

Public health round-up

Countries sign ban on illicit tobacco



WHO/Pierre Albouy

Dr Pakishe Aaron Motsoaledi, Minister of Health for South Africa, was the first official to sign a new United Nations treaty during a ceremony at WHO headquarters in Geneva on 10 January. The treaty, aimed at combating the illegal trade in tobacco, was also signed by representatives from China, France, Gabon, Libya, Myanmar, Nicaragua, Panama, the Republic of South Korea, the Syrian Arab Republic, Turkey and Uruguay. Adopted by the Parties to the WHO Framework Convention on Tobacco Control in November, the new international treaty becomes legally binding once 40 countries have signed it.

Yaws eradication

Next month international experts and WHO technical staff meet health officials from countries where yaws is endemic, to plot the first steps towards the eradication of the disease by 2020. Yaws is a skin disease that causes lesions and rashes and later pain. If untreated, yaws causes disfigurement and disability. It mainly affects children in the tropics.

The meeting, which is due to be held in Geneva from 20 to 22 March, aims to develop the criteria and procedures that will be needed to determine whether the infectious disease, caused by *Treponema pertenue* has been eradicated, i.e. wiped out globally.

Last year WHO launched a new strategy to eradicate yaws by the year 2020 as part of its 2012 strategy *Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation*.

The plan is to interrupt transmission of the bacterial disease in endemic countries by 2017 and, once the world has been yaws-free for three years, the final confirmation that the disease has been wiped out globally, known as certification, would follow in 2020. The only human disease to be eradicated so far is smallpox in the 1970s. If the new strategy is successful, yaws will become the first disease to be eradicated through the use of antibiotics.

This year, WHO will start coordinating the eradication efforts in selected endemic districts of six countries: Cameroon, Ghana, Indonesia, Papua New Guinea, the Solomon Islands and Vanuatu to gauge the feasibility of the new strategy.

The yaws eradication strategy was developed at a WHO-hosted meeting of experts last year, following the publication of new findings in *The Lancet* that a single dose of oral azithromycin, an antibiotic taken in tablet or syrup

form, is as effective in treating yaws as a single injection of benzathine penicillin, which has been the standard treatment until now.

These findings suggest that the operational difficulties of treating yaws by injecting antibiotics could be a thing of the past and pave the way for mass presumptive treatment.

“Under the new strategy, yaws programmes in endemic countries are advised to treat everyone with oral azithromycin in each affected community having an active case, regardless of the number of active cases found there,” said Dr Kingsley Asiedu, a medical officer at WHO. “During repeat surveys, it is recommended that all active clinical cases and their contacts be treated too.”

WHO and the United Nations Children’s Fund launched the Global Yaws Programme in 1952. It treated 300 million people in 50 countries and by the end of 1964 had reduced global prevalence of the disease by more than 95%. However, there were resurgences in the 1970s and, more recently, in 2006.

Health stats gathering

Top international health statisticians and other experts gather this month to discuss how to improve the production and use of estimates of population health.

The meeting follows a year during which estimates were released for many diseases and health conditions. For example, in December 2012 the Institute for Health Metrics and Evaluation (IHME) published the results of its 2010 global burden of disease study (GBD 2010) in a special issue of the *Lancet*.

Experts from WHO, which is hosting the health statistics meeting in Geneva, will be joined by their counterparts from other United Nations (UN) agencies as well as academics, donors and science journalists from around the world.

“At the meeting, experts will discuss how UN agencies and experts can best work together to improve data and estimates, and find ways to address differences,” said Colin Mathers, head of the Mortality and Burden of Disease unit at WHO.

Prescription opioids costs database

Buprenorphine, a medicine used to treat opioid dependence, is on average five to 10 times as expensive as methadone, used for the same purpose, according to the WHO Opioid Substitution Therapy and Morphine database.

"Opioids are not expensive medications but the costs of daily long-term opioid treatment for conditions such as opioid dependence and palliative care can add up," said Dr Nicolas Clark, a medical officer with the Management of Substance Abuse unit at WHO.

"There are also large discrepancies in the quoted costs," he said, noting that the cost quoted for methadone solution for one person for one year, for example, varies from a modest US\$ 28 to more than US\$ 34 000.

Buprenorphine and methadone block craving in people who illicitly inject opioids and, in turn, help to prevent HIV transmission, as buprenorphine is usually taken as a sub-lingual tablet and methadone in syrup form as part of standard opioid substitution therapy.

But not all countries where people inject opioids, such as heroin, offer substitution therapy to get them off the illicit drugs. The reasons are many, including restrictive regulations, lack of policies, limited knowledge about the sourcing and distributions of these medicines.

The WHO database was set up to help countries that would like to provide such treatment. It lists the prices of methadone and buprenorphine and other details about procuring them. It also provides information on who produces and distributes these medicines and about their import and export requirements. The database also provides details about morphine (another opioid) that is prescribed for pain relief.

The database was developed as part of WHO's work supporting universal access to HIV prevention, treatment and care services. It was established in 2006, a year after WHO added methadone and buprenorphine to the WHO Model List of Essential Medicines. <http://www.who.int/entity/hiv/amds/ControlledMedicineDatabase.xls>

"We want to look at how data sharing and transparency can be improved, what can be done to systematically assess and share new methods for widespread use of data and what can be done to reduce gaps in data and enhance capacity to produce and use estimates in countries," he said.

These gaps are particularly severe in low- and middle-income countries where mortality levels are highest. For example, 74 countries do not have reliable information on the causes of deaths while a further 38 have only poor quality data on these. These 112 countries represent some 65% of the world's population.

Stop the waste

A new campaign to stop food from being wasted around the world was launched last month by the Food and Agriculture Organization (FAO). FAO is inviting public and private partners to join its "Save Food Initiative", which was launched last month.

Roughly one third (1300 million tons) of the food produced in the world

for human consumption gets lost or wasted every year, according to the FAO. The United Nations agency estimates that industrialized and developing countries waste roughly the same quantities of food – 670 and 630 million tons respectively.

Loss and waste occur in all parts of the food supply chain. In low-income countries most loss occurs during production, whereas in developed countries much food – about 100 kg per person per year – is wasted at the consumption stage.

Novel coronavirus meeting

Officials from Jordan, Qatar and Saudi Arabia met WHO technical experts and experts from WHO collaborating centres last month to discuss the public health consequences of the novel coronavirus.

The meeting in the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 14–15 January aimed to help participants reach a better understanding of the epidemiology and natural history of infection with the

virus as well as to assess the global public health risk associated with its appearance last year.

To date, a total of nine laboratory confirmed cases of infection with the novel human coronavirus has been reported to WHO: five, including three deaths, from Saudi Arabia, two from Qatar and two fatal cases from Jordan.

The novel coronavirus first raised concerns in September 2012 when it caused severe respiratory disease in two patients from the WHO Region. The subsequent discovery of two clusters of cases, one in a family in Saudi Arabia and the second in a group of health-care workers in Jordan, prompted the need for a better understanding of the virus.

The potential of the virus to cause widespread serious consequences is unknown, as little is known about its epidemiology. Many questions about the source of the virus, its transmissibility and the clinical symptoms and signs of disease remain unanswered.

WHO has issued an interim case definition to allow doctors and other health-care workers to identify new cases.

Postpartum haemorrhage guideline

WHO released a new guideline on the prevention and treatment of postpartum haemorrhage, a potentially fatal complication of child birth. The guideline updates previous recommendations and adds new ones as well. http://www.who.int/maternal_child_adolescent/documents/postpartum_haemorrhage/en/ ■

Looking ahead

3 March: International Day for Ear and Hearing Care

8 March: International Women's Day

7 April: World Health Day. This year's theme is high blood pressure (hypertension)

22 March: World Water Day

24 March: World TB Day

24–30 April: World Immunization Week

20–28 May: 66th World Health Assembly

31 May: World No Tobacco Day. "Ban tobacco advertising, promotion and sponsorship"