

Public health round-up

Syrians in need



WHO

A mobile phone is used to provide light while a midwife attends to a newborn baby in Aleppo, the Syrian Arab Republic's second largest city. Its three functioning hospitals – one of which is shown here – are struggling to provide health-care services due to shortages in water and electricity, lack of medicines and medical supplies, and an increase in the number of patients. This photograph was taken in March 2013 during a United Nations mission (see article at: <http://dx.doi.org/10.2471/BLT.13.020613>).

Tough Russian anti-tobacco law comes into force

One of the world's toughest laws to stop smoking comes into force in the Russian Federation this month, a measure the government hopes will halve some 400 000 annual tobacco-related deaths in the country.

The law was signed in February by President Vladimir Putin. Both he and Prime Minister Dmitry Medvedev are non-smokers in this country of 141 million people, which has one of the highest smoking rates in the world. According to the World Health Organization (WHO), about 40% of the Russian population smokes.

"This tobacco control law is a major achievement of the Russian Federation since it ratified the WHO Framework Convention on Tobacco Control in 2008," said Dr Douglas Bettcher, director of the Department of Noncommunicable Diseases at WHO.

"The adoption of this national law is a significant step in combating the tobacco epidemic in the Russian Federation and it paves the way for other countries regionally and globally to take bold actions to reduce tobacco use and save lives," Bettcher said.

The first phase of the law is being introduced this month. From 1 June, smoking will be banned on local public transport, in bus and railway stations, in airports and administrative buildings as well as in schools, universities, colleges, hospitals and other health facilities. Sponsorship of events by tobacco firms will also be banned.

From 1 June next year (2014), in the second phase of the law, smoking will be banned on ships, long-distance trains, railway platforms, hotels, cafes and restaurants. At the same time, advertising displays of tobacco products will be banned in shops and other places selling tobacco products. Sales outlets for tobacco products will also be restricted, so that "kiosks" – makeshift shops set

up on pavements across the country selling anything from food products to alcoholic beverages – will no longer be allowed to sell tobacco products.

Deteriorating situation in Central African Republic

Health-care delivery in the capital of the Central African Republic, Bangui, and other parts of the country has been deteriorating since the coup d'état there on 24 March, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

According to OCHA, 3.2 million people in the sub-Saharan country of some 4.4 million people do not have access to health services. Water and sanitation services are poor, increasing the risk of infectious diseases.

The security situation in the country was volatile and unpredictable, with isolated cases of arbitrary killings, armed robberies, looting and kidnapping reported countrywide, OCHA said in its 9 May situation report.

The World Health Organization and its health partners are supporting health facilities in the country. WHO has also set up a committee with the health ministry, the United Nations Children's Fund (UNICEF) and nongovernmental organization, Merlin, to tackle an outbreak of measles in Bangui and in the western city of Bouar. Some 100 000 doses of measles vaccine have been ordered by UNICEF to immunize children aged between 6 months and 5 years.

Food security is also a priority for humanitarian agencies. "There is a remarkable decrease in food diversity and a reduction in food reserves ... some families have been obliged to consume stocks including planting seeds," OCHA said.

New app to track jobs

A new app code to help parents keep track of their children's vaccinations has been developed by WHO's Regional Office for Europe. An "app", or application, is a software programme that can be used on a range of digital devices to perform specific tasks.

With support from the Regional Office, national and regional health au-

Cover photo

Indoor spraying usually takes place just before the rainy season and chemicals are “rotated” to prevent malaria mosquitoes from becoming resistant. This month’s cover photo shows a home in a rural area of the Philippines being sprayed with insecticide.



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thorities can use the code to tailor and brand the app to their specific languages and immunization schedules quickly and at low cost, while the service will be free of charge for end-users.

Nine countries – Belgium, Denmark, Estonia, Hungary, Latvia, Luxembourg, Poland, the Republic of Moldova and Sweden have so far expressed interest in using the code.

Once the app has been developed by countries, parents will simply be able to download the app code onto a smartphone. The user can then enter information for the child, including age and existing medical conditions.

When the app is up and running, the user receives reminders when vaccinations are due. Once the child is vaccinated, the user checks it off on the app and the reminders stop. A record of the vaccination is kept on the smartphone.

“Parents often cite being too busy or simply forgetting as reasons for not getting their children vaccinated fully and at the right time,” said Robb Butler, the WHO technical officer who developed the app.

“The app is also useful because it provides direct links to immunization schedules and other online information resources,” Butler said.

Yellow fever guidance change

A single dose of yellow fever vaccine – without a booster – is sufficient to confer sustained immunity and life-long protection against yellow fever disease, accord-

ing to the Strategic Advisory Group of Experts (SAGE) on Immunization.

At its meeting in April, the expert group considered whether a booster dose of the vaccine was needed every 10 years, as currently recommended by WHO, and looked at the risk of serious adverse events following immunization in the elderly.

After reviewing the evidence, including two systematic reviews, the group concluded that a booster dose of yellow fever vaccine was not needed to maintain life-long immunity.

With regard to yellow fever vaccination in the elderly, the expert group noted that while the risk of yellow fever vaccine-associated viscerotropic disease in people aged over 60 years is higher than in younger groups, the overall risk is low.

It concluded that vaccination should be recommended based on a careful risk-benefit assessment, comparing the risk of acquiring yellow fever disease versus the risk of a potential serious adverse event following immunization in unvaccinated people aged 60 years and over for whom the vaccine is recommended.

The group called for further research to better quantify the risk for vaccine recipients in this age group who reside in or travel to a yellow fever endemic area. SAGE is the principal advisory group to WHO for vaccines and immunization.

Brazil meeting on HIV treatment access

The overall number of people accessing HIV treatment has increased in recent years, but countries are struggling to start and maintain more people on treatment.

This month, government officials and representatives from international organiza-

tions gather in the Brazilian capital, Brasilia, to find ways to improve access to HIV treatment in middle-income countries.

The meeting has several goals. One, to understand the challenges faced by middle-income countries with respect to access to HIV medicines, including pricing and the regulatory situations, and the role of intellectual property. Two, to identify specific policy options and mechanisms for these countries to address the challenges that have been identified; and three, to explore the role such countries can play in pharmaceutical innovation.

“There is ... a need for more innovation, in particular, in the development of new HIV medicines and treatment formulations. All these elements play an important role in the market dynamics that affect country responses to HIV,” said the meeting’s invitation to participants.

The Consultation on Access to HIV Drugs in Middle-Income Countries, as the meeting is known, is being organized by health organizations, UNAIDS, UNITAID and WHO in collaboration with the Medicines Patent Pool, the World Trade Organization and the World Intellectual Property Organization.

The Brazilian government is helping to organize the meeting and hosting it. The meeting takes place from 10 to 12 June. ■

Looking ahead

1–5 July 50th anniversary of the Codex Alimentarius for food safety and nutrition

28 July World Hepatitis Day

SAGE : request for nominations

The Strategic Advisory Group of Experts (SAGE) is the principal advisory group to WHO for vaccines and immunization. WHO is soliciting nominations for experts from the African, Eastern Mediterranean, European and Western Pacific regions.

Nominations should be submitted no later than 28 June 2013, following the instructions provided at: http://www.who.int/immunization/sage_nominations

SAGE : appel à candidatures

Le Groupe stratégique consultatif d'experts (SAGE) est le principal groupe consultatif de l'OMS pour les vaccins et la vaccination. L'OMS sollicite des candidatures d'experts provenant d'Afrique, d'Europe, de la Méditerranée orientale et de la Région du Pacifique occidental.

Les candidatures doivent être soumises au plus tard le 28 juin 2013, selon les instructions disponibles à l'adresse suivante : http://www.who.int/immunization/sage_nominations