

Encouraging investment in the West Africa health sector

In order to encourage more investment into the health sector to offer the highest level of healthcare and protection to communities in the West African sub-region, the West African Health Organization (WAHO), in collaboration with the United States Agency for International Development (USAID), have held a forum on Public Private Partnerships (PPP) in the Health Sector.

The forum was organised to enable the Public and Private sectors to communicate and share ideas for sustainable collaboration in the health sector.

Public Private Partnerships (PPP) in health is vital because when epidemics break out in the region it often leads to restricted movement of people, goods and services. This leads to closure of businesses, which goes a long way to negatively affect private enterprises. Additionally, the health sector is a client of the private sector, which supplies inputs, equipment and health technology, the organisers noted.

It is against this backdrop that the WAHO 2016-2020 Strategic Plan considered the development of a health PPP Framework Document for the ECOWAS region.

At the moment, all countries have registered their health policy, medium-term health development plans and guidance for the development of a partnership framework between the private and public sector.

Additionally, countries are committed to the implementation of national policies for universal health coverage. But a study by WAHO shows that the key challenges to the development of the private sector are regulation, taxes and challenges in accessing credit.

In a speech read on his behalf by the Deputy Health Minister, Tina Mensah, Kwaku Agyemang Manu, the Minister for Health noted that healthcare providers have to find innovative ways to generate money including PPP arrangements as the economic challenges and burden placed on the national economy is high.

Mrs Rachel Cintron, Director of Health, USAID, West Africa noted that the forum is important given the region's experiences during the recent Ebola outbreak, which put the spotlight on the state of national health systems in the region.

Meningitis epidemic kills hundreds in Nigeria

A meningitis outbreak in Nigeria has killed over 800 people, officials said, sounding the alarm over the feared epidemic.

'We need all hands on deck,' said Chikwe Ihekweazu, head of the Nigeria Centre for Disease Control (NCDC) as the Federal Government announced the latest toll from the outbreak, which has mostly affected children.

The flare-up of Cerebrospinal Meningitis (CSM) serotype C cases is concentrated in northern Nigeria, where authorities convened a meeting of governors and traditional leaders from all states in the region, said a government statement.

'State governors reaffirmed their commitment to immediate and concrete actions towards halting the outbreak,' said the statement after the meeting, held in collaboration with the Federal Health Ministry and national agencies.

Over 8000 suspected cases of the disease have been reported across the country over the past five months, some 93% of which occurred in five northern states.

The mass outbreak has mostly affected children, prompting a large-scale vaccination programme.

Meningitis is caused by different types of bacteria, six of which can cause epidemics. It is transmitted between people through coughs and sneezes and facilitated by cramped living conditions and close contact. The illness causes acute inflammation of the outer layers of the brain and spinal cord, with the most common symptoms being fever, headache and neck stiffness.

Nigeria lies in the so-called 'meningitis belt' of sub-Saharan Africa, stretching from Senegal in the west to Ethiopia in the east, where outbreaks of the disease are a regular occurrence.

The five northern states hit are Zamfara, Sokoto, Katsina, Kebbi, and Niger.

The Federal Government said raising awareness of the disease among ordinary people was crucial.

Action to counter the outbreak is being coordinated by the CSM National Emergency Operations Centre at the NCDC, and involves rapid response teams across the region.

'We are grateful to all rapid response team members, including government agency and partner staff who have remained at their different field posts, through the Easter period working on this outbreak response and control,' said incident manager John Oladejo.

Three African countries chosen to test first malaria vaccine

Three African countries have been chosen to test the world's first malaria vaccine, the World Health Organization (WHO) announced.

Ghana, Kenya and Malawi will begin piloting the injectable vaccine next year with hundreds of thousands of young children, who have been at highest risk of death.

The vaccine, which has partial effectiveness, has the potential to save tens of thousands of lives if used with existing measures, the WHO Regional Director for Africa, Dr. Matshidiso Moeti, said in a statement.

The vaccine will be tested on children aged five to 17-months-old to see whether its protective effects shown so far in clinical trials can hold up under

real-life conditions.

These African countries were chosen for the vaccine pilot because all have strong prevention and vaccination programmes, but continue to have high numbers of malaria cases.

WHO is hoping to wipe out malaria by 2040 despite increasing resistance problems to both drugs and insecticides used to kill mosquitoes.



Increasing caesarean sections could save more mothers' lives

Caesarean sections have been lifesaving procedures for hundreds of thousands of women across the world that experience complications during labour.

Globally, it's estimated that just under 20% of births take place via caesarean section – a percentage that's gone up over the last three decades. This has raised concerns, particularly in high-income countries, where generally too many caesarean sections are performed.

But in many African countries women who are medically required to have caesarean sections are not able to access them. This is due to several reasons, the most prominent being weak health systems and a lack of resources.

Women in sub-Saharan Africa suffer from the highest maternal mortality ratio in the world. Close to 550 women die for every 100 000 children that are born. This amounts to 200 000 maternal deaths a year – or two thirds of all maternal deaths per year worldwide.

Some of these deaths could be prevented if skilled health personnel were able to perform caesarean sections safely. But this would require proper equipment and supplies including drugs and blood transfusions.

Research shows that low-income countries with the lowest caesarean sec-

tion rates also have the highest maternal mortality rates.

Improving the access and availability of caesarean sections on the continent is therefore pivotal to reducing the number of maternal deaths and to achieve the sustainable development goal on maternal health of reducing maternal deaths to less than 70 per 100 000 live births by 2030.

The World Health Organization has found that in countries where at least 10% of women have caesarean sections the number of maternal and newborn deaths decrease.

While reducing unnecessary caesarean sections may be a priority in high-income countries, access to it will save more lives, particularly in countries where deliveries in a healthcare facility are considered a luxury.

Many African countries are trying to increase the number of women delivering in a health care facility by a skilled birth attendant. In Africa, more than 40% of births are not attended by a skilled health provider.

Inequities in access to caesarean sections across different parts of sub-Saharan Africa and other low-income countries need to be addressed. And soon if the continent wants to reduce its unacceptably high maternal mortality rates.

Uganda celebrates African Vaccination Week



World Health Organization Regional Office for Africa (WHO AFRO) has launched the 7th African Vaccination Week (AVW) (www.African-Vaccination-Week.afro.who.int), to raise awareness of the importance of vaccination in reducing child mortality and renew efforts around universal vaccination coverage.

One in five African children still lacks access to all the necessary and basic vaccinations. Uganda is among the top 10 countries with highest number of un-immunised children in Africa.

Uganda joined other African Heads of State that endorsed the Addis Declaration on Immunisation (ADI), a historic pledge to ensure that everyone in Africa receives the full benefits of immunisation.

To support Member State implementation of the ADI, a roadmap has been developed in close collaboration with WHO and other immunisation partners.

Uganda joins other African countries to celebrate AVW 2016 with various country-specific programmes, including vaccination, provision of a range of life-saving health activities, health promotion, community outreach, media activities, and more.

The Ministry of Health, through the Uganda National Expanded Programme on Immunisation, has strengthened the immunisation system through various initiatives, including New Vaccine Introduction, supplementary immunisation activities, strengthening vaccine supply chain – buying new equipment, training health workers, enhancing awareness on benefits of immunisation, and advocacy and communication including the 2016 immunisation act.

Develop easy-to-use innovations to tackle NTDs

Health experts who attended the World Health Organization's 2nd global partners' meeting on neglected tropical diseases (NTDs) in April have said that easy-to-use innovations are needed to combat NTDs.

To help fight NTDs there is a need to combine simple community experiences and innovations from sciences, says David Molyneux, a senior professorial fellow at the UK's Liverpool School of Tropical Medicine.

According to Molyneux, mobile phones have become important for mapping and surveillance of diseases such as guinea-worm and trachoma through the use of SMS in affected areas.

Molyneux says that empowering communities, including affected villages, to acquire drugs is an important method for combating diseases.

According to Bernard Pécoul, Executive-Director for the Geneva-headquartered Drugs for Neglected Diseases initiative (DNDi), adapting easy-to-use innovations to the condition of people living in remote places can change the dynamics of the diseases control.

Joseph Ndung'u, head of the human African trypanosomiasis and other neglected diseases diagnostics programme at the Switzerland-based Foundation for Innovative New Diagnostics, says innovations are only important if they go beyond product development.

These technologies, he says, need to be delivered to those communities living in impoverished areas to help shorten the distance being travelled by patients in those areas.

Test may spot glaucoma before symptoms begin, study says



It might be possible to treat the main cause of permanent blindness before people notice any loss of vision, say University College London (UCL) researchers.

They have developed a new kind of eye exam that might spot glaucoma a decade before symptoms appear.

It uses a fluorescent dye that sticks to the cells in the retina that are about to die. But it has been tested on just 16 people in safety trials and far more research is needed, the study says.

The disease is usually caused by changes to the pressure inside the eye that kills the retina's nerve cells. As these cells become stressed and sickly, they start to change their chemistry and more fatty structures move to the outside of the cell. This is what the fluorescent dye, which is injected into the bloodstream, sticks to. Then all an optician has to do is look at the back of the eye and if the retina is illuminated in white fluorescent dots then the patient has a problem.

In Phase I clinical trials – the earliest form of trial designed to check new treatments are safe – the technique could spot the difference between their eyes of healthy patients and those with glaucoma.

Prof Francesca Cordeiro, from the UCL Institute of Ophthalmology said: 'For the first time in humans we have a test that identifies glaucoma disease activity before the disease develops.'

Current treatments to control the eye's internal pressure can stop or slow down the progression of the disease, although they cannot reverse the damage already done.

Prof Philip Bloom, from the Western Eye Hospital in London, added: 'Treatment is much more successful when it is begun in early stages of the disease, when sight loss is minimal.'

UCL's study, published in the journal *Brain*, says more research is 'clearly needed'.

After Ebola, Liberians slowly embrace mental healthcare

The trauma of the world's deadliest Ebola outbreak, which killed more than 11 300, has left many survivors fighting a battle some worry will never end.

But Liberia, one of the world's poorest countries and with just one psychiatrist, has announced the ambitious goal of expanding access to mental healthcare to 70% of its population in the next few years.

The World Health Organization declared an end to the Ebola outbreak in June 2016, estimating that more than 10 000 infected people have survived in the three West African countries, including more than 4000 in Liberia.

Liberia's government has announced its ambition to expand mental healthcare access to its more than 4.2 million people, with help from the US-based The Carter Centre.

'After the civil war, people didn't go through enough counselling. You have people already going through post-traumatic depression. Then Ebola came, and that built on what was already going on,' said Dr. Francis Kateh, Liberia's Deputy Health Minister and Chief Medical Officer.

The Carter Centre is helping to train Liberia's healthcare workers to identify

mental health issues.

In March, 21 clinicians specialising in child and adolescent mental health graduated from the training. They join 187 mental health professionals who have been trained by the centre to work in prisons, with refugees or in other settings, and are based in primary care clinics and hospitals around the country.

'There are many people living with mental health problems in Liberia without knowing they are,' said one of the new specialists, Theophilus A. Joe.

Ebola survivors often have hearing and vision problems, joint pain or chronic fatigue, according to the medical aid charity Doctors Without Borders. Many also are shunned by their communities and family members, making them vulnerable to mental health issues.

Children left orphaned by Ebola or who watched family members die are especially challenged, said Fallah with Liberia's survivors' network, which has about 1800 members.

Some of Liberia's newly trained mental health workers have been placed in schools and orphanages to lessen the chances of stigma, said The Carter Centre's mental health programme director, Eve Byrd.

A long way to go in fight against HIV/AIDS

South African Health Minister Dr. Aaron Motsoaledi says despite achievements in prolonging lives through a massive rollout of antiretroviral (ARV) treatment, Africa still has a long way to go in combating HIV/AIDS.

Motsoaledi addressed delegates from China and various African countries at a China-Africa Health Ministers' conference in April.

The multinational gathering is aimed at promoting the South Africa-China high-level cultural People-to-People Exchange programme.

Under the theme Commitment To Action, Motosoaledi said the heightened emphasis on prevention, treatment and care over the last decade has seen the rate of new HIV infections is slowing down.

'More infected people are receiving

ARV drugs. We must move forward to implement some of our flagship projects, including the production of generic drugs for HIV/AIDS, tuberculosis (TB), and malaria (among other things),' Motsoaledi said, adding while the Continent was now stronger than ever in joining forces and promoting excellence in healthcare, it could not afford to be complacent.

'New diseases have emerged at unprecedented rates, while old diseases such as cholera and TB have made aggressive comebacks,' he said.

He applauded the country's strong relations with China and said the conference should be used by African countries to reflect on their aspirations in improving the livelihoods of its people through the rapid eradication of hunger as set out in the African Union Agenda of 2063.

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