

Ebola finally starts to ebb

As the issue went to press, the Ebola outbreak seemed to be finally starting to recede, though there remained some difficult hot spots in parts of Sierra Leone and in Guinea where it continued to spread geographically. However, cases in Liberia are significantly down, and Sierra Leone's Pujehun District has become the first in that country to record no cases for 25 days.

Overall, the disease has claimed over 20 000 lives including almost 500 health workers. The virus remains as virulent as when it first appeared. Non-hospitalised cases are claiming 70% mortality; and of those hospitalised, between 58 and 60% are not recovering.

Crucially though the Ebola containment programme has now got the infrastructure in place to treat those with the virus; trained burial teams are now able to safely dispose of bodies; and teams of staff are now managing to trace 98% of contacts of known cases and monitor them through their infective period. Diagnostic laboratory facilities are now in place in the affected areas.

In the meantime, Johnson & Johnson and its Janssen Pharmaceutical

division have produced more than 400 000 regimens of a vaccine for use by April in a phase I clinical trial, which is intended to prevent healthy people from getting sick with the virus. If successful, the company says it has the capacity to increase production to 5 million regimens in a 12- to 18-month period, officials added.

'Initiating this study in the space of eight weeks represents a critical leap forward in being able to rapidly develop an Ebola prime-boost vaccine regimen,' said Dr. Matthew Snape, of the Oxford Vaccine Group, who is leading the study.

Preclinical experiments of the two-component vaccine regimen offered 'complete protection from death' from the current strain which swept through West Africa in recent months, the company said.



Photo credit: © Sykhain Chetkaoui/Cosmos

New study highlights need to scale up violence prevention efforts globally

The Global status report on violence prevention 2014 reveals that 475 000 people were murdered in 2012, and homicide is the third leading cause of death globally for males aged 15-44 years, highlighting the urgent need for more decisive action to prevent violence.

Despite indications that homicide rates decreased by 16% globally between 2000 and 2012, violence remains widespread. Non-fatal acts of violence take a particular toll on women and children. One in four children have been physically abused; one in five girls have been sexually abused; and one in three women have been a victim of physical violence and/or abuse at some point in her lifetime.

The consequences of violence on physical, mental, sexual and reproductive health often last a lifetime. Violence also contributes to leading causes of death such as cancer, heart disease and HIV/AIDS, because victims are at an increased risk of adopting behaviours such as smoking,

alcohol and drug misuse, and unsafe sex.

'The consequences of violence on families and communities are profound, and can result in lifelong ill health for those affected,' states Margaret Chan, Director-General of the World Health Organization. 'Yet we know what works to prevent violence in our homes, schools and workplaces, and on our streets and playgrounds. We should take inspiration from governments have demonstrated success in reducing violence by taking the steps needed. They have shown us that indeed violence is preventable.'

The report calls for a scaling-up of violence prevention programmes in all countries; stronger legislation and enforcement of laws relevant for violence prevention; strengthened justice and security institutions to uphold the rule of law, and enhanced services for victims of violence. It also advocates for better and more effective use of data to inform violence prevention programming and to measure progress.

Mayors sign Paris Declaration to end the AIDS epidemic

On World AIDS Day 2014, mayors from around the world came together in Paris, France, to sign a declaration to end the AIDS epidemic in their cities. In signing the 2014 Paris Declaration, the mayors commit to putting cities on the Fast-Track to ending the AIDS epidemic through a set of commitments.

Commitments include achieving the United Nations (UN) AIDS 90-90-90 targets, which will result in 90% of people living with HIV knowing their HIV status, 90% of people who know their HIV-positive status on antiretroviral treatment, and 90% of people on treatment with suppressed viral loads, keeping them healthy and reducing the risk of HIV transmission.

'Ending the AIDS epidemic is achievable if the world's major cities act immediately and decisively to fast-track their AIDS responses by 2020,' said Michel Sidibé, Executive Director of UNAIDS.

African soil crisis threatens food security

Neglecting the health of Africa's soil will lock the continent into a cycle of food insecurity for generations to come, a report has warned.

The publication by the Montpellier Panel said the problem needed to be given a higher priority by aid donors.

It added that soil degradation was also hampering economic development, costing the continent's farmers billions of dollars in lost income.

The Montpellier Panel - made up of agricultural, trade and ecology experts from Europe and Africa - warned that land degradation reduced soil fertility, leading to lower crop yields and increased greenhouse gas emissions.

'In Africa, the impacts are substantial where 65% of arable land, 30% of grazing land and 20% of forests are already damaged,' it observed.

The report said the panel's members believed that soil was the 'cornerstone of food security and agricultural development and its care, restoration, enhancement and conservation should intuitively become a major global priority'.

'We know what you have to do to improve the quality of soil, but the big challenge is providing the funds and making sure that there are incentives for farmers.'

CONFERENCE AWARDS 2014 **★** FINALIST
Best New Product Launch

3RD
Edition

AFRICA HEALTHCARE SUMMIT 2015

February 26th & 27th, London

Africa's Largest Healthcare Event in Europe

BUSINESS
Match Making
SERVICE

PLATINIUM SPONSOR



GOLD SPONSORS



LEADING EVENT PARTNER



SILVER PLUS SPONSORS



EXHIBITORS



MEDIA PARTNERS



Kenya government launches campaign urging smokers to abide by smoke-free laws and quit smoking

A national mass media campaign entitled 'Tobacco Kills - Quit Now!' has been launched across Kenya by Dr. Khadijah Kassachoon, the Principal Secretary for the Ministry of Health.

This campaign is to warn people about the harmful effects of smoking tobacco, and particularly the harms of second-hand tobacco smoke to the unborn, babies and young children. This is to also encourage smokers to heed the country's smoke-free laws and to quit smoking.

The Ministry of Health (MoH), with technical and financial support from World Lung Foundation, is undertaking this important mass media campaign, which combines public service announcements (PSAs) on TV and radio, and community posters in both Swahili and English.

There is no safe level of exposure to second-hand smoke and only 100% of smoke-free environments are effective in protecting the public from the harmful effects of tobacco. The campaign shows how children exposed to cigarette smoke are more likely to suffer from severe respiratory infections, ear infections, asthma and sudden infant death.

'Tobacco Kills - Quit Now!' was pretested and rated most effective by Kenyans and other African audiences. This PSA has been successfully used

in Cameroon and The Gambia, and in more than a dozen other countries, including China, Vietnam, Australia, Lebanon and Poland, and has been found to motivate smokers to try to quit. The MoH, in collaboration with the support of the National Authority for the Campaign Against Drug Abuse, has provided information on where to seek help to quit smoking tobacco. The campaign includes a toll-free helpline – accessed by dialing 1192.



Photo credit: Debora Caratena

First scientific conference on health focuses on migrants

Migrants were the focus of the first East Africa International Authority on Development (IGAD) Scientific Conference on Health, which took place in Addis Ababa, Ethiopia, at the beginning of December, the International Office of Migration (IOM) said in a statement.

IOM said it is presenting five abstracts related to migration health concerns at the conference, the theme of which is: 'Innovative Approaches to Equitable Access to HIV, Reproductive Health and Related Services among Pastoralists and Mobile Populations'.

According to the IOM, many migrants and host communities, particularly at border crossing points,

are affected by health issues such as HIV/AIDS, which is still a major challenge to most governments in the region.

A study conducted in 2013 by IOM found that the health vulnerabilities of migrants, including migrant workers such as truck drivers at the different One Stop Border Posts, are very high.

The key objectives of the conference are to share knowledge and best practices on health among migrant populations, and to map out new directions and policy orientations for accelerated and sustainable delivery of health services, as well as enhanced cooperation, with a wide range of partners.

Planning ahead for Africa's baby boom

UNICEF are predicting a large increase in the number of births in Africa, and by the year 2050, four out of 10 people on Earth will be African. They add that between now and then, about 1.8 billion African babies will be born.

Africa is already home to one of the world's youngest populations. The African Union says about two-thirds of the continent's 1.1 billion people are less than 35 years old. Many of these young people will reach reproductive age in the next 30 years.

One researcher at a university in South Africa says that population growth is a serious public policy issue. He adds that every African leader needs to be thinking about the future now.

However, an expert in Johannesburg says population growth is not the problem in Africa. He says the continent has enough resources but it must plan carefully to make those resources available to all Africans present and future.

Joining forces to boost mHealth innovations

The United States Agency for International Development (USAID) and global telecommunications operator Orange have announced a new alliance to develop mobile health (mHealth) innovations at the Global mHealth Forum in Washington, DC.

These mHealth innovations will help treat and care for individuals in developing countries across Africa.

'With the increasing use and decreasing cost of mobile phones, leveraging mobile phone technology to accelerate access to health information and services is a game changer,' said Dr. Ariel Pablos-Méndez, USAID's Assistant Administrator for Global Health.

The first phase of these health system-strengthening programmes will leverage the expertise, technology and local resources of both organisations to improve quality of care and ensure that health services are readily accessible to the public at large. Niger and other countries are currently under exploration.

Future services will use integrated mHealth platforms and Orange mobile networks to communicate alerts, and share resources around family planning and maternal health. Healthcare workers will be able to use the technology to share medical expertise.

Genetic research in Africa takes a major step forward

Researchers from the African Genome Variation Project (AGVP) have published the first attempt to comprehensively characterise genetic diversity across sub-Saharan Africa.

The study of the world's most genetically diverse region will provide an invaluable resource for medical researchers and provides insights into population movements over thousands of years of African history. These findings appear in the journal *Nature*.

'Although many studies have focused on studying genetic risk factors for disease in European populations, this is an understudied area in Africa,' says Dr Deepti Gurdasani, lead author on the study and a Postdoctoral Fellow at the Wellcome Trust Sanger Institute. 'Infectious and non-infectious diseases are highly prevalent in Africa and the risk factors for these diseases may be very different from those in European populations'.



'Given the evolutionary history of many African populations, we expect them to be genetically more diverse than Europeans and other populations. However we know little about the nature and extent of this diversity and we need to understand this to identify genetic risk factors for disease.'

Dr Manjinder Sandhu and colleagues collected genetic data from more than 1800 people - including 320 whole genome sequences from seven populations - to create a detailed characterisation of 18 ethnolinguistic groups in sub-Saharan Africa. Genetic samples were collected through partnerships with doctors and researchers in Ethiopia, the Gambia, Ghana, Kenya, Nigeria, South Africa and Uganda.

The AGVP investigators, who are funded by the Wellcome Trust, the Bill and Melinda Gates Foundation, and the Medical Research Council, found 30 million genetic variants in the seven sequenced populations, a fourth of which have not previously been identified in any population group.

Boosting comprehensive women's healthcare in sub-Saharan Africa

To stem the spread of HIV among women in sub-Saharan Africa and to boost their overall health and the health of their families, it's crucial to improve not just HIV care but also reproductive and maternal health services - and to knit the services together - according to a series of new papers in the *Journal of Acquired Immune Deficiency Syndromes* (<http://journals.lww.com/jaids/pages/>).

The 13 articles in the supplement, published online at the beginning of December 2014, coincided with World AIDS Day. The articles were co-edited by four faculty members at Harvard School of Public Health (HSPH).

While reproductive care, maternal care, and HIV care are frequently siloed, evidence from the new articles suggests strongly that providing more integrated care is key to addressing the multiple needs of women of reproductive age in sub-Saharan Africa, where the HIV pandemic thrives.

Of all pregnancies of women living with HIV worldwide, 90% occur in the African subcontinent. And in some sub-Saharan African countries the health burden is particularly high; roughly one in three pregnant women in South Africa, Botswana, and Swaziland are living with HIV.

'We will not turn the tide of the HIV pandemic, achieve universal access to reproductive health services, and

eliminate preventable maternal mortality without improving the availability, accessibility, acceptability, and quality of maternal, reproductive, and HIV care and treatment for women who are living with HIV,' the HSPH co-editors wrote in an introductory article.

The co-editors - each of whom also co-authored one or more papers in the supplement - included Tamil Kendall, Postdoctoral Fellow with the Maternal Health Task Force (MHTF) in HSPH's Department of Global Health and Population; Till Bärnighausen, Associate Professor of Global Health; Wafaie Fawzi, chair of the Department of Global Health and Population; and Ana Langer, MHTF Director and Professor of the Practice of Public Health.

Articles in the supplement outlined several important and sometimes surprising findings. For instance, one study found that pregnant women living with HIV who share their diagnosis with anyone are almost six times more likely to use antiretroviral therapy during pregnancy than women who don't share their diagnoses. These women are also three times more likely to give birth in a healthcare facility, considered essential to good maternal care.

Another study found that having a child or partner in HIV treatment reduces a woman's risk of dropping out of treatment by 50%.

Nigeria's private sector takes an innovative approach

The Private Sector Alliance of Nigeria (PHN) has launched Nigeria's first Innovation Virtual Portal.

The portal is meant to complement the government's efforts to saving about one million women and children lost every year from preventable diseases.

The PHN's Chief Executive, Muntaqa Umar-Sadiq said the initiative would help improve healthcare delivery and meeting the Millennium Development Goals (MDGs).

'We convened the first ever health community of practice for the health sector in Nigeria and launching the health innovation challenge with the target of saving one million lives of

women and children,' said Umar-Sadiq.

Umar-Sadiq said his organisation believed this marked the first step towards leapfrogging and enabling Nigeria to meet its health goals.

'This movement to save one million lives of women and children is a paradigm shift in the health sector from focusing on inputs to focusing on outcomes and results,' he added.

Umar-Sadiq added that many other African countries, such as Ethiopia and Malawi, have been able to meet their MDGs by spurring thousands of innovations either through process, product, technological or market innovations.

South African AIDS group says treatment stalling



Photo from www.lookfordiagnosis.com

In t-shirts boldly declaring 'HIV Positive', members of the Treatment Action Campaign (TAC) marked the tenth anniversary of their court victory that brought the South African government to provide drugs to AIDS patients in Johannesburg.

Commemorating World Aids Day, the group called it a reunion rather than a celebration as speaker after speaker remembered how life had changed since 2004, now that 2.7 million HIV-positive South Africans receive free treatment.

The group refused to join a much larger gathering organised by the South African government and the National AIDS Council in another part of the country.

TAC, one of the country's largest AIDS awareness groups, said it would not join a celebration while South Africa's over-burdened public healthcare system is eroding progress made in the last decade.

'We cannot be a middle-income country and accept that we do not have first class treatment,' said Vuyiseka Dubula, who joined the campaign when she was diagnosed with HIV more than a decade ago.

Speaking at the separate government-led festivity, Deputy President Cyril Ramaphosa, who is also chairman of the National Aids Council, said South Africa had received \$54 billion from the Global Fund to improve its health services.

More than 6.4 million South Africans are living with HIV and about 400 000 more are infected each year, according to the government. Ramaphosa warned that an estimated 2 million HIV-positive South Africans do not know they are infected with the deadly virus.

TAC said continuous education and improved primary healthcare are essential in stopping the spread of the disease.

Home- versus mobile clinic-based HIV testing and counselling in rural Africa

Home- and community-based HIV testing and counselling services can achieve high participation uptake in rural Africa, but reach different populations within a community and should be provided depending on the groups that are being targeted, according to new research published in *PLOS Medicine*.

In countries where HIV is prevalent, access to these services can be limited by resources or because people fear stigmatisation and discrimination. One option to improve this coverage is to provide this service to individuals in a community setting as part of a campaign that provides multiple health services (for example, family planning, tuberculosis screening and blood-pressure measurement) instead of relying on

individuals visiting health facilities to be tested. However, the evidence base for how to deliver these services to test different populations is poor.

In a cluster randomised controlled trial in rural Lesotho, the authors tested two different community approaches for delivering the same HIV testing and counselling services; in one individuals were offered the services in their homes, and in another services were offered at a mobile clinic that was set up at a community gathering. The study included 2563 participants and the authors found that the uptake of HIV testing and counselling was higher for those offered home-based services compared to services at the mobile clinic (92.5% and 86.7%, respectively).

Drug-resistant malaria could be the next big health crisis

Malaria death rates dropped by 47% between 2000 and 2014 worldwide, but the disease still killed some 584 000 people in 2013, most of them in sub-Saharan Africa, according to the World Health Organization (WHO).

Much of the success in fighting the disease is due to the use of combination therapies (ACTs) based on artemisinin, a Chinese herb derivative, which is now under threat as malaria parasites have been building up resistance to the drugs.

Experts say Myanmar, which has the largest malaria burden in the region, is the next frontier in the spread of resistance to artemisinin.

'We need to act fast to avoid a big catastrophe,' said Pascal Ringwald of the WHO's Global Malaria Programme. 'The consequences could be disastrous.'

If the problem spreads beyond the region, history would repeat itself for a third time, as resistance to other malaria drugs developed in the area before and spread to Africa to claim the lives of millions, especially children. But the urgency is far greater this time as new drugs to replace ACTs are not yet available.

'Artemisinin resistance could wipe out a lot of the gains we've made in containing malaria and there is nothing yet to replace it,' said Nyan Sint, an epidemiologist and regional malaria officer working with the government's national malaria control programme.

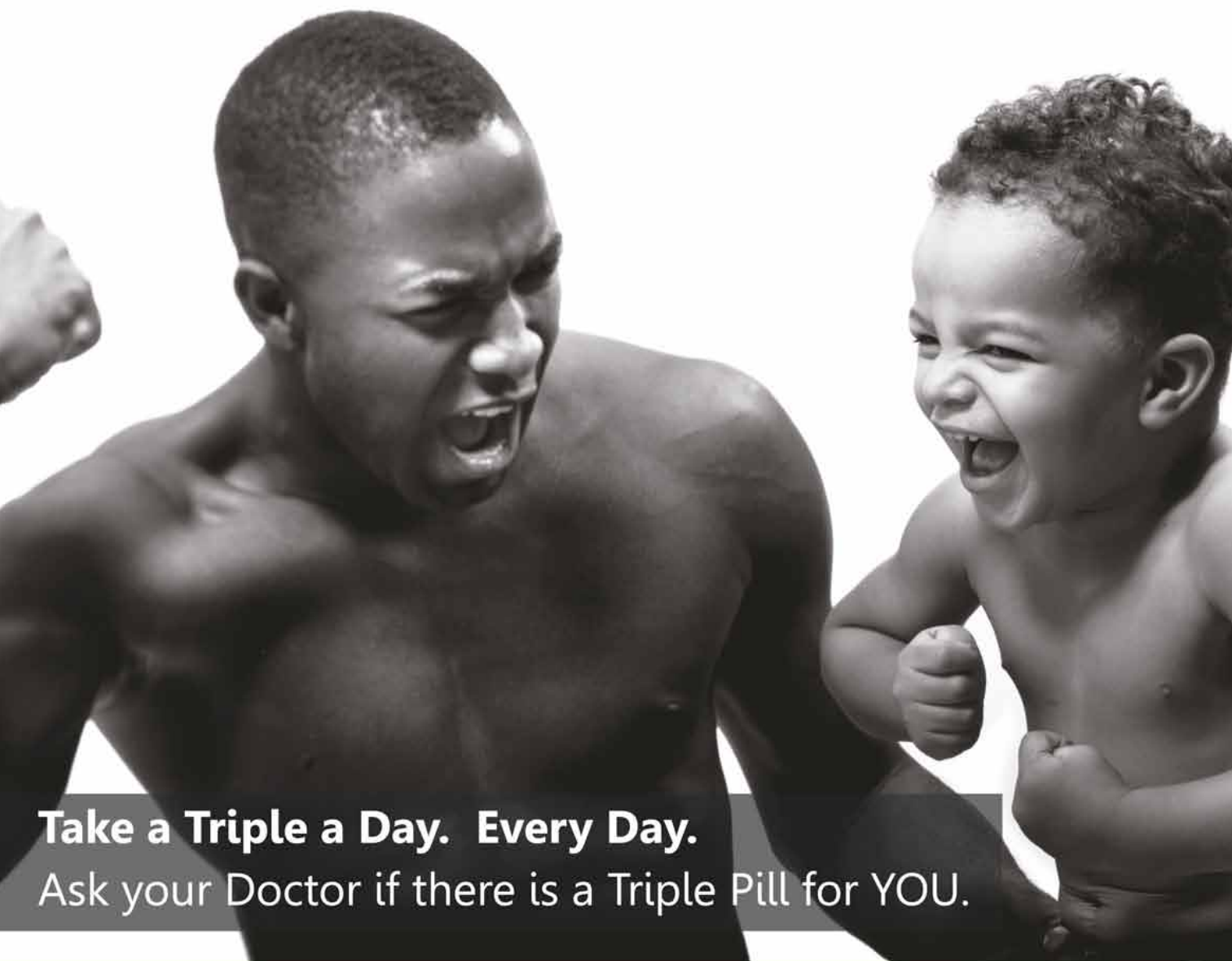
The study estimated an extra 116 000 deaths per year if artemisinin resistance is not stopped.



Photo credit: James Gathany

Stay "Triple Strong"

Taking HIV medication EVERY DAY keeps me strong for a long, healthy life. With my new "Triple Pill" it can be just ONE PILL PER DAY.



Take a Triple a Day. Every Day.

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013. (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)



Prioritise health infrastructure, African countries urged

The East, Central and Southern African (ECSA) health community secretariat delegates have been urged to prioritise infrastructure in their spending, if they are to reach out to the majority of the population.

Speaking during the opening of the eighth best practices forum and 24th Directors' Joint Consultative Committee, Dr. Stephen Kinoti, Vice President of Fio Corporation - an mHealth solution specialist - said that in 2013 alone, Africa spent 75 billion US dollars on cell phone fees alone with Tanzania spending 55.6 billion dollars.

'Governments in sub-Saharan Africa have successfully liberalised the telecommunications sector, and competition has increased service affordability. This has generated a remarkable growth rate in the mobile market across the region, the highest worldwide. If this has been possible, spending on health is equally possible,' he said. He said that there is need to embrace point of care technologies for better performance, service delivery, and that now is the time to seize the opportunity.

Dr. Kinoti also said to the ECSA

health community secretariat, who celebrated 40 years of existence in 2014), that there was need for it to monitor implementation of priority programmes emanating from best practices forum and directors' joint consultative committee recommendations.

Speaking at the opening of the meeting, the Permanent Secretary in the Ministry of Health and Social Welfare, Dr. Donan Mbanda, said that as a region, the largest disease burden was carried in sub-Saharan Africa, and that health systems require technical support and innovative approaches to be able to deliver the intended goals.

Dr Mbanda said that the meeting was an avenue to create common ground to discuss options of strengthening their health systems capacity, and to manage health challenges in the region.

'As we mark 40 years of this organisation, you are the very technical team gathered in this room that has advised on several resolutions. Please identify effective mechanisms and approached that we can employ to response to the looming non-communicable disease crisis,' he said.

Important data innovation in Africa

Three major areas where data from developing countries, such as Africa, can offer important opportunities are being used to help improve healthcare, protecting the environment, and reducing crime and corruption.

First, data-driven innovation can play a major role in improving health in Africa, by advancing disease surveillance and medical research. Several recent examples have come to light during the ongoing West African Ebola virus outbreak, which has catalysed international efforts to improve the continent's disease surveillance infrastructure.

The US Centres for Disease Control and Prevention is also piloting a programme to track aggregate cell phone location data in areas affected by Ebola to provide a better picture of disease reports in real time. Other efforts are targeting basic medical research to ensure that African people are not under-represented in genomics research. The United Genomes Project hopes to counteract

the trend of basing genomic research on primarily US and European populations, which can result in treatments that are ineffective among other populations, by compiling the genomes of 1000 Africans into an openly accessible database over the next several years.

Second, various projects are using data for conservation and environmental efforts in Africa. One such initiative, the Great Elephant Census, is attempting to count African elephants to help local authorities better target conservation efforts and fight poaching. And thirdly, data is helping reduce crime and corruption in Africa.

These examples represent just a subset of the many ways that data-driven innovation is having a positive impact on Africa and address problems that have plagued African countries for decades. The number of opportunities will continue to grow as the technology becomes cheaper, data becomes more plentiful, and the skills needed to perform analysis becomes more widely available.

Ethiopia will receive 13 million praziquantel tablets in 2015



Photo from <http://www.healthnewsng.com>

Merck, a leading company for innovative and top-quality, high-tech products in the pharmaceutical, chemical and life science sectors, announced that Ethiopia will receive around 13 million praziquantel tablets in 2015. Merck supports the World Health Organization (WHO) to fight the parasitic worm disease schistosomiasis in Africa. Praziquantel is the most effective treatment for schistosomiasis.

According to WHO, Ethiopia is one of the most endemic countries for schistosomiasis in the world. It is estimated that around 22 million people, which is more than 20% of the entire population, requires treatment. Since the start of the programme around 1.4 million patients, primarily children, have been treated.

'We have committed to continuing our efforts in Africa, in cooperation with WHO, until schistosomiasis is eliminated. In order to fulfill this commitment, we will donate 100 million praziquantel tablets to African countries in 2015. Ethiopia will be one of the main beneficiaries of this donation', said Frank Gotthardt, Head of Public Affairs at Merck and responsible for the Merck Praziquantel Donation Programme.

The Merck Praziquantel Donation Programme was launched in 2007. Since then, more than 200 million tablets have been supplied and over 54 million children have been treated. Between 2011 and 2014, Merck's annual donation has grown from 25 to about 75 million tablets.

The New Standard for Economic Allergy Diagnostics

RIDA qLine® Allergy

• **Quantitative**

real standard curve on each strip

• **Reliable**

calibrated against "1st WHO IRP 67/86"
for human IgE

• **Accurate**

high reproducibility



R-Biopharm AG • An der neuen Bergstraße 17, 64297 Darmstadt, Germany
E-mail: clinical.sales@r-biopharm.de • www.r-biopharm.com

AJRM

The African Journal of Respiratory Medicine

THE JOURNAL OF THE PAN AFRICAN THORACIC SOCIETY

www.africanjournalofrespiratorymedicine.com

Includes review articles, original articles, short reports, and up-to-date respiratory medicine news items.

Authors wishing to publish in the AJRM should write to editor@fsg.co.uk for more information.



Every year
700,000 people die
from **FAKE tuberculosis & anti-malarial drugs alone**

But the solution already is in your pocket

- With Mobile Product Authentication™ (MPA™) consumers verify the genuineness of their medicine instantly by SMS, voice, web, or the MPA mobile app
- Rely on the most experienced solution provider with the highest recorded number of product verifications
- Exceeds Nigeria's Mobile Authentication Services (MAS) mandate requirements for anti-malarial & antibiotic drugs

Mention discount code "malaria"
for special pricing only for Africa Health readers

SPROXIL® Protecting Brands Globally™

GH +233 201 606 774
KE +254 720 630 059
GLOBAL +1 209 877 7694

NG +234 806 798 1933
IN +91 97 3970 4448
sales@sproxil.com