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Following p.8, please see your invitation to attend the 13th Annual Health and Environment Conference at the UN on April 29, 30.



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World Ecology Report

Critical Issues in Health and the Environment

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Special Focus:

A Pandemic That Knows No Borders

Since AIDS was first described in 1981, well over 20 million lives have been lost, and tens of millions more people, increasingly women and young people, are now living with the disease. Most of those afflicted face the almost certain prospect of sickness, destitution, and premature death.

Of the 42 million adults and children who are estimated to be living with HIV/AIDS, 95% live in the developing world. HIV/AIDS has hit the developing world hard, reducing life expectancy and economic potential. The pandemic has increased the vulnerability of future generations by creating millions of orphans and has greatly diminished the capacity of both the public and private sectors.

While sub-Saharan Africa has been hardest hit (with close to 30 million living with HIV/AIDS) the virus is also spreading to some of the world's most populous countries, to include China, India, Indonesia, and Russia. Experts believe that by 2005 the rate of new HIV infections could escalate by as much as 25% or more!

Recently, the U.S. Secretary of State, Colin Powell, put this pandemic in perspective by

emphasizing that, "the worldwide AIDS epidemic is more devastating than any terrorist attack, any conflict, or any weapon of mass destruction".

To better understand the pandemic and what needs to be done to win the war against AIDS, WER interviewed Ambassador Anwarul K. Chowdhury, the UN Under-Secretary-General and High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (designated as OHRLLS...see www.un.org/ohrls). Ambassador Chowdhury (see his biography in the call out box on page 2) has been recognized in many ways for his diplomatic work on behalf of women's rights, children's rights, and the culture of peace. As part of his advocacy work for the most vulnerable countries of the world and to draw attention of the international community to the plight of these countries facing the HIV/AIDS pandemic, Ambassador Chowdhury recently convened a UN symposium on "Population and HIV/AIDS" which focused on the social and political dimensions of the pandemic and its destructive effect upon the

Global Summary of the HIV/AIDS Epidemic

December 2003*

| | Number of people living with HIV/AIDS | People newly infected with HIV in 2003 | AIDS deaths in 2003 |
|-----------------|---------------------------------------|--|-------------------------------|
| Total | 40 million (34-46 million) | 5 million (4.2-5.8 million) | 3 million (2.5-3.5 million) |
| Adults | 3.7 million (3.1-4.3 million) | 4.2 million (3.6-4.8 million) | 2.5 million (2.1-2.9 million) |
| Children | 2.5 million (2.1-2.9 million) | 700,000 (590,000-810,000) | 500,000 (420,000-580,000) |

* The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information. These ranges are more precise than those of previous years, and work is under way to increase even further the precision of the estimates that will be published mid-2004.

Source: UNAIDS

Ambassador Anwarul K. Chowdhury



UN Under-Secretary-General and High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States

Mr. Anwarul Karim 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

UN in 1997 and 1998. He had served for more than 10 years, as the Coordinator for the Least Developed Countries in New York. In May 2001, he led the negotiations on behalf of the least developed countries at the Third United Nations Conference on Least Developed Countries, which adopted the comprehensive Brussels Programme of Action for the present decade. Mr. Chowdhury also chaired the Fifth (Administrative and Budgetary) Committee of the UN General Assembly in 1997-1998. From 1990-1993, Mr. Chowdhury was the UNICEF Director for Japan, Australia and New Zealand.

Mr. Chowdhury was born in 1943 in Dhaka, Bangladesh and joined the diplomatic service in 1967. He holds a Master of Arts degree in Contemporary History and International Relations from the University of Dhaka. He has been a regular contributor to journals on peace, development and human rights issues, and a speaker at academic institutions and other forums. He also served as an Adjunct Professor at the School of Diplomacy, Seton Hall University of the United States.

Mr. Chowdhury is the recipient of the U Thant Peace Award and UNESCO Gandhi Gold Medal for Culture of Peace. In March 2003, the Soka University of Tokyo, Japan conferred on Ambassador Chowdhury an Honorary Doctorate for his work on women's issues, child rights and culture of peace as well as for the strengthening of the United Nations.

poorest and least developed countries.

What follows are the highlights of an extensive interview the Ambassador was kind enough to grant WER.

WER: What are the major causal factors contributing to the spread of HIV, in the least developed countries (LDCs)?

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 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 HIV/AIDS a number of United Nations agencies have combined to establish the Joint United Nations Programme on HIV/AIDS. This new interagency entity,

called UNAIDS (see www.unaids.org), 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

"For there to be any hope of success in the fight against HIV/AIDS, the world must join together in a great global alliance"

Kofi Annan, Secretary General, United Nations

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: 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 18.5% 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 afflicted?

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.

Knowledge, Information and Education

Medical research continues to increase our knowledge of the disease, but we need to continue to properly fund ongoing research, analysis and clinical application. As knowledge increases it needs to be properly packaged to optimize education and training. Such education needs to target young people in schools and in sports and social clubs. The media can also have a powerful impact. Support for parents, caregivers, policy makers and teachers is vital for community-based outreach programs designed to increase awareness. Publicity campaigns, such as those in Brazil, Thailand, and Uganda have increased awareness that has led to behavioral change and reduced rates of infection.

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.

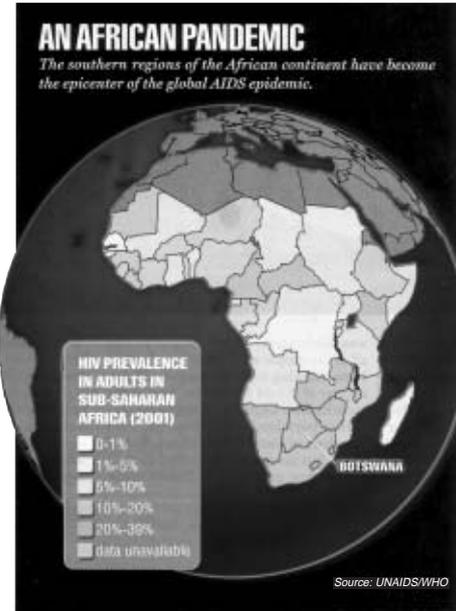
Health Infrastructures

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.

"We either lick this thing or face extinction."

Gabriel Anaburani, Director, Children's Hospital, Botswana



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 80% 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: Quite a lot. Since January of 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has been operating. This fund represents a new financing mechanism that promotes national ownership and country led activities as well as simplified procedures for identifying need and then delivering assistance. Designed to complement other funding initiatives, the Fund has already approved \$2.1 billion in assistance to 224 programs in 121 countries.

WER: What else is occurring in public and private initiatives that offers encouragement?

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 now 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 \$680 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: So 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 are almost too great to imagine.

While the world may be at long 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 it's wake.

A young girl's fight for life

Nine-year-old Jady Graslund is one of millions of Africans afflicted with AIDS and the virus that causes it. HIV. Orphaned at 3 when her father disappeared and her mother died of AIDS, Jady lives with an aunt near Johannesburg, South Africa, and receives help from the International Solidarity Fund for Treatment, a program funded by the French government. Here, she takes drugs provided by the program. While not a cure, the drugs suppress the disease enough to allow many patients to stay healthier for years longer than they would without them.



Health and Environment Health and the UN's Millennium Development Goals



Source: MSNBC

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 offering

eight goals for UN member states to achieve. By synthesizing the goals of the major UN Conferences and World Summits of the 1990's, these eight goals are supposed to serve as organizing principles for 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 aggression against America changed the background against which UN member states would try to achieve the eight Millennium Development Goals, or MDG's. Combating terrorism became the newest initiative of the UN and challenged the optimism inherent in the MDG's which had prevailed 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 MDG's (#s 4, 5, 6). In order to accomplish reductions, by two-thirds, of the mortality rate among children under five years of age (#4), 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 proportional measure. Goal #7, on

ensuring environmental sustainability, includes reducing by half the number of people without access to safe drinking water. 80% 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.

Funding 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 the health initiatives of the MDG's increases chances for individuals, especially those with no stake in a common future, to lead productive lives and become constructive members of their societies.

Source: World Health Report, 2003, World Health Organization



Source: MSNBC

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 organisations united in support of a common POPs elimination goal. The mission of IPEN, achieved through its participating organisations, 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

As nongovernmental public interest organizations working to protect public, workers' and peasants' 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's 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 process to achieve by the year 2020, a toxic free future in which food, 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. Beginning 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 endocrine disruptors, 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 ensuring that hazardous chemicals, products and processes are replaced with safe alternatives, building upon the Stockholm Convention.
4. The precautionary principle, under which preventive measures are to be taken when there are reasonable grounds for concern, even when the evidence is inconclusive 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 ensuring 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 organisations work together with governments to ensure a transparent multi-stakeholder approach, and where capacity building and other mechanisms are instituted to ensure relevance at the grassroots level.
8. Default right-to-know that encompasses 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 clean production and ensuring clean technology transfer. Special attention should be made to protect workers, peasants and communities, and the needs of developing countries and economies in transition.
10. Waste reduction at source and other waste issues, which require full consideration of cradle to cradle and cradle to grave fate of chemicals in production and at the end of the useful life of products in which they are present.
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 all environmental media and biota, as a means to establish a review and implementation mechanism that ensures that the objective is reached by 2020.

Source: www.ipen.org
<http://www.chem.unep.ch/saicm/>

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 firemen within a few days or weeks (including 23 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 116,000 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 those 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.

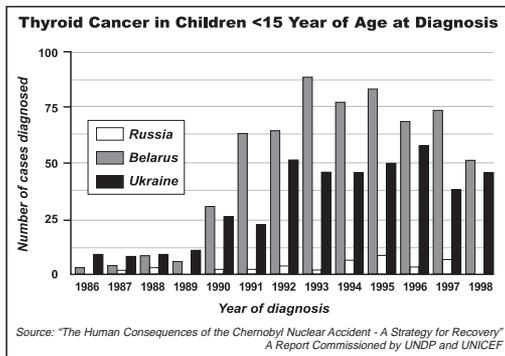
All cohort subjects – approximately 13,000 in Ukraine and 12,000 in Belarus – were sampled among the large number of children who had their

thyroids monitored for gamma radiation within a few weeks after the accident. This measurement led to the determination of the thyroidal content of I-131 at the time of the measurement. The thyroid dose due to the I-131 intake was then derived from the thyroidal 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 should also indicate that we are in the process of extending our thyroid study in Ukraine to include subjects who were exposed in utero.

Source: Health Physics News, volume 31, # 8, August 2003



Ocean Pollution

Approximately 80% of ocean pollution originates from land-based activities. Pollutants include persistent organic pollutants (POPs), heavy metals, radioactive substances, nutrients, oils, and litter.

Source: UNEP website: www.unep.org

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.

Source: Environmental Defense, Vol. 34, No. 6 2003

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. 37% of these adolescents live in developing countries.

Approximately 233 million youth, or roughly one person in four, live in extreme poverty.

153 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.

Source: State of the World's Population 2003, UNFPA, www.unfpa.org

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.

Source: State of the World's Children, 2004, UNICEF, www.unicef.org

Health and Climate Change

According to the World Health Organization, climate

change is responsible for 2.4% of all cases of diarrhea worldwide and for 2% of all cases of malaria. An estimated 150,000 deaths were caused in the 2000 due to climate change.

Source: WHO, 11 December 2003, Geneva

Afghanistan at a Glance

Population: 22,083,000
 Area: 652,000 sq km
 No. of telephone mainlines per 1,000 people: 1
 No. of cellular subscribers per 1,000 people: 0
 Daily newspapers per 1,000 people: 5
 Radios per 1,000 people: 114
 Television sets per 1,000 people: 14

Sources: Human Development Report 2003, UNDP Global ICT for Development Factbook, World Bank ICT at a Glance Tables



Pesticides and Prostate Cancer

Researchers at the National Cancer Institute have released a study showing that farmers using certain pesticides have a 14% greater risk of developing prostate cancer. One particular pesticide, methyl bromide, was particularly correlated with increased risk.

Source: *American Journal of Epidemiology*

Children at Risk

The World Health Organization and the United Nations Environmental Program (UNEP) issued a study warning that children are most at risk of developing skin cancers as a result of the long-term decline in the earth's protective ozone layer. UNEP has initiated the Intersun Project, a program that is distributing sun education packages to schools in nations particularly affected by ozone depletion.

Source: *United Nations Environment Program*

Deforestation in Indonesia

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

Source: *United Nations Economic and Social Commission for the Asia-Pacific (UNESCAP)*

Fishing to Famine

The world's growing population and related over fishing 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 one-hundredth 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, pockets

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 UN estimates. In the 20th century, demand for fresh water grew twice as fast as population. This imbalance is largely due to industrial agriculture, but 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 may 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 LAG 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 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 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.

Source: *WHO Press Release, January 8, 2004*

A "Did You Know" Special Report Arab Human Development Report 2003

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

"The most important challenge facing Arab education is its declining quality."

Arab HDR

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 1,000 people in developed countries. Only 4.4 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, 920. 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 1998 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.

Source: *CHOICES, December 2003*



Source: *UNDP Human Development Report 2001*

Afghani girls waiting their turn to enter a recently established computer kiosk in Kabul



GOOD NEWS!

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

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 initiatives 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

Arctic Protection

Norway has substantially extended a marine conservation area in the Arctic shutting out oil and gas drilling to protect local sea life including polar bears, seals and fish. Norway, the world's third biggest oil producer, has added 15,830 square miles of protected areas (roughly the size of Switzerland) in what is considered to be a prime site for oil drilling.

Source: World Wildlife Federation Arctic Program

Corporate Cleanup

Automaker Volkswagen and grain processor Archer Daniels Midland have formed a research venture to develop and use biodiesel fuels for the auto industry. Biodiesel, which can power conventional diesel engines, substantially reduces emission of carbon monoxide and particulate matter. The pact is the first between one of the world's leading automakers and a global agribusiness company to develop next-generation clean renewable fuels.

Source: MSNBC

Wind Power

Environmentalists say the dozens of new turbines in Birds Landing, California that rise more than 300 feet over wheat fields and herds of sheep represent the future of wind energy and a model for overcoming the

shortcomings that have kept wind from threatening the dominance of fossil fuels. The High Winds Energy Center, completed in December 2003 in the rolling hills between San Francisco and Sacramento, features turbines that can swivel with the direction of the wind, produce energy even if the wind is blowing less than 8 mph and generate 20 times more energy than earlier machines. This new wind system, along with similar ones being built around the country, promises to produce electricity at competitive prices—all without disturbing surrounding farms and wildlife, two of the obstacles of wind power today.

Source: Associated Press

IPEN Receives first Chemical Safety Award of Merit

The International POPs Elimination Network (IPEN) received the first Award of Merit given by the Intergovernmental Forum on Chemical Safety (IFCS) at its Forum IV meeting in Bangkok, November 1-7, 2003. Through this important award, IFCS acknowledges the untiring work by all of IPEN's participating organization in the field of chemical safety and related capacity building.



VOICES

The 13th Conference on Health and Environment

Global Partners for Global Solutions will address the topic of the "25 Year Window: Linking Conflict with Environment and Population" and will be held at United Nations Headquarters in New York City on April 29 and 30, 2004. The Conference is co-sponsored by the Government of Croatia, The Government of Ukraine and Physician's Weekly and is organized by World Information Transfer. Go to www.worldinfo.org for further information and to register for free attendance.

New Edition: Pediatric Environmental Health

The American Academy of Pediatrics has produced a 2nd edition of Pediatric Environmental Health. Edited by pediatrician Ruth A. Etzel, MD, PhD, with associate editor Sophie J.

Balk MD. The 700-page handbook features more than 40 chapters on identification, prevention and treatment of childhood environmental health problems. Topics include strategies to reduce asthma triggers in the environment, prevent exposure to nitrates and methemoglobinemia in infants, and reduce exposure to pesticides. New chapters cover arsenic, gasoline and its additives, irradiation of food, metals (including chromium, manganese and nickel), chemical-biological terrorism, and environmental threats to children's health in developing countries. Each chapter contains a list of frequently asked questions and responses, which makes this a handy desk reference for the busy clinician.

The handbook can be ordered from the website of the American Academy of Pediatrics at <http://www.aap.org/bookstore>

GPA OUTREACH

The United Nations Environment Programme launched a new newsletter, available on line and via email, which addresses issues concerning the marine environment. Called the GPA OUTREACH newsletter, this new publication will make available up-to-date information on the Global Programme of Action for the Protection of the Marine Environment from Land-Based Activities (GPA). GPA-related events, news and information for all relevant GPA stakeholders. The GPA is designed to be a source of conceptual and practical guidance to be

drawn upon by national and/or regional authorities for devising and implementing sustained action to prevent, reduce, control and/or eliminate marine degradation from land-based activities. The United Nations Environment Programme (UNEP) provides the secretariat for the GPA which was enacted in 1995 and endorsed by 103 Governments and the European Commission in response to the increasing threat to the marine environment from human activities on land.

Having Faith: An Ecologist's Journey to Motherhood

Sandra Steingraber, Cambridge, Mass., Perseus Publishing, 2001. Steingraber takes her readers on a personal and scientific journey through her nine months of pregnancy, identifying each month and each chapter with the name of the moon. As she begins her exploration of her body's changes in the first chapter titled, "Old Moon," she discusses her body as the environment in which the developing fetus will live. The mother's body, with its porous barriers to the outside world, takes in and eliminates nutrients and toxins. The author discusses fetal development in relation to toxic exposures as well as environmental threats to a woman's pregnancy, a subject, Steingraber notes, which has gained little public attention. The mixture of the personal with the

scientific makes this an unusually informative book.

Electronic Academic Publishing: A Method to Evaluate Telemedicine Processes

The development of Internet technologies have made it possible to practice medicine long 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. Electronic academic journals that publish in both Internet and CD-ROM forms, however, have the technology to publish manuscripts with associated videos. The Californian Journal of Health Promotion (CJHP), a new peer-reviewed, electronic journal of the Department of Health and Community Services, California State University, Chico, will be used as an example of how telemedicine manuscripts and videos may be published to evaluate telemedicine practices. The CJHP is fully electronic, and publishes online and CD-ROM journal forms. One telemedicine article published in the CJHP entitled, "The Promotora Tele-medicine Project: Combining Technology and Cultural Sensitivity to Improve Diabetes Care in a Medically Underserved Community"

will be discussed, and the electronic journal with video will be demonstrated.

Further information is available from Prof. Mark Tomita, Editor, Californian Journal of Health Promotion, California State University, Chico, CA 95929-0505.

E-Mail: mtomita@csuchico.edu

European Environment and Health Conference

The Fourth European Environment and Health Conference attended by ministers of environment, ministers of health, local authorities, experts, and NGO's 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.

The Healthy Planet Forum is an event that will run parallel to the Ministerial Conference. It will feature debates, 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/hudapest2004>

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 Speciality 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



Mrs. Helena Vychovanska, Director and Dr. Christine K. Durbak, Chair of World Information Transfer(WIT)

prepare bright young people to succeed in our current Information Age.

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".



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. The school implements the pedagogical concept that how a subject is taught and to whom is as critical as what is taught. Providing computers and software helps to

World Information Transfer is a Non-Profit, Non-Governmental Organization in General Consultative Status with the United Nations, Promoting Health and Environmental Literacy:

World Information Transfer

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MISSION STATEMENT

Knowledge brings new choices.
Education brings new knowledge.

World Information Transfer, Inc. (WIT) is a not-for-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 to opinion leaders and concerned citizens around the world.

WIT exercises 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 conference 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 governments, 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 degradation. Supplies and equipment are sent to schools, hospitals and orphanages in areas contaminated by the Chernobyl 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. Levychko 11a, #15, telephone/fax: 322-76-40 39. The second opened in Beirut, Lebanon, in 1997, at Bir Hasan, United Nations Street, Al-Salaam Building, telephone: 961-1-853657.

WIT currently operates from headquarters in New York City with regional offices in Austria, 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 from our children. -Kashmiri Proverb

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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

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Special School for the Exceptionally Gifted
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HOW YOU CAN HELP:

WIT is a non-profit, international, non-governmental organization, in consultative status with the United Nations, dedicated to forging understanding of the relationship between health and environment among opinion leaders and concerned citizens around the world. You can help us with your letters, your time and/or your donations.

"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it's the only thing that ever has."

Margaret Mead

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