

First rapid blood test for Ebola been approved for use

The World Health Organization (WHO) has approved the first rapid blood test for Ebola, which is planned for use in remote regions.

The ReEBOK Antigen Rapid Test - developed by US company Corgenix - searches the blood for a different part of the virus. This should allow patients to be identified, isolated and cared for as quickly as possible.

It is less accurate than conventional tests, but takes minutes rather than hours to get a result, and the test also works without electricity, so it can be used in remote places. Current Ebola testing requires a laboratory to analyse the blood fragments of the virus's genetic material. It could take between 12 and 24 hours to get a definitive answer.

WHO said: 'While less accurate, the antigen test is rapid, easy to perform and does not require electricity. It can therefore be used at lower health care facilities or in mobile units for patients in remote settings.'

WHO added that, where possible, the results from the rapid test should be confirmed by the more precise conventional testing.

Trials of the new blood test in West Africa suggest it has correctly identified about 92% of people who have Ebola.

Dr. Ben Neuman, a lecturer in virology at the University of Reading, said: 'The new test could help to quickly confirm outbreaks in remote areas without the need to send samples to a testing clinic and wait for results. The new test isn't about saving the lives of infected people, but it can help in the long run by making it easier and quicker to detect Ebola outbreaks.'



Photo from <https://i.cdsdenver.files.wordpress.com>

Rotary releases US\$8.1 million to end polio in Nigeria

As Nigeria marks six months without a new case of polio, Rotary has announced \$8.1 million in grants to help the country in its final push to eradicate the disease.

The World Health Organization (WHO) and UNICEF will use the funds to support polio immunisation campaigns, research and surveillance in the country.

Nigeria is the last polio-endemic country in Africa to have reported the highest number of polio cases in the world as recently as 2012. However, the country showed remarkable progress in 2014 when it reduced its polio case count by nearly 90% over the previous year.

'Nigeria has made incredible progress against polio this past year and I'm proud to see our country reduced cases by nearly 90% in 2014,' said Funke Akindele, actress and Rotary polio ambassador. 'With funds from Rotary, the continued support of Rotarians in Nigeria and around the world, I believe there will be a day when no child in Nigeria will be at risk of this disease.'

In addition to the funds provided for Nigeria, Rotary has committed \$18.5 million to be divided amongst an additional seven countries in Africa. The grants include \$1.6 million for Cameroon; \$2.5 million for Chad; \$3.3 million for the Democratic Republic of Congo; \$1.1 million for Ethiopia; \$250 000 for Kenya; \$2.8 million for Niger; and \$7 million for Somalia.

'Nigeria has managed an incredible feat,' said Dr. Tunji Funsho, Rotary's National PolioPlus Chair for Nigeria. 'Our country has gone six months without a new case of the disease. However, now we must be more vigilant than ever, as our progress is fragile.'

To date, Rotary has contributed more than \$1.3 billion to fight polio. The Bill & Melinda Gates Foundation will match two-to-one every dollar Rotary commits to polio eradication (up to \$35 million a year) through 2018. In 2014, there were only 350 confirmed polio cases in the world, down from about 350 000 a year when the initiative launched in 1988.

West Africa harmonises medicine registration

West African countries have launched a project to standardise registration of medicines produced in the sub-region.

Ghana's Health Minister Kwaku Agyemang-Mensah launched the West Africa Medicines Registration Harmonisation Project during the three-day meeting of the 15-member Economic Community of West African States (ECOWAS) in Accra.

'It will help to streamline the regulatory assessment for new drug applications and reduces the time and resources needed for drug development in the sub-region,' said Kwaku.

The minister said the move will offer significant benefit to the pharmaceutical industry and public healthcare.

Sybil Ossei Agyeman Yeboah, an official with Essential Medicine and Vaccines at the West African Health Organisation (WAHO), underlined the importance of the move.

'Normally, when medicines are being registered, it takes [a] long time for the registration process to go, sometimes as long as three years for a process that can take a few months,' she said.

She noted that registration of new drugs among ECOWAS member states usually runs in long delays due to logistical challenges.

Kenya's First Lady gets donation for half marathon

The First Lady Margaret Kenyatta received a donation of Sh15.09 million (US\$168 million) for the second edition of the First Lady's Half Marathon last month.

The Cooperative Bank donated Sh12 million while Danone Baby Nutrition gave a cheque of Sh3.09 million.

Coop Bank Managing Director and CEO, Gideon Muriuki said that they are committed to supporting Margaret's efforts to improve child and maternal healthcare, calling the initiative a 'noble and humbling experience'.

As well as donating a cheque, Danone country manager Rachel Kanoti also donated respiratory equipment and pampers. Kanoti said Margaret's efforts towards child and maternal health are inspiring.

Margaret reported positive feedback from the counties that have received mobile clinics. Eighteen mobile clinics have been dispatched so far to counties with the highest maternal, child mortality and HIV/Aids rates.

Untreated depression is bad for business

From absenteeism to presenteeism, depression could be costing South African business more than it thinks, according to a recent study.

Around 1060 participations nationwide were surveyed about whether or not depression had affected their working life. According to the study (by international research company Hexor), about 24% reported having been diagnosed with depression.

About half of those who reported being depressed also reported presenteeism, or finding it hard to concentrate when they were at work. This meant that tasks took longer to complete, and employees reported being more likely to make mistakes while battling depression.

Hexor Researcher Dr. Tienie Stander said that in total 74% of those reporting depression experienced trouble concentrating, making decisions and remembering tasks.

Call to improve Africa health education

Participants at the Second United Nations Educational, Scientific and Cultural Organisation (UNESCO) Forum on global citizenship education discussed how important education is in combating health epidemics in Africa.

UNESCO states that the aim of global citizenship education is to 'equip learners of all ages with those values, knowledge and skills that are based on and instil respect for human rights, social justice, diversity, gender equality and environmental sustainability and that empower learners to be responsible global citizens'.

Areas of discussion included education on sexuality, teaching of teachers, and Ebola.

Opening the forum, UNESCO Director-General Irina Bokova told the 250 participants from various regions that the world needed 'new skills for new times'.

She said that education was not just about transmitting information and knowledge, but also providing the values, capabilities and attitudes that can contribute to a more 'peaceful, just, inclusive and sustainable' world.

Doctors without Borders calls to slash pneumo vaccine price in poor countries

Doctors Without Borders (also MSF) has called on pharmaceutical companies GlaxoSmithKline (GSK) and Pfizer to slash the price of the pneumococcal vaccine to US\$5 per child in poor countries.

The call comes as MSF releases the second edition of its vaccine pricing report, 'The Right Shot: Bringing Down Barriers to Affordable and Adapted Vaccines'. Many parts of the world are unable to afford new high-priced vaccines like that against pneumococcal disease, which kills about one million children each year.

'The price to fully vaccinate a child is 68 times more expensive than it was just over a decade ago, mainly because a handful of big pharmaceutical companies are overcharging donors and developing countries for vaccines that already earn them billions of dollars in wealthy countries,' said Rohit Malpani, Director of Policy and Analysis for MSF's Access Campaign. 'We think it's time for GSK and Pfizer to do their part to make vaccines more affordable for countries in the long-term, because the discounts the companies are offering

today are just not good enough.'

The pneumococcal vaccine alone accounts for about 45% of the total cost to vaccinate a child today in the poorest countries (the full package includes protection against 12 diseases). GSK and Pfizer have collectively reported over \$19 billion in sales globally for the pneumococcal vaccine since its launch.

MSF is urging GSK and Pfizer to reduce the vaccine price, which is inclusive of all three doses. This is only slightly less than the \$6 price target (\$2/dose) announced by the Indian manufacturer Serum Institute for a version it plans to bring to market in the next few years.

MSF's report - one of the only sources of comparative pricing on vaccines available - shows the secretive vaccine industry and the striking lack of data on vaccine prices. Country health budgets are stretched by high prices because there is limited information to inform negotiations with companies, industry purposely conceals prices, there is a lack of market competition, and pharmaceutical companies charge wildly different prices in different markets for the same product.

Could a US\$34 smartphone device improve HIV diagnosis?

A pilot study to identify antibodies for HIV and syphilis showed that the smartphone device was nearly as effective as the more costly diagnostic blood testing equipment, US scientists have said.

The mobile lab device, known as a dongle, cost US\$34 to make, compared with more than US\$18 000 for the gold standard diagnostic equipment. The study took place in Africa and showed that the device performed all of the mechanical, optical and electronic functions of a lab-based blood test in 15 minutes, using only power drawn from the smartphone.

It was developed by a team lead by Samuel Sia, an associate professor at the Department of Biomedical Engineering at Columbia University in New York.

'Our work shows that a full laboratory-quality immunoassay can be run

on a smartphone accessory,' Sia said.

To test its effectiveness, healthcare workers in Rwanda used the tool to do finger-prick blood tests on 96 patients, including women who were at risk of passing sexually transmitted diseases to their unborn children.

The team compared the results with standard enzyme-linked immunosorbent assay, or ELISA testing, and found the results were nearly as accurate. Researchers estimate that with syphilis, a test with only 70% to 80% sensitivity and specificity that was performed at the point of care could reduce deaths tenfold.

The researchers are planning a larger-scale clinical trial with the goal of winning approval by the World Health Organization for use in developing countries.

Enabling sustained health innovation in Africa

A leading health innovation agency has concluded a high level meeting with a proposal for the establishment of a sustainable financing mechanism to support local technology development, capacity building and Ebola R&D.

The African Network for Drugs and Diagnostics Innovation (ANDI), in partnership with UNICEF and others, convened a major Experts Consultation conference in Addis Ababa, bringing together over 50 health experts working in Africa and overseas.

High impact technologies that can transform healthcare delivery were prioritised at the conference. In particular, seminal African discoveries on Ebola with potential for diagnostics and therapeutics were presented and discussed.

This new African-based fund, equipped with grant making and social venture arms to support the initiative, would ensure development, implementation and commercialisation of technologies.

It would also support partnership building, the operationalisation of the African regulatory harmonisation activities, and promote local research into Ebola and other emergent infectious diseases. Establishment of incubators and engage-

ment with the private sector is seen as being pivotal for realising this ambition.

The meeting was attended by heads of leading African institutions such as the African Union Commission (AUC), financial institutions, the World Bank, and other international and multilateral organisations. Donors, multinational technology companies, entrepreneurs and Non-Government Organisations were also represented.

The experts highlighted the leadership role ANDI is demonstrating on innovation issues in Africa, and recommended that ANDI work closely with AUC in the implementation and promotion of health innovation by Africans within Africa.

'This 3-day conference has been extraordinary,' said Dr. Solomon Nwaka, the Executive Director of ANDI, who orchestrated the event. 'The technologies discussed at this meeting demonstrate the health innovation potential existing within the African continent. With the establishment of the right enablers such as a sustainable financing mechanism, African R&D institutions and entrepreneurs will be able to collaborate in order to solve the health challenges of the continent and contribute to development.'

Dr. Moeti is new World Health Organization Regional Director for Africa

Dr. Matshidiso Rebecca Moeti has been appointed the new Director for the World Health Organization's (WHO) Africa Regional Office.

Dr. Moeti, the first woman ever to hold the position, was nominated Regional Director by health ministers from the 47 Member States of the WHO African Region at the annual Regional Committee for Africa in Cotonou, Benin.

In a release issued by WHO, her areas of expertise include a vast range of health sectors, including communicable and non-communicable diseases (NCDs), immunisation, maternal and child health, and health systems strengthening, as well as building partnerships for health and improving the effectiveness of WHO country offices.



Photo from www.africatopsuccess.com

See page 23 for the text of her acceptance speech on assuming office in January.

Call for mines to invest in African health systems

Health Minister, Dr. Aaron Motsoaledi has called for mining houses to invest in centres for disease control to help fight tuberculosis and Ebola in African regions where mining takes place.

The Minister said this when participating in a panel discussion at the 'Investing in Africa Mining' Indaba at the Cape Town Convention Centre.

He said: 'I propose that mining houses, because they have got the financial muscle, assist us in strengthening the health systems. We need an African centre for disease control and believe me if we had it, it would not have taken so long for us to detect that there is Ebola.'

The Minister said if mining houses can partner with government to set-up these centres, it would help with prevention instead of responding after the outbreak.

He said: 'Unless we strengthen health systems in Africa, until such a time that Heads of State don't go to Europe or the East when they are sick, until they are treated right here on the continent and die on the continent, we won't improve health care systems'.

Mundipharma donates BETADINE to support the fight against Ebola

Mundipharma has partnered with Direct Relief to donate supplies of its BETADINE® range of anti-virals to help contain the outbreak of Ebola in West Africa.

With the partnership, the pharmaceutical company will provide more than two million anti-viral hand washes to Ebola treatment centres.

Raman Singh, Mundipharma's President, Asia Pacific, Latin America, Middle East, and Africa, said: 'Mundipharma is committed to support the international aid efforts against Ebola. We hope that our proactive approach will enable Direct Relief to continue to quickly and efficiently provide important preventative measures in limiting the outbreak of this serious and growing health issue'.

The donation is one of a number of initiatives currently being implemented by Mundipharma employees globally in a proactive drive to address the rising medical needs of Ebola patients.

Church-based health experts want more government recognition



The African Christian Health Platform (ACHAP) has urged governments to engage strongly with Church-based health bodies as crucial partners in achieving universal healthcare, at the end of its biannual meeting in Nairobi, Kenya last month.

The theme of the conference was 'The Role of Faith-Based Health Services in Contributing to Universal Health Coverage in Africa'. The event brought together nearly 80 participants representing some 20 African countries.

Dr. Custodia Mandlhate, the World Health Organization (WHO) Country Representative in Kenya, said: 'The World Health Organization, which I represent here recognises the critical role played by the Christian churches in providing important health care services, particularly to the poorest and needy populations'.

Karen Sichinga, the ACHAP chairperson said: 'In ACHAP we must strengthen our information systems so they can better inform our decisions as well as expand our visibility as a competent, competitive, reliable, transparent and credible health actor in Africa'.

Participants in the discussions resolved to continue engaging with institutions such as the World Bank, WHO and United Nations agencies, development partners, and international donor organisations for capacity building and technical support.

ACHAP is a forum of Christian health associations and networks, established in 2007, and based in sub-Saharan Africa. The forum is supported by the World Council of Churches.

Failed trial raises questions about how to test HIV drugs

A failed clinical trial of HIV-prevention methods has opened an ethical debate about how similar and future studies in poor countries should run.

Scientists are now arguing about the extent to which it is ethical to pay participants for their time, and whether results of trials that do so can be trusted.

The trial, called Vaginal and Oral Interventions to Control the Epidemic (Voice), was halted by independent safety monitors because it was not working. Women who were given pills or vaginal gels containing anti-HIV drugs were becoming infected at roughly the same rate as women who were given placebos.

The study, paid for by the National Institutes of Health, was supposed to definitively establish whether pre-exposure prophylaxis - the use of small amounts of anti-AIDS drugs to prevent infection - would work for African women (enrolling 5029 women at 15 clinics).

Parts of the trial had to be stopped prematurely in 2011 as scientists suspected it was failing because some women were not using their gel or pills, even though they claimed they were and produced empty bottles and applicators to prove it. But the blood tests (stored for

later testing) proved otherwise.

The final analysis, published by *The New England Journal of Medicine* (<http://www.nejm.org/>), said that about 70% of the women actually had no tenofovir, the main study drug, in their blood, even though about 90% had claimed they were taking their pills or using the gel, and counts of empty pill bottles and used gel applicators suggested that 86% had been taken or used.

Dr. Ariane van der Straten, a researcher who led follow-up interviews with over 300 participants, found that many admitted to discarding pills or pouring gel down the toilet. She said clinic waiting rooms were often abuzz with rumours that the drugs would rot the uterus, cause liver cancer, or infertility to name a few.

They also got paid \$10 to \$15 per visit, depending on the country and how far they had to travel. For some women, Dr. van der Straten said \$10 'meant having food on the table to feed their kids.'

The Voice revelations, several scientists said, have changed how similar trials are run. Investigators now test blood immediately, but neither the patient nor the doctor can know who is getting the drug or the placebo.

Measles vaccination rates in parts of Africa surpass those in the US

The Good Governance (GGA) 2015 Survey shows that 16 African countries have increased immunisation rates significantly, making the continent a world leader in protecting children against measles.

The widespread availability of safe and affordable vaccines in the poorest regions of Africa has seen immunisation rates surpass those in the US, according to the survey.

The GGA survey indicates that some African countries are now achieving near 100% vaccination rates.

GGA, a research and advocacy organisation based in South Africa, produces a collection of social, political and economic indicators from all 55 African countries. However, questions remain over the veracity of

some of the data reporting.

In 2000, the World Health Organization reported that 60% of the 777 000 measles deaths worldwide occurred in sub-Saharan Africa. With improved communication, social mobilisation, counselling and funding, measles deaths were reduced by 91% by 2007.

Africa still suffers with poor health systems as demonstrated by the Ebola outbreak, and the United Nations reports that most countries in sub-Saharan Africa will not meet the Millennium Development Goals, including those on reducing child and maternal mortality.

According to GGA's researcher, Kate Van Niekerk, Africa's success against measles shows that vaccination can be successful in reducing child mortality in even the poorest of communities.

Healthcare providers blamed for female genital mutilation cut

The fight against female genital mutilation (FGM) has been set back, with the revelation that healthcare providers perform more than 18% of all cases.

According to a statement signed by Dr. Festus Ilako, the Amref Health Africa Country Director in Tanzania, as the world marked the International Day against FGM, the trend towards medicalisation is increasing, which constitutes a threat to eliminating the practice.

'While communities may justify it on various cultural and social grounds, it is harmful medically, is a violation of rights and is illegal in many countries. It is for this reason that Amref Health Africa condemns it and calls upon governments and partners to increase efforts to eliminate it,' Dr. Ilako said.

The International Day against FGM, also known as female genital cutting, has been designed by the United Nations to raise awareness about the dangers of the practice. FGM is the

intentional invasive injuring of the female genitalia for non-medical reasons.

It is estimated that 130 million women and girls have been affected by FGM, causing severe pain and resulting in prolonged bleeding, infection, infertility, and death. Some forms necessitate surgery later to allow for sexual intercourse and childbirth.

Dr. Ilako said that Amref Health Africa this year has renewed its commitment to working together with governments, development partners, and civil society organisations to explore innovative ways of engaging communities to abandon FGM procedures.

Other commitments include working together with relevant bodies and institutions to build skills of frontline health workers to deal with the effects of FGM, mobilising health workers against medicalisation, and increase health education and promotion among girls and women.

Kenya's Ministry of Health asks GE to lead on hospital modernisation programme

As part of a wide-scale healthcare transformation programme, the Kenyan government has announced that GE Healthcare has been chosen as a key strategic technology and solutions partner, following the conclusion of an open tender process.

The announcement was made in Nairobi at a State House signing ceremony in early February presided over by His Excellency President Uhuru Kenyatta, Deputy President William Ruto, and James Macharia, Cabinet Secretary for Health.

The programme covers radiology infrastructure modernisation in 94 county hospitals across 47 counties and 4 national referral hospitals.

GE Healthcare will be supporting with a comprehensive package, including distribution of diagnostic imaging equipment, training and education programmes focusing on skills development and capacity building, and scope for the assessment and potential establishment of a GE Healthcare Training Centre to be run jointly with an accredited local partner.

Kenya's Cabinet Secretary for Health,



Mr. James Macharia said, 'The Managed Equipment Services Project is our key flagship

programme that will greatly impact the lives of Kenyans by decentralising specialised healthcare services from national referral hospitals to county hospitals. This is in line with the Government's commitment and support to counties to ensure continuous improvement of health services and expand access to quality and affordable healthcare - the right of all 46 million Kenyans.'

Farid Fezoua, President and CEO of GE Healthcare Africa said, 'GE Healthcare is honoured and privileged to have been selected by the Government of Kenya, through the Ministry of Health, to support its healthcare transformation strategy in line with the country's Vision 2030 Plan.'

Photo from <http://brainimaging.waisman.wisc.edu>

Aga Khan to invest US\$1.2 billion in education and health in East Africa

The Aga Khan spoke at the 15th Convocation ceremony for the Aga Khan University, where 49 students graduated in various medical disciplines at the Kampala Serena Hotel.

His Royal Highness the Aga Khan has promised an improvement in Uganda's health and education sector that will see Ugandans stop seeking treatment abroad. He says this will be possible with investment in education institutions and medical workers.

This development comes as the university, which operates in eight countries in Asia, Europe and Africa, is planning to invest over one billion dollars over the next 15 years in East Africa.

Tobacco control must accelerate to protect innocent lives

Delegates attending the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in Nairobi marked the 10-year celebration of the implementation of tobacco control in Africa, to fight the epidemic to the end.

The delegates from 39 of the 47 countries in the WHO African Region agreed to the Nairobi Declaration on FCTC to accelerate comprehensive measures, which will save the lives of innocent children, youth and adults from tobacco-related diseases.

Speaking at the launch, Kenya's Health Cabinet Secretary James Macharia said the historic commemoration of the 10th anniversary of FCTC was an affirmation of commitment for a healthier population and an indication of the strength of the global community to confront a common enemy.

'The gains we have made to control tobacco use are however evident and worth our efforts,' he said.

In Kenya, a decline in tobacco use had been noted both among the adults and youth due to the efforts and mechanisms put in place to control it.

The Kenya Demographic Survey had shown that tobacco consumption had declined from 23% in 2003 to 19% in 2008, while the Global Adult Tobacco Survey had shown a decline from 15.1% in 2007 to 9.9% in 2013.

Can mental health services spur economic growth in Ebola-affected West Africa?



The World Bank and the Liberian government, in partnership with the government of Japan, launched a project designed to tackle unaddressed psychological trauma in Liberian communities affected by civil war and the Ebola outbreak.

Developers of the project hope that an increased focus on mental health will help economic recovery and growth in the region by building social capital and community trust.

'You have to understand the human suffering that's driving the lack of development and poor social capital, lack of trust in your neighbour, lack of rebuilding,' said Dr. Richard Mollica, mental health adviser for the project and director of the Harvard Programme in Refugee Trauma.

The project will be carried out by the Carter Centre, and as World Bank senior health specialist and task team leader Dr. Rianna Mohammed-Roberts, it will comprise two components to reach approximately 18 000 beneficiaries.

The first component is to address the psychosocial and mental health impact of the Ebola crisis. The second component focuses on longer-term community resilience and psychosocial health with a focus on women, victims of gender-based violence and children.

But can mental health services really spur economic growth? The international development community is divided, and has been for the past three decades, according to Mollica. 'This mental health issue is not a trivial issue anymore because it leads to tremendous cost in terms of disability, and in terms of early mortality, chronic disease and death,' Dr. Mollica said.

Going forward, Dr. Mohammed-Roberts hopes that her team's project will achieve productive results, catching the attention of donors, including physician donors interested in supporting the integration of mental health into global development.

Improving maternal health throughout Africa

Despite progress in some countries, Africa still accounts for the majority of global maternal deaths.

In 2013, around 289 000 women worldwide died during pregnancy or childbirth, with 62% of those deaths occurring in sub-Saharan Africa, states the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the World Bank, and the UN Population Division in their 2014 report, 'Trends in Maternal Mortality: 1990 to 2013'. The report also states that in 2013, the maternal mortality ratio in developing countries was 230 women per 100 000 births, versus 16 women per 100 000 in developed countries.

Poverty fuels maternal mortality, experts say, which explains why death rates are higher in poorer countries. 'For mothers as well as for their infants, the risk of dying during or shortly after birth is 20% to 50% higher for the poorest... than for the richest quintile,' states a report by UNICEF. To put this into perspective, in Chad, just

1% of the poorest pregnant women get antenatal care, compared with 48% of wealthy women.

Adolescent girls (ages 15–19) are at high-risk of childbirth- and pregnancy-related complications, says WHO. For many women in many countries, no nurses and doctors are available to assist in childbirth.

According to WHO, the main causes of maternal deaths are severe bleeding after birth, post-childbirth infections, high blood pressure during pregnancy, unsafe abortion, and diseases such as malaria and HIV/AIDS.

Some experts say that preventing maternal deaths is not complicated. 'All women need access to antenatal care during pregnancy, skilled care during childbirth, and care and support after childbirth,' states UNICEF. That may sound simple, but it's not.

African leaders have made maternal health a high priority and they are committed to Millennium Development Goal 5, which envisions a 75% reduction in maternal mortality by 2015.

Global health experts call into question sub-Saharan cancer data

Global health experts believe data on cancer prevalence, incidence and mortality in sub-Saharan Africa is weak and could mean vital funds are being deflected from other priorities.

The other priorities include diarrhoeal and waterborne diseases, malnutrition, sanitation, and the need to strengthen health systems.

Cancer data compiled by the World Health Organization's (WHO) GLOBOCAN project has huge global influence. Governments and international Non-Government Organisations use it to determine health and funding priorities in sub-Saharan Africa.

For the first time, experts from Queen Mary University of London have evaluated all publicly available information on the quality of cancer registration systems in sub-Saharan Africa.

The team found that, despite poor population coverage and weak cancer registration systems methods (with the no-

table exception of the Gambian National Cancer Registry), the statistics generated by GLOBOCAN 2008 went on to be regularly cited by highly influential international funders to support their projects, without any caveats around their quality.

Dr. Tim Crocker-Buqué, who led the research at the University, said: 'The true incidence and prevalence of cancer in sub-Saharan Africa remains largely unknown. It is therefore extremely worrying that GLOBOCAN statistics are being relied upon so heavily to set priorities, with huge amounts of money at stake. Global health funders should review their cancer programmes in light of the problems with evidence upon which they're based. The international community should put more resources behind improving the public health systems to ensure high quality health data and cancer registration systems in sub-Saharan African countries, especially where the WHO uses them in support of major interventions.'



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