ORS ranks among top 15 medical breakthroughs

Oral Rehydration Salts (ORS) solution has been recognized as one of the greatest medical breakthroughs of the past century and a half. In the lead-up to the vote, CAH, as the recognized champion for ORS, was asked to make the case for this simple and cheap intervention which has saved more than 50 million lives in the last 25 years. (see article http://www.bmj.com/cgi/content/full/334/suppl_1/s14).

Dr. Olivier Fontaine, CAH medical officer, said of the vote, "We hope that this recognition of ORS as one of the fifteen greatest medical breakthroughs will boost the visibility of this important intervention, and help us to revive and scale-up activities against diarrhoea – a disease which still kills millions of children each year."

The vote was the result of an online poll conducted by the BMJ. The journal asked readers to nominate the most important medical milestones since 1840. From a list of more than 70, a panel of editors and experts drew up a shortlist of the top 15 breakthroughs, which included Oral Rehydration Salts (ORS). Members of the public then selected the one they considered to be the most important, the final result of which was "sanitation".

Events

Informal Consultation on the Development of a Global Action Plan for Pneumonia
La Mainaz, Gex, France
5-7 March

CAH is organizing a meeting, jointly with IVB and UNICEF, to develop the Global Action Plan for Pneumonia (GAPP). The aim of the meeting is to launch a comprehensive review of the current status of pneumonia prevention and treatment in children under-five globally. Participants will develop an outline of the areas to be reviewed – from effectiveness of interventions to gaps in current knowledge and future priorities for the research agenda.

CAH Technical Steering Committee
WHO HQ, Geneva
13-15 March

CAH’s annual technical advisory meeting. The 18 member review panel, consisting of nine research and nine implementation experts, will discuss the past year’s activities and develop recommendations for the coming year.

CAH Regional Advisers Meeting
WHO HQ, Geneva
23-27 April

This annual meeting brings together CAH’s advisers from all six WHO regions. Over five days, the RAs and HQ staff will confirm and build on joint plans, share information, ideas and tools on priority actions at regional and country level. There are expected to be some joint sessions with MPS, whose RA meeting is being held during the same week.

Have your say:
What is your reaction to the result of the BMJ poll which named “sanitation” as the greatest medical breakthrough since 1840?
Send your comments to cah@who.int.
What is the HPV vaccine, and why are you, as an adolescent health expert, concerned with it?

Human papillomavirus (HPV) is the sexually transmitted infection (STI) which, years later, can potentially cause cervical cancer. There is now a vaccine, which is almost 100% effective in preventing the acquisition of infection by the types of HPV which cause approximately 70% of cervical cancers.

The vaccine is recommended for 11-12 year-old girls, and can be given to girls as young as 9. The vaccine can also be administered to 13-26 year-old girls/women to 'catch up' the population which did not receive the vaccine at the target age. Ideally, girls/women should be vaccinated in early adolescence, before they are sexually active, when HPV has not been acquired.

This seems like great news -- what is the problem?

Because the vaccine cannot prevent other STIs, such as HIV, or unwanted pregnancies there is a risk that adolescents will gain a false sense of security with regard to the protection offered by the HPV vaccine. Actually, adolescents in many countries are unprepared and unable to protect themselves from sexual and reproductive health problems. They often become sexually active at an age when they lack the knowledge necessary for avoiding STIs and unwanted pregnancies. A great number also lack access to the health products such as condoms and other contraceptives which they need to protect themselves, and to the health services they need to get back to good health if they fall ill, for example with an STI. Indeed, condoms remain the most effective tool for preventing HIV and many other STIs in addition to unwanted pregnancies, and it is crucial that clear messages are delivered to this effect.

Will this technology benefit women all around the world, or only those in the most developed countries?

Cervical cancer is the second most common cause of cancer deaths in women worldwide, and is a critical health issue in developing countries in particular. 80% of cases of cervical cancer are in developing countries, and 80% of cervical cancer deaths occur in those countries. However, the vaccine is currently quite expensive, at approximately $360 for a full course, so it is vital that it be made available at dramatically reduced prices in developing countries if women everywhere are to benefit.

Cost is not the only issue – even where important preventive or curative interventions, such as condoms or emergency contraception, are available free of charge, overcoming social and geographical barriers to reaching young people is a huge challenge, and one which needs greater attention, not only for the sake of preventing cervical cancer, but to ensure the overall health and well-being of adolescents everywhere.

HIV/AIDS and reproductive health of young people in South Asia - CAH workshop in Jaipur

CAH and UNFPA jointly ran a course on strengthening planning and management of programming for HIV/AIDS and Reproductive Health of young people in the South Asian region from 27 November to 8 December 2006 at the Institute of Health Management Research (IIHMR) in Jaipur, India.

Participants ranged from WHO and UNFPA Regional staff to national, state and district level programme managers in Ministries of Health, and heads of large NGOs involved in reproductive health/HIV work directed at young people. The aim of the two-week course was to orient and build the participants’ competencies needed for:

- developing sound plans for the health sector's contribution to effectively addressing reproductive health and HIV/AIDS in young people (or to appropriately modify existing ones)
- effectively manage the implementation and monitoring of the plans.

Aarti Joshi, a participant in the workshop said: "The course was very enriching, informative and relevant to my work. I now feel better equipped with the knowledge and skills for designing and delivering efficient, equitable and financially sustainable HIV/AIDS and SRH interventions for young people, including adolescents."
Interagency Consensus on HIV and infant feeding

An intense three days of technical consultations organized by CAH on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants* has resulted in a consensus statement which includes the following key recommendations:

- The most appropriate infant feeding option for an HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

Among the new evidence presented was:

- Exclusive breastfeeding for up to six months was associated with a three to four fold decreased risk of transmission of HIV compared to non-exclusive breastfeeding in three large cohort studies conducted in Côte d’Ivoire, South Africa and Zimbabwe.
- Improved adherence and longer duration of exclusive breastfeeding up to 6 months were achieved in HIV-infected and HIV-uninfected mothers when they were provided with consistent messages and frequent, high quality counselling in South Africa, Zambia and Zimbabwe.

For the complete consensus statement: (http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/consensus_statement.pdf) The full report will be available shortly.

* CAH, five other WHO headquarters departments (NHD, HIV/AIDS, RHR, MPS, and FOS), the WHO Regional Office for Africa, and representatives of UNFPA, UNICEF and UNAIDS.

Recent publications

Pneumonia: the forgotten killer of children

Pneumonia kills more children than any other illness - more than aids, malaria and measles combined. Over 2 million children die from pneumonia each year, accounting for almost 1 in 5 under five deaths worldwide. Yet, little attention is paid to this disease. This joint UNICEF/WHO report examines the epidemiological evidence on the burden and distribution of pneumonia and assesses current levels of treatment and prevention. It is a call to action to reduce pneumonia mortality, a key step towards the achievement of the millennium development goal on child mortality.


Married adolescents: no place of safety

100 million girls will marry before their 18th birthday over the next ten years. As a result of early marriage, many adolescent girls are having unsafe sex within marriage, with an older and sexually experienced man who may be infected with a sexually transmitted infection, or HIV. In many countries, the time gap between getting married and having a first baby is declining. Married Adolescents: No Place of Safety explores how health services for married women and for adolescents fail to reach married adolescents, who are often almost invisible. The document also describes programmes around the world that seek to reach married adolescents with health services, and programmes that are designed to delay marriage.


CHERG priorities for 2007

The Child Health Epidemiology Reference Group (CHERG) is a panel of external experts who provide guidance to WHO on technical matters related to the epidemiology of children under five. CHERG has successfully developed global, regional, and country-specific estimates of causes of death among under-fives, which have been agreed upon within and outside WHO. At its meeting on 12-13 December, CHERG outlined its aims for 2007.

Pneumonia working group:

- Update mortality estimates.
- Publish estimates of the incidence of pneumonia by region and country, and consider performing trend analyses.
- Further develop estimates on the distribution of etiological agents for pneumonia mortality.
- Contribute to the development of a new model to measure the impact of ARI interventions.

Diarrhoea mortality working group:

- Publish global, regional, and country-specific diarrhoea mortality estimates and rotavirus estimates.
- Consider performing trend analyses for diarrhoea mortality.
- Contribute to the development of a new model to measure the impact of interventions for diarrhoeal disease and mortality.

Diarrhoea morbidity working group:

- Complete estimates of morbidity and mortality according to different etiological agents.

Neonatal working group:

- Update the neonatal multi-cause model for mortality estimates.
- Further disaggregate the category of “severe infections”.
- Link with other groups developing estimates of congenital malformations.
- Determine the timing of neonatal deaths by cause.
- Contribute to the development of a new model to measure the impact of neonatal interventions.
Hospital care is neither available nor accessible, severely ill children will continue to die.

Until recently, relatively little international attention was paid to this issue, perhaps because many children in developing countries die before reaching hospital, or due to concern that promoting hospitals might detract from primary care. With the recent publication by CAH of the "Pocket Book of Hospital Care for Children" and increasing recognition that improved hospital care can lead to substantial falls in mortality, there is growing attention to this issue. The Pocketbook is an extension of IMCI, bringing these principles to the setting of a hospital of first-referral level, and focusing on the in-patient care of children seriously ill enough to be referred by IMCI primary care guidelines.

CAH has been working with its partners to promote the improvement of hospital care in developing countries as an essential component of the IMCI strategy. Through this work, a great deal of experience has been gained and many useful materials and training courses developed. WHO organized a global meeting in January 2007 in Bali, Indonesia which brought together more than 60 participants representing 25 countries to review progress and discuss the next steps for improving the quality of hospital care for children. A framework for hospital improvement was discussed and endorsed, which outlines simple steps for assessing the situation, involving partners and stakeholders, and setting up a quality improvement process. The Pocketbook provides a statement of clinical standards to be achieved and so a focus for these activities.

The time is now right for more attention and support to be given to action to improve hospital care for children. Improving hospital systems that deliver care for children will have an impact more widely on other hospital services, support first level IMCI services and strengthen links with local communities which should result in better utilization of health services at all levels.

Professor Campbell is currently Head of Public Health Sciences, University of Edinburgh. He worked as a paediatrician in developing countries, including in the Solomon Islands and the Gambia. He was a medical officer, WHO CAH, Geneva in the early 1990s when the CDD and ARI programmes merged and IMCI began to be developed. He worked with Dr Martin Weber to guide the development of the WHO pocketbook of hospital care for sick children and is a long term adviser to WHO.

More than 200 million children affected by poor development: CAH helps unearth the scale of the Early Child Development problem in a new Lancet Series

During January 2007 The Lancet published a three-paper series on "Child development in developing countries" with input from 21 authors representing a range of disciplines and regions. Meena Cabral de Mello, Scientific Officer with CAH, co-authored the third article on "Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world".

The series sheds light on new information demonstrating the urgent need to scale-up activities to improve health and development in the early years. For the first time, an estimate was published quantifying the scale of the problem – more than 200 million children under the age of five in developing countries are affected by poor development. Furthermore, the series demonstrates how this contributes to a life trajectory of poor health, learning, productivity, and behaviour.

Dr Liz Mason, Director of CAH, gave a presentation at the Institute of Child Health at University College London on 25 January to launch the Lancet series: “While there is increasing recognition of the early years as important for development, decision-makers may not be fully aware of the findings of recent research on brain development from conception through the first years, and the implications of poor early development. Although many countries are improving access to education, it is unlikely that returns on this investment will be met if children go to school with poor developmental levels. So it is imperative that the information contained in these 3 papers reaches decision-makers.”

Send your comments, suggestions and questions to cah@who.int