

Multi-drug resistant tuberculosis threatens to undo decades of progress

The World Lung Foundation warned that a perfect storm of factors has led to the rapid spread of Multi-Drug Resistant-Tuberculosis (MDR-TB) and a major effort is needed to combat the increasing toll of the disease. MDR-TB threatens to undo decades of progress and brings new urgency to invest in healthcare systems, medicines and vaccines.

MDR-TB is much harder and more expensive to treat than TB. In countries like India and China, MDR-TB patients already number in the tens of thousands. In parts of Eastern Europe, MDR-TB represents 25-50 per cent of all cases of TB. Missed cases are a common problem, so the actual numbers are likely to be much higher. In some countries there is a lack of capacity and expertise to diagnose MDR-TB.

Chief Scientific Officer from the World Lung Foundation, Dr Neil Schluger said: 'MDR-TB threatens to halt years of steady, although too slow, progress in reducing the global burden of

tuberculosis. While all cases of TB are estimated to be decreasing by two per cent per annum, these figures disguise a frightening number of cases of MDR-TB.

'While we may be able to shorten drug treatment regimens using existing medications in new ways, we are more likely to successfully combat MDR-TB in the long term if new treatments come on stream.

'Until then, we need to do more of the basics and to get them right. That means encouraging and helping nations to develop their capacity and optimise their healthcare systems. Community-based treatment programmes and the use of DOTS (directly observed treatment, short-course) are more effective and cost less.

'New investment and research into TB and MDR-TB is needed now, before MDR-TB goes from being an out-of-control public health problem to a global public health emergency.'

Superstition, Ghana's headache to good healthcare

Executive Director of Healthy Ghana, Professor Agyeman Badu Akosa, has expressed his concern at the belief held by a number of Ghanaians that superstition, instead of germs, was the driver of diseases, saying it was one of the major drawbacks of the healthcare system in Ghana.

He said it was worrying that even the highly educated in society held a firm belief, and would resort to prayer camps, instead of hospitals, until the situation became worse, thereby endangering a sick person's life.

Professor Akosa was speaking on 'Communication, Culture and Health,' at the University of Cape Coast (UCC) Faculty of Arts Colloquium, with the aim of providing a platform for researchers at UCC, to spread research findings on selected themes in order to inform policy briefs of the University and the nation.

He expressed concern that the poor and aged were accused of using witchcraft to cause diseases and other pre-

dicaments, adding that many lives have been lost to convulsion and other health conditions, could have been saved if the superstition factor had been eliminated.

Professor Akosa said the superstition factor had led to a lack of trust in pathologists, since most people thought it was unnecessary, or held a strong belief that some people were not supposed to be operated even in their demise.

He said the spirituality concept attached to the use of traditional medicine had made most people shy away from Western medicines, adding that if herbalists were well trained to identify active components in herbs, herbal medicine would be of great importance to healthcare.

He said if he had the chance to design Ghana's health care system, the building of more community health planning and services (CHPS) compounds and more competent health officers would be paramount, as well as nutrition, immunisation and regular exercise.

New website highlights the serious impact of iron deficiency



A new global website, IronDeficiency.com, has been launched to provide patients, carers and healthcare professionals around the world with a comprehensive source of information about the causes, effects and symptoms of iron deficiency.

It will provide easy-to-understand, practical information on all aspects of the disease, and educate people to recognise the symptoms of the disease using interactive tools.

IronDeficiency.com was launched at the Royal College of Obstetricians and Gynaecologists' Global Congress (RCOG) in India. The first version of the site is in English, with Spanish, Portuguese, French and German versions scheduled to be launched during 2014.

Six African countries gather to improve tobacco counter-marketing

Health Ministry Representatives from Botswana, Kenya, Nigeria, Rwanda, South Africa and Uganda joined a regional workshop to improve warnings on cigarette packs and anti-tobacco public education campaigns.

The Centre for Tobacco Control in Africa (CTCA) and World Lung Foundation (WLF) are hosting the four-day event that also includes representatives from The World Health Organization and non-government organisations from participating countries.

Representatives from the Ministries of Health will discuss their objectives and hear from leading experts in tobacco control. These experts will share practical strategies for developing and running powerful, cost-effective, anti-tobacco advertising campaigns, and implementing effective graphic pictorial warnings on tobacco packaging.



INVITATION FOR BIDS

Procurement Number: 20/MED/14

Supply and Delivery of Drugs and other medical consumables for the AUC Medical Center under framework Contract

The African Union Commission now invites bids from interested bidders for the Supply and Delivery of Drugs and other medical consumables for the AUC Medical Center under framework contract. The items are categorized in different lots

LOT 1. Drugs

LOT 2. Consumables for Dental Unit

LOT 3. Consumables for Radiology Unit

LOT 4. Consumables for Laboratory Unit

Bidders can bid for LOT/LOTS of their preference. More details on the above requirements are provided in the bid document.

Interested firms can collect the bid documents from the African Union website: <http://www.au.int/en/bids>

The closing date for the submission of bids shall be 16th May 2014

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GSK announces new strategic investments in Africa

GSK announced a series of new investments in sub-Saharan Africa, designed to address pressing health needs and contribute to long-term business growth.

Speaking at the fifth EU-Africa Business Forum in Brussels, GSK CEO Sir Andrew Witty set out the company's intent to partner with governments of African countries to help stimulate more research into chronic diseases, increase capacity by localising medicines supply, and strengthen healthcare infrastructure.

This will see GSK make targeted investments of up to £130 million in Africa over the next five years, creating at least 500 jobs and contributing to the development of home-grown capabilities and skills in Africa. This builds on GSK's existing business base in sub-Saharan Africa, which currently employs around 1,500 people in over 40 countries, including at three existing local manufacturing sites in Kenya, Nigeria and South Africa.

Speaking at the meeting, Andrew Witty said: 'Today, we are setting out further steps to tackle Africa's dual health burden of infectious and emerging non-communicable diseases and help build crucial capacity to underpin

the development of the healthcare sector in the region. We have a unique opportunity to deliver meaningful social and economic value to all of the communities we work in – using our scientific expertise and our global reach to develop innovative medicines and deliver them to people who need them around the world.

'With global attention focused on how we support development beyond 2015, now is the moment for business to play a more active role in contributing to a more prosperous future in Africa, investing in infrastructure, building skills and capability to unlock human potential, and create jobs. Our long-term goal is to equip Africa to discover, develop and produce the medicines required for Africa.'

Over the next five years, GSK will look to partner with a number of African countries to develop domestic manufacturing capacity and capability. The company is currently reviewing possible locations including Rwanda, Ghana and Ethiopia, and the selected sites will be announced in due course and subject to Government agreement.

Lack of laboratory professionals

There is less than one laboratory professional per 10 000 people in Africa, an African Society for Laboratory Medicine (ASLM) official said.

ASLM chair of directors Trevor Peter addressed the International Congress on infectious diseases in Cape Town, and said: 'Workforce is a common weakness we find in health systems. It is a significant gap and that ratio alone says a lot'.

Peters said they had set various goals to be achieved by 2020. These included training 30 000 laboratory professionals and clinicians, and accrediting 250 labs by international

standards. 'These goals are stretch goals and, like many regional goals, are aspirational, but they may well be achievable.'

He emphasised that diagnostic tools in laboratories were critical to fighting HIV and AIDS, malaria and tuberculosis.



Regional health college for Arusha

An Africa college of health sciences for the Eastern and Southern African region is to be set up in Arusha.

This was announced during the 58th Eastern, Central and South African (ECSA) Health Ministers Conference, held at the Eastern, Central and Southern Africa Health Community headquarters in Arusha.

Dr. Manamolela, who is also the Lesotho Health Minister, said efforts to raise money from a number of partners is ongoing.

A site for the institution has been acquired in Ngramtoni area near the Olmotonyi Forestry College, north west of Arusha city.

Flagship hospital threatens to bankrupt health budget



The Queen Mamohato Memorial flagship hospital, Lesotho is using public/private financing, but with advice from an arm of the World Bank, threatens to bankrupt the African country's health budget.

More than half the country's health budget (51%) is being spent on payments to the private consortium that built and runs the hospital in Maseru, led by South-Africa-based Netcare, the biggest private healthcare provider in the UK.

The government is spending \$67 million a year on the hospital complex, which includes several primary care clinics, loan repayments and the cost of patient care.

Oxfam says this is a dangerous model for low-income countries in Africa. In Lesotho, it warns that the situation is unsustainable. 'Everyone wants the people of Lesotho to have the very best quality healthcare. Oxfam is first to celebrate people being saved and healed at the new hospital. But the figures don't stack up,' said the charity's health policy adviser, Anna Marriott.

The International Finance Corporation says care has improved at the hospital. It was built to replace the Queen Elizabeth II hospital, which was badly in need of renovation.

WHO issues its first hepatitis C treatment guidelines

The World Health Organization (WHO) has issued its first guidance for the treatment of hepatitis C, a chronic infection that affects an estimated 130 million to 150 million people and results in 350 000 to 500 000 deaths a year.

The publication of the 'WHO Guidelines for the screening, care and treatment of persons with hepatitis C infection' coincides with the availability of more effective and safer oral hepatitis medicines, along with the promise of even more new medicines in the next few years.

'The WHO recommendations are based on a thorough review of the best and latest scientific evidence,' says Dr Stefan Wiktor, who leads WHO's Global Hepatitis Programme. 'The new guidance aims to help countries to improve treatment and care for hepatitis, and thereby reduce deaths from liver cancer and cirrhosis.'

WHO will be working with countries to introduce the guidelines as part of

their national treatment programmes. WHO support will include assistance to make the new treatments available and consideration of all possible avenues to make them affordable for all. WHO will also assess the quality of hepatitis laboratory tests and generic forms of hepatitis medicines.

'Hepatitis C treatment is currently unaffordable to most patients in need. The challenge now is to ensure that everyone who needs these drugs can access them,' says Dr Peter Beyer, Senior Advisor for the Essential Medicines and Health Products Department at WHO.

The new guidelines include approaches to increase the number of people screened for hepatitis C infection, advice as to how to mitigate liver damage for those who are infected, and how to select and provide appropriate treatments for chronic hepatitis C infection. These include screening, mitigating liver damage, treatment and prevention.

Next set of Millennium Development Goals discussed

A select group of speakers at the UK's Royal Society of Medicine conference offered their views on how health research relates, or should relate, to the next set of Millennium Development Goals (MDGs).

According to SciDev.Net's opinion and special features editor Anita Makri, health may no longer be the centre of attention, but could achieve more for development by quietly building on connections with other areas that feed into the new goals.

Chris Whitty, currently serving as chief scientific officer at the Department for International Development, suggested that the impact on health of non-health MDGs has been possibly greater than that achieved by health-focused goals. And he went further, arguing that the global health research agenda should be set by thinking ahead to 2020-2040 - so that priorities are

defined in the context of what the world might look like in the future, not as it is now.

'People shouldn't forget that the world will be very different (40-50 years ahead),' he said. '(This is) a remarkable opportunity for health research, if we're imaginative.'

Other speakers gave their take on proposed development goals with special significance for health. Michael Anderson, of AIDS policy think tank Treatment Action Group, pointed to sustainable production and consumption, governance and the 'data revolution' as post-2015 topics that will be important. Francesca Boldrini, of the Bill & Melinda Gates Foundation's Europe office, also highlighted the data revolution as an area worth supporting in addition to goals such as disaggregated gender data, hunger and research, and development for priority health interventions.

Nigerians spend millions to access healthcare in India

The High Commissioner of Nigeria to India, Ndubuisi Amaku, said Nigerians last year spent around \$350 million to access healthcare in India.

Speaking on the sidelines of the tenth CII-EXIM Bank Conclave on India-Africa Project Partnership, he said the amount was spent by just about one per cent of the Nigerian population who could afford to pay for quality healthcare in India.

Amaku asked Indian entrepreneurs to consider investing in facilities in Nigeria to provide healthcare to patients who may find it difficult to travel to India due to the high airfare and other logistics issues.

Sector experts say an emerging middle class, rising disease burden, especially non-communicable diseases (NCDs) such as cardiovascular and respiratory disorders, cancer and diabetes, provide huge opportunities for drugs, diagnostic equipment and services.

Samsung opens Digital Village in South Africa



Samsung Electronics officially handed over its Digital Village, which aims to improve the lives of Africans through renewable and environmentally sustainable solutions that harness the power of the sun.

The flagship village, first unveiled in October 2013, is set up in Malibongwe Ridge, and provides the community with much-needed education and health services.

The Digital Village runs on solar power, and comprises of an internet school, admin centre, health centre and tele-medical centre. The health centre will provide a variety of eye, ear, blood, dental, pre- and post-natal screening and treatments to the community.

Seven million deaths annually linked to air pollution

In a recent report from The World Health Organization (WHO), around seven million people died in 2012 as a result of air pollution exposure.

This finding more than doubles previous estimates and confirms that air pollution is now the world's largest single environmental health risk. Reducing air pollution could save millions of lives.

In particular, the new data revealed a stronger link between both indoor and outdoor air pollution exposure and cardiovascular diseases, such as strokes and ischaemic heart disease, as well as between air pollution and cancer. This is in addition to air pollution's role in the development of respiratory diseases, including acute respiratory infections and chronic obstructive pulmonary diseases.

The new estimates are not only based on more knowledge about the diseases caused by air pollution, but also upon better assessment of human exposure to air pollutants through the use of improved measurements and technology. This has enabled scientists to make a more detailed analysis of health risks from a wider demographic spread that now includes both rural and urban areas.

Regionally, low- and middle-income countries in the WHO South-East Asia and Western Pacific regions had the largest



Dangerous smog covers Shanghai

est air pollution-related burden in 2012, with a total of 3.3 million deaths linked to indoor air pollution, and 2.6 million deaths related to outdoor air pollution.

'The risks from air pollution are now far greater than previously thought or understood, particularly for heart disease and strokes,' says Dr Maria Neira, Director of WHO's Department for Public Health, Environmental and Social Determinants of Health. 'Few risks have a greater impact on global health today than air pollution; the evidence signals the need for concerted action to clean up the air we all breathe.'

Ebola outbreak could last months in Africa

Health officials say the Ebola outbreak in West Africa could last months in what they called one of the most challenging episodes of the disease that the international community has faced.

Dr. Keiji Fukuda of the World Health Organization said that the current outbreak is especially difficult because of the wide area over which it has spread - extending from Guinea's tropical forests to its capital, and over the border into Liberia. But officials also emphasised that they have traced the source of transmission in every sick person, an important step in controlling the disease.

More than 120 deaths have been linked to the virus since the outbreak began earlier this year. The U.N. health agency said it had recorded a total of 200 suspected or confirmed cases of Ebola, the majority of which are in Guinea.

The virus causes a raging fever, headaches, muscle pain, conjunctivitis and weakness, before moving into more severe phases of causing vomiting, diarrhoea and haemorrhages.

Fukuda said he expected the outbreak to continue for another two to four months.

WHO estimates biggest increases in chronic diseases occurring in Africa

An IMS Health report titled 'Africa: A ripe opportunity,' reveals that by 2020, the market could represent a \$45 billion opportunity for drug makers, spurred in part by robust economic growth and demographic changes.

The International Finance Corporation (IFC), an arm of the World Bank Group, in a recent report said the healthcare industry is set for huge growth, as Sub-Saharan Africa's market, including Nigeria, is estimated to touch \$35 billion by 2016.

In the report titled 'The Business of Health in Africa,' the IFC says the growth will increasingly result in massive opportunities for people involved in the healthcare industry, and that the demand in hospital equipment, medical devices, and pharmaceuticals is stepping up. This will result in better quality health services and improved access to Medicare across the region.

Medecins Sans Frontieres claims that treating a single patient for a year in South Africa with the patented Novartis drug costs \$33 896, which is a horrifying 259 times more expensive than the cheapest Indian generic equivalent. In 2012, Africa accounted for almost a quarter of India's drug exports.

At the first African Pharmaceutical Summit, held in September 2013 in Hammamet, Tunisia, experts said that Africa, with a compound annual growth rate of more than 10 per cent, is the second most dynamic pharmaceutical market after the Asia-Pacific region.

'Although the African pharmaceutical market represents only two percent in global terms, it is the fastest-growing in the world,' says Mthuli Ncube, chief economist and vice-president at the African Development Bank.

Also, the climate for private sector health investment in Africa has never been better as it is now. Reports indicate a growing 'political momentum' in the development of the sector. Tunisian Health Minister Abdellatif Mekki has called for public/private partnerships in this emerging economic area. He says that such partnerships would significantly improve access to medicine and harmonisation of laws in Africa.



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Health Ministers converge on Luanda: build new forum

African Health Ministers met in the Angolan capital, Luanda, and have pledged to work together to take concrete actions to improve the health of people in the continent.

At the end of a two-day meeting, the Ministers expressed concern about the numerous challenges facing public health services which continue to hinder Africa's sustainable socio-economic development.

They agreed to involve every sector (private, public, civil society, partners etc.) to collectively end preventable deaths of mothers and children, prevent the common risks related with non-communicable diseases (NCDs), and work towards universal health coverage to ensure that everyone has access to quality health care.

Speaking after the closing session, Dr Luis Sambo, World Health Organization (WHO) Regional Director for Africa, thanked the Ministers for the quality of the discussion and their commitment to improve people's health in Africa. He underscored the importance of partnership and express the hope that the commitments will bring us much closer to our goal of improving health outcomes.

'The continent's health challenges call for technical excellence, intersectoral collaboration and political leadership. I wish to take this opportunity to appeal to you to continue providing leadership and advocate for more resources to the health sector to strengthen health systems. Africa's health challenges require strong and robust health infrastructure, to sustain the gains and move forward.'

The African Union Commissioner for Social Affairs, Dr Mustapha Kalolo reiterated his call for stronger collaboration and stressed that: 'The technical capacity of WHO and the convening leverage of the AUC forms a formidable force in our efforts to make Africa a healthy continent.' In the Luanda Declaration issued at the end of the two-day historic meeting, the delegates acknowledged that universal health coverage can improve people's health and is critical to Africa's socio-economic development. They noted that it is the way forward for African countries given the prevailing health problems facing the continent.

The Continent's health leaders agreed that despite the commendable efforts of African countries to improve maternal and child health, many of them continue

to die during pregnancy, childbirth, and the post-delivery period. This situation is made worse by poverty and armed conflicts. They committed themselves to address this scourge by putting in place an integrated package of essential actions and services, and advocate for adequate resources to address the social, economic and environmental determinants of health.

On strengthening the continent's ability to timely detect epidemic-prone diseases, the Ministers agreed to establish the African Centre for Disease Control and Prevention to avert the high death and sickness associated with severe public health events.

They also underscored the urgent need to establish the African Medicines Agency to support the Continent's pharmaceutical industry, improve people's access to quality medicines and medical products, and help prevent the circulation and consumption of inferior-quality medicines.

The meeting also drew attention to the rising tide of NCDs, and pledged to implement a combination of simple, cost effective individual actions and concerted multisectoral national to

reduce the major risk factors associated with these diseases.

The Ministers requested the African Union Commission and WHO, together with all relevant stakeholders, to assist countries to implement and monitor these commitments.

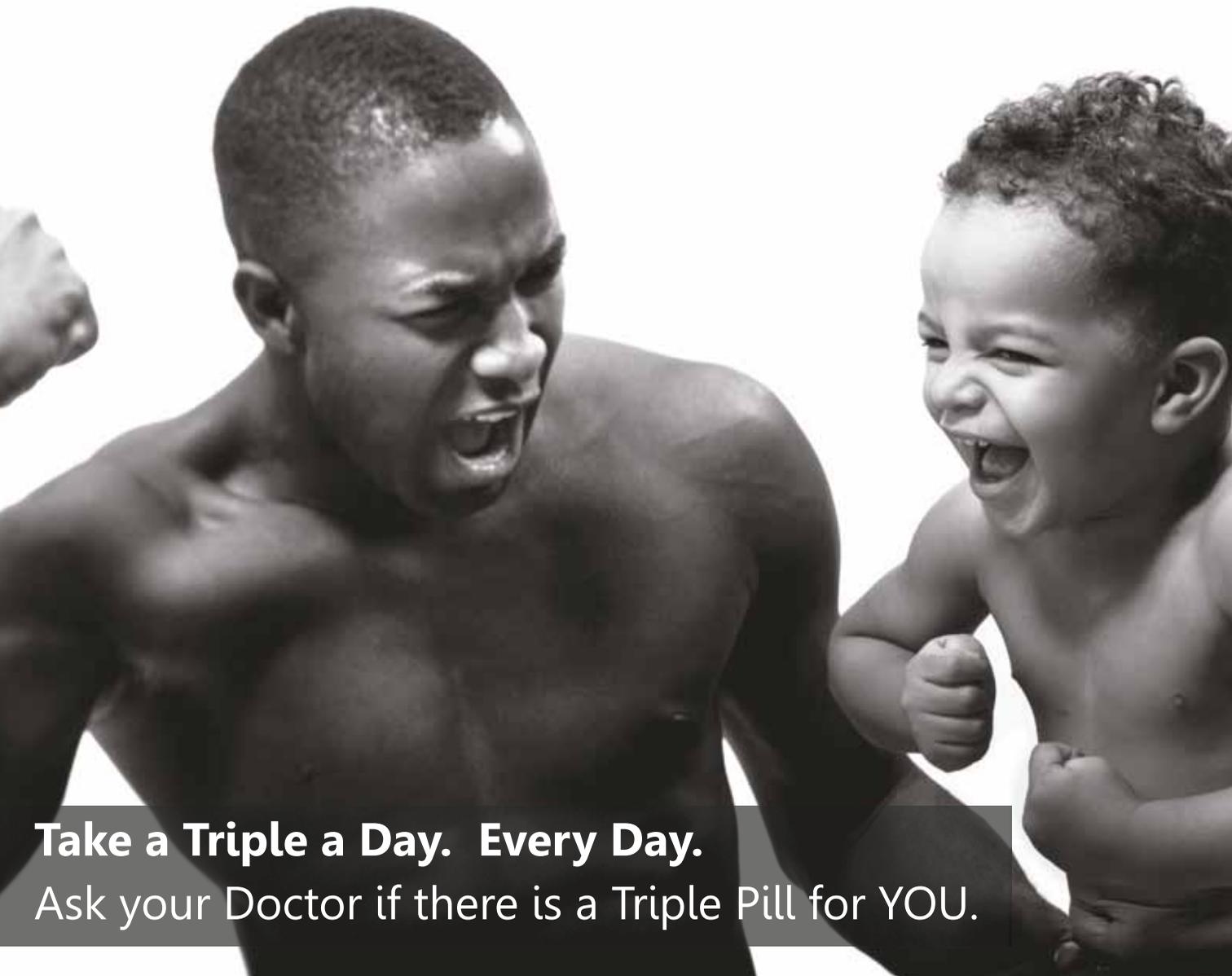
The first Ministers of Health meeting, jointly organised by the African Union Commission, WHO, and the Government of Angola was attended by over 300 participants including, Health Ministers, experts, observers, and representatives of international and civil-society organisations, and the mass media.

Delegates agreed to hold the second joint meeting of African Ministers of Health in April 2016 in Tunisia.



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