

WHO-Facts Sheet

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1. NEW VACCINES AGAINST CERVICAL CANCER

The introduction of new vaccines against Human Papillomavirus (HPV), the virus that causes cervical cancer, could have a major impact on the health of women in the developing world. More than 250 000 women died from cervical cancer in 2005 - the vast majority in developing countries.

Cervical cancer is the second most common type of cancer among women, with deaths projected to rise by almost 25 per cent over the next 10 years, according to the World Health Organization (WHO). In 2005 there were more than 500 000 new cases of cervical cancer, of which over 90 per cent were in developing countries. Left untreated, invasive cervical cancer is almost always fatal.

Well-organized screening and early treatment programmes have been very effective in preventing the most common kind of cervical cancer but they are costly and difficult to implement in low-resource settings. In 2006, a vaccine- that protects against infection and disease associated with the HPV was licensed, and another vaccine may be licensed soon.

The recently licensed vaccine is effective in preventing infections with the HPV types (16 and 18) that cause approximately 70 percent of all cervical cancers, as well as in preventing infections with those types (6 and 11) that cause approximately 90 percent of genital warts. This and another HPV vaccine are under regulatory review in countries around the world and may offer a new opportunity to eliminate cervical cancer, the number-two cancer killer of women.

New vaccines against HPV in the developing world is expected to save hundreds of thousands of

lives, if delivered effectively. The roll-out of effective HPV vaccines is important, as they help in combating a deadly cancer and are a potent technology to add to existing cancer control programmes based on prevention, screening and treatment.

The vaccines, which are initially targeted at girls and may be expanded to boys in the future before or around the time of first sexual activity, offer the unique opportunity to address segment of the populations that are traditionally difficult to reach, viz, young adolescents. Thus, a multifaceted strategy should exploit the opportunity to promote sexual and reproductive health by strengthening health programmes for adolescents.

Although the final cost of the vaccine in developing countries is unknown, it is going to be a major challenge to introduce quickly where it is needed most - in the poorest countries. Eighty per cent of women who die of cervical cancer are generally poor and live in underserved areas. They will be the ones to benefit most from affordable prices and access to this vaccine.

Mobilizing resources for strengthening health systems and purchasing HPV vaccines, both nationally and internationally, must be a priority and there must be innovative ways to finance HPV introduction. At an international level, partnerships will be needed to try to reduce the usual time-lag between formal registration and availability in developed countries, and establishing a negotiated price and adequate production capacity to supply developing countries.

In addition to being a new tool for the prevention of a very common form of cancer, the introduction of effective HPV vaccines has other potential benefits for health systems in general. The roll out of such vaccines could help build synergies among immunization, cancer control and

sexual and reproductive health. It also has the potential to provide valuable experience for the introduction of any future vaccine against HIV.

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2. GLOBAL AIDS EPIDEMIC CONTINUES TO GROW

New data also show HIV prevention programmes getting better results, if focused on reaching people most at risk and adapted to changing national epidemics

The global AIDS epidemic continues to grow and there is concerning evidence that some countries are seeing a resurgence in new HIV infection rates which were previously stable or declining. However, declines in infection rates are also being observed in some countries, as well as positive trends in young people's sexual behaviours.

According to the latest figures published in November 2006, in the UNAIDS/WHO 2006 AIDS Epidemic Update, an estimated 39.5 million people are living with HIV. There were 4.3 million new infections in 2006 with 2.8 million (65%) of these occurring in sub-Saharan Africa and important increases in Eastern Europe and Central Asia, where there are some indications that infection rates have risen by more than 50% since 2004. In 2006, 2.9 million people died of AIDS-related illnesses.

New data suggest that where HIV prevention programmes have not been sustained and/or adapted as epidemics have changed, infection rates in some countries are staying the same or going back up.

In North America and Western Europe, HIV prevention programs have often not been sustained and the number of new infections remained the same. Similarly, in low- and middle-income countries, there are only a few examples of countries that have actually reduced new infections. And some countries that had showed earlier successes in reducing new infections, such as Uganda, have either slowed or are now experiencing increasing infection rates.

This is worrying, as we know increased HIV prevention programs in these countries have shown progress in the past, Uganda being a prime example. This shows the need to greatly intensify life-saving prevention efforts while HIV treatment programs are expanded.

HIV prevention works but needs to be focused and sustained

New data from the report show that increased HIV prevention programs that are focused and adapted to reach those most at risk of HIV infection are making inroads. Positive trends in young people's sexual behaviours, increased use of condoms, delay of sexual debut, and fewer sexual partners, have taken place over the past decade in many countries with generalized epidemics. In many countries, even limited resources are showing high returns when investments are focused on the needs of people most likely to be exposed to HIV.

Addressing the challenges: Know your epidemic

In many countries, HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities. The report outlines how the issue of women and girls within the AIDS epidemic needs continued and increased attention. In sub-Saharan Africa for example, women continue to be more likely than men to be infected with HIV and in most countries in the region they are also more likely to be the ones caring for people infected with HIV.

According to the report, there is increasing evidence of HIV outbreaks among men who have sex with men in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam as well as across Latin America but most national AIDS programmes fail to address the specific needs of these people. New data also show that HIV prevention programmes are failing to address the overlap between injecting drug use and sex work within the epidemics of Latin America, Eastern Europe and particularly Asia.

"It is imperative that we continue to increase investment in both HIV prevention and treatment services to reduce unnecessary deaths and illness from this disease," said WHO Acting Director-General, Dr Anders Nordström. "In sub-Saharan Africa, the worst affected region, life expectancy at birth is now just 47 years, which is 30 years less than most high-income countries."

The *AIDS Epidemic Update* underlines how weak HIV surveillance in several regions including Latin America, the Caribbean, the Middle East, and North Africa often means that people at highest risk-men who have sex with men, sex workers, and injecting drug users-are not adequately reached through HIV prevention and treatment strategies because not enough is known about their particular situations and realities.

The report also highlights that levels of knowledge of safe sex and HIV remain low in many countries, as well as perception of personal risk. Even in countries where the epidemic has a very high impact, such as Swaziland and South Africa, a large proportion of the population do not believe they are at risk of becoming infected.

“Knowing your epidemic and understanding the drivers of the epidemic such as inequality between men and women and homophobia is absolutely fundamental to the long-term response to AIDS. Action must not only be increased dramatically, but must also be strategic, focused and sustainable to ensure that the money reaches those who need it most,” said Dr Piot.

The annual AIDS Epidemic Update reports on the latest developments in the global AIDS epidemic. With maps and regional estimates, the 2006 edition provides the most recent estimates on the epidemic’s scope and human toll and explores new trends in the epidemic’s evolution. The report is available at: www.unaids.org

3. NEW TOOL TO ENHANCE ROLE OF PHARMACISTS IN HEALTH CARE

The traditional role of pharmacists is to manufacture and supply medicines. More recently, pharmacists have been faced with increasing health demands: an ever-growing and complex range of medicines, and poor adherence to prescribed medicines, have forced the evolution of the pharmacist’s role into a more patient centred approach (known as pharmaceutical care). Adherence to long-term therapy for chronic conditions in developed countries averages 50%, with even lower rates for developing countries.

To address this need, the World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) are publishing the first edition of a handbook on *Developing pharmacy practice - A focus on patient care*. “Pharmacists have an important role to play in health care, which is much more than selling medicines,” said Dr Hans V. Hogerzeil, WHO Director of Medicines Policy and Standards.

The role of the pharmacist is summarized through the WHO/FIP seven-star concept in which a pharmacist is described as a caregiver, communicator, decision-maker, teacher, lifelong learner,

leader and manager. For the purpose of this handbook, the function of researcher has been added.

The pharmacist is an integral member of the health care team and assumes varied functions ranging from the procurement and supply of medicines to pharmaceutical care services, helping to ensure the best treatment for patients. The pharmaceutical care process involves establishing a relationship between the patient and the pharmacist, developing an evidence-based care plan for medicine therapy and follow-up on the patient’s expected health outcome.

The handbook defines good pharmacy practice and presents a step-wise approach to pharmaceutical care within a general practice environment anywhere in the world.

Founded on the principles of the seven-star pharmacist, this interactive handbook provides practical examples and care models so that it can be used for self-directed learning. It contains a wide variety of illustrative case studies to meet the needs of different users. It is designed to guide learners towards specific educational outcomes, and enable them to undertake tasks which require a combination of knowledge, skills and attitudes.

“Pharmaceutical care delivered by pharmacists seeks to optimize patient outcomes and is key to the effective, rational and safe use of medicines. This handbook serves as a timely and accessible resource for pharmacists, educators and students worldwide to develop patient-centred services and skills to meet local patient needs,” said Ton Hoek, General Secretary and CEO of the International Pharmaceutical Federation.

Developing pharmacy practice - A focus on patient care is designed to meet the changing needs of the pharmacist, setting out a new paradigm for pharmacy practice. The handbook is written for pharmacists, educators and students all over the world in all health care settings. To reach as wide an audience as possible the handbook is available in English and French will be available soon in both electronic and print formats.

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