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## Tedros without the smoke

So, the World Health Organization (WHO) leadership finally passes to an African for the first time. Dr. Tedros Adhanom Ghebreyesus was as expected, elected to the post of Director-General (DG) after beating off the challenges of British and Pakistani candidates on day two at the World Health Assembly (WHA). It is the first time that the leadership has been the subject of an election process, all previous DGs having been appointed via a simple rubber-stamping of a single nomination from the organisation's Executive Board.

It meant that the atmosphere was very different to usual at the WHA this year. And in fact the lobbying and behind the scenes activity meant that almost the entire parallel programme of business was rescheduled on the day, meaning that the coffee shops around the Palais des Nations were even more packed than is normal. The voting procedure was held within the Plenary Hall, but with only four delegates per country allowed in the room at any one time; and no one else. So the press, the public, the Non-Governmental Organisation Observers... were all locked out. It meant for quite a surreal period as there was also no formal means of notification as to when the result would be announced. I now understand why when a new Pope is appointed, they have the puff of smoke through a particular chimney to let people know that a decision is reached!

Dr. Tedros takes over at a difficult time. In his acceptance speech he spoke of his unwavering support to see Universal Health Care established internationally, and in a follow-on press conference

talked of possibly axing programmes that did not contribute to the cause. On the key issue of funding (USA budget cut proposals hang heavily over the Organisation) he was hopeful that the proposals might be 'amended', but also talked of the importance of diversifying the income streams of the organisation. It is early days, but we wish him well.

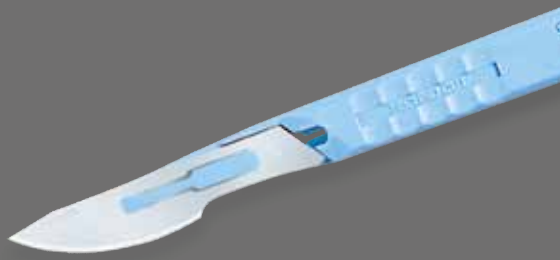
Not quite as globally momentous as the appointment of Tedros to DG, but of huge importance to many, particularly in Africa's farming communities, is the news that snakebite is finally being added to the Top 20 Neglected Tropical Diseases. The extent of mortality and morbidity from snakebite is not adequately understood as it is not reportable, and hasn't been systematically studied. It is thought that maybe only 10% of snakebite cases are reaching hospital, but worryingly antivenin availability has dropped dramatically across Africa. In the 1980s the number of doses reaching Africa was over 200 000 a year. By the early 2000s this had reduced to less than 20 000. Something had gone seriously wrong.

A new impetus on antivenin production and specificity along with measures to significantly lengthen shelf life can deliver a significant contribution to the quality of life of Africa's rural populations.



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