Public health round-up

Mobilizing communities against Ebola

Social mobilization teams are working with local communities – in some cases facing resistance – to make them more aware of the risks of transmission of the disease through traditional burial practices, in which victims are washed and the bodies held close in mourning, and to improve their understanding of the disease. These women attended one such event in May in the southern town of Guéckédou in Guinea.

Ebola control centre

The World Health Organization (WHO) opened a Sub-regional Control Centre in Conakry, Guinea, to better coordinate the response to the outbreak of Ebola virus disease that has spread from Guinea to Liberia and Sierra Leone and is expected to last for months. The centre will coordinate the many international organizations and nongovernmental organizations providing technical support to the three countries, health officials said at a meeting of health ministers from 11 west African countries last month in Accra, Ghana.

Technical teams with staff from WHO and the Global Outbreak Alert and Response Network, including Médecins Sans Frontières and National Red Cross Societies, as well as United Nations partners, the United States Centers for Disease Control and Prevention and others, have been working with the national authorities to try to contain the outbreak, the largest to date, with 603 deaths and 964 cases since the first case was reported five months ago (as of 12 July).

“To contain the outbreak, teams working in the three countries must find and halt the chain of transmission of Ebola cases in each of the sites where cases have occurred,” said Dr Keiji Fukuda, Assistant Director-General for Health Security at WHO headquarters.

“This involves the field epidemiologists finding and confirming via laboratory tests any probable or suspected cases, and then tracing the close contacts of those persons over a period of 21 days to ensure they have not been infected,” Fukuda said.

Mobile laboratories have been vital to that response, so that cases can be quickly identified and clinical management experts have been training local doctors in how to treat patients to avoid infecting themselves in clinics. Canada, the European Union, Senegal and the United States of America and others are providing laboratory support.

Meanwhile, WHO and the affected countries have been ramping up their efforts to halt Ebola transmission and educate local residents. Logisticians have been delivering medicines and increasing quantities of personal protective equipment to health-care facilities.

Antimicrobial resistance

The World Health Organization opened an online consultation last month to invite the views of relevant organizations, institutions, networks, civil society bodies, national authorities and ministries on a global action plan to address antimicrobial resistance.

The global action plan is being developed by WHO following a resolution at the World Health Assembly in May. The consultation will be open until 1 September.

http://www.who.int/drugresistance/amr-consultation

Reviewing NCD progress

At a high-level meeting of the United Nations General Assembly to review progress since the 2011 Political Declaration on Noncommunicable Diseases (NCDs), countries reaffirmed their commitment acknowledging that progress had been slow and uneven.

“The three years ago we agreed that it is time to act,” UN Secretary-General Ban Ki-moon said in a message to the meeting held last month in New York. “The global epidemic of noncommunicable diseases is a major and growing challenge to development.”

In 2011, the international community agreed on global action led by WHO, including a Global action plan for the prevention and control of NCDs 2013–2020. By 2025 the plan aims to reduce the number of people who die prematurely from cancer, heart disease and stroke, diabetes and respiratory diseases by 25%. This will be done by addressing factors such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity that increase people’s risk of developing these diseases.

The United Nations is providing support to developing countries through an Interagency Task Force established by the Secretary-General. Civil society, academia and the private sector are also contributing to NCD prevention and control worldwide through a Global Coordination Mechanism, and achievements are measured by a set of joint indicators.

Last month, WHO released the Noncommunicable diseases country profiles 2014, which gives a detailed overview of the situation in its 194
WHO recommends that countries re-range of clinical recommendations, that started on 20 July. New HIV guidelines

WHO was asked to prepare a Framework for Country Action together with partners. The Organization was also asked to establish systems to register and publish contributions from the private sector, philanthropies and civil society towards the achievement of the nine voluntary targets of the global NCD action plan.

In 2018, the UN General Assembly will convene a third high-level meeting to progress.

http://www.who.int/nmh

**New HIV guidelines**

WHO has released a new set of guidelines outlining the steps that countries need to take to reduce the number of new HIV infections and make HIV testing, treatment and care available for five key population groups: men who have sex with men; prisoners; people who inject drugs; sex workers and transgender people.

The *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* was released last month ahead of the International AIDS Conference in Melbourne, Australia, that started on 20 July.

Alongside this comprehensive range of clinical recommendations, WHO recommends that countries remove the legal and social barriers that prevent many of these key populations from accessing HIV services.

For the first time, WHO is recommending that men who have sex with men consider taking antiretroviral medicines, if appropriate for them, in addition to using condoms to prevent them becoming infected with HIV, given the high rates in this group.

Global estimates show that the incidence of HIV infection in men who have sex with men could be reduced as much as 25% if they followed the new guidance, averting up to 1 million new infections over 10 years.

Studies show that women sex workers are 14 times more likely to have HIV infection than other women, men who have sex with men are 13 times more likely to have HIV than the general population, and transgender women are almost 50 times more likely to have HIV than other adults. For people who inject drugs, studies show the risks of HIV infection can be at least 20 times higher than the general population.

“No one of these people live in isolation,” says Dr Gottfried Hirnschall, Director of the HIV Department at WHO headquarters. “Sex workers and their clients have husbands, wives and partners. Some inject drugs. Many have children. Failure to provide services to the people who are at greatest risk of HIV jeopardizes further progress against the global epidemic and threatens the health and wellbeing of individuals, their families and the broader community.”

**TB elimination plan**

The World Health Organization and the European Respiratory Society launched an ambitious action plan to eliminate tuberculosis in countries and territories with a low incidence of tuberculosis by 2050.

Towards TB elimination in low-incidence countries: action framework sets out the steps that low-incidence countries can take to implement the post-2015 global strategy, which was approved at the World Health Assembly in May.

The idea is for the 33 countries and territories – and any others that achieve low incidence later – to take the plan and its accompanying set of targets as the basis for their national plans.

The plan aims to reduce the number of new cases to fewer than 10 per million people per year by 2035 and to achieve full elimination – i.e. less than 1 case per million people per year – in these countries by 2050.

It calls for action in eight priority areas to achieve these targets: funding and leadership; vulnerable groups; cross-border issues; screening and treatment for people in high-risk groups and outbreaks; prevention and care of multidrug-resistant tuberculosis; surveillance, monitoring and evaluation; research; and global tuberculosis control.

The plan and accompanying targets were developed with experts from countries with a low incidence of tuberculosis and discussed at a meeting of representatives from these countries in Rome, Italy, that was co-hosted by WHO and the European Respiratory Society in collaboration with the Italian Ministry of Health.

An estimated 155,000 people living in these 33 countries – 21 of which are in Europe – still become ill with tuberculosis every year, 10,000 of them die of the disease and millions more are infected and risk becoming ill. The people mainly affected by the disease in these countries are the homeless, migrants, prisoners, drug users, heavy drinkers and people with HIV infection.


**Looking ahead**

1 September–22 October – Annual meetings of WHO Regional Committees.

http://www.who.int/governance/calendar/2014

18–19 September – Conference on Global Strategies to Reduce Violence by 50% in the next 30 Years at King’s College, Cambridge, United Kingdom, organized by World Health Organization and the University of Cambridge. http://www-falcon.csx.cam.ac.uk/site/CRIMVRC/conference