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RESEARCH ON GLOBAL HEALTH SECURITY:

Should this event be notified to the World Health Organization? Reliability of the International Health Regulations notification assessment process

[This paper investigates] the reliability of the public health event notification assessment process under the International Health Regulations (2005) (IHR). The reliability of the assessments could be increased by expanding guidance on the use of the decision instrument and by including more specific criteria for assessing events and clearer definitions of terms. In 2009, 193 National IHR Focal Points (NFPs) were invited to use the decision instrument in Annex 2 of the IHR to determine whether 10 fictitious public health events should be notified to WHO. Each event's notifiability was assessed independently by an expert panel. The degree of consensus among NFPs and of concordance between NFPs and the expert panel was considered high when more than 70% agreed on a response. Overall, 74% of NFPs responded. The median degree of consensus among NFPs on notification decisions was 78%. It was high for the six events considered notifiable by the majority (median: 80%; range: 76–91) but low for the remaining four (median: 55%; range: 54–60). The degree of concordance between NFPs and the expert panel was high for the five events deemed notifiable by the panel (median: 82%; range: 76–91) but low (median: 51%; range: 42–60) for those not considered notifiable. The NFPs identified notifiable events with greater sensitivity than specificity ($P < 0.001$). When used by NFPs, the notification assessment process in Annex 2 of the IHR was sensitive in identifying public health events that were considered notifiable by an expert panel, but only moderately specific. The reliability of the assessments could be increased by expanding guidance on the use of the decision instrument and by including more specific criteria for assessing events and clearer definitions of terms.*

Source: [Haustein, Thomas, et al. 2011. Should this event be notified to the World Health Organization? Reliability of the International Health Regulations notification assessment process. *Bulletin of the World Health Organization* Vol. 89, No. 4 \(April\).](#)



Towards a conceptual framework to support one-health research for policy on emerging zoonoses

In the past two decades there has been a growing realisation that the livestock sector was in a process of change, resulting from an expansion of intensive animal production systems and trade to meet a globalised world's increasing demand for livestock products. One unintended consequence has been the emergence and spread of transboundary animal diseases and, more specifically, the resurgence and emergence of zoonotic diseases. Concurrent with changes in the livestock sector, contact with wildlife has increased. This development has increased the risk of transmission of infections from wildlife to human beings and livestock. [...] A clear conceptual research framework can provide a guide to ensure a research strategy that coherently links to the overarching goals of policy makers. [...] The proposed framework builds on the work of Pawson and Tilley, who suggested five elements or components that can enable researchers to see the links between their research endeavours and others to support the achievement of a policy goal—context, input, intervention, mechanisms, and output. [...] Although the framework that [the authors] set out links coherently research themes that might support public health, the framework does not address policy timelines, the sometimes urgent need for evidence, issues of the feasibility of research, nor the receptivity of audiences and the willingness of research evidence to be acknowledged and embedded within policy-making processes. [...] However, [the authors] believe that this framework offers a structure around which these issues can be discussed and from which a coherent research agenda might emerge.*†

Source: [Coker, Richard, et al. 2011. Towards a conceptual framework to support one-health research for policy on emerging zoonoses. *The Lancet Infectious Diseases* Vol. 11, Issue 4 \(April\).](#)

GLOBAL HEALTH NEWS:

Landmark agreement improves global preparedness for influenza pandemics

After a week of negotiations continued through Friday night and into Saturday morning, an open-ended working-group meeting of Member States successfully agreed upon a framework to ensure that in a pandemic, influenza virus samples will be shared with partners who need the information to take steps to protect public health. The working-group meeting was convened under the authority of the World Health Assembly and coordinated by WHO. The new framework includes certain binding legal regimes for WHO, national influenza laboratories around the world and industry partners in both developed and developing countries that will strengthen how the world responds more effectively with the next flu pandemic. By making sure that the roles and obligations among key players are better established than in the past - including through the use of contracts - the framework will help increase and expedite access to essential vaccines, antivirals and diagnostic kits, especially for outbreak areas. In addition, the framework will also put the world in a better position for seasonal influenza and potential pandemic threats such as the H5N1 virus, because some key activities will begin before the next pandemic, such as greater support for strengthening laboratories and surveillance, and partnership contributions from the industry. *

Source: [_____ . 2011. Landmark agreement improves global preparedness for influenza pandemics. *World Health Organization, Media Centre online* \(17 April\).](#)



RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Rape as weapon of war in the Eastern DRC? The victims' perspective

Rampant sexual violence is one of the most horrendous human rights abuses taking place within Democratic Republic of the Congo's (DRC) armed conflict. The UN has called these abuses "strategic" and a "weapon of war." Both labels carry specific implications within the human rights discourse. However, there is a lack of structured data exploring these concepts in the context of the DRC. To address this empirical gap, twenty-five rape survivors were interviewed. [...] The main finding of this article is that in the eyes of the victims, rape serves a multitude of different purposes and ultimately aims at inflicting maximum pain and destruction. From the victims' perspective it appears that no particular group of women or girls is singled out and targeted, but rather, any girl or woman may be attacked and raped at any time. As one participant stated: "When people start whispering about war, women will be raped." That is to say for the victims, rape in the DRC appears to be both endemic and indiscriminate.*†

Source: [Maedl, Anna. 2011. Rape as Weapon of War in the Eastern DRC: The Victims' Perspective. *Human Rights Quarterly* Vol. 33, No. 1 \(February\).](#)

GLOBAL HEALTH NEWS:

Bahraini government is misusing health system to deter protests, says charity

Medical facilities in Bahrain have become places of fear where government forces are beating up and arresting medical staff and civilians injured during protests that began in February, a new report claims. Wounded protesters but also civilians with ordinary health problems are staying away from health centres out of fear, says the briefing paper issued by the aid charity Médecins Sans Frontières (MSF) on 7 April. Latifa Ayada, MSF's medical coordinator in Brussels, said, "Wounds, especially those inflicted by distinctive police and military gunfire, are used to identify people for arrest, and the denial of medical care is being used by Bahraini authorities to deter people from protesting." MSF said in a statement, "The police, military, and intelligence services must stop using the health system as a way to crack down on protesters and must allow medical staff to return to the primary duty of providing healthcare regardless of patients' political or sectarian affiliations."*

Source: [Arie, Sophie. 2011. Bahraini government is misusing health system to deter protests, says charity. *BMJ* 342:d2359 \(11 April\).](#)



RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

Globalisation and health inequalities: Can a human rights paradigm create space for civil society action?

While neoliberal globalisation is associated with increasing inequalities, global integration has simultaneously strengthened the dissemination of human rights discourse across the world. This paper explores the seeming contradiction that globalisation is conceived as disempowering nations states' ability to act in their population's interests, yet implementation of human rights obligations requires effective states to deliver socio-economic entitlements, such as health. Central to the actions required of the state to build a health system based on a human rights approach is the notion of accountability. Two case studies are used to explore the constraints on states meeting their human rights obligations regarding health, the first drawing on data from interviews with parliamentarians responsible for health in East and Southern Africa, and the second reflecting on the response to the HIV/AIDS epidemic in South Africa. The case studies illustrate the importance of a human rights paradigm in strengthening parliamentary oversight over the executive in ways that prioritise pro-poor protections and in increasing leverage for resources for the health sector within parliamentary processes. Further, a rights framework creates the space for civil society action to engage with the legislature to hold public officials accountable and confirms the importance of rights as enabling civil society mobilization, reinforcing community agency to advance health rights for poor communities.*

Source: [London, Leslie & Helen Schneider. 2011. Globalisation and health inequalities: Can a human rights paradigm create space for civil society action? *Social Science & Medicine* online \(3 April\).](#)

GLOBAL HEALTH NEWS:

Kenya: MPs back Bill to prohibit female genital mutilation

[Kenyan] MPs yesterday [12 April] commended debate on a Bill that seeks to punish those found practicing Female Genital Mutilation. The motion which was moved by Mt Elgon MP Fred Kapondi received the backing of all legislators who stood to contribute saying it was time the country effected laws to curb FGM. [...] The Bill provides that anyone found practicing FGM and convicted will be sent to jail for seven years or fined Sh500,000 [approx. US\$6000]. Anyone who causes death in the process of carrying out FGM will be liable to life imprisonment. Those convicted of aiding, abetting or carrying out FGM will be liable to imprisonment for a term between three and seven years or a fine of between Sh100,000 [approx. US\$1200] and Sh500,000 [approx. US\$6000].*

Source: [Mureithi, Francis. 2011. Kenya: MPs Back Bill to Prohibit Female Genital Mutilation. *allAfrica.com* online \(13 April\).](#)

Note of correction

Dear readers, in the last issue of the Health and Foreign Policy (March 2011) the research article for this theme, 'Human rights consequences of mandatory HIV screening policy of newcomers to Canada', was incorrectly cited due to a formatting error. The correct citation is as follows: [Bisaillon, Laura M. 2010. Human rights consequences of mandatory HIV screening policy of newcomers to Canada. *Health and Human Rights* Vol. 12, No. 2.](#) Consequently, we have updated the March 2011 issue on the GHD-net website, and would like to extend our sincerest apology to Ms. Bisaillon.

The HFPB staff



RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:

Does recession reduce global health aid? Evidence from 15 high-income countries, 1975-2007

[This paper tests] the hypothesis that economic recessions lead to reduced global development assistance for health (DAH). Data obtained from the Creditor Reporting System of the Organisation for Economic Co-operation and Development (OECD) for 15 OECD countries were used to model the relative difference in commitments and disbursements for DAH as a function of three measures of economic recession: recessionary year, percentage change in per capita gross domestic product and percentage point change in unemployment rate for recessionary cycles from 1975 through 2007. [The authors] looked for an association both during the concurrent recessionary year and one and two years later. No statistically significant association was found in the short or long run between measures of economic recession and the amount of official DAH committed or disbursed. Any important decrease in overall DAH following the current economic recession would have little historical precedent and claims of inevitability would be unjustifiable.*

Source: [Stuckler, David, et al. 2011. Does recession reduce global health aid? Evidence from 15 high-income countries, 1975-2007. *Bulletin of the World Health Organization* Vol. 89, No. 4 \(April\).](#)

GLOBAL HEALTH NEWS:

Reforming the World Health Organization

In December 2010, Jack Chow, the former World Health Organization (WHO) assistant director-general, asked, "Is the WHO becoming irrelevant?" A month later, the WHO's executive board considered the agency's future within global health governance. After a year-long consultation with member states on its financing, Director-General Margaret Chan called the WHO overextended and unable to respond with speed and agility to today's global health challenges. The crisis in leadership is not surprising to those familiar with the WHO. As its first specialized agency, the United Nations (UN) endowed the WHO with extensive normative powers to act as the directing and coordinating authority on international health. Yet modern global health initiatives [...], bilateral programs [...], and well-funded philanthropies [...] often overshadow the agency. The WHO can be subject to political pressure, and its relationship with industry and civil society is uncertain. Given the importance of global health cooperation, few would dispute that a stronger, more effective WHO would benefit all. The WHO's internal reform agenda must be bold to ensure its future. In this Commentary, the authors offer five proposals for re-establishing the agency's leadership: 1) give real voice to multiple stakeholders; 2) improve transparency, performance and accountability; 3) closer oversight of regions; 4) expert legal authority as a rule-making body; 5) ensure predictable, sustainable financing.*

Source: [Sridhar, Devi & Lawrence Gostin. 2011. Reforming the World Health Organization. *JAMA* online \(29 March\).](#)



RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: An impact evaluation

[The authors] assessed the effect of performance-based payment of health-care providers (payment for performance; P4P) on use and quality of child and maternal care services in health-care facilities in Rwanda. 166 facilities were randomly assigned at the district level either to begin P4P funding between June, 2006, and October, 2006 (intervention group; n=80), or to continue with the traditional input-based funding until 23 months after study baseline (control group; n=86). [... The authors'] model estimated that facilities in the intervention group had a 23% increase in the number of institutional deliveries and increases in the number of preventive care visits by children aged 23 months or younger (56%) and aged between 24 months and 59 months (132%). No improvements were seen in the number of women completing four prenatal care visits or of children receiving full immunisation schedules. [The authors] also estimate an increase of 0.157 standard deviations (95% CI 0.026—0.289) in prenatal quality as measured by compliance with Rwandan prenatal care clinical practice guidelines. The P4P scheme in Rwanda had the greatest effect on those services that had the highest payment rates and needed the least effort from the service provider. P4P financial performance incentives can improve both the use and quality of maternal and child health services, and could be a useful intervention to accelerate progress towards Millennium Development Goals for maternal and child health.*

Source: [Basinga, Paulin, et al. 2011. Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation. *The Lancet* Vol. 377, Issue 9775 \(April\).](#)

GLOBAL HEALTH NEWS:

Complex systems analysis: Towards holistic approaches to health systems planning and policy

Diseases and health conditions are, by and large, studied in separate silos. [...] In many parts of the world, there is still no systematic evaluation of disease control or health-care programmes, thus hampering efforts to efficiently allocate scarce resources. Health is not a stand-alone phenomenon with clear boundaries. Diseases and health conditions have multiple causes, including social. They are interrelated with nature and nurture, and evolve over time. Health systems defy simple representation. They call for novel ways of thinking to improve our ability to predict and control individual and population-based health outcomes. A holistic framework is needed to capture disparate diseases and health conditions and their intricate relationships into a unified platform. Such frameworks are developed using complex network analysis. Complex systems are composed of networks of interconnected components that influence each other, often in a nonlinear fashion. Whether we refer to an ecosystem or a health-care system, we must acknowledge the interplay within and between such systems. Complex systems analysis goes beyond the reductionist approach of breaking complicated phenomena into simple variables; new properties and behaviours evolve from the interactions between individual components. [...] These tools allow us to map the patterns of many real-life phenomena and help us to understand the mechanisms by which they can be influenced.*

Source: [Pourbohloul, Babak & Marie-Paule Kieny. 2011. Complex systems analysis: towards holistic approaches to health systems planning and policy. *Bulletin of the World Health Organization* Vol. 89, No. 4 \(April\).](#)



RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

How to make rural jobs more attractive to health workers. Findings from a discrete choice experiment in Tanzania

The geographical imbalance of the health workforce in Tanzania represents a serious problem when it comes to delivering crucial health services to a large share of the population. This study provides new quantitative information about how to make jobs in rural areas more attractive to newly educated clinical officers (COs). A unique data set stemming from a discrete choice experiment with CO finalists in Tanzania is applied. The results show that offering continuing education after a certain period of service is one of the most powerful recruitment instruments the authorities have available. Increased salaries and hardship allowances will also substantially increase recruitment in rural areas. Offers of decent housing and good infrastructure, including the provision of equipment, will increase recruitment to rural remote areas but not as much as higher wages and offers of education. Women are less responsive to pecuniary incentives and are more concerned with factors that directly allow them to do a good job, while those with parents living in a remote rural area are generally less responsive to the proposed policies. When the willingness to help other people is a strong motivating force, policies that improve the conditions for helping people appear particularly effective.

Source: [Kolstad, Julie Riise. 2011. How to make rural jobs more attractive to health workers. Findings from a discrete choice experiment in Tanzania. *Health Economics* Vol. 20, Issue 2 \(February\).](#)

GLOBAL HEALTH NEWS:

European health ministers focus on migration of health workers

Hungary, which currently holds the six month, rotating presidency of the European Union, is drawing attention to the problems caused by the exodus of health professionals from Eastern to Western Europe. The migration was at the centre of the informal meeting of European Union health ministers at Gödöllő near Budapest on 4 and 5 April. Miklós Szócska, Hungary's minister for healthcare, warned that migration from central and eastern European countries is so great that the very safety of some national health systems is at risk. Doctors and nurses leave their home countries because they can often earn salaries six times higher abroad. He suggested that countries should be helped to retain their health staff and called for a European agreement on ethical exchange programmes. Although healthcare remains the responsibility of national authorities, the Hungarian government believes that the scale and consequences of the westward migration, particularly from its own country, demand a coordinated response from EU member states, particularly in the current economic climate.*

Source: [Watson, Rory. 2011. European health ministers focus on migration of health workers. *BMJ* 342:d2347 \(11 April\).](#)



RESEARCH ON TRADE POLICY & HEALTH:

The Trans-Pacific Partnership Agreement: Challenges for Australian health and medicine policies

Four formal rounds of Trans-Pacific Partnership Agreement (TPPA) negotiations took place in 2010 (in Melbourne, San Francisco, Peru and Brunei). They involved over 200 officials from Australia, the United States (US), New Zealand, Chile, Singapore, Brunei Darussalam, Peru and Vietnam. Future negotiations officially are set to include three issues with public health and medicines policy implications for Australia and [its] region: first, ways to approach regulatory coherence and transparency, second how to benefit multinational and small-medium corporate enterprises (SMEs) and third, multilateral investor-state dispute settlement. This article analyses the likely impact on Australia of these issues by focusing on submissions made about them to the United States Trade Representative (USTR) by influential US health and medicines corporations and lobby groups, as well as reflecting on the opportunities they present to re-shape US and regional health technology safety and cost-effectiveness regulation. Of particular concern is that these submissions advocate investor state dispute settlement procedures that [...] would allow US corporations [...] as well as those of the other TPPA nations, to obtain damages against Australian governments through arbitral proceedings rather than domestic courts if their investments are impeded by Australian public health and environment protection legislation.*

Source: [Fauce, Thomas Alured & Ruth Townsend. 2011. The Trans-Pacific Partnership Agreement: Challenges for Australian Health and Medicine Policies. Medical Journal of Australia Vol. 2, No. 194 \(16 January\).](#)

GLOBAL HEALTH NEWS:

Members take first steps on private standards in food safety, animal-plant health

Five “actions” in a report on how WTO members might deal with private sector standards for food safety and animal and plant health were adopted by the Sanitary and Phytosanitary (SPS) Measures Committee in its 30-31 March 2011 meeting. [...]The 30 members involved (including the EU as one member) were those that replied to a questionnaire circulated in July 2008 seeking proposals on what the SPS Committee might do in this area. [...] Among the concerns that some members have raised about private standards in food safety and animal and plant health are: 1) private standards are not always based on science; 2) they deviate from international standards or from official governmental requirements; 3) there are a large number of them, and they are not harmonized [...]The five agreed actions for the SPS Committee are: 1) to develop a working definition of private standards related to SPS, and limit any discussions to these; 2) for the SPS Committee and its three sister organizations to inform each other regularly about the work they are doing in the area — the “three sisters” are: the WHO-FAO Codex Alimentarius on food safety, the World Organization for Animal Health (OIE) and the International Plant Protection Convention (IPPC); 3) for the WTO Secretariat to inform the committee of relevant developments in other WTO councils and committees; 4) for member governments to help relevant private sector bodies in their countries that are setting standards related to SPS understand the issues raised in the SPS Committee and the importance of the international standards of Codex Alimentarius, OIE and IPP; and 5) for the committee to explore co-operation with the three sisters in developing information material underlining the importance of international SPS standards.*

Source: [_____ . 2011. Members take first steps on private standards in food safety, animal-plant health. World Trade Organization online \(30 and 31 March\).](#)



RESEARCH ON ACCESS TO EFFECTIVE MEDICINES

The World Medicines Situation Report, 2011

The third edition of the World Medicines Situation Report brings together new data on 24 key topics relating to pharmaceutical production and consumption, innovation, regulation and safety - in one place. Topics include selection, procurement, supply management, rational use, financing and pricing. Cross-cutting chapters cover household medicines use, access and human rights, good governance, human resources and national medicines policies. Each chapter of this report is written by a different author. Chapters are being published electronically, in batches, between April and December 2011. The new report updates the 1988 and 2004 reports. [Of the chapters released thus far, Alexandra Cameron and colleagues indicate that] Poor medicine availability, particularly in the public sector, is a key barrier to access to medicines. [Kathleen Holloway and Liset van Dijk] describe the problem of irrational use of medicines and the harmful consequences in terms of morbidity, mortality and impact to health cost, [while Jillian Clare Kohler and Guitelle Baghdadi-Sabeti review] the findings of country studies, highlighting weaknesses and strengths in pharmaceutical systems that can help policy-makers better understand problems and identify solutions.*†

Source: [_____ . 2011. The World Medicines Situation Report, 2011. World Health Organization online \(April\).](#)

GLOBAL HEALTH NEWS:

WHO experts to analyze R&D financing, focus on poor country diseases

The World Health Organization expert working group tasked with studying proposals on financing and coordinating research and development for diseases that disproportionately affect developing countries met 5-7 April 2011. The working group's path is not easy as it follows a predecessor group that sustained allegations of conflict of interest and lack of transparency. The WHO is showing a resolve to demonstrate that a new era of transparency will now be the norm in the discussions with an unusual move to open part of the consultations to stakeholders, who may bring new proposals for discussion. Nevertheless, stakeholders may have a difficult finding existing proposals under discussion in the group on the WHO website, as they are not clearly posted and apparently some may have changed since last year. [...] The group will give a progress report at the May 2011 World Health Assembly and a final report to the May 2012 assembly.*

Source: [Saez, Catherine. 2011. WHO Experts to Analyse R&D Financing, Focus on Poor Country Diseases. Intellectual Property Watch \(31 March\).](#)



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

Exposing misclassified HIV/AIDS deaths in South Africa

[In this paper, the authors seek to] quantify the deaths from human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS) that are misattributed to other causes in South Africa's death registration data and to adjust for this bias. Deaths in the World Health Organization's mortality database were distributed among 48 mutually exclusive causes. For each cause, age- and sex-specific global death rates were compared with the average rate among people aged 65–69, 70–74 and 75–79 years to generate "relative" global death rates. Relative rates were also computed for South Africa alone. Differences between global and South African relative death rates were used to identify the causes to which deaths from HIV/AIDS were misattributed in South Africa and quantify the HIV/AIDS deaths misattributed to each. These deaths were then reattributed to HIV/AIDS. In South Africa, deaths from HIV/AIDS are often misclassified as being caused by 14 other conditions. Whereas in 1996–2006 deaths attributed to HIV/AIDS accounted for 2.0–2.5% of all registered deaths in South Africa, our analysis shows that the true cause-specific mortality fraction rose from 19% (uncertainty range: 7–28%) to 48% (uncertainty range: 38–50%) over that period. More than 90% of HIV/AIDS deaths were found to have been misattributed to other causes during 1996–2006. Adjusting for cause of death misclassification, a simple procedure that can be carried out in any country, can improve death registration data and provide empirical estimates of HIV/AIDS deaths that may be useful in assessing estimates from demographic models.*

Source: [Birnbaum, Jeanette Kurian, et al. 2011. Exposing misclassified HIV/AIDS deaths in South Africa. *Bulletin of the World Health Organization* Vol. 89, No. 4 \(April\).](#)

GLOBAL HEALTH NEWS:

UN chief urges 'bold' action to transform global AIDS response

Secretary-General Ban Ki-moon today [31 March 2011] urged world leaders to take bold decisions to tackle the AIDS epidemic, as he launched a new United Nations report that warns that recent gains, while laudable, are fragile. The report, "Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths," comes 30 years into the AIDS epidemic and just months ahead of a high-level meeting of the General Assembly in June on the issue. [...] The report, based on data from 182 countries, highlights that the global rate of new HIV infections is declining, treatment access is expanding and the world has made significant strides in reducing HIV transmission from mother to child. [...] Despite these achievements, the report underscores that the gains are fragile. For every person who starts antiretroviral treatment, two people become newly infected with HIV, and every day 7,000 people are newly infected, including 1,000 children. [...] The Secretary-General recommends five actions in the report to strengthen the AIDS response, including harnessing the energy of young people for an HIV prevention revolution and revitalizing the push towards achieving universal access to HIV prevention, treatment, care and support by 2015. He also recommends working with countries to make HIV programmes more cost effective, efficient and sustainable; promoting the health, human rights and dignity of women and girls; and ensuring mutual accountability in the AIDS response to translate commitments into action.*

Source: [_____ . 2011. UN chief urges 'bold' action to transform global AIDS response. *UN News Centre* online \(31 March\).](#)



RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:

Priority actions for the non-communicable disease crisis

The UN High-Level Meeting on Non-Communicable Diseases (NCDs) in September, 2011, is an unprecedented opportunity to create a sustained global movement against premature death and preventable morbidity and disability from NCDs, mainly heart disease, stroke, cancer, diabetes, and chronic respiratory disease. The increasing global crisis in NCDs is a barrier to development goals including poverty reduction, health equity, economic stability, and human security. *The Lancet* NCD Action Group and the NCD Alliance propose five overarching priority actions for the response to the crisis—leadership, prevention, treatment, international cooperation, and monitoring and accountability—and the delivery of five priority interventions—tobacco control, salt reduction, improved diets and physical activity, reduction in hazardous alcohol intake, and essential drugs and technologies. The priority interventions were chosen for their health effects, cost-effectiveness, low costs of implementation, and political and financial feasibility. The most urgent and immediate priority is tobacco control. The authors propose as a goal for 2040, a world essentially free from tobacco where less than 5% of people use tobacco. Implementation of the priority interventions, at an estimated global commitment of about US\$9 billion per year, will bring enormous benefits to social and economic development and to the health sector. If widely adopted, these interventions will achieve the global goal of reducing NCD death rates by 2% per year, averting tens of millions of premature deaths in this decade.

Source: [Beaglehole, Robert, et al. 2011. Priority actions for the non-communicable disease crisis. *The Lancet* Vol. 377, Issue 9775 \(23 April\).](#)

GLOBAL HEALTH NEWS:

Africa Health Ministers adopt Brazzaville Declaration on Noncommunicable Diseases

The first Africa Regional Ministerial Consultation on Non-Communicable Diseases (NCDs) ended in the Congolese capital Brazzaville on Wednesday 6th April, 2011, with the adoption of the Brazzaville Declaration on NCDs. The Declaration urged urgent action by various stakeholders to address major NCDs and priority conditions which represent "a significant challenge" to people in the African region; cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, diseases of blood disorder (in particular sickle cell disease), mental health, violence and injuries. [...] In the Declaration, the ministers also committed to develop national NCD action plans and strengthening institutional capacities for NCD prevention and control; urged the United Nations to include NCD prevention and control in all future global development goals, and called on WHO, partners and civil society organizations to provide technical support to Member States for implementing, monitoring, and evaluating recommendations contained in the Declaration. The Declaration specifically requested Heads of State and Government in the region to endorse the Declaration, and present it to the upcoming September 2011 UN General Assembly High-Level Summit on NCDs as the position of the region on NCDs. The Ministers also requested the UN Secretary General to establish a mechanism to monitor progress of the commitments taken at the UN High-Level Summit on NCDs, and called on the WHO Regional Director for Africa to include the regional NCD strategic plan in the agenda of the 62nd Session of the WHO Regional Committee for Africa and report progress made in the implementation of the Declaration to Regional Committee in 2014.*

Source: [World Health Organization: Regional Office for Africa online \(7 April\).](#)



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.

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†This summary has been prepared using text from the body of the article, in addition to, or in lieu of the original abstract.

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