

News bites

International

Child deaths down globally

Deaths of children aged under 5 years have dropped by 27% globally since 1990, according to the latest World Health Organization (WHO) estimates. However, in WHO's first progress report on the health Millennium Development Goals (MDGs) released in the *World Health Statistics 2009*, other results are mixed.

An estimated 9 million children aged under 5 years died in 2007, significantly fewer than the 12.5 million estimated to have died in 1990, the baseline year against which progress towards the goals is measured. However, in many African countries and in low-income countries generally, progress has been insufficient to reach the MDG target, one which aims for a two-thirds reduction in child mortality by 2015.

'The decline in the death toll of children under 5 illustrates what can be achieved by strengthening health systems and scaling up interventions, such as insecticide-treated mosquito nets for malaria and oral rehydration therapy for diarrhoea, increased access to vaccines and improved water and sanitation in developing countries,' said Dr Ties Boerma, Director of WHO's Department of Health Statistics and Informatics.

The MDGs were initiated by the United Nations and its partners to achieve significant improvements in eight health and development areas by 2015. 'At the mid-way point, the analysis shows encouraging signs of progress,' said Dr Boerma. 'But there needs to be more effort to strengthen health systems in countries affected by high levels of HIV/AIDS, economic hardship or conflict. Moreover, there is a need to pay greater attention to the poorest groups within countries where progress is often the slowest and child mortality rates remain high.'

'Areas where there has been little or no movement are notably maternal and newborn health. An estimated 37% of deaths among children aged under 5 occurs in the first month of life, and most of them in the first week of life,' said Dr Boerma. 'While the data are patchy and incomplete, it appears that the regions with the least progress are those where levels of maternal mortality are highest.'

Merger to fight cancer in developing countries

The World Health Organization (WHO) and the International Atomic Energy Agency (IAEA) last month launched a Joint Programme on Cancer Control, aimed at strengthening and accelerating efforts to fight cancer in the developing world.

The groundbreaking agreement reflects growing international concern over cancer as one of the leading causes of death worldwide. Cancer accounted for 7.4 million deaths in 2004 (around 13% of all deaths).

'In low- and middle-income countries, cancer overwhelmingly affects the poor. This has huge implications for human suffering, health systems, health budgets and the drive to reduce poverty,' said WHO Director-General Margaret Chan, who signed the Joint Programme agreement with IAEA Director-General Mohamed ElBaradei.

If current knowledge were put into practice, at least one-third of cancer cases could be prevented, another third could be detected early, treated and cured, and suffering could be alleviated through palliative care for patients with advanced cancers.

'The IAEA has long provided radiation technology and expertise to developing countries, but radiotherapy alone cannot halt the growing global cancer crisis,' said IAEA Director-General Mohamed ElBaradei. 'The Programme of Action for Cancer Therapy was created to help build a broader, more integrated approach to cancer care and control. The Joint Programme with WHO underlines our conviction that only through combined effort and collaboration can we bring hope and relief to those whose lives are threatened by cancer.'

Office fridge stink sickens 28

Someone's forgotten lunch did more than just cause an unsightly, smelly mess in one office refrigerator. The smell of rotten food during a clean-out in an office kitchen in California was so strong it caused the evacuation of a building, sickened 28 people and prompted a call to the local hazardous material unit, the *San Jose Mercury News* reported.

An office worker cleaning out the refrigerator at an AT&T office couldn't

smell the food because she had had nasal surgery for allergies, Fire Department Captain Barry Stallard told the newspaper. The stink got even worse when it was combined with the cleaning chemical she was using and another cleaner sprayed by a co-worker to get rid of the smell. Workers first thought there was some kind of mysterious toxic leak making people sick, but the woman cleaning the fridge cleared the air when the Fire Department arrived. The 28 ill workers were checked by paramedics and 7 were treated at area hospitals.

Africa

Activists mobilise against Manto

Health activists are mobilising against the appointment of former health minister Manto Tshabalala-Msimang as mentor and African Union Goodwill Ambassador on maternal, infant and child health.

'It is unthinkable that the champion for maternal and child health is someone known for defying evidence-based health interventions and for denying lifesaving prevention of mother-to-child HIV transmission (PMTCT) interventions for mothers and their infants,' said AIDS and Rights Alliance of Southern Africa (ARASA).

ARASA is seeking support for a statement it has formulated that condemns Tshabalala-Msimang's appointment. The statement described the situation on the African continent as deplorable and highlighted the necessity for strong and effective leadership to push for an end to the needless deaths of hundreds of thousands of African mothers and their children.

'It is therefore baffling that the AU would appoint as their champion for this cause somebody whose greatest claim to infamy is her staunch denial of evidence-based medicine, and refusal to provide life-saving antiretrovirals to mothers and their children.'

'During her tenure as Minister, Tshabalala-Msimang resisted making ART and PMTCT available in the public sector and thus blocked efforts to improve child and maternal health – resulting in an increase in national maternal and child mortality rates under her administration – until civil society resorted to litigation to compel public provision of ART. A Harvard

School of Public Health study published in 2008 estimated that 35 000 South African infants were born with HIV between 2000 and 2005 as a result of this denialism.'

Under Tshabalala-Msimang's watch, South Africa was one of only 12 countries globally that had increasing rates of child deaths. Yet, at the time many experts said that South Africa had the potential to significantly reduce the increasing deaths by implementing policies it already had in place – such as PMTCT.

The Countdown 2008 report reveals that, in South Africa, almost 2 000 mothers and 75 000 children under 5 lose their lives every year – with HIV being the major challenge with rates up to 10 times higher than other African countries.

Far less resourced countries such as Malawi, Rwanda and Tanzania made significant progress in reducing maternal, newborn and child deaths by firstly admitting there was a problem and using available expertise to formulate interventions that have made an impact on the death rate, according to the report.

Tshabalala-Msimang questioned the report's findings and dismissed the experts' conclusions as 'flawed'.

South Africa

No can do on 50% State salary hikes – Treasury

Government's acceding to 50% salary hikes for doctors and honouring its earlier back-pay promises would cost the country 10% of its entire health budget and cripple health departments in three provinces where services are teetering dangerously.

This is according to an article in the upcoming July edition of the *South African Medical Journal (SAMJ)*, which cites 'impeccable' sources in the health section of national Treasury. Not only would the doctor hike require all other provincial health budgets to be slashed by as much as 15%, but provinces such as the

Free State where the antiretroviral drugs supply dried up earlier this year, costing hundreds of lives on the waiting list, could face repeat scenarios. Infant formula milk supplies and child nutrition programmes could also suffer country wide.

A 'top heavy' KwaZulu-Natal health department overran its budget by at least R2 billion last financial year (08/09), yet some tertiary hospitals there continue to function with doctor shortages of 60%, seriously compromising service delivery. In Gauteng, tertiary hospitals face incensed doctors unable to perform basic life-saving surgery and/or vital computed tomography (CT) scans because the province has not paid its bills, thus breaking service contracts. Old or broken equipment is either 'in for repairs', or not replaced.

The treasury source said the accumulated provincial debts in the three problem provinces would require some 'serious bailing out', while filling existing doctor posts and thus relieving pressure on overworked doctors was another budget priority.

'The doctors seem oblivious to the world recession. I understand their anger but we're expecting zero per cent growth this year and yet we're still budgeting for 4 - 5 spending growth. South Africa shed 200 000 jobs in the first quarter this year and the next quarter could see more. Overseas, people are voluntarily cutting salaries to keep their jobs and job sharing to try and curb job losses,' he said.

'Acute need for public stem cell bank in SA'

Some of the country's top scientists met last month to discuss the possibility of starting the country's first multi-million rand public stem cell bank.

The project is spear-headed by Dr Michael Pepper, extraordinary professor in the department of immunology at the University of Pretoria and a director of Netcell, one of the country's three private stem cell banks.

Cervical cord blood contains stem cells used to treat blood-related disorders, such as leukaemia and sickle-cell anaemia, as well as some immune and metabolic disorders. If this blood is harvested at birth and stored, it can be used to treat these disorders in later life.

Pepper said there was an acute need for a public stem cell bank. 'There are a lot of South Africans in need of a bone marrow transplant. There is a difficulty in getting matches from international banks because of the genetic diversity we have here. There is no facility that caters for the majority of the population.'

He said the meeting this week would include all the stakeholders, including the Department of Health. A feasibility study is being carried out and they are looking at various ways of raising funds. 'To start a bank we would need R10 million and to drive it through to completion in a period of 5 years will take a total of R50 million.'

The government had other health priorities, so it was unlikely to be able to fully fund it. 'We have the technology and the skills, the problem is raising the money.'

In South Africa there are three companies, Lazaron, Cryoclinic and Netcell, which offer stem cell storage and which charge a collection fee of between R9 000 and R15 500 a baby. Some also charge an annual storage fee of R150. A recent American study predicts that the chance of a person receiving a transplant of their own stem cells by the age of 70 is already 1 in 200.

UCT scientist in human genetics Jacquie Greenberg said: 'It really is exciting times. It's important that government regulations allow this research here and do not close the doors for the wrong reasons, such as people not understanding its potential use and benefit.' She cautioned parents to be well informed before making a decision to save umbilical stem cells at a private cord blood bank.

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