

Public health round-up

Diabetes education in the Russian Federation



WHO/Victoria Ivleva

People with diabetes attend group classes at a hospital in the Russian city of Stavropol on how to manage their condition. World Diabetes Day, on 14 November, marks the end of a four-year International Diabetes Federation campaign to raise awareness about the disease and how to prevent it.

Getting health into the 2015 climate change agreement

World Health Organization (WHO) experts will join their colleagues from health and environment nongovernmental organizations at a Climate and Health Summit on 16 November to prepare their case for the strong inclusion of health in a global climate agreement.

The one-day summit in Warsaw, Poland, will take place in parallel with climate change talks in the city from 11–22 November, during which about 200 participating nations will work towards a new global agreement on greenhouse gas emissions to be signed in 2015.

“The UN Framework Convention on Climate Change (UNFCCC) process is taking more account of health and WHO is involved in operational mechanisms established to support countries

to mitigate and adapt to the negative consequences of climate change,” said Dr Diarmid Campbell-Lendrum, a scientist working with WHO’s Evidence and Policy in Emerging Environmental Health Issues unit.

Health is included in two key articles of the UNFCCC and WHO is working with the UNFCCC secretariat to provide support to countries in designing the health component of national plans for adapting to climate change, he explained. In addition, WHO closely follows the UNFCCC process to identify opportunities for health – a key sector for building resilience to climate change effects.

“Countries are beginning to heed our message that well planned action to reduce greenhouse gas emissions can also bring big health gains, most obviously through reducing air pollution,” Campbell-Lendrum said.

The climate change talks will consider the latest findings by the International Panel on Climate Change (IPCC), which has described different effects of climate change on human health in its reports since the early 1990s.

The IPCC’s latest findings – the first of three parts of the Fifth Assessment Report – released in September, added even more weight to already substantial evidence that climate change is happening and that people are causing it.

The second part of that report, to be released early next year, will consider more fully both the potentially negative effects of climate change on human health and the health co-benefits of various strategies for reducing carbon emissions, Campbell-Lendrum said.

<http://unfccc.int/2860.php>; <http://www.ipcc.ch/report/ar5/>

Cover photo

A community health worker visits the home of a sick patient in a rural area in Nepal, many kilometres from the nearest health clinic. This month's cover photo shows the importance of providing access to health care no matter where people live. It illustrates the theme of this month's issue: human resources for universal health coverage.



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GAVI to consider Chinese vaccine

The GAVI Alliance board meeting in Cambodia this month will consider providing financial support for a Chinese vaccine against Japanese encephalitis that was prequalified by WHO last month.

The vaccine, known as the Japanese encephalitis (live) vaccine, was added to WHO's list of prequalified medicines last month.

Prequalification gives health products a WHO stamp of approval in terms of safety and efficacy, so that United Nations agencies can buy them in bulk. The Japanese encephalitis vaccine is the first vaccine produced in China to be prequalified by WHO.

If the GAVI board meeting agrees to provide financial support, countries that are eligible for this support will be able to apply from 2014 and the United Nations Children's Fund will lead international procurement efforts for the vaccine.

Japanese encephalitis is an inflammation of the brain caused by infection with a mosquito-borne virus.

It is a major public health problem in parts of China, south-eastern region of the Russian Federation, as well as in south and south-east Asia. As there is no specific treatment for Japanese encephalitis, supportive care in a medical facility is important to reduce the risk of death or disability.

The disease can be prevented by vaccination. One dose of the vaccine is sufficient to confer protection and it can safely be administered to infants.

http://www.who.int/mediacentre/news/releases/2013/japanese_encephalitis_20131009

Plan to stop child TB deaths

WHO and its partners launched a new plan last month to prevent an estimated 74 000 child deaths from tuberculosis around the world.

The plan known as *The roadmap for childhood tuberculosis: towards zero deaths* hinges on closer collaboration and joint planning between tuberculosis control programmes, maternal and child health services, and HIV services.

It estimates that US\$ 120 million per year would be needed to prevent these deaths; one third of this sum would provide HIV antiretroviral therapy and preventive therapy (to prevent active TB disease) to children co-infected with tuberculosis and HIV.

The funds would also contribute towards improving paediatric case detection and developing better medicines for children.

WHO estimates that up to 1 in 10 tuberculosis cases globally (6–10% of all cases) are among children aged 15 years and less. But the real figure could be even higher because many children with tuberculosis are not detected due to difficulties in making the diagnosis.

Getting more paediatric health professionals to actively screen for TB with better and more rapid diagnostics will help capture the full scope of the epidemic and reach more children with life-saving treatment sooner. Getting new drug formulations for children and ultimately a new vaccine would save thousands of lives.

Implementation research and why we need it

WHO released a new guidebook last month on implementation research, the study of how best to apply public health innovations to develop interventions in the field.

According to *Implementation research in health: a practical guide* many effective treatments, diagnostics, vac-

cines and medical devices exist, but there is often little understanding of how to deliver those interventions in the real world.

The guide provides an introduction to basic concepts and language in implementation research. It briefly outlines what this field of study involves, and discusses the potential benefits it holds for public health practitioners.

It argues that implementation research should be an integral part of programme planning and execution and, as such, should be incorporated into programmes at the very start.

http://who.int/alliance-hpsr/alliancehpsr_irpguide.pdf

IARC cancer monograph wins accolade

Volume 100 of a series of monographs published by the International Agency for Research on Cancer (IARC) has been "highly commended" in the Public Health category of the 2013 British Medical Association Medical Book Awards.

The shortlisted work, *Review of human carcinogens*, is in itself a six-volume summary of all the carcinogens included in the 99 preceding volumes of the series, known as the IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, since 1971.

The IARC monographs identify environmental factors that can increase the risk of human cancer, including chemicals, occupational exposures, physical agents, biological agents and lifestyle factors. National health agencies can use this information as evidence for action to prevent exposure to potential carcinogens.

Commenting on Volume 100 of the IARC monographs, the judging panel said: "This is an important resource in that it defines the current state of evidence-based thinking on cancer-causing agents."

<http://monographs.iarc.fr> ■

Looking ahead

1 December – World AIDS Day
<http://www.who.int/campaigns/aids-day/2013/event>

3 December – International Day of Disabled Persons