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RESEARCH ON GLOBAL HEALTH SECURITY:

Emerging, novel, and known influenza virus infections in humans

The understanding of how novel influenza viruses arise (usually from animal reservoirs) has increased at an incredible rate, assisted by rapid advances in sequencing technologies and phylogenetic methods. Such understanding allows more effective public health surveillance of seasonal human influenza viruses, as well as candidate pandemic viruses that may cross the species barrier from animals to humans. Development in antiviral drugs for influenza is still slow (compared with rapid advances and the variety in the case of anti-HIV drugs), but this is counterbalanced by the effective and highly organized and regulated vaccine manufacturing base that already exists for the seasonal influenza vaccines. Unlike infectious agents that infect humans only (such as smallpox and measles), influenza viruses, being zoonotic (with animal and human reservoirs), will continue to pose a persistent and variable threat to human health for the foreseeable future. It is therefore important that systems are in place, in health care institutions and in the general community, to react and adapt quickly to limit human morbidity and mortality caused by this ever-changing pathogen.

Source: Tang, JW., et al. 2010. Emerging, Novel, and Known Influenza Virus Infections in Humans. *Infectious Disease Clinics of North America* Vol. 24, Issue 3 (September).

[http://www.id.theclinics.com/article/S0891-5520\(10\)00028-0/abstract](http://www.id.theclinics.com/article/S0891-5520(10)00028-0/abstract)



GLOBAL HEALTH NEWS:

WHO failing in duty of transparency

Since WHO gave influenza H1N1 pandemic status, the world has watched an unprecedented sequence of events unfold; this has included pharmaceutical companies rapidly stockpiling antiviral medications and developing a vaccine for mass immunization campaigns. In fact, J.P. Morgan estimates that the sale of H1N1 vaccines produced revenues of more than US\$7 billion in 2009. However, Paul Flynn, UK Labour MP and rapporteur for the Parliamentary Assembly of the Council of Europe, has called into question the transparency of WHO's decision-making process. And an investigation by BMJ and the Bureau of Investigating Journalism reports that some of the experts who advised WHO on H1N1 had financial ties to Roche and GlaxoSmithKlein (manufacturers of the antiviral drugs oseltamivir and zanamivir, respectively). This lack of transparency raises concerns that WHO did not take into account possible conflicts during its decision-making process and points to a system struggling to balance a relationship between drug companies and global health. WHO must address the failings of transparency in this event to recover public trust and restore its credibility.

Source: The Lancet Infectious Diseases. 2010. WHO failing in duty of transparency. *The Lancet Infectious Diseases* Vol. 10, Issue 8 (August).

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(10\)70147-X/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(10)70147-X/fulltext)

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Large-scale "expert" mortality surveys in conflicts: Concerns and recommendations

In recent years, several large-scale retrospective mortality surveys in conflict settings – Darfur, the Democratic Republic of Congo (DRC), Northern Uganda, and Iraq – have been heavily scrutinized by policy makers, researchers, and the media. For example, a 2006 survey estimated that more than 650 000 Iraqis died mostly from violence since the US-led invasion in 2003; in contrast, another study found a substantially lower estimate of violence-related deaths at approximately 151 000. Meanwhile, a 2007 study estimated that 5.4 million have died in DRC since 1998; another report questioned the methods of this study and claimed that the excess death estimate was at least 3 times too high. In light of these controversies, higher standards and improved methods are needed for undertaking and reporting large-scale mortality surveys. The humanitarian community needs to work more cooperatively, constructively, and effectively among those representing different disciplines to improve methods of mortality surveys and to report results in a more reliable, verifiable, and understandable manner. Future surveys may need to be undertaken by a team of persons from different disciplines and organizations to ensure legitimacy.

Source: Spiegel, Paul B and Courtland Robinson. 2010. Large-Scale "Expert" Mortality Surveys in Conflicts Concerns and Recommendations. *JAMA* Vol. 304, Issue 5 (4 August).

<http://jama.ama-assn.org/cgi/content/short/304/5/567>



GLOBAL HEALTH NEWS:

UN secures more Pakistan flood relief funds

On 18 August, the United Nations announced that nearly half the \$459 million needed to fund initial relief efforts following Pakistan's worst ever floods has been secured. Despite the fresh funds, only a small minority of the six million Pakistanis desperate for food and clean water has received help. "There has been an improvement in funding. Donors are realizing the scale of the disaster," U.N. spokesman Maurizio Giuliano said, "but the challenges are absolutely massive and the floods are not over." As of 18 August, food rations and access to clean water have only been provided to around 700,000 survivors. The International Organization for Migration said there are still about 700,000 households without shelter. Hundreds of villages are isolated, highways and bridges have been cut in half by floods and hundreds of thousands of cattle – the livelihoods of many villagers – have drowned. In addition, hospitals have become overwhelmed and fears are rising about possible disease epidemics and viruses such as malaria. The United Nations has warned that up to 3.5 million children could be in danger of contracting deadly diseases carried through contaminated water and insects.

Source: Scrutton, Alistair. 2010. UN secures more Pakistan flood relief funds. *ReliefWeb* online (18 August).
<http://www.reliefweb.int/rw/rwb.nsf/db900sid/MCOI-88FBN2?OpenDocument&rc=3&emid=FL-2010-000141-PAK>

GLOBAL HEALTH NEWS:

On World Humanitarian Day, media outlets report on rise in violence toward relief workers

Two years ago, the UN General Assembly proclaimed 19 August World Humanitarian Day to commemorate the 2003 Canal Hotel bombing in Baghdad; this event claimed the lives of 22 UN staff. This year, media outlets have marked the day with reports highlighting an increase in violence against aid workers. Indeed, data collected by the UN Office for the Coordination of Humanitarian Affairs has found that "102 relief workers were killed in 2009, up from 30 a decade earlier. The year 2008 was a grim milestone – 122 aid workers were killed, the most in one year." According to Inter Press Service, "the perception, or misperception, that humanitarian aid is influenced by specific Western ideologies or Christianity, is the cause of the escalating number of attacks on aid workers."

Source: Kaiser Family Foundation. 2010. On World Humanitarian Day, Media Outlets Report On Rise In Violence Toward Relief Workers. *Kaiser Daily Global Health Policy Report* online (19 August).
<http://globalhealth.kff.org/Daily-Reports/2010/August/19/GH-081910-World-Humanitarian-Day.aspx>



RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

People who use drugs, HIV, and human rights

This paper reviews evidence from more than 900 studies and reports on the link between human rights abuses experienced by people who use drugs and vulnerability to HIV infection and access to services. Published work documents widespread abuses of human rights, which increase vulnerability to HIV infection and negatively affect delivery of HIV programs. These abuses include denial of harm-reduction services, discriminatory access to antiretroviral therapy, abusive law enforcement practices, and coercion in the guise of treatment for drug dependence. Protection of the human rights of people who use drugs therefore is important not only because their rights must be respected, protected, and fulfilled, but also because it is an essential precondition to improving the health of people who use drugs. Rights-based responses to HIV and drug use have had good outcomes where they have been implemented, and they should be replicated in other countries.

Source: Jürgens, Ralf et al. 2010. People who use drugs, HIV, and human rights. *The Lancet* Vol. 376, Issue 9739 (7 August). [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60830-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60830-6/abstract)

GLOBAL HEALTH NEWS:

UN Women to spearhead new drive for gender equality

On 2 July, the UN General Assembly voted unanimously to create the UN Entity for Gender Equality and the Empowerment of Women. It will be known as UN Women, and it merges several organizations previously charged with advancing gender equality and female empowerment. UN Women will be operational by January 2011, and headed by an Under Secretary-General to be appointed by Ban Ki-Moon. Rwanda's Foreign Minister Louise Mushikiwabo is rumored to be among the front-runners. The 1995 Beijing Declaration and Platform for Action will provide the framework for UN Women's operations; the declaration codifies international policy on issues such as gender mainstreaming, violence against women, and reproductive rights. UN Women will also take on the mandates and functions of the organizations that it subsumes. In practice, this will mean supporting intergovernmental and national bodies in defining and enacting policy. But to this is added responsibility for holding the UN to account over its work on gender equality and female empowerment.

Source: Burki, Talha. 2010. UN Women to spearhead new drive for gender equality. *The Lancet* Vol. 376, Issue 9739 (7 August). [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61206-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61206-8/fulltext)



RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:

The global health regime

Despite improvements in sanitation, water supply, nutrition, housing, and education, poor health continues to plague many countries. Infectious diseases kill approximately fifteen million people each year, and more than four million die from AIDS, malaria, or tuberculosis alone. A disproportionate share of this suffering occurs in developing countries. However, public attention to global health has grown at an unprecedented pace over the past half century. A surge in funding has spawned numerous organizations dedicated to improving public health worldwide. Some, though, have overlapping mandates, and coordination efforts are at times limited. More needs to be done to coordinate actors and improve coherence across the global health landscape. Through centralized fora like the World Health Organization (WHO), countries should clarify priorities for the global health agenda, allocate more attention to health-related needs, advocate for greater accountability among nongovernmental organizations, and improve the monitoring and evaluation of global health initiatives. Meanwhile, international institutions need to help ensure sustained financing for global health, improve alignment of recipient- and donor-country priorities, increase harmonization of multiple donor efforts, and engage the private sector to help mitigate persistent inequities in the development and delivery of resources.

Source: Global Governance Monitor. 2010. The Global Health Regime. *Council on Foreign Relations* online (11 August).
http://www.cfr.org/publication/22763/global_health_regime.html?breadcrumb=%2Fthinktank%2Fiigg%2Fpublications

RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

The response to flexibility: Country intervention choices in the first four rounds of the GAVI Health Systems Strengthening applications

Since December 2005 the GAVI Alliance (GAVI) Health Systems Strengthening (HSS) window has offered predictable funding to developing countries, based on a combined population and economic formula. This is intended to assist them to address system constraints to improved immunization coverage and health care delivery needed to meet the Millennium Development Goals (MDGs). This article presents an analysis of the first four rounds of countries' funding applications. Requested funds were for a variety of health system initiatives that reflected country-specific requirements, and were not limited to improving immunization coverage. Analyses identified a dominance of operational-level health service provision activities, and an absence of interventions related to demand and financing. While the proposed activities are only now being implemented, the results of this study provide evidence that the open application process employed by the HSS window has led to a shift in analysis and planning—from the programmatic to the systemic—in the countries whose applications have been approved. However, the proposed responses to identified constraints are dominated by short-term operational responses, rather than more complex, longer term approaches to health system strengthening.

Source: Goeman, Lieve, et al. 2010. The response to flexibility: country intervention choices in the first four rounds of the GAVI Health Systems Strengthening applications. *Health Policy and Planning* Vol. 25, Issue 4 (July).
<http://heapol.oxfordjournals.org/content/vol25/issue4/index.dtl>



Interactions between global health initiatives and country health systems: The case of a neglected tropical diseases control program in Mali

This paper explores positive and negative effects of the Integrated Neglected Tropical Disease (NTD) Control Initiative, consisting in mass preventive chemotherapy for five targeted NTDs, on Mali's health system where it was first implemented in 2007. Campaign processes and interactions with the health system were assessed through participant observation in two rural districts (8 health centres each). Information was complemented by interviews with key informants, website searches and literature reviews. We present positive and negative effects of the NTD campaign on the health system using the WHO framework of analysis based on six interrelated elements: health service delivery, health workforce, health information system, drug procurement system, financing and governance. Our study indicates that positive synergies between disease specific interventions and non-targeted health services are more likely to occur in robust health services and systems. Disease-specific interventions implemented as parallel activities in fragile health services may further weaken their responsiveness to community needs, especially when several GHIs operate simultaneously.

Source: Cavalli, Anna, et al. 2010. Interactions between Global Health Initiatives and Country Health Systems: The Case of a Neglected Tropical Diseases Control Program in Mali. *PLoS Neglected Tropical Diseases* online (17 August).

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0000798#abstract0>

GLOBAL HEALTH NEWS:

Russia embarks on £10bn reform of its “deplorable” health system

Russia is embarking on the biggest reform of its troubled healthcare sector by making radical changes to the compulsory medical insurance system that was introduced in the early 1990s. Major changes in the way that health care is delivered across Russia are also planned, and the government has promised more money for the chronically underfunded sector in general. Under the reforms, compulsory medical insurance contributions paid by employers on behalf of their employees will be increased from 3.1% of salary to 5.1% in the next two years to raise money for improvements. Most of that money will be spent on renovating hospitals and buying new equipment. Some will also be used to help set up a unified database for outpatient electronic records. Russian MPs approved the necessary legislation in a preliminary vote in the Duma (lower house of parliament) in July. The new bill will also make free medical care at the point of delivery available nationwide for the first time since the 1991 collapse of the Soviet Union. That right exists already in theory, but in practice many Russians have been able to access medical care only in the area where they were registered as resident.

Source: Osborn, Andrew. 2010. Russia embarks on £10bn reform of its “deplorable” health system. *BMJ* Vol. 341, Issue c4025 (26 July).

<http://www.bmj.com/content/341/bmj.c4025.extract>



RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

Health workforce responses to global health initiatives funding: A comparison of Malawi and Zambia

This paper examines the health workforce responses of two countries (Malawi and Zambia) during a period of large increases in global health initiative funds. Facility data confirm significant scale-up in HIV/AIDS service delivery in both countries. In Malawi, this was supported by a large increase in lower trained cadres and only a modest increase in clinical staff numbers. Routine outpatient workload fell in urban facilities, in rural health centres and in facilities not providing antiretroviral treatment (ART), while it increased at district hospitals and in facilities providing ART. In Zambia, total staff and clinical staff numbers stagnated between 2004 and 2007. In rural areas, outpatient workload, which was higher than at urban facilities, increased further. Key informants described the effects of increased workloads in both countries and attributed staff migration from public health facilities to non-government facilities in Zambia to PEPFAR. Malawi, which received large levels of GHI funding from only the Global Fund, managed to increase facility staff across all levels of the health system: urban, district and rural health facilities, supported by task-shifting to lower trained staff. The more complex GHI arena in Zambia, where both Global Fund and PEPFAR provided large levels of support, may have undermined a coordinated national workforce response to addressing health worker shortages, leading to a less effective response in rural areas.

Source: Brugha, Ruairí, et al. 2010. Health workforce responses to global health initiatives funding: a comparison of Malawi and Zambia. *Human Resources for Health* Vol. 9, Issue 19 (11 August).

<http://www.human-resources-health.com/content/8/1/19/abstract>

GLOBAL HEALTH NEWS:

Medical union condemns contract for Cuban doctors to work in Portugal as “slavery”

A Portuguese doctors' union has denounced a deal between the Portuguese and Cuban governments allowing 43 Cuban doctors to work in Portuguese primary healthcare centers. The union claims the doctors may not be properly qualified to work as general practitioners and says they are working under conditions the union considers to be "slavery." The doctors began arriving in August 2009 to work in areas of Portugal that find it difficult to attract doctors to work there. According to João Moura Reis – regional secretary of the Independent Union of Doctors for the Portuguese Region of Alentejo – Cuban doctors are not qualified to work as general practitioners since general practice is considered a specialty in Portugal, with a four year vocational training program. Dr Moura Reis, also claims that the Cuban doctors are currently earning around €300-400 a month, despite the Portuguese minimum wage being set at €475.

Source: Villanueva, Tiago. 2010. Medical union condemns contract for Cuban doctor to work in Portugal as “slavery”. *BMJ* Vol. 341, Issue c4253 (5 August).

http://www.bmj.com/cgi/content/extract/341/aug05_3/c4253



HEALTH & FOREIGN POLICY

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research.policy-net.org/blogs/healthandforeignpolicy

RESEARCH ON TRADE POLICY & HEALTH:

Castrocare in crisis

Cuba's health-care sector could be radically affected by any serious easing in trade and travel restrictions between it and the United States. First, its public health network could be devastated by an exodus of thousands of well-trained Cuban physicians and nurses. Second, for-profit US companies could transform the remaining health-care system into a prime destination for medical tourism from abroad. To bolster its health-care infrastructure and create incentives for Cuban doctors to stay in the system, Cuba will have to find external support from donors; however few sources will support Havana as long as the regime restricts the travel of its citizens. In the long run, Cuba will need to develop a taxable economic base to generate government revenues – which would mean inviting foreign investment and generating serious employment opportunities. The United States, too, has tough responsibilities. The United States could allow the marketplace to dictate events, resulting in thousands of talented professionals leaving Cuba. But it could and should temper the market's forces by enacting regulations and creating incentives that would bring a rational balance to the situation. For clues about what might constitute a reasonable approach that could benefit all parties, Washington should study the 2003 Commonwealth Code of Practice for the International Recruitment of Health Workers. Although the agreement is imperfect, it has reduced abuses and compensated those countries whose personnel were poached.

Source: Garrett, Laurie. 2010. Castrocare in Crisis. *Foreign Affairs* Vol. 89, Issue 4 (July/August).
<http://www.foreignaffairs.com/articles/66457/laurie-garrett/castrocare-in-crisis>

GLOBAL HEALTH NEWS:

Medical tourists bring home new superbug

According to a new report in the *Lancet*, medical tourists seeking treatment in Asia are bringing home a dangerous type of bacterial infection that is resistant to nearly all known antibiotics. Doctors identified 29 patients in the United Kingdom with the new infections. Most had traveled to India, Pakistan or Bangladesh for medical procedures, including elective cosmetic surgery. Dozens of patients from Asia also got the infections. Most of the new infections involved one of two common bacteria: *E. coli* or *Klebsiella pneumoniae*. In each case, the bacteria had acquired a gene making them resistant to all but one or two known drugs. The gene, NDM-1, protects the bacteria by producing an enzyme that destroys antibiotics. While the bacteria are resistant even to antibiotics that are generally considered a "last resort" against resistance, they are susceptible to an older antibiotic, colistin which has not been widely used since the 1970s because of toxic side effects. The new strains appear to be widespread in south Asian medical centers and have also been spotted in Canada, Australia, the Netherlands, Sweden and the United States. While the number of known cases is small, the fact that the new gene is found in different kinds of bacteria is a significant worry. This versatility gives NDM-1 at least the potential to spread more quickly and more widely than if it were confined to a single bacteria strain.

Source: Hellerman, Caleb. 2010. Medical tourists bring home new superbug. *The Chart: CNN Health* online (11 August).
<http://pagingdr Gupta.blogs.cnn.com/2010/08/11/medical-tourists-bring-home-new-superbug/>



RESEARCH ON INTELLECTUAL PROPERTY & HEALTH

Preliminary remarks on the envisaged World Health Organization Pandemic Influenza Preparedness Framework for the Sharing of Viruses and Access to Vaccines and Other Benefits

Over the last few decades, the World Health Organization (WHO) has played a significant role in the prevention and control of new strains of influenza virus in the human population. Beginning in the 1950s, it has coordinated a network of WHO-linked laboratories, charged with monitoring the changes in influenza viruses and favoring the timely sharing of virus samples, which is necessary for the development and production of vaccines. In December 2006, the system was brought into question by Indonesia, according to which it was unfair and in conflict with the principle of state sovereignty over biological and genetic resources. Although very controversial, the Indonesian decision to interrupt the supply of candidate influenza vaccine strains boosted intergovernmental negotiation, until then not achieved, aimed at establishing a new WHO framework. This article examines the outcome of such a negotiation, as well as the aspects of the framework still under discussion. It emphasizes the innovative nature of the proposed benefit-sharing mechanism, which would promote access to vaccines mainly through the multilateralization of intellectual property rights governance.

Source: Vezanni, Simone. 2010. Preliminary Remarks on the Envisaged World Health organization Pandemic Influenza Preparedness Framework for the Sharing of Viruses and Access to Vaccines and Other Benefits. *The Journal of World Intellectual Property* online (4 May).

<http://onlinelibrary.wiley.com/doi/10.1111/j.1747-1796.2010.00400.x/abstract>

GLOBAL HEALTH NEWS:

Human rights groups challenge Special 301

On 20 July, a group of public interest organizations filed a complaint alleging that US trade policy in the Obama Administration reduces access to medicines in low- and middle-income nations. The complaint was filed with the UN Special Rapporteur on the Right to Health, Anand Grover. UN human rights officials and bodies have repeatedly found that the globalization of intellectual property rights can only be squared with human rights if countries are permitted and encouraged to utilize the full scope of intellectual property exceptions and limitations provided by TRIPS. The complaint alleges that the United States continues to breach these international human rights obligations by using its 'Special 301' program to threaten trade sanctions against countries that do not agree to increase intellectual property protections beyond those required by the WTO TRIPS agreement. The 2009 and 2010 Special 301 Reports issued by the Obama Administration press developing countries to limit compulsory licenses for needed medicines, restrict freedom to define the scope of patentability, implement "linkage" between drug registration and assertions of patent protection, and adopt US or EU-style "data exclusivity" rules that create drug monopolies independent of patents.

Source: Flynn, Sean and Matt Kavanagh. 2010. Human Rights Groups Challenge Special 301. *Washington College of Law* online (19 July).

<http://www.wcl.american.edu/pijip/go/blog-post/human-rights-groups-to-challenge-special-301>



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

Changes in the burden of malaria in sub-Saharan Africa

The burden of malaria in countries in sub-Saharan Africa has declined with the scaling up of prevention, diagnosis, and treatment. To assess the contribution of specific malaria interventions and other general factors in bringing about these changes, the authors reviewed studies that have reported recent changes in the incidence or prevalence of malaria in sub-Saharan Africa. Malaria control in southern Africa (South Africa, Mozambique, and Swaziland) began in the 1980s and has shown substantial, lasting declines linked to scale-up of specific interventions. Ethiopia and Eritrea have also experienced substantial decreases in the burden of malaria linked to the introduction of malaria control measures. Substantial increases in funding for malaria control and the procurement and distribution of effective means for prevention and treatment are associated with falls in malaria burden. In central Africa, little progress has been documented, possibly because of publication bias. In some countries a decline in malaria incidence began several years before scale-up of malaria control. In other countries, the change from a failing drug (chloroquine) to a more effective drug (sulphadoxine plus pyrimethamine or an artemisinin combination) led to immediate improvements; in others malaria reduction seemed to be associated with the scale-up of insecticide-treated bed nets and indoor residual spraying.

Source: O'Meara, Wendy Prudhomme, et al. 2010. Changes in the burden of malaria in sub-Saharan Africa. *The Lancet Infectious Diseases* Vol. 10, Issue 8 (August).

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(10\)70096-7/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(10)70096-7/fulltext)

GLOBAL HEALTH NEWS:

Antiretroviral vaginal gel shows promise against HIV

A transparent antiretroviral gel could turn out to be the unexpected winner in the race to give women a means of protecting themselves against HIV. The results of a phase 2b proof-of-concept study of 889 HIV-negative women in KwaZulu-Natal, South Africa, have shown that a gel for vaginal application containing 1% of the antiretroviral drug tenofovir is safe and effective for preventing HIV. Antiretroviral drugs have been shown to effectively treat people living with HIV, and to prevent mother-to-child transmission, but this is the first time an antiretroviral gel has been shown to prevent sexually transmitted HIV. After 2.5 years of gel use, there were 38 new infections in the treatment group, compared with 60 in the control group. Over this period, 39% of women using the gel were protected, and 54% were protected when the gel was used as prescribed—within 12 h before sex and 12 h after sex—for more than 80% of their sexual intercourse. After a year there were 50% fewer new HIV infections in those using the gel than in women using a placebo gel. The results are good news for microbicides, which have previously shown disappointing results and faced increasing skepticism about their potential use. Eleven previous trials of six candidate microbicides over the past 15 years have failed.

Source: Baleta, Adele. 2010. Antiretroviral vaginal gel shows promise against HIV. *The Lancet* Vol. 376, Issue 9738 (31 July).

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61123-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61123-3/fulltext)



RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:

The effect of fiscal policy on diet, obesity and chronic disease: A systematic review

This paper assesses the effect of food taxes and subsidies on diet, body weight and health through a systematic review of the literature. To do so, the authors searched the English-language published and grey literature for empirical and modeling studies on the effects of monetary subsidies or taxes levied on specific food products on consumption habits, body weight and chronic conditions. In general, taxes and subsidies influenced consumption in the desired direction, with larger taxes being associated with more significant changes in consumption, body weight and disease incidence. However, studies that focused on a single target food or nutrient may have overestimated the impact of taxes by failing to take into account shifts in consumption to other foods. The quality of the evidence was generally low. Almost all studies were conducted in high-income countries. Food taxes and subsidies have the potential to contribute to healthy consumption patterns at the population level. However, current evidence is generally of low quality and the empirical evaluation of existing taxes is a research priority, along with research into the effectiveness and differential impact of food taxes in developing countries.

Source : Thow, Anne Marie, et al. 2010. The effect of fiscal policy on diet, obesity and chronic disease : a systematic review. *Bulletin of the World Health Organization* Vol.88, Issue 8 (August).

<http://www.who.int/bulletin/volumes/88/8/09-070987-ab/en/index.html>

Collateral damage from alcohol: Implications of 'second-hand effects of drinking' for populations and health priorities

International analysis has indicated that the global burden from alcohol use is almost equal to that of tobacco. At a global level, the burden from alcohol use is greater than the effects of each of the following: high cholesterol, body mass index, low fruit and vegetable consumption, physical inactivity and illicit drug use. Despite the large body of evidence, there are still substantial inconsistencies between the epidemiological evidence of the damage from alcohol, on one hand, and the level of prevention and protection response on the other hand. The framework convention for tobacco, which arose as a result of the evidence regarding the harms, associated with tobacco and involved more than 200 non-governmental organizations (NGOs) from more than 90 countries, is used to provide a comparative example. In contrast to tobacco, the mounting evidence with respect to the alcohol-related burden has not been sufficient to date to generate global interventions of equal potency. It is hypothesized that there are a number of reasons for the current situation: 1) perceptions about alcohol's health benefits; 2) the high prevalence of drinkers in many countries; 3) normalization of drinking; 4) warm relationships between governments and alcohol industries; and 5) aggressive marketing of alcohol products.

Source: Giesbrecht, Norman, et al. 2010. Collateral damage from alcohol: implications of 'second hand effects of drinking' for populations and health priorities. *Addiction* Vol. 105, Issue 8 (9 July).

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02884.x/full>



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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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