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NEWS

Zimbabwe has highest Adolescents Suicide Ideation rate in Sub-Saharan Africa

DATA collected during a study on Suicide Ideation of Adolescents in Sub-Saharan Africa that Zimbabwe has the highest rates of adolescents who contemplate of think about committing suicide compared to other countries in the Sub-Saharan region.

Suicidal ideation is when one thinks about killing him/herself. The thoughts might or might not include a plan to die by suicide.

While the study that was conducted by the Regional Psychosocial Support Initiatives (REPSSI) shows that Zimbabwe recorded a decrease in suicides ideation rates, the country still accounted for the highest prevalence of suicide ideation in the region.

The data was collected in 11 sub-Saharan African countries in which REPSSI works.

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Traces of Mercury found in breast milk of Zim women in mining communities

By Michael Gwarisa

CHILDREN born and residing in communities where Artisanal and Small Scale Gold Mining (ASGM) is rampant, are at risk of developing numerous health challenges ranging from brain damage, kidney failure, loss of vision and heart diseases amongst other complications.

Mercury is used in gold mining to extract gold from ore by forming "amalgam" a mixture composed of approximately equal parts mercury and gold. However, mercury has been found to be a serious and persistent nervous system poison capable of affecting the unborn child in a mother to fetus transfer as well as infants through breast milk. In men, mercury has also been linked to sterility.

A study on the Country Diagnostic Report on Environmental Health Implications of Mercury In Artisanal and Small Scale Gold Mining in Zimbabwe conducted by a team of Zimbabwean and foreign researchers including Dr Dr. Dennis Shoko indicates that while miners are at greater risk of intoxication with mercury, women and children not working directly with mercury were also at greater risk due prolonged exposure to the intoxicated environment.

"High levels of mercury were found in breast milk in the Kadoma Chakari area, which unduly exposes breast feeding infants. A large number of children of school going age and women of child bearing age are already intoxicated or with elevated levels of mercury in their bodies," the study says.

> ***"High levels of mercury were found in breast milk in the Kadoma Chakari area, which unduly exposes breast feeding infants."***

Mercury bio accumulates in fish and when consumed by pregnant women may lead to neuro developmental problems in the developing fetus. Transplacental exposure is the most dangerous because the fetal brain is very sensitive.

Neurological symptoms in children as a result of mercury exposure include mental retardation, seizures, vision and hearing loss, delayed development, language disorders, and memory loss. In children, acrodynia, a syndrome characterized by red and painful extremities, has been reported to result from chronic mercury exposure

About 69 percent of children working with mercury and 33 percent not working with mercury had chronic mercury intoxication while none from Chikwaka control area had intoxication symptoms.

Child mercury exposure due to being domiciled in the mining areas and working with mercury show similar levels of bio-monitors as shown by adults in similar groups. Children not occupationally exposed but living in mining areas have higher levels of bio-monitors compared to children from the Chikwaka control area. The relative intoxication per group in the Kadoma/Chakari area was 49% for men, 15 percent for children and 3 percent for women.

Children are especially vulnerable and may be exposed directly by eating MeHg-contaminated ish. The study further revealed that most of the miners (70 percent) involved with amalgam burning were intoxicated with mercury. The project's shows that as of 2014, the number of ASGM was estimated at about 1.5 million ASGM consuming more than 50 tons of mercury annually in gold processing and presumably producing up to 20 tons of gold per year.

"Main mercury pollution pathways are airways and waterways. Mercury pollution of water and soils is limited to a radius of less than 5 km from the milling center. Most of the mercury ends up bio-accumulating in the aquatic food chains. Elevated mercury levels were recorded in fish from rivers draining milling center 'hot spots', with some carnivorous fish recording up to four times mercury concentration in their muscles."

The common mercury intoxication symptoms such as ataxia of gait, excessive salivation, blue gums, tremor of eyelids, among others, were observed in all the exposed groups. Combining the bio-monitors levels and the medical score sum, it was found that chronic mercury intoxication was diagnosed in 70 percent..*To Page 5*

BRIEFS

WHO Director Dr Alex Gasasira Leaves Zimbabwe



DR Alex Gasasira has finished his five year term in Zimbabwe as World Health Organisation Zimbabwe country director.

"Today the WHO_Zimbabweoffice bids farewell to the Country office Representative Dr AlexGasasira who served the country for 5 years. Thank you so much for your strong leadership & supporting @ MoHCCZim to make #HealthForAll a reality in Zimbabwe," the WHO Zimbabwe said in a farewell tweet.

Police raid illicit breweries in Mbare

Close to 1400 arrests have been made under its "No to dangerous drugs and illicit substance" operation.

"Meanwhile, 08/02/23, 366 arrests were made country-wide on the operation, "No to dangerous drugs and illicit substances," bringing the cumulative arrests to 1 389," the Zimbabwe Republic Police said in a tweet.

Wet weekend for Zim

The latest Metereological Department of Zimbabwe weather report is showing impending heavy rains in some parts of the country.

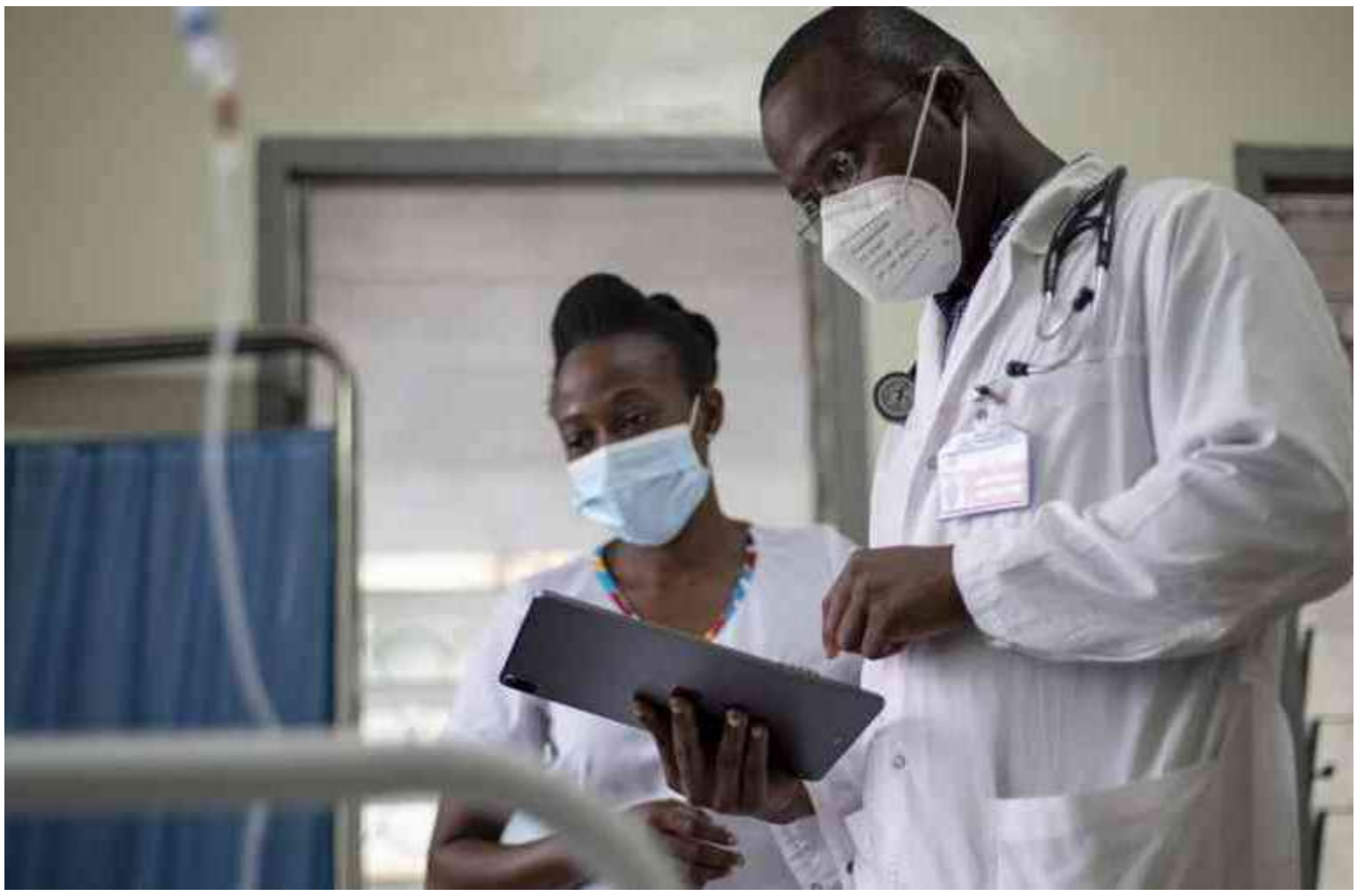
The Met Department explained that heavy rains are inherent to intertropical convergence zone over Zimbabwe.

"Heavy downpours are a major threat during this part of the year; and these are inherent to the presence of the Inter-tropical Convergence Zone over the countty. These may give rise to flash flooding leading to treacherous road conditions.," the Met Department said.



Out Of Pocket Expenditure Towards Healthcare Grows In USD Terms Among Zim Households

By Kudakwashe Pembere



OVER 90 percent of Zimbabwean households were using United States dollars for healthcare services while about 9 percent used local ZWL$ currency last month, a Zimbabwe Statistical Agency (Zimstat) senior official said.

This was arrived at by the Zimbabwe Statistical Agency (Zimstat) following surveys during the month in question using the blended Consumer Price Index (CPI).

A majority of Zimbabweans mainly civil servants earn in the local ZWL$ currency only to be forced to convert the money into USD required in pharmacies, private doctors and other healthcare service providers to access health services.

"For health, the expenditure in percentage terms for the United States dollars was 91.08 percent while that for the local ZWL currency was 8.92," Zimstat Director General Mr Taguma Mahonde said in his Monthly Statistical update.

The blended CPI was 278.12 in January 2023, 276.1 in December 2022 and 138.02 in January 2022. The ZWL CPI was 13,819.67, 13,672.91 in December 2022 and 4,189.97 in January 2022.

He explained the reason behind using the blended CPI.

"When computing CPI, household consumption expenditure on goods and services is categorized according to the Classification of Individual Consumption by Purpose (COICOP). COICOP weights are used when computing CPI. Accordingly, ZIMSTAT conducted a household budget survey to determine the value of goods purchased in USD and ZWL per each COICOP category," Mr Mahonde said.

That Zimbabweans are using more of the US dollars for healthcare services come at a time when last year Government through the Ministry of Finance and Economic Development was allocating US$20 per citizen towards healthcare provision, which is US$25 lower than the US$45 it spent on an individual in 2021.

This allocation or spending on a single person or single citizen is also known as per capita spending or per capita allocation.

Last year while presenting a paper last Thursday at a Community Working Group on Health (CWGH) workshop on National Stakeholder Engagement and Consesus on Revitalising Primary Health Care in Zimbabwe, Dr Prosper Chitambara noted Zimbabwe's per capita spending on health was exceptionally inadequate.

According to calculations based on the Ministry of Finance figures, Dr Chitambara said Zimbabwe this year allocated US$20 from US$45 in 2021.

In the CWGH position paper, it was noted that 93 percent of Zimbabweans do not have medical insurance. "Currently only 7 percent of Zimbabweans have access to medical insurance and this number is insufficient to ensure decent public healthcare," said CWGH.

Pharmaceutical industry constituted 2.5 percent of Zimbabwe's major imports in December 2022. The Zimstat director general said the food poverty line (FPL) represents the amount of money that an individual will require to afford the required daily minimum energy intake of 2 100 calories.

"The Food Poverty Line (FPL) for one person in January 2023 was $22,385.00. For Poverty Lines, ZIMSTAT makes use of a consumer basket for the poor," he said.

He also said the Total Consumption Poverty Line is derived by computing the non-food consumption expenditures of poor households whose consumption expenditures were just equal to the FPL.

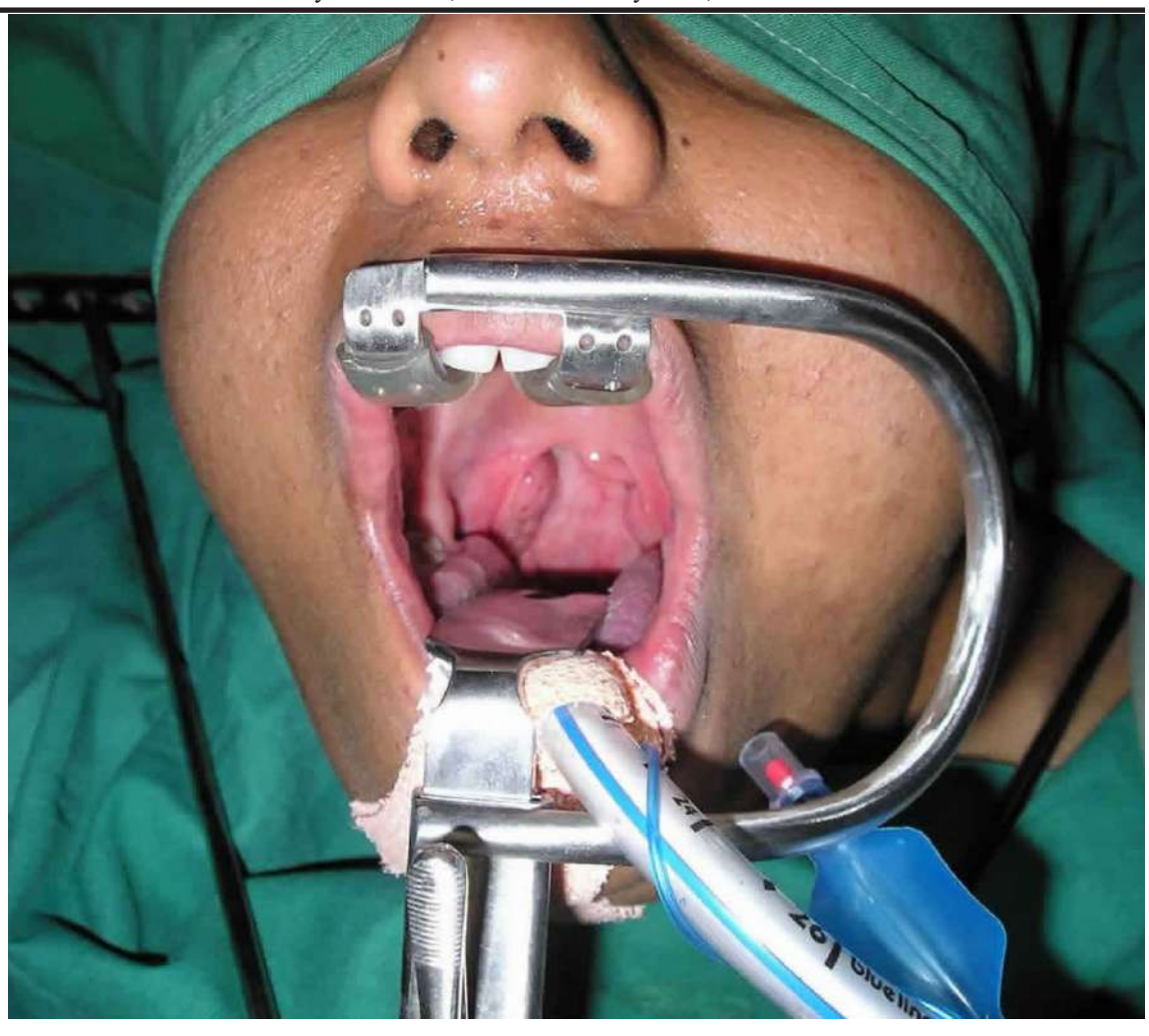
"The amount was added to the FPL, if an individual does not consume more than the TCPL, he or she is deemed poor. The Total Consumption Poverty Line (TCPL) for one person stood at $29,500.00 in January 2023," Mr Mahonde said.

Mr Mahonde on the producer price index for agriculture in December last year said it gained 0.8 percentage points compared to the previous month's 0.3 percent.

"The month-on-month rate of change for the Producer Price Index for Agriculture in December 2022 was 1.1 percent gaining 0.8 percentage points on the November 2022 rate of 0.3 percent.
"The year-on-year Producer Price Index for Agriculture (PPIA) rate of change was 294.8 percent in December 2022. This means that prices as measured by the all items PPIA increased on average by 294.8 percent from December 2021 to December 2022," he said.

Parirenyatwa Shelves elective ENT Surgeries

By Michael Gwarisa



PATIENTS in need of elective Ear, Nose and Throat (ENT) surgeries at Parirenyatwa Hospital are currently struggling to get services as the hospital is currently focused on emergency surgeries only due increased for services.

According to investigations conducted by the HealthTimes, patients have been visiting the facility with the hope of getting surgery bookings. However, the institution has rescheduling doctors appointments to a later date for all elective surgeries cases.

Indications are that the Hospital last conducted elective ENT surgeries more than Six months ago. Patients who spoke to this publication said they were now caught between a rock and hard place as some surgeries such as adenoids removal were costing an arm and a leg in the private healthcare sector.

My child has been having challenges with her adenoids for some time now. She at times struggles to breathe at night when the adenoids are swollen. However, I came here end of October and I was given a date to see a doctor on January 9, 2023. I came and they...***Page 5***



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Committed to Care

Altruism may begin in infancy: These signs may indicate your child is born kind



Signs of Altruism in Babies

The way your baby acts can tell a lot about the kind of person he/she will become. According to scientists, babies display first signs of altruism earlier than we thought.

Earlier, scientists believed that toddlers younger than two years old exhibit signs of altruism selfless concern for the well-being of others. But in 2018, a study published in the journal PLOS Biology suggested that these signs emerge even earlier than we thought. The behaviour of a baby who is less than one year old can reliably predict whether it will display altruistic behaviour by the time it's 14 months old. Here are some siggs, according to studies, that may indicate your child is born kind.

Very attentive and aware of its surrounding

Exhibiting surprise when people are not treated fairly

Responding to others in distress

Pay close attention to fearful faces

Willing to give up food, even when hungry

Altruistic people typically put others first and truly care about the people around them, whether they are related to them or not. They feel good after helping someone. They will volunteer in community work, donate money to relief efforts, and offer help before someone asks for it. Researchers say our brain functions influence how altruistic and selfless we may be.

Letters To The Editor

Should we continue drinking borehole water?



Dear Editor

Thank you for affording me time to write this letter in your widely read publication. I write as a worried citizen following reports that we could be drinking human excreta and in some reports dog poop in the water we are getting from boreholes.
A few years ago, Harare water was declared unsafe to drink and we switched to boreholes thinking that we were out of danger. Now with these reports, we are confused. What should we do now? Is its still safe for us to continue drinking borehole water. Please check with water specialists for us so that we know the next step.

Worried Citizen

Tambudzai Muchapera

Glenview 3

Harare

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Zimbabwe has highest Adolescents Suicide Ideation rate in Sub-Saharan Africa

By Michael Gwarisa

DATA collected during a study on Suicide Ideation of Adolescents in Sub-Saharan Africa conducted by Regional Psychosocial Support Initiatives (REPSSI) shows that Zimbabwe has the highest rates of adolescents who think of committing suicide compared to other countries in the Sub-Saharan region.

Suicidal ideation is when one thinks about killing him/herself. According to the report, a number of variables were associated with an increased risk for suicide ideation in the study. These include being older, being female, not being in school, being orphaned, not having a tap at home, not looking after sick, not having electricity at home, not looking after younger children, having been or gotten someone pregnant, not looked after by mother or father, being married, having more days hungry, not wanting to marry and feeling pressured to marry.

While the study shows that Zimbabwe recorded a decrease in suicides ideation rates, the country still accounted for the highest prevalence of suicide ideation in the region.

The data was collected in 11 sub-Saharan African countries in which REPSSI works and these are Angola Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia, and Zimbabwe.

The countries with the highest prevalence of suicide ideation at baseline were Zimbabwe (24 percent), followed by South Africa (16 percent), Kenya (12 percent), and Angola (10 percent). At endline, the highest prevalence rates of suicide ideation were found in South Africa (20 percent), Zimbabwe (13 percent), Kenya (11 percent), and Angola (10 percent). The biggest decreases were found in Zimbabwe (-11 percent) and Zambia (-4 percent), while increased prevalence was noted in South Africa (4 percent), Mozambique (4 percent), and Eswatini (3 percent).

The total number of respondents in this sample was 2266. Overall, the number of respondents who said that they had experienced thoughts that they would be better off dead or hurting themself in some way for "Several days", "More than half the days", or "Nearly every day" was 21 percent at baseline (471) and 17 percent at endline (392). This indicates a high prevalence of suicide ideation in this sample, although this did decrease significantly from baseline to endline. The number of respondents who said they felt this way nearly every day was 57 at baseline (3 percent) and 55 at endline (2 percent).



"Females made up the majority of the sample (62 percent). The demographic characteristics (sample size, gender, and age) of respondents who reported that they had experienced suicide ideation and the respondents who did not are presented in the table below," the report reads.

In accordance with the literature, this study found that suicide ideation was associated with significantly reduced psychosocial wellbeing (decreased resilience, increased depression, and decreased self-esteem). At baseline, respondents with suicide ideation had significantly lower resilience scores, on average, compared to respondents who did not have suicide ideation.

On average, respondents with suicide ideation had significantly higher depression scores compared to those without suicide ideation at baseline (9.5 vs 4.5)10 as well as at endline (10.0 vs 3.7) Contrary to the findings on resilience, average depression scores decreased by 0.8 points for the NSI group but increased by 0.5 points for SI group from baseline to endline.

Respondents with suicide ideation had significantly lower average self-esteem scores compared to those without suicide ideation at baseline (26.6 vs 29.5)12 as well as at endline. Both the SI and NSI experienced similar increases in self-esteem from baseline to endline (0.6 and 0.5, respectively), which were statistically significant.

Traces of Mercury found in breast milk for Zim women in mining communities

...From Page 1

of the amalgam smelters, 63 percent of exposed non amalgam burners (miners not involved in the smelting process) and 23 percent formerly exposed but retired miners.

Zimbabwe is one of the three countries in Southern Africa that has the highest number of artisanal small scale miners with Tanzania leading the pack, followed by Mozambique and then Zimbabwe on third place out of the 15 SADC countries. Approximately 15 million people, including approximately 3 million women and children, participate in artisanal small-scale gold mining (ASGM) in developing countries. 37 percent of global air emissions of mercury are produced by ASGM.

Parirenyatwa Shelves elective ENT Surgeries

...From Page 2

gave me another date in March, I now don't know what to do," said a desperate father speaking to HealthTimes.

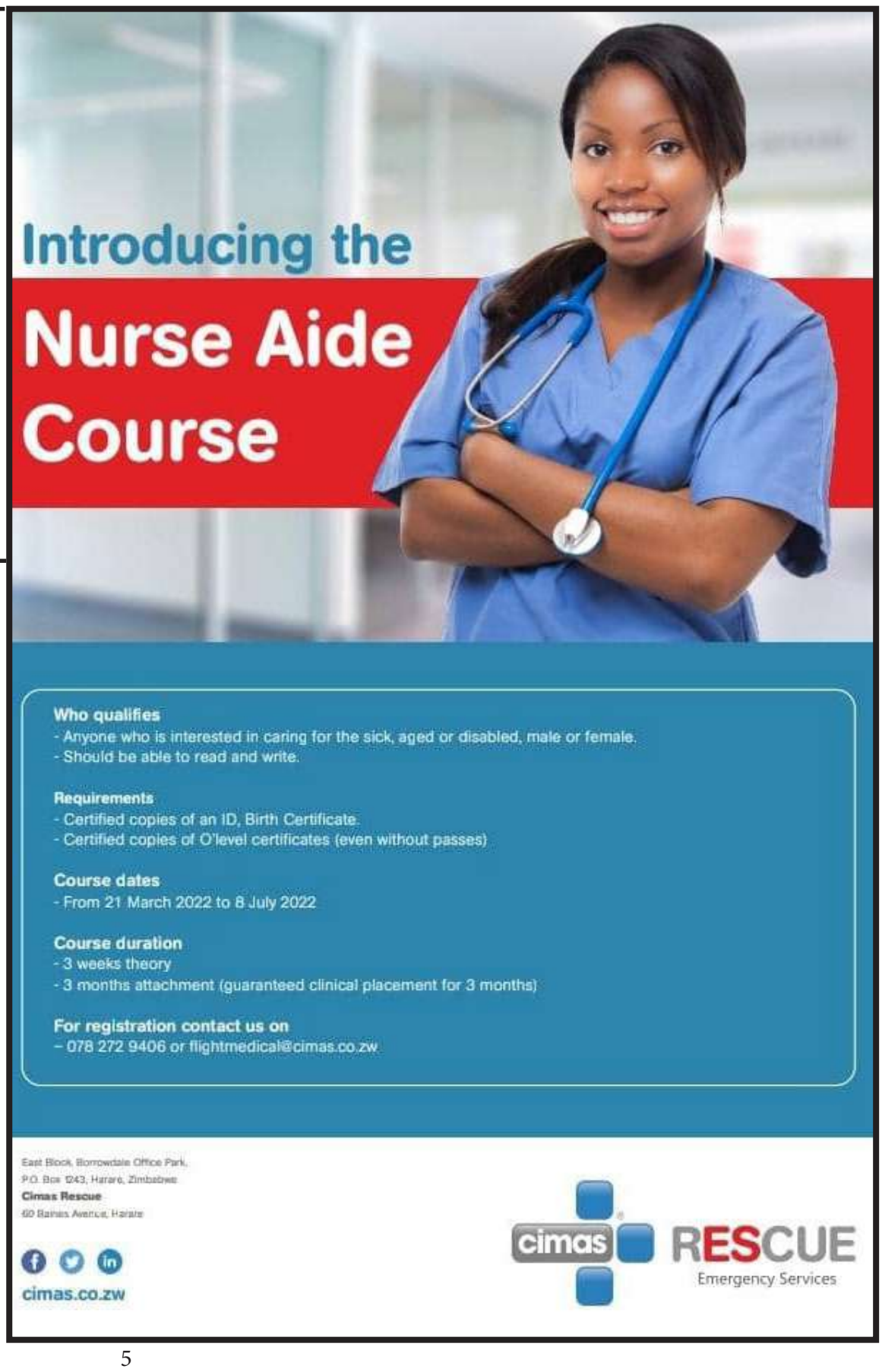
An adenoids removal procedure costs between US$1000.00 and US$1,500.00 in private health institutions. However, in government institutions such as Parirenyatwa, the procedure is free for children below the age of five.

Another old lady who was struggling with her hearing said she does not have the money to get treatment in the private healthcare sector.

Commenting on the development, Parirenyatwa Group of Hospitals spokesperson, Mr Linos Dire however said they had not suspended ENT procedures but were only focusing on emergency surgeries.

"Parirenyatwa Group of Hospitals has never stopped ENT surgeries. However, due to overwhelming numbers, the hospital has had to prioritize emergencies, which is consistent with best practice in challenging situations. Patients who are classified as non-emergencies have to go through our booking system.

"Prices for ENT surgeries differ depending on specific procedures to be carried out on each patient. As for private patients, individual patients look for private doctors of their choice and make arrangements with that private doctor for their admission in private facilities in Harare which include our own private wards. They also make arrangements for their surgeries where necessary," said Mr Dire.



COVID-19 still a global health emergency, says WHO

By Staff Reporter

The verdict is in: The COVID-19 pandemic is still a global health emergency, the World Health Organization has concluded. But it might not be for much longer.

The decision from the WHO — exactly three years after COVID-19 was first declared a public health emergency of international concern (PHEIC) — comes after a meeting of the COVID-19 emergency committee on January 27. WHO Director General Tedros Adhanom Ghebreyesus concurred with the committee's advice that there is a continued risk posed by COVID-19.

The news comes as countries increasingly deliberate how to move forward from the acute phase of the pandemic, with the U.S. looking at annual COVID-19 boosters, for example. However, the committee found that, globally, there are still a high number of deaths from COVID-19 compared to other infectious respiratory diseases; vaccine uptake is still insufficient in low- and middle-income countries and there is uncertainty about emerging variants.

But the reality is that the pandemic no longer poses the same threat as it did when it spread like wildfire through the globe in 2020. The committee acknowledged this, saying the crisis "may be approaching an inflection point."

As for exactly how the world will transition away from a PHEIC and into endemicity is still up for debate, with the committee acknowledging that it is unlikely that the virus can be eliminated from human and animal reservoirs. The committee recommended that a proposal be developed for an alternative mechanism that would maintain international focus on COVID-19, even after the crisis is no longer classified as a PHEIC.



For now, Tedros has asked countries to continue work in several areas, including maintaining their focus on vaccination of high-priority groups, improving reporting of COVID-19 surveillance data and increasing uptake of COVID treatments and tests.

"Today's announcement is a recognition that the global threat posed by COVID-19 is not over," said Seth Berkley, CEO of Gavi, the Vaccine Alliance. "While the world has made remarkable progress over the last two years, implementing the largest and fastest global vaccine rollout in history, we cannot afford to be complacent."

Experts call for clampdowns on exploitative formula milk marketing in new Lancet series

The formula milk industry's marketing tactics are exploitative and urgent clampdowns are needed to tackle misleading claims and political interference, according to a new three-paper series published in The Lancet today. Industry influence – which includes lobbying against vital breastfeeding support measures – seriously jeopardizes the health and rights of women and children, the papers show.

"This new research highlights the vast economic and political power of the big formula milk companies, as well as serious public policy failures that prevent millions of women from breastfeeding their children," said Professor Nigel Rollins, Scientist at WHO and author of a paper on formula milk marketing. "Actions are needed across different areas of society to better support mothers to breastfeed for as long as they want, alongside efforts to tackle exploitative formula milk marketing once and for all."

Breastfeeding provides immense and irreplaceable benefits to babies and young children. It helps children survive and develop to their full potential, providing vast nutritional benefits, reducing infection risks and lowering rates of obesity and chronic diseases in later life. Yet, globally, only around 1 in 2 newborns are put to the breast within the first hour of life while fewer than half of infants under 6 months are exclusively breastfed, as per WHO recommendations.

Given the significant contributions of breastfeeding to people's health, the Lancet series recommends much greater support for breastfeeding within healthcare and social protection systems – including guaranteeing sufficient paid maternity leave. Currently, around 650 million women lack adequate maternity protections, the papers note. Misleading marketing claims and strategic lobbying from the dairy and formula milk industries further add to the challenges parents face, by increasing anxiety around breastfeeding and infant care.

An exploitative marketing playbook

Triggered by The Baby Killer investigative report into Nestle's marketing of formula milk in low and middle-income countries in the 1970s, the World Health Assembly developed the International Code of Marketing of Breast-milk Substitutes (the Code) in 1981 and several subsequent resolutions. However, intensive marketing of infant formula continues largely unabated, with sales from these products now approaching US$ 55 billion a year.

The first paper in the Lancet series documents how misleading marketing claims directly exploit parental anxieties around normal infant behaviours, suggesting that commercial milk products alleviate fussiness or crying, for instance, that they help with colic, or prolong night-time sleep. The authors stress that, when mothers are appropriately supported, such parental concerns can be managed successfully with exclusive breastfeeding.

"The formula milk industry uses poor science to suggest, with little supporting evidence, that their products are solutions to common infant health and developmental challenges," says Professor Linda Richter from the University of the Witwatersrand, South Africa. "This marketing technique clearly violates the 1981 Code, which says labels should not idealise the use of formula to sell more product."



The series explains how formula milk marketing exploits the lack of support for breastfeeding by governments and society, while misusing gender politics to sell its products. This includes framing breastfeeding advocacy as a moralistic judgment, while presenting milk formula as a convenient and empowering solution for working mothers.

The series further draws attention to the power of the milk formula industry to influence national political decisions and interfere with international regulatory processes. In particular, the dairy and formula milk industries have established a network of unaccountable trade associations and front groups that lobby against policy measures to protect breastfeeding or control the quality of infant formula.

Society-wide changes needed

In addition to ending exploitative marketing tactics and industry influence, broader actions across workplaces, healthcare, governments, and communities are needed to effectively support women who want to breastfeed so that it becomes a collective societal responsibility, the authors state, rather than placing the onus on women.

In particular, the authors highlight the need to ensure women have adequate maternity protections assured by law, including paid maternity leave that aligns, at minimum, with the WHO-recommended duration of six months for exclusive breastfeeding. Maternity protections should further be extended to the millions of women working in the informal sector who are currently excluded from these benefits, the papers note.

Beyond parental leave, the authors call for formal recognition of the contribution of women's unpaid care work to national development. Globally, women are estimated to perform three-quarters of all unpaid family care work – more than three times that of men. By some accounts, this contributes to around a third of a country's Gross Domestic Product (GDP).

"Given the immense benefits of breastfeeding to their families and national development, women who wish to breastfeed need to be much better supported so that they can meet their breastfeeding goals," said Professor Rafael Pérez-Escamilla from the Yale School of Public Health. "A large expansion in health professional training on breastfeeding, as well as statutory paid maternity leave and other protections are vital."

Expanding training for health workers on breastfeeding is critical, the papers state, so that they can offer skilled counselling to parents before and after birth.

5.4 percent of Zim Households received Govt COVID-19 social assistance: Survey

By Kudakwashe Pembere

Approximately 5.4 percent of Zimbabwean households received Government social protection assistance in the form of COVID-19 cash transfers, 3.3 percent got food and grain assistance, as well as the Government public works programme between 2020 and 2022 the Zimbabwe Statistical Agency (Zimstat) said in a survey report.



Zimstat conducted a Rapid PICES Monitoring Telephone Survey is based on Poverty, Income, Consumption and Expenditure Surveys (PICES) from July 2020 to August 2022.

"The COVID-19 pandemic created an urgent need for timely statistics to help monitor and mitigate the socio-economic impacts of the crisis. The statistics are essential to inform policy formulation, implementation, and evaluation processes.

"Responding to this information need, the Zimbabwe National Statistics Agency (ZIMSTAT), with technical and financial support from World Bank and UNICEF, designed a high-frequency telephone survey of households to measure the socio-economic impact of COVID-19 in Zimbabwe," said Zimstat.

The Government in 2020 had social protection measures program to cushion Zimbabweans against the impact of COVID-19. Social protection measures such as social safety nets provided direct support either in the form of cash or in-kind goods and services to smooth consumption, compensate for loss of incomes, or prevent falls into poverty.

"The Government introduced safety nets on households to mitigate against the impact of the COVID-19 pandemic. At national level, 2.0 percent of the households received COVID-19 cash transfers, 3.3 percent received food/grain and 0.1 percent received assistance from public works program.

"The proportion of households in urban areas who received COVID-19 cash transfers was 6.3 percent compared to 0.3 percent for rural households. In contrast, share of rural households who received food aid was 4.9 percent," read the report.

The report stated that rural households were finding it hard to buy medication as the proportion dropped to 62 percent from 69 percent.

"Twenty-four percent (24%) of households needed medicines or treatment in round 8, compared to 22 percent in round 7. Of these households, 75 percent were able to buy medicine compared to 74 percent in round 7. In rural areas, the proportion dropped to 62 percent, from 69 percent in round 7 (Figure 8). However, in urban areas, the proportion of households that were able to buy medication increased from 82 percent to 95 percent in round 8," Zimstat said. "Further, the proportion of households that were able to access treatment increased from 78 percent in round 7 to 83 percent in round 8. The same pattern was observed in urban areas, where the proportion increased from 78 percent in round 7 to 94 percent in round 8. The percentage of households that were able to access treatment in rural areas remained constant at 78 percent."

Commenting on the social protection status, UNICEF Zimbabwe Country Representative Dr. Tajudeen Oyewale said he was worried with the reduced access to medication in rural areas.

"Looking at the presentation, I also see some mixed results relating to accessing service. Of note to me is the ability of households in rural areas to access medical treatment or pay for medication is showing a downward trend since the 6th round of data collection. In fact, access to medical treatment has declined from 89 per cent in round 6 to 76 per cent in the current round," Dr Oyewale said.

Dr Oyewale also encouraged stakeholders to support the country's social protection programmes.

"I am personally also worried about how the pandemic has impacted on social protection coverage. We have seen from the results that the reach of interventions has been constrained and resulted in poor coverage of the most vulnerable. Survey results show that the proportion of households receiving COVID-19 related assistance is standing at 5.4% against the growing number of vulnerable households. I urge all stakeholders to come together and support the country's social protection programmes," he said.

World Bank Zimbabwe Country Manager Ms. Marjorie Mpundu said the coverage of social assistance is still low.
"Second, more than two years after the pandemic, the coverage of social assistance program remains low compared to the need. Despite many people losing their jobs, livelihoods and income, the coverage and adequacy of social assistance did not increase in response to the large systemic shock of the pandemic," she said.

WHO launches new roadmap on breast cancer

By Staff Reporter

The World Health Organization (WHO) released a new Global Breast Cancer Initiative Framework today providing a roadmap to attain the targets to save 2.5 million lives from breast cancer by 2040. The new Framework launched ahead of the World Cancer Day campaign marked tomorrow, recommends to countries to implement the three pillars of health promotion for early detection, timely diagnosis and comprehensive management of breast cancer to reach the targets.

There are more than 2.3 million cases of breast cancer that occur each year, which make it the most common cancer among adults. In 95% of countries, breast cancer is the first or second leading cause of female cancer deaths. Yet, survival from breast cancer is widely inequitable between and within countries; nearly 80% of deaths from breast and cervical cancer occur in low- and middle-income countries.

"Countries with weaker health systems are least able to manage the increasing burden of breast cancer. It places a tremendous strain on individuals, families, communities, health systems, and economies, so it must be a priority for ministries of health and governments everywhere," said Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, "We have the tools and the know-how to prevent breast cancer and save lives.

WHO is supporting more than 70 countries, particularly low- and middle-income countries, to detect breast cancer earlier, diagnose it faster, treat it better and give everyone with breast cancer the hope of a cancer-free future."

Cancer in women, including breast cancer leave devastating impact for the next generation. A 2020 study by the International Agency for Research on Cancer suggests that with an estimated 4.4 million women dying of cancer in 2020, nearly 1 million children were orphaned by cancer, 25% of which were due to breast cancer. Children who lose their mothers to cancer experience health and educational disadvantages throughout their lives, triggering generational, chronic social disruption and financial harm in many cases.

"Countries need to ensure that this framework engages and integrates into primary health care. This effort would not only support health promotion, but also empower women to seek and receive health care throughout the life cycle," says Dr Bente Mikkelsen, WHO Director for Noncommunicable Diseases. "With effective and sustainable primary health care, we can really see a pathway to universal health coverage."

The newly published framework leverages proven strategies to design country-specific, resource-appropriate, health systems for the delivery of breast-cancer care in low- and middle-income settings. It outlines three pillars of action with specific key performance indicators:

Recommending countries to focus on breast cancer early-detection programmes so that at least 60% of the breast cancers are diagnosed and treated as early-stage disease.

Diagnosing breast cancer within 60 days of initial presentation can improve breast cancer outcomes. Treatment should start within three months of first presentation.

Managing breast cancer so that at least 80% of patients complete their recommended treatment.

Accelerating the implementation of WHO's Global Breast Cancer Initiative has the potential to avert not only millions of avoidable female cancer deaths but also the associated, intergenerational consequences of these deaths.

In 2017, the World Health Assembly passed the Resolution Cancer prevention and control in the context of an integrated approach. Since 2018, WHO has developed integrated initiatives in women's and children's cancers, calling also for the elimination of cervical cancer and a doubling of childhood cancer survival.

Taken together, these initiatives can revert the generational harm from cancers and save more than a million lives in the next ten years. WHO calls on governments, development partners, industries and individuals to take their part to close the care gap and end the generational harms of cancer.

Vitamin D supplements may help reduce the risk of developing type 2 diabetes



Medical News

Individuals with prediabetes have blood sugar levels higher than what is considered healthy but not high enough to be diagnosed as type 2 diabetes.

It is a common condition — about 1 in 3 American adults have prediabetes, according to the U.S. Centers for Disease Control and Prevention. The good news is individuals with prediabetes can still prevent or delay the onset of type 2 diabetes.

A new systemic review and meta-analysis have found a higher vitamin D intake by individuals with prediabetes was associated with a 15% reduced risk of developing type 2 diabetes.

A paper about the review was published in the Annals of Internal Medicine.

Get the latest diabetes updates in a weekly newsletter. Whether it's for you or a loved one, we gather research on risk factors, nutrition, treatment, and more.

Other studies, including one-Trusted Source from 2013, have reported an association between an individual's blood 25-hydroxyvitamin D, a standard measure of the body's vitamin D levels, and risk for developing type 2 diabetes.

However, the researchers behind the review and analysis point out in their paper that no study has established whether vitamin D supplements decrease the risk of developing type 2 diabetes in patients with prediabetes.

Other studies have looked at vitamin D supplements in people with prediabetes, the researchers write, but "the observed differences were not statistically significant, and the reported relative risk reductions (10% to 13%) were smaller than each trial was powered to detect (25% to 36%)."

Dr. Anastassios G. Pittas, chief of endocrinology, diabetes, and metabolism at Tufts Medical Center and a co-author of the paper about the review, led the D2D study published in 2019 that followed participants at high risk for developing type 2 diabetes who took 4,000 IU of vitamin D daily. With that study, supplementation did not result in a statistically lower risk of diabetes than placebo.

"It showed a 12% relative risk reduction, which was not statistically significant. And that's because the result was smaller than our trial was powered to detect, which was 25%," Dr. Pittas told Medical News Today.

Two other studies, one which studied participants from Norway and anotherTrusted Source out of Japan, both showed similar reductions in the number of prediabetic individuals who developed type 2 diabetes. In both cases, those results were not found statistically significant because the reductions were smaller than the studies were designed to detect.

Because the previous results were not found to be statistically significant, the researchers decided to conduct a systemic review and meta-analysis.

"This is what meta-analysis do, especially in the individual participant data; they increase the statistical power of the study to show benefit or risk actually, as well. And so that's why we combined the data to see if we would be able to show that this result, which was again, so similar amongst the three studies, whether it was statistically significant," Dr. Pittas said.

2 different types of vitamin D

For the current review, the authors conducted a systemic review of the published literature looking for randomized, placebo-controlled diabetes prevention trials of vitamin D supplements in adults with prediabetes. That resulted in 3,835 citations from databases PubMed and Embase and 270 records from clinicaltrials.gov.

Of these, 44 articles and all 270 clinicaltrials.gov records were screened. Three trials met the eligibility criteria. These were the 2019 study led by Pittas and the studies out of Norway and Japan.

The study out of Norway looked at 511 participants. The study out of Japan had 1,256 participants. The 2019 study led by Dr. Pittas had 2,423 participants.

The participants were not given the same vitamin D supplementation because of the different locations where the studies were conducted. Participants in the Norway and U.S. study received cholecalciferolTrusted Source, while the Japanese participants received eldecalcitolTrusted Source.

Of the combined 4,190 participants, 44% were women, 51% identified as white or European, 33% identified as Asian, and 15% identified as Black. The mean age of participants was 61. The mean Body Mass Index was 31, and the mean serum 25-hydroxyvitamin D level was 63 nanomoles per liter. The studies had a median follow-up of three years.

A consortium that included subject matter experts and the principal investigator from each study found eligible for the meta-analysis was formed.

Researchers obtained deidentified data sets from each study and gave the databases unified coding. The researchers then performed an IPD meta-analysis-Trusted Source of the data.

Low frequency of adverse effects

When the authors of this review compiled individual participant data, they found vitamin D reduced the risk of developing diabetes by 12% in an unadjusted intention-to-treatTrusted Source analysis and 15% in an adjusted intention-to-treat analysis.

The rate of participants experiencing prespecified events like kidney stones, hypercalcemia, and hypercalciuriaTrusted Source was low. In the combined analysis, there were no statistically significant differences between vitamin D and placebo groups of adverse effects.

"We're not super surprised because. [t]he [three separate] trials were very, very similar in the population they studied, in the outcome they measured and in the result was about the same," Dr. Pittas told MNT.

"You just never know when you do a study what the final result will be, but we're not super surprised [b]ecause we essentially increased the statistical power. So meta-analysis is almost like doing original trials, but all of a sudden adding two-thirds more of the population," he added.

The authors of the review point out that the reduction of risk of developing diabetes is not as great as other diabetes prevention strategies.

Intensive lifestyle modification resulted in a 58% lower risk, and taking the drug metformin resulted in a 31% lower risk of developing diabetes in a 2002 studyTrusted Source.

Safety of vitamin D supplements

An editorial published in the same issue of Annals of Internal Medicine warns that the highest level of vitamin D intake "that carries no appreciable risk for adverse health effects, is set by all government agencies at 100 mcg (4,000 IU)."

The editorial pointed to two randomized clinical trials, including this one from 2018Trusted Source, where adult participants taking 250 micrograms (10,000 international units) of vitamin D daily for one to three years reported increased risk for adverse effects.

The authors go on to advise that "Very-high-dose vitamin D therapy might prevent type 2 diabetes in some patients but may also cause harm."

That, Dr. Pittas told MNT, is a "reasonable point."

However, he added a caveat: "[T]he one message I'd like to make that may not be conveyed by this editorial is that the benefit-risk ratio depends on the population and the condition you're targeting."

If an individual is at average risk for bone disease, Dr. Pittas provided as an example, the guidelines likely apply to you, "and it's safe to no risk."

"But if you are at risk for diabetes, then the guidelines are not very useful if you're trying to prevent diabetes. And so, according to this meta-analysis, based on the trials, vitamin D at higher doses than typically recommended for the general population for supplement [to] decrease can reduce your risk of diabetes. In the meta-analysis, we did not find any risk."

— Dr. Anastassios G. Pittas

More research on vitamin D needed

Dr. Elena Zamora, assistant professor of medicine with McGovern Medical School at UTHealth Houston, pointed out that four in ten adults are believed to be vitamin D deficient.

"The literature in the past has not reached a consensus regarding vitamin D and the correlation of chronic disease, so I appreciated that scholarly activity and meta-analysis has been devoted to this topic. And I think that it's important that we continue this area of research given that there are vitamin D receptors in our muscle, heart and brain and immune system," she told MNT.

Dr. Zamora cautioned, however, that the majority of dietary supplements are not regulated.

"We've heard about contamination with microbes, metals that may be found in supplements. And so, as more and more correlations with vitamin D levels and chronic comorbid conditions. [are reported], I think we also need to parallel the regulation of supplements," she said.

Dr. Pittas plans to undertake research in the future looking at what dose of vitamin D provides the best reduction of risk of developing type 2 diabetes in adults with prediabetes with few adverse effects.

Bandits Kill MSF Medical Staff In Burkina Faso

By Michael Gwarisa



ARMED men yesterday morning (8/2/23) shot and killed two Médecins Sans Frontières (MSF) medical staff in the Boucle du Mouhoun region, in northwestern Burkina Faso.

The now deceased were on board an MSF vehicle, clearly identified as such, carrying a medical team of four on the road between Dédougou and Touga. The other two managed to escape the attack.The two victims, both from Burkina Faso, had been employed by MSF as a driver, since July 2021, and a logistics supervisor, since June 2020. They were 39 and 34 years old, respectively.

In a statement, MSF announced that they were suspending its medical activities in the Boucle du Mouhoun region until the organisation will have a better understanding of this tragic event.

"We are shocked and outraged by this killing. This is a deliberate and intentional attack on a clearly identified humanitarian team, during its medical work, explains Dr Isabelle Defourny, president of MSF. Our priority is to support the two colleagues who survived the attack, as well as the families and loved ones of our missing colleagues. We are also going to engage with all the parties to the conflict to understand what happened."

Burkina Faso is facing an unprecedented political, security and humanitarian crisis, resulting in the displacement of nearly two million people following violence and fighting between armed groups and government forces.
Between July and December 2022, MSF teams in Burkina Faso, working in four regions of the country, provided nearly 400,000 primary health consultations and assisted in the delivery of nearly 4,300 women.

Don't Arrest Drug Users says local CSO

By Staff Reporter

FOLLOWING the recent announcement by Harare Metropolitan Province Minister, Mr Tafdzwa Muguti that government will be arresting and jailing drug users, a local Civil Society Organisation (CSO), the Zimbabwe Civil Liberties and Drug Network(ZCLDN) has called on government to find alternative ways of dealing with the matter.

The ZCLDN advocates for safer and less harmful ways of using drugs in those who use rather than criminalization of drug and substance abuse.

ZCLDN in a statement said jailing drug users was not the solution.

"For starters, the utterances by the Hon Minister defeat the purpose and reasons on why the government of Zimbabwe adopted the Zimbabwe National Drug Master Plan as a guideline on how to deal with drug use in Zimbabwe. The utterances further rubbish the country`s interministerial committee which was put in place by His Excellency, President Emmerson Mnangagwa, as a vehicle to deal with all issues that deal with drug use in Zimbabwe.

"While we agree that the excessive use of drugs and dangerous substances should be stemmed, especially now that the practice has permeated into our schools, we respectfully beg to differ with the notion that arresting the drug users is the way to go. For God's sake, these people deserve harm reduction, rehabilitation and not criminalisation and arrest as exhorted by the Hon. Minister," said Mr Box.

He added that the Minister's utterances were eposiing him of his ignorance

"We have every reason to doubt whether the Hon. Minister is even aware of these instruments and measures put in place by the government to deal with people who use drugs and dangerous substances in Zimbabwe. According to the just completed Zimbabwe Situational Analysis on Drug Use in Zimbabwe, illicit drug use is a public health concern rather than a criminal issue. Further, Zimbabwe's jails cannot accommodate nearly a quarter of a million Zimbabweans who are reportedly taking drugs across the board."

He says the stance taken by the Minister is a sign that his office and advisors do discriminate and stigmatise people who use drugs in Zimbabwe.

"It is disconcerting that instead of alleviating the plight of people who use drugs through the provision of treatment services and harm reduction drop-in centres, the Honourable Minister found it prudent to condemn the already burdened young men and women amongst us who deserve rehabilitation and not criminalisation.

It is pertinent in the context of the Hon. Minister's ill-informed utterances to note that Section 76(1) of the Zimbabwean Constitution provides that "…every citizen and permanent resident of Zimbabwe has the right to access basic health-care services, which include reproductive healthcare services." Section 76(2) further states that "…every person living with a chronic illness has a right to have access to basic health-care services for the illness".

As such, for Zimbabwe to win over the scourge of illicit drug use, there is need for drug policy reform and decriminalization of drug use in order to find sustainable and evidence-based alternatives that are grounded in the promotion and respect of human rights. There is need for the government of Zimbabwe to fund the Zimbabwe National Drug Master Plan and the Interministerial Committee to do its work according to the plan.

"ZCLDN further believes that, criminalization will force people who use drugs to go underground in hidden spaces and shun healthcare services. As such, to address the health concerns of people who use drugs, rather than criminalizing and incarcerating them , it is prudent to establish drop-in centres to cater for harm reduction services, treatment, detoxification, rehabilitation, psycho-social support and community reintegration.

"We therefore refer the government to consider the recommendations of the Situational Analysis on Drug Use and Injection held recently in 5 Provinces to inform the TB and HIV Programming in Zimbabwe that was spearheaded by ZCLDN in partnership with the National AIDS Council, UNAIDS and the Global Fund. The recommendatioms urge harm reduction, rehabilitation and not criminalisation and arrest as called for by the Hon. Minister."

UN Environment Programme Senior Official Sonja Leighton to Visit Zimbabwe

By Staff Reporter

The United Nations Environment Programme (UNEP) Acting Deputy Executive Director, and Director of Corporate Services Ms. Sonja Leighton-Kone will visit Zimbabwe from 06 to 11 February 2023.

During her visit, Ms. Leighton-Kone will meet with His Excellency President E.D. Mnangagwa; and other senior Government officials including Minister of Foreign Affairs and International Trade; Minister of Environment, Climate, Tourism and Hospitality Industry; Minister of Energy and Power Development; and Minister of Lands, Agriculture, Water, Fisheries and Rural Development. In addition, Ms. Leighton-Kone will be meeting with the UN Resident ad Humanitarian Coordinator Mr Edward Kallon and the UN Country Team.

During her visit Ms Leighton will engage senior Government officials on environmental opportunities and challenges especially issues linked to triple planetary crisis of climate change, loss of nature and biodiversity, and waste and pollution. Her discussions with Government will include on strengthening collaboration with UNEP and marshalling practical solutions to the triple planetary crisis supported by UNEP as part the 2022-2026 Zimbabwe UN Sustainable Development Cooperation.

Ms Leighton will also have consultations with the UN Resident and Humanitarian Coordinator, Heads of UN agencies in Zimbabwe and the UN Country Team on enhancing coordination and cooperation in the delivery of support to the country.

Facilitated by the Ministry of Environment, Climate, Tourism and Hospitality Industry, Ms. Leighton will also travel to the field to see projects on environmental sustainability.
Ms. Leighton-Kone will be accompanied by Frank Turyatunga, Regional Director, and Representative for Africa; Ms. Meseret Teklemariam Zemedkun, Head, UNEP Southern Africa Sub-Regional Office; and Rami Abdel Malik, Special Assistant to the Deputy Executive Director.



Cabotegravir long-acting PrEP out of reach for upper middle-income nations

Prices charged for injectable cabotegravir PrEP will need to fall substantially for upper middle-income countries to benefit from its use as an HIV prevention measure, according to an assessment of affordability published in Open Forum Infectious Diseases.

At current prices, injectable PrEP will remain out of reach and will have little impact on global HIV numbers, the study concludes.

Clinical trials in gay and bisexual men and transgender women and in cisgender women show that people receiving injectable cabotegravir were between 70% and 90% less likely to acquire HIV compared to people taking a daily tenofovir/emtricitabine pill.
Glossary
middle income countries
exclusion criteria
cost-effective
low income countries
oral

The World Health Organization recommends injectable cabotegravir PrEP for people at substantial risk of acquiring HIV. Cabotegravir injections are needed every two months.

A cost-effectiveness study of injectable PrEP estimated that if a third of young men and 60% of young women in South Africa received the injectable form of PrEP, 42,000 HIV infections could be avoided by 2028.

But for cabotegravir PrEP to be cost-effective compared to oral PrEP in South Africa, the price per injection needs to fall to $9 - $14 per injection, or a cost of $60 to $119 a year, the study found. The Clinton Health Access Initiative estimates that cabotegravir injectable PrEP could be manufactured for $15 - $20 a year if there was sufficient demand.

"According to the latest CHAI market report, around 2.8 million people received PrEP in LMICs in 2021," Dr Andrew Hill of Liverpool University told aidsmap.

Zim's National Disability Bill under review

By Kudakwashe Pembere

Zimbabwe is reviewing its National Disability Bill in the bid to align it with the Convention on the Rights of Persons with Disabilities the country ratified about a decade ago.

This was said during a validation of the policy lab model for Organizations of Persons with Disabilities (OPDs) workshop ending tomorrow.

UNESCO Regional Office for Southern Africa Director and Representative Professor Lidia Arthur Brito said the workshop comes at the nick of time following the launch of the National Disability Policy last year which was officiated by President Emmerson Mnangagwa.

" Dear participants, as you are aware, the Government of Zimbabwe successfully launched the National Disability Policy in June 2021 and currently in the process of reviewing the Disability Bill so it aligns to the Convention on the Rights of Persons with Disabilities. So, we do have legislative processes in process and therefore we feel that this workshop is very timely. This processes of future development of reviewing pieces of legislation are not to be missed by persons with disabilities," she said.

She also said Zimbabwe is among 26 countries implementing the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) Multi-Partner Trust Fund (MPTF).

"Currently Zimbabwe is among one of the 26 countries selected globally to implement the UNPRPD. In our case it is really concentrating on strengthening disability rights, accountability, governance and coordination in Zimbabwe. This is a two-year program. We started at the end of 2021. We still have 2023 to implement many of the activities in the project but we are of course hoping that this project will allow to go further and continue to work with organisations of people with disability in Zimbabwe," Prof. Brito said.



Prof Lidia Arthur Brito

Prof. Brito said Zimbabwe's experiences will be cascaded to other countries.

"And even from Zimbabwe, also reaching to other countries. In the region we also have a multi-country program that is starting. We have a program in Eswatini. But because it is in Zimbabwe, that we really started, I hope that all the learning and the knowledge production in Zimbabwe can then influence what we are doing in all the other countries," she said.

She also bemoaned how lack of capacitation and resources for OPDs hinder their participation in high level policy decision making processes. The Policy Lab Model for OPDs is a tool for PWD to engage duty bearers, she said.

"We are also very thankful to colleagues in the work that manage the UNPRPD programs for the support they are giving in Zimbabwe and other countries in our region. Ladies and gentlemen, UNESCO ROSA is collaborating with the National Association of Societies for the Care of the Handicapped (NASCOH) (NASCOH) and Federation of Organisations of Disabled People in Zimbabwe (FODPZ) umbrella bodies for persons with disability in building capacity for organisations for persons with persons with disabilities to effectively engage duty bearers in policy making processes."

She added that the next step is to make sure that people with disabilities are part of the processes of legislation development processes and therefore guaranteeing that their voices, their needs and also their knowledge is embedded in the policies and legislation of the country.

"In this workshop, what we are testing and piloting is really to present this new policy lab model and hoping that in two days we can have the validation from your side and as part of a consultative process we have our main implementing partner that African Disability Alliance to finalise this too. We are hoping the experience in Zimbabwe will allow us to bring this to other countries in the region," she said.

Zimbabwe National Commission for Unesco Secretary General Ms Margaret Chirapa said consultations were done with concerned parts in reviewing the National Disability Bill.

"As many of you are aware, the Government of Zimbabwe launched the national disability policy in June 2021 and is now in the process of reviewing the National Disability Bill of 1992 so that this key piece of legislation aligns with CRPD. I believe that some OPDs in this room were engaged in some disability bill processes," she said.
"Moving forward after the finalization of this Policy Lab for OPDs that we are looking at over the next two days, we hope organisations of persons with disabilities will use this evidence based tool to engage with duty bearers."

Antimicrobial Resistance To NTDs Medicines On the Increase

By Michael Gwarisa

THE World Health Organisation (WHO) is currently working on developing alternative or second-line treatments, or combination therapies of existing Neglected Tropical Diseases (NTDs) medicines, following indications that some NTDs were developing resistance to the different antimicrobials used to treat Neglected Tropical Diseases (NTDs), a new report has announced.

The emergence of treatment failure has already been observed in kinetoplastids and in the causative organisms of leprosy among the bacterial NTDs. This development could hamper efforts in countries such as Zimbabwe where Leprosy has resurfaced and has reportedly been on the increase since 2020.

According to the 2023 Global report on neglected tropical diseases, this development whereby resistance to NTD treatment is being recorded threatens to derail progress towards the road map targets.

Various levels of antimicrobial resistance have also been reported in relation to the medicines used to treat human African trypanosomiasis (melarsoprol), all forms of leishmaniasis (pentavalent antimonials) and leprosy (dapsone, rifampicin, fluoroquinolones). Most anthelminthic medicines used in NTD programmes are also used to treat parasitic infections in animal populations: although resistance has been documented in animals, this is not the case yet in humans, but the risk cannot be underestimated.

The development and spread of resistance by pathogens to the different antimicrobials used to treat NTDs threatens to derail progress towards the road map targets. The emergence of treatment failure is a phenomenon that has already been observed in kinetoplastids and in the causative organisms of leprosy among the bacterial NTDs. It is therefore of paramount importance that drug efficacy is closely monitored throughout the NTD spectrum, and that surveillance mechanisms to monitor current and emerging resistance are systematically and thoroughly instituted in NTD interventions," said the Report.

WHO has started supporting action and networks to monitor the efficacy of treatments for NTDs, and is committed to reinforcing collaboration with relevant sectors and stakeholders. This includes includes the causative agents of eumycetoma in the WHO list of high-priority fungal pathogens for research, development and public health action, including antimicrobial resistance (58), and more than 10 national schistosomiasis and STH programmes that have been distributing anthelminthics for more than six years are currently being monitored through a standardized protocol (59).

WHO has also published a guide for surveillance of antimicrobial resistance in leprosy; 2017 update (60) that helps countries in establishing or strengthening sentinel surveillance systems for determining primary and secondary resistance to rifampicin, dapsone and ofloxacin in treatment of leprosy; such systems are currently in place in over 50 countries.

"Work focusing on the development of alternative or second-line treatments, or combination therapies of existing medicines, as mentioned above in 3.1.4, is also contributing to ensure that interventions against specific NTDs remain efficacious."

Meanwhile, in January 2021, WHO published its second road map for neglected tropical diseases (NTDs), with the goal of controlling, eliminating or eradicating many of these diseases by 2030. The road map was launched at a critical time, as the COVID-19 pandemic severely disrupted health systems, including supply chains for NTD medicines and health products, especially in low- and middle-income countries.

"These disruptions jeopardized support for prompt diagnosis, treatment and care, as well as for the provision of essential interventions such as vector control and veterinary public health, which are the mainstay of NTD programme activities. Other emergencies, such as conflict, flooding and earthquakes, further interrupted activities and compounded the NTD disease burden. Together, these challenges pose a significant risk to achieving the targets of the 2030 road map," said Dr Tedros Adhanom Ghebreyesus, the Director-General World Health Organization.

Unpacking Zimbabwe's post abortion care responsibility and gaps

By Memory Pamela Kadau

Across the world, abortion related complications constitute part of the major reasons women seek emergency obstetric care. According to the Post Abortion Care Consortium, Post abortion care (PAC) consists of emergency treatment for complications related to spontaneous or induced abortions.

It also includes family planning and birth spacing counseling, and provision of family planning methods for the prevention of further mistimed or unplanned pregnancies that may result in repeat induced abortions. Comprehensive PAC also includes services such as medical assessment for sexually transmitted infections, including HIV/AIDS.

Zimbabwe, like other 180 countries, is bound by the 1994 International Conference on Population and Development (ICPD). All the countries agreed that no matter what an individual country's official position on legalities of abortion, they would commit to provide health care services to women who need them.
Paragraph 8.25 of the 1994 ICPD convention states that, "In all cases, women should have access to quality services for management of complications arising from abortion. Post abortion counseling, education and family planning services should be offered promptly, which will help to avoid repeat abortions."

It therefore means that Zimbabwe has a responsibility to provide quality PAC to all women regardless of how a termination of pregnancy has occurred. It should be commended that Zimbabwe public health services offers PAC services to women and girls.

It is important to note that abortion-related complications can result in severe morbidity. This is moreso, in a situation where safe abortion is either unavailable or restricted, as the case with Zimbabwe's Termination of Pregnancy (ToP) Act. The limitations in access to safe abortion has seen the country experiencing tens of thousands of unsafe or 'back yard' abortions each year.

Worldwide, especially in developing countries, abortion-related complications are a significant and preventable cause of maternal mortality. Research shows that these account for 8–9% of maternal deaths globally, with 42 to 63 women dying out of every 100 000 abortions.

Furthermore, a review of 70 studies from 28 countries estimated that at least 9% of women admitted to hospital for abortion-related reasons had a near-miss event, i.e., they had complications, such as severe hemorrhage, that would have most likely resulted in death had they not made it to hospital.

However, in Zimbabwe, public health facilities are ill equipped to provide comprehensive PAC services especially in rural areas, informal urban settlements, mining, and farming communities. In most of these areas, cases of repeat abortions are common, and these can be reduced by integrating contraceptive services in abortion and post-abortion care services.



According to one study by Riley, Madziyire and Chipato; an estimated 65,000 abortions occurred in Zimbabwe in 2016, and 40% resulted in complications that required treatment. The study evaluated two components of quality of care: structural quality, using PAC signal functions, a monitoring framework of key life-saving interventions that treat abortion complications; and process quality, which examines the standards of care provided to PAC patients.

The research found critical gaps in the availability of PAC services; only 21% of facilities had basic PAC capability and 10% of referral facilities had comprehensive capability. For process quality, only one-fourth (25%) of PAC patients were treated with the appropriate medical procedure. The health system had only 41% of the basic PAC facilities recommended for the needs of Zimbabwe's population, and 55% of the recommended comprehensive PAC facilities.

These findings illustrate the large gaps in the availability and distribution of facilities with basic and comprehensive PAC capability in the country. These structural gaps are a contributing barrier to the provision of quality PAC services to all women needing them. The gaps are even more stark in rural, informal peri-urban, mining and farming communities where health facilities are either not available or poorly equipped. It is therefore clear that the country need to increase focus and investment in expanding the provision of and improving the quality life-saving PAC services.

This is more important and urgent because PAC has been shown to lower mortality and morbidity related to unsafe abortion, and to reduce future unwanted pregnancies by providing contraceptive services.
Additionally, Zimbabwe is bound by the 1994 ICPD to which it committed to address abortion-related morbidity and mortality through the provision of quality health care. Part of the commitment must extend to reforming abortion laws to make safe abortion available to all women requiring it.

In conclusion, evidence shows that despite the global commitment in 1994 by countries like Zimbabwe to provide quality post-abortion care, in practice there is still a long way to go. Increasing the provision of such care is essential to reduce the level of abortion related morbidity and mortality which is a major concern for women. Greater emphasis should be placed on preventing unwanted pregnancies and nsafe abortion, and on improving access to PAC in health-care facilities (by fully funding PAC), especially in marginalized communities. In fact, missed opportunities to improve women's health and wellbeing include lack of access to safe abortion and PAC services. Making these available would go a long way in enhancing the bodily integrity of women in Zimbabwe.

Abortion Pills Could Be Banned Everywhere Within Days. Here's What You Need to Know

By Carter Sherman

A common, effective abortion-inducing drug could be banned nationwide within a matter of days, thanks to a "loose cannon" of a judge appointed by former President Donald Trump.

In late 2022 four doctors and anti-abortion groups sued the Food and Drug Administration, accusing the agency of overstepping when it approved the use of the drug mifepristone in abortions in 2000. These abortion foes want to erase that approval—a move that would yank mifepristone off the market across the United States, regardless of whether a state protected access to abortion after the fall of Roe v. Wade last year.
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Mifepristone is one of the most well-studied drugs on the market, experts say. Not only has it been proven safer than drugs like penicillin and Viagra, but it's 18 times safer than childbirth.

"This case could effectively ban medication abortion nationwide. That means people in every state—including states like New York, Illinois, and California—will not be able to get abortion pills," Jenny Ma, senior counsel for the Center for Reproductive Rights, told VICE News in a statement. "Medication abortion is incredibly safe and has been used in the U.S. for more than 20 years. More than half of abortions in the U.S. are done using medication abortion. The science and evidence is indisputable."

But that science and evidence might not matter, according to abortion rights supporters, because this lawsuit was filed in federal court in Amarillo, Texas. Filing a lawsuit that could reshape abortion access nationwide in a remote northwestern Texas town (with a population of 201,000) might seem random, but it's actually a cunning tactic. That's because that court is overseen by Judge Matthew Kacsmaryk, a 2019 Trump appointee famous for his conservative views on abortion and LGTBQ rights—and his willingness to take a hammer to national policy.
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In other words, for anti-abortion activists looking for a friendly ear, Kacsmaryk may just be perfect. And if Kacsmaryk backs the anti-abortion activists' new lawsuit, his ruling could be appealed to the U.S. Court of Appeals for the Fifth Circuit, which is famously conservative-leaning, then to the Supreme Court, with its 6-3 conservative majority.

"People are increasingly worried not because the legal theory started to make more sense when they thought about it. They got increasingly worried because they realized it was going to a judge who was probably going to rule in a way that was purely ideological and not related to the law," said Joanna Grossman, a visiting professor at Stanford Law School, who called Kacsmaryk a "loose cannon." She added, "It's not a good claim, and yet it will probably be accepted."

Formerly an attorney at a law firm devoted to handling religious liberty cases, Kacsmaryk has previously called being transgender "a delusion." In 2015, he wrote an article that condemned "the lie that the human person is an autonomous blob of Silly Putty unconstrained by nature or biology, and that marriage, sexuality, gender identity, and even the unborn child must yield to the erotic desires of liberated adults."
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Then, in 2022, Kacsmaryk took aim at Title X, the nation's largest family planning program and a key source of contraception for poor people and minors. Kacsmaryk claimed that the program was unlawful, because it didn't require that minors get parental consent before they get help through Title X. His ruling was the first major legal attack on birth control since the overturning of Roe.

In the wake of Roe's overturning last year, abortion pills have become an increasingly important frontier in the U.S. abortion wars. While the Biden administration has repeatedly moved to make them easier to access, including by allowing normal pharmacies to dispense the pills to anyone with a prescription, abortion foes have struck back by suggesting that pharmacies who end up carrying the pills may face dire legal consequences. At the National Pro-Life Summit in Washington, D.C., last month, activists suggested that allowing pharmacists to dispense abortion pills would turn every CVS and Walgreens into an abortion clinic.
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The anti-abortion doctors and group behind the Texas lawsuit are being represented by the Alliance Defending Freedom, a powerhouse legal advocacy group that has architected much of the religious right's assault on abortion and LGBTQ rights. The organization was even behind the Mississippi abortion ban that was at the heart of the Supreme Court case overturning Roe.

At the Summit, Alliance Defending Freedom senior counsel Denise Harle told a roomful of excited young anti-abortion activists about the Texas lawsuit. "Really, primarily, this is about protecting women and girls," she told them. (One of the doctors who brought the lawsuit.

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Don't Arrest Drug Users says local CSO

By Staff Reporter

FOLLOWING the recent announcement by Harare Metropolitan Province Minister, Mr Tafdzwa Muguti that government will be arresting and jailing drug users, a local Civil Society Organisation (CSO), the Zimbabwe Civil Liberties and Drug Network(ZCLDN) has called on government to find alternative ways of dealing with the matter.

The ZCLDN advocates for safer and less harmful ways of using drugs in those who use rather than criminalization of drug and substance abuse.

ZCLDN in a statement said jailing drug users was not the solution.

"For starters, the utterances by the Hon Minister defeat the purpose and reasons on why the government of Zimbabwe adopted the Zimbabwe National Drug Master Plan as a guideline on how to deal with drug use in Zimbabwe. The utterances further rubbish the country`s interministerial committee which was put in place by His Excellency, President Emmerson Mnangagwa, as a vehicle to deal with all issues that deal with drug use in Zimbabwe.

"While we agree that the excessive use of drugs and dangerous substances should be stemmed, especially now that the practice has permeated into our schools, we respectfully beg to differ with the notion that arresting the drug users is the way to go. For God's sake, these people deserve harm reduction, rehabilitation and not criminalisation and arrest as exhorted by the Hon. Minister," said Mr Box.

He added that the Minister's utterances were eposiing him of his ignorance

"We have every reason to doubt whether the Hon. Minister is even aware of these instruments and measures put in place by the government to deal with people who use drugs and dangerous substances in Zimbabwe. According to the just completed Zimbabwe Situational Analysis on Drug Use in Zimbabwe, illicit drug use is a public health concern rather than a criminal issue. Further, Zimbabwe's jails cannot accommodate nearly a quarter of a million Zimbabweans who are reportedly taking drugs across the board."

He says the stance taken by the Minister is a sign that his office and advisors do discriminate and stigmatise people who use drugs in Zimbabwe.

"It is disconcerting that instead of alleviating the plight of people who use drugs through the provision of treatment services and harm reduction drop-in centres, the Honourable Minister found it prudent to condemn the already burdened young men and women amongst us who deserve rehabilitation and not criminalisation.

It is pertinent in the context of the Hon. Minister's ill-informed utterances to note that Section 76(1) of the Zimbabwean Constitution provides that "…every citizen and permanent resident of Zimbabwe has the right to access basic health-care services, which include reproductive healthcare services." Section 76(2) further states that "…every person living with a chronic illness has a right to have access to basic healthcare services for the illness".

As such, for Zimbabwe to win over the scourge of illicit drug use, there is need for drug policy reform and decriminalization of drug use in order to find sustainable and evidence-based alternatives that are grounded in the promotion and respect of human rights. There is need for the government of Zimbabwe to fund the Zimbabwe National Drug Master Plan and the Inter-ministerial Committee to do its work according to the plan.

"ZCLDN further believes that, criminalization will force people who use drugs to go underground in hidden spaces and shun healthcare services. As such, to address the health concerns of people who use drugs, rather than criminalizing and incarcerating them , it is prudent to establish drop-in centres to cater for harm reduction services, treatment, detoxification, rehabilitation, psycho-social support and community reintegration.

"We therefore refer the government to consider the recommendations of the Situational Analysis on Drug Use and Injection held recently in 5 Provinces to inform the TB and HIV Programming in Zimbabwe that was spearheaded by ZCLDN in partnership with the National AIDS Council, UNAIDS and the Global Fund. The recommendatioms urge harm reduction, rehabilitation and not criminalisation and arrest as called for by the Hon. Minister."

Four Neglected Tropical Diseases That Shouldn't Be

OWN CORRESPONDANT

Did you know that 1 billion people worldwide are affected by neglected tropical diseases? Neglected tropical diseases (NTDs) are parasitic and bacterial conditions predominantly found in tropical regions of the world that plague many low-income and marginalized populations.

In the Pacific Islands, USAID works with national and local governments, development partners, and communities to build awareness, conduct screenings, and deliver medicine to help combat the following four most prevalent neglected tropical diseases affecting the region.
Lymphatic Filariasis

This neglected tropical disease is transmitted through infected mosquitos. When a person is bitten, the disease commonly inflicts damage to the kidneys, immune system, and lymphatic system. Painful swelling, body deformities, and severe disability are also possible — leading to the nickname "elephantiasis".

In Papua New Guinea, the World Health Organization (WHO) has identified lymphatic filariasis as a frequent and widespread problem, present in 14 of the nation's 22 provinces. A variety of treatment methods, including antiparasitic drugs and chemotherapy, are critical to stopping the spread of the disease and reducing the number of people at risk of developing this condition. In the country's East New Britain Province, USAID supported a lymphatic filariasis drug treatment campaign. As of May of last year, the campaign had treated nearly 83% of the provincial population.
A WHO health care specialist examines a man with lymphatic filariasis (elephantiasis) in Papua New Guinea. / WHO.

Scabies

Designated as a neglected tropical disease by WHO in 2017, scabies is an infection caused by mites that burrow beneath the skin. It causes severe irritation to the skin and itching. At its worst, scabies causes skin sores or crusted, scaly skin; heart disease; kidney disease; and even death. Scabies is spread through direct skin contact.

Due to the tropical climate and inaccessibility of treatment, communities in the Pacific Islands are more susceptible to scabies infestations. Using antiparasitic drugs provided by USAID and WHO, Vanuatu has become a model for successful scabies eradication in the region. The country has been able to complete the first phase of its scabies treatment plan across one third of its provinces — successfully treating over 8% of the nation's population.

Since late 2022, USAID has aided other Pacific Island nations in combating scabies using similar methods to those in Vanuatu. In October, USAID and the World Scabies Program supported Fiji in launching its drug treatment campaign against the disease.

Soil-Transmitted Helminths

Soil-transmitted helminths (intestinal worms) are worms that live in a person's intestines and are spread through contact with contaminated feces in soil. Eating fruits and vegetables that were improperly washed or cooked and contaminated with soil-transmitted helminths may lead to diarrhea, stomach pain, and physical or cognitive disabilities.

The Pacific Islands are especially at risk of soil-transmitted helminths due to the tropical climate. In Vanuatu, USAID partners with WHO and the government to screen for the disease and deliver antiparasitic drugs to communities most in need. Since 2021,

Nestlé Recipes for your family

Today's generation has grown up in restaurants and fast-food canteens and the tradition of cooking healthy nutritious meals together slowly starts to disappear. Although the fast-food route might seem convenient, it comes at a price. Restaurant meals and fast foods are usually high in saturated fats, salt and artery clogging-cholesterol. But you can spare yourself from all these with smart home cooking habits and recipes.

Preparing and eating meals at home is a better choice for many reasons. Several studies have shown that people who cook more often, instead of getting fast food, have an overall healthier diet. Home-cooked meals are usually healthier and taste better because the cook has control over the ingredients in meals prepared than at restaurants.

Learning how to plan healthy meals may save more money on your food budget, allowing you to save money to buy other necessities.

Here are a few good recipes to get you started:
NESTLÉ CREMORA Milk Tart Rusks

Ingredients: ½ Cup NESTLÉ CREMORA ORIGINAL

1/3 Cup Warm Water

1 ½ Cups Cake Flour

2 Teaspoons Ground Cinnamon

2 Teaspoons Baking Powder

½ Teaspoon Salt

½ Cup Light Brown Sugar

½ Cup (115g) Oil

2 Extra Large Eggs
Method

Add NESTLÉ CREMORA ORIGINAL into a bowl
Add warm water and whisk until smooth
Set aside to cool
Sift cake flour, ground cinnamon, baking powder and salt in another bowl
Add light brown sugar, oil and eggs to cooled NESTLÉ CREMORA ORIGINAL mixture
Whisk until smooth
Pour mixture into baking tray until ¼ full
Bake at 180 Degrees Celsius for 60 minutes
When batter pulls away from sides of tray, it is ready
Take loaf out of tray and place on a rack to cool off
Cut loaf into 4 long strips then into rusk size rectangles
Place the rusks evenly spaced out on a cooling rack over a baking tray to create airflow
Wedge a wooden spoon between oven and oven door to help keep door slightly open
Bake at 90 Degrees Celsius with door still slightly ajar
The stored rusks can last for up to a month at room temperature

Frozen Milo Energy Pops

Ingredients

9 heaped tablespoons of NESTLÉ MILO
3 Teaspoons Sugar

80ml Hot Water

300ml Cold Water
Method

Combine NESTLÉ MILO, sugar and hot water in a bowl
Mix until dissolved
Pour and stir in cold water
Pour the NESTLÉ MILO mixture into a popsicle mold or 5 ice candy bags
Store in the freezer overnight or until completely solid
Serve frozen

NESTLÉ CREMORA Chicken and Broccoli Crustless Quiche Cups
Ingredients

2 Cups Rotisserie Chicken

2 Tablespoons Butter

1 cup Mushrooms, sliced

1 cup Steamed Broccoli, finely chopped

2 Spring Onions, Chopped

¾ cup Cheese, grated

½ Cup NESTLÉ CREMORA ORIGINAL

1 ¼ Cup Hot Water

4 Large Eggs

½ Teaspoon salt

½ Teaspoon black pepper
Method

In a pan, sauté mushrooms with butter
Add steamed broccoli to pan and mix well
Remove pan from heat and add spring onions
Add shredded chicken
Spoon mixture into scone/cupcake baking tray
Sprinkle grated cheese on top of mixture
Into a jug, add NESTLÉ CREMORA ORIGINAL then hot water
Stir until smooth
Set aside to cool for 5 minutes
Add eggs to chilled NESTLÉ CREMORA ORIGINAL mixture
Season with salt and pepper
Stir until smooth and pour into chicken and broccoli mixture until full
Bake in oven at 180 degrees for 20-25 minutes until golden brown
Take baking tray out of the oven
Sprinkle chopped spring onions and voilà, the perfect on the go breakfast.

NESTLÉ CEREVITA Smoothie

Ingredients

30g of NESTLÉ CEREVITA

120ml warm milk

1 Banana

Method
Place all the ingredients into a blender and blend for 20 seconds
Add some almonds and fresh berries on top for a crunchy, juicy start of the day.

NESTLÉ CREMORA Scones

Ingredients

500ml Self – Raising Flour

125ml NESTLÉ CREMORA Powder

50g Butter, cubed

250ml Water

1 Egg, Beaten

250ml Whipped Cream

65ml Jam

Method
Preheat Oven to 180-230 degrees Celsius. Sift flour and NESTLÉ CREMORA into a bowl
Rub in butter with finger tips until it resembles breadcrumbs
Gradually add water and mix to a soft dough.Turn out onto a floured-surface and knead gently
Pat dough out to 4cm thickness, then cut into circles using Pastry Cutter: Place close together on a greased oven tray and brush tops with beaten egg: Bake in oven for 10-15 minutes or until cooked through Remove from oven and leave to cool at room temperature
Serve topped with jam and whipped cream.



International Epilepsy Day



International Epilepsy Day, celebrated each year on the 2nd Monday of February, is an opportunity to raise awareness of epilepsy, what it is, how it can be treated, and what is needed to bring treatment to all people who need it.

The ability of health workers to diagnose epilepsy, the availability of medicines and research into the health and social care response to epilepsy are just three areas of action for WHO and partners.

Webinar: WHO People-centred framework for addressing AMR - Information session ahead of global online consultation

14 February 2023

12:00-13:30 (CET)

Interpretation into French and Spanish will be available.

Agenda & Speakers:

Opening remarks: Dr Kitty van Weezenbeek (Director Surveillance, Prevention and Control Department (SPC), AMR, WHO HQ)
Draft WHO People-centred framework on addressing AMR: The core interventions and their integration into health systems and pandemic preparedness: Dr Nienke Bruinsma (Senior Technical Officer, AMR National Action Plans and Monitoring (NPM), SPC)
Global online consultation on the draft People-centred framework: Ms Zlatina Dobreva (Technical Officer, NPM, SPC)
Q&A
Closing remarks: Mr Anand Balachandran (Unit Head NPM, SPC)

Moderator: Dr Sarah Paulin-Deschenaux (Technical Officer, NPM, SPC)

GBV Helplines In Zim

DO NOT IGNORE A CRY FOR HELP!

Help is nearby.
It is a call or SMS or WhatsApp away.
Take action if you or someone near you or someone you know is suffering any of these abuses;

1. **Physical abuse including assaults and acts of bullying**
2. **Emotional abuse-verbal abuse, being denied food, being denied entry into a home or house**
3. **Sexual abuse, such as;**
   - **Rape**
   - **Indecent touches**
   - **Indecent exposure**
   - **Being shown pornographic material**
   - **Being forced to witness acts of sexual activity**
   - **Being forced to perform uncomfortable sexual acts**
4. **Economic abuse or being deprived of food, money or any other material support by a responsible person**
5. **Child being married off against her will or allowing a child to elope and not do anything about it**
6. **Threats or intimidation of any kind**

Call any of these numbers for free assistance in Zimbabwe

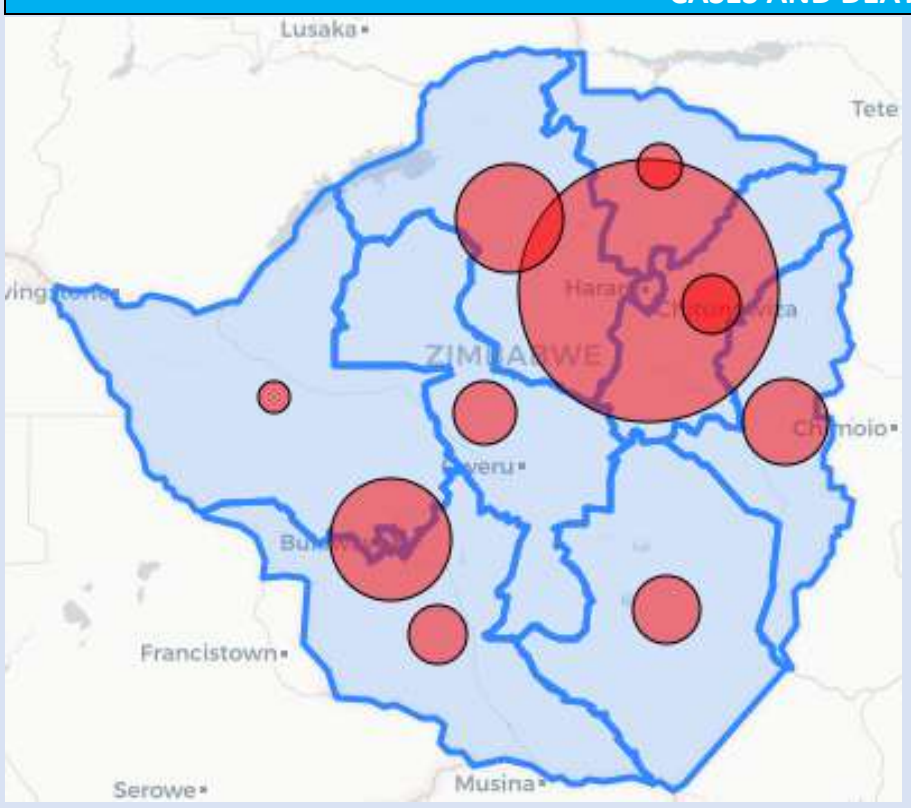
Help needed	Who can help?	Their Contact details
Counseling/emotional support	1. Ministry of women affairs 2. Department of Social Development 3. Childline 4. Musasa 5. Shamwari Yemwanasikana 6. Padare/Men's Forum	1. District office near you 2. District office near you and Ward Child Care Workers 3. Helpline 116 4. Toll Free 08080074 5. Toll Free 08011034 Helpline 0777851120 6. Male Helpline 0776027290
Reporting violence	1. ZRP Victim Friendly Unit 2. Zimbabwe Gender Commission 3. Childline 4. Saywhat Helpline 5. Shamwari Yemwanasikana 6. Issues/Pane Nyaya	1. Near you 2. Toll Free 08004379 3. Helpline 116 4. 08677008743` 5. Toll free 08011034 Helpline 0777851120 6. Helpline 9773910095
Place of safety/Fostering	1. Department of Social Development 2. Ministry of women affairs 3. Musasa 4. Child Protection Society	1. Any district office near you and also a CCW in your Ward 2. Any district office near you 3. Toll Free 08080074 4. Helpline 0772971583
Health support	1. Your local clinic or hospital 2. Adult RAPE Clinic 3. Family Support Trust/Clinics	1. Your clinic or hospital near you 2. Toll Free 08080472 3. Toll Free 08080501
Disability support	1. Deaf Zimbabwe Trust 2. J F Kapnek Trust 3. WizEar	1. Helpline 0785392698 2. Helpline 0773467203 3. Helpline 0718557506
Court Help Desk Support in; a. criminal cases b. civil matters such as maintenance , application for a Protection Order and general advice	1. Legal Resources Foundation 2. Women and Law in Southern Africa 3. Zimbabwe Women Lawyers Association 4. Justice For Children 5. CATCH 6. Christian Legal Society 7. Zimbabwe Lawyers for Human Rights	1. Toll free 08080402 2. Toll Free 080804079 3. Toll Free 08080131 Helpline 0782900900 4. Helpline 0772983944 5. Helpline 0717068529 6. Helpline 0776177331 7. Hotline 0772257247
Court case follow up and support	All the court help supporters above	All the court help desk supporters above

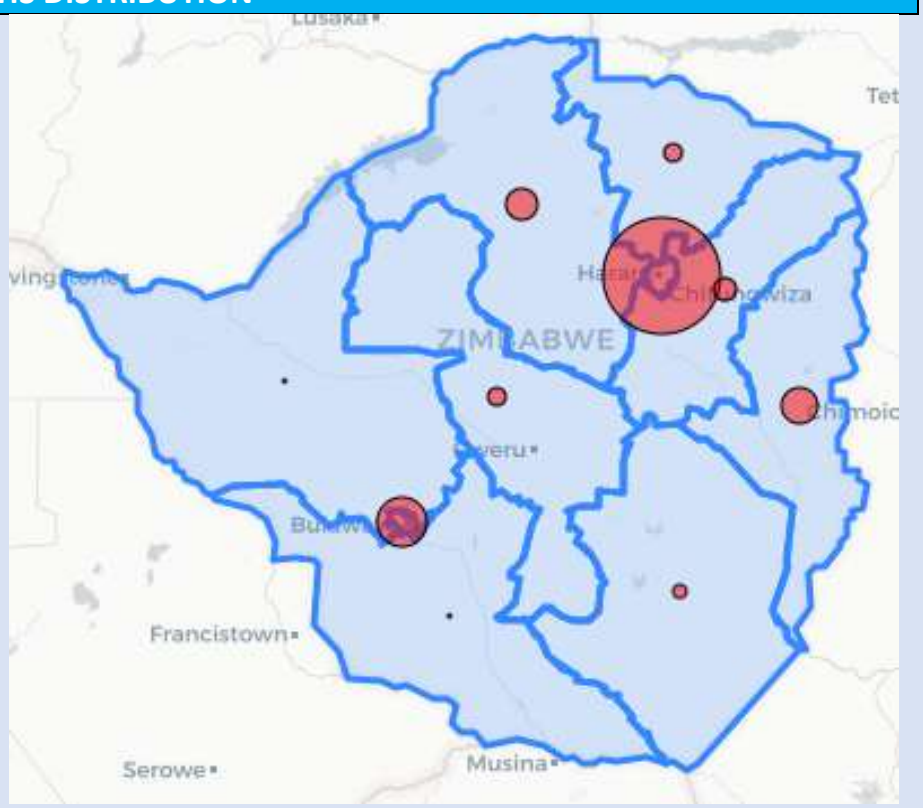
1Zimbabwe Covid-19 SitRep 09/02/2023

HIGHLIGHTS TODAY

- **89 New Cases (*All local*) and 0 Deaths reported today. (*7-day rolling average* for new cases falls to 92 from 100 (yesterday).***
- ***Vaccination Update: 20 059 received the 1st dose today bringing cumulative for 1st dose to 6 648 235, 10 718 received their 2nd dose bringing cumulative for 2nd dose to 4 983 823 while 28 232 received their 3rd dose bringing cumulative for 3 rd. dose to 1 360 209.***
- ***As of 08 February 2023, @1500hrs there were (33) hospitalized cases: New Admissions (3), Asymptomatic (4), mild to moderate (24), severe (0) and (5) in Intensive Care Units. 22 of the 33 hospitalized were vaccinated and 11 were not vaccinated.***
- **2 409 tests done today *(Positivity today was (4.1 %)***
- **130 new recoveries: National Recovery Rate remains at 97% & Active cases rises to 1 196.**
- **As of today, Zimbabwe has recorded 263 501 Cases 256 646 recoveries & 5 659 Deaths.**

CASES AND DEATHS DISTRIBUTION





Province	PCR Tests + Ag	Cum Cases (New)	Recovered Cases (New)	Active Cases	Deaths (New)
Bulawayo	**13**	22 787 (18)	21 780(8)	87	**920 (0)**
Harare	**991**	49 073(13)	47 153(0)	97	**1823(0)**
Manicaland	**170**	31 062(11)	30 280(43)	204	**578 (0)**
Mash Cent	**91**	14 714(5)	14 317(23)	66	**331 (0)**
Mash East	**269**	35 361(14)	34 705 (55)	233	**423 (0)**
Mash West	**558**	31 817 (19)	31 064 (0)	164	**589 (0)**
Midlands	**11**	18 223 (0)	17 778 (0)	12	**433 (0)**
Masvingo	**306**	22 655 (4)	22 327 (0)	117	**211 (0)**
Mat North	**0**	19 287 (0)	19 041 (0)	112	**134 (0)**
Mat South	**0**	18 522(5)	18 201 (1)	104	**217 (0)**
Total	**2409**	**263 501(89)**	**256 646(130)**	**1196**	**5659 (0)**

**Provinces with new cases but zero PCR+Ag tests conducted respectively recived results from NMRL,NTBRL&Pvt Labs*

Long COVID Is Keeping So Many Young People Out of Work

By Korin Miller



There are still so many questions to answer about long COVID, but one thing is becoming increasingly clear: It's affecting a lot of people. Some data suggest that at least 1 in 13 adults in the US have long COVID—meaning they are living with symptoms that have lasted at least three months after their initial infections and didn't experience prior to contracting COVID.

The physical and emotional effects can be devastating: Research shows fatigue is the most common sign of long COVID, and it's been compared to the overwhelming tiredness that characterizes chronic fatigue syndrome. More studies are needed, but it's evident that long COVID symptoms can vary greatly from person to person; some people have persistent headaches or brain fog, while others develop heart complications or experience psychiatric effects.

It's no surprise, then, that recent data also show long COVID is keeping people out of work; when you're completely exhausted, in pain, or emotionally depleted, it can be tough to do any job, whether you're on your feet all day or sitting through meeting after meeting.

According to a recent analysis of 3,139 established COVID-related worker's compensation claims in New York, between January 2020 and March 2022, 71% of people who reported having long COVID were unable to work for six months or more or they needed continuous medical treatment; 18% of people with long COVID didn't return to work after more than a year, and 75% of them are under the age of 60. (Adults over 60 had "significant difficulty" returning to work life too.) It's also worth noting that the report categorized 83% of "COVID-19 claimants" as essential workers—and that these numbers only include established claims, not the people who couldn't see a doctor for a diagnosis because of, say, lack of insurance or people who needed to continue working despite their illness to support their families.

A small 2022 survey published in the journal Occupational Medicine also analyzed data from 145 workers, more than half of whom reported working in health care, social care, or education. The workers, most of whom reported having COVID symptoms that lasted longer than six months, faced obstacles like fatigue, difficulty managing symptoms at work, "inappropriate sickness absence management policies," and a lack of "COVID-aware" organizational cultures. The researchers also discovered that people who were able to modify their work schedule and had flexible return-to-work planning or supportive management felt more accommodated by their employers. One report from the Brookings Institution, a nonprofit public policy organization that conducts research dedicated to solving societal problems, posits that long COVID is keeping millions of people out of work in this country.

Long COVID can have a huge impact on a person's quality of life—and that can understandably affect their ability to work.

It's important to note that long COVID, sometimes referred to as post-COVID conditions, is a broad term used to describe a range of ongoing health problems people may develop after contracting SARS-CoV-2, the virus that causes COVID-19. Health issues related to long COVID can last anywhere from weeks to years, according to the Centers for Disease Control and Prevention (CDC). In some people, COVID complications may lead to a disability.

All that is to say: Many COVID symptoms can impact a person's physical, mental, or emotional capacity to work. "If you have brain fog from long COVID, which makes it difficult for you to concentrate in a sustained fashion on anything, that could create difficulty in almost any job," William Schaffner, MD, infectious disease specialist and professor of medicine at the Vanderbilt University School of Medicine, tells SELF. People who have symptoms that are difficult to cope with—like chronic pain or fatigue—also "face a challenge, no matter what type of job they have," he adds.

Diana Berrent Güthe, the founder of the COVID-19 education and resource center Survivor Corps, tells SELF that she's seen this play out with plenty of the organization's members. "One thing I can say for sure is people are having tremendous difficulty navigating the disability process," she explains. "It's complicated for lawyers, let alone anyone suffering from cognitive dysfunction, extreme fatigue, and tremendous pain." (Under the American Disabilities Act, long COVID is not always considered to be a disability, and "an individualized assessment is necessary" to determine whether long COVID "substantially limits" a person's life. Read more about that here.)

Another major issue is that symptoms can come and go, which makes it hard for some people to predict when they'll actually be feeling well enough to work. "This is a real shade of gray," Güthe says. "They don't know whether going to work on Tuesday may prevent them from going to work on Wednesday. People have good days and bad days, good weeks and bad weeks."

What should people with long COVID know about returning to work?

"Some people are so incapacitated that there's no question of whether or not they can return to work," Güthe says, adding that this can certainly lead to "financial trouble" for some folks. However, she also stresses that there is hope for recovery. "I don't want to be doom and gloom about this—most people do get better over time," Güthe says, adding, "I've heard of a few very lucky people whose employers have been accommodating to the best extent possible but each person's situation is as unique as their fingerprint."

People with long COVID have typically found that "working collaboratively with their employer to structure their return to work in a way that is manageable for them" is one of the best accommodations they can ask for, Andrew Wylam, a lawyer and the cofounder and president of Pandemic Patients, a nonprofit organization that supports people who have been impacted by COVID-19, tells SELF. "Gradual return to work is helpful, along with flexible hours and remote options," he says. "People may want to return to work but they don't want it to trigger their symptoms."

Wylam says that it's crucial for people with long COVID to "maintain open, constant communication with" their employer and supervisor about their symptoms and limitations. Of course, not every employer is flexible or even willing to make accommodations for people with long COVID. If you think you qualify for disability financial assistance and you're struggling to figure out the system, Wylam suggests consulting a lawyer, if you can. They can help you understand what reasonable work accommodations look like, navigate workers' compensation, and identify disability discrimination. (If you need help with this financially, you can look into Wylam's Pandemic Legal Assistance Network, a national network of attorneys who provide free legal assistance to people who have been affected by COVID-19. You can also find pro bono legal service providers in your state here.)

Even though it can be tough, do your best to prioritize your well-being while navigating all of this. "If you have an empathetic and skilled primary care physician who is helping you, great," Dr. Schaffner says. (They can help refer you to specialists in your area, depending on your symptoms.) "If not, and you're within a stone's throw from a major medical center, inquire if they have a long COVID clinic there so you can get on a treatment plan," he says. And if you just don't know where to start because you're overwhelmed, advocacy organizations like Survivor Corps have resources that may help you find the care you need and deserve, including an interactive map that can help you track down specialized clinics in your state.

For Güthe, it's all about taking things one step at a time. "What is happening now is not necessarily going to be your future," Güthe says. "There's a road to recovery here."



Health tech startups are developing a personalised approach to diagnosing and treating complex health conditions

By Cate Lawecence



A one-size-fits-all approach is often ineffective in healthcare. Personalized medicine aims to provide a more individualized approach. Startups are developing health tech that caters for unique patient genetic, biological, and environmental factors.

Health tech startups are developing a personalised approach to diagnosing and treating complex health conditions

Diagnosing and treating complex health conditions has plagued health professionals forever. In response, we're in an era of personalised or precision medicine, an approach which endeavours to tailor preventative and treatment strategies to a person's unique characteristics, such as their genetics, co-existing health conditions, and environment.

Technology plays a crucial role in advancing personalised medicine, with biomedical and healthcare startups at the forefront of driving innovation and changing the future of medicine.

Here are just a few of the life-changing startups:

Avatar Medical (France)

Avatar Medical creates real-time ED patient avatars to help clinicians and surgeons visualise medical images.

The company's VR solution helps surgeons better prepare their procedures by interacting with an ultra-fluid, photo-realistic VR representation of their patient's medical images.

The solution is beneficial for understanding complex biological structures to help avoid mastectomies, shorten the operating time for reconstructive surgeries and inform hardware selection. Use cases include vascular, orthopaedic, and head and neck surgery.

The company has raised €1.2 million in funding over three rounds.

Biomesight (UK)

Biomesight is an AI-driven wellness analytics platform primarily focusing on the gut microbiome.

Over the past two decades, researchers are exploring the gut microbiota for potential gut microbe–host interactions, including the impact on metabolism, immune, and neuroendocrine responses.

The Biomesight test provides a snapshot of the gut microbiome utilising 16S rRNA sequencing technology. This is then interpreted against recommended ranges for a subset of key bacteria (Probiotics, Commensals and Pathogens) and combined with other metrics to offer personalised recommendations for diet, prebiotic supplements and lifestyle adjustments.

The company also collaborates with external research projects, giving research participants access to its platform free of charge.

Strike Pharma (Sweden)

Founded in 2020, Strike Pharma has developed proprietary Adaptable Drug Affinity Conjugate (ADAC) technology to take precision medicine to a new level. This makes it possible to create truly individualised immunotherapeutic treatments based on the genetic profile of a patient's tumour.

Personalised genetics can increase therapeutic efficacy, and reduce dosage levels, thereby minimising the risk of side effects.

FORMEL Skin (Germany)

FORMEL Skin is a dermatological telemedicine company based and founded in Berlin. It helps people treat skin problems such as severe acne and neurodermatitis.

Patients complete a questionnaire and upload photos of their skin concerns.

From here, a skin doctor is assigned a case, evaluates the provided data, and recommends a course of treatment. Formel's pharmacy produces the customised treatments and then ships them directly to the patient every month.

The company has raised €35 million in funding over four rounds.

Limula (Switzerland)

Limula is changing the treatment of cancer. Its focus is CAR T-cell therapy and other Cell and Gene Therapies (CGT). In this new treatment modality, 'living drugs' are made from the patient's own immune cells, genetically modified ex vivo for the targeted killing of tumour cells.

However, currently, personalised treatments are largely inaccessible due to cost.

personalised health

In response, Limula is developing a platform that automates the most challenging aspects of manufacturing to enable the affordable production of personalised Cell and Gene therapies. allowing rapid and safe production of treatments.

Lucero Bio (Sweden)

Lucero was founded in 2020, calling itself "a bioconvergence company that weds synergistic technologies from the fields of microbiology, laser optics, AI, and microfluidics."

The company is working to tackle key challenges surrounding 3D-cell-culture handling, miniaturisation, and assay preparation in early-stage pharmaceutical drug discovery processes. This will accelerate the discovery of the next generation of personalised drugs and treatments.

Lucero's platform will enable pharmaceutical companies to use 3D cell cultures at scale reliably, making faster pipeline decisions and accelerating promising candidates to the clinic.

The company received €1.2 million in funding in 2022.

Egyptian health tech Yodawy raises $16M, backed by Delivery Hero Ventures

Without proper government-led public health initiatives, healthcare expenditures, including insurance and pharmaceutical drugs, can burden individuals and households. In recent years, private institutions have played a massive part in the considerable uptake of medical insurance and medicines and also in lowering the costs of getting them across Egypt, the largest producer of pharmaceuticals across the MENA region whose pharma market is set to reach $6 billion in value this year. The Global Ventures–backed Yodawy is one such private player, and the pharmacy benefits manager has raised a $16 million Series B round.

The UAE-based and MEA-focused venture capital firm co-led this round alongside Delivery Hero Ventures, the venture arm of the global food delivery platform Delivery Hero, which has now made its first check in Africa. Singapore-based AAIC Investment and Saudi's Dallah Al-Baraka also participated in this round. Existing investors who participated in the digital healthcare's $7.5 million Series A round in 2019 include Middle East Venture Partners (MEVP), C Ventures, and P1 Ventures also doubled down.

Co-founder and CEO Karim Khashaba told TechCrunch that the health tech startup plans to use the investment to expand across markets in the Middle East and Africa, where the pharma market is a $60 billion market opportunity. Yodawy's journey in Egypt started in 2018 when Khashaba founded the company with COO Yasser AbdelGawad and CTO Sherief El-Feky. They built an infrastructure that accommodates the services of its partners — insurance companies, medical providers, pharmacies, and pharmaceutical/FMCG companies — and connects them with business clients and individuals.

Here's one instance that highlights the problem every Yodawy stakeholder faces. More than 90% of Egypt's prescriptions and insurance claims are recorded with paper. As trivial as that might sound, this affects every player in that value chain, from issues ranging from prescription errors to long processing times and queues at pharmacies and hospitals.

Yodawy's platform allows insurance companies and hospitals to automate approvals, save costs and improve customer experience. Also, pharmacies get an online presence and boost sales via Yodawy's e-commerce offering, which patients (via employer-led medical schemes) can benefit from as they get their medicines and drugs delivered to their doorsteps. Pharmaceuticals, on the other hand, can tap into Yodawy's network of pharmacies to put products in the hands of consumers.

"We have built a strong network of insurance partners and employer-led medical schemes. We pretty much manage the end-to-end value chain of prescriptions, from how prescriptions are generated digitally on the doctor's side to how payers process prescriptions, all the way to kind of a complete fulfillment infrastructure that currently manages the delivery of almost 200,000 prescriptions monthly across 30 cities in Egypt," the chief executive said on the call.

He claims that Yodawy is currently the primary partner for most corporates in the Egyptian market, about 300 in number, and serves their patients (employees) needing chronic medication. The Giza-based health tech upstart, which employs a B2B2C model, has partnered with 20 health insurance companies and 500 doctors, and 3,000 pharmacies have processed over 4 million prescriptions via individuals in these corporates. Meanwhile, Yodawy recently launched a flagship e-prescription gateway that lets physicians go paperless, with seven insurance companies and health management organizations participating in the program, resulting in more than 2,000 e-prescriptions generated daily.

In Nigeria, boosting viral hepatitis awareness and treatment



By Own COrrespondent

Abuja – Four months before her wedding and on the eve of starting a new job, Dada Titilope went in for a routine medical check. It was then that the 36-year-old resident of Ile-Ife Osun State in Southwestern Nigeria discovered that she had hepatitis B.

"I was very scared," Titilope recalls, describing the horrors she read online about the disease. "I thought it was a death sentence." She considered calling off the wedding. But her fiancé and family wouldn't hear of it, encouraging her instead to focus on staying well.
"The doctors were able to calm me down," she recalls. "I had to start treatment as soon as possible."

Hepatitis B infection (HBV) is preventable and treatable, and hepatitis C virus (HBC) infection is now curable. Yet more than 90% of those living with hepatitis B and C in Africa lack much-needed care.

In Africa, including Nigeria, hepatitis is a silent epidemic. More than 90 million people are living with hepatitis in the Region, accounting for 26% of the global total. Nigeria has a prevalence rate of 8.1 and 1.1% for HBV and HCV among adult aged 15-64 years respectively according to the Nigeria HIV-AIDS Indicator and Impact Survey, 2018 (NAIIS 2018). The country has more than 20 million people living with hepatitis B, C, or both; yet more than 80% of the people who have the disease do not know their status, according to some estimates.

"Most patients have the wrong impression of the disease and what they know is often only the negative," says Professor Dennis Ndububa, head of gastroenterology at the Obafemi Awolowo University Teaching Hospital, where Dada's diagnosis was confirmed. Many patients, he says, discover their diagnosis accidentally while donating blood or undergoing medical screening for other ailments.

To expand awareness and improve detection and treatment, World Health Organization (WHO) has been supporting the Government of Nigeria in its National Hepatitis response.

"One of the things that we want to do differently now is to try to mirror the kind of mass awareness programme that we have from HIV, and we know the results: many more people know their status. There has been an increase of people on treatments. And so for hepatitis, we're taking on the lessons from the HIV programme," says Dr Akudo Ikpeazu, Coordinator, National AIDS and STI Control Programme (NASCP) at the Ministry of Health.

WHO supported the country in developing policy and guidance documents to prevent and treat viral hepatitis across the 5 core intervention areas (e.g., vaccination, prevention of mother to child transmission, blood and injection safety, harm reduction and hepatitis B and C testing and treatment.

"Nigeria has established capacity for viral hepatitis response at all levels," says WHO Country Representative Dr Walter Kazadi Mulombo, "Including strategies centred on primary health care and universal health coverage."

At Obafemi Awolowo University Teaching Hospital, all pregnant women are screened for hepatitis B and C. At the national level, hepatitis B vaccination is included as part of routine vaccination for children. Guidelines have also been introduced recommending that any patient seeking treatment for any reason be automatically screened for hepatitis.

"Our goal is to have many more people … getting tested for hepatitis, knowing their status, and then taking the next step of accessing those services that are already available," says Dr Ikpeazu.

But awareness is only one obstacle. Another is the cost of treatment.

Bamidele Ogbe Solomon suspects that it was a blood transfusion that infected him with hepatitis C. Diagnosed in 2000, the 67-year-old Ife Osun resident has had to contend not only with the painful effects of the disease, but with drug shortages and treatments beyond his financial reach.
"I was told there was a cure in Nigeria for hepatitis C, but it is quite expensive, about 510 000 naira [US$ 1167] for a three-month supply," he says. "The treatment has not been easy. We have been trying to purchase the drugs and it has been quite expensive for an old man like me. My children have been very supportive."

"I would like to urge the government to look into how the treatment of hepatitis C can be made easily accessible and treatable for Nigerians," he adds.

Dr Ikpeazu shares Bamidele's concern. His team is currently advocating hepatitis treatment to be free, like HIV treatment.

"Hepatitis B treatment can be mainstreamed into health insurance, into the basic services that are provided through the basic health care provision funds," he says. "For hepatitis C, the good news is that it can be cured after three months, which shortens the span and the costs in total. There is grounds for hope that treatments can be more widespread and more people can have access."

In the meantime, patients like Bamidele and Dada continue to rely on friends and family for material as well as moral support.
"For those who have had the test and turn out negative, please get vaccinated," urges Dada. "But if it turns out positive, know that treatment is available. I'm living a healthy life, I'm expecting my first baby, I'm moving on in my career, and I'm really happy. It's not the end of the world."

Malawi cholera death toll crosses 1,300: health official

JOHANNESBURG, Feb 9 (Reuters) - The death toll from a cholera outbreak in Malawi has crossed 1,300, a senior Malawian health official said on Thursday, as the southern African country battles its deadliest outbreak yet.

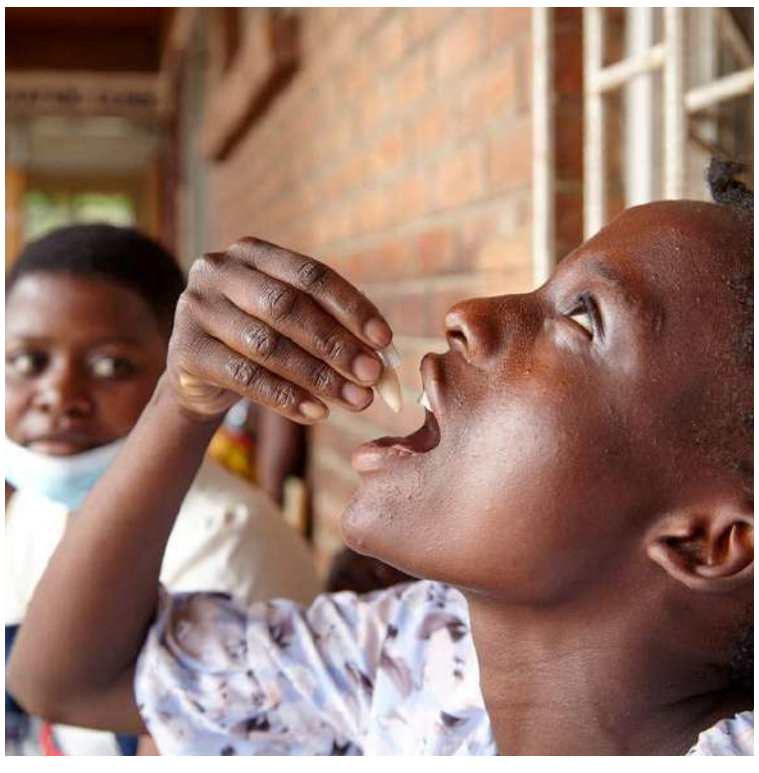
As of Wednesday, Malawi had recorded 40,284 cholera cases and 1,316 deaths in an outbreak that started in March 2022, with the country averaging over 500 new cases every day, Charles Mwansambo told a briefing organised by the World Health Organisation's Africa office. Cholera outbreaks happen regularly in Malawi, usually in the rainy season from November to March, but they only average an annual death toll of about 100.
article-prompt-devices
The WHO said in a statement on Thursday that Malawi's current outbreak was the deadliest on record, worse than ones in 1998/99 and 2001/02 that saw 860 and 968 deaths respectively.

Malawi has conducted two oral cholera vaccination campaigns, but a global surge in cholera outbreaks means vaccine supplies are under strain.

Other African countries, including Malawi's neighbours Mozambique and Zambia, have reported cholera cases.

In East Africa, Ethiopia, Kenya and Somalia are responding to outbreaks amid a prolonged and harsh drought, and in West and Central Africa there have been cases in Cameroon, Democratic Republic of the Congo and Nigeria.

On Sunday, South Africa reported two imported cholera cases from Malawi, with the husband of one of the first two cases subsequently testing positive.



Canada pledges billions to help fix healthcare system

By Nadine Yousif



The Canadian government has pledged nearly C$200bn ($149bn; £124bn) in funding over 10 years to aid the country's ailing healthcare system.

The funding was pitched as a generational fix for the system in an announcement on Tuesday.

For months, Canada's hospitals have grappled with a lack of staff and lengthy wait times for care.

A few reports have since emerged of patients dying while awaiting treatment.

Canada's healthcare system is funded by the taxpayer to offer free, universal access to necessary hospital and doctor visits for all citizens and permanent residents.

It is paid for using a mix of federal and provincial money, but administered at the local level. Around 25% of funding is from the federal government through the Canada Health Transfer.

Prime Minister Justin Trudeau made the funding pitch to Canada's provincial premiers, who have repeatedly pushed Mr Trudeau to increase federal spending on healthcare.

Mr Trudeau, however, had said he would not increase funding without strings attached.

Following a meeting with the premiers on Tuesday, Mr Trudeau said that his government is "taking action today so Canadians can continue to have trust in our public system."

"This is a big country, built on big progressive ideas," he said. "Few are more central to who we are as Canadians than the promise of universal, publicly funded healthcare."

His proposal includes a total of $196.1bn to be spent on healthcare over the course of a decade - $46.2bn of which is new money on top of what has already been budgeted.

The total amounts to around a 61% increase in the Canada Health Transfer to provinces over the next 10 years.

It is less than what Canada's premiers wanted - they had asked Mr Trudeau for an annual top-up of $28bn.

Manitoba's premier, Heather Stefanson, said she was "disappointed" with the amount. Ontario's premier, Doug Ford, called it a "starting point".

The premiers said they are now assessing the proposal.

Mr Trudeau said the money his government has put up is a "major investment in healthcare", but he added that money alone will not fix the country's faltering system.

He said he will also negotiate separate agreements with each province to address unique regional issues.

The government has also asked provinces for better healthcare data so they can assess the system's performance better.

Canada: Why ERs are struggling to stay open nationwide

Premiers demand to meet Trudeau over health crisis

Healthcare has often been a point of pride in Canada, but, like many other countries, its system has grappled with mounting pressure since the Covid-19 pandemic, with growing wait times to access care.

In Nova Scotia, a 67-year-old woman reportedly died after giving up on a seven-hour wait to see a doctor at a local hospital's emergency department.

Patients have also been affected by a growing backlog for surgeries and diagnostic procedures.

Canada spends over 10% of its GDP on healthcare, about the same as the UK, compared with more than 16% for the US, where the cost of hospital procedures and prescription drugs is higher, according to World Bank data.

Its healthcare system ranks higher than the US, but lower than the UK and others in some international comparisons.

Kourtney Kardashian's Lemme vagina gummies? Don't bother, say experts

By Charlotte Simpson and Bonnie McLaren

She might be one of the world's most famous reality TV stars, but Kourtney Kardashian has had a bit of a career change.

The 43-year-old has been gradually moving into the world of wellness with her blog, Poosh. And last year she launched a line of supplements called Lemme.

But her latest addition to the vitamin range is raising some eyebrows, as she claims they can boost the health of your vagina.

To promote the product - called Lemme Purr - she posted an Instagram video of herself, surrounded by cats, as she eats one of the gummies.

"Vaginal health is such an important part of a woman's overall wellbeing (and not talked about enough) which is why we are so excited to launch this," the caption reads.

One of the main claims Kourtney makes is that the vitamin sweets can alter the taste of the vagina.

"Give your vagina the sweet treat it deserves (and turn it into a sweet treat)," Kourtney continues.

'Grift'

She says the product uses "pineapple and Vitamin C and probiotics to target vaginal health and pH levels that support freshness and taste".

Dr Jen Gunter, a gynaecologist and author of myth-busting bestseller The Vagina Bible, called Kourtney out on Instagram.

"Anyone who suggests that your vagina isn't fresh or needs an improved taste is a misogynist and awful person," she wrote.

"And yes that includes you @kourtneykardash and your @lemme grift."

Jen also disputes the belief that pineapples can affect the taste of your bodily fluids.

UK chain Lloyd's Pharmacy says it's "normal for vaginas and vaginal fluids to have a slight smell, which will vary according to hormones, activity, hygiene and diet".

'See your GP, not a Kardashian'

Maddy Dann, a 30-year-old A&E doctor, regularly speaks about sexual health on TikTok - and she's told BBC Newsbeat why she doesn't think the supplements will work.

"Every person with a vulva or vagina is going to have a different odour, it's going to have a different scent, a different taste and a different amount of discharge," she says.

"And so what this product suggests is that every woman needs to have the same tasting, the same smelling, vagina or discharge - and that's just not realistic."

Maddy worries that the ad will give women the idea that something "entirely normal" is a problem that only the product can solve.

She adds that the gummies "probably won't be useful for most people" and that "there's no such thing as an unclean vagina, the vagina self-cleans".

Get tested more, urges sexual health charity
Why TikTok has got us talking about mascara
Five things everyone with a vagina should know

"While they make strong arguments with all these buzzwords, like vaginal pH and microbiome, in a healthy person probiotics and supplements aren't always recommended unless there's a confirmed deficiency in whatever you're supplementing," she adds.

But Maddy's top piece of advice?

"If your odour or your discharge changes, you need to see a GP or a gynaecologist - not a Kardashian."

Newsbeat has contacted Kourtney Kardashian for comment.

An FAQ on Lemme's Instagram page says the brand uses "effective ingredients" that have been "clinically studied".



The scheme that gives alcohol to alcoholics

By Lucy Adams

In the first project of its kind in Scotland, a project in Glasgow aims to stabilise alcoholics by giving them alcohol.

It is 10:00 and Peter is getting his first "pour" of the day - an agreed measure of lager deemed sufficient to curb his cravings to binge.

Peter is 60 and has been a chronic alcoholic since he was a teenager.

He is one of 10 men at the Managed Alcohol Programme (MAP) in Glasgow, which is based on a model used in Canada I visited three years ago. It is for the most chaotic homeless alcoholics who have already tried and failed traditional abstinence programmes.

Every hour or two hours the residents are given a measure of wine or beer to keep sufficient alcohol in their bloodstream to prevent a seizure but not enough to get them drunk.

In addition they get a home, stability and some structure, the chance to engage with mental health services and develop their interests. The proposal was controversial with some but it has now been up and running for 12 months.

For the past few months we have had exclusive access to the pilot. The first time we go in with the camera in October 2022 one resident seems a little inebriated, lurching from wall to wall.

There's been an argument between one man who has been buying extra alcohol and another who is trying his best to reduce his intake.

The Quadripartite Organizations established the Technical Group on Integrated Surveillance on Antimicrobial use and resistance

By Own Correspondant



The Quadripartite organizations, made up of the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO), and the World Organisation for Animal Health (WOAH), have established the Quadripartite Technical Group on Integrated Surveillance on antimicrobial use and resistance.

The Technical Group will advise the Quadripartite Organizations and the Global Leaders Group on Antimicrobial Resistance (AMR) on needs, scope and form of integrated surveillance to support capacity building of countries on surveillance of antimicrobial use (AMU) and resistance.

"Countries have different priorities and approaches to how antimicrobials are used and monitored and how AMR surveillance should be conducted in the agri-food systems. The mandate of the Technical Group to define these priorities and needs within a harmonized framework is pertinent" says Ms Maria Helena Semedo, Deputy Director-General, the Food and Agriculture Organization of the United Nations.

"Environmental surveillance needs to be included as a critical pillar in integrated surveillance of AMR and AMU across sectors. The Quadripartite Technical Group is part of the consolidated cooperation to address what is needed in the global One Health response to AMR" says Ms Jacqueline Álvarez, Chief of the Chemicals and Health Branch, UN Environment Programme.

AMR is a global threat to animal and human health, food security and safety, economic growth, and the environment. It is mostly driven by the inappropriate use of antimicrobials.

"Effective surveillance of antimicrobial use and resistance within and across sectors is an integral part of efforts to monitor the spread and impact of resistance and to mount an effective One Health response" says Professor Hanan Balkhy, WHO Assistant Director-General on AMR.

The Technical Group brings AMR and AMU surveillance expertise across sectors, including human health, terrestrial and aquatic animal health, plant health, food systems, and the environment.

"Following the Quadripartite-led process to establish the Technical Group, all sectors will benefit from their advice and guidance in developing context-specific infrastructure and capacities to help generate cross-sectoral data for meaningful action & policies" says Dr Montserrat Arroyo Kuribreña, Deputy Director-General, International Standards and Science, World Organisation for Animal Health.

The Technical Group will be supported by the Quadripartite Joint Secretariat on AMR (QJS). The QJS is based in WHO with dedicated liaison officers and technical staff from FAO, UNEP and WOAH and coordinates the AMR activities of the organisations drawing on their core mandates and comparative advantages to address needs of the global response across the One Health spectrum.

"There will be no integrated surveillance without strong sector-specific surveillance systems," says Dr Haileyesus Getahun, Director of the Quadripartite Joint Secretariat on AMR and the Global Coordination Department of WHO. "The Technical Group will be critical to identify priorities and needs that will strengthen the capacity of countries for effective sector-specific and multisectoral systems."

Reduce pollution to combat 'superbugs' and other anti-microbial resistance

By Own Correspondant



The study focuses on the environmental dimensions of AMR, which occurs when bacteria, viruses, fungi, and parasites change over time and no longer respond to medicines.

Tweet URL

It calls for strengthening action to reduce the emergence, transmission and spread of "superbugs" - strains of bacteria that have become resistant to every known biotic – and other instances of AMR, which are already taking a serious toll on human, animal, and plant health.

Another example of inequality

"The environmental crisis of our time is also one of human rights and geopolitics – the antimicrobial resistance report published by UNEP today is yet another example of inequity, in that the AMR crisis is disproportionately affecting countries in the Global South," said Prime Minister Mia Mottley of Barbados, who chairs a UN-backed initiative of world leaders and experts examining the issue.

AMR is among the top 10 global threats to health, according to the World Health Organization (WHO).

In 2019, an estimated 1.27 million deaths globally were directly attributed to drug-resistant infections. Overall, nearly five million deaths were associated with bacterial AMR.

It is expected that some 10 million additional direct deaths annually by 2050 will occur, which is equal to the number of deaths caused globally by cancer in 2020.

Food and health at risk

AMR also affects the economy and is expected to cause a drop in Gross Domestic Product (GDP) of at least $3.4 trillion annually by the end of the decade, pushing some 24 million people into extreme poverty.

The pharmaceutical, agricultural and healthcare sectors are key drivers of AMR development and spread in the environment, together with pollutants from poor sanitation, sewage and municipal waste systems.

Inger Andersen, the UNEP Executive Director, explained that the triple planetary crisis - climate change, pollution and biodiversity loss – have contributed to this.

"Pollution of air, soil, and waterways undermines the human right to a clean and healthy environment. The same drivers that cause environment degradation are worsening the antimicrobial resistance problem. The impacts of anti-microbial resistance could destroy our health and food systems," she warned.

One Health response

Tackling AMR requires a multisectoral response that recognizes that the health of people, animals, plants and the environment are closely linked and interdependent.

This is in line with the One Health framework developed by UNEP, WHO the UN Food and Agriculture Organization (FAO), and the World Organisation for Animal Health (WOAH).

The report was launched at the Sixth Meeting of the Global Leaders Group on AMR, chaired by Prime Minister Mottley.

It contains measures to address both the decline of the natural environment and the rise of AMR, with focus on addressing key pollution sources from poor sanitation, sewage, and community and municipal wastes.

Recommendations include creating robust governance, planning, regulatory and legal frameworks at the national level, and increasing global efforts to improve integrated water management.

Other measures suggested are establishing international standards for what constitutes a good microbiological indicator of AMR from environmental samples, and exploring options to redirect investments, including to guarantee sustainable funding.