

MRC funds BREATHE Africa Partnership

The Medical Research Council (MRC) has announced £580 000 of funding to facilitate collaboration between established trial sites and to increase research capacity in Africa focused on the health effects of Household Air Pollution (HAP). HAP has been identified as a major preventable cause of disease and death in the Global Burden of Disease survey 2010.

The BREATHE Africa partnership (Biomass Reduction and Environmental Air Towards Health Effects) is led and co-ordinated by Stephen Gordon and Jane Ardrey at the UK's Liverpool School of Tropical Medicine (LSTM). The Partnership will draw together experts and investigators in major air pollution trials in order to share findings and plans, harmonise specific aspects of trial methodology, optimise the opportunity to undertake mechanistic work – including testing for new biomarkers not funded in current trials – and to engage African researchers and trainees in existing and new studies by a bottom-up approach offering mentored research training projects.

There are five themes for the work and four additional Co-investigators from LSTM (Dr Kevin Mortimer), University of Liverpool (Prof Nigel Bruce), University of Aberdeen (Dr Sean Semple) and Queen Mary University of London (Prof Jonathan Grigg), focused on Interventions to reduce HAP, Exposure and Biomarker measurements, and Mechanisms by which HAP causes Health effects. BREATHE currently has 50 partners and those partners contributing financially are The Global Alliance for Clean Cookstoves (Alliance) and The American Thoracic Society (ATS).

The partnership will work with existing Cookstove projects that are currently underway in Ghana and Nepal as well as the Cooking and Pneumonia Study (CAPS), which is an LSTM led, randomised study being carried out in Malawi.

Professor Stephen Gordon, who is the head of LSTM's Department of Clinical Sciences, said, 'Half the world's population, including some 700 million people in Africa, use biomass fuel from animal and plant material to provide energy for cooking, heating and lighting. Those using biomass fuel and their young children experience substantial smoke exposure, which is an established threat to health. This new partnership will bring together international experts, African Investigators, and other stakeholders to ensure the best use of new opportunities provided by £8 m of recent grant investment directed at quantifying and reducing the health effects of household air pollution.'

The funding, along with a benefactor donation of £32 000, will also enable the continuation of The Pan African Thoracic Society – Methods in Epidemiological, Clinical and Operations Research (PATS MECOR) Course for 2014. The course, which was initiated by Professor Gordon, is designed for pulmonary clinicians, investigators, and academicians to provide training in research methods. It will take place in Kenya in September.

Global Lung Function Initiative

The Global Lung Function Initiative is an international group of researchers and healthcare professionals working towards standardizing reference equations to improve how we interpret pulmonary function test data. We recently completed multi-ethnic reference equations for spirometry and have received ATS and ERS support to conduct this project for transfer factor for carbon monoxide of the lung (TLCO).

We are seeking expressions of interest from those researchers and healthcare professionals that have TLCO data for more than 100 healthy subjects to please consider contributing your data to the GLI TLCO Task Force. In addition to the TLCO measurements, we are requesting basic demographic data (gender, age and height) as well as some details about the equipment that was used to collect the data. If you do not know some of these details, we will work with the manufacturers to obtain this information. We will accept both paediatric and adult data, and will require confirmation that they subjects were healthy, either through the specific inclusion or exclusion criteria of the study, or participant specific variables related to smoking status, or medical history.

Complete details of the study and instructions can be found on the GLI website www.lungfunction.org and if you have specific questions you may direct these to the TLCO group transferfactor@lungfunction.org. You may register your project at <http://www.gligastransfer.org.au/>. A member of the task force will contact you with further details. You may also wish to read through our Memorandum of Understanding for further details regarding data privacy, data sharing and publication.

Smoker numbers edge close to 1 billion

Although smoking is becoming less popular in many parts of the world, the total number of smokers is growing, global figures reveal.

In 2012, 967 million people smoked every day compared with 721 million in 1980, data from 187 countries show. The rise is linked to population growth, according to researchers.

With the earth's population having more than doubled in the last 50 years to 7 billion, there are simply more people to take up the habit. Some of the highest smoking rates are now seen in the developing world, according to the JAMA report from the University of Washington's Institute for Health Metrics and Evaluation (IHME) in the US. But global smoking prevalence has gone down.

Lead researcher Dr Christopher Murray, who is director of the IHME, said, 'Despite the tremendous progress made on tobacco control, much more remains to be done.'

The World Health Organization say millions of additional lives could be saved with continued implementation of policies such as increased cigarette taxes and smoke-free air laws.