluster of departments will be merged into the Health Systems and Services cluster in recognition of the fact that "access to safe, effective, affordable medicines and other technologies is a fundamental component of an effective health system". The Health Technology and Pharmaceuticals cluster includes the departments of Essential Health Technologies, Medicines Policy and Standards and the department of Technical Cooperation for Essential Drugs and Traditional Medicine.

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