

NEWS AND COMMENT

THREE WORLD HEALTH ORGANISATION COLLABORATING CENTRES OPEN IN NSW

In April 1996 the Regional Director of the World Health Organisation's Western Pacific Region, Dr Sang Tae Han, officially inaugurated three WHO collaborating centres:

- the WHO Collaborating Centre in Environmental Health at the University of Western Sydney;
- the multi-site WHO Collaborating Centre in Mental Health and Substance Abuse; and
- the National Centre for Health Promotion in the Department of Public Health, University of Sydney.

Collaborating centres are organisations with specialist research and development expertise invited by the WHO to contribute on a continuing basis to its support for member countries. The WHO draws on staff and contacts from collaborating centres to recruit experts for missions to developing countries.

WHO Collaborating Centre in Environmental Health

This centre is based in the School of Applied and Environmental Sciences, within the Faculty of Science and Technology on the Hawkesbury campus of the University of Western Sydney (UWS), at Richmond. Its designation as a WHO Collaborating Centre recognises the UWS Environmental Health Group's pioneering work in integrating health and environmental studies, and links the group's community focus with the WHO's initiatives in the Asia Pacific Region. The staff of the centre have already contributed to the development of national environmental health strategies in Fiji and Vietnam.

The centre will undertake an approved plan of collaborative work which will:

- build on the WHO's environmental health initiatives in the Pacific;
- transfer environmental health curricula to the Asia Pacific Region and support regional environmental health research;

- provide opportunities for professional development of environmental health personnel in the region; and
- transfer principles of environmental management, integrating health and the environment in planning for sustainable development.

The school's facilities include a water research ecological engineering laboratory, which is focusing on the role of constructed and natural wetlands in the removal of pollutants from water. One of the school's major research initiatives is the Sustainable Futures Research and Development Project, which is designed to explore and support environmentally sustainable development on a local scale.

The director of the centre is Mr Brent Powis, who has headed the school for the past five years. Professor Valerie Brown, from the Centre for Resource and Environmental Studies at the Australian National University, has recently been appointed to the UWS Foundation Research Chair in Environmental Health.

Further information about the centre can be obtained from the School of Applied and Environmental Science, University of Western Sydney, Hawkesbury, Bourke Street, Richmond, NSW 2753; phone (045) 701 333, fax (045) 701 267.

WHO Collaborating Centre in Mental Health and Substance Abuse

The multi-site centre comprises organisations which have been actively involved in WHO programs of mental health and substance abuse for more than a decade, involving research, training and consulting work throughout Australia, the Western Pacific Region and elsewhere in the world.

Participating units in NSW are:

- New South Wales Institute of Psychiatry, Sydney;

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The British Government has failed to convince the public and trade partners that BSE in beef from the UK presents an acceptable public health risk. Control measures have sometimes appeared not to be timely, appeared half-hearted and presented contradictory messages. This is illustrated by the 50 per cent subsidy initially offered to farmers to destroy symptomatic stock. At the same time the public was told beef was safe to eat. This appeared to offer little incentive to farmers to destroy stock, which the Government agreed was safe to eat, when the market place would probably offer full value if symptoms were not too obvious. The Government later changed this policy and provided a full subsidy.

Information about the 10 CJD cases was announced in the British Parliament before a full scientific report could be presented⁷ and predictably, poorly informed media speculation did not reassure the public. The Government

appeared to have no contingency plans to deal with an issue that had been threatening to explode for many years.

1. Collee JG, Foodborne illness – Bovine spongiform encephalopathy, *Lancet* 1990; 336:1300-1303.
2. WHO, Report on WHO consultation on public health issues relating to bovine spongiform encephalopathies. WHO 1996; Geneva.
3. Lacey R. *Unfit for Human Consumption, Food in crisis – the consequences of putting profit before safety*. London: Grafton, 1992, 90-116.
4. Ministry of Agriculture, Fisheries and Food, United Kingdom, Appendix 1 of Bovine Spongiform Encephalopathy in Great Britain: a progress report BSE, the Government's perspective. 1996 MAFF Home page.
5. Will RG, Ironside JW, Zeidler M et al. A new variant of Creutzfeldt-Jakob disease in the UK. *Lancet* 1996; 347:921-925.
6. Bell I. NSW Agriculture, personal communication.
7. Editorial. Less beef more brain. *Lancet* 1996; 347:915.

WHO centres in NSW

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- Clinical Research Unit for Anxiety Disorders, St Vincent's Hospital, Sydney; and
- Centre for Drug & Alcohol Studies, University of Sydney, Sydney.

Participating units are also located in Victoria (the University of Melbourne Department of Psychiatry at St Vincent's Hospital, Melbourne), Queensland (the Department of Psychiatry at the Townsville General Hospital), and Western Australia (the Graylands Hospital/University of Western Australia (UWA) Clinical Research Centre and the UWA Department of Psychiatry, Perth).

Designation as a centre enables the WHO to deal with a single group. The group brings together disciplines ranging from substance abuse control to neuropsychiatry, including research and training.

The centre's program of work will encompass the following areas:

- development of mental health education and training programs for the Western Pacific Region;
- co-ordination of visits of WHO fellows in Mental Health;
- specialist training in psychiatry for countries that do not have infrastructure to train their own psychiatrists;
- translation and computerisation of Composite International Diagnostic Interview schedules for regional clinical information systems;
- research into early intervention techniques in primary health care for substance abuse;
- research into the relationship between domestic violence and hazardous and harmful alcohol consumption;
- further assessment of the WHO quality of life in health care study;
- development of intervention programs for family care givers caring for the mentally ill;
- mental health outcomes measures;
- development of teaching materials for use in culturally diverse societies;
- development of models of mental health services for multicultural societies;
- research on systems of mental health care services delivery to rural and remote areas;
- assessing technology and standardising procedures of care of persons with mental illness emphasising consumer participation;
- epidemiological studies of mental disorders; and
- training in WHO Schedules for Clinical Assessment in Neuropsychiatry.

Dr Anthony Williams has been appointed administrative head of the centre and head of the board of scientific directors.

The NSW Institute of Psychiatry is the administering body for the collaborating centre, and further information can be obtained from the institute, PO Box 2008, North Parramatta, NSW 2151; phone (02) 840 3833 or 840 3000, fax (02) 840 3838.

National Centre for Health Promotion

The following is an extract from a speech given by the director of the National Centre for Health Promotion, Professor Don Nutbeam, at the inauguration of the national centre as a WHO collaborating centre.

"Australia is one of the wealthiest countries in the world, and in the context of the Western Pacific region, a country which has far more to give than it should expect to receive. The terms of reference for our collaborating centre agreement concentrate on what the centre can give to the region through collaboration with WHO. In particular, our mandate focuses on an appropriate role for a university-based centre, in supporting the development of research, education and training for health promotion in the region.

"In the past 18 months WHO, along with other UN affiliated agencies, has been subjected to intense, critical examination. In general, WHO has come through this examination well, and it is my impression that this region has emerged from this process as exceptional in terms of clarity of purpose and leadership. The publication last year of the document *New Horizons in Health*¹ has provided all countries in this region with an insightful analysis of the major health challenges which have to be faced now and in the future. These include the health consequences of poverty, poor access to health services and education, and the effects of urbanisation, as well as those more familiar challenges associated with injury control, tobacco, alcohol and drug misuse.

"Not surprisingly, the document recognises the need for action by governments on behalf of people to create supportive environments for health, alongside action by people themselves to protect and promote their health. This emphasis on partnership is an important reminder to governments throughout the region of their role and responsibilities for public health – amidst generic pressures to downsize, and in that process reduce their accountability for public health by emphasising individual responsibility.

"*New Horizons for Health* gives special attention to the health status of children and adolescents, and to the important role of education in health promotion among this group. A major part of our agreement with WHO is to support the development of health-promoting schools in this region. Already, The National Centre has successfully hosted a meeting on health-promoting schools focusing on needs and priorities in the Pacific islands. This meeting has led to tangible outcomes in several countries, most notably the development of guidelines and a manual of practical advice on school health promotion which is both relevant and culturally appropriate for use in schools in the Pacific islands.

"This practical link with the Pacific island countries is very important to us and we are working with colleagues at the University of the South Pacific in Fiji to better document progress with school health promotion in the individual Pacific island nations. It is our intention to continue to develop these links, and to extend them beyond the existing emphasis on school health by collaboration with WHO through its innovative *Healthy Islands*² initiative.

"Disappointingly, though, my experience in working for WHO in this region has led me to conclude that

Australia's contribution to the promotion of health has not been optimal thus far. Although the Government has been generous in its support for some health programs in the region, particularly through AUSAID, and the support it provides to WHO at a program level, the feedback I receive is that too often Australians approach other countries in ways which are insufficiently sensitive to the economic, social and cultural differences between Australia and the other countries in the region. Policies, programs and methods of funding which appear to work well in an Australian context cannot simply be transferred as ready-made solutions to other countries which have different traditions, and vastly different infrastructures.

"I have been made most acutely aware of these differences by colleagues in the Pacific islands who may fairly accuse some Australian consultants of new forms of health colonialism. I believe we run the risk of greatly reducing our role and contribution to health in this region through such insensitivity, and would like to take this opportunity to emphasise our commitment as a collaborating centre to ensure that the work we undertake in the region both in partnership with WHO and independently will be done in a way that respects differences between our situation in Australia, and that which exists in other countries.

"The centre has already become a focal point for health promotion in the region as the regional office for the largest non-government organisation in health promotion, the International Union for Health Promotion and Education. Its recognition as a WHO collaborating centre brings with it further responsibilities and opportunities. I believe that this intersection of non-government and intergovernmental organisations provides a special opportunity for the centre to make a contribution to the promotion of health in the Western Pacific region."

The address of the National Centre for Health Promotion is Edward Ford Building A27, The University of Sydney, NSW 2006; fax (02) 351 4179.

1. World Health Organisation (WPRO), *New Horizons for Health*; 1995; WHO, Manila.
2. World Health Organisation (WPRO); Yanuca Island Declaration; 1995; WHO, Manila.

NOTIFICATION TRENDS

In February 1996 notifications were higher than expected for arboviral infection, gastroenteritis and hepatitis A, but lower than expected for foodborne illness, *Haemophilus influenzae* type b infection, HIV infection, measles, pertussis and Salmonella infection (Figure 2).

ARBOVIRAL INFECTION

Marked increases in reports of arboviral infections continued through March 1996 (Figure 3, Tables 1 and 2). Most reports received between January and March came from the North Coast (214), Northern Districts (199) and Western NSW (133), followed by South West, Hunter and Central West NSW. Heavy rains, flooding and king tides in northern NSW and southern Queensland – and consequent flooding in inland NSW river systems – contributed to increased mosquito numbers and arboviral infections in the Northern Districts and Western NSW. Reports continue to arrive from the North Coast and Western NSW, but in the Northern Districts cases of arboviral infection appear to have peaked in February.

CHOLERA

In March the South Eastern Sydney Public Health Unit investigated a case of cholera in a male who had travelled from Asia. The man was treated in hospital for several days before resuming his journey abroad.

GONORRHOEA

Reports of gonorrhoea have slowly increased since November 1994 (Figures 2 and 4, Tables 1 and 2). Many were received from eastern Sydney and most were male. This is consistent with a cyclical trend in cases seen approximately every four years (Basil Donovan, personal communication).

COMMITTEES

Laboratory Surveillance Advisory Committee

The AIDS/Infectious Diseases Branch recently formed the Laboratory Surveillance Advisory Committee (LSAC). Laboratory reporting of infectious diseases was introduced by the Public Health Act 1991 and has proved very successful. Laboratories now provide 75 per cent of all notifications in NSW. However, laboratory surveillance has potential for improvement and expansion.

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PUBLIC HEALTH EDITORIAL STAFF

The editor of the *NSW Public Health Bulletin* is Dr Michael Frommer, Director, Research and Development, NSW Health Department. Dr Lynne Madden is production manager.

The *Bulletin* aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out using the Vancouver style, the full text of which can be found in *British Medical Journal* 1988; 296:401-5.

Please submit items in hard copy and on diskette, preferably using WordPerfect, to the editor, *NSW Public Health Bulletin*, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9029.

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