

## BIGGEST EVER INFECTIOUS DISEASE SURVEY TO SPEED END OF TRACHOMA

**LONDON:** Surveyors were taken hostage in Yemen, accused of being representatives of Dracula in Papua New Guinea, worked in sandstorms and temperatures of 50 degrees Celsius in Ethiopia. It was all part of the day's work for some of the thousands of people who have completed what the organizers say is the largest ever survey of an infectious disease, examining 2.6 million people in 29 countries for the eye infection trachoma.

"They faced tribal warfare and rogue villagers in Papua New Guinea who spread a rumor that the teams were vampires," said Anthony Solomon, chief scientist of the Global Trachoma Mapping Project (GTMP).

"They worked in Ethiopia's Afar region, one of the most hostile territories in the world in which to conduct community-based research, amid sandstorms, temperatures of 50 degrees Celsius and deadly venomous spiders," he added. The scale and quality of the survey mean trachoma, an extremely painful disease which causes blindness, could be eliminated by 2020, according to the GTMP

organizers - the World Health Organization, the Carter Center, and the international NGO Sightsavers. "We know where it is, we know how prevalent it is, so we know what to do," said Tom Millar, who co-led the project. "We're very hopeful it can now be eliminated."

Trachoma is one of 17 so-called neglected tropical diseases earmarked by the WHO to be controlled, eliminated or eradicated by 2020. It has partly or completely blinded at least 1.8 million people, and affects some of the poorest and most marginalized rural communities, the WHO says. "In countries like Ethiopia (prevalence) is mind-numbingly, shockingly high - in some communities over 50 percent of the population have trachoma," said Millar, who is neglected tropical diseases operations director at Sightsavers. Before the survey began in 2012, only one region in Ethiopia had received support for tackling the disease. "They did not know what to do. They were just looking into a black hole. Now they've mapped the whole country and they almost have funding and support to deliver

all the interventions for the country," Millar said. "They are now talking about when they eliminate trachoma."

### Eyes scraped blind

The disease is spread through contact with infected clothing, hands or flies, and affects communities with little access to clean water and sanitation. Repeated infections make a person's eyelashes turn inward, so that they scrape the surface of the eyes with every blink. "It's a hugely painful way to go blind," Millar said. More than 550 teams of health ministry staff in the countries surveyed were trained to spot the disease and use smartphones with GPS systems to record the data. They also recorded water and sanitation levels.

Trachoma rates were lower than expected in some countries including Nigeria, Laos, Cambodia and Egypt. "A lot of that is because, since this was first looked at in the 1980s and 1990s, there's been a lot of social and economic development ... that has helped reduce

the spread of the disease," Millar said. Not everywhere could be mapped. Eighteen countries had districts where it was too dangerous, including Borno and Adamawa states in northeastern Nigeria which had to be left out because of the militant Islamist group, Boko Haram. Quite large areas in Ethiopia's Somali Region could not be mapped because of not safe to go there.

"Without mapping we cannot launch interventions," said Solomon, who is medical officer for trachoma at WHO. "But I think that's ok. If there are bullets in the air the biggest health problem is not the risk of blindness in 20 or 30 years' time, it's something much more visceral and immediate," he added.

### Countries support each other

As well as gathering quality data, the survey has helped develop strong ties between countries where the disease is endemic. "We now have a lot of countries officially supporting each other, and need very little in the way of external support. It's very important for ...

trachoma elimination in a lot of these countries," Solomon said. To eliminate trachoma, people living in areas with high levels of the disease need up to five years of antibiotic treatment, given once a year. Between 1987 and 2012, about 1,100 districts in the countries at risk were mapped, leaving a further 1,200 districts that were suspected of having trachoma.

"In 2012 everybody realized that the biggest hurdle to elimination was the fact that we only had about 50 percent of the data required," said Millar. So Solomon and Millar spent months gathering experts to help work out the best way to gather reliable data at speed and on a massive scale. "It felt like pushing boulders up hills at the beginning, but once you got it to the top it was fantastic, and we struggled to hold onto it on the way down the hill as the momentum has taken over," Millar said. "The challenge now is: how does it encourage new funders to the table to make sure that we get over the line and do eliminate by 2020," he added. — Reuters



**LONDON:** Junior doctors shout slogans and hold placards as they protest outside Guy's Hospital during a 24-hour strike over pay and conditions in London yesterday. — AFP photos

## DOCTORS STAGE SECOND STRIKE IN ENGLISH HOSPITALS

**LONDON:** Thousands of junior doctors at English hospitals staged a second strike yesterday against proposed new conditions and pay rates for working unsociable hours.

Junior doctors—all medics below consultant level—are providing only emergency care during the 24-hour strike, which runs until 8:00am (0800 GMT) today. Nearly 3,000 operations have been postponed, National Health Service (NHS) England said. The main point of dispute between doctors and the govern-

ment is over whether Saturday should be classed and paid as a normal working day.

Prime Minister David Cameron's centre-right government says the reforms are needed to help create a "seven days a week" NHS where the quality of care is as high at the weekends as on weekdays. Junior doctors demonstrated outside hospitals around England. Abhishek Joshi, a heart doctor at St Bartholomew's Hospital in London, said the new contracts could stop hospital operators from being penalized if doctors

work prolonged shifts, "at the end of which we'll be tired and therefore dangerous". "There have been studies to show that tired doctors are even worse than drunk drivers," he told AFP.

"Would you want a drunk driver operating on you?... Saving your heart in the middle of the night? That's not what we want." Outside Guy's Hospital in London, demonstrators held placards reading "Not fair, not safe" and "Tired doctors make mistakes". Health Secretary Jeremy Hunt insisted junior doctors were being offered "a fair deal". Eight studies in five years had shown weekend mortality rates were higher and he had to "do something about that", he told the BBC. A first 24-hour strike was staged on January 12. A 48-hour strike planned for January 26 was called off.

There are more than 50,000 junior doctors in England, making up a third of the medical workforce. They are qualified medical practitioners who work while studying for qualifications for more senior roles. A senior government source said there was a "very reasonable offer on the table" and "hopefully they can accept it". "At the moment there doesn't seem to be any sort of movement from the BMA side," the source said. The government could simply impose the new contracts, and "we're not going to remove that from the table", the source added.

Doctor Johann Malawana, chairman of the British Medical Association's junior doctor committee, said the strike was "a resounding rejection of the government's threat to impose an unfair contract". "Junior doctors already work around the clock, seven days a week and they do so under their existing contract," he said. "If the government want more seven-day services then, quite simply, they need more doctors, nurses and diagnostic staff, and the extra investment needed to deliver it." — AFP



**LONDON:** Junior doctors supported by other healthcare workers take part in a 24-hour strike as they stand on a picket line with placards outside St Mary's Hospital.

### AUSTRALIA INTRODUCES MEDICINAL CANNABIS LEGISLATION

**SYDNEY:** Australia yesterday introduced legislation into parliament to legalize the growing of cannabis for medicinal purposes, with the government calling it "the missing piece in a patient's journey". Health Minister Sussan Ley said the law, if passed, would allow cultivation of cannabis through a national licensing and permit scheme, opening the way to a safe, legal and sustainable supply of locally produced product for the first time.

"This is an important day for Australia and the many advocates who have fought long and hard to challenge the stigma around medicinal cannabis products," Ley said. "For Australia, this is the missing piece in a patient's journey. Importantly, having a safe, legal and reliable source of products will ensure medical practitioners are now at the center of the decision making process on whether medicinal cannabis may be beneficial for their patient." Research, including findings published last year in the Journal of the American Medical Association, showed marijuana has some effectiveness in helping treat chronic pain. But there are concerns about side effects and the issue of whether or not it works remains a matter of debate globally. The Labor opposition and the Greens have indicated they support the move, the government envisaging that cannabis will only be available to patients through a doctor's prescription or a medical trial. "I sincerely hope the parliament can continue to work together to pass this legislation in a bipartisan fashion as quickly as possible in the interest of Australian patients seeking access to medicinal cannabis," said Ley. Ley made clear though that the move did not mean legal recreational use of the drug was any closer. — AFP

## IN EGYPT, MEDICINES DISAPPEAR FROM SHELVES AS DOLLAR CRISIS BITES DRUG-MAKERS STRUGGLE TO IMPORT MATERIALS DUE TO DOLLAR SHORTAGE

**CAIRO:** Nahed Ibrahim has scoured Egypt in vain to find a regular supply of medication to help her mother to recover from a stroke she suffered four months ago, since then the 75-year-old has struggled to follow conversations. "I searched for the medicine everywhere, I travelled to several provinces but I still can't find it. My mother's condition is deteriorating day after day," said Ibrahim as she left, empty-handed, a pharmacy in the industrial town of Helwan, southwest of the capital.

Declines in the value of the Egyptian pound coupled with a shortage of foreign exchange have made it harder for Egyptian pharmaceutical companies to import active ingredients they need to make generic medicines millions of poor Egyptians rely on. Though medicines are classed as essential goods, putting them high on the priority list at banks deciding how to allocate precious dollar rations, pharmaceutical companies say they still face serious problems that force them to slow or pause production.

A weaker currency has also made it more expensive to import raw materials while the

price of finished medicines is fixed by the Health Ministry, forcing manufacturers to stop making some cheap generic medicines to staunch growing financial losses. The result: people like Ibrahim find the medication they need is missing from pharmacy shelves for weeks at a time or is available at only a handful of outlets around the country.

Egypt has struggled to revive its economy since a 2011 uprising ushered in years of political instability, scaring off foreign investors and tourists-key sources of hard currency. Economic and political discontent has helped to unseat two presidents in the last five years. Ahmed Al-Sayed, a Cairo pharmacist, said he struggles to source basic medicines such as eye drops as well as anti-coagulants and other drugs used to treat heart disease and high blood pressure. A medical source at the El Salam Oncology Center in Cairo said three important cancer drugs were currently in short supply.

### Widespread shortages

Drug shortages are not new to Egypt, but

have become so widespread in recent years that the Health Ministry set up a Drug Shortages Directorate (DSD) in 2012 to minimize the impact. It began publishing a monthly table of medicines that were in short supply with suggested generic or branded alternatives. In December, the ministry's tally showed 189 drugs were in short supply but had available substitutes and a further 43 drugs were in short supply with no substitute.

Walaa Farouk, who heads the DSD, acknowledged that the dollar crisis was exacerbating shortages and said the Health Ministry was looking at raising more prices to encourage production. Medical professionals, however, said the shortages were more widespread and urgent than the official figures suggest. "According to data provided by pharmacies, 180 out of 14,000 pharmaceutical drugs registered with the Health Ministry are in short supply with no substitutes," said Osama Rostom, commercial director at EIPICO, a leading manufacturer of generic medicines, and deputy head of the Chamber of

Pharmaceutical Industries. Egypt has introduced a series of measures in recent months aimed at cutting imports of non-essential goods to free up precious foreign currency for priority goods like medicine.

But manufacturers say limits on the amount of dollars companies can deposit in banks and difficulties opening letters of credit have resulted in payment delays, landing them with demurrage and storage costs for goods stuck at port. "Before the dollar crisis, we used to pay for the cost of raw materials by writing letters of credit. We would then import the materials and pay the rest of the money after the shipment is received," Sabri Tewella, who heads the pharmaceutical manufacturers committee in the Pharmacists Syndicate, told Reuters.

"Now, it's obligatory to pay the entire cost before shipment. The economic crisis negatively affected agreements with foreign countries." With Egypt importing about 12 billion Egyptian pounds (\$1.53 billion) worth of medicines and ingredients, according to Tewella, the crisis has hit the industry hard. — Reuters

## HOW TO TRAP ELEPHANT POACHERS WITH THEIR OWN TECHNOLOGY

**DAR ES SALAAM:** One day last October, agents from a crack Tanzanian crime unit raced past Dar es Salaam's Palm Beach Hotel in pursuit of the suspected leader of a global elephant poaching ring. The chase was the result of new breakthroughs in Tanzania's fight against an increasingly rapacious poaching trade, which has felled 60 percent of the country's elephant population in the past five years. The agents' target that day was Yang Feng Gan, a 66-year-old Chinese national dubbed the "Ivory Queen," who is accused of running a smuggling empire stretching from the game parks of Tanzania to the clandestine ivory markets of Asia.

Her arrest was the culmination of more than a year's work and relied in large part on the novel use of old crime fighting methods at Tanzania's National and Transnational Serious Crimes Investigation Unit (NTSCIU). Helped by a \$1.5 million donation from an American philanthropist, the serious crimes squad has started to tackle poaching using the lessons it learned hunting al Qaeda in the years after the group bombed two U.S. embassies in East Africa in 1998.

A Tanzanian court in October charged Yang with heading a criminal network responsible for smuggling 706 pieces of ivory worth 5.44 billion Tanzanian shillings (\$2.51 million) between 2000 and 2014. Prosecutors say Yang organized, managed and financed a criminal racket in ivory totaling 1.9 tons. Yang, currently in jail, could not be reached for comment. But her lawyer, Nehemia Mkojo, says she is innocent of all charges.

The new techniques follow work done in neighboring Kenya, where poaching rates have nosedived. In both countries the police have started concentrating on the poachers' own technology - guns and phones - and using it against them. By combining that with old-fashioned detective work, they have captured more suspects. "From just one arrest, you can open up the syndicate, and go up the ladder from grassroots to brokers, to dealers and transporters ... all the way up to international traffickers," said one agent from the squad. The history of a suspect's gun, the phone calls he or she makes, and the money they move, create a trail of evidence.

Tanzania has been hit hard by a global spike in poaching over the past decade. Its elephant population has dropped to about 43,000 in 2014 from 109,000 in 2009. Interpol has said a "significant portion" of ivory reaching international markets originated from elephant herds in Tanzania. The region has also become a vital part of the African "Smack Track," a smuggling route for Afghan heroin bound for Europe; Western diplomats see a growing overlap between ivory smugglers and narcotics traffickers. "They are all interlinked. Drugs traffickers in East Africa use the same people that weapons smugglers use and that the ivory smugglers use," said one Nairobi-based agent from the U.S. Drugs Enforcement Administration (DEA).

### Swahili speaker

The capture of Yang Feng Gan started with a tip-off in 2014. In the baobab-studded hills of the Ruaha-Rungwa ecosystem, where the elephant population plummeted from 20,000 to 8,000 between 2013 and 2014, local informants pointed crime squad agents towards Manase Philemon, a suspected Tanzanian ivory dealer who was barely literate but could mysteriously

speak Chinese. Under interrogation, Philemon fingered Yang, who police believe taught him Mandarin. "Manase worked so closely with this woman for a long time," the NTSCIU agent told Reuters.

Yang's ties to Tanzania spanned four decades. She studied Swahili at a Chinese university and moved to the country in the 1970s to work as a translator for Chinese engineers building a railway line to Zambia, according to court documents, police sources and an interview she conducted with the China Daily newspaper. In the 1990s she returned to Tanzania and opened a popular Chinese restaurant in Dar es Salaam. She was also the secretary-general of the Tanzania China-Africa Business Council. After Philemon's tip-off, she became the NTSCIU's top target.

### 'Follow the gun'

But the anti-poaching team had problems. Many of the NTSCIU's agents were trained by Western spy agencies in the wake of the US embassy bombing in Tanzania, and their main task was to counter the threat from home-grown Islamists. There was not enough cash or manpower to act against poaching and the unit did not operate country-wide.

At this point the not-for-profit PAMS Foundation got involved. Its leader Wayne Lotter sought help from David Bomberman, an American billionaire who made a fortune in private equity and had the Rolling Stones play at his 60th birthday bash. Bomberman's Wildcat Foundation donated about \$1.5 million, and the NTSCIU anti-poaching team began recruiting trusted people from the Tanzania Intelligence and Security Service, police, army, immigration, judiciary and the national wildlife service.

"I believe (NTSCIU) provides a model of how serious enforcement against wildlife poaching and trafficking can be accomplished if a country's leadership has the political will to make it happen," said Wildcat Foundation director Rodger Schlickeisen. By the time of Yang's arrest, about 60 people were working on the anti-poaching team out of 200 or so NTSCIU agents. They set about building networks of informants, and built a strategy.

They called it "follow the gun, save the elephant." Immediately after a suspect is captured, the agents focus on the suspect's weapon. Tracing how the poacher obtained that gun leads to the person one level above in the syndicate, and points in the direction of a team. Philemon helped here. "He gave us the cream of the dealers," said the agent. But just as they began building a case against Yang, she vanished. In June 2014 a Tanzanian court charged Philemon with trafficking ivory and Yang fled to Uganda, according to sources familiar with the case. Philemon has not entered a plea and could not be reached for comment.

### Follow the mobile money

More than a year later, her phone revealed where she was. NTSCIU is able to pull up poachers' phone numbers and call histories, said one security expert who works closely with the squad. Computer software is used to delineate links between on-the-ground poachers, dealers and transnational criminal gangs. A server flags to NTSCIU mobile phone numbers when they become active, but does not record calls. "The machine is on 24 hours," said the expert. — Reuters