facilities in difficult areas from six to 42 within 6–9 months. Médecins Sans Frontières left Afghanistan last July after five of its workers were killed. More than 40 health and reconstruction workers were killed nationwide last year. But with a strong international presence and the UN-authorised International Security Assistance Force moving more into rural areas, there is hope for gradual improvement in security.

Sustainability of the current programmes is only guaranteed if donor money continues to be forthcoming. But competition for donor attention is fierce. To close the existing health gaps, increased funding is needed. For the foreseeable future, the Afghan Government will be dependent on outside help. With parliamentary elections expected later this year, it is important that the Ministry of Health’s current sensible course of prioritising and strengthening basic primary health care is strongly advocated within government and maintained despite a lack of immediately visible results and overt outside recognition. Only then will these remarkable efforts and achievements benefit the Afghan people and make Afghanistan the blueprint country for post-conflict health reconstruction.

Avian influenza: perfect storm now gathering?

The avian influenza virus H5N1 has recently been making headlines, none of them reassuring. On Feb 21, Julie Gerberding, Director of the US Centers for Disease Control and Prevention, called avian influenza a “very ominous” threat to human beings. Shigeru Omi, WHO Western Pacific Regional Director, said the world is in “the gravest possible danger of a pandemic”. The disease has killed about 46 people, but if the virus mutates sufficiently to enable sustained human-to-human transmission, that number could rise to levels that would dwarf the millions killed in the influenza pandemics of 1918, 1957, and 1968. A report in the Feb 24 issue of Nature suggested that cases are being under-reported: some Vietnamese patients with influenza-like symptoms, but initially cleared of having avian influenza on testing, were later found to carry the H5N1 virus at reanalysis; and some ill persons without typical influenza symptoms also had the virus. The bad news here is that the disease might be much more widespread than previously thought; but the good news is that if so, the mortality rate, now believed to be about 76%, may actually be lower.

Governments and other authorities are slowly planning to deal with the threat. Last week scientists and officials in food and agricultural organisations met in Vietnam to discuss ways to contain the virus. Containment in this situation requires more than clinical efforts. It also requires changes in traditional farming practices (mainly to end small-scale poultry production in unsanitary conditions near people’s homes, free-ranging farming where many different animals are raised together, and selling in wet markets) and financial support for those affected by these changes. Such needs are especially acute because the disease is currently endemic in China, Cambodia, Indonesia, Thailand, and Vietnam, countries in which 140 million birds have already died or been slaughtered, and where struggling economies are least able to deal with the crisis. Early warning and surveillance systems may also be skeletal or non-existent in affected areas.

As part of their response to this potential disaster, the USA, Italy, and France—but not the UK—have announced plans to stockpile a few million doses of H5N1 vaccine (most of which has not yet been manufactured). This reserve would, however, cover only a fraction of their populations, to say nothing of the rest of the world.

What is urgently needed is a global plan coordinated by many governments. A promising step in this direction is this week’s meeting in Luxembourg of the 32 European member states of the WHO, with representatives from Australia and Canada. These nations must settle now on a clear plan to address the multifactorial issues posed by avian influenza: the manufacturing and stockpiling of vaccines and antiviral drugs, the logistics of distribution, robust surveillance and monitoring systems, schemes for quarantine, rapid-response teams for treatment and containment, and, crucially, a communications plan that will keep the public fully informed without precipitating panic. If the greatest pandemic in history is indeed on the horizon, that threat must be met by the most comprehensive public-health plan ever devised. That plan presently does not exist.