

UNAIDS report says thousands of Ghanaian women and girls living with HIV

A UNAIDS report on HIV prevalence in women shows that Ghana is among countries with the highest prevalence rate in West Africa.

As many as 160 000 women and girls in Ghana are living with the virus, the report said. The 2017 report titled 'When women lead, change happens – women advancing the end of AIDS' provides global statistics on the prevalence of HIV among women across the world.

The report also highlights the contributions, challenges and successes of the UNAIDS in the fight against HIV/AIDS.

According to the report, 18.6 million women and girls are reported to be living with HIV in the world. The report said women accounted for 51% of people living with HIV worldwide, but with large regional differences—in western and central Africa, nearly 60% of all people living with HIV are women.

Nearly one million girls and women were newly infected with HIV in 2015. In sub-Saharan Africa, women accounted for 56% of new HIV infections among adults.

Young women aged 15–24 accounted for 25% of new HIV infections among adults and are at particularly high risk of HIV infection, despite accounting for just 11% of the adult population.

The outgoing country representative of UNAIDS, Girmay Haile admitted that the fight against stigmatisation of people living with HIV/AIDS has not been successful, largely because of social norms and cultures.

'If there is any area that we haven't succeeded then it is that area of stigmatisation and discrimination.'

He further explained that reproductive health education and HIV/AIDS education are not friendly enough to sustain the fight against HIV/AIDS. Girmay Haile also explained that criminalisation of sex work has not help the issue either.

'Even though we have made considerable progress we still haven't been able to arrest the situation because they are in conflict with the law and the tendency is for them to go underground, so we are unable to reach them to offer these services to get them out of it.'

World Health Assembly elects Dr. Tedros Adhanom Ghebreyesus as the new WHO Director-General

Dr. Tedros Adhanom Ghebreyesus has been elected by the member states as the new Director-General of the World Health Organization (WHO).

Dr. Tedros was nominated by the Government of Ethiopia, and began his five-year term on 1 July 2017.

Prior to his election as WHO's next Director-General, Dr. Tedros served as Minister of Foreign Affairs, Ethiopia from 2012–2016 and as Minister of Health, Ethiopia from 2005–2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board; and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health.

As Minister of Health, Ethiopia, Dr. Tedros led a comprehensive reform effort of the country's health system, including the expansion of the country's health infrastructure, creating 3500 health centres and 16 000 health posts; expanded the health workforce by 38 000 health extension workers; and initiated financing mechanisms to expand health insurance coverage. As Minister of Foreign Affairs, he led the effort to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals.

As Chair of the Global Fund and of RBM, Dr. Tedros secured record funding for the two organisations and created the Global Malaria Action Plan, which expanded RBM's reach beyond Africa to Asia and Latin America.

With an eye on the significant challenge faced by the organization by proposed cuts from the Trump administration, Dr. Tedros visited the USA on 12–17 June to share his vision for the WHO with global leaders, before taking

up his new position.

Over the five days, Dr. Tedros met with Bill Gates, co-chair of the Bill & Melinda Gates Foundation; Jim Kim, World Bank Group President; Anthony Lake, UNICEF Executive Director; Tom Price, Secretary of US Health and Human Services; and others, including leadership for the Canadian Ministry of International Development and La Francophonie, Carter Centre, United Nations, US Agency for International Development, US Centres for Disease Control and Prevention, and the US State Department.

On Monday 12 June 2017, Dr. Tedros addressed global health leaders gathered at the Rotary Convention in Atlanta to reaffirm commitment to eradicating polio.

He also visited the headquarters of WHO's Regional Office for the Americas, the Pan American Health Organization (PAHO) in Washington DC.

Dr. Tedros has consistently described his top priority as Director-General to be the pursuit of health for all people. He has also emphasised the importance of strengthening countries' capacity to respond to health emergencies, be these disease outbreaks or humanitarian crises, as well as the need to put the well-being of women, children and adolescents at the centre of health and development and to advance work on climate change and health.

The Director-General elect has also committed to build on existing efforts to turn WHO into a more effective, transparent, and accountable agency, stressing the critical value of partnerships.

He said: 'I look forward to the opportunity to meet so many key partners in the United States. I want everyone to know that from my first day in office, I am determined for WHO to be the best possible partner for global health.'



Three MMV-supported antimalarials listed as essential medicines

Medicines for Malaria Venture (MMV) welcomes the inclusion of three medicines from the MMV-supported product portfolio on the World Health Organization's (WHO's) Model List of Essential Medicines (EML) and Model List of Essential Medicines for Children (EMLc). These are two artemisinin-based combination therapies (ACTs) for adults, children and infants; and a rectal artesunate formulation specifically for young children:

- A fixed-dose combination of pyronaridine tetraphosphate and artesunate in tablets for the first-line treatment of both uncomplicated *Plasmodium falciparum* and *Plasmodium vivax* malaria in adults and children ≥ 20 kg, and child-friendly granules for children and infants weighing 5 kg to under 20 kg.
- A fixed-dose combination of dihydroartemisinin (DHA) + piperazine phosphate (PQP) for the first-line treatment of uncomplicated *P. falciparum* malaria in adults, children and infants.
- Artesunate rectal dose form (100mg presentation) for the pre-referral management of severe malaria in young children.

WHO's Model EML identifies medicines that 'satisfy the priority healthcare needs of the population.' In practical

terms, the WHO Model EML can help countries consider revisions to their national EMLs, which in turn, inform the procurement decisions of central medical stores and the prioritisation of medicines for use in-country.

With concerted global effort, malaria incidence and deaths fell dramatically between 2001 and 2015: it is estimated that of the 6.2 million lives saved from malaria over that period, 5.9 million (95%) were those of children under the age of five years.

Inclusion of these new antimalarials into the EML will help make more child-friendly antimalarial treatments accessible to those who need them most and increase the number of high-quality ACT options for inclusion in national EMLs.

'MMV is delighted with the addition of these three important antimalarials to the Essential Medicines List,' said Dr. David Reddy, CEO of Medicines for Malaria Venture. 'Young children bear the brunt of this terrible disease—a child dies of malaria every two minutes. With strongly committed partners like Novartis, Shin Poong, Sigma-Tau, Cipla and Strides Shasun, we have been able to prioritise the development and introduction of new, tailored medicines, including for this vulnerable population.'

Maternal and baby health, scout for the best care available

Global and national targets beyond 2015 will be important for tracking progress in reducing maternal deaths and ensuring that maternal health continues to be a global development priority.

Each year more than 200 000 women and one million newborn babies die from maternal health and newborn complications in sub-Saharan Africa.

The simple fact is that most of these deaths can be prevented by easy, available and cost effective solutions, as long as pregnant women and new mothers with infants get the right healthcare at the right time.

Private and public hospitals providing maternity care have encouraged and embraced hospital-based package models that cater for pregnant women during pregnancy, childbirth, postnatal depression, and newborn care.

'With a rise in the variable mother-baby packages, it is prudent for couples or single mothers expecting a baby to understand the bare minimum care expected during their pregnancy and childbirth experience and to have their expectations met,' says Obstetrician Gynaecologist, Dr. Ogutu Onsase of Nairobi Hospital.

Botswana commemorates World No Tobacco Day

Botswana commemorated World No Tobacco Day (Wednesday 31 May 2017) in the copper mining town of Selebi-Phikwe. The commemoration was headlined by the Assistant Minister of Health and Wellness Honourable Phillip Makgalemele, who pleaded with the public to monitor and curb the impact of tobacco on their health, income and social life.

He assured the country that the process of approving the new Tobacco Control legislation is in motion as the Bill is expected in parliament during the winter sitting.

He advised the public to keep their parliamentarians and service providers on their toes with regard to tobacco control. This was in part, a response to the Executive Director of the Anti-tobacco Network who had asked the Minister to ensure that the Bill reaches parliament and becomes law as it was long overdue.

Earlier the World Health Organization (WHO) Representative, Dr. Martins Ovberedjo, had provided a brief overview of the tobacco situation globally and in the African Continent. He decried the toll tobacco in its different forms took on the health and lives of people particularly the poor. He cited the health, social, economic and environmental impact of tobacco on not only the consumers but families, communities and national economies as well.

He iterated that WHO has the necessary tools to support country efforts on tobacco control such as the FCTC and mpower package. Dr Ovberedjo assured the government of continued UN support on tobacco control efforts.

The commemoration was attended by the Selebi-Phikwe community, representatives of District Health management teams from across the country, civil society, political and religious leadership from the district and various stakeholders who provided information through person-to-person communication, edutainment and information stalls.



New tech launched to fight hunger, malnutrition in Africa

International researchers launched a new computing technology to fight hunger and malnutrition in sub-Saharan Africa.

The researchers from the International Centre for Tropical Agriculture (CIAT), a global agricultural research partnership, said the Nutrition Early Warning System (NEWS) would be able to process and detect signs of food shortages long before they become a crisis.

Speaking during the launch in Nairobi, Mercy Lung'aho, the Nutritionist and Research Scientist at CIAT said the technology is based on a technique known as machine learning where computers track complex and constantly changing data in order to learn and make predictions.

'The technology will use big data approaches to process large volumes of information from multiple sources in detecting early signs of food shortages already affecting South Sudan and looming in Nigeria and Somali,' said Lung'aho.

Lung'aho said the technology will help scientists and governments move away from reactive to proactive responses to crises and foster resilience in the agriculture and food systems across Africa in collaboration with both the public and private sectors.

NEWS will initially focus on boosting nutrition in sub-Saharan Africa before targeting vulnerable communities globally by responding to triggers and allowing relief agencies, donors and governments to make informed decisions.

'NEWS applies this technology to search for early signs of potential crop failures, drought, rising food prices and other factors that trigger food shortages,' Lung'aho added.

Kenya's Cabinet Secretary for Environment and Natural Resources, Judy Wakhungu, welcomed the initiative saying the technology will go a long way in developing resilience to the impacts of climate change, soil erosion and decline in the health of ecosystem.

'Kenya has been gripped by prolonged drought that has left 2.7 million people in dire need of food while malnutrition has also increased in recent years,' Wakhungu said.

Boosting clinical trials in Africa

With less than 3% of clinical trials in the continent, the Association for Good Clinical Practice in Nigeria (AGCPN) in collaboration with National Agency for Food and Drug Administration and Control (NAFDAC) has called for the sustainable increase participation in global clinical trials to build capacity for African indigenous scientists to creatively harness natural products with medicinal potentials for global consumption.

AGCPN, under the guidance of Prof Ifeoma Okoye, Consultant Radiologist University of Nigeria Teaching Hospital (UNTH), kicked off the first all-Africa Clinical Trial Summit, which concluded on 8 June 2017.

Okoye at the summit (with the theme: 'Next Frontier for Growth and Revolution in Clinical Trials: Africa is ready') said it is necessary to collaboratively partner with stakeholders to potentiate its next phase of activities and foster a mutually beneficial collaborative partnership that speaks to meet the initiative.

Okoye added: 'Africans have come to the conclusion that the low volume of drug research and development is counterproductive to the vision to healthy Africa. As has been widely recognised, the health status of the African

population remains behind that of populations in Europe and North America, as well as many other developing regions with similar affluence. There is overwhelming evidence that demonstrates that meeting Africa's development goal in healthcare and access to medicine requires that we build sustainable platform for health innovation in Africa.'

Acting Director General, NAFDAC, Mrs. Yetunde Oni said the country is evolving from its economic challenges as well as being confronted with the challenge of curtailing public health emergencies in some parts of the country.

She added: 'The African continent has been, in the past few years, faced with challenges of combating threats of disease outbreaks, especially with the recent Ebola Viral Disease (EVD) in West Africa. This EVD outbreak exposed the lack of capacity in many countries to provide oversight for clinical trials for all medical products, but simultaneously, it showed the contribution of the African Vaccine Regulatory Forum (AVAREF) to building expertise and facilitated the timely review of candidate vaccines.'

She urged all stakeholders to be committed in their various fields of endeavour and be equipped for the challenges ahead.

Why African nations lack access to medicine despite rise in disease

President, Pharmaceutical Society of Nigeria (PSN) and chairman of Pharmaplus Nigeria Limited, Pharm. Ahmed Yakasai has said Africa remains a fertile region for the growth of the pharmaceutical industry.

However, governments must improve public health financing if the region is to realise its potential, he said.

According to him, the value of Africa's pharmaceutical industry jumped from just US\$4.7 billion in 2003 to \$20.8 billion in 2013.

Yakasai stated this in a lecture on Key Strategies to build a robust pharmaceutical sector in the African region during the first All Africa Clinical Trial Summit held in Lagos.

The PSN President said despite the rise in non-communicable and infectious disease in Africa, the region lacks access to medicine.

'Access to medicines is a recognised and well established universal human right; but one that is far from being guaranteed for a majority of Africans,' he said, adding the pharmaceutical sector has the huge responsibility to address the challenge.

He stressed that Africa's capacity for pharmaceutical Research and Development and local drug production is among the lowest globally.

He said, 'Overall, 37 countries have some pharmaceutical production, and only South Africa has limited primary production of active pharmaceutical ingredient and intermediates.

'Local production in Africa therefore relies on imported active ingredients.'

As a result, the sustainability of African pharmaceutical sector remains highly contingent on foreign funding and manufacturing.