

International

Country health accountability jacked up to benefit women and children

New recommendations for an unprecedented level of accountability to save the lives of more women and children in developing countries were agreed on recently by the United Nations Commission on Information and Accountability for Women's and Children's Health. These new approaches will help to ensure that pledges are honoured and resources spent in the most effective way to save lives. The 10 recommendations include specific approaches:

- to help countries develop better ways of gathering important health data to improve understanding of health needs and where resources should be focused
- to develop a co-ordinated system for tracking health spending on women and children
- to national and global oversight to establish a feedback mechanism that supports continuous improvement in delivery of health services for women and children.

To better understand the current situation and impact of efforts, the Commission advised monitoring progress based on specific indicators, such as the number of women who have access to skilled care during childbirth and the number of children treated for pneumonia.

'All partners are mutually accountable for the promises they make and the health policies and programmes they design and implement,' says Jakaya Kikwete, President of the United Republic of Tanzania and co-chair of the Commission with Stephen Harper, Canadian Prime Minister. 'Tracking resources and results of public health spending is critical for transparency, credibility and ensuring that much-needed funds are used to save the lives of women and children.' The recommendations, which come after more than 5 months of in-depth discussions and work across a high-level group of global leaders, were delivered at the conclusion of the second and final meeting of the Commission. The goal is to improve transparency, ensure consistency in reporting and more effectively track resources spent on reproductive, maternal, newborn and child health. 'What gets measured, gets done. Timely, reliable and accessible health information is critical for improving health outcomes for women and children,' says Dr Margaret Chan, Director-General of the World Health Organization (WHO) and co-vice chair of the Commission. UN Secretary General Ban Ki-moon tasked the Commission with developing a mechanism for holding donors accountable for their

pledges and holding countries responsible for how well the money is spent.

Africa

Change in first-line treatment for malaria

The World Health Organization (WHO) recently recommended a change in first-line treatment for malaria that could save nearly 200 000 lives a year, but health activists in Africa are bracing themselves for a potentially long battle in getting the new guidelines implemented.

Most cases of malaria are uncomplicated and non-fatal, particularly when patients have been exposed to the parasite and developed an immune response to it, but about 8 million cases a year progress to 'severe' malaria, which resulted in 781 000 deaths in 2009. Ninety per cent of those occurred in Africa, where the disease is the leading cause of death in children.

Quinine has been the drug of choice for treating severe malaria for years, but it is difficult to administer and can have dangerous side-effects. It requires a lot of calculation, said Veronique De Clerk, medical co-ordinator for international NGO, Médecins sans Frontières (MSF), in the northern Ugandan district of Kaabong. 'You need to dilute it into infusions, and those infusions need to run through an IV [intravenous line] for 4 hours (every 8 hours), and you need to monitor that, so it requires well-qualified personnel. In rural Africa, where health workers are in short supply, it was common for patients to receive too much or too little quinine, with results that could be deadly,' said De Clerk. Recently, some studies from Uganda showed one in four administrations of quinine weren't correct. The WHO has recommended artesunate for severe malaria in adults since 2006, but very recently revised its guidelines to include children, based on findings from a 9-country trial in Africa in 2010, which found that for every 41 children treated with artesunate instead of quinine, one life could be saved. It's very rare you have such a clear benefit of one drug over another, especially in neglected diseases like malaria, commented Nathan Ford, medical co-ordinator for MSF's Campaign for Access to Essential Medicines. Several large clinical trials in the last decade have demonstrated that artesunate is safer, easier to use and more effective than quinine. It can be administered over 3 days either intravenously or through a daily intramuscular injection, meaning that non-medical personnel could be trained to provide the drug, bringing life-saving treatment closer to remote, rural communities.

South Africa

Scandal-prone CEO excised from hospitals

The axe has finally fallen on one of the Eastern Cape's most controversial hospital bosses accused of being at the centre of a baby deaths cover-up.

East London Hospital Complex CEO Vuyo Mosana was recently removed as head of the complex, which has been hit by a series of scandals. Mosana's dismissal from the complex – comprising the Frere and Cecilia Makiwane hospitals – has been in the pipeline for months. But it happened on the eve of a visit to the province by Health Minister Aaron Motsoaledi. Motsoaledi – who is said to be 'fed-up' with all the bad publicity the complex has received while under Mosana's rule – spent 2 days in the province for 'serious discussions', including on health-service delivery.

Mosana is the first CEO to get the chop following the implementation of the government's new policy of insisting that all hospital bosses have a medical background. Mosana's reign has been marred by repeated scandals. In 2007, it was revealed that thousands of newborn babies died at the hospital complex because of understaffing, lack of infection control and life-saving equipment, and inexperienced and inadequate management. In March, Mosana was accused of hiding from the provincial authorities a report that ascribed the deaths of 29 infants at Cecilia Makiwane Hospital to 'superbug' infections. Despite having no medical background, but with a degree in political economics, Mosana enjoyed political protection for more than 5 years. His contract expired in November but was renewed twice and now runs until next month. He has been transferred to the provincial health department offices in Bisho until then.

Withdrawal of dextropropoxyphene-containing medicines from the SA market

The Medicines Control Council (MCC) resolved at its mid-April meeting this year to withdraw all dextropropoxyphene-containing medicines from the South African market owing to safety risks. Dextropropoxyphene is present in the following medicines: Distalgesic, Doloxene, Doloxene Co-65, Doxyfene, Lentogesic and Synap Forte, which are used to treat pain. Dextropropoxyphene causes dose-related cardiac conduction abnormalities which could lead to dangerous irregularities in heart rhythm and rate, including cardiac arrest and death. These adverse effects on the heart have been observed even in healthy young adults and at usual dosages. Dextropropoxyphene and its active breakdown metabolic product are excreted by the kidneys, so the elderly and those with impaired renal function would be especially vulnerable as these products can accumulate and reach toxic levels. Several countries have already withdrawn medicines containing dextropropoxyphene, including the USA, UK and EU-member states. The MCC has allowed a 3-month grace period to allow for smooth transition of patients to alternative pain relief treatment. Patients currently taking medicines containing dextropropoxyphene are requested to contact their doctors as soon as possible to obtain advice about stopping these medicines and alternative pain relief treatment.

Testing a vaccine to slow HIV

The University of Limpopo Medunsa campus recently launched a clinical scientific trial to test a vaccine developed in Italy to investigate whether it can slow HIV progression in people already living with the HI virus. The study is looking to recruit 200 volunteers between the ages of 18 and 45. Participants must be on antiretroviral therapy with viral loads that are well controlled at about 50 copies/ml of blood. The criteria distinctly classify the study as research for a therapeutic intervention against HIV. The candidate vaccine is called TAT. It is a Phase II clinical trial and will investigate the safety of the product and whether it generates an immune response or what is called immunogenicity. Participants are required to take their ARVs when on the study. Professor Maphoshane Nchabeleng, the principal investigator in the Medunsa study, says they are investigating what health restorative qualities the candidate vaccine has that ARVs do not possess. 'The main thing is to look at the response of their immune systems. So, we are going to continue taking blood from these participants who have been

immunised, looking at specific markers in the blood which will reflect the stimulation of the immune system the way we would want it to be stimulated ... immune response in the form of antibodies. We are going to be looking at the stimulation of specific cells that are known to be immune response cells.'

Professor Nchabeleng went on to explain why the TAT vaccine is being considered as a possible therapeutic intervention to slow progression of disease associated with HIV infection. 'This is a protein that is produced by the virus. It's a very important regulatory protein in the development of the disease. For other diseases we know ... say measles ... you and I most probably got measles when we were children and we won't get it again because after being exposed to this disease we get immunised naturally. Our bodies can be able to then protect us against that particular disease. But HIV has shown to be a very, very difficult disease. Despite the fact that you have developed antibodies, they do not protect you. They do not make you recover from the disease. Instead, your body becomes weaker and weaker and weaker. But it has been found that people whose immunity against this particular TAT protein ... if that immunity can persist, they tend not to progress in their disease quicker. That is why it was then identified to look at it as a potential vaccine to say: Can we now take this and develop it into a vaccine so that we can immunise people and look at whether if they have developed immunity against it after the vaccination, will it also protect their bodies so that their disease does not progress the very same way as what was discovered in those who naturally continued to have the immunity?' she said.

Union slams mine deaths

South Africa's mining fatality rate increased 27% between January and April compared with the same period last year, ranking the country among the worst in the world. The fatalities have been attributed to poor regulation and the loose application of laws. The National Union of Mineworkers (NUM) has resolved to have days set aside for mourning as a means of raising awareness and forcing companies to rethink their contribution to mining safety. NUM Secretary-General Frans Baleni said at a press conference recently that South Africa had the deepest mines in the world but this was no excuse for the high rate.

'The mining industry has high fatality rates compared to other countries. What beats the fatalities in the mining sector are the fatalities

on our roads. We are doing badly compared to other countries like Australia.' Most of the fatalities were from gold, platinum and coal mining operations, Baleni said.

Department of Mineral Resources statistics show that fatalities in mines increased from 30 last year to 37 in the same period this year. Fatalities had dropped to 128 last year from 168 in 2009. An analyst, who spoke on condition of anonymity, said some South African mines were up to 4 km deep, and the infrastructure was ageing, making mining expensive. It cost a lot of money for companies to have 100% safety and there was always a risk in the mining sector, he said. 'On the one hand we have people complaining about deaths in the mining sector, on the other, if companies were to be safe, 30% of all mining operations would close,' the analyst said.

Baleni said the NUM planned to have a series of provincial demonstrations leading up to a day of mourning on which the union would shut down the mining sector. Other than cave-ins, mine workers were dying from occupational illnesses such as tuberculosis and silicosis. Baleni said such deaths had numbered 1 006 in 2003, 955 in 2004, 717 in 2005, 647 in 2006, 710 in 2007, 694 in 2008 and 669 in 2009. 'It is for this reason that the national executive committee has resolved to work to support workers to get recourse, for example in the case against Anglo Gold.'

The companies had dropped their guard since last year, and this had resulted in the increase in fatalities, Baleni said. The Chamber of Mines of South Africa said it was very concerned about the safety record this year. It said the industry faced a number of occupational health challenges that the chamber and its members had been working to address. 'Among these are the anomalies in the application of the legislation, which needs to be addressed in a manner that does not threaten the viability of parts of the industry and the jobs of the people employed in it.'

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