

World must recommit to slash maternal mortality, says UN

The target of slashing maternal mortality and ensuring universal access to reproductive health is the furthest from success of all the Millennium Development Goals the world set itself in 2000, a senior United Nations official has warned, calling for renewed political will, funding, and international solidarity.

'Women are dying because for too many years, women's lives, dreams, and rights have not been given the priority attention they deserve, UN Population Fund Executive Director Thoraya Ahmed Obaid told a recent high-level meeting on maternal health, held in Addis Ababa, Ethiopia. Maternal health is the fifth of the eight MDGs set to be achieved by 2015.

'Maternal death and disability is one of the greatest moral human rights and development challenges of our time. We are here in Addis to say that no woman should die giving life and no woman should die from unsafe abortion.'

An estimated 500 000 women globally die each year while giving birth, and Ms Obaid called maternal mortality 'the world's largest health inequity' with the poor having the least access to needed services.

She laid out an action plan based on three points: life and death is a political decision; leadership and resources will determine success or failure; and solidarity and partnership are the only way forward.

'I say life and death is a political decision because we know what works and needs to be done. And with just 5 years remaining in the countdown to 2015, we need urgent action,' she stressed, calling for scaling-up a comprehensive package of sexual and reproductive health information, supplies, and services, including safe delivery with skilled attendance at birth and emergency obstetric care.

On resources, she noted that during this decade funding for reproductive health has remained at the same level while that for other health areas increased substantially. 'Today, I call on governments, organisations, and financial institutions, in the North and in the South, to recommit and invest in sexual and reproductive health, including

family planning, as an urgent priority,' she said.

'It would cost the world US\$23 billion per year to stop women from having unintended pregnancies and dying in childbirth, and to save millions of newborns. This amounts to less than 10 days of global military spending. Instead, the world loses US\$15 billion in productivity each year by allowing mothers and newborns to die.'

On solidarity and partnership, she noted that governments and partners agreed for the first time 15 years ago at the International Conference on Population and Development that everyone has the right to sexual and reproductive health.

'But as we all know, we have an unfinished agenda. We still have a long way to go and we need to go faster. And solidarity and partnership, maximising our common ground and minimising our differences, will propel us further ahead,' she stressed.

Ministers, parliamentarians, and representatives of regional intergovernmental organisations, youth groups, private sector, and civil society from around the world discussed policy challenges to achieve MDG5 – which is still lagging behind – and ways to mobilise political and financial commitments. They also shared experiences and lessons that would help attain the goal. The meeting concluded with the adoption of the Addis Call to Urgent Action for Maternal Health recommending steps to reach the goal by 2015.

- Improved maternal care, through improvement of health facilities and better access to drugs via community health workers and village volunteers, could potentially mean 60 000 fewer maternal deaths across Africa per year from post-partum bleeding and sepsis – a reduction of 32% in deaths from these two causes. The findings are reported in an article published online and in an upcoming edition of the *Lancet*, written by University College London (UCL) mathematician Dr Christina Pagel in collaboration with global health specialists Professor Anthony Costello (UCL) and colleagues.

Curry spice 'kills cancer cells'

An extract found in the bright yellow curry spice turmeric can kill off cancer cells, scientists have shown.

The chemical – curcumin – has long been thought to have healing powers and is already being tested as a treatment for arthritis and even dementia. Now tests by a team at the Cork Cancer Research Centre show it can destroy gut cancer cells in the lab.

Cancer experts said the findings in the *British Journal of Cancer* could help doctors find new treatments.

Dr Sharon McKenna and her team found that curcumin started to kill cancer cells within 24 hours. The cells also began to digest themselves, after the curcumin triggered lethal cell death signals.

Washing hands with soap can prevent disease and save lives, say UN experts

The simple act of washing hands with soap can drastically reduce deaths from preventable diseases, a group of United Nations human rights experts stressed as they marked Global Handwashing Day on the 15th October.

'While access to water and sanitation are critical to the protection of human health, we must remember that these are only effective when combined with good hygiene,' emphasised Ms Catarina de Albuquerque, the UN Independent Expert on human rights, water, and sanitation.

She noted that washing hands with soap 'at critical moments, especially after defecating, before handling food, and after coughing and sneezing,' is crucial for the prevention of disease.

Good hand washing practices are said to be the single most effective way to avoid contracting diseases, such as acute respiratory illnesses and diarrhoea-related diseases like cholera and dysentery. These diseases cause 3.5 million deaths among children under 5 each year and they are preventable. In addition, washing with soap will be a crucial way to prevent the spread of the H1N1 flu virus. Visit <http://www.unicef.org/> UNICEF to read more about the Global Handwashing Day initiative.

Global Fund to help fund 50 million more bed nets



The Global Fund to Fight AIDS, Tuberculosis and Malaria has announced that it has transferred US\$336 million to Ethiopia, Kenya, Tanzania, Uganda, and Nigeria to pay for the provision of more than 50 million long-lasting insecticidal nets in the next few months. Together, this will amount to a two-thirds increase of the number of bed nets in Africa through Global Fund-supported programmes.

Ninety per cent of malaria deaths occur in Africa. The latest disbursements funds will help pay for a major expansion of malaria prevention efforts. The funds are expected to pay for 26 million long-lasting insecticide nets in Nigeria, 11 million in Ethiopia, 7.3 million in Uganda, 4.8 million in Tanzania, and 1 million in Kenya. This will help these countries move towards universal coverage targets of 80% coverage of long-lasting insecticidal nets by 2010.

'These bed nets will help prevent

millions of cases of malaria over the next few months alone,' said Professor Michel Kazatchkine, Executive Director of the Global Fund. 'Malaria was a neglected disease when the Global Fund started but we are now at a point where reaching global targets for malaria is no longer fanciful but something that can actually be achieved,' he said.

Each day approximately 2200 Africans die from malaria, 85% are children under 5 years of age. Malaria has been estimated to cost Africa more than US\$12 billion every year in lost GDP, even though it could be controlled for a fraction of that sum. In countries that have conducted mass distribution of bed nets containing insecticides, deaths from malaria have dropped dramatically in a short period of time.

So far, Global Fund-supported programmes have distributed 88 million insecticide-treated bed nets worldwide; 68.4 million of these bed nets were distributed in Africa. Long-lasting insecticidal nets, like the ones that will be distributed, are recommended by the World Health Organization because they remain effective against malaria-carrying mosquitoes for at least 3 years.

The Global Fund supports programmes that deliver services to hundreds of millions of people. As a result, more than 4 million lives have been saved.

Global Fund approves US\$2.4 billion in new grants

The Global Fund to Fight AIDS, Tuberculosis and Malaria's Board of Directors has made an overall approval of grants with a 2-year commitment of US\$2.4 billion; the second largest ever approved by the Global Fund, following a US\$2.75 billion round in 2008.

It is the ninth time the Global Fund Board has approved new proposals to support programmes fighting the three diseases. The fund has now approved a total funding of US\$18.4 billion for 144

countries since it was created in 2002.

'These grants enable countries around the world to address some of the main problems they are struggling with every day,' said Dr Tedros Adhanom Ghebreyesus, Ethiopian Health Minister and Chair of the Global Fund Board. 'These grants are based on the countries' own needs and priorities and they are therefore a particularly effective source of financing.'

The Global Fund also approved the roll-out of the pilot phase of a facility to reduce prices for effective malaria medicines (AMFm). The Pilot phase will take place in nine African countries.

Sierra Leone link to India medics

Sierra Leone's president has launched a satellite link-up so that doctors in his country can seek advice from their colleagues in India.

The system, known as telemedicine, will enable doctors in Sierra Leone to send X-rays and other data for analysis in better-equipped Indian hospitals. They will also be able to seek second opinions from India.

Sierra Leone's healthcare system was badly damaged during the 11 years of civil war that ended in 2002. Many doctors fled the country.

'We look forward to realising the benefits that this connection will create in the medical sector,' President Ernest Bai Koroma said at the telemedicine launch at Connaught Hospital in the capital, Freetown.

The initiative, funded by the Indian government, is part of a broader pan-African telemedicine plan.

Dr Thaim Boya Kamara, Sierra Leone's national hospital care manager, said it would be useful not just for connecting Freetown to India, but for communicating with rural areas.

'When this extends to the districts and other provinces, we'll be able to be in contact with our own doctors and healthcare workers,' he said.

South Africa and Lesotho among top 10 in gender equality

Two southern African states -- South Africa and Lesotho -- have leapt into top 10 ranking of countries where women face the least discrimination, the World Economic Forum (WEF) said recently. South Africa sprang from 22 to number 6, while Lesotho climbed from 16 to number 10 in the WEF's Global Gender Gap Index which measures economic participation and opportunity, educational attainment, political empowerment, health, and survival of women in 134 countries. 'The latest data reveal that South Africa has made significant improvements in female labour force participation, in addition to gains for women in parliament and ministerial positions in the new government,' said the WEF.

Wellcome Trust and Merck launch novel affordable vaccines initiative

The Wellcome Trust and Merck & Co Inc have announced the creation of the MSD Wellcome Trust Hilleman Laboratories (www.hillemanlaboratories.in/), a unique research and development joint venture with a not-for-profit mission to focus on developing affordable vaccines to prevent diseases that commonly affect low-income countries.

The joint venture marks the first time a research charity and a pharmaceutical company have partnered to form a separate entity with equally shared funding and decision-making rights. Pairing two of the world's preeminent healthcare institutions provides an opportunity to integrate the best of both to drive the investment and expertise needed to develop and deliver vaccines to low-income countries.

The heart of this concept is the creation of a sustainable R&D organisation that operates like a business, but with a not-for-profit operating model, to address the vaccine needs of low-income countries. As well as developing new vaccines in areas of unmet need, the Hilleman Laboratories will also work on optimising existing vaccines, an important and powerful way of increasing the impact of vaccination in resource-limited settings. By working in partnership, the Wellcome Trust and Merck seek to achieve what neither can do alone. 'Linking the ingenuity of academic research with the know-how of industry is vital if we are to produce a new generation of vaccines to reduce the burden of infectious diseases in low-income countries,' said Sir Mark Walport, Director and CEO of the Wellcome Trust. 'The Hilleman Laboratories partnership brings together the requisite skills in a powerful way and Merck is the ideal partner because of its impressive history of innovation and contributions to global health, which provide a perfect complement to the Wellcome Trust mission to improve health in the developing world.'

Merck and the Wellcome Trust will invest equally in the R&D joint venture, which will be primed with a combined cash contribution of approximately US\$130 million) over the next 7 years and will support a staff of approxi-

mately 60 researchers and developers. The venture will be based in India to facilitate engagement and partnership with a broad range of experts in vaccine research, policy, and manufacturing to develop and mature its R&D pipeline.

The Hilleman Laboratories is designed to fill an important gap in how vaccines get developed. Many scientists from academia and government identify vaccine candidates potentially useful to developing countries, but then face significant technical challenges in designing suitable vaccine formulations, production processes, and clinical programmes. The Hilleman Laboratories will work to advance projects to 'proof of concept' by providing key expertise in product development and optimisation that is typically available only within large vaccine companies. The Hilleman Laboratories will also work with vaccine manufacturers to ensure production can be scaled and that the vaccines are affordable. Through this model, the facility will help deliver vaccines to registration that are specifically designed to meet the needs and practical realities in developing countries.

While an initial portfolio of projects will be selected only after consultation with the international community and careful technical assessment, examples of the kind of programmes being considered include developing vaccines that do not require refrigeration, and a vaccine against Group A streptococci which causes more than 500 000 deaths per year worldwide. Providing some of the key input to the Hilleman Laboratories will be a Strategic Advisory Group of internationally-recognised, independent experts. Dr. David Heymann, Chairman of the UK's Health Protection Agency and former Assistant Director-General of the World Health Organization, will serve as chair of the panel.

The new entity is named in honour of the pioneering vaccine scientist Maurice Hilleman, who is credited with the development of more than 30 vaccines, including measles, mumps, and hepatitis B during a career that included nearly 30 years at Merck.



Aspirin 'only for heart patients'

The use of aspirin to ward off heart attacks and strokes in those who do not have obvious cardiovascular disease should be abandoned, researchers say.

The Drugs and Therapeutics Bulletin (DTB) study says aspirin can cause serious internal bleeding and does not prevent cardiovascular disease deaths. It says doctors should review all patients currently taking the drug for prevention of heart disease.

Low-dose aspirin is widely used to prevent further episodes of cardiovascular disease in people who have already had problems such as a heart attack or stroke. This approach – known as secondary prevention – is well-established and has confirmed benefits. But many people are believed to be taking aspirin as a protective measure before they have any heart symptoms.

Between 2005 and 2008, the DTB said four sets of guidelines were published recommending aspirin for the 'primary prevention' of cardiovascular disease – in patients who had shown no sign of the disease. These included people aged 50 and older with type 2 diabetes and those with high blood pressure.

But the DTB said a recent analysis of six controlled trials involving a total of 95 000 patients published in the journal *the Lancet* does not back up the routine use of aspirin in these patients because of the risk of serious gastrointestinal bleeds and the negligible impact it has on curbing death rates. Dr Ike Ikeanacho, editor of the DTB, said: 'Current evidence for primary prevention suggests the benefits and harms of aspirin in this setting may be more finely balanced than previously thought, even in individuals estimated to be at high risk of experiencing cardiovascular events, including those with diabetes or elevated blood pressure.'