

# World Malaria Report says country-led efforts are key

The WHO's World Malaria Report has, for the second consecutive year, highlighted a stalling in the reductions of malaria cases globally.

The estimated number of people contracting the disease annually had fallen from 239 million in 2010 to 214 million in 2015, but has plateaued at 217 million in 2016 and 219 million in 2017.

Approximately 70% of all malaria cases and deaths are concentrated in 11 countries, 10 of which are in Africa (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Tanzania and Uganda). There were 3.5 million more malaria cases in these 10 African countries in 2017 than in the previous year.

Some countries have seen positive progress, however, with Rwanda reporting 436,000 fewer cases in 2017 compared to 2016, and Ethiopia seeing a 240,000 reduction over the same period.

'When countries prioritize action on malaria, we see the results in lives saved and cases reduced,' says Dr Matshidiso Moeti, WHO Regional Director for Africa. 'WHO and global malaria control partners will continue striving to help governments, especially those with the highest burden, scale up the response to malaria.'

Despite small increases in the distribution and use of insecticide-treated beds in sub-Saharan Africa, the report highlights major coverage gaps. In 2017, an estimated half of at-risk people in Africa did not sleep under a treated net. Also, fewer homes are being protected by indoor residual spraying than before, and access to preventive therapies that

protect pregnant women and children from malaria remains too low.

To get progress against the disease back on track, WHO and partners launched a new country-led response to scale up prevention and treatment alongside increased investment. The new 'High burden to high impact' response plan is based on four pillars: galvanising national and global political attention to reduce malaria deaths; driving impact through the strategic use of information; establishing best global guidance, policies and strategies suitable for all malaria endemic countries; and implementing a coordinated country response.

'There is no standing still with malaria. The latest World malaria report shows that further progress is not inevitable and that business as usual is no longer an option,' said Dr Kesete Admasu, CEO of the RBM Partnership to End Malaria. 'The new country-led response will jumpstart aggressive new malaria control efforts in the highest burden countries and will be crucial to get back on track with fighting one of the most pressing health challenges we face.'

Medicines for Malaria Venture (MMV), in its press release marking the publication of the WHO report, acknowledged the challenges the WHO had identified. It noted the need to scale up initiatives that help provide access to medicines for all. It noted the success of two medicines it supports, both rectal artesunate suppository products. These help buy time for vulnerable children with severe malaria living in rural communities to get to health-care facilities where they can be administered WHO-recommended treatment, injectable artesunate. A recent pilot study in Zambia led by Transaid, MMV and partners increased access to rectal and injectable artesunate while providing bicycle ambulances and reported an impressive 96% reduction in severe malaria case fatality.

(Sources: WHO and MMV press releases)

## Tanzania first to meet milestone in medicine regulation

Tanzania is the first confirmed country in Africa to achieve a well-functioning, regulatory system for medical products according to the WHO. This means that the Tanzania Food and Drug authority (TFDA) has made considerable improvements in recent years in ensuring medicines are of good quality, safe and produce the intended health benefit.

'This is a major African milestone and we are very proud of Tanzania's achievement, which we hope will inspire other countries in the region,' says Dr Matshidiso Moeti, WHO Regional Director for Africa. 'Access to medicines alone, without quality assurance, is not enough. With this milestone Tanzania makes a big step towards improving the quality of its health care services.'

Medicines, if produced, stored or transported improperly, if falsified or used incorrectly or abused, can be hazardous and can lead to hospitalisation and even death. For these reasons, it is important to have effective regulatory systems that also promote timely access to quality medicines.

Fewer than 30% of the world's medicines regulatory authorities are considered to have the capacity to perform the functions required to ensure medicines, vaccines and other health products actually work and do not harm patients. For that reason, WHO and African governments have intensified efforts to bolster the capacity of regulating medicines.

WHO's assessment of regulatory authorities is based on the 'Global Benchmarking Tool' – an evaluation tool that checks regulatory functions against a set of more than 200 indicators – such as product authorisation, market surveillance and the detection of potential adverse-effects – to establish their level of maturity. The TFDA has now met all indicators that define a maturity level 3 agency, the second highest on WHO's scale. This means that medical doctors, pharmacists, chemists and technicians working for the regulatory authority are capable of protecting the public from substandard and falsified medicines.

(Full report from WHO)



Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa

## Eritrea's southern-region malaria prevalence declines by 54%

The government of Eritrea has announced that the prevalence of malaria decreased by 54% in 2018 owing to the active involvement of health practitioners, the community and partners.

In a meeting in January 2019 in Mendefera, Dr Amanuel Mihreteab, head of the branch office, indicated that measles and Rubella vaccination coverage was 96%, with Vitamin A distribution at 95%. The rate of new HIV infections had also reduced significantly. Dr Amanuel noted, however, that the prevalence of non-communicable diseases such as diabetes and high BP continues to rise and demands special attention.

Participants also noted that diseases transmitted from animals to humans, particularly rabies, are on the rise and called for immediate Ministry of Health intervention.

(Report from *shabait.com*)

## Nurses strike hits Nairobi

Nairobi county nurses agreed to suspend a crippling strike after reaching a deal with county government on 5 February. The deal was reached after Governor Mike Sonko committed to paying uniform and nursing services allowances.

At the same time the deal was being struck, a Nairobi court ordered the suspension of the strike and instructed the nurses and their employers to attend conciliation meetings under Labour and Social Protection Cabinet Secretary Ukur Yattani. The governor's council had initiated the legal challenge to the strike, which began on 3 February.

Health services in Nairobi and other counties across Kenya were paralysed as nurses protested delayed allowances and the non implementation of a Collective Bargaining Agreement negotiated in November 2017.

Kenya National Union of Nurses Secretary General Seth Panyako said only Machakos, Mombasa and Migori had honoured a Collective Bargaining Agreement signed in November 2017, with three others re-committing to the same.

# DRC's Ebola fight continues as new drugs are trialled

The Ebola outbreak in eastern Democratic Republic of Congo, which began in August 2018, continues with no end in sight. The outbreak, the tenth to hit DRC since the discovery of Ebola in 1976, is the one of the deadliest the world has seen, second only to the West African outbreak of 2014–16. As of late January, 439 people were known to have died and the case fatality rate was 62%.

In January the WHO announced the disease had spread southward into an area with high security risks and guerrilla activity. The Kayina health zone, situated between the main outbreak zone and the major city of Goma, saw five cases reported in late January. Much of the region also experienced political unrest over delayed elections in December and January. As noted

ate basis under the 'Expanded Access' framework. The WHO's Strategic Advisory Group of Experts recommended its use using the 'ring' vaccination strategy used in the 2015 trial in Guinea. The vaccine was first used in a live outbreak in DRC in 2017.

Four investigational treatments have also been made available under a WHO ethical framework known as the Monitored Emergency Use of Unregistered Interventions (MEURI) protocol.

By the start of 2019, 248 patients have had access to one of mAb 114, Remdesivir, Zmapp and REGN-EB3. Some patients were reported to have improved, but no scientific evaluation of the efficacy and safety of the drugs has been completed.

A randomised control trial has been under way since November, coordinated



The WHO's Director-General Dr Tedros Adhanom Ghebreyesus at Bokoro

by the WHO, the situation is complicated by other epidemics (e.g. cholera, vaccine-derived poliomyelitis, and malaria), and a long-term humanitarian crisis.

More than 69,000 people have been vaccinated in DRC, including 21,000 health workers and other front-line responders. South Sudan began vaccinating its health workers and front-line responders in late January as fears grew that the disease could cross the border. Uganda and Rwanda have taken steps towards doing this too.

While there is not yet a licensed vaccine against Ebola, the rVSV vaccine is being deployed on a compassion-

ate basis under the 'Expanded Access' framework. The WHO's Strategic Advisory Group of Experts recommended its use using the 'ring' vaccination strategy used in the 2015 trial in Guinea. The vaccine was first used in a live outbreak in DRC in 2017. Four investigational treatments have also been made available under a WHO ethical framework known as the Monitored Emergency Use of Unregistered Interventions (MEURI) protocol. By the start of 2019, 248 patients have had access to one of mAb 114, Remdesivir, Zmapp and REGN-EB3. Some patients were reported to have improved, but no scientific evaluation of the efficacy and safety of the drugs has been completed.

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## School feeding programme in Addis sees dropouts plunge

A school feeding programme launched in Addis Ababa, Ethiopia, by Yenat Weg Charitable Association has helped to reduce the number of dropouts by 64% in a year, a study has revealed.

According to consultants Eth Alem Plc, enrollment increased by 9% while the number of absent students declined by 59% and dropouts by 64% in 43 schools. Physical development has also shown growth to 21.8% gain in body weight improvement and 3.7% height increment since the intervention four years ago.

The programme has improved beneficiary students' academic performances by 11% and further supports

students' mothers through business training and income generation.

Yenat Weg patron and former Ethiopian First Lady Roman Tesfaye pledged to continue to support the programme's activity. She noted that the government needs to be proactive in regulating and implementing such programmes and should share similar experiences from other countries.

The charitable association started the school feeding programme in 2014, providing meals for 5,000 students whose parents could not afford to feed them. It now feeds more than 22,000 students in Addis Ababa, with the support of donors.

*(Full report from the Ethiopian News Agency)*

## Malawi rolls out cervical cancer vaccine

The Malawi government in January 2019 rolled out the first ever vaccine for cervical cancer. The Principal Secretary for Ministry of Health Dan Namarika launched the vaccine in Mangochi, describing it as a milestone in the battle against a killer disease.

Health rights activist Maziko

Matemba, noting Malawi's high rate of cervical cancer, said this was a welcome development. 'Vaccine is the best intervention. This vaccine will help young girls and women against cervical cancer,' she said.

Cervical cancer is spread through sexual intercourse.

*(Full report from Nyasa Times)*

## Angola worried about new cases of tuberculosis

On a two-day working visit to Cunene, Health Minister Sílvia Lutucuta described the situation in Angola as very worrying since the programme has barely enough medicines to respond to the cases.

The figures show that in 2018 the province of Cunene reported 1,200 cases of tuberculosis, with 177 cases of abandonment of therapy and 53 deaths, against 986 cases recorded in 2017, she said.

The minister also expressed concern about HIV and AIDS, stressing that Cunene province was the region with the highest seroprevalence of the disease (currently 6.1%).

The official called for renewed efforts in some aspects such as technicians' diagnostic capacity and the increase of equipment to determine the patients' viral load.

*(Full report from Agência Angola Press)*

## Increase immunisation rates, experts implore

Immunisation experts attending the biannual Regional Immunization Technical Advisory Group (RITAG) meeting in Brazzaville in January urged African countries to strengthen their routine immunisation.

Immunisation coverage in sub-Saharan Africa has languished at 72% over the past five years, exposing populations to vaccine-preventable diseases. Nearly 31 million children under five suffer from vaccine-preventable diseases in SSA every year, and more than half a million die. Illness and deaths due to vaccine-preventable diseases also cost SSA US\$13 billion each year.

The experts emphasised the importance of increased domestic investment in and government ownership of disease surveillance programmes and the need for community engagement to drive vaccine deployment during outbreaks.

'The fact that most sub-Saharan African countries continue to rely on external funding for immunization financing is a strong indicator of the work that remains to be done,' said Dr Richard Mihigo, Programme Manager for Immunization and Vaccine Development at the WHO Regional Office for Africa. 'Governments have a central role to play to fill upcoming funding gaps and ensure immunization programmes remain strong and vigilant.'

In 2017, Heads of State from across Africa endorsed the Addis Declaration on Immunization, a historic pledge that envisions an Africa in which every child has access to vaccines. This year, the WHO's Regional Office for Africa, in partnership with the African Union Commission, will launch a progress report on the implementation status of the 10 commitments outlined in the Addis Declaration.

The positive news is that some diseases, such as polio, are on the brink of eradication. The last case of wild poliovirus in Africa was reported in August 2016 in the north-eastern state of Borno, Nigeria. If no new cases of wild poliovirus are detected by August 2019, the wild poliovirus will be classed as eradicated in Africa.

*(Original reporting from WHO Africa)*



# I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.



**Take a Triple a Day.  
Every Day.**

**Ask your Doctor if there is a Triple Pill for YOU.**

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013. (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

