

## Global Fund proposes joint action to prevent theft of medicines

The Global Fund to Fight AIDS, Tuberculosis and Malaria will invite major international funders of drug supplies to developing countries, technical and law enforcement agencies and implementers of health programmes to intensify joint efforts to prevent the theft of medical drugs.

The Global Fund will invite the agencies to take concerted action to stem drug thefts, ranging from information-sharing and joint strengthening of procurement and distribution capacity in developing countries to applying stringent security measures around drug storage and transport.

Drug theft is an old and persistent problem in developed and developing countries alike, especially for drugs that may be cheap or free in the public sector but fetch high prices on the open market or in neighbouring countries with different pricing policies. Problems are exacerbated by limited resources and imperfect distribution systems in many of the world's poorest countries.

In past years, reports and allegations of large-scale theft of new, effective malaria drugs have received particular attention. Artemisinin-based Combination Therapies (ACTs), are given out for free or very cheaply in public health centres and hospitals in a large number of countries but are sold over the counter in pharmacies and street stalls for US\$8 or more per treatment.

The Global Fund has demanded stricter control with drug warehousing

and distribution in five African countries already based on reports of possible drug thefts. Lessons from these countries and from other organisations' similar efforts will be shared and developed further over the coming months.

In an initiative that complements the work to secure drug storage and distribution, the Global Fund is leading a US\$216 million global innovation to finance improved access to ACTs by subsidising the costs to buyers and patients in the private, non-governmental, and public sectors.

The main purpose of this Affordable Medicines Facility-malaria (AMFm) is to ensure that older, ineffective malaria drugs are driven off the market by cheap, universally available ACTs. Retail prices of ACTs are expected to dramatically decline as a result of the combined effect of several factors, including: the reduced prices at which importers now buy ACTs under the AMFm; an increase of ACT quantities in each country; increased competition among sellers; and an increase in public information and marketing campaigns to increase awareness among buyers and patients of recommended prices in each country.

A potential additional benefit of driving down prices of drugs in the private sector is to reduce the incentive to steal drugs from public health services to sell them in private stalls and shops. If successful this innovation could curb a principal cause of theft of malaria drugs.

### ANDI gets started

The African Network for Drugs and Diagnostics Innovation (ANDI), at its inaugural meeting in Addis Ababa, Ethiopia, announced the joint emergence of Beth Mugo, minister for public health and sanitation in Kenya, and Naledi Pandor, minister for science and technology in South Africa, as co-Chairs of the Board of ANDI.

The innovative co-Chair governance structure was created in recognition of the critical need to integrate public health research and policy with science and technology in order to develop a holistic approach to sustainably ad-

dress Africa's health challenges through the discovery, development and delivery of drug, diagnostics, vaccines, and other health products within Africa.

Speaking at the opening of the Board meeting, Jennifer Kargbo, the deputy executive secretary of UNECA, stressed the importance of the private sector participation in ANDI activities, especially in translating R&D outputs into useful products and services that benefit the people. She emphasised that 'ANDI's success should be measured in terms of numbers of lives saved, jobs created, and firms created.'

### Exclusive breastfeeding for 6 months best for babies

WHO recommends mothers worldwide to exclusively breastfeed infants for the child's first 6 months to achieve optimal growth, development, and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of 2 years or beyond.

### Malaria vaccine gets closer

Going by the success shown in the clinical trials, an effective vaccine to fight malaria may be on the horizon. A mid-stage trial found an experimental malaria vaccine from GlaxoSmithKline (GSK) not only cuts the risk of children contracting the parasitic disease by 46% but also provides protection against it for at least 15 months after inoculation (see page 55).

### China engages for health

On January 12, 2011, the World Bank Institute connected China, Benin, Burundi, Ethiopia, Ghana, Liberia, and Zambia to discuss China's health sector cooperation activities in Africa.

The feedback provided by government officials, researchers, and representatives of development agencies during this Global Development Learning Network videoconference will be presented at the 2nd International Roundtable on China-Africa Health Cooperation on February 11–12, 2011. It is being organised under the auspices of China's Ministry of Health and supported by WHO, UNDP, UNFPA, USAID, DFID, The Gates Foundation, and The World Bank.

The first Roundtable, held in Beijing on December 4–5, 2009 created strong momentum for South–South exchanges between China and Africa. One of its key messages was to expand China's focus to technical support for health system strengthening and capacity building. Following the successful event, China's Ministry of Health has established an inter-ministerial task force to assess and develop its strategy for health collaboration in Africa.

## WHO DG praises public health triumphs

The World Health Organization Director-General, Margaret Chan, is praising a number of 'public health triumphs'. Dr Chan's remarks were made at the opening of the annual WHO Executive Board meeting in Geneva.

Margaret Chan says one of the most exciting achievements is a new meningitis vaccine. African scientists contributed to the design of study protocols and conducted the clinical trials.

'The vaccine was developed, from start to finish, in less than a decade, in record time, and at about one-tenth of the cost usually needed to bring a product through development to the market,' said Chan. "African countries frequently have to wait for years, if not decades, for new medical products to trickle into their health systems. Not this time. For once, the best technology that the world, working together, can offer is being introduced in Africa.'

The first countrywide vaccination campaign took place in Burkina Faso in December. This is being followed by

similar campaigns in Mali and Niger. While this is seen as a great triumph, Dr. Chan notes there are 25 countries in the Meningitis belt, many of whom will not be able to mount vaccination campaigns for lack of funds.

She says public health is on a winning streak. But, Dr Chan warns a shortage of money could stall progress in other promising undertakings, such as vaccines for preventing diarrhoeal disease and pneumonia and the new diagnostic test for tuberculosis.

'Treated bed nets need to be replaced. Antiretroviral therapy for AIDS is a lifeline, for a lifetime,' she said. 'Case finding and treatment for tuberculosis are a constant undertaking that needs to intensify. Every new generation of babies must be protected from vaccine-preventable diseases.

The WHO chief says she hopes the effort to eradicate guinea worm will continue. She notes significant progress is being made in treating neglected-tropical diseases.

## Low use of contraceptives worry researchers

Findings by scientists at the Africa Population and Health Research Centre (APHRC) show that low use of family planning among HIV-discordant couples in the continent has led to an increase in unwanted pregnancies and abortion. 'The rate of unwanted pregnancies and abortion among the couples is on the increase since many shun family planning products,' says Dr Chima Izugbara of APHRC.

The research explored family planning needs, condom use, practices, and beliefs among HIV-discordant couples. It found that the couples had high desire to have children and therefore avoid using condoms.

'The desire for children is high among couples. Many of those we interviewed expressed individually and jointly of currently trying to get a baby,' says Izugbara, the lead researcher. But some end up aborting due to pressure from relatives and friends. 'Many couples are aware of abstinence, birth control pills, intrauterine device (IUD),

sterilisation, withdrawal, and condom,' says Izugbara.

Interestingly, the study says in discordant relationships, many men often expose their partners to HIV. 'If the man is HIV-positive, he will insist on not using a condom or advise their partners to use other methods for instance take ARVs immediately after sex,' says Izugbara.

The research further finds that in unions where men are positive, family planning related discussions are rare. 'This is because of the nature of our patriarchal society. A man would not want to talk about his HIV status with his partner feeling he may "belittle" himself,' says Izugbara.

According to the study, beliefs and myths also hinder HIV discordant couples from using family planning products. 'Some couples regard having children as a major way of conquering HIV while other believe family planning methods cause side-effects like weight increase or secondary infertility to women,' says Izugbara. Such mothers expose themselves to opportunistic infections.

## Executive Director of the Global Fund re-appointed

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has re-appointed Professor Michel Kazatchkine as Executive Director for a further 3-year-term. Professor Kazatchkine, an acclaimed physician and global health expert, was first appointed Executive Director in February 2007. In recognition of his successful leadership of the Global Fund, his mandate has now been renewed until March 2014.

## WHO to define information standards for traditional medicine

The World Health Organization (WHO) says it is going to develop a classification of traditional medicine, paving the way for the first comprehensive objective evaluation of its benefits.

The International Classification of Traditional Medicine project will assist in creating an evidence base for traditional medicine – producing terminologies and classifications for diagnoses and interventions.

'We recognise that the use of traditional medicine is widespread. For many people – especially in the Western Pacific, South-East Asia, Africa, and Latin America – traditional medicine is the primary source of healthcare,' said Dr Marie-Paule Kiény, Assistant Director-General of Innovation, Information, Evidence and Research at WHO. 'Throughout the rest of the world, particularly Europe and North America, use of herbal medicines, acupuncture, and other traditional medicine practices is increasing. Global classification and terminology tools, for traditional medicine, however, have been lacking.

The International Classification of Traditional Medicine will have an interactive web-based platform to allow users from all countries to document the terms and concepts used in traditional medicine.

The classification will initially focus on traditional medicine practices from China, Japan, and the Republic of Korea that have evolved and spread worldwide.

## Urgent action essential to protect malaria therapies says WHO

The world risks losing its most potent treatment for malaria unless steps are quickly taken to prevent the development and spread of drug resistant parasites, according to a new action plan released today by WHO and Roll Back Malaria partnership (RBM).

The Global plan for artemisinin resistance containment outlines the necessary actions to contain and prevent resistance to artemisinins, which are the critical component of artemisinin-based combination therapies (ACTs). Although ACTs are currently more than 90% efficacious around the world, quick action is essential. If these treatments fail, many countries will have nothing to fall back on.

'The usefulness of our most potent weapon in treating malaria is now under threat,' said Dr Margaret Chan, WHO Director-General. 'The new plan takes advantage of an unprecedented opportunity in the history of malaria control: to stop the emergence of drug resistance at its source and prevent

further international spread. The consequences of widespread artemisinin resistance compel us to seize this opportunity.'

The global plan aims to contain and prevent artemisinin resistance through a five-step action plan.

The success of the global plan will depend on a well-coordinated and adequately funded response from many stakeholders at global, regional and national levels.

'We have made tremendous progress over the past decade in the fight against malaria,' noted Dr Robert Newman, Director of the WHO Global Malaria Programme. 'If we are to sustain these gains and achieve the health-related MDGs, then it is essential that we work together to overcome the threat of artemisinin resistance.'

The Global plan for artemisinin resistance containment was developed by the WHO Global Malaria Programme through consultation with over 100 malaria experts.

## WHO African region gets own strategic health operations centre



A Strategic Health Operations Centre, known simply as the AFRO SHOC Room, has been established at the Brazzaville headquarters of the WHO Regional Office for Africa.

The facility will serve as the hub for coordinating response to outbreaks, epidemics, pandemics, natural or man-made disasters, and other public health emergencies in the region.

'We are witnessing a very important

moment for WHO in the African Region and for this office in particular,' WHO Regional Director for Africa, Dr Luis Sambo, said during the official commissioning ceremony which took place recently in Brazzaville.

'This state-of-the-art facility, complete with video and telephone conferencing facilities will ensure real-time communication with WHO Headquarters; other WHO Regions; our Country Offices and Inter Country Support Teams (ISTs) at base locations in Libreville, Ouagadougou and Harare; partners, and other rapid response teams operating in the field,' Dr Sambo said.

He added, 'The AFRO SHOC Room will revolutionise our ability to mount coordinated rapid responses, and to save lives more quickly.'

Built-in electronic storage systems in the AFRO SHOC will ensure storage of large volumes of epidemiological data as well as facilitate detailed analysis of these data.

## Health experts accept use of HbA<sub>1c</sub> for diagnosing diabetes

A new test for diagnosing diabetes mellitus has been accepted by a WHO-backed group of experts, offering a more practical approach to test for the disease.

A report on a WHO expert consultation on the diagnosis of diabetes recommends the acceptability of glycated haemoglobin, or HbA<sub>1c</sub>, as an additional test to diagnose the disease.

Dr Ala Alwan, Assistant Director General of WHO's Noncommunicable Diseases and Mental Health Cluster, says the addition of a new test for diagnosing diabetes is a positive development, provided that stringent quality assurance tests are in place, measurements standardised, and no conditions precluding HbA<sub>1c</sub>'s accurate measurement.

'Testing HbA<sub>1c</sub> is a practical way of diagnosing diabetes,' says Dr Alwan. 'But its higher cost in comparison with other diagnostic tools will, for now, make it harder for developing countries to use. It also remains unreliable in medical conditions with rapid red cell turnover, such as haemolytic or iron deficiency anaemias. So the priority for low-income countries will continue to be ensuring the availability of blood glucose measurement at the primary healthcare level before widely introducing HbA<sub>1c</sub> for diagnosing diabetes.'

## Korle Bu addresses patient rights

A 15-member Ethics and Professionalism Committee tasked with the responsibility of providing an avenue for prompt redress of grievances of patients and other clients has been inaugurated at Accra's main teaching hospital. In an address, the Chief Administrator of the hospital, Prof Nii Otu Nartey, said the setting up of the committee formed part of a scheme to improve healthcare delivery in the hospital. 'Management is well aware of the equipment and systemic challenges facing some parts of the hospital and steps are being taken to address them,' he said, adding that 'this will enhance the smooth flow of service so that infractions on the rights of patients might not be blamed on equipment and other failures.'