Building health services in the world's poorest nations

concerted effort will be made to link global health aid with efforts to redress underlying structural deficiencies in the health systems of several of the world's poorest nations under a new International Health Partnership established last month.

The partnership, inked by 7 donor countries, 11 international health agencies and 7 so-called "first wave" developing nations, aims to "accelerate progress on health by doing 3 things: providing better coordination among donors; focusing on improving health systems as a whole; and by developing and supporting countries' own health plans," Great Britain's Secretary of State for International Development Douglas Alexander said at a press conference Sept. 5.

Developing nations have stressed for years that building health services is more important to long-term sustainability than focusing international aid on specific diseases, Alexander said, adding that the partnership hopes to achieve that by aligning its support with the national health plans and strategies of each recipient nation.

The partnership also hopes the agreement will yield progress toward achieving the 3 health Millennium Development Goals (reducing child mortality, improving maternal health, and combatting AIDS, TB, malaria and other diseases) promised by the world's richest countries in a bid to eradicate poverty by 2015.

The 7 nations that have initially agreed to join the partnership — Burundi, Ethiopia, Kenya, Mozambique, Zambia, Cambodia and Nepal — are among the world's poorest. The challenges they face include a shortage of trained health workers, access to medicine and availability of clinics.

The agreement was welcomed by Mahesh Maskey, chair of the Nepal Health Ministry's high level health advisory committee. "Nepal has just emerged from 10-year long violent political conflict that had torn its health system," he said. "We hope that inclusion of Nepal in IHP is going to expedite the improvement in health and it has made us even

more optimistic that we can meet health commitments of MDG in time."

The 7 donor nations that have inked the partnership agreement are Canada, France, Germany, Italy, Norway, the Netherlands and Portugal. — Sharan Prakash Sharma MBBS, Kathmandu, Nepal

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Faster malaria testing

he first rapid malaria test approved by the US Food and Drug Administration is now on the market, intended for laboratory use.

The FDA approved Binax NOW on June 13, calling it "significantly faster and easier to use" than existing methods of diagnosing malaria, says spokesperson Karen Riley. "Having test results sooner will help minimize delays in treating patients and prevent unnecessary medical treatment," she told *CMAJ* in an email interview. "The test is able to differentiate *Plasmodium falciparum* infections from other less virulent malarial infections."

Other rapid malaria tests are marketed, but this is the first with FDA approval. The standard laboratory di-

agnosis of malaria involves microscopic identification of malaria parasites in blood. This method requires trained and experienced technicians. The Binax NOW test requires only a few drops of whole blood on a dipstick and can yield results in 15 minutes.

"Clinical sensitivity and specificity of the Binax NOW(r) test when compared to microscopy was 95% and 94%, respectively for *Plasmodium falciparum* infected samples," says Riley. Negative results, however, should be "confirmed by microscopy."

Manufacturer Binax Inc. says the test sells for US\$10-\$29, depending on where in the world it is being purchased. It will be particularly useful in North America, says Davidson H. Hamer, associate professor of International Health and Medicine at the Boston University Schools of Public Health and Medicine. "Since there is substantial evidence that many hospitals in the US and Canada do not have microscopists with a high level of technical skill to read and interpret malaria blood smears, the availability of a rapid diagnostic test provides an alternative approach to the rapid and correct diagnosis of malaria." — Sanjit Bagchi MBBS, Kolkata, India

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The Canadian Red Cross has distinguished itself by distributing free malaria bed nets to children in 6 of the world's poorest nations. Here, youngsters in Sierra Leone are given bed nets.