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### RESEARCH ON GLOBAL HEALTH SECURITY:

## Importance of animal/human health interface in potential public health emergencies of international concern in the Americas

This study analyzed the importance of zoonoses and communicable diseases common to man and animals as potential Public Health Emergencies of International Concern to build an evidence base for future efforts to reduce risk of infection at the animal/human health interface. The events recorded in the World Health Organization (WHO) Event Management System (EMS) database for the Americas [from] 15 June 2007–31 December 2008 were the main source for this analysis. Of the 110 events recorded by the EMS for the Americas during the study period, 86 were classified as communicable diseases—77 (70.0%) “within the animal/human health interface,” 9 (8.2%) “not common to man and animals,” 16 (14.5%) “syndromes with unknown etiologies,” and 8 (7.3%) “product-related/other.” Of the 77 events within the animal/human health interface, 48 were “substantiated” (the presence of hazard was confirmed and/or human cases occurred clearly in excess of normal expectancy). [...] This analysis indicated that approximately 70% of events reported to the EMS by WHO Member States or detected by the PAHO surveillance system were either zoonoses or communicable diseases common to man and animals, supporting previous research results indicating that 75% of all emerging diseases in humans are zoonotic. This information suggests that carrying out proper detection, risk assessment, and verification will require collaboration among the health sciences (veterinary and human) as well as other sectors. It also underscores the need for a better understanding of infectious diseases common to man and animals. Analyzing which diseases represent a higher risk at the animal/human health interface in the Americas region is an essential step.\*†

Source: [Schneider, Maria Cristina, et al. 2011. Importance of animal/human health interface in potential Public Health Emergencies of International Concern in the Americas. \*Rev Panama Salud Publica\* Vol. 29, Issue 5 \(May\).](#)



**GLOBAL HEALTH NEWS:**

### **Responding to disease outbreaks in Europe**

The finger of blame for the serious outbreak of a new strain of enterohaemorrhagic *Escherichia coli* that has killed 22 people and made more than 2300 ill, mainly in Europe. [One] thing is apparent: communication surrounding the outbreak has been haphazard at best, dismal at worst. [...] But one should also ask: where was the European Centres of Disease Prevention and Control? Set up in 2005, the centre aims to work "in close collaboration with the Member States and the [European] Commission to promote the necessary coherence in the risk communication process on health threats". From the public's point of view, no visible collaboration seems to have taken place. The latest events in Germany point to a chronic predicament facing many European institutions. Although a European spirit of cooperation is welcome and apparent, its practice often falls far short of expectations. Once this immediate crisis subsides, there is a strong case for a European-wide review of national and continental responses to infectious disease outbreaks.\*

Source: [The Lancet. 2011. Responding to disease outbreaks in Europe. The Lancet Vol. 377, Issue 9782 \(11 June\).](#)

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

### **Migration as a tool for disaster recovery: A case study on US policy for post-earthquake Haiti**

As the number of natural disasters increase, policy makers need more options at their disposal than aid transfers to address the complex needs of countries and people affected. Expanding international migration for disaster-affected populations as a means of economic development will increase remittances and result in growth. [...] This study uses U.S. migration policy toward Haiti after the January 2010 earthquake as a case study of practical ways that migration policy can be one of many tools for post-disaster humanitarian assistance. [...] Among the many policy options explored for Haiti, six potential methods of entry merit further consideration. Administrative options include adding Haiti to the list of countries currently eligible for low-skilled worker visas, developing a Haitian family reunification parole program, and expanding the use of parole under new "disaster-affected" criteria. Legislative options include amending the non-immigrant V visa classification to allow Haitian immigrants with longtime pending family petitions to come to the U.S., establishing a Haitian visa lottery, and permitting a humanitarian track in the refugee resettlement program for those in compelling circumstances who do not meet the refugee definition. [...] Other options such as expanding the use of parole or a humanitarian track in the refugee program would grant new arrivals substantial benefits but could have fiscal challenges, requiring evidence regarding the initial costs of migration to the government versus long-term gains in tax revenue.\*†

Source: [Murray, Royce Bernstein & Sarah Petrin Williamson. 2011. Migration as a Tool for Disaster Recovery: A Case Study on U.S. Policy Options for Post-Earthquake Haiti – Working Paper 255. Centre for Global Development online \(June\).](#)

**GLOBAL HEALTH NEWS:**

### **Citing reports of abuses, UN human rights office urges probe into Syria**

The United Nations [Office of the High Commissioner for Human Rights (OHCHR)] has called for a thorough probe into the allegations of widespread abuses committed by Syrian authorities during their violent crackdown against protesters, including the excessive use of force against civilians, arbitrary detentions and torture. [...] Syrian authorities have been widely criticised for their bloody repression of the protests, which are part of a broader uprising this year across North Africa and the Middle East that has already toppled the long-standing regimes in Tunisia and Egypt and led to ongoing conflict in Libya. Given that OHCHR has been unable to deploy staff on the ground in Syria, the report, which covers the period from 15 March to 15 June, is based on information received from UN partners, human rights defenders, civil society groups, media groups and a small number of victims and eyewitnesses from Syria. [...] Reports of alleged violations of the rights to freedom of assembly, expression, and movement, and of the rights to food and health have also been received.

Source: [Pillay, Navi. 2011. Citing reports of abuses, UN human rights office urges probe into Syria. UN News Centre online \(15 June\).](#)

See Also: [\\_\\_\\_\\_\\_ . 2011. Preliminary Report of the High Commissioner on the situation of human rights in the Syrian Arab Republic. Office of the High Commissioner for Human Rights \(14 June\).](#)



*RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:*

### **Human rights and gender equality in health sector strategies: How to assess policy coherence**

[This report] is designed to support countries as they design and implement national health sector strategies in compliance with obligations and commitments. The tool focuses on practical options and poses critical questions for policy-makers to identify gaps and opportunities in the review or reform of health sector strategies as well as other sectoral initiatives. It is expected that using this tool will generate a national multi-stakeholder process and a cross-disciplinary dialogue to address human rights and gender equality in health sector activities. The tool is intended for use by various actors involved in health planning and policy making, implementation or monitoring of health sector strategies. These include (but are not limited to) ministries of health and other sectors, national human rights institutions, development partners and civil society organizations. The tool provides support, as opposed to a set of detailed guidelines, to assess health sector strategies. It is not a manual on human rights or gender equality, but it does provide users with references to other publications and materials of a more conceptual and normative nature. The tool aims to operationalize a human rights-based approach and gender mainstreaming through their practical application in policy assessments.

Source: [\\_\\_\\_\\_\\_](#). 2011. *Human Rights and Gender Equality in Health Sector Strategies: how to assess policy coherence*. *World Health Organization online* (May).

*GLOBAL HEALTH NEWS:*

### **China in lead poisoning 'cover-up' – Human Rights Watch**

China has been accused of trying to cover up the extent of lead poisoning among children, and of blocking effective testing and treatment. A report by Human Rights Watch [HRW] says local authorities in heavily-polluted industrial areas have been sending sick children back to contaminated homes. It says that in these areas - Henan, Yunnan, Shaanxi and Hunan provinces - anyone who complains is being harassed. China has promised to clean up chronic pollution from heavy metals. But reports of poisoning remain widespread - hundreds of thousands of children are suffering from lead poisoning, the HRW report says. It says that parents are being denied the right to tests and medical help, and says the government should stop delaying a meaningful response as the problem would damage future economic growth and health care.\*

Source: [\\_\\_\\_\\_\\_](#). 2011. *China in lead poisoning 'cover-up' – Human Rights Watch*. *BBC online* (15 June).

See Also: [\\_\\_\\_\\_\\_](#). 2011. "My Children Have Been Poisoned": A Public Health Crisis in Four Chinese Provinces. *Human Rights Watch online* (15 June).



## GLOBAL HEALTH GOVERNANCE

### **Report: Leveraging the World Health Organization's strengths**

The World Health Organization (WHO) was formed in 1948 to act globally as the “directing and coordinating authority on public health” to promote the “attainment by all peoples of the highest possible level of health.” [...] At present, there is a U.S. government interagency review under way on policy approaches to WHO, along with calls from independent critics to reform the body's governing charter. On the question of whether WHO has value to U.S. global health policy and U.S. national interests, the answer, in the opinion of the authors of this paper, is decidedly yes—provided that WHO narrows its focus strategically to those activities for which it is best suited and for which it has the greatest prospects of delivering substantial value. [...] WHO's four core strengths, essential to continued progress in global health and to ensuring the effectiveness of WHO's future leadership, are: 1) public health surveillance, pandemic preparedness, and disaster response; 2) global standard setting and regulation; 3) catalyzing global health initiatives/partnerships for key emerging health priorities; and 4) advocating for policy change and behavior change that will combat the emerging noncommunicable disease (NCD) epidemic.\*†

*Source:* [Reeves, Margaret & Suzanne Brundage. 2011. Report: Leveraging the World Health Organization's Core Strengths. Centre for Strategic International Studies online \(May\).](#)

### **Understanding global health governance as a complex adaptive system**

The transition from international to global health reflects the rapid growth in the numbers and nature of stakeholders in health, as well as the constant change embodied in the process of globalisation itself. This paper argues that global health governance shares the characteristics of complex adaptive systems, with its multiple and diverse players, and their polyvalent and constantly evolving relationships, and rich and dynamic interactions. The sheer quantum of initiatives, the multiple networks through which stakeholders (re)configure their influence, the range of contexts in which development for health is played out - all compound the complexity of this system. This paper maps out the characteristics of complex adaptive systems as they apply to global health governance, linking them to developments in the past two decades, and the multiple responses to these changes. [...] The insight that complexity theory offers is linked in the recognition that global health governance is a complex whole, but that the perspective that this holism brings is necessarily constrained, limited by the ignorance and change that characterise the complex adaptive system. Despite this, complexity theory defines a relationship between the global and its interaction with the local. Framing the local in the context of the global, producing a global-local synthesis - the 'glocal' - enhances our understanding of governance as it operates within our available frame of operation, and enriches engagement in the global.\*†

*Source:* [Hill, Peter S. 2010. Understanding global health governance as a complex adaptive system. Global Public Health online \(28 April\).](#)



*RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:*

## **The Health Systems Funding Platform: Is this where we thought we were going?**

Momentum to establish the Health Systems Funding Platform was swift, with the World Bank convening a Technical Workshop on Health Systems Strengthening (HSS), and serial meetings organized to progress the agenda. [...] This case study uses documentary analysis, participant observation and 24 in-depth interviews to examine the processes of development and key issues raised by the Platform. The findings show a fluid and volatile process, with debate over whether ongoing engagement in HSS by Global Fund and GAVI represents a dilution of organizational focus, risking ongoing support, or a paradigm shift that facilitates the achievement of targeted objectives, builds systems capacity, and will attract additional resources. Uncertainty in the development of the Platform reflects the flexibility of the recently formed global health initiatives, and the instability of donor commitments, particularly in the current financial climate. But implicit in the conflict is tension between key global stakeholders over defining and ownership of the health systems agenda. The tensions appear to have been resolved through a focus on national planning, applying International Health Partnership principles, though the global financial crisis and key personnel changes may yet alter outcomes. Despite its dynamic evolution, the Platform may offer an incremental path towards increasing integration around health systems, that has not been previously possible.\*

*Source:* [Hill, Peter S. 2011. The Health Systems Funding Platform: Is this where we thought we were going? \*Globalization and Health\* Vol. 7, Issue 16 \(19 May\).](#)

*GLOBAL HEALTH NEWS:*

## **Systemic health reform should be a higher priority in African aid projects, experts say**

Short-term cash injections, shortsighted pilot projects and a revolving door of international health priorities have done little to bolster much-needed public health infrastructure in Africa, health development experts argue. Despite an increase in health spending in Africa, many people still have limited access to good quality care as most funding has been targeted toward the treatment of specific diseases, rather than to improving health systems and services as a whole, Dr. Teguest Guerma, director general of the African Medical and Research Foundation (AMREF), said during a public forum on maternal and child health hosted by the North-South Institute and Canadian International Development Agency. International donors should shift their dollars from one-off disease-based projects to support public health education and disease prevention, more training for nonphysician health workers, and improvements in basic health care infrastructure across the continent, Guerma added at the forum on Effective Strategies for Improving Health of Mothers and Children across Africa held in Gatineau, Québec, in April.\*

*Source:* [\\_\\_\\_\\_\\_ . 2011. Systemic health reform should be a higher priority in African aid projects, experts say. \*CMAJ\* online \(15 June\).](#)



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

### **Is health workforce sustainability in Australia and New Zealand a realistic policy goal?**

This paper assesses what health workforce 'sustainability' might mean for Australia and New Zealand, given the policy direction set out in the World Health Organization [...] code on international recruitment of health workers. The governments in both countries have in the past made policy statements about the desirability of health workforce 'self-sufficiency', but OECD data show that both have a high level of dependence on internationally recruited health professionals relative to most other OECD countries. The paper argues that if a target of 'self-sufficiency' or sustainability were to be based on meeting health workforce requirements from home based training, both Australia and New Zealand fall far short of this measure, and continue to be active recruiters. The paper stresses that there is no common agreed definition of what health workforce 'self-sufficiency', or 'sustainability' is in practice, and that without an agreed definition it will be difficult for policy-makers to move the debate on to reaching agreement and possibly setting measurable targets or timelines for achievement.\*

Source: [Buchan, James M, et al. 2011. Is health workforce sustainability in Australia and New Zealand a realistic policy goal? Australian Health Review Vol. 35, Issue 2 \(25 May\).](#)

*GLOBAL HEALTH NEWS:*

### **Glaxo to reinvest £3.5 million of Africa profits in healthcare**

Andrew Witty, CEO of Glaxo [GSK], promised a couple of years ago that his company would reinvest 20% of profits made in the LDCs (least developed countries) back into those countries, to support and improve healthcare. It was part of a raft of measures designed to re-position GSK not only as a commercial leader in the rich world but as a company with a philanthropic core and a particular concern for the developing nations of Africa. [...] Today GSK is announcing that £3.5 million will be available this year, as 20% of last year's takings from the LDCs. It will be spent on recruiting, training and retaining healthcare workers, who are so badly needed in every developing country. For the first time, GSK is going to channel all the money through three large organisations - Save the Children, Amref and Care International UK - rather than work with smaller NGOs in each of the 37 out of 48 LDCs where it does business, as it did to begin with.\*

Source: [Boseley, Sarah. 2011. Glaxo to reinvest £3.5 million of Africa profits in healthcare. The Guardian online \(24 May\).](#)



*RESEARCH ON TRADE POLICY & HEALTH:*

## **'A major lobbying effort to change and unify the excise structure in six Central American Countries': How British American Tobacco influenced tax and tariff rates in the Central American Common Market**

Transnational tobacco companies (TTCs) may respond to processes of regional trade integration both by acting politically to influence policy and by reorganising their own operations. The Central American Common Market (CACM) was reinvigorated in the 1990s, reflecting processes of regional trade liberalisation in Latin America and globally. This study aimed to ascertain how British American Tobacco (BAT), which dominated the markets of the CACM, sought to influence policy towards it by member country governments and how the CACM process impacted upon BAT's operations. [...] Utilising its multinational character, BAT was able to act in a coordinated way across the member countries of the CACM to influence tariffs and taxes to its advantage. Documents demonstrate a high degree of access to governments and officials. The company conducted a coordinated, and largely successful, attempt to keep external tariff rates for cigarettes high and to reduce external tariffs for key inputs, whilst also influencing the harmonisation of excise taxes between countries. Protected by these high external tariffs, it reorganised its own operations to take advantage of regional economies of scale. In direct contradiction to arguments presented to CACM governments that affording the tobacco industry protection via high cigarette tariffs would safeguard employment, the company's regional reorganisation involved the loss of hundreds of jobs.\*

*Source:* [Holden, Chris & Kelley Lee. 2011. 'A major lobbying effort to change and unify the excise structure in six Central American Countries': How British American Tobacco influenced tax and tariff rates in the Central American Common Market. \*Globalization and Health\* Vol. 7, Issue 15 \(19 May\).](#)

*GLOBAL HEALTH NEWS:*

## **Growing a Better Future: Food justice in a resource-constrained world**

2008 marked the start of [a] new era of crisis. Lehman Brothers collapsed, oil reached \$147 a barrel, and food prices leapt, precipitating protests in 61 countries, with riots or violent protests in 23.5 By 2009, the number of hungry people passed one billion for the first time. Rich-country governments responded with hypocrisy, professing alarm while continuing to throw billions of dollars of taxpayers' money at their bloated biofuel industries, diverting food from mouths to petrol tanks. In a vacuum of trust, governments one after another imposed export bans, pushing up prices further. [...] The challenge before us today is to seize the opportunity for change and set course towards a new prosperity, an age of co-operation rather than competition, in which the well-being of the many is put before the interests of the few. During the last food price crisis, politicians tinkered at the margins of global governance. This time they must deal with the root causes. Three big shifts are needed: First, we must build a new global governance to avert food crises. Governments' top priority must be to tackle hunger and reduce vulnerability [...]. Second, we must build a new agricultural future by prioritising the needs of small-scale food producers in developing countries – where the major gains in productivity, sustainable intensification, poverty reduction and resilience can be achieved. [...] Finally, we must build the architecture of a new ecological future, mobilizing investment and shifting the behaviours of businesses and consumers, while crafting global agreements for the equitable distribution of scarce resources.\*†

*Source:* [\\_\\_\\_\\_\\_ . 2011. Growing a Better Future: Food justice in a resource-constrained world. \*Oxfam International\* online \(31 May\).](#)



*RESEARCH ON ACCESS TO EFFECTIVE MEDICINES:*

### **The reality behind the rhetoric: How European policies risk access to generic medicines in developing countries**

Despite the European Communities' [EC] stated commitment to access to affordable medicines, the EC is promoting a range of policies [such as data exclusivity, border control measures, counterfeit legislation, the undermining of judicial process and patent term extensions] that go well beyond the requirements of the WTO and threatening access to affordable medicines for developing countries. [...] In addition, such EC initiatives not only affect access to generics, but serve to consolidate the predominance of patent protected monopolies as the main way to incentivize and finance medical research and development. This in turn weakens the prospect of alternative innovation models or business strategies, including proposals such as prize funds that de-link the cost of R&D from the price of products.\*†

Source: [Arkinstall, James, et al. The reality behind the rhetoric: How European policies risk harming access to generic medicines in developing countries. \*Journal of Generic Medicines: The Business Journal for the Generic Medicines Sector\*. Vol. 8, Issue 1 \(January\).](#)

*GLOBAL HEALTH NEWS:*

### **WHO needs another year to solve differences on fake medicines, committee decides**

Country delegates [...] at the World Health Assembly decided to give another year to a working group in charge of making recommendations on falsified medicines. Unanimously, countries decided that more time is needed to reach consensual recommendations, in particular on the prickly issue of intellectual property rights. All countries meeting in "Committee A" of the annual Assembly agreed that falsified medicines are a major public health problem especially affecting developing countries, resulting in a large number of fatalities because patients receive the wrong ingredients, the wrong dosage, or no active ingredients at all. However, the way to address that problem remains an area of discord. Countries are trying to define the role of the World Health Organization (WHO) in addressing the problem. Some countries have found that WHO strayed into trade and intellectual property concerns, such as patents and trademarks, instead of focusing solely on public health.\*

Source: [Saez, Catherine. 2011. WHO Needs Another Year to Solve Differences on Fake Medicines, Committee Decides. \*Intellectual Property Watch\* online \(23 May\).](#)



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

### **Challenges in developing national HIV guidelines: Experiences from the eastern Mediterranean**

[This paper appraises] the process of development and clinical content of national human immunodeficiency virus (HIV) clinical practice guidelines of countries in the eastern Mediterranean and formulates recommendations for future guideline development and adaptation. Twenty-three countries in the World Health Organization (WHO) Eastern Mediterranean and United Nations Children's Fund Middle East and North Africa regions were invited to submit national HIV clinical practice guidelines for review. The guideline development methodology was assessed using an adaptation of the Appraisal of Guidelines Research and Evaluation (AGREE) instrument and guideline content, using a checklist to evaluate concordance with WHO 2006 generic guidelines. Twelve countries submitted 20 guidelines developed between 2004 and 2009. Median scores were poor (i.e. < 0.6) for the methodological quality domains of rigour of development, stakeholder involvement and applicability and flexibility. Scores were better for the domains of scope and purpose (median: 0.82, interquartile range, IQR: 0.58–0.89) and clarity and presentation (median: 0.67, IQR: 0.50–0.78). Concerning guideline content, recommended first-line treatment and eligibility criteria for antiretroviral therapy (ART) in adults were in line with WHO recommendations in most guidelines. However, recommendations on antiretroviral prophylaxis for the prevention of vertical HIV transmission, diagnosis and treatment of HIV infection in infants, monitoring patients on ART, treatment failure and co-morbidities were often lacking. The large majority of national HIV clinical practice guidelines had methodological weaknesses and content inaccuracies.\*

Source: [De Weggheleire, Anja, et al. 2011. Challenges in developing national HIV guidelines. \*Bulletin of the World Health Organization\* Vol. 89, No. 6 \(June\).](#)

*GLOBAL HEALTH NEWS:*

### **HIV and AIDS: Bold new goal for 2020 set at UN AIDS summit**

The UN high-level meeting on AIDS was nothing if not bold. The UN secretary general, Ban Ki-moon, called for a global commitment to eliminate AIDS by 2020. "That is our goal – zero new infections, zero stigma and zero AIDS-related deaths," Ban said to a round of applause at the UN general assembly last week in New York. The three-day event, attended by heads of state, civil society groups, AIDS organizations and activists from more than 30 countries, coincided with the 30th anniversary of the discovery of AIDS and was dominated by discussions on the importance of increasing access to treatment. The summit – from 8 to 10 June – concluded with the adoption of a declaration that by 2015 seeks to double the number of people on antiretroviral (ARV) treatment to 15 million, end mother-to-child transmission of HIV, halve tuberculosis-related deaths in people living with HIV, and increase preventive measures for the "most vulnerable populations".\*

Source: [IRIN. 2011. HIV and AIDS: Bold new goal for 2020 set at UN Aids summit. \*The Guardian\* online \(14 June\).](#)

See Also: [\\_\\_\\_\\_\\_ . 2011. A strategic revolution in HIV and global health. \*The Lancet\* Vol. 377, Issue 9783 \(18 June\).](#)



*RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:*

## **UN High-level Meeting on Non-Communicable Diseases: Addressing four questions**

In recognition of the global threat of non-communicable diseases (NCDs)—mainly heart disease, stroke, cancer, diabetes, and chronic respiratory diseases—the UN High-Level Meeting (UN HLM) on NCDs will be held in September, 2011. The world's heads of states and governments will attend the meeting, creating a unique opportunity to advance globally the prevention and treatment of NCDs. An urgent and collective response is required because no country alone can address a threat of this magnitude. [...] However, despite substantial evidence in favour of concerted action, some countries, development agencies, and individuals still express concerns about how to achieve the best response to NCDs. To ensure the UN HLM results in consensus for an effective global response to NCDs, four questions need to be addressed—ie, are NCDs a global crisis; in what way is NCD a development issue; are affordable and cost-effective multisectoral and health-system interventions available; and why are high-level leadership and accountability necessary? In this report, we address these questions by providing evidence for the realities of the NCD situation, and summarise key messages for heads of state and governments. Specifically, we show that the burden of global NCDs is huge, and will undermine current development efforts if it remains unaddressed; a strong business case exists for investment in NCDs; cost-effective and feasible multisectoral and health-system interventions are available for all countries; and progress requires sustained leadership and accountability.\*†

*Source:* [Beaglehole, Robert, et al. 2011 UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. \*The Lancet\* online \(13 June\).](#)

*GLOBAL HEALTH NEWS:*

## **Let's be straight up about the alcohol industry**

The crisis of confidence that surrounds the behaviour and practices of Big Tobacco and Big Pharma —bias in funded research, unsupported claims of benefit, and inappropriate promotion and marketing, among others—should be enough to provoke in us all a high degree of skepticism with any industry involvement in health research and policy. But the evidence and critical voices highlighting the practices of the alcohol industry—a massive and growing US\$150 billion global business—have not yet received adequate prominence in medical journals. Indeed, attention to and scientific research on the alcohol industry have not kept pace with the industry's ability to grow and evolve its markets and influence in the health arena. So why are we soft on alcohol? One reason might be the enduring perception that drinking is normal, fun, and healthy, and that the damage caused by alcohol affects only a small group of people who can't handle their booze. But the independent statistics defy this rosy view: the Global Burden of Disease study places alcohol-related morbidity second only to tobacco in the developed world, teenage drinking problems have been shown to have long term effects on individuals and communities, and a recent European-wide study found that 10% of cancers in men and 3% in women were linked to alcohol consumption. While the statistics on alcohol's harms are troubling enough, it's the practices of the alcohol industry, including its influence on government policy, health research, and public perceptions, that really begs for more of our attention.\*

*Source:* [The PLoS Medicine Editors. 2011. Let's Be Straight Up about the Alcohol Industry. \*PLoS Medicine\*. Vol. 8, Issue 5 \(31 May\).](#)



# HEALTH & FOREIGN POLICY BULLETIN

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