

WHO-Facts Sheet

1. New Global Estimates to Mark World Sight Day
2. A Clean Bill for Indoor Use of DDT to Control Malaria
3. Emergence of XDR-TB
4. Call for Intensified Action to Halt a Quarter of a Million TB/HIV Deaths a Year
5. Helmet Use Saves Lives

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1. NEW GLOBAL ESTIMATES TO MARK WORLD SIGHT DAY

Sight test and glasses could dramatically improve the lives of 150 million people with poor vision

A simple sight test and eyeglasses or contact lenses could make a dramatic difference to the lives of more than 150 million people who are suffering from poor vision. Children fail at school, adults are unable to work and families are pushed into poverty as a result of uncorrected visual impairment.

To mark World Sight Day, 12 October 2006, the World Health Organization (WHO) has released new global estimates which, for the first time, reveal that 153 million people around the world have uncorrected refractive errors (more commonly known as near-sightedness, far-sightedness and astigmatism). Refractive errors can be easily diagnosed, measured and corrected with eyeglasses or contact lenses, yet millions of people in low and middle income countries do not have access to these basic services.

Without appropriate optical correction, millions of children are losing educational opportunities and adults are excluded from productive working lives, with severe economic and social consequences. Individuals and families are frequently pushed into a cycle of deepening poverty because of their inability to see well. At least 13 million children (age 5 to 15) and 45 million working-age adults (age 16 to 49) are affected globally. Fully 90% of all people with uncorrected refractive errors live in low and middle income countries.

"These results reveal the enormity of the problem," said Dr Catherine Le Galès-Camus, WHO Assistant Director-General, Noncommunicable Diseases and Mental Health. "This common form of visual impairment can no longer be ignored as a target for urgent action."

WHO previously estimated that 161 million people were visually impaired from eye diseases such as cataract, glaucoma and macular degeneration. Uncorrected refractive errors were not included in these earlier estimates. These latest WHO estimates add to the previous number and effectively double the estimated total number of visually-impaired people worldwide, bringing it to some 314 million people globally. The estimates also confirm that uncorrected refractive errors are a leading cause of visual impairment worldwide.

As part of the VISION 2020 Global Initiative to eliminate avoidable visual impairment and blindness worldwide, WHO has been working with its partners to improve access to affordable eye exams and eyeglasses for people in low and middle income countries. This new information concerning the prevalence of refractive errors will strengthen the efforts of the VISION 2020 partnership to raise awareness of the magnitude of the problem and spur increased commitment for action.

"Correction of refractive errors is a simple and cost-effective intervention in eye care," said Dr Serge Resnikoff, Coordinator of WHO's Chronic Disease Prevention and Management unit. "Now that we know the extent of the problem of uncorrected refractive errors, especially in low and middle income countries, we must re-double our efforts to ensure that every person who needs help is able to receive it."

Note: Refractive errors occur when the eye is not able to correctly focus images on the retina. The result is blurred vision, which is sometimes so severe that it creates functional blindness for affected individuals.

The three most common refractive errors are:

- Myopia (nearsightedness) - this is difficulty in seeing distant objects clearly.
- Hyperopia also known as Hypermetropia

(farsightedness) - this is difficulty in seeing close objects clearly.

- Astigmatism - This is distorted vision resulting from an irregularly curved cornea.

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2. A CLEAN BILL FOR INDOOR USE OF DDT TO CONTROL MALARIA

WHO promotes indoor spraying with insecticides as one of three main interventions to fight Malaria

Nearly thirty years after phasing out the widespread use of indoor spraying with DDT and other insecticides to control malaria, the World Health Organization (WHO) today announced that this intervention will once again play a major role in its efforts to fight the disease. WHO is now recommending the use of indoor residual spraying (IRS) not only in epidemic areas but also in areas with constant and high malaria transmission, including throughout Africa.

“The scientific and programmatic evidence clearly supports this reassessment,” said Dr Anarfi Asamoah-Baah, WHO Assistant Director-General for HIV/AIDS, TB and Malaria. “Indoor residual spraying is useful to quickly reduce the number of infections caused by malaria-carrying mosquitoes. IRS has proven to be just as cost effective as other malaria prevention measures, and DDT presents no health risk when used properly.”

WHO actively promoted indoor residual spraying for malaria control until the early 1980s when increased health and environmental concerns surrounding DDT caused the organization to stop promoting its use and to focus instead on other means of prevention. Extensive research and testing has since demonstrated that well-managed indoor residual spraying programmes using DDT pose no harm to wildlife or to humans.

“We must take a position based on the science and the data,” said Dr Arata Kochi, Director of WHO’s Global Malaria Programme. “One of the best tools we have against malaria is indoor residual house spraying. Of the dozen insecticides WHO has approved as safe for house spraying, the most effective is DDT.”

Indoor residual spraying is the application of long-acting insecticides on the walls and roofs of houses and domestic animal shelters in order to kill

malaria-carrying mosquitoes that land on these surfaces.

“Indoor spraying is like providing a huge mosquito net over an entire household for around-the-clock protection,” said U.S. Senator Tom Coburn, a leading advocate for global malaria control efforts. “Finally, with WHO’s unambiguous leadership on the issue, we can put to rest the junk science and myths that have provided aid and comfort to the real enemy - mosquitoes - which threaten the lives of more than 300 million children each year.”

Views about the use of insecticides for indoor protection from malaria have been changing in recent years. Environmental Defense, which launched the anti-DDT campaign in the 1960s, now endorses the indoor use of DDT for malaria control, as does the Sierra Club and the Endangered Wildlife Trust. The recently-launched President’s Malaria Initiative (PMI) announced last year that it would also fund DDT spraying on the inside walls of households to prevent the disease.

Programmatic evidence shows that correct and timely use of indoor residual spraying can reduce malaria transmission by up to 90 percent. In the past, India was able to use DDT effectively in indoor residual spraying to cut dramatically the number of malaria cases and fatalities. South Africa has again re-introduced DDT for indoor residual spraying to keep malaria case and fatality numbers at all-time low levels and move towards malaria elimination. Today, 14 countries in Sub-Saharan Africa are using IRS and 10 of those are using DDT.

The World Health Organization also called on all malaria control programmes around the world to develop and issue a clear statement outlining their position on indoor spraying with long-lasting insecticides such as DDT, specifying where and how spraying will be implemented in accordance with WHO guidelines, and how they will provide all possible support to accelerate and manage this intervention effectively.

“All development agencies and endemic countries need to act in accordance with WHO’s position on the use of DDT for indoor residual spraying,” said Richard Tren, Director of Africa Fighting Malaria. “Donors in particular need to help WHO provide technical and programmatic support to ensure these interventions are used properly.”

Indoor residual spraying is one of the main interventions WHO is now promoting to control and eliminate malaria globally. A second is the widespread use of insecticide-treated mosquito nets. While the use of bed nets has long been encouraged by WHO, the recent development of “long-lasting insecticidal nets” (LLINs) has

dramatically improved their usefulness. Unlike their predecessors, the long-lasting nets need not be re-dipped in buckets of insecticide every six months as they remain effective for up to five years without retreatment.

Finally, for those who do ultimately become sick with malaria, more effective medicines are increasingly becoming available. Unlike previous antimalarials that have been rendered useless in many regions due to drug resistance, Artemisinin Combination Therapies (ACTs) are now recommended. These lifesaving medications are becoming more widely available throughout the world. In January of this year, WHO took stringent measures to help prevent future resistance to antimalarial medicines by banning the use of malaria monotherapy. An example of the negative consequences of drug resistance is apparent in the threat it poses to intermittent preventive treatment in pregnancy (IPTp), a crucial strategic intervention to protect pregnant women from the consequences of malaria.

Each year, more than 500 million people suffer from acute malaria, resulting in more than one million deaths. At least 86 percent of these deaths are in sub-Saharan Africa. Globally an estimated 3,000 children and infants die from malaria every day and 10,000 pregnant women die from malaria in Africa every year. Malaria disproportionately affects poor people, with almost 60 percent of malaria cases occurring among the poorest 20 percent of the world's population.

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3. EMERGENCE OF XDR-TB

WHO concern over extensive drug resistant TB strains that are virtually untreatable

The World Health Organization (WHO) has expressed concern over the emergence of virulent drug-resistant strains of tuberculosis (TB) and is calling for measures to be strengthened and implemented to prevent the global spread of the deadly TB strains. This follows research showing the extent of XDR-TB, a newly identified TB threat which leaves patients (including many people living with HIV) virtually untreatable using currently available anti-TB drugs.

What is XDR-TB?

MDR-TB (Multidrug Resistant TB) describes strains of tuberculosis that are resistant to at least the two main first-line TB drugs - isoniazid and

rifampicin. XDR-TB, or Extensive Drug Resistant TB (also referred to as Extreme Drug Resistance) is MDR-TB that is also resistant to three or more of the six classes of second-line drugs.

The description of XDR-TB was first used earlier in 2006, following a joint survey by WHO and the US Centers for Disease Control and Prevention (CDC).

Resistance to anti-TB drugs in populations is a phenomenon that occurs primarily due to poorly managed TB care. Problems include incorrect drug prescribing practices by providers, poor quality drugs or erratic supply of drugs, and also patient non-adherence.

What is the current evidence of XDR-TB?

Recent findings from a survey conducted by WHO and CDC on data from 2000-2004 found that XDR-TB has been identified in all regions of the world but is most frequent in the countries of the former Soviet Union and in Asia.

Scarce drug resistance data available from Africa indicate that while population prevalence of drug resistant TB appears to be low compared to Eastern Europe and Asia, drug resistance in the region is on the rise.

Given the underlying HIV epidemic, drug-resistant TB could have a severe impact on mortality in Africa and requires urgent preventative action.

What action is required to prevent XDR-TB?

XDR-TB poses a grave public health threat, especially in populations with high rates of HIV and where there are few health care resources. Recommendations outlined in the WHO Guidelines for the Programmatic Management of Drug Resistant Tuberculosis include:

- strengthen basic TB care to prevent the emergence of drug-resistance
- ensure prompt diagnosis and treatment of drug resistant cases to cure existing cases and prevent further transmission
- increase collaboration between HIV and TB control programmes to provide necessary prevention and care to co-infected patients
- increase investment in laboratory infrastructures to enable better detection and management of resistant cases.

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4. CALL FOR INTENSIFIED ACTION TO HALT A QUARTER OF A MILLION TB/HIV DEATHS A YEAR

“Joint TB and HIV interventions can save lives and must be accelerated” says international Aids society president

Leading HIV experts called on the global HIV community to intensify collaboration on tuberculosis control, to prevent the deaths of a quarter of a million people living with HIV (PLHIV) a year.

At the XVI International AIDS Conference in Toronto this year, HIV Director Dr Kevin De Cock and TB/HIV Coordinator Dr Paul Nunn, both from WHO, were joined by Dr Helene Gayle, the International AIDS Society President. Together, they urged HIV health workers to target and scale-up joint activities for tuberculosis and HIV.

“TB prevention, diagnostic and treatment services must become core functions of all HIV services,” said Dr De Cock. “People living with HIV are more vulnerable to TB, even if they’re on antiretroviral therapy. TB can be treated and cured so most of these deaths are absolutely preventable. HIV policy-makers, health ministers and health workers all have a vital role in making sure that deaths from TB are reduced.”

“Joint TB and HIV interventions can save lives and must be accelerated,” said Dr Gayle. “More than a third of all people infected with HIV are also infected with the tuberculosis bacillus, which causes the deaths of a quarter of a million people living with HIV, every year.”

“This is important research which shows that TB preventive treatment is successful in reducing TB cases in PLHIV, even for those who are already taking life-saving antiretroviral drugs.” said Dr Richard Chaisson, Principal Investigator a Brazil-based study. He also emphasized that research into new TB drugs, diagnostics and vaccines appropriate for PLHIV, and operational studies and effective models to deliver the services to those who need them, are urgently needed.

“We have the essential know-how and policy guidance to address TB among PLHIV and progress has been documented. However, the progress has been slow, compared to the scale of the problem,” said Dr Paul Nunn of WHO’s Stop TB Department.

“In countries dually affected by TB and HIV these interventions should be rapidly scaled up and implemented through effective collaboration between HIV and TB control programmes, and general health services. Two years ago, Nelson Mandela warned the world that ‘We can’t fight AIDS unless we do much more to fight TB.’ “Mr Mandela’s warning on HIV and TB still needs to be

translated into large scale action. Commitments made at the G8, UN and African Union summits must be experienced by the actual communities most affected by the dual epidemics, particularly in Africa where HIV-related TB deaths are the highest in the world”.

Globally, TB is second only to HIV as an infectious killer of adults, causing nearly nine million cases of active TB disease and two million deaths every year. In countries with a high prevalence of TB, HIV programmes must scale up TB prevention, diagnosis and treatment.

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5. HELMET USE SAVES LIVES

Increasing helmet use promoted as an effective method of reducing road injuries and deaths

Each year, about 1.2 million people die as a result of road traffic crashes, and millions more are injured or disabled. Most of the deaths are preventable. In many low-income and middle-income countries, users of two-wheelers - particularly motorcyclists - make up more than 50% of those injured or killed on the roads. Head injuries are the main cause of death and disability among motorcycle users, and the costs of head injuries are high because they frequently require specialized medical care or long-term rehabilitation.

Wearing a helmet is the single most effective way of reducing head injuries and fatalities resulting from motorcycle and bicycle crashes. Wearing a helmet has been shown to decrease the risk and severity of injuries among motorcyclists by about 70%, the likelihood of death by almost 40%, and to substantially reduce the costs of health care associated with such crashes.

The World Health Organization (WHO) is intensifying efforts to support governments, particularly those in low-income and middle-income countries, to increase helmet use through a new publication, Helmets: a road safety manual for decision-makers and practitioners.

The manual is a follow-up to the World report on road traffic injury prevention, published in 2004 by WHO and the World Bank, which provided evidence that establishing and enforcing mandatory helmet use is an effective intervention for reducing injuries and fatalities among two-wheeler users. The manual has been produced under the auspices of the UN road safety collaboration, in collaboration with the Global Road Safety Partnership, the FIA Foundation for

the Automobile and Society, and the World Bank, as one of a series of documents that aim to provide practical advice on implementing the recommendations of the World Report.

The importance of increasing helmet use follows dramatic growth in motorization around the world, largely from increasing use of motorized two-wheelers, particularly in Asian countries. In China, for example, motorcycle ownership over the last ten years has increased rapidly. In 2004, it was estimated that more than 67 million motorcycles were registered in the country, and approximately 25% of all road traffic deaths were among motorcyclists and their passengers.

“We want to make helmet use a high priority for national public health systems,” says Dr. Anders Nordström, Acting Director-General of WHO. “We need to stress not only the effectiveness of helmets in saving lives, but the fact that helmet programmes are good value for money. Countries will recoup their investment in these programmes many times over through savings to their health care systems, as well as savings to other sectors.”

Many countries have succeeded in raising rates of helmet use through adopting laws that make helmet use compulsory, enforcing these laws, and raising public awareness about the laws, as well as the benefits of helmet use. This new helmet manual draws on such examples.

In Thailand, for instance, 80% of the 20 million registered motorized vehicles are motorcycles. In 1992, when helmet use was not mandatory, 90% of deaths resulting from traffic injuries were among motorcycle users, almost all due to head injuries. Legislation passed in the north-eastern province of Khon Kaen to make helmet use mandatory, supported by enforcement and publicity programmes, led to a 40% reduction in head injuries among motorcyclists and a 24% drop in motorcyclist

deaths within the two years

This new manual provides technical advice to governments on the steps needed to assess current helmet use, and then design, implement and evaluate a helmet use programme. The manual addresses specific issues pertinent to many low-income and middle-income countries, such as:

- What can be done to protect the large number of children who ride as passengers on their parents' motorcycles?

- Are there financial disincentives in place that make helmets unaffordable and thus reduce their use, for example, sales tax, or import duties that could be removed by governments in efforts to increase helmet use?

- How can enforcement be consistent and effective when resources are constrained? Should countries aim to implement a comprehensive helmet law, or is it more appropriate to phase in a law, in order to allow the traffic police to manage the new responsibility?

The manual will be implemented in a number of countries over the next two years, starting in the ASEAN region through the Global Road Safety Partnership's GRSI initiative, but extending to cover countries from Africa, Latin America and the Middle East.

In addition to the publication of this manual, WHO has also established a network of experts working to increase helmet use, and supports helmet programmes directly in its country work on road safety.

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