

Public health round-up

Young campaigners in Viet Nam



These children in Viet Nam are wearing yellow helmets as part of a campaign to prevent road traffic injuries. Of Viet Nam's 11 000 annual road traffic deaths, 75% are among motorcycle drivers and passengers. This photograph was taken as part of the road safety in 10 countries project which Viet Nam joined in 2010. A new WHO guide has just come out to support countries, such as Viet Nam, in their efforts to prevent injuries (see below).

Preventing injuries

In many low- and middle-income countries, such as Viet Nam (photo box), injuries and violence are among the leading causes of death, but few such countries have a system to routinely collect information about these deaths.

Only 34 countries (18% of WHO Member States) produce high-quality cause-of-death data that include complete and reliable information on what are known as "external causes of death".

Even in countries with a good vital registration system, information that is recorded as part of the death investigation and registration process is often not collated, analysed or used. WHO, in partnership with the Department of Forensic Medicine at Monash University in Melbourne, Australia, has developed a manual for the systematic collection, compilation, analysis and use of this information in countries. *Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners* is being launched this month.

The manual explains how to set up a fatal injury surveillance system in places where cause-of-death investigation and certification are being conducted, and it contains step-by-step instructions, data collection tools and coding standards that can be used and adapted to local needs.

Egypt, India, Sri Lanka, the United Republic of Tanzania and Zambia have all piloted the data collection form included in the manual. Colombia and South Africa have had a similar system in place for years and the information gathered in this way has been used for injury prevention campaigns.

http://www.who.int/violence_injury_prevention/surveillance

Cholera in Sierra Leone

A cholera outbreak in Sierra Leone that started in February has spread to 12 of the country's 13 districts and is affecting virtually the entire country. As of 10 September, 17 319 cases with 259 deaths had been reported.

The president of Sierra Leone Ernest Bai Koroma declared the outbreak a "hu-

manitarian and public health emergency" and has established a presidential multi-sectoral cholera task force to coordinate the response.

Since mid-July, the number of cases has risen sharply from fewer than 10 per day to more than 250 per day in August. "This is a major crisis for Sierra Leone, which is recovering from several years of conflict with a fragile health system," said Dr Wondimagegnehu Alemu, WHO Representative in Sierra Leone.

A national scale-up response plan has been developed to bring the outbreak under control. In addition to WHO, numerous partners, including the United Nations Children's Fund, Médecins sans Frontières and the International Federation of Red Cross and Red Crescent Societies, are supporting the country's cholera response.

A team of case management and laboratory experts from the International Center for Diarrheal Disease Research in Bangladesh has been deployed through the Global Outbreak Alert and Response Network, and is working alongside health-care workers and laboratory technicians in Sierra Leone to help improve case management and laboratory diagnosis.

"Early detection of cases and timely provision of treatment at the district and local levels are essential to reduce deaths," Alemu said.

With WHO support, the Ministry of Health has established a cholera command and control centre that brings together government ministries, nongovernmental organizations and other partners to coordinate rapid action when "hot-spots" are identified and new areas become affected. This approach was effective in the response to the cholera outbreak in Zimbabwe in 2008–2009.

Dot health on the agenda

WHO is concerned that proposals to create new internet top-level domains devoted to the topic of health do not adequately protect consumers.

WHO and several nongovernmental organizations (NGOs) have asked the Internet Corporation for Assigned Names and Numbers (ICANN) to delay the attribution of a new top-level domain called ".health" until the global health community has been fully consulted.

More partnerships needed for NCDs



WHO/Anna Kari

People living in low- and middle-income countries who have had a stroke often have limited options for affordable treatment and care

Not enough global health partnerships are addressing the health-care needs of low- and middle-income countries for noncommunicable diseases (NCDs), according to a review of global health partnerships conducted by the Washington-based not-for-profit organization, Business for Social Responsibility (BSR).

The review released last month found that only 14% of the 220 partnerships surveyed were focused on NCDs, including diabetes, depression, heart disease and stroke, breast and cervical cancer, with activities ranging from the licensing of compounds for the manufacture of medicines to the provision of education

As a group, NCDs account for over 63% of deaths globally and constitute the main causes of death in all regions, apart from Africa. Last year, global leaders gathered at the United Nations in New York made fighting these diseases a top priority.

“Given the disproportionate and growing disease burden presented by NCDs in developing countries, it is critical to global health goals that global health partnerships increase their focus on NCDs,” the review said.

“At the same time, companies must maintain and continue scaling the legacy partnerships (e.g., HIV and malaria) where continued investment is critical to ensuring long-term disease control,” it said.

The 220 partnerships surveyed are listed in the Developing World Health Partnerships Directory of the International Federation of Pharmaceutical Manufacturers & Associations. This list was updated last month and is available online.

Most of the 220 partnerships are focused on infectious diseases: HIV/AIDS (20%), neglected tropical diseases (16%), women and children’s health (16%) and malaria (14%), the review found, with activities such as technology-transfer agreements for research on new compounds and the training of community health workers.

The review is based on three lines of enquiry: a survey of 220 partnerships, interviews with executives from 20 pharmaceutical companies and feedback gathered at a roundtable discussion. In the interviews, 18 of the 20 companies said they planned to increase their commitment to NCDs while maintaining commitments across other therapeutic areas.

WHO and a group of NGOs that are in official relations with the corporation are due to present their case for the delay at an ICANN board meeting in Toronto from 14 to 19 October.

ICANN, a US-based non-profit corporation founded in 1998, regulates the internet’s addressing system and ad-

ministers all domain names – the unique addresses used to connect a computer to the internet.

This year, ICANN invited applications for new names to be added to the current system of 22 generic names, e.g. “.com” and sponsored names, e.g. “.post”. In response, it received 1930 applications,

including four for “health” and sixteen for health-related top-level domain names, such as “.healthcare”.

In a letter sent to members of ICANN’s Governmental Advisory Committee in August, WHO welcomed the interest shown in health and the value to the health marketplace that new top-level domain names can bring, but expressed concerns.

“Consumer protection in the health context is largely lacking in the current set of applications, many of which intend to attribute second-level domains on a ‘first-come, first-served’, wholesale and auction basis, thus placing private interests ahead of the public interest,” it said.

The “.health” top-level domain should be created as a trusted place for health information and the attribution of any internet sub-domain should meet certain conditions that protect public health, for example, by banning the illegal internet sales of medicines, preserving the confidentiality of patient information and enforcing consumer protection during the collection, storage, use and exchange of data online, it said. ■

Looking ahead

10 October: World Mental Health Day
http://www.who.int/mediacentre/events/annual/world_mental_health_day

13 October: World Sight Day http://www.who.int/mediacentre/events/annual/world_sight_day

31 October–3 November: Second Global Symposium on Health Systems Research entitled Inclusion and Innovation Towards Universal Health Coverage, Beijing, China <http://www.who.int/alliance-hpsr/hsr-symposium>

12 November: World Pneumonia Day
<http://www.worldpneumoniaday.org>

14 November: World Diabetes Day
http://www.who.int/mediacentre/events/annual/world_diabetes_day

16 November: World Chronic Obstructive Pulmonary Disease Day http://www.who.int/mediacentre/events/annual/world_copd_day

1 December: World AIDS Day <http://www.worldaidsday.org>

3 December: International Day of Persons with Disabilities http://www.who.int/mediacentre/events/annual/day_disabilities

10 December: Human Rights Day
http://www.who.int/mediacentre/events/annual/human_rights_day