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**Special Focus:**

**A Pandemic That Knows No Borders**

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**Global Summary of the HIV/AIDS Epidemic**

December 2003

<table>
<thead>
<tr>
<th></th>
<th>Number of people living with HIV/AIDS</th>
<th>People newly infected with HIV in 2003</th>
<th>AIDS deaths in 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>40 million (34-46 million)</td>
<td>5 million (4.2-5.8 million)</td>
<td>3 million (2.5-3.5 million)</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>37 million (31-43 million)</td>
<td>4.2 million (3.5-4.8 million)</td>
<td>2.5 million (2.1-3.5 million)</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>2.5 million (2.7-2.9 million)</td>
<td>700,000 (580,000-810,000)</td>
<td>500,000 (420,000-580,000)</td>
</tr>
</tbody>
</table>

* *The entries beyond the estimate of 3,000,000 define the boundaries within which the actual numbers lie, based on the best available information. These figures are based on more than those of previous years, and work is underway to increase even further the precision of the estimates that will be published mid-2004.*

**Source:** UNAIDS
Mr. Anwarul K. Chowdhury was appointed in March 2002 by the Secretary-General of the United Nations as Under-Secretary-General and High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States.

Prior to his appointment, Ambassador Chowdhury completed his assignment (1996-2001) as Permanent Representative of Bangladesh to the United Nations in New York. He also served as Bangladesh’s Ambassador to Chile, Nicaragua, Peru and Venezuela, as well as Bangladesh’s High Commissioner to the Bahamas and Guyana.

During his tenure as Permanent Representative, Mr. Chowdhury served as President of the Security Council, President of the United Nations Children’s Fund (UNICEF) Executive Board, and Vice-President of the Economic and Social Council of the United Nations.

AKC: There are four. First, is the differential access to healthcare in the developing world. Second, is the persistence of certain cultural patterns which increase risk. Third, public health information in most LDCs is limited and there are enormous amounts of misinformation. Fourth, and most importantly, the financial resources to fight HIV/AIDS are entirely inadequate to the task.

WER: Can you give us a sense of the severity of the HIV/AIDS situation in the LDCs?

AKC: Unfortunately, HIV infection rates in most LDCs in sub-Saharan Africa, for example, continue to increase. In some cases, the HIV/AIDS epidemic is literally threatening the entire nation. For example, a recent report on Botswana, a tiny and desperately poor African nation of just 1.6 million, estimated that almost 39% of the adult population is infected. A decade ago, life expectancy in Botswana was 65. Today, because of AIDS, a baby born in Botswana has a life expectancy of 32 years.

WER: Is the HIV/AIDS epidemic largely limited to the LDCs?

AKC: No, this is not the case although this may be the perception of many. HIV/AIDS is a multifaceted, worldwide threat. To address the global nature of the epidemic, the United Nations established the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996. UNAIDS is now the main advocate for global action against the epidemic. Every year, UNAIDS and the World Health Organization (WHO) release a report on the status of this global plague.

WER: And what does the most recent UNAIDS/WHO report suggest about the scope of HIV/AIDS infection?

AKC: The report, available at the UNAIDS website, documents that 30% of those living with HIV/AIDS worldwide live in southern Africa, an area that is home to just 2% of the world’s population. In southern Africa the epidemic is particularly devastating for women. A young woman aged 15 to 24 is 2.5 times more likely to be infected than a young man of comparable age.

The report also emphasizes that a new wave of HIV epidemics is threatening the more populous nations of China, India, Indonesia and Russia, mostly due to HIV transmission through injecting drug use and unsafe sex.

The new UNAIDS/WHO report presents many clear warning signs that Eastern Europe and Central Asia could become home to serious new HIV epidemics. Prevalence rates in these regions continue to grow and show no signs of abating.

Young people are among the hardest hit by HIV/AIDS in this part of the world. While young men still bear the brunt of the epidemic, 33% of those infected at the end of 2002 were women, up from 24% the year earlier. Despite the growing prevalence of HIV infection, too little prevention outreach, such as safe sex education or adoption of safer injection techniques, is being employed in these areas.

The epidemic is also growing in areas where, until recently, there was little or no HIV present, including many areas in Asia and the Pacific. Recent rapid increases in HIV infections in China, Indonesia, and Vietnam show how suddenly an epidemic can erupt wherever significant levels of drug injecting occur and, as seen in Eastern Europe, illustrate the urgent need to increase prevention efforts before the epidemic expands beyond high-risk groups.

WER: Are you present very disconcerting information. Are there any nations in the LDC category that are effectively combating the spread of HIV/AIDS?

AKC: Yes, encouragingly, there are. Let’s look, for example, at Uganda where HIV/AIDS first appeared in 1981. By 1992, the infection rate had reached as high as 15.5% in urban areas. Tragically, the most productive people in Ugandan society were dying off leaving childrearing to other, mostly older and less productive relatives.

In 1992 the government took action. With leadership provided by Uganda’s President, an AIDS commission was established and religious leaders were enlisted to help essential outreach efforts. Policies and programs were drawn up for all key ministries, including the military, education, and agriculture. The major AIDS control campaign was tagged “ABC” and called for “A” – Abstinence; “B” – Being faithful; and “C” – Condom use. By 2002, AIDS prevalence in Uganda has decreased to 6.1%.

The Ugandan experience highlights certain key features that must be part of any program intended to combat the scourge of AIDS. These key features include: 

- Exercise of effective leadership at the highest political level
- The creation of an enabling environment for the implementation of policies that address the most vulnerable groups.
- Decentralized programs that operate at the community level
- Involvement of the civil society and the private sector
- Strong administrative coordination to avoid duplication of efforts.

WER: On a global level what must be done if we are to halt the spread of the infection while simultaneously accelerating our efforts to care for those who are affected?

AKC: Any effective global strategy to combat HIV/AIDS must involve information; social reform; the development of public health infrastructures; and the mobilization of resources.

WER: Can you please elaborate on what is required in each of these initiatives?

AKC: Yes. Let’s look at each to better understand what needs to be done.
Health Infrastructures

We must, in each nation, build a public health infrastructure that provides health care that is affordable, convenient, and of good quality. Developing countries clearly need enhanced health care services including access to diagnosis and counseling, better information and education, as well as increased research, promotion, supply and distribution of condoms, pharmaceuticals, vaccines, and safe blood transfusions... all of which requires a massive mobilization of resources.

Mobilizing Resources

UNAIDS estimates that disbursements from private, national, and international sources for 2003 will total about $4.7 billion in low and middle-income countries... a very substantial increase in the last five years.

Unfortunately, the latest estimates by UNAIDS on the cost of effective prevention, treatment, care and support programs in such countries will be $10 billion annually by 2005.

This dollar requirement is expected to increase to $15 billion annually by 2007, an annual level of support that will be required for at least another decade.

While many LDCs are committing as much as 15% of their national budgets to health spending, this level of funding falls far short of the need. It is estimated, for example, that 30% of the total resources to effectively combat AIDS in sub-Saharan Africa and in parts of Asia will have to come from international sources.

WER: What is being done on the global level to mobilize resources?

AKC: There are many new initiatives that will contribute to fighting the scourge of HIV/AIDS. The American Congress, for example, is expected to approve $2.4 billion to be spent in 2004 in fourteen countries to fight AIDS in Africa and in the Caribbean.

Major pharmaceutical companies are also operating extensive programs to improve health in the developing world. These initiatives include major research programs to develop new medicines and vaccines for tackling major killers such as HIV/AIDS, malaria, and tuberculosis. These global pharmaceutical corporations are also helping create community health partnerships that are self-sustaining and replicable as well as creating preferential pricing for medicines (particularly antiretrovirals) and vaccines that are needed most.

WER: Speaking of antiretrovirals, what actions are the governments in China and South Africa doing in this area?

AKC: Both governments announced that they will endeavor to supply antiretroviral drugs to every citizen who needs them. South Africa, for example, will be spending $600 million annually by 2007 to buy drugs, set up clinics, and train thousands of health workers.

Similarly, the World Health Organization has launched the so-called “3 by 5 program”, a plan to get 3 million people on antiretroviral treatment by the end of 2005. If WHO achieves this goal it will represent a ten-fold increase in the number of people in LDCs taking antiretroviral medications.

WER: Where do we stand today in the battle against this global disease?

AKC: We are at a turning point. Anti-AIDS programs are growing larger, more coherent, and better funded. There is also a growing political commitment, in both the developed and developing worlds, to ensure that more money is spent, and importantly, new methods are pursued to getting AIDS drugs to the poor in the LDCs.

WER: Are you encouraged?

AKC: Yes. New political commitments, better programs and more funding should not, however, lead to complacency. In 2003, three million died of AIDS. HIV/AIDS is arguably the single biggest threat to life and prosperity in the developing world. The epidemic continues to tear across Africa, Asia, and Latin America.

In Botswana, most teachers and farmers will die of AIDS. Almost 11 million children in sub-Saharan Africa have lost at least one parent to the disease. In Zambia, 12% of all children are AIDS orphans. Now that the disease is taking hold in Eastern Europe, India and China, the AIDS damage to economies, to education, and to social services is almost too great to imagine.

While the world may be at last beginning to organize an adequate medical response to AIDS, we have not even begun to identify the vast socio-economic implications of this global plague let alone the kinds of programs and funding needed to deal with the wreckage left in its wake.

Social Reform

Building gender equality and equity is key in the fight against AIDS.

To make this happen changes are necessary in both male and female knowledge, attitudes and behavior. Women need to develop greater self-esteem and knowledge in order to take more responsibility for their sexual and reproductive health, free from discrimination, coercion and violence. Men need to take greater responsibility for their own conduct and recognize the importance of women’s health needs and well being. We need to support female involvement in health planning and implementation.
Health and Environment

Health and the UN’s Millennium Development Goals

The year 2000 served as a dual calendar marker, ending the twentieth century and beginning the new millennium. The United Nations Secretary General marked the entry into the new era by laying out eight goals for UN member states to achieve by 2015. The goals were synthesized into the UN’s agenda in every field. However, the following year, just before the UN General Assembly was scheduled to open its first session of the new millennium, Al-Qaeda terrorists launched an attack against the United States that delayed the opening of the General Assembly Session. The September 11 terrorist attack against America changed the background against which UN member states would try to achieve the eight Millennium Development Goals, or MDGs. Combating terrorism became the newest initiative of the UN and challenged the optimism inherent in the MDGs which had preceded the year before.

The Millennium Development Goals are: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, malaria and other diseases; 7) ensure environmental sustainability; 8) develop a global partnership for development.

Health is the specific subject of three of the MDGs (1, 4, 5, 6). In order to accomplish reductions, by two-thirds, of the mortality rate among children under five years of age (#1), to reduce by three-quarters the maternal mortality ratio (#5), and halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases (#6), the other five goals will also have to be achieved in proportionate measure. Goal #7, on ensuring environmental sustainability, includes reducing by half the number of people without access to safe drinking water. 30% of the 2.1 million people who die annually from diarrhea are children under five years old.

Each MDG has a health component, and according to the World Health Organization’s World Health Report 2003, improving human health, “is at the heart of the matter of development.” In fact, heart disease is the number one global killer of people over 60. In contrast, for children under five, the major causes of death are: perinatal conditions, lower respiratory infections, diarrhoeal disease and malaria. For men between 15 and 59, HIV/AIDS is the major cause of death according to the most recent WHO annual report. Overall, deaths and disability are caused by non-communicable diseases and from injury, particularly road accidents. Funded initiatives to improve health care as well as disease detection compete with military spending to combat terrorism. So far, the number of global deaths caused by terrorism and war remains low. Investing in health, the health initiatives of the MDGs increases chances for individuals, especially those with no stake in a common future, to lead productive lives and become constructive members of their societies.


Food for Thought

International POPs Elimination Network (IPEN)

The United Nations Environment Programme (UNEP) has the mandate to develop approaches to the safe management of chemicals. At its February 2002 Special Session, UNEP’s Governing Council adopted a “Strategic Approach to International Chemicals Management” known as “SAICM.” The Executive Director was requested to work with relevant intergovernmental groups and other stakeholders to review current actions to advance the sound management of chemicals, identify gaps and propose concrete projects and priorities. The strategic approach is to promote the incorporation of chemical safety issues into the development agenda. The initiative was endorsed by the World Summit on Sustainable Development in Johannesburg in September 2002, and the first SAICM meeting took place in Bangkok in November, 2003.

The International POPs Elimination Network, known as IPEN, is a global network of public interest non-governmental organizations united in support of a common POPs elimination goal. The mission of IPEN, achieved through its participating organizations, is to work for the global elimination of persistent organic pollutants (POPs), on an expedited yet socially equitable basis. POPs are highly toxic chemicals which persist in the environment, bio-accumulate in the food chain, and concentrate in cold climates.

IPEN Bangkok SAICM Statement, November 10, 2003

We, the non-governmental public interest organizations working to protect public workers, and peoples’ health and the environment from the harms caused by toxic chemicals, our organizations reaffirm our commitment to continue to work jointly toward elimination of persistent organic pollutants (POPs), and other persistent toxic substances from the world environment.

We welcome the decision by governments to adopt a strategic approach to international chemicals management (SAICM), and we will work for effective policies and their implementation in our regions, countries, and locales to protect health and the environment from injury caused by chemicals throughout their life cycles.

Toxic chemicals impact every aspect of life on our planet. They contaminate basic resources including air, water, soil, and food. They contaminate our bodies, future generations, and wildlife across the globe.

We therefore urge governments and stakeholders to utilise the SAICM approach to achieve by the year 2020, a toxic free future in which free of water, soil and air do not contain chemical pollutants having the potential to cause harm to human health and the environment, and in which workers and communities no longer receive occupational or community exposure or injury caused by these chemicals.

We believe the following elements are essential to achieving this goal:

1. Begin immediately, and at the latest by 2020, to phase out the production and use of chemicals that are persistent or bio-accumulative or that are carcinogenic, mutagenic, toxic to reproduction or endurance disruptive, or are of equivalent concern.

2. To cease all releases (gaseous, liquid or solid; deliberate or accidental) and losses of these chemicals to the environment by the year 2020.

3. The substitution principle meaning that hazardous chemicals, products and processes are replaced with safe alternatives, building upon the Stockholm Convention.

4. The precautionary principle, under which preventative measures are to be taken when there are reasonable grounds for concern, even when the evidence is insubstantial of a causal relationship between an activity and its effects.

5. The “polluter pays” principle, which requires that the costs of all impacts on human health, society, and environment caused by the production and use of chemicals are internalised.

6. An effective approach for creating corporate liability and compensation, particularly in identifying and holding appropriate parties responsible for damage to human health and the environment.

7. Full public participation, where public interest organizations work together with governments to ensure a transparent multi-stakeholder approach, and where capacity building and other mechanisms are maintained to ensure relevance at the grassroots level.

8. Each country should ensure that the proposed full information about all chemicals, including chemicals in products, data on their intrinsic properties and their effects on human health and environment, and information on their alternatives.

9. Technical and financial assistance for capacity building, to ensure a just transition where polluting practices and technologies are phased out while building a sustainable economy by phasing in safer practices and technologies.

10. The substitution principle ensuring that hazardous chemicals, products and processes are replaced with safe alternatives, building upon the Stockholm Convention.

11. Compliance mechanisms to ensure effective global implementation.

12. Further development of monitoring, measuring and validation programs, to assess releases at source (stacks, discharge pipes, transfer of pollutants, etc.) and background levels in biota, as a means to establish a review and implementation mechanism that ensures that the objective is reached by 2020.

Source: ipen.org; http://www.chm.unep.ch/
Chornobyl Update:

**CHORNOBYL ACCIDENT: Estimation of the Thyroid Doses**

The accident that took place on 26 April 1986 at the Chornobyl nuclear power plant located in Ukraine, about 12 km south of the border with Belarus, was the most severe ever to have occurred in the nuclear industry.

The accident caused the deaths of 30 power plant employees and fishermen within a few days or weeks (including 25 deaths that were due to radiation exposure). In addition, about 240,000 clean-up workers (also called “liquidators” or “recovery operation workers”) were called upon in 1986 and 1987 to take part in major mitigation activities at the reactor and within the 30-km zone surrounding the reactor. Residual mitigation activities continued on a relatively large scale until 1990.

The massive releases of radioactive materials into the atmosphere that resulted from the accident brought about the evacuation of about 1.5 million people from areas surrounding the reactor during 1986. In addition, during the following years, about 220,000 people from what are at this time three independent countries (Belarus, the Russian Federation, and Ukraine) were relocated. Vast territories of these three countries were contaminated. During the first month after the accident, the radiation exposures of members of the public resulting from the Chornobyl accident were due mainly to the consumption of milk contaminated with I-131 (radioactive iodine isotope). The highest thyroid doses were received by young children.

The Radiation Epidemiology Branch of the Division of Cancer Epidemiology and Genetics of the U.S. National Cancer Institute (NCI) is involved in two epidemiological studies of thyroid diseases that are related to the consequences of the Chornobyl accident. The two studies are conducted in parallel among the residents of Belarus and of Ukraine since 1996 who were children at the time of the accident. Because of the large number of children who received relatively high thyroid doses resulting from intakes of I-131, these studies represent the best opportunity to estimate how the risk of thyroid cancer varies as a function of radiation dose and age at exposure.

All cohort subjects – approximately 13,000 in Belarus and about 10,000 in Ukraine – were sampled among the large number of children who had their thyroids monitored for gamma radiation within a few weeks after the accident. This measurement led to the determination of the thyroid content of I-131 at the time of the measurement. The thyroid dose due to the I-131 intake was then derived from the thyroid content of I-131 at that point in time, using personal information on residence history and dietary habits obtained during interviews and models simulating the behavior of I-131 in the environment and in the body.

NCI also is involved in an epidemiologic study of leukemia, lymphoma, and other blood diseases among Ukrainian clean-up workers. Ukrainian and other foreign dosimetrists have been asked to estimate the individual bone-marrow doses received by the approximately 100 cases and 500 controls. This study provides an opportunity to add to current knowledge about the possible health consequences of exposure to relatively low doses of ionizing radiation received gradually over a period of several months. In addition, the NCI has a limited program of work concerning clean-up workers from Estonia, Latvia, and Lithuania.

We also should indicate that we are in the process of expanding our thyroid study in Ukraine to include subjects who were exposed in utero.

**Thyroid Cancer in Children <15 Year of Age at Diagnosis**

<table>
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<th>Year of diagnosis</th>
<th>Ukraine</th>
<th>Belarus</th>
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<tr>
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<tr>
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</tbody>
</table>

**DID YOU KNOW?**

Ocean Pollution

Approximately 10% of ocean pollution originates from land-based activities. Pollutants include persistent organic pollutants (POPs), heavy metals, radioactive substances, nutrients, oils, and litter.

Mercury in Cars

Although in 1995 the Big Three US automakers committed to phase out mercury, which causes brain, lung and kidney damage in children, they failed to do so and continued using mercury in light switches, brake switches and mercury vapor headlights.

Following a court decision, the automakers are required to pay to remove mercury that otherwise would be released into the environment from junked cars.

**Statistics on Youth**

Nearly half of the world’s 6.3 billion people are under 25 years of age. 1.2 billion people, or one person in five, are adolescents between the ages of 10 and 19. 87% of these adolescents live in developing countries.

Approximately 238 million youth, or roughly one person in four, live in extreme poverty.

1.53 million young people between the ages of 15 and 24 are illiterate, of which 62% are female. Approximately 5 million girls ages 15 to 19 or 25% of the total female population in this age group, will undergo unsafe abortions.

**Azerbaijan Testing Survey**

A 2002 survey in Azerbaijan measuring literacy and numeric achievement found that (1) all of the boys tested passed the literacy tests, while only 52% of the girls passed; (2) all boys passed numeric tests, while 52% of girls passed.

**Health and Climate Change**

According to the World Health Organization, climate change is responsible for 24% of all cases of diarrheal disease worldwide and for 2% of all cases of malaria. An estimated 150,000 deaths were caused in the 2000 due to climate change.

**Afghanistan at a Glance**

<table>
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<tr>
<th>Population</th>
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</tr>
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<td>Television sets per 1,000 people</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sources:**

- Solutions, Environmental Defense
- Environment Magazine
- UNFPA.org
- UNEP website: www.unep.org
- World Bank, ICT at a Glance
- Solutions, Environmental Defense
- WIT's World Ecology Report
Pesticides and Prostate Cancer
Researchers at the National Cancer Institute have released a study showing that farmers using certain pesticides have a 1.4% greater risk of developing prostate cancer. One particular pesticide, methyl bromide, was particularly correlated with increased risk.

Source: American Journal of Epidemiology

Deforestation in Indonesia
Every two years, Indonesia loses about 15,500 square miles of forest, an area roughly the size of Switzerland, to rampant logging.

Source: United Nations Environment Program

Fishing to Famine
The world’s growing population and related overfishing will mean around one billion people in developing countries will face shortages of fish, their most important source of protein, within 20 years.

Source: WorldFish Center

Heat and Species Extinction
Global warming over the next half-century could put more than a million species of plants and animals on the road to extinction, according to an international study released by researchers at England’s University of Leeds. The study forecasts that more than one-third of 1,103 native species studied in six regions of the world could vanish by 2050 as climate change turns plains into deserts or alters forests.

Source: Nature

Water, Water and Not a Drop to Drink
Only one-sixth of one percent of the earth’s water is readily accessible for human use. The World Resources Institute (WRI) estimates that 2.3 billion people currently live in “water-stressed areas.” Hydrologists cite much of Africa, northern China, pockers of India, Mexico, the Middle East, and parts of western North America as regions facing severe water shortages. Some of the world’s largest cities, including Mexico City, Bangkok, and Jakarta, have severely over-pumped their groundwater aquifers.

As world population continues to increase, water scarcity will affect two out of every three people by 2025, according to U.N. estimates. In the 20th century, demand for fresh water grew twice as fast as population. This imbalance is largely due to industrial agriculture, but it is also a product of unequal development in standards of living versus sound water management.

Additionally, scientists at Harvard University point out that global warming could significantly harm water availability. A warmer atmosphere could lead to higher rates of evaporation, causing droughts and more severe weather. Faster runoff rates and slower infiltration of groundwater could follow. Warmer water may also promote detrimental algal and microbial blooms, which can lead to more water-borne illnesses. And ironically, as the climate heats up, people will want to use more water for drinking, bathing, and watering plants.

Source: E/The Environment

World Bank/WHO: LDCs LAC vs. Health Goals
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 worrisome 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 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 12% of developing countries are likely to meet the maternal mortality MDG; here Latin America and the Caribbean are faring worse, 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 under-five mortality MDG.

The United Nations Development Programme has for the second year supported the production of the Arab Human Development Report. The scholarly Report offers an optimistic outlook for the region and once again challenges leaders in the Arab world to redress deep seated problems. Prepared by Arab scholars and development experts, the researchers found that “deep-seated social, institutional, economic and political impediments in Arab countries are preventing the spread of knowledge among people in the region, effectively suffocating the development potential for Arabs,” according to UNDP’s Choices magazine summary of the 2003 Report.

The first Arab Human Development Report released in 2002 identified the three most important issues to be addressed regarding human development in the region: (1) lack of modern scientific knowledge, (2) freedom, and (3) women’s empowerment. The 2003 Report examines the first issue and identifies the factors which constrain the development of a knowledge and information based society. The Report notes that high rates of illiteracy persist particularly among women and that public spending on education has declined over the last 15 years.

According to the Report there are less than 53 newspapers per 1,000 Arab citizens compared to the 285 papers per 1,800 people in developed countries. Only 44 translated books per million people were published in the early 1980s—less than one book per million people per year—while in Hungary, that number was 519 and in Spain, 929. The region accounts for not more than 1.1 percent of all books published worldwide, while its population is nearly five percent of the world’s total. Religious books account for 17 percent books published in the region, more than three times the amount in the rest of the world.

Spending on research and development does not exceed 0.2 percent of GNP—one-seventh the world’s average—and the number of scientists and engineers working in Arab countries is not more than 371 per million citizens, while the global rate is 979.

Nearly a quarter of all university graduates in 1995/1996 have emigrated. More than 15,000 Arab doctors have moved elsewhere between 1996 and 2000.

The September 11th attacks have led to a 30 percent drop in the number of students studying in America over the last three years.

Fishing to Famine

Source: E/The Environment

Heat and Species Extinction

Source: WorldFish Center

Water, Water and Not a Drop to Drink

Source: United Nations Environment Program

Deforestation in Indonesia

Source: United Nations Environment Program

Fishing to Famine

Source: WIT’s World Ecology Report

Heat and Species Extinction

Source: Science

Water, Water and Not a Drop to Drink

Source: WorldFish Center

Deforestation in Indonesia

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Fishing to Famine

Source: Science

Heat and Species Extinction

Source: Science

Water, Water and Not a Drop to Drink

Source: WorldFish Center
Greening U.S. Farmers

The U.S. Department of Agriculture has received an 80% increase in funding for land and water stewardship programs and will be paying crop and livestock producers for conservation practices on cropland, pasture and range land. This Conservation Security Program (CSP) could pay farmers up to $50,000 a year depending on the scope of stewardship practices adopted.

Source: Soil and Water Conservation Society

Reforestation

Ecuador, which lost more of its forest cover than any other nation in South America in the 1990s, is developing an $800 million, 20-year plan to work with the private sector to plant new trees and protect old forests.

Source: Reuters

Electronic Academic Publishing

A Method to Evaluate Telemedicine Processes

The development of internet technologies has made it possible to practice medicine at a distance to underserved populations. One traditional approach to describing and evaluating the telemedicine process has been for practitioners to publish their findings in academic journals. Most journals, however, are not equipped to publish manuscripts with associated video clips, the key to peer-review of telemedicine processes.

European Environment and Health Conference

The Fourth European Environment and Health Conference attended by ministers of environment, ministers of health, local authorities, experts, and NGOs from across WHO's European Region will take place in Budapest, Hungary, 23-25th of June, 2004. The purpose of the Conference is to reduce damage to people's health from environmental threats, with special emphasis on children and future generations.

Having Faith: An Ecologist's Journey to Motherhood

Sandra Steingraber, Cambridge, Mass. President Publishing, 2001. Steingraber takes her readers on a personal and scientific journey through her nine months of pregnancy, as a subject, Steingraber notes, which has gained little public attention. The mixture of the personal with the scientific makes this an unusually informative book.

Further information is available from Prof. Mark Tomao, Editor California Journal of Health Promotion; California State University, Chico, CA 95929-0505, E-Mail: mtomita@csuchico.edu

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The Healthy Planet

The Healthy Planet is a media platform that runs parallel to the Ministerial Conference. It will include articles, interviews, speakers and other activities providing a forum for citizens and professional groups from across Europe. The conference outcomes will include a Ministerial Declaration and the Children Environment and Health Action Plan in Europe (CEHAPE). For more detailed information: http://www.euro.who.int/hl/thujapec2004
Continued from page 16

that talented children offer a great hope for the future prosperity of a nation.

Working with exceptionally gifted children some of whom were born with congenital birth defects caused by the Chernobyl nuclear fallout to their parents. Mrs. Helena Vychovanska, Director of the Children's Specialty School located in the suburb of Lviv, Ukraine, demonstrates the truth of anthropologist Margaret Mead’s often quoted statement that a few people can change the world. World Information Transfer assists the director and her staff by providing computers, software, cameras and other aid in the expectation that the children who pass through the school’s old doors will become contributing citizens of their country. The school offers health and environment lessons woven into the student’s regular curricula. Whether the programs acquire the label of sustainable development education is less important than the personal relationships the young students form with their peers and teachers. Working together on clearly defined concrete projects enables students of varying physical abilities to attain confidence along with core knowledge in basic subjects.

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One wonders if the legacy of Communist paranoia in American will diminish interest in future support of the former Soviet countries and whether America’s current paranoia will begin to resemble that of the Cold War past. In spite of these possibilities, WIT supports and highlights this bright spot of hope to emphasize that, as Shakespeare wrote in The Tempest, “What is past is prologue.”

WIT’s World Ecology Report

World Information Transfer

MISSION STATEMENT

Knowledge brings new choices.
Education brings new knowledge.

World Information Transfer, Inc. (WIT) is a non-profit, non-governmental organization in consultative status with the United Nations, promoting environmental health and literacy.

In 1987, inspired by the Chernobyl nuclear tragedy, WIT was formed in recognition of the pressing need to provide accurate, actionable information about our deteriorating global environment and its effect on human health as opinion leaders and concerned citizens around the world.

WIT carries its mandate through:

1. The publication of the World Ecology Report, a quarterly digest of critical issues in health and environment, published in five languages and distributed to opinion leaders around the world, and for free in developing countries.

2. The annual international conferences on Health and Environment: Global Partners for Global Solutions held at United Nations headquarters in New York since 1992. The world’s leading authorities in the field of environmental medicine and science share their latest findings and discuss possible solutions with leaders in government, business, organizations and the media.

3. Development and distribution of CD-ROM projects focusing on sustainable development and human health and research on health issues as they relate to the environment.

4. Providing humanitarian relief to areas devastated by environmental disasters. Supplies and equipment are sent to schools, hospitals and orphanages in areas contaminated by the Chornobyl fallout.

5. Centers for Health & Environment providing centralized specific scientific data pertaining to health and sustainability issues. The objective of the Centers is to promote ongoing research, education and the implementation of corrective programs. The first center was opened in Kiev, Ukraine, in 1992 and in 1996 moved to Lviv, Ukraine, at K. Levitskoho, Hs. 415, telephone/fax: 322-7540. The second opened in Bratislava, in 1997, at Br. Hessan, United Nations Street, Mlada Building, telephone: 961-1-853657. WIT currently operates from headquarters in New York City with regional offices in Australia, Belgium, Canada, Costa Rica, Egypt, France, Switzerland, Ukraine and USA.

WIT has General Consultative Relationship with the United Nations.

We have not inherited the world from our forefathers...we have borrowed it...Knowledge brings new choices. Education brings new knowledge.
Point of View

One Small School, One Bright Hope

The luck of our birth has a lot to do with the comforts and security of our lives. Americans lucky enough to have been born during the “baby boom” – roughly between the end of World War II and the start of the Viet Nam War – grew up in a period of economic expansion and prosperity. During this time, the American suburbs bloomed, the GI bill enabled many veterans to attend college and earn higher incomes, the size of the American population grew as did the schools, businesses, industries, highways and telephone lines, all servicing American growth.

This period of prosperity was also a time of paranoia. Cold War propaganda fostered the possibility of global Communist control which terrified many Americans including several members of Congress. The paranoid reaction led to Congressional hearings on the infiltration of Communist spies lurking in the US Army, in Hollywood, in our work places and worst of all in our communities. Baby boomers grew up in a country not only rich in goods and opportunities, but also with parents deeply frightened of Communism.

While at the same time people living behind the iron curtain were taught that America was a frightening place to live, where people were poor and gangsters were shooting people on the streets.

Now that the Communist threat has disappeared and camcorders, videos and e-mail give a much more realistic perspective to people worldwide, one wonders if the luck of one’s birth in the former Soviet countries offers a brighter future. The breakdown of infrastructure and exposure of a polluted environment suggests a very difficult time ahead. But there are important stories about new opportunities for the next generation taking place. Many partnership projects benefiting young people have evolved, and we highlight one story here about the courage of one educator who believes...