**November 2012**

*e-Pharmalink* is an electronic newsletter of the Ecumenical Pharmaceutical Network (EPN), an independent, non-profit Christian organization, whose mission is to support churches and church health systems provide and promote just and compassionate quality pharmaceutical services through networking, access to medicines and treatment literacy programmes.

This newsletter aims at providing health professionals with current information that could support them in their efforts to provide effective and efficient services. It is a summary of news reported by a wide range of publications or organizations and includes web links to the original sources. Subscription to this newsletter is free and open to all interested parties.

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**NEWS**

**Vaccines**

**Number of deaths avoidable by rotavirus vaccine in India**

Diarrhoeal diseases are a major cause of hospitalizations and child deaths globally. Together they account for approximately one in six deaths among children younger than five years. Of India’s more than 2.3 million annual deaths among children, about 334 000 are attributable to diarrhoeal diseases. Two rotavirus vaccines have been shown to be effective against rotavirus and have been licensed in more than 100 countries, including India. There is considerable controversy in India regarding the introduction of rotavirus vaccines, especially because of uncertainty surrounding the estimates of deaths and hospitalizations caused by rotavirus and because of the current cost of the vaccines. This study presents new estimates of the frequency and number of diarrhoeal deaths attributable to rotavirus among Indian children younger than 5 years. The study concludes that roughly 1 child in 242 will die from rotavirus infection by the age
of 5 years. The first year of life was the period of highest risk for death due to rotavirus infection, a finding that underscores the need for on-time vaccination.

http://www.who.int/bulletin/volumes/90/10/12-101873/en/index.html

Non-communicable diseases

Long-term effect of aspirin on colorectal cancer incidence and mortality
Colorectal cancer is the fourth highest cancer cause of death in the world. High-dose aspirin (≥500 mg daily) reduces long-term incidence of colorectal cancer, but adverse effects might limit its potential for long-term prevention. The long-term effectiveness of lower doses (75-300 mg daily) is unknown. A study published in *The Lancet* established the effect of aspirin on risk of colorectal cancer over 20 years during and after the trials by analysis of pooled individual patient data. Aspirin taken for several years at doses of at least 75 mg daily was shown to reduce long-term incidence and mortality due to colorectal cancer. Benefit was greatest for cancers of the proximal colon, which are not otherwise prevented effectively by screening with sigmoidoscopy or colonoscopy.

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(10)61543-7/abstract

Effect of physical inactivity on major non-communicable diseases worldwide
Strong evidence shows that physical inactivity increases the risk of many adverse health conditions, including major non-communicable diseases such as coronary heart disease, type 2 diabetes, and breast and colon cancers, and shortens life expectancy. A study published in *The Lancet* aimed to quantify the effect of physical inactivity on these major non-communicable diseases by estimating how much disease could be averted if inactive people were to become active, and to estimate gain in life expectancy at the population level. For this analysis of burden of disease, the researchers calculated population attributable fractions (PAFs) associated with physical inactivity using conservative assumptions for each of the major non-communicable diseases, by country. The study states that if inactivity were not eliminated, but decreased instead by 10% or 25%, more than 533,000 and more than 1.3 million deaths, respectively, could be averted every year. Elimination of physical inactivity would increase the life expectancy of the world's population by 0.68 (range 0.41—0.95) years.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61031-9/abstract

Socioeconomic inequality in the prevalence of non-communicable diseases
Non-communicable diseases (NCD) are an increasing health concern worldwide, but particularly in low- and middle-income countries. This study quantified and compared education- and wealth-based inequalities in the prevalence of five NCDs (angina, arthritis, asthma, depression and diabetes) and comorbidity in low- and middle-income country groups. The authors used 2002–04 World Health Survey data from 41 low- and middle-income countries. Wealth and education inequalities were more pronounced in the low-income country group than the middle-income country group. Both wealth and education were inversely associated with the NCD and comorbidity prevalence, with strongest inequalities reported for angina, asthma and comorbidity. Diabetes prevalence was positively associated with wealth and, to a lesser extent, education. NCDs are not necessarily diseases of the wealthy, and showed unequal distribution across socioeconomic groups in low- and middle-income country groups.

http://www.biomedcentral.com/content/pdf/1471-2458-12-474.pdf
Hypertension in developing countries

More than 80% of the world population lives in developing countries, where most of the worldwide burden of hypertension occurs. By 2025, almost three-quarters of people with hypertension will be living in developing countries. As late as 1940, hypertension was almost non-existent in non-developed populations. Prevalence of hypertension varies between and within developing regions. This article in *The Lancet* gives a good overview of a large amount of factors which contribute to the current status and increase for hypertension. The article also highlights that essential medicines are key for the treatment and more awareness should lead to an improvement of procurement and access to hypertension lowering medicines. The table below shows the prevalence of hypertension in several developing countries.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Hypertension Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low (&lt;10%)</td>
<td>Bangladesh (rural); Cameroon (rural); Ethiopia (rural); India (rural); Iran (rural); Nigeria (rural); Sudan</td>
</tr>
<tr>
<td>Low (&lt;20%)</td>
<td>Cameroon (urban); Congo (urban); Democratic Republic of the Congo; Eritrea; Ethiopia; north India (rural); Iran; Liberia; Nepal; Nigeria (urban)</td>
</tr>
<tr>
<td>Intermediate (20–30%)</td>
<td>China; Costa Rica; Cuba; Egypt; Ethiopia (urban); Ghana; Jamaica; Pakistan; Senegal; South Africa; Thailand; The Gambia; Turkey; Uganda (rural); Vietnam</td>
</tr>
<tr>
<td>High (&gt;30%)</td>
<td>Algeria; Brazil; Chile; Ecuador; Ghana (urban); north India (urban); Mexico; Mozambique; Tanzania; Zimbabwe</td>
</tr>
<tr>
<td>Very high (&gt;40%)</td>
<td>Burkina Faso; Paraguay; Seychelles; Venezuela</td>
</tr>
</tbody>
</table>

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60861-7/abstract

Malaria

Insecticide-treated durable wall lining for malaria control in Angola and Nigeria

The two principal methods of malaria vector control, advocated by the World Health Organization (WHO), are indoor residual spraying (IRS) and long-lasting insecticidal nets (LLINs). Long-lasting durable lining (DL) fixed to walls and/or ceilings indoors could overcome some of the logistical constraints associated with repeated rounds of spraying. Durable lining (DL) is a deltamethrin-impregnated polyethylene material, which is designed to cover domestic walls. Preliminary trials were undertaken in Angola and Nigeria, to assess its level of acceptability among rural and urban populations. The study concludes that the high level of acceptability among rural inhabitants in Nigeria identifies these communities as the ideal target consumer group for durable wall linings. The poorer compliance among urban households suggests that wall linings would not be readily adopted or sustained in these areas. If DL is as well received in other rural areas, it has the potential to become a long-lasting alternative to IRS in malaria endemic areas.

http://www.malariajournal.com/content/pdf/1475-2875-11-332.pdf

Understanding the non-use of long-lasting impregnated nets in Niger

In Niger, malaria is the leading cause of mortality and morbidity among pregnant women and children under 5 years. To decrease these rates, the country initiated a prevention policy of free distribution of long-lasting impregnated nets (LLINs). However, improved physical access to this preventive tool has not led to its regular use in households. A nationally representative quantitative and qualitative survey sought to document the reasons for non-use. The results show that the possession of a LLIN is quite low and confirm the low utilization rate, with significant differences by region. Cultural beliefs are not the main barriers to the use of LLINs in
Niger. Knowledge and social, technical, environmental and economic dimensions were all more decisive. These results suggest that while improving awareness and communication is important for changing behaviour, it cannot alone remove certain socioeconomic barriers and improve LLIN use.

http://www.jle.com/en/revues/medecine/mst/e-docs/00/04/7D/84/resume.phtml

**TB, HIV and AIDS**

**Unexpected high levels of multidrug-resistant tuberculosis present new challenges for tuberculosis control**

In *The Lancet*, Tracy Dalton and colleagues report data on the prevalence of, and risk factors for resistance to second-line drugs in 1,278 patients with MDR tuberculosis from Estonia, Latvia, Peru, the Philippines, Russia, South Africa, South Korea and Thailand. The prospective cohort study found that nearly half of patients with multidrug-resistant (MDR) pulmonary tuberculosis have resistance to second-line drugs used to treat this disease. 44% of the patients had resistance to at least 1 second-line drug, with the value ranging from 33% in Thailand to 62% in Latvia. The strongest risk factor for resistance to second-line drugs was previous treatment with these drugs (more than quadrupling the risk of XDR disease). Other factors consistently associated with an elevated risk of resistance to second-line injectable drugs across countries included unemployment, alcohol abuse, and smoking. The researchers state that the "country-specific results can be extrapolated to guide in-country policy for laboratory capacity and for designing effective treatment recommendations for MDR TB."


**Switching to Tenofovir in ART regimen suppresses Hepatitis B in HIV/HBV coinfect**

HIV/HBV coinfect people who substituted tenofovir DF (Viread) for zidovudine (AZT; Retrovir) or abacavir (Ziagen) in their antiretroviral regimen saw a reduction in hepatitis B viral load, despite HBV resistance to lamivudine (3TC; Epivir), according to a poster presentation at the 52nd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in September in San Francisco. Kuan-Yeh Lee, MD, and colleagues from the National Taiwan University Hospital in Taipei prospectively evaluated clinical and virological responses to combination antiretroviral therapy (ART) when HIV/HBV coinfect patients switched from zidovudine or abacavir - neither of which have anti-HBV activity - to tenofovir. After 48 weeks of follow-up, switching to tenofovir/lamivudine in HIV/HBV coinfect patients with HBV resistance to lamivudine "was highly effective in achieving suppression of HBV replication," the researchers concluded.


**HIV treatment during pregnancy**

Starting HIV treatment during pregnancy may increase the risk of having a pre-term delivery, a small baby and stillbirth, a study conducted in Botswana shows. Researchers looked at the outcomes of pregnancy for 33,000 women, making this the largest-ever study examining the safety of HIV treatment during pregnancy. The researchers in this study found that taking combination treatment increased the risk of adverse birth outcomes by between 40 and 80%.
Taking AZT monotherapy was also associated with an increased risk of complications, but to a lesser degree. However, the researchers stress that caution is needed when interpreting their results. For instance, many of the women were ill with malaria or tuberculosis (TB), and this is likely to have affected birth outcomes. They also say that premature delivery or low birth weight doesn’t necessarily result in longer-term problems, particularly in countries with the resources to care for these babies.


Zimbabwe nurses step up to initiate HIV treatment
Faced with the ambitious target of reaching 85 percent of people in need of HIV treatment by the end of 2012, the Zimbabwean government has announced that nurses will be trained to prescribe and manage antiretroviral (ARV) drug treatment. Experts welcomed the move but warned that nurses would have to be adequately prepared and supported to take on the additional duties. Previously, nurses were allowed only to administer the drugs after a doctor had prescribed them. Now, changes made in the job descriptions of nurses by the Nurses' Council of Zimbabwe will see them prescribing the medication.


HIV-stigma still lingers in Uganda
Ugandans have grown familiar with HIV over the past three decades, but new research suggests that many are still scandalized by it. According to the 2011 National AIDS Indicator Survey, released on 18 September, many people still attach shame and blame to people living with the virus. Although the population-based survey showed that 93 percent of men and 92 percent of women are willing to care for a family member with HIV, some 21.6 percent of men and 16.8 percent of women felt people living with HIV should be ashamed of themselves, while 22 percent of men and 18.3 percent of women agreed that those with HIV should be blamed for bringing the disease to the community. Ugandan Reverend Gideon Byamugisha Baguma is one of the few religious leaders to have defied stigma and disclosed his HIV-positive status.


Pain and worry common problems for HIV-patients receiving palliative care in Africa
Previous research has shown that palliative care is effective in the management of multiple problems in people with HIV, including pain, symptoms and anxiety. However, this research has been conducted in richer countries and little is known about the palliative care needs of people with HIV in sub-Saharan Africa. An international team of investigators therefore undertook a study involving 230 participants, who were provided with palliative care by five centres in South Africa and Uganda. The most severe problems reported by participants were pain, worry, symptoms and lack of information to plan for the future (mean scores = 1.82, 1.87, 2.11 and 2.11 respectively). Several problems were worse for people receiving their care at home.

RESOURCES

Tools

PDQ-Evidence database on high quality health system and public health evidence
The objective of PDQ-Evidence is to make relevant high quality research easy to find for anyone with a health system question. It is a non-commercial database, developed by health system researchers, designers and programmers from three continents. It includes systematic reviews, overviews of reviews (including evidence-based policy briefs), primary studies included in systematic reviews and structured summaries of that evidence. The linking together of systematic reviews, overviews of reviews and primary studies, thus providing a highly efficient method for searching, is a unique feature of PDQ-Evidence. In addition, it includes translations of the titles and abstracts of included records to facilitate searching in different languages and it is continually updated by searching multiple sources of systematic reviews and overviews of reviews.
http://www.pdq-evidence.org/

Open source tool to cost interventions for health worker retention
iHRIS Retain, is a new open source tool by CapacityPlus, developed with the World Health Organization (WHO - Department for Health Systems Policies and Workforce), to cost health worker retention interventions. iHRIS Retain is based on the WHO's 2010 global policy recommendations, which offer guidance on different interventions to increase access to health workers in remote and rural areas through improved retention. The software guides users through the costing process step by step, inputting necessary data, calculating the costs of interventions, and comparing costs of various retention packages to available funding. The resulting information can then be used to develop retention strategies at the district, regional, or national level. iHRIS Retain is designed for health facility managers and other health officials.
http://retain.ihris.org/retain

Update of mSupply pharmaceutical inventory management software
Version 3.11 of mSupply pharmaceutical inventory management software is now available. mSupply remains free for use in single-user mode for all users. mSupply now integrates with Frontline SMS to receive stock on hand reports which it uses to calculate customer usage and generate new issues. Also new are Patient Medication Records: in dispensary mode, it is possible to store and produce printed medication information sheets for a patient that include drug use.
http://www.msupply.org.nz

Publications

Global tuberculosis report 2012
This is the 17th global report on tuberculosis (TB) published by WHO in a series that started in 1997. It provides a comprehensive and up-to-date assessment of the TB epidemic and progress in implementing and financing TB prevention, care and control at global, regional and country
levels. The report uses data reported by 204 countries and territories that account for over 99% of the world’s TB cases.


**WHO Pharmaceuticals Newsletter**

The aim of this Newsletter is to disseminate information on the safety and efficacy of pharmaceutical products, based on information received from the WHO network of "drug information officers" and other sources such as specialized bulletins and journals. The newsletter is available in English only. Number 5, November 2012, focuses on Quality Assurance and Safety.


**Five keys to improving research costing in low- and middle-income countries**

Research costing has been highlighted as a major challenge for institutions in low- to medium-income countries (LMICs) that are seeking to develop and maintain sustainable research environments. This is a good practice document on research costing. It includes a review of the funding practices related to the definition and funding of direct and indirect costs. The report was developed by members of ESSENCE on Health Research (TDR supports the secretariat) and the research institutions they support. It provides information that will help all parties to better understand the challenges and requirements of research costing; develop appropriate mechanisms for costing future research accurately and sustainably; and act as a channel for further engagement between funders and institutions.


**Media and HIV/AIDS reporting in Kenya**

The media is a very powerful tool in the formation of opinion in any society. Although HIV/AIDS has a history of three decades, reporting in the media has not significantly changed. A sensational kind of reporting with an approach of “bad news is good news” is observed. In recognition of the media’s power, the Friedrich Ebert Stiftung and Coalition of Media Health Professionals have developed a guide for Kenya journalists on reporting on HIV and AIDS. This publication seeks to balance the right of the public to information and the right of privacy of the individual. Media can clearly contribute in educating those who are HIV-negative to take care of their health and to avoid contracting the virus, while at the same time learning to live with friends, relatives and neighbours who are positive. Likewise, the media can help those who are HIV-positive to live better with this condition and to get the best out of life. All this depends on how journalists address the task of reporting and writing on HIV and AIDS.

http://library.fes.de/pdf-files/bueros/kenia/01699content.pdf

**Meetings and training opportunities**

**Short Course on Managing Inventory in Supply Chain**

i+solutions will be facilitating a short course on Managing Inventory in Supply Chain (English version) in the Netherlands from December 2nd to 7th 2012. The course fee is 2,800 Euro, including accommodation and meals during the course period. This course is particularly designed for Inventory managers, Inventory controllers, Logistics manager, Supply Chain
managers, Warehouse managers, Purchasing/Procurement managers in public health sector. Registration Deadline: 11 November.


Course on promoting rational use of drugs in the community
The above course is organized by the Institute of Health Management Research, Jaipur, India, from February 25th to March 5th, 2013. This is a ground-breaking and very successful course developed by WHO to meet the requests from many individuals and organizations, and to respond to a clear need for more effective planning, research and implementation of rational medicines use practices in the community. It is a condensed version adopted from the official two weeks WHO course on ‘Promoting Rational Drug Use in the Community’ being organized for the 10th time. There will also be a focus on rational use of antibiotics and prevention of antimicrobial resistance. The course will be conducted in English. The fee of US$ 1200 covers shared accommodation, tuition, course materials, field visit, pickup, and three meals a day.
Interested candidates may contact: Jawahar S. Bapna, prudc.india@gmail.com

CUD scholarship opportunity to pursue international courses in Belgium
The CUD (Cutting-edge International Trainings and Courses for Development) is currently seeking applications for the 2013-2014 Scholarship Programme aimed at offering support to candidates from selected developing countries to pursue international courses and trainings such as the European Master in Public Health – Guidance Health and Development, Master in Public Health Methodology etc and courses like Internship in Management Systems Health Services. Only applicants originating in developing countries, qualify for selection. To be eligible, candidates must reside and work in their country at the time of the introduction of the file. Some of these courses and trainings are in French and candidates should be familiar with the language before applying for them. The application form and the admission form can be downloaded from the CUD website. Last date for receiving the applications is 13 February 2013.

http://www.cud.be/content/view/339/208/lang,/

Ecumenical Pharmaceutical Network (EPN) is a Christian, not for profit, independent organization committed to the provision of quality pharmaceutical services as a means to achieving global goals and targets on health and access to medicines. This is a newsletter from EPN. To unsubscribe, please send an e-mail to communications@epnetwork.org

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