15 January 2004 | GENEVA -- Polio should be relegated to the history books within the next twelve months, Ministers of Health and representatives from the six remaining polio-endemic countries declared today at a high-level meeting in Geneva. The Ministers unveiled a bold new plan to immunize 250 million children multiple times during a series of massive polio immunization campaigns in 2004.

Data presented from Afghanistan, Egypt, India, Niger, Nigeria and Pakistan, show poliovirus beaten back to only a few remaining reservoirs. These data, and the introduction of aggressive new programmes, present an unprecedented opportunity to eradicate a disease that once paralyzed hundreds of thousands of children each year.

After an international investment of US$ three billion over 15 years, and the successful engagement of over 200 countries and 20 million volunteers, polio could be the first disease of the 21st century to be eradicated. Health ministers in Geneva noted that the success or failure of the world’s largest public health initiative, spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, now rests with the governments of the six endemic countries. Polio transmission levels are now at their lowest ever in the key countries of India, Pakistan and Egypt, providing these governments with a rare opportunity to halt the spread of the virus. The first milestone in 2004 toward global polio eradication may well come from Egypt, according to epidemiologists, followed closely by India. Nigeria is currently the greatest risk to global eradication. In late 2003, immunization activities against polio were brought to a halt in the state of Kano, the last major polio reservoir in Africa, because of unfounded rumours which suggested that the polio vaccine was not safe. With immunization activities stalled in Kano and polio campaigns of a sub-optimal quality in other northern states, polio was able to creep back across Nigeria and spread into the previously polio-free countries Cameroon, Chad, and through Niger, into Benin, Burkina Faso, Ghana and Togo, putting 15 million children at risk and necessitating a massive immunization campaign across west and central Africa. The Nigerian Minister of Health, Professor Eyitayo Lambo, outlined the steps his country will take to "dramatically" improve polio campaigns in the first half of 2004, particularly in the northern states where the virus continues to circulate widely. He said: "We will work together as one – federal, state and local governments, religious and traditional leaders, Christians and Muslims – to reach every child with the polio vaccine. It is the responsibility of every Nigerian to ensure polio is eliminated from every area, north and south, of our great country. Nigeria is determined to break the chains of polio transmission for the sake of our children, our neighbours’ children, and the children of the world."

Speaking from Delhi, Ms Sushma Swaraj, India’s Minister of Health, said: "Polio eradication is a tremendous challenge in a vast, densely populated country like India. But in 2003, we have shown the world we have the capacity, resources, and most importantly, the will, to vanquish this devastating disease." The Minister referred to preliminary data from 2003, showing a 84 per cent reduction in polio cases there compared with 2002.
She continued: "We have a unique window of opportunity in which to end polio forever. We will seize this opportunity by reaching each and every child with vaccine, particularly in western Uttar Pradesh and any other corner of India where transmission has not been stopped. There is no room in India’s future for polio."

The year 2003 also demonstrated the serious risks at play in the world’s final push to eradicate polio. In 2003, funding shortfalls required most polio-free countries to stop their polio immunization campaigns, thereby leaving millions of children more vulnerable to poliovirus infections from endemic countries, underscoring the urgency of interrupting poliovirus transmission in the six remaining endemic countries.

The Ministers concurred on an all-out effort to reach every child with the polio vaccine from early in 2004, particularly in Nigeria, India and Pakistan, which together account for more than 95 per cent of all polio cases worldwide. Within these three countries, transmission of poliovirus is further confined to “polio hotspots,” especially in five states and provinces (Kano in Nigeria, Uttar Pradesh and Bihar in India and North West Frontier Province and Sindh in Pakistan) that together are linked to more than 75 per cent of all new cases worldwide in 2003.

To fully implement the bold eradication plans outlined by the Ministers of Health requires the continued generous support of public and private donors. An additional US$150 million is urgently needed to fill the remaining funding gap for activities during 2004 and 2005.

The Global Polio Eradication Initiative is spearheaded by WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF. The polio eradication coalition includes governments of countries affected by polio; private foundations (e.g. United Nations Foundation, Bill & Melinda Gates Foundation); development banks (e.g. the World Bank); donor governments (e.g. Australia, Austria, Belgium, Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, the United Kingdom and the United States of America); the European Commission; humanitarian and nongovernmental organizations (e.g. the International Red Cross and Red Crescent societies) and corporate partners (e.g. Aventis Pasteur, De Beers).

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Many countries not on target to reach health-related Millennium Development Goals

World Bank, World Health Organization convene high-level meeting to map out strategy for meeting health MDGs

8 January 2004 | GENEVA -- The World Health Organization (WHO) and the World Bank today warned that many developing countries will not be able to reach health-related Millennium Development Goals (MDGs) unless clear actions are taken, starting now and with a concerted effort over the next 12 years. More worryingly still, the organizations noted that the health Goals are particularly difficult to meet and that progress towards them is slower than towards some other MDGs.

The eight MDGs were set at the United Nations Millennium Summit in September 2000, where 189 countries committed to ambitious targets for improving the health and well-being of hundreds of millions of people in the developing world by 2015. Four of the Goals relate to health: to reduce maternal mortality by three-quarters and child mortality by two-thirds, halve the proportion of people who suffer from hunger, combat HIV/AIDS, malaria and other diseases, and improve access to safe drinking water and essential drugs.

"When these kinds of targets are set, it seems too soon to take urgent action, and then, after a few short
years, it seems too late," said Dr LEE Jong-wook, Director-General of WHO. "Where the targets are the product of a large consensus there is also the hazard of everyone waiting for everyone else to risk making the first move. We still have time to avoid these pitfalls with the targets for 2015, but to do so we have to act now."

The World Bank estimates that progress against child mortality has so far been so slow that no sub-Saharan country in Africa is on target to reach that MDG. At the current pace in the developing world as a whole, only 16% of countries (representing 19% of the developing world’s population) are on track for this goal. Similarly, only 17% of developing countries are likely to meet the maternal mortality MDG; here, Latin America and the Caribbean are faring worst, with just 4.2% of countries on track to meet the target. In addition, only 40% of developing countries are on track to reach the malnutrition MDG.

"Even with general economic growth and faster progress on the non-health MDGs, many regions will still miss many of the health MDG targets. We need to look at measures such as committing increased resources to meeting the health-related MDGs, and using those resources more effectively in countries," said Mr James Wolfensohn, President of the World Bank. "Donor harmonization in resource mobilization and use, strengthening human resources in the health sector and improving monitoring and evaluation, through the optic of a strong country and equity focus, will be particularly important."

Lack of progress towards the health MDGs is likely to affect progress towards other MDGs, such as those concerned with education. Furthermore, for example, access to clean water and education for mothers are both key determinants of infant and child mortality rates. Coming together in a high-level meeting in Geneva on 8 and 9 January, some of the most influential people in the development field, including representatives from concerned countries, development agencies and UN organizations will assess progress so far towards meeting the health MDGs, and most importantly, map out what needs to be done if the world is to stand a realistic chance of reaching those goals.

The meeting will note that slow progress in health is particularly distressing as many of the "technologies" needed to improve health are available and affordable. The difficulty is getting them to people: in other words, building strong health systems in all countries. Lack of resources is a huge constraint but that it is not the only issue. Delivering quality health services in poor countries is a complex challenge, involving human resources, reliable health information and ensuring that the poorest people are reached. Countries providing aid need also to work together better - both to raise more money and to ensure that advice given to poor countries is consistent. All these issues will be discussed in detail during the meeting.

Recognizing the complexity of the health agenda, participants represent a broad group with differing perspectives: Ministers of Finance alongside Ministers of Health, donor agencies alongside recipient countries. The meeting will issue a final communiqué which is expected to identify critical actions - both at the country and international community levels - which will facilitate the scaling up of interventions aimed at reaching the MDGs.

Survivors of Bam earthquake urgently require public health supplies and medicines

31 December 2003 | GENEVA -- The World Health Organization (WHO) emphasizes the urgent health needs of the tens of thousands of people affected by the recent earthquake in Bam, Islamic Republic of Iran. The health risks of exposure to cold night temperatures, inadequate access to safe water and sanitation, and insufficient care for people's injuries are amongst the many serious health concerns.
To date, at least 26,700 people have been buried as a result of the Bam earthquake. Approximately 30,000 are injured, and more than 12,000 of these people have been admitted to hospitals in other parts of the country. In total, the earthquake destroyed approximately 20,000 homes of the 90,000 inhabitants.

The physical structures of the main hospitals in Bam, and several urban and rural health clinics, have also collapsed. Many medical staff and other health workers have been injured or killed. With the immediate response and the coordination efforts of the Ministry of Health and Medical Education, the Red Crescent and other sectors, sufficient manpower and facilities have been dispatched and are now providing preventive and curative health emergency services to all needing it.

Dr LEE Jong-wook, the Director-General of WHO, in his letter of condolences to the Minister of Health and Medical Education of the Islamic Republic of Iran, said: “The profound tragedy of thousands of people killed has caused emotional and psychological trauma for the tens of thousands of people who have survived. It is now imperative to ensure their mental and physical well-being to the fullest extent possible during this fragile period”.

Dr Hussein A. Gezairy, the Regional Director for the WHO Eastern Mediterranean Regional Office, in his condolences message to the President and to the Minister of Health and Medical Education, reaffirmed the commitment of WHO to provide necessary technical and material support to the Islamic Republic of Iran. He said: “The priorities are to take care of the survivors, reduce the negative health impacts of the harsh environmental conditions on them, re-establish systems that keep a look out for communicable diseases and - if they are detected - make sure that they are quickly controlled, and re-start health care services ensuring adequate psychological counselling and care to those who survived the tragedy”.

The Minister of Health and Medical Education, who is coordinating the overall health aspects of the response, has specified that there are many health needs. However, he has indicated that, at this stage, there is no further need for field hospitals or human resources, as most of the seriously wounded have been airlifted to health facilities in other cities, or treated in field and makeshift hospitals established in Bam.

Preliminary estimates by the Ministry of Health and Medical Education consider that the reconstruction and operationalization of the health system in Bam and its district, which still need an in-depth assessment, will require at least US$25 million.

To improve the health conditions of the earthquake survivors, WHO is now appealing for US$3.5 million for immediate use by the Iranian authorities to purchase supplies, rehabilitate health facilities and provide vital public and community health services.

Since the earthquake on 26 December, WHO has set up a team that is working with the Iranian Ministry of Health and Medical Education and local officials in the affected area. Team members include experts in emergency health care, epidemiology of diseases, information collection and analysis, environmental health, and health service planning. WHO experts are also ready to set up emergency teams to respond to disease outbreaks and contain epidemics.

To make sure that the external assistance now reaching the Islamic Republic of Iran is well used, national authorities are establishing coordination mechanisms. WHO is supporting the Iranian health authorities to coordinate assistance for health by helping to circulate information among partners, encouraging the discussion of needs and lines of action, and helping those concerned to reach consensus on how to get the best response to the health risks faced by all of those who are affected.

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