Global Update

News in Brief

New Test for Tuberculosis: The US FDA has approved a new test for detecting infection with M. tuberculosis. The quantiFERON TB Gold Test is developed by an Australian company Cellestis Limited. It detects the production of interferon gamma, when fresh heparinized blood is incubated with 2 tubercular proteins–early secretory antigenic target-6 and culture filtrate protein-10. The sensitivity is similar to that of the tubercular skin protein but it's specificity is much more. The CDC has recommended its use in contact investigation, recent immigrants and surveillance of health care workers. Officials describe it as "one of the first advancements in tuberculosis since the discovery of antibiotics" (BMJ 7 January 2006, MMWR 16 December 2005, www.cdc.gov/mmwr).

Combination therapy for malaria: The WHO is putting pressure on pharmaceutical companies not to market artemesin alone but only as combination. The Roll Back Malaria campaign has advised many artemesin combinations including artesunate + chloroquine, Artesunate + amodiaquine, Artesunate + sulphadoxine-pyremethamine, artesunate + mefloquin and artemether + lumifantrine. Andrea Bosman of the Roll Back Malaria program in his announcement in Washington on 16 January said that while many African countries like Sudan have banned import of monotherapies with artemesin, many others have not. The next good drug for malaria is aeons away and we have lost many drugs because the parasite developed resistance. Chloroquine is ineffective in many parts of the world. Pyrimethamine sulphadoxine lost 90% of its efficacy within 5 years of introduction into Thailand and Atovaqinone was effective for just 1 year. Currently, artemesin derivatives are the most effective antimalarials available. But WHO guidelines recommend combination therapy to prevent development of drug resistance. Many African countries have adopted these guidelines but there are many where laissez-faire prevails (20 January 2005 www.nature.com).

Health care cost analysis: An erudite analysis of health care expenditure versus income in India published in the Economic and Political Weekly of India makes some interesting observations. 58.7% of all spending is on primary health care (curative, preventive and promotive), while 38.8% is on secondary and tertiary health care and the rest on non-service costs. Private households contribute to 75% of health care expenditure, the government to 20.4%, and 3.3% is spent by third party insurance and employees. For most of the states in India public health expenditure as a percentage of per capita gross state domestic product went down between 1990 and 2002 with the maximum decrease being for Gujarat (a decrease of 40%). India has a huge public health care delivery system but more than 60% of its budget is spent on recurring costs of salary staff. Hence, there is little left for capital expenditure and maintenance of infrastructure. Economic analysis of health care will help us prioritize and plan for the future (Economic and Political Weekly, 7 January 2006).

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