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### RESEARCH ON GLOBAL HEALTH SECURITY:

## Capacity of Public Health Surveillance to Comply with Revised International Health Regulations, USA

This paper assesses compliance of all 50 US states (and Washington, DC) with the revised International Health Regulations (IHR). To do so, the authors sent a questionnaire to state epidemiologists – 47 of 51 responded. Eighty-one percent of respondents reported the ability to transmit notifications about unknown or unexpected health events to the Centers for Disease Control and Prevention (CDC) daily. Additionally, 80% reported using a risk assessment tool to determine whether CDC should be notified of possible public health emergencies. These findings suggest that most states have systems to ensure compliance with IHR. However, full state-level compliance requires additional efforts. State health departments should work to ensure that their counterparts in state government and in local health departments understand the requirements of IHR. Expansion of cross-jurisdictional surveillance and reporting systems would also benefit national recognition and investigation of public health emergencies.

Source: Armstrong, Kia E, et al. 2010. Capacity of Public Health Surveillance to Comply with Revised International Health Regulations, USA. *Emerging Infectious Diseases* Vol. 16, Issue 5 (May). <http://www.cdc.gov/eid/content/16/5/804.htm>



**GLOBAL HEALTH NEWS:**

### **Bird flu, though largely contained, still poses global threat**

Concerted international action has eliminated H5N1 influenza from poultry in all but 5 of the 63 countries it infected during the 2006 outbreak (Egypt, Indonesia, Bangladesh, Viet Nam and China). To date, H5N1 has killed almost 300 people, killed or forced the culling of over 260 million birds, caused an estimated \$20 billion in economic damage and devastated livelihoods at the family-farm level. In light of this, and other bio-security matters, world leaders will meet in Hanoi, Vietnam for the International Ministerial Conference on Animal and Pandemic Influenza (20-21 April 2010). In advance of it, the World Bank and the United Nations have jointly released a draft document, 'Animal and Pandemic Influenza: A Framework for Sustaining Momentum.' In it, they argue that despite progress, veterinary services in many countries need improvement to help stop the spread of H5N1; improvements are especially needed in poultry production chains. The document will be revised following the conference to incorporate its findings.

Sources: United Nations and the World Bank. 2010. Animal and Pandemic Influenza: A Framework for Sustaining Momentum. *United Nations and the World Bank* (April). <http://un-influenza.org/files/Synopsis.pdf>

\_\_\_\_\_. 2010. Bird flu, though largely contained, still poses global threat – UN health expert. *UN News Centre* online (16 April). <http://www.un.org/apps/news/story.asp?NewsID=34387&Cr=h5n1&Cr1=>

**GLOBAL HEALTH NEWS:**

### **WHO is accused of "crying wolf" over swine flu pandemic**

Three separate international inquiries will investigate the WHO's decision to declare H1N1 a pandemic. The most advanced, being conducted by the Council of Europe, began in January. The report will examine whether the drug industry influenced the WHO decision as a way of boosting sales. The European parliament is also likely to establish a special committee of inquiry that will investigate why EU institutions uncritically followed the WHO's decision (ex. without carrying out their own independent evaluations). Meanwhile, the WHO will establish an independent review committee of 29 experts. Keiji Fukuda, special adviser to WHO's director general on pandemic influenza, insists that the committee will have full control over the work it conducts – the report will be presented at the 2011 World Health Assembly.

Source: Watson, Rory. 2010. WHO is accused of "crying wolf" over swine flu pandemic. *BMJ* 340: c1904 (6 April). [http://www.bmj.com/cgi/content/extract/340/apr06\\_2/c1904](http://www.bmj.com/cgi/content/extract/340/apr06_2/c1904)



*RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:*

### **Reproductive health and quality of life of young Burmese refugees in Thailand**

Of the 140 000 Burmese refugees living in camps in Thailand, 30% are youths aged 15-24. Health services in these camps do not target young people. This study used a stratified two-stage random sample questionnaire of 397 young people (aged 15-24 years) in two camps to assess quality of life and health issues among this demographic. Results showed that respondents had very limited knowledge of reproductive health (only about one in five correctly answered at least one question on reproductive health). Although condom use was considered important, a large proportion of respondents felt too embarrassed to use them. Moreover, these findings are likely generalizable to other refugee camps along the Thailand-Myanmar border (since their populations share similar cultural and traditional backgrounds). In light of these findings, young refugees must be provided with effective information and services for their future, and need to be equipped with skills necessary for their transition into adulthood. This should become a mandatory policy, set by all stakeholders.

Source : Benner, Marie T, et al. 2010. Reproductive health and quality of life of young Burmese refugees in Thailand. *Conflict and Health* Vol. 4, Issue 5 (25 March).

<http://www.conflictandhealth.com/content/4/1/5>

*GLOBAL HEALTH NEWS:*

### **Somali clashes taking shocking toll on civilians, says UN refugee agency**

The United Nations refugee agency has voiced its shock after more than 30 people were reported to have been killed when violent clashes erupted in Mogadishu in early April; residents of the strife-torn Somali capital have described these clashes as some of the worst in months. The UN High Commissioner for Refugees (UNHCR) has urged parties to the conflict to avoid targeting civilian facilities and heavily populated areas of Mogadishu which shelter more than 300,000 internally displaced people (IDPs). The latest violence in Mogadishu, where Government forces and their supporters have been fighting Islamic militant rebel groups, has displaced at least 500 people. More than 100,000 people have been displaced from or within Mogadishu this year; most have fled to the relative safety of IDP camps in the Afgooye corridor some 30 kilometers west of the capital. With 1.4 million IDPs, some 570,000 refugees in the region and nearly 3 million people dependent on humanitarian aid, Somalia is one of the worst humanitarian crises in the world.

Source: \_\_\_\_\_. 2010. Somali clashes taking shocking toll on civilian, says UN refugee agency. *UN News Centre* online (16 April).  
<http://www.un.org/apps/news/story.asp?NewsID=34386&Cr=somali&Cr1=>

*GLOBAL HEALTH NEWS:*

## Human Security Report Controversy

On 20 January 2010, Simon Fraser University released its most recent Human Security Report (HSR), 'The Shrinking Costs of War.' The report has sparked much debate about how to conduct mortality estimates during war. Led by Andrew Mack, the HSR research challenges widely held assumptions about wartime mortality rates. Specifically, it suggests that national mortality rates fall, rather than rise, during periods of war due to three interrelated long-term changes since the Cold War. First, wars are now fought by smaller armies over smaller geographical areas; meaning "fewer war deaths and less impact on nationwide mortality rates." Second, major public health improvements in developing countries have reduced mortality rates in both peacetime and wartime. And third, increases in humanitarian assistance to war-affected peoples have reduced mortality rates.

The HSR's claim that the methodology used by the International Rescue Committee (IRC) to estimate wartime mortality in the DRC was flawed has prompted the most debate. According to the HSR, retrospective mortality surveys carried out by the IRC suffered two major weaknesses. First, the studies were conducted in unrepresentative parts of the country. "This failure to follow standard survey practice means no confidence can be placed in any excess mortality estimates from this period." (Mack 2010) Second, the report claims that the baseline mortality rate used by the IRC was excessively low. This "led to large and unwarranted inflations of the excess death estimates." (Mack 2010)

The IRC and the Burnet Institute (which co-led and authored two of the DRC surveys), have released a joint response. They justify their findings – indicating prior acknowledgement of methodological challenges and support from other conflict epidemiologists. Les Roberts of Columbia University, one of the lead epidemiologists on the DRC study, argues that the HSR uses a low-threshold definition of war (an ongoing conflict involving 25 killings per year); and states that the HSR's calculations would not hold in countries with higher intensity conflicts.

The HSR project team stands by their calculations. They undertook a further analysis using high intensity conflicts from Uppsala's global conflict data base and found that from 1970 to 2008, under-five mortality decreased in 95% of these countries - an even stronger confirmation of the findings presented in the HSR. They argue "Our claim is straightforward and correct—recent wars rarely reverse the downward trend in mortality rates that has been the norm for most of the developing world for more than 30 years." (Human Security Report Project 2010) A detailed response from epidemiologists associated with the DRC study is forthcoming.

*Sources:*

Mack, Andrew. 2010. Human Security Report: "The Shrinking Costs of War". *Human Security Report Project* (20 January). <http://www.hsrgroup.org/>

Bohannon, John, and John Travis. 2010. How Many Have Died Due to Congo's Fighting? Scientists Battle Over How to Estimate War-Related Deaths. *Science online* (21 January). <http://news.sciencemag.org/scienceinsider/2010/01/post-1.html>

Human Security Report Project. 2010. The Debate Generated By the "Shrinking Costs of War". *Human Security Report Project online* (14 April). <http://www.humansecurityreport.info/index.php?option=content&task=view&id=212>



*RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:*

### **When to start antiretroviral therapy in resource-limited settings: a human rights analysis**

Most national-level guidelines on anti-retroviral therapy (ART) for HIV/AIDS patients recommend deferring treatment until blood counts reach 200 cells/ $\mu$ L. This is often used to ration medicines. However, the latest evidence on the risks to health for people with HIV at CD4 counts above 200 cells/ $\mu$ L, together with the availability of newer and less toxic drugs, supports raising the threshold of ART initiation. In this paper, the authors apply a human rights framework to assess a policy of earlier ART treatment initiation. Based on this framework, their analysis shows that governments should: 1) revise the initiation threshold in line with international recommendations; 2) adopt a treatment policy that includes the use of less-toxic drugs; and 3) implement cost-effective policies, such as task shifting and sourcing of more affordable medicines on the international market. However, these measures will require clear technical and financial support from donor governments.

Source: Ford, Nathan, et al. 2010. When to start antiretroviral therapy in resource-limited settings: a human rights analysis. *BMC International Health and Human Rights* Vol. 10, Issue 6 (31 March).

<http://www.biomedcentral.com/1472-698X/10/6/abstract>

*RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:*

### **The US Government's Global Health Architecture: Structure, Programs, and Funding**

This report provides an overview of the US government's global health architecture, funding, and activities. It finds that these domains are guided by a global health policy that aims to improve health by reducing avoidable disease, disabilities, and deaths. Activities consist of addressing five interrelated areas: 1) health services and systems; 2) disease detection and response; 3) population and maternal/child health; 4) nutrition, water, and environmental health; and 5) research and development. In terms of funding, the report finds that total US funding for global health more than doubled between 2004 and 2008, increasing from \$4.36 billion in 2004 to \$9.64 billion in 2008 (an increase of \$5.3 billion, or 121%). The majority of this assistance was provided through bilateral programs through that period. In fact, bilateral funding increased from \$3.5 billion in FY 2004 (80% of the total) to \$8.4 billion in FY 2008 (87%). At the same time, funding provided through multilateral mechanisms increased just 38%.

Source: Keates, Jen, et al. 2009. The U.S. Government's Global Health Policy Architecture: Structure, Programs, and Funding. *The Henry J. Kaiser Family Foundation* online (April).

[http://www.kff.org/globalhealth/upload/7881\\_ES.pdf](http://www.kff.org/globalhealth/upload/7881_ES.pdf)



### GLOBAL HEALTH NEWS:

#### **Deal Provides Vaccines to Poor Nations at Lower Cost**

Pfizer and GlaxoSmithKline will supply hundreds of millions of doses of their pneumonia vaccines to the world's poorest countries at discounted prices because of a new agreement announced 23 March 2010. According to the GAVI Alliance, the program could save a total of 900,000 lives by 2015. Under the agreement, Pfizer and GlaxoSmithKline will provide up to 300 million doses each of their vaccines over a 10-year period. The price for the first 20 percent of the supply will be US\$7 a dose; it will then drop to US\$3.50 a dose (in Western markets, the pneumococcal vaccines sell for US\$54 to US\$108 a dose). The vaccines will be paid for by donations raised by GAVI and the governments of countries that ordered the vaccines. However, some concerns have been raised by civil society. According to Tido von Schoen-Angerer of Doctors Without Borders, the vaccine is still quite expensive in a developing country context. With at least three doses required, the price for complete therapy will initially cost \$21 per patient.

Source: Pollack, Andrew. 2010. Deal Provides Vaccines to Poor Nations at Lower Cost. New York Times online (23 March).

<http://www.nytimes.com/2010/03/24/business/global/24vaccine.html>

### RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

#### **Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5**

Reliable information about the rates and trends of maternal mortality is essential for progress towards MDG 5 – a 75% reduction in the maternal mortality ratio (MMR) from 1990 to 2015. This paper estimates levels and trends in maternal mortality for 181 countries. The authors calculate that there were 342 900 maternal deaths worldwide in 2008, down from 526 300 in 1980. The global MMR decreased from 422 in 1980 to 320 in 1990, and was 251 per 100 000 livebirths in 2008. The yearly rate of decline of the global MMR since 1990 was 1.3%. During 1990–2008, rates of yearly decline in the MMR varied between countries, from an 8.8% decrease in the Maldives to an increase of 5.5% in Zimbabwe. More than 50% of all maternal deaths were in six countries in 2008 (India, Nigeria, Pakistan, Afghanistan, Ethiopia, and the Democratic Republic of the Congo). Based on these findings, only 23 countries are on track to achieve a 75% decrease in MMR by 2015. However, countries such as Egypt, China, Ecuador, and Bolivia have begun achieving accelerated progress.

Source : Hogan, Margaret C, et al. 2010. Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet* online (12 April).

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60518-1/fulltext?\\_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60518-1/fulltext?_eventId=login)



### **Public financing of health in developing countries: a cross-national systematic analysis**

This paper analyses all data sources available for government spending on health in developing countries to describe trends in public financing of health, and tests the extent to which this was related to changes in: 1) gross domestic product (GDP); 2) government size; 3) HIV prevalence; 4) debt relief; and 5) development assistance for health (DAH). In all developing countries, results show that domestic public financing of health increased nearly 100% from 1995 to 2006. However, the statistical analysis showed that DAH to government had a negative effect on domestic government spending on health. To address the negative effect of DAH on domestic government health spending, the authors recommend five measures. First, strong standardized monitoring of government health spending and expenditures in health-related sectors needs to be implemented. Second collaborative targets to maintain/increase the share of government health expenditures must be established. Third, investments are needed in the capacity of developing countries to receive and use DAH. Fourth, the risks and benefits of expanded DAH to non-governmental sectors should be assessed. And fifth, global price subsidies and/or product transfers should be investigated as mechanisms for DAH.

Source: Lu, Chunling, et al. 2010. Public financing of health in developing countries: a cross-national systematic analysis. *The Lancet* online (9 April).

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60233-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60233-4/abstract)

#### **RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:**

### **Challenges for WHO code on international recruitment**

Earlier this year the executive board of the World Health Organization decided that a draft global code on the international recruitment of health workers would be on the agenda of the World Health Assembly in May 2010. The code will have implications for any country that recruits health workers from abroad. The WHO draft code emphasizes the need to look more broadly at issues of: 1) effective planning of the health workforce; 2) coordination between countries; and 3) fair treatment of health workers. If a code is adopted it could become a powerful tool for advocacy and could provide a framework for more detailed cooperation between member states. The danger is that the effort needed to reach agreement on a code is not matched by the energy and resources required to deliver on its objectives. The code can have a sustained impact only if its principles and purpose are widely communicated, if effective monitoring is well supported, and if its signatories tackle the broader causes of health worker shortages in the developing world.

Source: Buchan, James. 2010. Challenges for WHO code on international recruitment. *BMJ* 340:c1486 (29 March).

[http://www.bmj.com/cgi/content/extract/340/mar29\\_2/c1486](http://www.bmj.com/cgi/content/extract/340/mar29_2/c1486)



*RESEARCH ON TRADE POLICY & HEALTH:*

### **A Quantitative Assessment of the Risk for Highly Pathogenic Avian Influenza Introduction into Spain via Legal Trade of Live Poultry**

Highly pathogenic avian influenza (HPAI) is considered one of the most important diseases of poultry. During the last 9 years, HPAI epidemics have been reported in Asia, the Americas, Africa, and in 18 countries of the European Union (EU). Because of the EU free-trade policy and because legal trade of live poultry is considered an important route for HPAI spread in certain regions of the world, there are fears that Spain may become HPAIV-infected as a consequence of the legal introduction of live poultry into its market. This article presents the results of the first quantitative assessment of the risk for HPAIV introduction into a free country via legal trade of live poultry. It finds that the risk for HPAI introduction into Spain via legal trade of live poultry is virtually nil, and that therefore, current preventive measures are sufficient to prevent the occurrence of HPAI epidemics through this pathway of introduction. These results support the hypothesis that legal trade of live poultry does not impose a significant risk for the spread of HPAI into EU member states.

Source : Sánchez-Vizcaíno, Fernando, et al. 2010. A Quantitative Assessment of the Risk for Highly Pathogenic Avian Influenza Introduction into Spain via Legal Trade of Live Poultry. *Risk Analysis* online (2 February).

<http://www3.interscience.wiley.com/journal/123271183/articletext?DOI=10.1111%2Fj.1539-6924.2009.01351.x>

*GLOBAL HEALTH NEWS:*

### **Taiwan and China build closer medical tourism links**

Two Chinese medical tourism groups, composed of business executives and their families, will travel to Taiwan in April to seek medical consultations and check-ups. The Guangzhou-based Xian Health and Medical Center organize the medical tour groups; there is a membership fee for joining the centre, and every member is entitled to a six-day trip to Taiwan (including a one-day physical check-up). According to the Taiwan External Trade Development Council (TAITRA), Southern China's Guangdong province enjoys the highest GDP in the country, and is being targeted to promote medical tourism to Taiwan. With the assistance of the TAITRA, the centre, which already has over 1000 members, reached agreements with 18 medical centres and hospitals in Taiwan last year to organize the visits. As Taiwan has a good reputation for hip replacements and knee and heart surgery, the centre will also look to introduce these services to potential Chinese clients.

Source: \_\_\_\_\_. 2010. Taiwan and China: Taiwan and China build closer medical tourism links. *International Medical Travel Journal* online (1 April). <http://www.imtj.com/news/?EntryId82=192951>



### RESEARCH ON INTELLECTUAL PROPERTY & HEALTH

## Access to medicines and domestic compulsory licensing: Learning from Canada and Thailand

To improve access to medicines amongst the world's neediest populations, many countries have turned to compulsory licensing – a statutory mechanism to enable third parties to manufacture a product or process still under patent. To draw out policy insights for countries with pharmaceutical manufacturing capacity, and an interest in improving domestic access to patented medicines, this paper examines two case studies; a historic case study from Canada and Thailand's current use of domestic compulsory licenses. These case studies show that compulsory licensing can help efforts to improve drug access. For example, the threat of compulsory licensing can create pressure on the brand-name pharmaceutical industry to lower prices. Moreover, gains can be made in building robust and sustainable drug programs by using compulsory licensing; provided, the following elements are present: 1) a clear policy purpose explaining the need for compulsory licensing; 2) legislative drafting guided by the policy purpose; 3) domestic legislative provisions to minimize stakeholder disputes; and 4) political commitment to use the available tools to further public health interests.

Source: Kuek, V, et al. Access to medicines and domestic compulsory licensing: Learning from Canada and Thailand. *Global Public Health* online (15 March).

<http://www.informaworld.com/smpp/6084613-921969/ftinterface~content=a919884226~fulltext=713240930>

### GLOBAL HEALTH NEWS:

#### Anti-counterfeit laws to limit access to ARVs

East African countries risk not attaining Millennium Development Goal (MDG) 6 - on universal treatment of people living with HIV and AIDS, malaria and other diseases – if the East African Community (EAC) adopts the anti-counterfeits policy and bill currently under consideration. Civil society representatives, government officials and intellectual property experts warn that the proposed policy and bill would block the production and importation of generic medicines used by healthcare services to treat diseases. The countries affected are Uganda, Tanzania, Rwanda, Burundi and Kenya. Sangeeta Shashikant, a legal advisor with the Third World Network (TWN) says that the EAC bill seems to reduce every generic medical product to a counterfeit. "The definition states (counterfeits) are substantially identical copies of the protected goods (produced) without the authority of the owner of the intellectual property rights of the protected goods."

Source: Michael, Wambi. 2010. Anti-counterfeit laws to limit access to ARVs. *European AIDS Treatment Group* online (6 April).

<http://www.eatg.org/eatg/Global-HIV-News/Access-to-treatment/Anti-counterfeit-laws-to-limit-access-to-ARVs>



RESEARCH ON RESPONSE TO HIV/AIDS, TUBERCULOSIS & MALARIA:

### **National and subnational HIV/AIDS coordination: are global health initiatives closing the gap between intent and practice?**

A coordinated response to HIV/AIDS is one of the 'grand challenges' facing policymakers today. Global Health Initiatives (GHIs) have the potential to facilitate and exacerbate coordination at the national and subnational level. To date, no study has provided a focused synthesis of the effects of GHIs on national and subnational health systems across multiple countries. To address this deficit, the authors review primary data from seven country studies on the effects of three GHIs on coordination of HIV/AIDS programmes (the Global Fund to Fight AIDS, Tuberculosis and Malaria; the President's Emergency Plan for AIDS Relief; and the World Bank's HIV/AIDS programmes). In-depth interviews were conducted at national and subnational levels (179 and 218 respectively) in seven countries in Europe, Asia, Africa and South America, between 2006 and 2008. Positive effects of GHIs included the creation of opportunities for multisectoral participation, greater political commitment and increased transparency among most partners. However, the quality of participation was often limited, and some GHIs bypassed coordination mechanisms, especially at the subnational level.

Source: Spicer, Neil, et al. National and subnational HIV/AIDS coordination: are global health initiatives closing the gap between intent and practice. *Globalization and Health* Vol. 6, Issue 3 (2 March).

<http://www.globalizationandhealth.com/content/6/1/3>

#### GLOBAL HEALTH NEWS:

### **Global Fund will eliminate vertical transmission of HIV by 2015 if funding continues at present level, report says**

According to its latest results report, The Global Fund is on target to meet its aim of reducing the incidence of HIV/AIDS, tuberculosis, and Malaria by 2015. However, progress will depend on its current scale of funding being maintained. According to the report, the programmes supported by the Global Fund saved at least 3600 lives a day, last year. By the end of 2009, activities financed by the Fund had provided antiretroviral treatment to 2.5 million HIV-positive people, treated six million people with active tuberculosis, and distributed more than one million insecticide treated nets to prevent malaria. To maintain the Fund's programming, a minimum budget of \$13bn will be required over the next three years. But, under this budget new projects will be financed at levels significantly lower than in recent years. The scale of new funding the Global Fund can expect between 2011 and 2013 will become clear at the replenishment conference in October 2010, in New York.

Source: Watson, Rory. 2010. Global Fund will eliminate vertical transmission of HIV by 2015 if funding continues at present level, report says. *BMJ* 340:c1632 (22 March).

[http://www.bmj.com/cgi/content/extract/340/mar22\\_3/c1632](http://www.bmj.com/cgi/content/extract/340/mar22_3/c1632)



RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:

### Prevalence of Diabetes among Men and Women in China

Because of rapid lifestyle changes in China, there is concern that diabetes may become epidemic. This paper conducts a national study from June 2007 through May 2008 to estimate the prevalence of diabetes among Chinese adults. A nationally representative sample of 46,239 adults, 20 years of age or older, from 14 provinces and municipalities participated in the study. Results indicate that diabetes has reached epidemic proportions in the general adult population in China. Overall, 92.4 million adults 20 years of age or older (9.7% of the adult population) have diabetes, and in 60.7% of these cases, the diabetes is undiagnosed. The aging population, urbanization, nutritional changes, and decreasing levels of physical activity, with a consequent epidemic of obesity, have likely contributed to the rapid increase in diabetes amongst the Chinese population. These results indicate that diabetes has become a major public health challenge in China and underscore the need for national strategies aimed at the prevention, detection, and treatment of diabetes.

Source: Yang, Wenying, et al. 2010. Prevalence of Diabetes among Men and Women in China. *NEJM* Vol. 362, Issue 12 (25 March).  
<http://content.nejm.org/cgi/content/short/362/12/1090>

GLOBAL HEALTH NEWS:

### China wrestles with tobacco control

Around one-third of the world's smokers live in China, which has some of the largest tobacco companies. In this news item, Dr Yang Gonghuan is interviewed about the formidable forces of opposition to tobacco control in a country estimated in 2002 to have 350 million smokers. Dr Gonghuan is the deputy director general of the Chinese Centre for Disease Control and Prevention, director of China's National Office of Tobacco Control and a professor of the Chinese Academy of Medical Sciences. According to her, despite some progress, tobacco control faces major challenges in China. "Since China joined the WHO Framework Convention on Tobacco Control (WHO FCTC), the Government, media, research institutions and the public have acknowledged the need for tobacco control [...] However, tobacco control faces great opposition. Tobacco control is not mentioned at all as a priority in the health reform plan, and the budget we have only accounts for 0.5% of the total budget for disease control and prevention".

Source: \_\_\_\_\_. 2010. China wrestles with tobacco control. *Bulletin of the World Health Organization*. Vol. 88, Issue 4 (April).  
<http://www.who.int/bulletin/volumes/88/4/10-040410/en/index.html>



# HEALTH & FOREIGN POLICY BULLETIN

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The *Health and Foreign Policy Bulletin* is a monthly publication of the Norman Paterson School of International Affairs and the Centre for Trade Policy and Law. Its objective is to promote evidence based policy making by summarizing and disseminating the latest research on the intersection between global health and foreign policy. The Bulletin also identifies key events and developments of importance to policy makers. We are always looking for ways to improve the Health and Foreign Policy Bulletin and to expand its readership. If you have any suggestions or would like to subscribe, please contact us at [hfp\\_bulletin@carleton.ca](mailto:hfp_bulletin@carleton.ca).

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