

New WHO director general wants results

The new director general of the World Health Organization, Dr. Jong-Wook Lee, has vowed to provide 3 million people in developing countries with antiretroviral drugs by 2005.

Lee, an assistant director general under WHO's previous leader, Dr. Gro Harlem Brundtland, has followed his predecessor's lead by announcing a slate of new officials to help WHO "do the right things in the right places."

"In recent years, WHO's resources have become increasingly concentrated in Geneva," Lee says. "Concentration has enabled much excellent work at headquarters, yet there has been a gradual drift away from programs based on countries' needs toward programs driven by headquarters' priorities."

Lee, a South Korean, has worked at WHO for 20 years and is known for his administrative skills. He used to head WHO's Stop TB Program.

His work in some of the world's poorest nations has obviously affected his outlook. During his inaugural

speech, he commented: "We must scale up an integrated global HIV/AIDS strategy linking prevention, care and treatment, [and] prioritizing poor and underserved areas."

Lee also intends to stress tuberculosis and malaria control, and the need to improve maternal and child health. He also says WHO must be ready for new threats.

"The SARS crisis illustrated WHO's essential role in coordinating the international response to infectious disease outbreaks. SARS also revealed weaknesses in global disease surveillance. We will strengthen the support and coordination functions of the global outbreak alert and response network."

American David Heymann, executive director of WHO's Communicable Diseases Program and a key spokesperson during the SARS epidemic, was one of the officials replaced by Lee. The program is now led by Anarfi Asamoah-Baah of Ghana. Lee retained only 2 of WHO's 9 assistant di-



WHO
Lee: a promise to get things done

rectors general; Canadian Tim Evans, formerly with the Rockefeller Foundation, will head WHO's Evidence and Information for Policy cluster.

The *British Medical Journal* (2003; 326:1100-1) says Lee faces a much different task than his predecessor, Brundtland.

"Unlike Brundtland, Lee is not being charged with saving the organization but with harnessing its potential to transform the lives of the poorest." — *Steve Wharry, CMAJ*

Public health officials see red over tanning salons

Public health officials in Ontario have launched a campaign aimed at outlawing the use of tanning beds for anything beyond medically prescribed purposes. Officials in London decided to act after learning that area tanning parlours were serving children as young as 8.

"We had an artificial tanning salon owner here providing 2-for-1 tanning coupons for Grade 8 students prior to their graduation dances," explained Kaylene McKinnon, a London-Middlesex public health nurse.

A recent study of more than 10 000 US teens in 50 states, published in *Pediatrics* (2002;109:1009-14), found that tanning-bed use was increasing, particularly among young girls. Nearly 25% of girls aged 15 to 18 years reported using them, while 34% of 17-year-old girls said they had tanned artificially. Concern about exposure to ultraviolet radiation is growing as the prevalence of skin cancer increases.

"Here we have a decidedly money-

making piece of equipment that is also a proven danger," McKinnon said. "What would be ideal is that there would be no public access to artificial tanning equipment in our community." (She said one of the few acceptable uses of the tanning beds is medically supervised treatment of seasonal affective disorder.)

McKinnon helped usher in a public education plan that focuses both on the public and on students at cosmetology and esthetician schools. The goal is to spread the skin-cancer-avoidance gospel while dispelling myths about potential benefits of tanning beds.

One myth is that regular tanning will build up a natural barrier to the UV radiation, thus limiting the potential cancer risk. Dr. Jason Rivers, a professor of dermatology at the University of British Columbia, begs to differ. His study in the *British Journal of Dermatology* (1989;120:767-77) showed that tanning beds provided minimal protection — around 2 to 4 sun protective factor

levels — but this was more than offset by effects such as skin cancer, premature aging and impairment of immune systems.

"Tanning beds give people a false sense of security," said Rivers, who practises at the British Columbia Cancer Agency. "People are being informed that this is a healthy way of preventing sunburns and skin cancer, [but] there's no logic behind tanning beds. It's like saying you should smoke to prevent lung cancer."

Currently, the only requirement for using a tanning bed is a signed consent form.

McKinnon says the lingering infatuation with bronzed actors and pop stars makes her mission difficult.

"Asking girls to stop tanning and accept their natural colour is going against current styles and trends. But it took 25 years to expose the truth about tobacco. ... Now we're moving toward the same policies with tanning beds — we just have to continue to plug away." — *Brad Mackay, Toronto*