Cautious optimism that Ebola is slowly being tamed

As this issue went to press, the indications were that the predictions of 20 000 cases of Ebola Virus Disease (EVD) by December were wide of the mark, and data from Liberia at least was suggesting that the growth in cases was starting to plateau.

Nevertheless, the main agencies supporting the fight against the disease were still appealing for more funds, and more human support. The health professionals in Liberia, Sierra Leone and Guinea are just overwhelmed. The United Nations (UN) World Food Programme (WFP) said the Ebola crisis response 'needs to scale up, get better and perform faster,' and the World Health Organization (WHO) reported that if judged safe, larger scale trials of an experimental vaccine could be taken to hard-hit West African countries as early as January 2015. It cited a number of candidate vaccines that are undergoing clinical trials as well as the first clinical trials of therapeutic – possibly curative – transfusions of whole blood or blood plasma from recovered patients that are scheduled to begin soon in Liberia, in line with WHO technical guidelines.

Meanwhile, the first scientific papers have started to appear. One in the *New England Journal of Medicine* analysed clinical data on 37 confirmed Ebola patients admitted for treatment at hospitals in Conakry, Guinea's capital, and most densely populated city. One of the strongest determinants of survival appears to be patient age. Patients older than 40 years were nearly 3.5 times more likely to die than those aged less than 40.

And the finger-wagging has commenced, with a leaked internal document coming out of WHO Geneva, detailing depressing failures from the WHO representative offices in Conakry, Monrovia, and Freetown which contributed to the unhindered build-up of the worst ever epidemic of EVD. Each of the country directors have been replaced, and the long-standing tensions between WHO's Geneva HQ and the Afro Regional Office in Brazzaville have been exacerbated. Amidst it all, the Afro region has appointed a new Regional Director, Matshidiso Moeti, a doctor from Botswana and a WHO veteran who stepped down as deputy director for Africa in March, the same month the crisis was announced.

'I hope, with all the control efforts that are now in place, the situation will have improved by the time I take office in February,' Moeti told reporters.

Moeti is unlikely to play a major role in ending the disaster, since the UN has already taken more direct charge of the control efforts. But she could be key to preventing another such crisis.

She said that the health systems in hard-hit Sierra Leone, Liberia and Guinea have been devastated and need to be rebuilt, and that warning and monitoring capabilities must be improved to deal with any future outbreaks of Ebola.

In an internal draft document obtained by The Associated Press (AP) last month, WHO accused its Africa office of initially botching the response to Ebola, deriding many of its regional staff members as 'politically motivated appointments'. The report said WHO staff in Africa refused to help get visas for outside experts and compromised the containment effort in other ways.

In a report on lessons learned, released ahead of this week's meeting, the Brazzaville office attributed the explosive spread of the lethal virus to such factors as poor awareness and badly trained health workers.

Aboubakar Sidiki Diakite, inspector general for Guinea's health ministry, welcomed the election as an opportunity for reform.

'A change always brings new impetus,' he told the AP in Paris. He said the new director would find 'weaknesses' in the system that need to be remedied.

In other developments, President Barack Obama asked Congress for $6.2 billion in emergency funds to fight Ebola in West Africa and strengthen U.S. defenses against the disease.



Photo credit: © Sylvain Cherkaoui/Cosmos

Kenyatta asks african leaders to invest in health



President Uhuru Kenyatta hosted a high-level meeting at the United Nations headquarters where he urged African countries to adopt domestic financing for their health services.

He urged the countries to adopt the domestic financing instead of waiting for outside help.

The President said Africa was rising economically and more resources should be channeled towards health.

He said the health sector is as important as any other sector, and that Africa should strive to keep its people healthy.

Africa calls for mercury-free dental care

African Non-Governmental Organisations (NGOs) have called for a mercury-free dental care and mercury-free environment.

The NGOs called on governments to work together and make Africa the first continent with mercury-free dentistry - considering that the current amount of dental amalgam used in Africa is much closer to zero than on any other continent.

The Abuja Declaration called for updating dental training schools to emphasise mercury-free dentistry, and moving hospitals to mercury-free healthcare services. Civil Society Organisations were also urged to promote and advocate for, in their countries, mercury-free dentistry as a route of expanding oral healthcare, especially in children.

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Dr Ibrahim Bello, Master of Public Health (MPH) Graduate 2013

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United Nations entrepreneur taps African oil for child health

Republic of Congo has become the first country to agree to divert part of its oil revenues toward childhood nutrition, a victory for 'innovative financing' to help the world's poorest, the scheme's creator Philippe Douste-Blazy said in an interview.

The breakthrough may pave the way for similar financing schemes with other oil producers, first in Africa and then further afield, said Douste-Blazy, the United Nations (UN) Under-Secretary General for innovative finance for development.

'It's a first. Now we are going to begin with Gabon, Equatorial Guinea, Angola, Nigeria and with Cameroon,' he said.

Douste-Blazy, who previously served as France's Foreign Minister and Health Minister, is the chairman of UNITAID, a body hosted by the World Health Organization that provides long-term funding for the treatment of HIV/AIDS, malaria and tuberculosis in developing nations.

Most of UNITAID's $300 million funding comes from a levy on air tickets, a scheme already implemented by more than a dozen countries.

'The simple idea is to take a microscopic contribution of solidarity on economic activities that benefit most from globalisation: mass tourism by plane, mobile phones, internet, financial transactions and extractive resources,' he said.

Shaving off a small fee from the cost of a flight has enabled UNITAID to boost the fight to stop AIDS, malaria and tuberculosis, one of the Millennium Development Goals that the UN hopes to reach by next year.

His new target, and the beneficiary of the oil scheme, is chronic malnutrition - undernourishment in early childhood that causes stunted growth, can lower a child's IQ and is associated with a lifetime of increased health risks. He plans to create a UNITAID-style venture to manage the project, provisionally called UNITLIFE.

Republic of Congo President Denis Sassou Nguesso, one of the first to sign up for the air ticket levy, said in a letter to Douste-Blazy that he was committed to do more and he hoped others would follow, in Africa and elsewhere.

'This is the reason why the Republic of Congo desires to put in place an extractive industries solidarity contribution to the tune of 10 cents per barrel of oil managed by the Congolese state,' said the letter, a copy of which was seen by Reuters.

South Africa ready for private medical school

To speed up the country's delivery of qualified doctors, Western Cape Health MEC Theuns Botha says private medical schools are necessary.

South Africa is ready for its own private medical school where doctors can be trained without the help of the state, said Botha at the 18th Rural Health Conference in Worcester.

'I intend addressing the issue on national level. Why can the country have privately run courses for almost all other professional fields, but not for medicine?' Botha asked.

Private medical schools are currently prohibited by the National Health Act – only public universities are allowed to train doctors. Medical students can therefore only do their practicals at public hospitals under the supervision of doctors employed at state hospitals and clinics.

According to the national health department South Africa's eight medical schools have been producing an average of 1200 doctors per year for the past decade. Health Minister Aaron Motsoaledi has said that he plans to 'at least' triple this number to 3600 doctors per year for the implementation of government's national health insurance scheme.

According to the government's White Paper on human resources, South African medical schools will have to double their output of general practitioners over the next 15 years just to maintain the current ratios to population.

Heavy health toll of South Africa's coal-fired power plants

South Africa's dependence on coal to generate 85% of its electricity is taking a substantial toll on human health, according to environmental groups.

A recent report from Greenpeace estimates that up to 2700 premature deaths are caused every year by air pollution emissions from the country's 16 coal-fired power plants.

The power stations pump out sulphur dioxide, nitrogen dioxide and particulate matter at levels that are often more than double those recommended by the World Health Organization. As a result, levels of air pollution in Mpumalanga's Highveld are the highest in the country and among the highest in the world, according to news reports.

Malawi Non-Government Organisation commends increased prison health budget

The Centre for Human Rights Education, Advice and Assistance (CHREAA) commended the government for increasing the budget for prison health by 50% than last year.

The Malawian government said the 2014/15 budget for prisons is now over MK164million (US$410,000) from last year's MK60million (US$150,000).

CHREAA Executive Director, Victor Mhango said in the capital Lilongwe that the increase demonstrates that the government believes that health challenges in prisons must be addressed.

'This strong increase will provide the necessary provisions to enable prevent the spread of diseases such as malaria, tuberculosis, HIV and sexual transmitted infections in prisons,' he said.

The training of nurses, monitoring and evaluation officers, as well as conducting clinics in prisons will lead the way to healthier prisons in the country, he added.

Malawi prisons have been well known locally and internationally for their poor conditions among them being congestion, leading to communicable diseases.

Improved data reveals higher global burden of tuberculosis

Recent efforts to improve collection and reporting of data on tuberculosis (TB) are shedding new light on the epidemic, revealing that there are almost half a million more cases of the disease than previously estimated.

The World Health Organization's (WHO) *Global Tuberculosis Report 2014* shows that 9 million people developed TB in 2013, and 1.5 million died, including 360 000 people who were HIV positive.

The report stresses, however, that the mortality rate from TB is still falling and has dropped by 45% since 1990, while the number of people developing the disease is declining by an average 1.5% a year.

'Following a concerted effort by countries, by WHO and by multiple partners, investment in national surveys and routine surveillance efforts has substantially increased. This is providing us with much more and better data, bringing us closer and closer to understanding the true burden of tuberculosis,' says Dr Mario Raviglione, Director of the Global TB Programme, WHO.

First Lady champions anti-maternal deaths

The First Lady, Lordina Mahama, has started a crusade to convince her colleague African First Ladies to enhance the lives of women and children by reducing cervical/breast cancers, HIV/AIDS, maternal and child mortality.

At the United Nations General Assembly, Mrs. Mahama spoke out about the critical mortality rates of mothers and newborns. Her speech was in line with the Millennium Development Goal 5, which stipulates sexual and reproductive health rights of women, particularly adolescent girls by 2015.

The event attracted First Ladies and dignitaries from across the African continent and beyond in a bid to advocate the reduction of maternal mortality in Africa, with a focus on adolescent girls who are the great sufferers.

Although the prime focus is to tackle certain areas, such as prevention of HIV/AIDs, educating women on their human and sexual right is a priority, a workshop for African First Ladies has been held to enable them to educate their women and girls.

Countries ready to 'fast track' response to end AIDS epidemic by 2030

A new fast-track strategy proposes rapid and massive acceleration of HIV prevention and treatment programmes for ending the AIDS epidemic by 2030.

These new commitments were made at a high-level side event entitled 'Fast track: Ending the AIDS epidemic by 2030'. The event took place during the 69th United Nations (UN) General Assembly and was co-convened by Ghana and Switzerland, in collaboration with the Joint UN Programme on HIV/AIDS (UNAIDS).

World leaders agreed that ending the AIDS epidemic as public threat by 2030 was possible and must be a central agenda of the post-2015 goals.

'An AIDS-free generation is in our reach. It is our responsibility to make it happen,' said Didier Burkhalter, President of Switzerland. 'The objective is clear: end AIDS by 2030!'

This strategy calls on countries, especially those with high burden of HIV, to provide lifesaving HIV treatment and prevention services as a matter of priority to people most at risk of HIV infection in a short window of five years.

'This is an epidemic that no one thought we could end, but now with the progress we see we know it can be done,' said John Dramani Mahama, President of Ghana.

The success of the fast-track strategy relies on countries to frontload investments and step up the pace of delivery of HIV services, especially the roll out of antiretroviral therapy.

To get on-track, new targets will focus on closing the access gap to HIV treatment and prevention by setting new targets for 2020.

Obesity: Africa's new crisis

The arrival of fast food in Africa has triggered the latest health epidemic to hit developing countries as doctors begin the fightback against morbid obesity.

A report by the Overseas Development Institute earlier this year showed that more than one-third of the world's adults are overweight, and that almost two-thirds of the world's overweight people are found in low- and middle-income nations.

Obesity is on the rise in poorer nations even among children; more than a quarter of girls and almost one in five boys in South Africa is overweight. 'These are devastating figures, especially since it is such an expensive disease,' said Professor Tess Van der Merwe, who performs weight-loss surgery and is president of the South African Society for Obesity and Metabolism. 'We cannot afford to spend the next decade debating this issue. The obesity problem in our country is where the HIV epidemic was 10 years ago, when we turned a blind eye to the scale of the problem in terms of health economics and became the worst in the world in terms of outcomes.'

The number of obese or overweight people in developing countries rose from 250 million to almost 1 billion in under three decades, and these rates are rising significantly faster than in rich nations.

South Africa typifies this alarming



new trend, with nearly double the average global obesity rates, and according to another report, has become the world's third fattest nation. Nearly two-thirds of the population is overweight. Incredibly, 69.3% of South African females display unhealthy levels of body fat, and more than four in 10 are clinically obese (defined as having a BMI higher than 30).

These findings emerged in a *Lancet* study published in May which analysed data over a 33-year span from 188 countries. It found the rise in global obesity rates was 'rapid, substantial and widespread, presenting a major public health epidemic in both the developed and developing world'. More than half the women in Botswana and one in eight Nigerian men are also obese, for example, while Egypt saw one of the fastest rises among women.

HIV survival boost for South African patients

South Africans with HIV have chances of remaining alive after two years on antiretroviral therapy (ART) that are comparable to those of North American patients, provided therapy is started promptly, according to new research published in *PLOS Medicine*.

The paper was the result of joint research of the International Epidemiologic Databases to Evaluate AIDS Southern African (IeDEA-SA) collaboration of Southern African HIV cohort studies, the Antiretroviral Therapy Cohort Collaboration (ART-CC) of European and North American HIV cohort studies.

The ART-CC is led by Professor Jonathan Sterne and Dr Margaret May from the University of Bristol School of Social and Community Medicine.

The researchers compared data from four cohorts in South Africa (30 467 adults), six in North America (7160 adults), and nine in Europe (29 727 adults) in which individuals were followed for up to four years after starting ART.

After correcting for under-ascertainment of mortality in patients who were lost to cohort follow-up in South Africa, through linkage to a population register, the researchers found after one year of treatment that the South African cohorts had higher mortality than North American or European cohorts. This was likely to be as a result of the immune systems of South African patients having sustained more HIV-induced damage by the time the patients started treatment.

However, for individuals on ART for between two and four years, the mortality rates in North America were comparable to or higher than those for South Africa.

After making adjustment for differences such as gender and stage of HIV at the time of starting treatment disease, the researchers estimated mortality rate ratios between 24 and 48 months on ART to be 0.46 (95% confidence interval (CI) 0.37–0.58) comparing Europe to South Africa, and 1.62 (95% CI 1.27–2.05) comparing North America to South Africa.

Prof Jonathan Sterne said: 'These results show that the benefits of antiretroviral therapy can be achieved by health systems in low- as well as high-income settings. They also demonstrate the importance of access to and quality of healthcare, patient characteristics, and presence of co-morbidities such as infection with hepatitis C, in determining outcomes of care in people living with HIV.'

This is the first comparison of mortality up to four years after starting ART between high-income countries and a high-HIV burden setting in Southern Africa, with near-complete ascertainment of mortality.

World Health Organization warns of MERS risk to Africa

Vulnerable countries, especially in Africa, need to defend themselves against the possible seasonal spread of Middle East Respiratory Syndrome (MERS) in the first half of 2015.

A World Health Organization Emergency Committee recommended steps 'to strengthen infection prevention control practices, build capacity of heath-care workers, and provide protective equipment in vulnerable countries.'

Poor infection control and a lack of expertise and equipment are widely seen as key reasons for the rapid spread of the deadly Ebola virus in West African countries.

The committee said although there had been significant efforts to strengthen preventative measures against MERS, also known as MERS coronavirus (MERS-CoV), more was needed.

But unlike Ebola, which has killed 10 times as many people, there was still no evidence of sustained human-to-human transmission of MERS in communities, and the committee said the disease still did not constitute a 'public health emergency of international concern'.

The number of cases of MERS had fallen since an upswing in April, and although transmission was still occurring in small clusters 'in healthcare settings', the spread of the disease seemed 'generally contained', the committee said.

Data report 2014: breaking promises to the world's poorest people



The ONE Campaign's 2014 data report finds that many developed and developing country governments are breaking their promises to the world's poorest people.

Governments of both rich and poor countries must urgently address serious shortfalls to ensure the very poorest people are at the heart of a renewed global drive against poverty in 2015.

According to the report, important progress has been made - the proportion of people living on less than $1.25 a day has been cut in half in the last 20 years. Yet, with a new blueprint for development on the horizon in 2015, leaders risk losing an historic opportunity to end extreme poverty by 2030, unless they deliver on financial commitments.

African governments are failing to prioritise their spending on the essentials that could save lives and boost the fight against extreme poverty. Only six of 43 countries have met their own spending goals on health, and only eight met their goals on agriculture. Between 2010-2012 an additional $54.8 billion would have been mobilised for health if all sub-Saharan African countries had met their promises.

Dr. Sipho Moyo, Africa Executive Director at The ONE Campaign said: 'Public spending by African governments should be targeted towards the fight against poverty. In this regard, spending on agriculture is critically important for unlocking value chains, thus creating decent jobs and viable business opportunities, helping to secure a future for millions through inclusive economic growth. Equally important is the need to increase public investments to build resilient health systems that will save lives and help countries prevent crises such as the Ebola outbreak devastating West Africa today.'



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Philips pledges support to the Every Woman Every Child initiative

Philips joins United Nations (UN) Secretary-General Ban Ki-Moon's initiative Every Woman Every Child and commits to improving the lives of 100 million women and children by 2025.

In Philips' pledge of support to the UN, Frans van Houten, CEO of Royal Philips, underlined the need for improving lives in areas where maternal and infant mortality is concentrated, and where nutrition and energy challenges are most acute.

'We look forward to working with the UN and its partners in Every Woman Every Child to deliver impact at scale in regions where women and children need it the most', said Frans van Houten. 'The goals of Every Woman Every Child are well aligned with Philips' vision to make the world healthier and more sustainable through innovation and our ultimate goal of improving the lives of three billion people a year by 2025.'



Philips VISIQ ultrasound

By targeting sub-Saharan Africa and Southeast Asia specifically, Philips will mobilise resources to support access to healthcare through large-scale healthcare transformation projects, in combination with clinical education and skills training for healthcare professionals.

Through the Philips Africa Innovation Hub, the company will develop and deploy quality solutions and new business models that enable access and improve quality of care for mothers and their children in low-resource settings.

The Innovation Hub has already developed automated respiration monitors that support the diagnosis of pneumonia in children under-5, clean cooking stoves and solar lighting, as well as telehealth and mobile-health solutions which can provide early diagnosis, healthy living and nutritional advice.

'The private sector has become eager to increase its engagement, not just because there are business opportunities but because they see the value in ethical business and in helping to improve people's lives', said UN Secretary-General Ban Ki-Moon.

The Every Woman Every Child initiative was launched during the UNs Millennium Development Goals Summit in September 2010. The initiative aims to save the lives of 16 million women and children by 2015.

New study finds that orange maize improves vitamin A in children

A study published in the *American Journal of Clinical Nutrition* has established that 'orange' maize increases vitamin A storage in the body.

This maize has been conventionally bred (non-GMO) to have higher levels of beta-carotene, a naturally occurring plant pigment that the body then converts into vitamin A.

Vitamin A deficiency is widely prevalent in sub-Saharan Africa. A lack of sufficient vitamin A blinds up to 500 000 children annually and increases the risk of death from disease (such as diarrhoea in children).

In this controlled efficacy study, children from the Eastern Province of Zambia were randomly assigned to three feeding groups and received either white maize, orange maize, or a daily vitamin A supplement. After three months, both groups that received either the orange maize or vitamin A supplements showed significant increases in their total body stores of vitamin A, with no changes observed in the group that received white maize.

Lead scientist Sherry Tanumihardjo said: 'We were surprised to find that most of the children in this study already had substantial stores of vitamin A. So, I'm confident that orange maize would be especially effective in increasing body stores of vitamin A in populations suffering from vitamin A deficiency.'

Improved data on community health workers critical to achieving global health goals



Photo credit: E. Staub

A new report finds that developing nations' ability to deal with pressing health challenges like HIV/AIDS, and ensuring maternal and newborn survival will be strengthened.

This will create a common definition for community health workers (CHW), as well as a core set of skills and competencies that would help ensure they are optimally trained, supported, and deployed to provide care and treatment when and where it is needed most.

According to the World Health Organization, at least 7.2 million additional doctors, nurses and midwives are currently needed to deliver essential services. However, without knowing the number of CHWs deployed, or their geographic location, global leaders are unable to determine on a global scale how they are helping to fill this shortage.

'We know how to prevent mothers and children from dying and how to drive down infectious disease pandemics like HIV/AIDS and malaria. But we cannot do any of these things without a well-trained, supported and effectively deployed health workforce,' said Julia Bluestone of Jhpiego, Chair of the Frontline Health Workers Coalition. 'Good data and rational integration of CHWs is key to unlocking this potential. Better data and integration of these workers will allow countries to more effectively deploy their entire health workforce for maximum impact on saving lives.'

Key report recommendations include to optimise the role that CHWs play in achieving national health goals, and creation of guidelines for a minimum data set of information on CHWs.