Experts ramp up efforts to leave no one behind

With growing momentum to ensure that everyone has access to good quality health, planning experts from 27 countries of the Region met in Brazzaville to agree on how to implement a Framework of Action adopted by African ministers of health at their annual meeting in August.

The Framework presents a holistic approach to strengthening health systems to improve people's health. It sets out a menu of options that countries can consider based on their specific needs as they strive to attain the sustainable development goals (SDGs) to leave no one behind.

'The SDGs presents us with a unique opportunity for a paradigm shift in strengthening health systems across all areas focusing on integrated people-centred service delivery,' said Dr Delanyo Dovlo, Director of the Health Systems Strengthening and Services Cluster. 'As African countries prioritise universal health coverage in their health development agenda, countries need to take ownership of identifying their needs and implement the right interventions to build health systems that will achieve better outcomes and ultimately contribute to the attainment of the SDGs,' he added.

The African Region has witnessed significant improvements in population health outcomes, but these gains are not uniform across or within countries and are not always sustainable. The Region is also faced with major demographic, economic, epidemiologic, and socio-cultural transitions as well as health security and environmental threats which place great demands on health systems.

The framework, endorsed by ministers of health, is rooted in an integrated approach to systems strengthening, with a focus on communities and districts. It also provides an approach to investing in health system strengthening.

Participants reviewed the methods and tools to be used to monitor the implementation of the framework. They also agreed on the technical support needed by counties and partners from WHO. It is expected that the implementation of the framework will provide a common a approach for scheduling investments and monitoring operational as well as overall progress in the Region.

Falsified and substandard medicines continue to threaten lives of Africans

An estimated one in ten medical products circulating in low- and middle-income countries is either substandard or falsified, according to new research from the World Health Organization.

This means that people are taking medicines that fail to treat or prevent disease. Not only is this a waste of money for individuals and health systems that purchase these products, but substandard or falsified medical products can cause serious illness or even death.

'Substandard and falsified medicines particularly affect the most vulnerable communities,' says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. 'This is unacceptable. Countries have agreed on measures at the global level – it is time to translate them into tangible action.'

Since 2013, WHO has received 1,500 reports of cases of substandard or falsified products. Of these, antimalarials and antibiotics are the most commonly reported. Most of the reports (42%) come from sub-Saharan Africa, 21% from the Americas and 21% from the European region. This is likely just a small fraction of the total problem and many cases may be going unreported.

'Many of these products, like antibiotics, are vital for people's survival and wellbeing,' says Dr Mariângela Simão, Assistant Director-General for Access to Medicines, Vaccines and Pharmaceuticals at WHO. 'Substandard or falsified medicines not only have a tragic impact on individual patients and their families, but also are a threat to antimicrobial resistance, adding to the worrying trend of medicines losing their power to treat.'

Before 2013, there was no global reporting of this information. Since WHO established the Global Surveillance and Monitoring System for substandard and falsified products, many countries are now active in reporting suspicious medicines, vaccines and medical devices. WHO has trained 550 regulators from 141 countries to detect and respond to this issue.

In conjunction with the first report from the Global Surveillance and Monitoring System published today, WHO is publishing research that estimates a 10.5% failure rate in all medical products used in low- and middle-income countries.

Based on 10% estimates of substandard and falsified medicines, a modelling exercise developed by the University of Edinburgh estimates that 72,000 to 169,000 children may be dying each year from pneumonia due to substandard and falsified antibiotics. A second model by the London School of Hygiene and Tropical Medicine estimates that 116,000 (64,000-158,000) additional deaths from malaria could be caused every year by substandard and falsified antimalarials in sub-Saharan Africa, with a cost of US$38.5 million ($21.4 to $52.4 million) to patients and health providers for further care due to failure of treatment.

Substandard medical products reach patients when the tools and technical capacity to enforce quality standards in manufacturing, supply and distribution are limited. Falsified products, on the other hand, tend to circulate where inadequate regulation and governance are compounded by unethical practice by wholesalers, distributors, retailers and health care workers. A high proportion of cases reported to WHO occur in countries with constrained access to medical products.

Modern purchasing models such as online pharmacies can easily circumvent regulatory oversight. These are especially popular in high-income countries, but more research is needed to determine the proportion and impact of sales of substandard or falsified medical products.

Globalisation is making it harder to regulate medical products. Many falsifiers manufacture and print packaging in different countries, shipping components to a final destination where they are assembled and distributed. Sometimes, offshore companies and bank accounts have been used to facilitate the sale of falsified medicines.

Dramatic drop in global measles cases

In 2016, an estimated 90,000 people died from measles – an 84% drop from more than 550,000 deaths in 2000 – according to a new report published by leading health organisations. This marks the first time global measles deaths have fallen below 100,000 per year.

'Saving an average of 1.3 million lives per year through measles vaccine is an incredible achievement and makes a world free of measles seem possible, even probable, in our lifetime,' says Dr Robert Linkins, of the Measles and Rubella Initiative (MR&I) and Branch Chief of Accelerated Disease Control and Vaccine Preventable Diseases at the Centers for Disease Control and Prevention. M&RI is a partnership formed in 2001 of the American Red Cross, the US Centers for Disease Control and Prevention, the United Nations Foundation, UNICEF, and WHO.

Since 2000, an estimated 5.5 billion doses of measles-containing vaccines have been provided to children through routine immunisation services and mass vaccination campaigns, saving an estimated 20.4 million lives.

'We have seen a substantial drop in measles deaths for more than two decades, but now we must strive to reach zero measles cases,' says Dr Jean-Marie Okwo-Bele, Director of WHO's Department of Immunization, Vaccines and Biologicals. 'Measles elimination will only be reached if measles vaccines reach every child, everywhere.'

The world is still far from reaching regional measles elimination goals. Coverage with the first of two required doses of measles vaccine has stalled at approximately 85% since 2009, far short of the 95% coverage needed to stop measles infections, and coverage with the second dose, despite recent increases, was only 64% in 2016.

Far too many children – 20.8 million – are still missing their first measles vaccine dose. More than half of these unvaccinated children live in six countries: Nigeria (3.3 million), India (2.9 million), Pakistan (2.0 million), Indonesia (1.2 million), Ethiopia (0.9 million), and Democratic Republic of the Congo (0.7 million). Since measles is a highly contagious viral disease, large outbreaks continue to occur in these and other countries in Europe and North America, putting children at risk of severe health complications such as pneumonia, diarrhoea, encephalitis, blindness, and death.

Agencies noted that progress in reaching measles elimination could be reversed when polio-funded resources supporting routine immunisation services, measles and rubella vaccination campaigns, and surveillance, diminish and disappear following polio eradication. Countries with the greatest number of measles deaths rely most heavily on polio-funded resources and are at highest risk of reversing progress after polio eradication is achieved.

'This remarkable drop in measles deaths is the culmination of years of hard work by health workers, governments and development agencies to vaccinate millions of children in the world's poorest countries,' said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, one of the world's largest supporters of measles immunisation programmes. 'However we cannot afford to be complacent. Too many children are still missing out on lifesaving vaccines. To reach these children and set ourselves on a realistic road to measles elimination we need to dramatically improve routine immunisation backed by strong health systems.'

Nigeria suffering exodus

The Nigerian Medical Association Lagos State chapter has raised the alarm over the number of doctors quitting leading medical institutions. NMA Lagos State Chair Dr Olumuyiwa Odusote says that more than 40,000 of the 75,000 registered Nigerian doctors are practicing abroad while 70% of those still in the country are actively seeking jobs outside. According to him over 100 doctors resigned from UCH Ibadan in 2017, while about 800 doctors have resigned from Lagos State hospitals in the last two years.

AI app debuts for Zambian HIV patients

An intelligent app to assist in the treatment and management of HIV patients has been launched in Zambia. Significant anticipation surrounds the development as if successful, the technology could be extended to assist with other disease management.

Developed for the Zambian Ministry of Health by two teams from the Clinton Health Access Initiative, it avoids the more usual approach of digitizing volumes of existing guidelines, and instead employs elements of Human-Machine Learning. In other words it shifts the focus onto the creation of an app that is configured and programmed firstly to understand large volumes of guideline-content and then to intelligently apply this knowledge to specific patient needs within a consultation. The result, the developers hope, is an app that can be used by any health worker, and from simple data gleaned can understand the needs of a particular patient, and then quickly provide a concise response on next treatment steps required.

Just launched in Zambia, ZamCG is viewable on the Google Play store and will soon be available from the Apple and iOS stores.

Uganda doctors return to work

In late November, Ugandan doctors voted to suspend their month-long strike for three weeks following government commitment to increase salaries and improve the working conditions in public hospitals by next month. A total of 113 doctors out of 195 who attended the Uganda Medical Association (UMA) extraordinary meeting held in the capital Kampala voted to suspend the increasingly acrimonious strike. Ekwaro Obuku, the UMA president, said if the government fails to honour its commitment to respond to their issues by Dec. 15, the doctors will resume the industrial action. 'We are putting government on notice. The government shouldn't take our trust for granted,' said Obuku.

Tedros outlines progress to the WHO Executive Board

The World Health Organization's new DG, Dr Tedros Adhanom Gebrejesus recently addressed his Board. Herewith an abridged version of this speech.

'As you know, WHO has come in for criticism in recent years. Some of it fair, some of it not. Some people have questioned whether WHO is still relevant; they have asked whether we still have a role to play. We should not be afraid of hard questions. They force us to examine ourselves and do better. In the past 143 days we have already made a lot of progress. We have worked day and night, with a real sense of urgency.

'Let me give you 10 highlights. First, the General Programme of Work (GPW) was completed by mid-August, and has been discussed with all Member States, at each of the Regional Committee meetings. Second, the transformation plan and architecture has been completed and agreed with the Regional Directors, and ready for consultation. Third, a new resource mobilisation strategy has been drafted.

'Number four, building on the work of Dr Margaret Chan, we have continued to strengthen our response to emergencies at all three levels of the organisation. In one month, we were able to bring plague in Madagascar under control. Together with our partners in Bangladesh, we conducted the second-biggest oral cholera vaccination programme in history. In Uganda, we helped stamp out an outbreak of Marburg virus disease. I now receive a daily report on the status of all health emergencies. And we have instituted the WHO Health Security Council, a fortnightly meeting dedicated solely to emergencies.

'Number five, we have taken action to ramp up the response to non-communicable diseases. The Global Conference on NCDs in Montevideo has generated unprecedented political momentum as we head towards next year's UN High-Level Meeting on NCDs. And we have established a new High-Level Commission on NCDs, to be chaired by President Tabaré Vazquez of Uruguay and Dr Sania Nishtar of Pakistan. Number six, at the COP23 meeting in Bonn earlier this month, we launched our new initiative on climate change in small island developing states, and we have signed a memorandum of understanding with UNFCCC to strengthen our collaboration.

'Number seven, in October I appointed the most diverse senior leadership team in WHO's history. For the first time, women outnumber men in our top ranks. Every region is represented, ensuring that nobody is left behind in our decision-making processes. Number eight, we have stepped up our (bilateral and multilateral) political engagement.

'And number ten, just a few weeks ago, we met with all our country representatives to identify challenges and solutions.

'Currently, WHO is responding to 44 health emergencies around the world, 9 of which are grade 3 emergencies involving all 3 levels of the organisation. None are simple health problems with simple solutions. All are complex issues, involving conflict, politics, civil strife and other factors.

'The burden of non-communicable diseases continues to grow, as multinational companies market products that are harmful to health with little or no regulation. Antimicrobial resistance threatens to return us to the dark ages of medicine.

'People today live longer than at any time in human history. Life expectancy in Africa, for instance, has increased by 10 years since 2000. We have made huge gains in the fight against HIV, malaria and TB. Maternal and child mortality have dropped by half since 1990. But there are still massive disparities, and new challenges. To address these challenges, we cannot do business as usual. We need a paradigm shift, a radical change in approach. In addition to changing disease patterns and geopolitical shifts, the global health architecture has changed dramatically. So must we.

'That's what the General Plan of Work is all about. Its aim is to give birth to a WHO that has the clarity of mission to truly fulfil its mandate. It's ambitious, and it must be; we cannot afford to aim low. This GPW is not just about transforming WHO. It's about transforming global health, and ultimately transforming human lives – it's about people.

'It starts by clarifying our mission: To promote health, keep the world safe, and serve the vulnerable. It also outlines the several strategic shifts that we must make as an organisation if we are to achieve our mission. First, we must become far more focused on impact and outcomes, instead of processes and outputs.

'This requires obvious investments in metrics and measurement. To make progress, we must be able to measure progress. As you know, we have proposed the '3 billion' targets: 1 billion more people with health coverage; 1 billion people made safer; 1 billion lives improved. Of course, these targets must not be arbitrary. That's why we are appointing a reference group of experts to ensure and scrutinise that they are methodologically sound.

'The second major shift is that we must be much more vocal and visible as a global health leader, by advocating for health at the highest political levels.

'Third, WHO must become more operational and relevant in all 194 countries. We must reorient WHO to put countries at the centre of everything we do. Our headquarters and regional offices will continue to play an important role.

But to achieve the impact we want, we have no choice but to strengthen and empower our country offices.'