

Key health issues discussed at African Union summit

At their 15th African Union (AU) summit held in late July in Kampala, Uganda, members agreed to form a group to monitor and report on the progress of maternal, infant, and child health – the key theme of the conference, said Jean Ping, chair of the AU Commission, at the end of the summit.

President Bingu Wa Mutharika of Malawi added that leaders had agreed to prioritise the welfare of women and safe motherhood in development agendas this year. 'If we improve the welfare of women, access to food and healthcare, maternal mortality will significantly reduce,' he said.

The summit also launched a programme for infrastructural development in Africa and adopted the African charter on maritime transport, elected human rights commissioners, and set up a child health committee.

Malaria was the subject of a special summit session of the African Leaders

Malaria Alliance to assess progress in sustainable malaria control and in removing tariffs and taxes on anti-malarial imports.

In the same week as the summit, United Against Malaria (UAM) reported a campaign to Uganda's under-13s in a series of football tournaments across the country. One of the goals of the drive is to educate the public about malaria through use of football, says the UAM coordinator Kenneth Malumbo.

'As they play football we intend to constantly remind them about prevention, treatment while educating their parents and well-wishers who will attend the matches.'

Uganda has one of the highest incidences of childhood mortality caused by malaria. In April this year the *Daily Monitor* reported that around 300 Ugandans, mostly pregnant women and young children, were dying every day from malaria.

WHO declares swine flu pandemic over

The World Health Organization has declared the swine flu pandemic over, more than a year after the new virus spread around the world, sparking panic and killing thousands before fizzling out.

'The world is no longer in phase six of the pandemic alert. We are now moving into the post-pandemic period,' said WHO Director General Margaret Chan.

'The new H1N1 virus has largely run its course,' she added, saying an international public health emergency 'no longer applies'. The top phase of the WHO's six tier pandemic alert scale corresponds to a pandemic, or global spread of a disease. The step followed advice given earlier by WHO's advisory emergency committee of 15 external scientists, which heard evidence from representatives of Australia, Argentina, New Zealand, and South Africa.

WHO's top flu official, Keiji Fukuda, told journalists that the A(H1N1) influenza virus was no longer considered

to be capable of causing another pandemic, even if more severe outbreaks might occur in some countries.

Swine flu has killed more than 18 449 people and affected some 214 countries and territories since it was uncovered in Mexico and the United States in April 2009, according to WHO data.

The new virus spread swiftly worldwide despite drastic measures, including a week long shutdown in Mexico, prompting the UN health agency to scale up its alerts and declare a pandemic on June 11, 2009.

Fears about the impact of swine flu on unprotected populations and a harmful mutation sparked a rush for hundreds of millions of dollars worth of specially developed vaccines and a flurry of public health precautions.

However, those concerns dwindled in late 2009. Fukuda said that about 300 million people had been vaccinated worldwide against A(H1N1).

The world remains on phase three of the flu alert scale for the less infectious but deadlier H5N1 bird flu.



US scientists' trial brings them 'closer to Ebola drug'

A drug to treat the Ebola virus is reported to be one step closer after US scientists were given permission to conduct human trials.

Clinical trials have been approved after a new drug was proven to be effective on monkeys.

Ebola causes death in 90% of human cases, but is always fatal to apes. Around 1200 people have died of the disease since 1976.

Ebola is transmitted via bodily fluids. Sufferers experience nausea, vomiting, internal bleeding, and organ failure before they die.

In the latest tests, scientists found that the new drug cured the virus in 60% of rhesus monkeys. It proved 100% effective in treating the closely related Marburg virus in cynomolgus monkeys.

The US Food and Drug Administration has now given permission for trials involving a small group of human volunteers.

Ebola's high mortality rate has fuelled fears that it could be used in bio-terrorism and funding into research for a treatment was increased in the US after the September 11th attacks in 2001.

The new treatment is being developed jointly by the US Army Medical Research Institute of Infectious Diseases and private company AVI BioPharma.

However, scientists caution that despite the apparent progress, a full vaccine will take time to develop with more extensive trials and assessment needed.

Rotavirus disease vaccine may be a life saver

Live, oral, pentavalent rotavirus vaccine is as safe and effective for the prevention of severe rotavirus in developing countries as it is in middle- to high-income nations in Europe and America, according to the results of two large-scale, multicentre, randomised, double-blind, placebo-controlled trials (one in Asia and one in Africa) reported in the *Lancet*.

'Rotavirus-related diarrhea is a major cause of infant death in the developing world,' said Roger Glass, director of the Fogarty International Center and Associate Director for international research at the National Institutes of Health, Bethesda, USA. 'If we can reduce rotavirus-related hospitalisations by 25%, as these studies suggest, this would have an incredible impact on child survival.'

Although rotavirus vaccines were not as effective in regions tested in Asia and Africa as they were in the United States, they could provide a 'massively new intervention to reduce overall mortality and diarrhea-related mortality in developing countries,' added Dr Glass, who coauthored an editorial accompanying the two studies. 'We're

excited because these studies represent the culmination of a very long research period, from discovering the virus, to developing the vaccine, to understanding the disease burden, to getting global recommendations for vaccine use. Rotavirus vaccine is a big help toward achieving the Millennium Goal of reducing diarrhea-related mortality worldwide, and something we've been working on for over 3 decades.'

The second African study, by Dr George E Armah, from the University of Ghana in Accra, and colleagues, assessed the efficacy of pentavalent rotavirus vaccine against severe rotavirus gastroenteritis in infants in developing countries in sub-Saharan Africa (rural areas of Ghana and Kenya, and an urban area of Mali) between April 2007 and March 2009.

'Pentavalent rotavirus vaccine is effective against severe rotavirus gastroenteritis in the first 2 years of life in African countries with high mortality in infants younger than 5 years,' the study authors write. 'We support WHO's recommendation for adoption of rotavirus vaccine into national expanded programmes on immunisation in Africa.'

Developing nations to bear cancer brunt, unprepared

Developing countries will bear 60% of the world's cancer burden by 2020 and 70% by 2030, but they are not prepared for the looming crisis, cancer experts warned in a recent report.

These countries do not have the infrastructure in place to prevent cancer, diagnose it early, or provide long-term treatment, according to CanTreat International, which comprises experts from leading international cancer organisations.

'Developed countries have been setting up plans and systems to cope with cancer all the time, but developing countries are not ready ... treatment and diagnoses are made very late or not at all, so the (death) toll is much, much higher,' Dr Joseph Saba, a medical doctor and member of the group, said in an interview.

CanTreat stands for the Informal

Working Group on Cancer Treatment in Developing Countries. Its report was unveiled during the World Cancer Congress in the southern Chinese city of Shenzhen.

The economic impact of premature death and disability from cancer worldwide was US\$ 895 billion in 2008, excluding treatment costs, according to the American Cancer Society.

With changes in diet, worsening pollution, ageing populations, rising obesity rates, tobacco use, and alcohol intake, developing countries are now saddled with more non-communicable diseases including heart problems, strokes, diabetes, and cancers, in addition to infectious diseases.

There were 12.67 million new cases of cancer worldwide in 2008, with developing nations representing 56% of the total. By 2020, there will be an estimated 15 million new cancer cases, 60% of which will be in the developing world.

New HIV gel developed

A new vaginal gel designed to help prevent the spread of HIV was announced at the international AIDS conference in Vienna in July. The gel contains 1% of an antiretroviral drug called tenofovir, which a recent study said could cut down the spread of HIV infection in women by 39%.

The goal of the gel is to accommodate women who are unable to negotiate condom use. According to a study by UNAIDS, most of the world's women are in this position.

Kenyan scientists push for cleaner water to curb climate-linked disease

Medical scientists and environmental activists are urging the Kenyan government to speed up efforts to tackle climate-related diseases, which are on the rise in the east African nation.

The US\$15 billion national budget announced in June includes a strategy for responding to climate change with funding for projects to expand irrigation activities in dry areas and improve water quality, for example.

But some experts think it doesn't go far or fast enough. A group of scientists has joined forces with the Forest Action Network (FAN) and Kenya Medical Research Institute (KEMRI) to lobby for urgent measures to deal with the impact of warmer temperatures and unpredictable rains on health.

Research carried out by KEMRI suggests waterborne diseases and malaria are on the rise, with the country's recent drought making matters worse. In the northern region of Turkana, for example, communities have had to rely on shallow wells for their drinking water, which are often dirty.

Dominic Walubengo of FAN said the civil society coalition hopes that a draft policy strategy it has submitted to several politicians will be discussed in parliament by the end of the year, and form the basis for new laws to address the negative health effects of climate change.

The 3-year drought, which eased with better short rains late last year, has also added to the urgency, as meteorologists fear another prolonged dry spell could be on the way.

Walubengo noted a rapid increase in waterborne diseases earlier this year, including cholera and diarrhoea.

African police seize 10 tonnes of fake medicines

Police seized about 10 tonnes of counterfeit medicines and arrested 80 people in a sweep across eastern Africa, international police agency Interpol said in late August.

The operation, which Interpol coordinated under the umbrella of the World Health Organization over the last 2 months, included the arrest of suspects involved in the manufacture, trafficking, and sale of fake medical products.

Production and sale of counterfeit drugs is on the rise, especially in Africa, where counterfeit medicines are commonly available to treat life-threatening conditions such as malaria, tuberculosis, and HIV/AIDS.

'By working together collectively, countries can take concrete action on the ground to curb a crime that is still low-risk and high-profit for the criminals involved while representing a very real danger to the general public,' said Aline Plançon, the head of Interpol's medical and pharmaceutical crime unit.

Research and development-based pharmaceutical companies say that



counterfeit medicines pose a threat to patients and they are not driven by commercial interest in fighting the scourge.

There were 1693 known incidents of counterfeit medicines last year, a rise of 7%, according to the Geneva-based International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) whose members include Bristol-Myers Squibb, Roche, Glaxo-SmithKline, and Sanofi-Aventis. Police, customs, and drug regulatory authorities across Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar took part in the bust, Interpol said.

WHO grants prequalification status to pneumococcal vaccine

The World Health Organization has granted prequalification status to Pfizer Inc.'s children's pneumococcal vaccine, Prevenar 13, paving the way for United Nations agencies and governments to start ordering the product.

WHO's decision comes after Pfizer entered into a 10-year Provisional Supply Agreement to provide Prevenar 13 to children in the world's poorest countries under the terms of the Advance Market Commitment (AMC). A vaccine must be prequalified by WHO in order to be included in the AMC.

'This is an important step towards our goal of making Prevenar 13, which offers the broadest serotype coverage of any pneumococcal conjugate vaccine, available to infants and young children globally,' said Emilio Emini, Chief Scientific Officer Of Vaccine Research

at Pfizer. This version of the vaccine, which 'protects against 13 different disease-causing strains, is an advanced version of the original Prevenar, which only protected against seven strains,' he added.

According to WHO, pneumococcal disease is the leading cause of vaccine-preventable death worldwide in children younger than 5. Prevnar 13 has already been approved in over 60 countries, including the US and the European Union.

'WHO prequalification of Prevenar 13 is an important step towards universal access to pneumococcal conjugate vaccines for infants and young children worldwide,' Orin Levine, Executive Director of the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health, said. 'Under the AMC, pneumococcal conjugate vaccines can be made available to the highest risk children in the world faster than ever before.'

PEPFAR to train thousands of African healthcare workers

The success of PEPFAR – the President's Emergency Plan for AIDS Relief – depends in large part on healthcare workers in African countries. But there's a shortage of those workers, as many leave for better opportunities elsewhere. As a result, PEPFAR has a new programme to try to solve the problem.

The new phase of PEPFAR – known as PEPFAR II – calls for extending treatment to more than 4 million patients, preventing 12 million new infections and providing care for 12 million people living with HIV.

'To meet these goals, PEPFAR will need to support the training of large numbers of new healthcare workers in order to deliver the services,' says Deborah von Zinkernagel, the principal deputy US global AIDS coordinator.

The first part of the plan provides US funding for up to nine African medical schools working in partnership with US medical schools and universities. Eventually there will be two coordinating centres that will bring together doctors and nurses from across the continent.

Cameroon authorities blame local brew for spread of cholera

Bili bili, millet-based home-made brew popular in Africa, may be much cheaper than mass-produced alternatives but according to the authorities in Cameroon, its effects can be much worse than a bad hangover.

The health minister thinks the brew could be contributing to the spread of cholera, the latest outbreak of which has killed more than 220 people and infected over 2800 in the north of the country.

'We encourage the populations of the northern region to temporarily suspend the distribution of bili bili to the southern part of the country because this highly appreciated drink could be a vector that will take cholera to other districts and regions of the country,' Andre Mama Fouda said on national television.

The authorities of the northern Diamare division have gone further and banned the production and sale of bili bili.

Call for African governments to increase health spending

At the recent International XVII AIDS Conference in Vienna, Austria, South Africa's Health Minister Dr Aaron Motsoaledi appealed to donors to desist from cutting aid to support AIDS programmes in sub-Saharan Africa.

The irony of his call, however, is that countries in Africa are not increasing their spending on health. In 2001 at a meeting in Abuja, Nigeria, African countries committed to increase their expenditure on health to 15%. But to date, most African countries spend between 8% and 9% of their GDP on health; only a few countries such as Malawi have honoured the commitment.

While they are delaying improvements in their health spending, African governments are asking donor nations and agencies to sustain and increase their financing of AIDS programmes. As for South Africa, although it has a higher health budget than any other African country, it also falls far short of meeting the 15% target. 'South Africa is spending 8.5% of the GDP on health. It's much higher than even the recommendation of the World Health Organization. In Africa, we are spending more than all of them, but even in

the other developing parts of the world, we are spending more than those countries,' said Dr Motsoaledi.

However, the money that South Africa spends on health does not produce better health outcomes. This has raised important questions that have impacted negatively on the allocation of funds for health spending. The country has one of the highest rates of maternal, child and infant mortality and tuberculosis and HIV infection. Increasing the health budget to 15% in the short-term seems improbable and without outside help, South Africa will not be able to nurse the health of its people, especially in the face of an HIV and AIDS epidemic that is not yet under control.

An audit conducted by the MSF in eight African countries shows that international support for AIDS programmes is waning. Donor agencies including the Global Fund to fight AIDS, TB and Malaria and the US President's Emergency Plan to fight AIDS (Pepfar) have, in recent years, reduced or kept their funding for AIDS programmes unchanged. Many have cited the recent recession as the reason for the pulling out of resources. Another school of thought is that donors no longer view

WHO updates ART treatment guidelines

New scientific evidence has been accumulated on the initiation of antiretroviral treatment (ART), optimal ART regimens, the management of HIV co-infection with tuberculosis, and management of ART failure in adults and adolescents. Furthermore, new evidence has become available on the first use of antiretroviral (ARV) prophylaxis to prevent mother-to-child transmission (MTCT) of HIV, including during breastfeeding, secondly on the optimal time to initiate ART in individuals who need treatment, and thirdly on safe feeding practices for HIV-exposed infants.

Therefore the World Health Organization has revised several guidelines which they presented during the XVII International AIDS Conference held during July in Vienna, Austria:

- ART for HIV infection in adults and adolescents;
- ARV drugs for treating pregnant women and preventing HIV infection in infants;
- ART for HIV infection in infants and children.

WHO now recommends starting HIV treatment when a person's CD4 count drops below 350 cells/mm³ (used to be 200 cells/mm³).

All HIV-positive patients with TB are now recommended to start ART regardless of their CD4 cell count.

Estimates developed through epidemiological modelling suggest that HIV-related mortality can be reduced by 20% between 2010 and 2015 if these guidelines are broadly implemented. However, the number of people requiring ART will increase significantly.

For more details on the updated guidelines visit www.who.int/hiv/pub.

Cholera outbreak hits Nigeria

A cholera epidemic in northern Nigeria has killed more than 350 people since June and threatens to spread to the entire country. To date, the outbreak has affected more than 6400 people.

Cholera occurs in much of the country under normal conditions, but the lack of clean drinking water, and recent flooding following heavy rains are fuelling the spread of disease. 'Although most of the outbreaks occurred in the northwest and northeast zones, epidemiological evidence indicates that the entire country is at risk,' the Ministry of Health reported.

Kenya allows continued importation of generic drugs

A court in Kenya is to allow the continued importation of generic HIV drugs. The court also temporarily stopped the application of the Anti-Counterfeit Act, which controls the importation and sale of generic drugs in so far as the medication may be considered counterfeit. The decision means more than 1.4 million Kenyans who rely on first-line generic anti-retroviral drugs – lamivudine, zidovudine, and nevirapine – will continue receiving them.

Horn of Africa once again polio-free, say UNICEF

The Horn of Africa is once again free of polio, with Sudan, Ethiopia, Kenya and Uganda having reported no wild poliovirus cases for more than a year, the United Nations Children's Fund (UNICEF) and its partners have announced.

'Today marks a step towards the achievement of a major objective of the Global Polio Eradication Initiative's new strategy – stopping polio in Africa,' the agency stated in a news release.

The new Global Polio Eradication Initiative Strategic Plan 2010–2012, adopted by the World Health Assembly last month, includes new measures to limit further international spread of polio and stop new outbreaks more rapidly. In Nigeria, where polio is still endemic, the number of polio cases have dropped by more than 99% per cent – from 312 cases last year to three in 2010.