

## Hospitals encouraged to be proactive on breastfeeding

WHO and UNICEF have issued a new ten-step guide to increase support for breastfeeding in health facilities that provide maternity and newborn services. Breastfeeding all babies for the first two years would save the lives of more than 820,000 children under five annually.

The Ten Steps to Successful Breastfeeding underpin the Baby-friendly Hospital Initiative, which both organisations launched in 1991. The practical guidance encourages new mothers to breastfeed and informs health workers how best to support breastfeeding.

Breastfeeding is vital to a child's lifelong health and reduces costs for health facilities, families, and governments. Breastfeeding within the first hour of birth protects newborn babies from infections and saves lives. Infants are at greater risk of death due to diarrhoea and other infections when they are breastfed only partially or not at all. Breastfeeding also improves IQ, school readiness and attendance, and is associated with higher income in adult life. It also reduces the risk of breast cancer in the mother.

'Breastfeeding saves lives. Its benefits help keep babies healthy in their first days and last will into adulthood,' says UNICEF Executive Director Henrietta H. Fore. 'But breastfeeding requires support, encouragement and guidance. With these basic steps, implemented properly, we can significantly improve breastfeeding rates around the world

and give children the best possible start in life.'

WHO Director-General Dr Tedros Adhanom Ghebreyesus says that in many hospitals and communities around the world, whether a child can be breastfed or not can make the difference between life and death, and whether a child will develop to reach his or her full potential.

'Hospitals are not there just to cure the ill. They are there to promote life and ensure people can thrive and live their lives to their full potential,' says Dr Tedros. 'As part of every country's drive to achieve universal health coverage, there is no better or more crucial place to start than by ensuring the Ten Steps to Successful Breastfeeding are the standard for care of mothers and their babies.'

The new guidance describes practical steps countries should take to protect, promote and support breastfeeding in facilities providing maternity and newborn services. They provide the immediate health system platform to help mothers initiate breastfeeding within the first hour and breastfeed exclusively for six months.

It describes how hospitals should have a written breastfeeding policy in place, staff competencies, and antenatal and post-birth care, including breastfeeding support for mothers. It also recommends limited use of breastmilk substitutes, rooming-in, responsive feeding, educating parents on the use of bottles and pacifiers, and support when mothers and babies are discharged from hospital.

### Audacious comes to Africa

Six countries in East and West Africa are shortly to become a part of a TED-sponsored project designed to fund 50,000 health workers to 'make a difference' in their communities.

The project started as a \$1million prize awarded to a Dr Raj Panjabi and his Last Mile Health agency, a non-profit that works with community health workers to expand healthcare access in remote areas. But the more he thought about it, the more he realised that he actually needed a lot more money. TED (the talk people) agreed with him, and after talking with a number of other foundations such as the Bill and Melinda Gates Foundation, the Dalio Foundation and the Skoll Foundation, a new programme was born. It is called the Audacious Project.

TED increased its funding to \$250 million, and with other contributions, they hope the final total will be somewhere north of \$600 million. Six groups (including Dr Panjabi's agency) were invited to bid. Other programmes were as diverse as a project for a methane-tracking satellite; and (through Sightsavers) a project to eliminate trachoma in less than a generation. Next year, access to the Audacious Project will be open for anyone to apply.

Last Mile Health has now teamed up with Living Goods, a non-profit also working with community health workers in Africa, to generate an even bigger plan. Community health workers trained through the programme will be equipped with smartphones loaded with an app to automate the diagnosis of deadly conditions. On top of that, the Academy platform will offer training videos to health workers so they can distinguish between life and death diseases (like severe and non-severe pneumonia).

'In reality, [Panjabi's] vision was much bigger than we could even support alone,' said Anna Verghese, the executive director of the Audacious Project and former head of the TED Prize. Under the auspices of the Audacious Project, Panjabi presented his plan to six undisclosed leaders in the business and philanthropy worlds, who will match up to \$50 million, dollar for dollar, of whatever he can raise.



## USA budget cuts threaten global disease security

The Trump administration is proposing huge budget cuts on the Centers for Disease Control (CDC) in Atlanta. If confirmed by Senate, the impact on international disease control programmes is going to be significant.

Despite clear evidence of the economic harm epidemics can wreak, the future upfront funding of the Global Health Security Agenda (GHSA), a multilateral initiative to tackle global health threats, also remains uncertain as the American commitment waivers.

The CDC funding is perhaps the most critical. In perspective, its budget is triple that of WHO, and unless campaigners are successful in reversing at least some of the cuts, CDC has announced that it will have to reduce its epidemic prevention work in all but 10 of its 49 priority countries.

In parallel to this, global polio funding is also being wound down as eradication comes closer. Positive news indeed, but there is a sting in the tail. Currently almost 90% of WHO's lab and surveillance funding in Africa has come from polio money.

The cost of the West African ebola epidemic was in the region of \$3.6 billion with an economic cost the region of around \$2.8 billion. And this was just one epidemic. The economic impact of six major zoonotic disease outbreaks between 1997 and 2009 are thought to have cost more than \$80 billion globally.

## Genomic focus

As the genomics revolution finally turns its attention to Africa and northern researchers flock there to collect data, scientists from the continent are demanding a larger role in projects. A group of Africa-based researchers issued guidelines for the ethical handling of samples for genomic studies. The voluntary rules are an effort to combat 'helicopter' research and aim to ensure that African citizens see health benefits from the work done.

In recent years, researchers have begun sequencing the genomes of Africans in large numbers. The data offer insights into humanity's past as well as predisposition to disease and potential reactions to drugs in African populations – the world's most diverse genomically.

# Egyptian breakthrough in DNDi HepC treatment plan

An affordable hepatitis C treatment has been shown to be safe and effective, with very high cure rates for patients including hard-to-treat cases, in interim clinical trial results that offer hope to the 71 million people living with the disease worldwide.

The treatment is expected to cost \$300 for 12 weeks, or \$3.50 per day, in Malaysia, where trials were conducted along with Thailand – a fraction of the cost of other hepatitis C medicines produced by major manufacturers, which often run to tens of thousands of dollars.

The Drugs for Neglected Diseases Initiative (DNDi), a not-for-profit organisation, is working with the Egyptian drugmaker Pharco Pharmaceuticals to bring a combination treatment of two hepatitis C tablets, sofosbuvir – (a new drug) – and sofosbuvir, to countries that cannot afford to pay the high prices charged by US companies Gilead and AbbVie. This is taking longer than expected but has moved a big step closer with the latest Phase II and III trial results from tests with 301 patients. Funded by Médecins Sans Frontières, one of DNDi's founding partners that also include France's Institut Pasteur.

DNDi said 97% of patients were cured after being treated with the combination pill for 12 weeks. Even hard-to-treat cases such as people with HIV or liver cirrhosis showed very high cure rates, of 96% and 97% respectively.

Hepatitis C is a blood-borne viral infection that can lead to liver cirrhosis, cancer and death. It affects more than 71 million people worldwide and causes 400,000 deaths a year. Although highly effective medicines have been available for several years, their high cost means that less than three million people are on treatment.

US drug-maker Gilead has lowered the price of its Harvoni tablet and other medicines in lower and middle-income countries, but it is still too high for most governments to afford.

Harvoni now costs about \$48,000 for a 12-week course in Malaysia and

\$12,000 in Chile. Gilead's previous Sovaldi treatment cost \$1,000 a pill, or \$84,000 over 12 weeks. Prices vary around the world and tend to be highest in the US.



Gilead has come under pressure from US rival AbbVie, which launched a new hepatitis C medicine, Mavyret, last year with a shorter, eight-week treatment course priced at \$26,400.

Bernard Pécoul, executive director of DNDi, said: 'The results indicate that the sofosbuvir/ravidasvir combination is comparable to the very best hepatitis C therapies available today but it is priced affordably and could allow an alternative option in countries excluded from pharmaceutical company access programmes.'

The treatment is expected to be available in Malaysia within one to two years. DNDi has also signed deals in Latin America to make it available for \$500 for the 12-week course, with a provision to bring the price down to \$300.

The trial using medicines produced by Pharco was run by DNDi and co-sponsored by the Malaysian Ministry of Health.

The medicine has also been tested on 300 patients in Egypt, who have different genetic characteristics, with a 100% cure rate. Further studies are being carried out in South Africa and Ukraine to cover all six genotypes of the disease. DNDi has licensed rights for ravidasvir in low and middle income countries from the Californian firm that developed it, Presidio Pharmaceuticals.

# Immunisation funding gap as Nigeria transitions from GAVI

Bill Gates has called on Nigerians from all sectors to pull together to improve healthcare in the country, and in particular to improve immunisation rates. He and Nigerian billionaire Aliko Dangote recently met with various stakeholders and visited health facilities to see first-hand how services are being delivered.

For Nigeria to improve its health outcomes, particularly to end vaccine-preventable child deaths, the highest level of commitment and accountability from Nigerian leaders is imperative. While Gates told CNN that he wanted to spark action and debate during his visit, Nigeria leaders are the ones who need to respond with actual action of investing in health far beyond the current levels, starting with investing in immunisation.

As GDP has risen, so Nigeria has moved into the 'accelerated transition' phase of funding support from GAVI, the Global Vaccine Alliance, which means that its funding support for vaccination is being rapidly reduced and it will shortly be expected to start funding it itself. And yet Nigeria currently has the highest numbers of unimmunised children globally at over three million. In the past year alone, Nigeria has suffered outbreaks and tragic deaths from meningitis, measles, lassa fever, monkey pox and yellow fever. The Nigeria Centre for Disease Control has been playing a critical role in ensuring an increasingly rapid response to these outbreaks, but preventing them



in the first place should be the goal.

The reasons for the low immunisation rates are varied and include underlying factors like low awareness of the need for immunisation, poor parental understanding, and conflict-ravaged and fragile environments. An inequitable distribution of health workers, coupled to a weak health system also contributes significantly.

Unit costs for vaccination vary with hard to reach or remote areas often costing more than more accessible and high volume urban areas. Sadly, in Nigeria those not immunised are mostly the poorest people with less than 14% the poorest children between ages 12 to 23 months receiving pentavalent-3 vaccinations compared to 74.5% of the richest children.

Research shows that routine immunisation offers one of the highest returns on investments in health, saving up to 44 dollars in additional benefits for every dollar spent on routine immunisation, and allows children the chance to grow to be healthy and productive adults.

Several countries in Africa are now going through the transition process between receiving GAVI support and having to fund all the services themselves. It is a challenge that in this case brought two of the richest men in the world to plead for adequate public and private sector funding. The stakes are high if immunisation levels are allowed to drop.

## Getting serious with yellow fever

The UN is to lead an ambitious campaign to vaccinate nearly a billion people in Africa against yellow fever by 2026. Eliminating the mosquito-borne viral disease is the target. Yellow Fever has been a major killer on the continent as it spreads fast in highly populated areas with devastating consequences.

'With one injection we can protect a person for life against this dangerous pathogen' said Tedros Adhanom Ghebreyesus, Director-General of WHO at the programme's launch in Nigeria, a priority target country. 'This unprecedented commitment by countries will ensure that by 2026 Africa is free of yellow fever epidemics.'

'Today, the threat of yellow fever looms larger than ever before, especially for thousands of children across Africa,' Stefan Peterson, chief of health at UNICEF, said in a statement.

A major vaccination campaign in Angola and Congo in 2016 brought one of the worst outbreaks of the disease in decades under control after more than 400 people died. One reason the disease is spreading is because more people are moving from rural to urban areas.

'These areas tend to have high numbers of people living in close proximity with poor hygiene and sanitation – all the conditions that make it ripe for a disease outbreak,' he told the Thomson Reuters Foundation.

The vaccination programme is a joint venture by the WHO, UNICEF, the GAVI global vaccine alliance and more than 50 health partners.

## Commonwealth bonus

A special meeting convened by the Malaria Consortium on the eve of the Commonwealth Head of Government Meeting raised a landmark \$4.1bn commitment to continue the fight against malaria.

The Malaria Summit 2018, was hosted by the Governments of Rwanda, Swaziland and the United Kingdom, and was attended by His Royal Highness the Prince of Wales, Bill Gates, the Heads of State and Government and Ministers of 19 Commonwealth countries, as well as business leaders, philanthropists, scientists and civil society.

One in five children in Africa does not receive the vaccines they need.



It's time to accelerate action toward universal access to immunization in Africa.