WHO SIMPLIFIES TREATMENT OF MENTAL AND NEUROLOGICAL DISORDERS

New intervention guide to facilitate the management of depression, alcohol use disorders, epilepsy and other common mental disorders in the primary health-care setting

7 October 2010 | Geneva - Millions of people with common, but untreated, mental, neurological and substance use disorders can now benefit from new simplified diagnosis and treatment guidelines released today by WHO. The guidelines are designed to facilitate the management of depression, alcohol use disorders, epilepsy and other common mental disorders in the primary health-care setting.

The Intervention guide extends competence in diagnosis and management to non-mental health specialists including doctors, nurses and other health providers. These evidence-based guidelines are presented as flow charts to simplify the process of providing care in the primary health-care setting.

“In a key achievement, the Intervention guide transforms a world of expertise and clinical experience, contributed by hundreds of experts, into less than 100 pages of clinical wisdom and succinct practical advice,” says Dr Margaret Chan, Director-General of the World Health Organization.

The WHO estimates that more than 75% of people with mental, neurological and substance use disorders -- including nearly 95 million people with depression and more than 25 million people with epilepsy -- living in developing countries do not receive any treatment or care. Placing the ability to diagnose and treat them into the primary health care system will significantly increase the number of people who can access care.

“Improvement in mental health services doesn’t require sophisticated and expensive technologies. What is required is increasing the capacity of the primary health care system for delivery of an integrated package of care,” says Dr Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health at WHO.

An estimated one in four people globally will experience a mental health condition in their lifetime. People with mental, neurological and substance use disorders are often stigmatized and subject to neglect and abuse. The resources available are insufficient, inequitably distributed and inefficiently used. In the majority of countries, less than 2% of health funds are spent on mental health. As a result, a large majority of people with these disorders receive no care at all.

WHO in collaboration with partners will provide technical support to countries to implement the guidelines and has already initiated the programme for scaling up care in six countries; Ethiopia, Jordan, Nigeria, Panama, Sierra Leone and Solomon Islands.

“The programme will lead to nurses in Ethiopia recognizing people suffering with depression in their day to day work and providing psychosocial assistance. Similarly, doctors in Jordan and medical assistants in Nigeria will
be able to treat children with epilepsy,” says Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO. “Both these conditions are commonly encountered in primary care, but neither identified nor treated due to lack of knowledge and skills of the health care providers.”

The Intervention guide will help scale up care for mental, neurological and substance use disorders - which is the aim of WHO mental health Gap Action Programme (mhGAP). Multiple partners including Member States, UN agencies, research institutes, universities, multilateral agencies, foundations, WHO Collaborating Centres and NGOs under the (mental health Gap Action Programme (mhGAP) Forum have agreed to assist WHO in advocating for improving mental health care and services in developing countries.

WHO through its mhGAP programme, calls on governments, donors and mental health stakeholders to rapidly increase funding and basic mental health services to close the huge treatment gap.

HUMAN RIGHTS – A CENTRAL CONCERN FOR THE GLOBAL HIV RESPONSE

Statement by Dr. Margaret Chan, Director-General, World Health Organization

World AIDS Day 2010

On World AIDS Day 2010, the global community is focusing attention on protecting human rights of all people affected by HIV.

Health, HIV and human rights are inextricably linked. HIV responses need to ensure that human rights are protected and promoted. At the same time, the promotion and protection of human rights reduces HIV risk and vulnerability and makes HIV programmes more effective. Those populations most vulnerable and at risk of HIV are often the same populations prone to human rights violations. HIV policies and programmes in the health sector must promote human rights and empower individuals to exercise their rights.

The right to health is central to the HIV response. While we are encouraged by news that HIV epidemics are stabilizing in most regions of the world, it is clear that too many people still do not have access to essential HIV services that can prevent HIV infections and save lives. Antiretroviral treatment is still only available to one third of people in need. Even with the expansion of programmes to prevent mother-to-child transmission of HIV, in 2009 only 53% of pregnant women living with HIV were able to access treatment to prevent their infants from becoming infected.

Populations most at risk of HIV infection, including injecting drug users, sex workers, men who have sex with men and transgender people are also those populations who have the least access to much needed HIV prevention, treatment and care services. For example, coverage of harm reduction programmes remained limited in 2009. Among 92 countries that reported, 36 had needle and syringe programmes and 33 offered opioid substitution therapy.

People living with HIV should not only enjoy their right to health but also their right to access crucial social services such as education, employment, housing, social security and even asylum in some cases. Ensuring the rights of people living with HIV is good public health practice, by improving the health and well-being of those affected and by making prevention efforts more effective. A wide range of countries have enacted legislation to prevent discrimination against people living with HIV. However, in many cases, there is poor enforcement of such laws and stigmatization of people living with HIV and most-at-risk populations persist.

HIV-related stigma and discrimination continue to undermine HIV responses. The fear of being shunned by their families and friends, marginalized in their communities or denied employment and other services is often the
reason why people do not present for HIV testing or attend HIV services. All too often it is the negative attitudes and behaviours of health workers that make health services inaccessible and unacceptable to those people at greatest risk of HIV infection and in greatest need of prevention, treatment and care services. People living with HIV, drug users, sex workers and men who have sex with men should be able to attend health services where they feel safe and are ensured the best possible and non-judgmental care.

The failure to promote and protect human rights increases vulnerability and can drive HIV epidemics. In sub-Saharan Africa, women and girls are particularly vulnerable to HIV; 80% of all women living with HIV are in this region. In Eastern Europe, over 50% of HIV cases are among people who inject drugs. In France, Netherlands and Spain, between 1/3 and 3/4 of new HIV infections are concentrated among migrants.

On the eve of a new decade, we need to address laws, policies, and regulations that increase HIV vulnerability and risk, impede access to health services or infringe on human rights, particularly for vulnerable and most-at-risk populations. In nearly 80 countries, same-sex sexual relations are criminalized, with 6 countries applying the death penalty. In over 50 countries and territories, there are restrictions on travel and residence for people living with HIV. In many countries drug users are sent to prison or compulsory rehabilitation programmes rather than being provided with effective treatment. The health sector has a critical role to play in promoting public health approaches and arguments when laws are made and strategies developed by other sectors.

Today, I call on all sectors to protect human rights, including the right to health, and to combat discrimination. Working with people living with HIV is critical for an effective HIV response and Member States need to be mindful of the commitments made in the 2006 Political Declaration on HIV/AIDS to promote better legal and social environments for people to access HIV testing, prevention and treatment.

WHO is firmly committed to the goal of achieving universal access to key HIV services. However, this will not be possible unless we make sure that the human rights of everyone, everywhere, are protected and promoted.

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**NEW WHO GUIDELINES: TB PREVENTION FOR PEOPLE WITH HIV**

The guidelines show how people with HIV can be protected from TB with regular, low-cost preventive medication

1 December 2010 | Geneva - Children and adults living with HIV can be protected from one of their deadliest threats – tuberculosis (TB) - with a regular, low-cost preventive medication according to new guidelines launched today by the WHO. Of the nearly two million AIDS-related deaths each year, a quarter of them are associated with TB.

Because of their weakened immune system, people living with HIV are less able to fight TB infection and are more likely to develop active TB which can be deadly and can spread to others. In some communities, up to 80% of people with TB test positive for HIV. Taking medicine containing the anti-TB drug isoniazid is a simple and cost-effective measure that prevents the TB bacteria from becoming active if it is present. Known as Isoniazid Preventive Therapy (IPT), the treatment approach is not new, but for a variety of reasons it is underused. Only 85,000 (or 0.2%) of all people living with HIV received isoniazid for TB prevention in 2009.

“As we commemorate World AIDS Day, it is clear that managing HIV must include addressing TB,” said Dr Gottfried Hirnschall, Director of WHO’s HIV/AIDS Department. “We need to fully implement the WHO Three I’s for HIV/TB strategy in collaboration with all partners. The Three I’s are Isoniazid Preventive Therapy, Intensified TB screening and Infection control for TB. These measures should be delivered as part of comprehensive HIV services.”
Key recommendations

The guidelines are based on new scientific evidence that updates the previous 1998 policy. The key recommendations are:

* All children and adults living with HIV, including pregnant women and those receiving antiretroviral treatment, should receive isoniazid prevention therapy.

* Isoniazid should be provided for six to 36 months, or as a life-long treatment in settings with high HIV and TB prevalence.

* People living with HIV who may have TB symptoms should be further screened for active TB or other conditions so that they are able to access the appropriate treatments.

“In many countries HIV is a major driver of the TB epidemic. TB is preventable and curable and the new guidelines show how to break the chain that links TB and HIV leading to death,” said Dr Mario Raviglione, Director of WHO’s Stop TB Department. “All countries and communities need to implement the new guidelines and WHO can provide the necessary support to ensure that this can happen.”

Misconceptions that may contribute to the low uptake of isoniazid therapy are also addressed in the new guidelines. For example, concern that using isoniazid without other TB medications causes resistance to the medicine was not found to be supported by any scientific evidence. These and other clarifications featured in the guidelines should clear the way for greater access to the preventive therapy for millions of people living with HIV.

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**CONSULTANT ADULT EPILEPTOLOGIST**

**DEPARTMENT:** CLINICAL NEUROSCIENCES

**QUALIFICATIONS:**
1. Graduate from a recognized medical school
2. Saudi Board or equivalent in Neurology
3. Subspecialty certificate in Epilepsy Surgery. Should have at least 3-5 years experience as a Neurosurgeon.

**EXPERIENCE:**
1. At least three (3) years experience in Epilepsy.

Salary and other benefits will be discussed during the interview.

For interested applicants, please send detailed curriculum vitae, 3 references, copies of professional qualifications, and passport photo, by post or by fax to:

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