NEWS AND EVENTS

IMPROVING THE HEALTH OF WOMEN IN THE AFRICAN REGION

"What brings us here today are some sobering statistics. The fact that maternal mortality in sub-Saharan African is the highest in the world, estimated at 900 per 100 000 live births ... that one out of 26 women in sub-Saharan Africa is still at risk of dying during childbirth, or becoming infertile as a result of it."

These soul-stirring words came from Liberian president, Ellen Johnson-Sirleaf, at the launch of the Commission on Women's Health in the African Region which took place on 14 April at the city hall in Monrovia, Liberia's capital. "In my own country", President Johnson-Sirleaf continued, "the maternal mortality rate stands at close to 1 in every 100 live births".

Instructively, she described the data contained in her introductory remarks as "shameful numbers", not a surprising observation considering that in the developed world, one woman in every 7 300 is at risk of during childbirth.

The launch was attended by the Special Representative of the United Nations Secretary-General in Liberia, Ellen Loj, who described as "sobering" the 2009 Millennium Development Goals report which indicated that approximately half a million women and girls died as a result of complications during pregnancy, childbirth or die in the six weeks following delivery.

Elsewhere in her speech, the Liberian leader persistently stressed the need to "tackle this preventable tragedy among African women". She also very clearly articulated her ideas on what needs to be done: to advocate for women's health; to empower and scale up services for women; to mobilize increased resources to address women's health and, generally, to provide all-round support for the work of the Commission.

The concerns raised by President Johnson-Sirleaf are, in themselves, more than enough justification to establish the Commission which was put in the place in 2009 by the WHO Regional Director for Africa, Dr Luis Gomes Sambo, at the urging of the Health Ministers of the 46 countries which constitute the WHO African Region.

The Commission's principal brief therefore is to collect information on the key factors influencing the current state of women's health in Africa and make appropriate recommendations.

The 17-member multi-disciplinary body is made up of top-notch politicians including parliamentarians, representatives of the African Union, and leading physicians, sociologists, economists, obstetricians, gynaecologists and researchers. President Johnson-Sirleaf is the Honorary Chair of the Commission.

Speaking at the launch of the Commission, Dr Sambo called for urgent and appropriate actions to deal with issues affecting women's health, such as physical, sexual and psychological violence, low economic status, early marriage of young girls, and female genital mutilation – all of which are common currency in some African societies.

He maintained that "Women's role in society goes far beyond child-bearing and includes other dimensions. Women need to be in good health and be given the opportunity to unleash their potential for social and economic prosperity". He also pointed out that the health sector had a specific responsibility to provide quality health care that responds to specific women's health needs along the life cycle, including safe pregnancy. "These endeavours require strong leadership, multidisciplinary thinking and multi-sectoral actions at all levels including communities, families and individuals' he said.

In her remarks at the launch, the Special Representative of the UN Secretary-General exhorted the Commission to work with WHO and its Member States in order to lay a strong foundation for fostering a comprehensive medical care programme with a focus on sexual and reproductive health. "Such a programme will help address most of women's health care needs and hopefully will reduce maternal deaths in the Region", she said.

She added that she looked forward to the Commission realizing its full potential and hoped that, through its work, good health and equitable health care will become a reality for African women.

The Minister of Health of Rwanda and current Chairman of the WHO Regional Committee for Africa, Dr Richard Sezibera, stated that: **"***Women's access to health must be a critical component of Africa's development agenda. In countries in sub-Saharan Africa, too many women die while giving life. And most of the causes of these deaths and preventable with concerted political action and smart interventions***"**.

The expectation is that, as Dr Sambo said, the Commission will facilitate the identification of key problems; address their political, economic and social dimensions and tackle the clinical and public health aspects related to healthcare delivery.

In carrying out this important assignment, President Johnson-Sirleaf and her Commission need the support of all Africans and friends of Africa.

NIGERIA INCHES DECISIVELY TOWARDS GUINEA WORM ELIMINATION

"Interruption of dracunculiasis (commonly known as guinea worm disease) – appears to have occurred in Nigeria" a team of independent international expert evaluators said in a report issued in February in Abuja, the Nigerian capital.

The report was authored by a team which had just concluded an evaluation of the Nigerian Guinea Worm Eradication Programme (NIGEP), at the request of the Nigerian Federal Government.

The 13-member team of evaluators comprised seven international evaluators including from the US Centers for Disease Control, UNICEF and WHO, complemented by six national experts on guinea worm disease (GWD).

Following the last reported indigenous guinea worm case in November 2008, the Nigerian Government requested WHO to carry out an evaluation.

The objectives of the evaluation were to:

- confirm interruption of local transmission of GWD in Nigeria;
- assess the quality and extent of integrated GWD surveillance within the national disease surveillance and response system;
- assess the capacity of affected communities and the surveillance system in place to detect and contain any case, if it occurred;
- assess the quality and extent of documentation of all pre-certification activities;
- evaluate safe water supply coverage in the target areas and other villages at risk;
- formulate relevant recommendations to improve pre-certification activities.

After an in-depth review of NIGEP's strategies and progress as reported by the Programme's coordinator, the evaluators broke up into seven teams which visited 15 of the country's 36 states, 40 Local Government Areas (LGAs) and 136 villages.

Out of the 50 villages identified by NIGEP as being at-risk and under active surveillance, fifteen of the villages were selected for visits. Field reviews were carried out using standardized questionnaires, and review of records and reports. Based on the assessment, the evaluation team reached five conclusions:

1. Although active searches and interviews in the selected villages suggested that no confirmed GWD cases were recorded in 2009, the team came across rumours (not reported or investigated) that in that year GWD occurred in villages not under active surveillance in four LGAs in three States. While the possibility of missed cases in the previous 12–24 months needed to be ruled out in such foci, NIGEP, in collaboration with the Integrated Disease Surveillance and Response (IDSR) officials needed to strengthen ongoing nation-wide surveillance to confirm the absence of transmission.

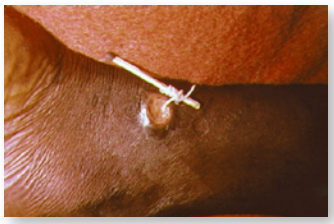
2. The sensitivity of the current IDSR system was not considered satisfactory for the detection and containment of GWD especially in villages which were not formally endemic.

3. Among the general public awareness of the reward for reporting GWD cases, was low and the response mechanism to rumours was deficient. In formerly endemic villages, GWD surveillance was satisfactory, and communities, village volunteers and health staff demonstrated awareness of the need to report GWD cases. However the sensitivity of the surveillance system to detect GWD within 24 hours across all formerly endemic villages needed to be improved upon. Also, supervision by GW coordinators was deficient and not regularly conducted, and even during the infrequent visits the quality of supervisory visits was not optimal.

4. Until eradication of GWD in Nigeria is finally certified, NIGEP needs to continue undertaking action in the following areas which have so far been satisfactory: documentation of pre-certification activities, ensuring security and retrievability of data in formerly endemic areas, elaboration of reports on interventions and revision of existing guidelines for meeting the elimination goal.

5. With regard to safe drinking water supply coverage – one of the criteria for certifying a country as GWD-free – the gap in drinking water supply needed immediate and urgent attention. The evaluation revealed that 36 (72%) of the 50 villages under active surveillance have inadequate water sources, and eight (16%) have no single source of safe water.

The evaluators made a number of recommendations, including strengthening and extending the IDSR mechanism to at least 80% of health facilities; regular review of IDSR reports by State and Local Government GWD focal persons and their IDSR counterparts; the transformation of the IDSR system into an electronic data based system; the institution of public communication in local languages and of cash rewards for reporting GWD cases.



A method used to extract a Guinea worm from the leg of a human patient.

Other recommendations include providing physical access by healthcare workers to vulnerable communities; placing such communities under active surveillance; prioritizing and accelerating access to safe drinking water to 50 at-risk villages in 2010 (targeting the eight villages with no safe water supply and the 28 others with inadequate water supply), and budgeting at the three tiers of government to ensure the achievement of pre-certification requirements.

> **"***We believe that Guinea worm transmission has been interrupted in our land and we are confident that Nigeria will be struck off the list of Guinea-worm-endemic countries in a short while***",** commented a former Minister of Health of Nigeria, Prof. Babatunde Osotimehin.