Universal health coverage receives backing from economists

A global coalition of 267 economists representing 44 countries is calling on policymakers to prioritise universal health coverage (UHC) as an essential pillar of economic development. Launched ahead of the United Nations meeting to enact the Sustainable Development Goals, an ambitious agenda for the next 15 years that includes UHC among its targets, the Economists’ Declaration proclaims that ensuring everyone can obtain high quality essential health services without suffering financial hardship is right, smart and affordable.

‘UHC isn’t only the right thing to do – it’s also the economically smart thing to do,’ said Lawrence H. Summers, President Emeritus at Harvard University. ‘The data clearly show that health is essential to eradicating extreme poverty and promoting economic growth. I launched this Declaration to urge world leaders to act on that evidence.’

The Declaration cites the considerable evidence supporting the signatories’ assertion that all countries have the opportunity to achieve UHC and should prioritise reforms and investments toward it. These include the right investments to increase availability of today’s health tools and discover, develop and deliver new interventions; the cost of health; driving economic growth; and building resilience against diseases such as Ebola.

‘With nearly half the world’s population now living in a country advancing toward universal health coverage, the case for UHC is strong and growing stronger. But there is still work to be done to ensure more equitable access to lifesaving services for even the poorest and most vulnerable people,’ said Judith Rodin, President of The Rockefeller Foundation. ‘The Rockefeller Foundation convened this Declaration by the world’s leading economists to demonstrate the financial benefits and feasibility of UHC. With their resounding support, it is now time to invest the resources needed to make health for all a reality.’

‘We are at a juncture of history where the world can afford basic health coverage for all,’ said Kaushik Basu, Senior Vice-President and Chief Economist of the World Bank. ‘Given economic growth, donor country commitments and new mechanisms to raise local funds, countries, no matter at what stage of development, can provide universal health coverage.’

More than 100 countries across the development spectrum have begun working towards UHC, increasingly demonstrating its feasibility. The Economists’ Declaration calls for increased domestic funding, donor country commitments, and political leadership to advance pro-poor reforms toward UHC.

The full text of the Economists’ Declaration and complete list of signatories are published in the *The Lancet* at healthforall.org/economists-declaration. The Declaration builds on the Lancet Commission on Investing in Health, which concluded in their 2013 report, Global Health 2035, that if the right health investments are made today, developing countries will see dramatic health and economic gains within a generation.

Caring for Ebola survivors

When people who survive Ebola Virus Disease (EVD) leave the Ebola treatment unit (ETU), everybody celebrates. However, emerging from the ETU is just the beginning of their long journey to regain health.

New research shows survivors most commonly face severe joint pains, eye problems leading to loss of vision in some cases, severe fatigue, headaches, poor concentration, and mental health challenges after recovery from acute EVD. However, there are very limited data on the types and frequency of the various reported health problems, or the best practices for clinical management.

‘We have never had such a large number of survivors. This is very new. We have a unique and important responsibility to provide care and support for Ebola survivors trying to restart their normal lives. It is increasingly clear that emerging from an ETU is just the beginning. The countries affected by Ebola also have a long road to recovery,’ says Dr. Anders Nordstrom, World Health Organization (WHO) Representative for Sierra Leone.

This was among the conclusions of a scientific meeting on the needs of survivors held by the WHO in Freetown, Sierra Leone with clinicians, scientists, epidemiologists, and other public health practitioners. Their goal is to produce a ‘Comprehensive Care Plan for EVD Survivors’ and identify research needed to optimise clinical care and social wellbeing.

‘It is an emergency within an emergency,’ said Dr. Daniel Bausch of the WHO clinical care team. ‘We have to help people not just survive but thrive.’

Dr. Nordstrom said: ‘The Ebola outbreak has decimated families, health systems, economies, and social structures. All need to recover.’
Vaccine shortage leaves Africa vulnerable to meningitis outbreak

An acute shortage of meningitis C-containing vaccine threatens to severely limit the world’s ability to minimise the number of people affected by the meningitis outbreak, four international public health organisations have recently warned.

International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins sans Frontières (MSF), The United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO) (the 4 organisations, which together constitute the International Coordinating Group for Vaccine Provision for Epidemic Meningitis Control - ICG) are therefore calling on vaccine manufacturers to step-up meningitis C-containing vaccine production by 5 million doses before the 2016 meningitis season starts in January.

‘Meningitis tends to hit Africa in cycles. Cases of meningitis C have been rising since 2013, first in Nigeria in 2013 and 2014, and then in Niger in 2015. We have to be ready for a much larger number of cases during the 2016 meningitis season,’ said Dr. William Perea, Coordinator for Control of Epidemic Diseases Unit at WHO.

Fund to help African countries fight infection

Eight African countries are among the 13 beneficiaries of a US$100 million fund announced in South Korea this month to fight infectious diseases.

South Korea President Park Geun-hye pledged during the Global Health Security Agenda held on 7-9th September 2015 to spend the fund over five-years from 2016.

The African countries to benefit from this fund are Ghana, Ethiopia, Sierra Leone, Guinea, Liberia, the Democratic Republic of Congo, Ivory Coast, and Mali. Other countries to also benefit are Jordan, Cambodia, Laos, Uzbekistan and Peru.

Funds from the Global Health Security Agency (GHSA) would help African countries to prevent and reduce the likelihood of outbreaks – natural, accidental, or intentional; detect threats early to save lives and respond effectively using multi-sectorial, international coordination, and communication to infectious diseases.

‘South Korea will make its utmost effort to free people in those countries from the threat of infectious diseases,’ she said.

The GHSA, a global health conference was launched last year in Washington DC in partnership with the World Health Organization (WHO). The global grouping, which currently has 44 members, is aimed at setting the agenda for global health security and establishing a cooperative system to fight infectious diseases.
GE announces new commitments to build healthcare skills and capacity in East Africa

At the Global Entrepreneurship Summit in Nairobi, GE announced a series of new commitments aimed at addressing some of the most critical health challenges in East Africa through a sustained focus on skills development and capacity building.

Among the investments, GE announced included the establishment of the GE Healthcare Skills and Training Institute in Kenya, GE’s first-ever dedicated healthcare skills advancement center in Africa, and a US$1.7M GE Foundation grant for Biomedical Equipment Training and Safe Surgery programmes in Ethiopia.

As outlined in the GE Africa Future of Work White Paper, entitled, **Building Strong Workforces to Power Africa’s Growth**, sub-Saharan Africa needs to create an average of 15-20 million new jobs per year over the next three decades to meet the current growth, presenting a considerable challenge to the labour market given the low rates of formal employment.

Moreover, the global health sector, especially in developing markets, is facing critical workforce shortages, with Africa ranking the lowest in the availability of health personnel. With 12% of the world’s population and 25% of the world’s burden of diseases, sub-Saharan Africa has only 3% of the world’s health workforce. According to the White Paper, the African urbanisation story underscores the need for Governments and their partners to invest aggressively in enhancing skills.

Farid Fezoua, President and CEO of GE Healthcare Africa said, ‘Investing in the training and education of healthcare professionals to strengthen capability building is one of the greatest enablers for sustainable healthcare development. GE Healthcare’s education strategy integrates technology and localisation in the design and deployment of tailored education solutions including the establishment of new healthcare training centers, locally configured curricula and a range of education partnerships with leading regional academic institutions and global partners. As a major force for change, we aim to increase access to localised education, training and skills development programmes for more healthcare workers across Africa.’

Quacks in Kenya end 375,000 pregnancies annually

Unsafe abortions in Nairobi, Kenya are on the rise, with backstreet operators killing about 2600 women annually, way above the number killed by cervical cancer last year.

The Ministry of Health says about half a million abortions are procured in Kenya annually, with an estimated 375,000 done in the backstreets.

A team, led by Joyce Mumah of the African Population and Health Research Centre (APHRC), says the backstreet operators not only kill women and girls, but also maim thousands of others.

Last year, 2451 women in the country died from cervical cancer according to the World Health Organization’s Human Papilloma virus Information Centre.

The demand for abortion, says Joachim Osur of Amref Health Africa, has given rise to a highly sophisticated network of illicit but life-taking abortion services.

The network, which Dr. Osur details in a recent survey, is complete with an enviable referral system involving schoolgirls, their mothers and grandmothers, teachers, policemen, brokers, midwives, herbalists, and health workers.

‘The school system has been infiltrated by illegal abortion providers who have planted agents to direct pregnant girls to them,’ Osur said. Schools, he says, are the most fertile grounds from where to recruit clients.

Ghana FDA probes fake antiretroviral drugs

The Ghanaian Food and Drugs Authority (FDA) has been assigned by the Ministry of Health to conduct an investigation into media reports that fake antiretroviral drugs have been dispensed to some people living with HIV/AIDS in Ghana.

A statement released by the Ministry of Health and signed by Alex Segbebia said, ‘FDA has been duly notified of the occurrence of the side effects and the Authority is conducting its own investigations into the incident using the existing pharmacovigilance protocols.’

It said, ‘The leadership of the Association of Persons Living with HIV and AIDS in Greater Accra Region has also been informed to monitor and report any further information regarding the use of the said medication by their members.’

According to the Ministry of Health, investigations conducted so far into the reports revealed that the, ‘drugs were donated to the ministry by the West Africa Health Organisation (WAHO)’ in response to, ‘our appeal for support after the fire incident at the Central Medical Stores on 13th January 2015’.

The statement indicated that in line with the donation policy of the ministry, ‘this product was duly tested and approved by the FDA before distribution to facilities for use’.

It continued: ‘We are aware that the manufacturer of the said product was found to be World Health Organization (WHO) Good Manufacturing Practice (GMP) compliant in April 2014 by the WHO Prequalification team.’

‘From this information, the product cannot be classified as ‘fake’ because it does not fall under the WHO definition of the sub-standard, spurious, falsified, falsely-labelled or counterfeit product,’ the statement added.

It indicated, ‘mindful of the fact that there are many other factors that could result in adverse events associated with the use of any medication, the outcome of the on-going investigation by the FDA will provide guidance for the next steps.’
The Republic of South Africa evaluates tuberculosis surveillance system

South Africa’s National Tuberculosis (TB) Control Programme (NTP) said it recently conducted a surveillance of TB in the country.

To maintain the health of South Africa as a whole, NTP has been conducting TB surveillance since 1995. NTP began to implement its Electronic TB Register (ETR) in 2005.

The purpose of the evaluation is to determine the reliability and completeness of the TB Surveillance System’s data.

The evaluation covered three out of nine provinces, three sub districts for each province, and 54 health facilities that were chosen through stratified random sampling. Each of the facilities had diagnosed 30 or fewer patients in the first quarter of 2009.

The analysts compared patient information from four electronic and two paper sources. Then they used chi-square tests to determine the completeness of the programme’s indicators.

Results showed that 33.7% of all of the people who had presumptive TB from smear positive records within the TB Suspect Register didn’t have any records showing treatment, notification or management of the illness. Also, 80% of the 1339 people who had been TB patients in facilities were documented in all of the data sources.

West Africa Ebola outbreak could end this year

The head of the World Health Organization (WHO) said Ebola in West Africa could be ‘soundly defeated’ by the end of this year.

Dr. Margaret Chan told the United Nations Security Council that current surveillance and response capacities have greatly improved and health workers have a better picture of how the disease spreads.

She said the three most affected West African countries have made huge progress. New cases in Liberia have stopped, and in Guinea and Sierra Leone a total of only three cases have been reported within a couple of weeks.

‘If the current intensity of case detection and contact tracing is sustained, the virus can be soundly defeated by the end of this year. That means getting to zero and staying at zero,’ she said.

Africa within reach of being certified a polio-free continent

Sub-Saharan Africa is finally on the brink of being declared polio-free.

In July this year, the region marked one year without a new polio case. If no new cases are reported within three years, Africa will be certified polio-free.

As a result of the use of two vaccines developed more than 50 years ago the annual number of polio cases has globally dropped by more than 99% from about half a million in the 1980s to only 34 so far in 2015. But eliminating the last 1% of cases of polio is still proving to be a challenge.

In 1996 African heads of state resolved to stamp polio out of Africa. Then South African President Nelson Mandela launched the three-year ‘Kick Polio out of Africa’ campaign. But by 2000, wild poliovirus was still circulating in Egypt, Niger, and Nigeria. The situation worsened when the polio vaccine was stopped in northern Nigeria due to religious reasons.

As a result, polio spread from the area to eight other African countries in 2003.

Poliovirus continued in Africa until 2014. But the number of affected countries has been decreasing. In 2004 there were 14 countries that had polio outbreaks. These included Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d’Ivoire, Egypt, Ethiopia, Guinea, Mali, Niger, Nigeria, and Sudan.

In 2011, this dropped to 12, and last year there were only five African countries.

In all these outbreaks, the common factor was the country’s failure to immunise. The reasons for this failure varied from each outbreak, but in each case there was a group of non-vaccinated people that enabled the poliovirus to spread far and wide.

The World Health Organization estimates that once polio is eradicated and vaccination halted, global savings from vaccination, treatment costs, and rehabilitation will be around the US$2 billion a year mark.

Testing for malaria reduces over prescription by more than 70%

Using malaria rapid diagnostic tests (RDTs) in registered drug shops in a highly endemic region in Uganda substantially reduced over-diagnosis of malaria, improving the use of valuable malaria drugs, according to a new study published in PLOS ONE.

Most of the 15,000 patients that visited drug shops with a fever chose to buy an RDT when offered one by the trained vendors taking part in the study. Once they performed the test, results showed that less than 60% of the patients had malaria. The vendors usually complied with the test results, reducing over prescription of malaria drugs by 73%.

The researchers from the Artemisinin-based Combination Therapy (ACT) Consortium at the Ministry of Health in Uganda and the London School of Hygiene and Tropical Medicine in the UK carried out the study.

Lead author, Prof. Anthony Mbonye from the Ugandan Ministry of Health, said: ‘Our findings show that it is feasible to collaborate with the private health sector and introduce malaria RDTs in drug shops. The next step is to refine the strategy and understand the cost implications of scaling it up in Uganda. Our long-term aim is to provide evidence to help the World Health Organization (WHO) develop guidance to improve malaria treatment in the private sector.’

Dr. Sian Clarke from the London School of Hygiene and Tropical Medicine, also a principal investigator in the research, said: ‘These tests alone will not improve the treatment of other diseases. We now need to continue working with the Ministry of Health to investigate how to improve our approach and expand it to other common illnesses.’

At present, drug shop vendors usually treat patients based on their signs and symptoms without testing their blood for the presence of malaria parasites, as recommended by the WHO. This can result in patients with a fever being over-diagnosed with malaria and purchasing a treatment, which they don’t need.
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Scientists warn of the risk from air pollution over the megacities of West Africa

A new study warns of the risks posed by the increasing air pollution over the West Africa cities amid fears it could have an impact on human health, meteorology and regional climate.

Rapidly expanding cities such as Lagos in Nigeria, Accra in Ghana and Abidjan in Ivory Coast are producing large amounts of harmful aerosols and gaseous pollutants.

Scientists say human health, food security and the climate of the region is at risk, and there is an urgent need for better observations and models to quantify the magnitude and characteristic of these impacts.

As the population of the region grows these changes may intensify, the scientists say.

The study, published in Nature Climate Change, is part of a EU-funded research project that is led by Prof. Peter Knippertz from the Karlsruhe Institute of Technology, in collaboration with other European and African institutions.

Prof. Mat Evans, based at the Wolfson Atmospheric Chemistry Laboratory at the University of York, said: ‘The story here is that climate change is happening, there’s no doubt about that.’

He said the most urgent need now was to collect much needed data from the atmosphere above West Africa.

‘Ultimately, what we want to be able to do is make predictions about what we think will happen in a five-year, 10-year, and 50-year timescale. The environmental degradation may be local but the implications can be regional and global. One of the potential impacts is population migration. If people have no food because the climate is changing in their region then they will move. There are knock on effects.’

Experimental gel partially protects against genital herpes

An experimental vaginal gel containing a drug used to treat the AIDS virus could prevent half of cases of genital herpes, according to a study done in South Africa.

Among women who used tenofovir gel, the annual rate of infection with the genital herpes virus, known as herpes simplex virus type 2 (HSV-2), was 10.2% versus a rate of 21% for women who used a placebo gel (based on 422 women who enrolled in the herpes study).

If the gel were to be approved and manufactured, and, ‘if a woman was concerned about acquiring HSV-2, this would be the best protection available,’ said Chief Author Dr. Salim Abdool Karim of the Centre for the AIDS Programme of Research in South Africa told Reuters Health.

‘The problem is, right now it’s not available. And taking tenofovir tablets instead of the gel doesn’t have the same benefit,’ he said. ‘You see some protection with tablets, but the levels of protection are much lower.’

HSV-2 virus infects about one in five sexually active adults worldwide, or about 417 million people aged 15 to 49 years old, the study team writes in the New England Journal of Medicine. The virus is the most common cause of genital ulcers, and in South Africa, the estimated infection rate is 50 - 60%.

Throughout sub-Saharan Africa the rate is thought to be as high as 80% in women and 50% in men.

The drug worked best among women who used the gel religiously. When drug levels in the vagina were high, the annual rate of HSV-2 was less than 6% compared to almost 16% when there was no detectable tenofovir in the vaginal fluid.

Bid to cut childbirth mortality with game for African midwives

Researchers at The University of Manchester have developed a new board game that will help African midwives to detect prolonged and obstructed labour to prevent women dying in childbirth.

The new game, called Progression, has been designed to help midwives learn to use a partograph – a universally used chart which records a wealth of information on factors such as heart rate, labour progress, blood pressure, and temperature, to flag-up any issues with the mother and her baby.

Midwives generally find the chart difficult to complete. Moreover, they struggle to use it as a decision-making aid. This prevents it being used properly to prevent maternal death and illness due to obstructed and prolonged labour – a major issue in many developing countries.

Prof. Dame Tina Lavender, from the University’s School of Nursing, Midwifery and Social Work, led the project. ‘The game is designed to provide new knowledge, revise what they already know, and discuss with other players the best ways to support women. The feedback from midwives working in these countries during the pilot was overwhelmingly positive.’

Progression involves charting a series of findings from a woman in labour. As players move around the board they land on spaces that trigger a randomly selected card question, which they have to answer to keep moving.

A pilot scheme carried out with 165 midwives in East Africa which has just concluded, reported overwhelmingly that participants found the game useful, entertaining and educational.

It was developed from an idea Dr. Gaynor MacLean had, with funding from the Laerdal Foundation and the pilot was carried out in partnership with the Luginia Africa Midwives Research Network - a network of midwives involving The University of Manchester, as well as academics and health workers from Kenya, Malawi, Zambia, Uganda, Zimbabwe, and Tanzania.

Photo from http://www.saferbirths.com/?p=90

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