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RESEARCH ON GLOBAL HEALTH SECURITY:

Is a Mass Immunization Program for Pandemic (H1N1) 2009 Good Value for Money? Early Evidence from the Canadian Experience

This paper addresses the economic merits of the mass immunization for pandemic influenza (H1N1) in 2009. The authors performed a cost-utility analysis of the (H1N1) 2009 mass immunization program in Ontario, Canada's most populous province. The analysis is based on a simulation model of a pandemic (H1N1) 2009 outbreak, surveillance data, and administrative data. The authors consider no immunization versus mass immunization reaching 30% of the population. The costs of this immunization program are expected to be $118 million in Ontario. This analysis shows that Ontario's immunization program will reduce influenza cases by 50%, prevent 35 deaths, and cut treatment costs in half. On this basis, the authors conclude that the immunization program is highly cost-effective under conservative assumptions of healthcare resource use, costs, and mortality. This is consistent with the cost effectiveness for seasonal influenza programs.

Source: Sander, B, et al. 2009. Is a Mass Immunization Program for Pandemic (H1N1) 2009 Good Value for Money? Early Evidence from the Canadian Experience. *PLoS Currents: Influenza* (17 December).
http://knol.google.com/k/is-a-mass-immunization-program-for-pandemic-h1n1-2009-good-value-for-money#

Importance of background rates of disease in assessment of vaccine safety during mass immunization with pandemic H1N1 influenza vaccines

Many countries have begun mass immunization programmes to prevent the spread of H1N1 influenza. Awareness of the background rates of possible adverse events will be crucial to assess vaccine safety and will help to separate legitimate safety concerns from events that are temporally associated with, but not caused by vaccination. Methodologically, the authors identified background rates of selected medical events for several countries; rates of disease events varied by age, sex, method of ascertainment, and geography. Highly visible health conditions, such as Guillain-Barré syndrome, spontaneous abortion, or even death, will occur in coincident temporal association with novel influenza vaccination. On the basis of the reviewed data, if a cohort of 10 million individuals was vaccinated in the UK, 21.5 cases of Guillain-Barré syndrome and 5.75 cases of sudden death would be expected to occur within 6 weeks of vaccination as coincident background cases. In women vaccinated in the USA, 86.3 cases of optic neuritis per 10 million population would be expected within 6 weeks of vaccination. 397 per 1 million vaccinated pregnant women would be predicted to have a spontaneous abortion within 1 day of vaccination.

Source: Black, Steven, et al. 2009. Importance of background rates of disease in assessment of vaccine safety during mass immunization with pandemic H1N1 influenza vaccines. *The Lancet* Vol. 374, Issue. 9707 (19 December).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61877-8/abstract

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Rebuilding health systems to improve health and promote statebuilding in post-conflict countries: A theoretical framework and research agenda

Violent conflicts claim lives, disrupt livelihoods, and halt delivery of essential services, such as health care and education. Health systems are often devastated in conflicts as health professionals flee, infrastructure is destroyed, and the supply of drugs and supplies is halted. This paper proposes that early reconstruction of a functioning, equitable health system in countries recovering from conflict is an investment with a range of benefits for post-conflict countries. Building on the growing literature examining health systems as social and political institutions, the authors elaborate a logic model that outlines how health systems may contribute not only to improved health status but also potentially to broader statebuilding and enhanced prospects for peace. Specifically, they propose that careful design of the core elements of the health system by national governments and their development partners can promote reliable provision of essential health services while demonstrating a commitment to equity, strengthening government accountability to citizens, and building the capacity of government to manage core social programs.

Source: Kruk, Margaret, et al. 2010. Rebuilding health systems to improve health and promote statebuilding in post-conflict countries: A theoretical framework and research agenda. *Social Science and Medicine* Vol. 70,Issue. 1 (January).
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4XH4SCV-5&_user=4799849&_coverDate=01%2F31%2F2010&_rdoc=11&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%232010%23999299998%231573096%23FLA%23display%23Volume)&_cdi=5925&_sort=d&_docanchor=&_ct=20&_acct=C000051236&_version=1&_urlVersion=0&_userid=4799849&md5=8c87255cf00ed72fbde8ccff8ca22a6e

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SPECIAL FEATURE: RECOVERY IN HAITI

On January 12th a tragic new chapter began in Haiti. The devastating earthquake that hit Haiti killed tens of thousands, left countless injured and homeless, destroyed infrastructure, and crippled both government and international institutions. The country, the poorest in the Americas, now faces the additional challenge of rebuilding and recovery.

While international reaction was swift and generous, communications, transportation, and logistical challenges have hindered the humanitarian response. The United Nations – the main coordinating body for humanitarian assistance – lost many staff in the collapse of its headquarters, including the head and deputy-head of its Haiti operations. NGOs active in Haiti have faced similar losses. The seaport is not functioning, the capacity of the airport is limited, roadways are blocked by debris, and shortages of trucks impede the response.

As a result, the health situation is challenging. Many Haitians were injured, and require immediate medical attention, while the capacity of makeshift clinics and hospitals is overstretched. Communication challenges and the multitude of organizations and military actors participating in the response make coordination difficult. Below, we summarize the evidence-base of the earthquake response.

- Earthquakes have challenges that are not present in other humanitarian emergencies. They are known as the “least predictable of all natural disasters” (CRED, 2010). There is little warning, no time to prepare, and as shown in the case of Haiti, earthquakes can cause instant and widespread devastation.

- Earthquakes cause the highest rate of mortality of all natural disasters, with most victims dying in the earthquake or in its immediate aftermath. Death and injury is caused by physical trauma, which requires a quick and often complicated medical response.

- Most earthquakes do not result in epidemics, although given Haiti’s poverty and fragile health sector prior to the earthquake, public health surveillance necessary to detect increases in communicable diseases are essential.

- Dead bodies do not generally pose a health risk. From a public health perspective, unless people die of an illness, or at the time of death were infected with an illness, dead bodies do not contribute to the spread of disease. As a result, mass burials or cremations are not necessary, complicate the process of victim identification, and impede families grieving process.

- Coordination of international aid efforts is critical to avoid the duplication of resources and effort, and to ensure that assistance meets the people who need it most, supports the building of local capacity, and adheres to international standards. Under the cluster system, the United Nations oversees this coordination effort, and WHO (PAHO) coordinates the international response to health needs. United Nations organizations must be equipped with the human and financial resources necessary to lead coordination effort.

- In Haiti, the immediate humanitarian challenges are to ensure that people have access to food, clear water, shelter, and sanitation. In the health sector, all Haitians must have access to essential health services, and planning for the rebuilding of the health system must begin in earnest. A strategy must be quickly put in place to ensure that, the health sector is rebuilt to be more effective at providing health services equitably and improving population health.

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Francesco Checchi, et al. 2007. Public Health in Crisis Affected Populations: A Practical Guide for Decision Makers. *Humanitarian Policy Group Network Paper*. No. 61 (December).
http://www.who.int/diseasecontrol_emergencies/HPNpaperPublichealthincrisis-affectedpopulations.pdf

RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

"Where Darkness Knows No Limits": Incarceration, Ill-Treatment, and Forced Labor as Drug Rehabilitation in China

In June 2008, China's first comprehensive law on narcotics control, the Anti-Drug Law of the People's Republic of China, took effect. This law calls for the rehabilitation of illicit drug users. Drug users are subject to administrative, not criminal, penalties. Yet, the Chinese government routinely incarcerates—without trial or judicial oversight—individuals suspected of drug use for up to seven years in drug detention centers. Instead of addressing the problem of drug abuse in China by offering voluntary, medically-based drug treatment, the Anti-Drug Law compounds the health risks of suspected drug users while abusing the rights guaranteed to them under Chinese and international law. In detention, they receive little or no medical care, no support for quitting drugs, and no skills training for re-entering society upon release. In the name of treatment, many suspected drug users are confined under horrific conditions, subject to cruel, inhuman and degrading treatment, and forced to engage in unpaid labor. Multiple former detainees interviewed by Human Rights Watch said that these abuses had resulted in deaths in detention. This 37-page report based on research in Yunnan and Guangxi provinces, documents how China's June 2008 Anti-Drug Law compounds the health risks of suspected illicit drug users by allowing government officials and security forces to incarcerate them for up to seven years. It finds that the law fails to clearly define mechanisms for legal appeals or the reporting of abusive conduct, and does not ensure evidence-based drug dependency treatment.

Source: Human Rights Watch. 2010. "Where Darkness Knows No Limits": Incarceration, Ill-Treatment, and Forced Labor as Drug Rehabilitation in China. *Human Rights Watch* online (January).
http://www.hrw.org/en/reports/2010/01/07/where-darkness-knows-no-limits-0

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GLOBAL HEALTH NEWS:

US Ban on HIV-Positive Visitors, Immigrants Expires

In a move public health and human rights advocates have hailed as a "victory," the so-called HIV travel ban, which barred entry to the U.S. for people living with HIV or AIDS, has been officially revoked. This U.S. immigration measure was first imposed in 1987 after politicians reacted to the outbreak of AIDS. It prohibited all infected persons from obtaining U.S. tourist visas or permanent residence status unless they obtained a special waiver. President George W. Bush began the process to repeal the ban in 2008, and in October 2009, President Obama took the final steps to complete the move. The repeal took effect on January 4th, 2010. The ban has kept out thousands of students, tourists and refugees and has complicated the adoption of children with HIV. The United States has also been unable to host a major international AIDS conference because HIV-positive activists and researchers have been barred.

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http://www.cbc.ca/health/story/2010/01/04/hiv-aids-travel-ban.html

Dwyer, Devin. 2010. US Ban on HIV-Positive Visitors, Immigrants Expires. *ABC News* online (5 January).
http://abcnews.go.com/Politics/united-states-ends-22-year-hiv-travel-ban/story?id=9482817

RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:

Country-level governance of global health initiatives: an evaluation of immunization coordination mechanisms in five countries of Asia

In recent years the Asian region has experienced innovations in immunization financing and new technologies, and the scaling up of investment by the Global Alliance for Vaccines and Immunization (GAVI). The main mechanism for coordination of this global health initiative (GHI) investment is country-level 'Inter-Agency Coordination Committees' (ICCs). The aim of this paper is to assess stakeholders' perspectives on the utility of ICCs in improving immunization services in five Asian countries (India, Bangladesh, Nepal, Sri Lanka and Indonesia). Research shows that there have been changes to the strategic environment for immunization (ex. development of new vaccines, increased GAVI investments, trends toward health system integration/decentralization, and institutional development of the non-government sector) and that ICCs are functioning well in relation to information sharing. However, research also finds high levels of institutional and contextual complexity at the country level, which requires a more focused global response by GAVI to the governance challenges of institutions/partners implementing GHIs. The authors recommend that ICCs should be maintained and strengthened in the more pluralistic context of an 'immunization coordination system'. Managing through systems, rather than being over-reliant on committees, will broaden participation in implementation and expand the reach of immunization and health care services.

Source: Grundy, John. 2009. Country-level governance of global health initiatives: an evaluation of immunization coordination mechanisms in five countries of Asia. *Health Policy and Planning* online (19 November).
http://heapol.oxfordjournals.org/cgi/content/abstract/czp047

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GLOBAL HEALTH NEWS:

Draft Resolution on Global Health and Foreign Policy at the UN General Assembly

On 10 December 2009, South Africa introduced draft resolution L.16 "Global Health and Foreign Policy" to the UN General Assembly. South Africa did so on behalf of the seven founding members of the Foreign Policy and Global Health Initiative – Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand – which was created in 2007 to identify new ways that foreign ministers could add value to important global health issues. Draft resolution L.16 builds on resolution 63/33 (also titled "Global health and foreign policy") and the subsequent report of the Secretary General on global health and foreign policy (Document A/64/365). Substantively, L.16 seeks to advance policy coherence and improve coordination on global health and foreign policy issues at various levels of the intergovernmental process by providing political guidance on non-health issues impacting health. These issues are divided into three sections: 1) *Control of infectious diseases and foreign policy*, calls for strengthening surveillance and response capacity at the national, regional, and international levels through full implementation of the International Health Regulations; 2) *Human resources for health and foreign policy*; urges members to affirm their commitment to training more health workers through international cooperation programmes; and 3) *Follow-up actions*, urges the Secretary-General to submit a report to the General Assembly at its sixty-fifth session entitled "Global health and foreign policy", with a specific focus on making foreign policy contribute better to global health. As of 1 January 2010, the draft resolution has been co-sponsored by over sixty countries.

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General Assembly. 2009. Statement by Ambassador Baso Sangqu, Permanent Representative of South Africa to the UN, during the introduction and adoption of resolution on Global Health and Foreign Policy. *United Nations General Assembly* online (10 December).
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Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, and Thailand. 2007. Oslo Ministerial Declaration – global health: a pressing foreign policy issue of our time. *The Lancet* Vol. 369, No. 9570 (2 April).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60498-X/abstract

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RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

A systematic review of the evidence on integration of targeted health interventions into health systems

This paper presents findings of a systematic review that explored a broad range of evidence on targeted health intervention integration; specifically: 1) the extent and nature of the integration of targeted health programmes that emphasize specific interventions into critical health systems functions; 2) how the integration or non-integration of health programmes into critical health systems functions in different contexts has influenced programme success; and 3) how contextual factors have affected the extent to which these programmes were integrated into critical health systems functions. It finds that the literature on intervention integration has been marked by a longstanding normative debate over *vertical* or *integrated* descriptors. However, it found no instances where interventions were purely vertical (wholly unintegrated) or horizontal (fully integrated into the health system functions). In practice, health systems combine both non-integrated and integrated interventions. The purpose, nature and extent of integration varies enormously between different interventions in countries, creating a diversity of local solutions to address emergent problems.

Source: Atun, Rifat, et al. 2010. A systematic review of the evidence on integration of targeted health interventions into health systems. *Health Policy and Planning* Vol. 25, No. 1 (January).
http://heapol.oxfordjournals.org/cgi/content/full/25/1/1

GLOBAL HEALTH NEWS:

The mixed health systems syndrome

Global health appears to be undergoing a gradual shift in focus away from diseases and towards systems. Notwithstanding the many differences, health care in a majority of low- and middle-income countries is delivered by a mixed health system (defined as a health system in which out-of-pocket payments and market provision of services predominate as a means of financing and providing services in an environment where publicly-financed government health delivery coexists with privately-financed market delivery). When a public and private mix of health-care delivery shows "symptoms" of compromised quality and equity however, it can be "diagnosed" as having mixed health systems syndrome. To remedy this, developing countries with mixed health systems should draw on the experiences of many high- and some middle-income countries, which have developed ways to regulate private providers. In addition, reform of mixed health systems should include measures within and outside the health-care system that: 1) address broader constraints of the political and economic systems that are manifest in inequities of power (ex. reform of public service and financial management to promote transparency in governance); 2) increase public sources of financing for health; 3) enable the use of private providers through regulatory approaches that broaden primary health-care services and achieve greater equity.

Source: Nishtar, Sania. 2010. The mixed health systems syndrome. *Bulletin of the World Health Organization* Vol. 88, No. 1 (January).
http://www.who.int/bulletin/volumes/88/1/09-067868/en/index.html

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RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

International flow of Zambian nurses

This paper highlights changing patterns of outward migration of Zambian nurses. Prior to 2000, South Africa was the most important destination for Zambian registered nurses. In 2000, new destination countries, such as the United Kingdom, became available, resulting in a substantial increase in migration from Zambia. This is attributable to the policy of active recruitment by the United Kingdom's National Health Service and Zambia's policy of offering Voluntary Separation Packages: early retirement lump-sum payments promoted by the government, which nurses used towards migration costs. The dramatic decline in migration to the United Kingdom since 2004 is likely due to increased difficulties in obtaining United Kingdom registration and work permits. Despite smaller numbers, enrolled nurses are also leaving Zambia for other destination countries, a significant new development. This paper stresses the need for nurse managers and policy-makers to pay more attention to these wider nurse migration trends in Zambia, and argues that the focus of any migration strategy should be on how to retain a motivated workforce through improving working conditions and policy initiatives to encourage nurses to stay within the public sector.

Source: Hamada, Naomi, et al. 2009. International flow of Zambian nurses. *Human Resources for Health* Vol. 7, No. 83 (11 November).
http://www.human-resources-health.com/content/7/1/83/abstract

GLOBAL HEALTH NEWS:

International recruitment of health personnel: draft global code of practice

In January 2009, the WHO submitted a draft code of practice that provides principles and guidelines concerning international recruitment of health personnel to its Executive Board. The board requested that the Secretariat revise the draft and suggested that the Regional Committee sessions in 2009 be used to enhance regional consultations with Member States on the subject. Taking stock of the deliberations, the WHO Secretariat has produced a revised draft Code of Practice. Two core themes identified by the regional committees and incorporated in the revised draft are that Member States should strive to achieve a balance between the rights, obligations and expectations of source countries, destination countries and migrant health personnel, and that international health worker migration should have a net positive impact on the health system of developing countries and countries with economies in transition. The revised draft will be reviewed by the Executive Board who is meeting on January 18-22 2010, with a view to submitting a final draft to the World Health Assembly in May 2010 for final consideration and approval.

Sources

World Health Organization. 2009. International recruitment of health personnel: draft global code of practice. *World Health Organization* online (3 December).
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World Health Organization: Regional Office for Europe. 2009. European Regional Consultation on International Recruitment of Health Personnel: Draft Global Code of Practice. World Health Organization: *Regional Office for Europe* online (8 December).
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RESEARCH ON TRADE POLICY & HEALTH:

Political Precaution, Pandemics and Protectionism

Despite strong scientific evidence and representations made by international scientific organizations, a considerable number of countries have imposed import bans on pork in response to the H1N1 pandemic; the imposition of these barriers is contrary to WTO rules. The motivation for the imposition of these barriers does not appear to have arisen from producers' requests or consumer lobbying; instead, political precaution seems to provide the motivation. Since, the WTO disputes system was not designed to deal with this type of trade policy making, and trade rules were agreed on when scientific expertise was better respected and before the revolution in electronic media technology, no restraints on the exercise of political precaution were properly established. In light of this, there appears to be little control over political precaution in the rules of international trade, and the progress achieved in international trade rules – since the inception of the GATT – may be considerably eroded.

Source: Kerr, William A. 2009. Political Precaution, Pandemics and Protectionism. *The Estey Centre Journal of International Law and Trade Policy* Vol. 10, No. 2 (Summer).
http://www.esteycentre.com/journal/

GLOBAL HEALTH NEWS:

Donations to the Standards and Trade Development Facility

In the last months, Sweden, Switzerland, and Ireland have made donations to the Standards and Trade Development Facility (STDF) (approximately CHF 5.2 million, CHF 700 000 and CHF 300 000 respectively). The STDF is a programme set up by the WTO, WHO, WB, the World Organization for Animal Health, and the Food and Agriculture Organization to help developing countries improve their expertise and their capacity to analyze and implement international standards on food safety, and animal and plant health. According to WTO Director General Pascal Lamy, donations made to the STDF will help integrate developing countries into the global economy and provide a basis for longer term programmes to be implemented.

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_________. 2009. Switzerland donates CHF 700, 000 for food, animal and plant health standards. *WTO News* (27 November).
http://www.wto.org/english/news_e/pres09_e/pr588_e.htm

_________. 2009. Ireland donates CHF 200, 000 for food, animal and plant health standards. *WTO News* (27 November).
http://www.wto.org/english/news_e/pres09_e/pr592_e.htm

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RESEARCH ON INTELLECTUAL PROPERTY & HEALTH

GLOBAL HEALTH NEWS:

UNITAID Approves Patent Pool for AIDS Drugs

The executive board of the drug-purchasing facility UNITAID has agreed to the implementation of a patent pool meant to make critical AIDS drugs more widely available, and at lower cost, in the developing world. The board announced that UNITAID will provide US$ 4 million over the next year to get the new licensing agency up and running. The drug purchasing facility has also agreed to manage the initiative, which is to take effect around the middle of 2010. The new pool will serve as a commons in which patent holders will be able to license their technology in exchange for royalties, allowing generic companies to gain relatively cheap access to the protected information they need to make lower-cost versions of patented drugs. So far, UNITAID has identified 19 products from nine companies that it hopes to include in the pool. Whether the pool will be effective in making lower-cost AIDS drugs available in developing countries however, largely hinges on the patent holders themselves. The new mechanism is voluntary, and it is not yet clear how many manufacturers of brand name drugs will choose to participate.

Source: _________. 2009. UNITAID Approves Patent Pool for AIDS Drugs. *Bridges Weekly Trade News Digest* Vol. 13, No. 43 (16 December). http://ictsd.org/i/news/bridgesweekly/66525/

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

Reframing governance, security and conflict in the light of HIV/AIDS: A synthesis of findings from the AIDS, security and conflict initiative

This paper examines the findings of the AIDS, Security and Conflict Initiative (ASCI) which examined the relationship between HIV/AIDS, security, conflict and governance, in the areas of: 1) HIV/ AIDS and state fragility; 2) the reciprocal interactions between armed conflicts (including post-conflict transitions); 3) and HIV/AIDS, and the impact of HIV/AIDS on uniformed services and their operational effectiveness. ASCI commissioned 29 research projects across regions, disciplines and communities of practice. It found that governance outcomes have been shaped as much by the perception of HIV/AIDS as a security threat as the actual impacts of the epidemic, and that current indices of fragility at country level did not demonstrate any significant association with HIV/AIDS prevalence rates. Evidence from ASCI also indicates that conventional indicators of conflict fail to capture the social traumas associated with violent disruption and their implications for HIV. Finally, evidence suggests that fear over the impact of elevated HIV rates in armies has been overstated; in mature epidemics, rates of infection among the military resemble those of the peer groups within the general population.

Source: De Waal, Alex. 2010. Reframing governance, security and conflict in the light of HIV/AIDS: A synthesis of findings from the AIDS, security and conflict initiative. *Social Science & Medicine* Vol. 70, Issue. 1 (January).
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4XDFXYM-3&_user=4799849&_coverDate=01%2F31%2F2010&_rdoc=14&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%232010%23999299998%231573096%23FLA%23display%23Volume)&_cdi=5925&_sort=d&_docanchor=&_ct=20&_acct=C000051236&_version=1&_urlVersion=0&_userid=4799849&md5=02fca79adb054a72d0d9611d5b9fb718

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GLOBAL HEALTH NEWS:

Kenya: Ensure Safeguards in HIV Testing Campaign

According to Human Rights Watch, the Kenyan government should ensure that strong human rights protections are included in plans for expanded home-based HIV counseling and testing. Earlier in 2009, Kenya started testing people for HIV in their own homes, and aims to test more than four million Kenyans - adults and children - in 2010. Home-based counseling and testing can improve accessibility to HIV testing but should be conducted in a way that protects human rights and minimizes risks of stigma and abuse. Research by Human Rights Watch shows that HIV-positive mothers and children are frequently stigmatized in Kenya. They suffer violence, abuse, and abandonment when their family members find out they are HIV-positive. Human Rights Watch has recommended to the government that social workers be present during the testing to assist the family with any potential conflict, and where abuses occur, to refer family members to competent, free medical services.

Source: Human Rights Watch. 2009. Kenya: Ensure Safeguards in HIV Testing Campaign. *Human Rights Watch* online (18 December).
http://www.hrw.org/en/news/2009/12/18/kenya-ensure-safeguards-hiv-testing-campaign-0

RESEARCH ON GLOBAL ACTION ON CHRONIC DISEASE PREVENTION:

Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa

This paper analyzes alcohol policy initiatives sponsored by alcohol producer SABMiller and the International Center on Alcohol Policies (an alcohol industry-funded organization). In a number of sub-Saharan countries these bodies have promoted a 'partnership' role with governments to design national alcohol policies. A comparison was conducted of four draft National Alcohol Policy documents from Lesotho, Malawi, Uganda and Botswana using case study methods. The comparison indicated that the four drafts are almost identical in wording and structure and that they are likely to originate from the same source. The processes and the draft policy documents reviewed provide insights into the methods, as well as the strategic and political objectives of the multi-national drinks industry. This initiative reflects the industry's preferred version of a national alcohol policy. The industry policy vision ignores, or chooses selectively from, the international evidence base on alcohol prevention developed by independent alcohol researchers and disregards or minimizes a public health approach to alcohol problems. The policies reviewed maintain a narrow focus on the economic benefits from the trade in alcohol. In terms of alcohol problems (and their remediation) the documents focus upon individual drinkers, ignoring effective environmental interventions. The proposed policies serve the industry's interests at the expense of public health by attempting to enshrine 'active participation of all levels of the beverage alcohol industry as a key partner in the policy formulation and implementation process'.

Source: Bakke, Øystein, and Dag Endal. 2010. Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction* Vol. 105, Issue. 1 (January).
http://www3.interscience.wiley.com/journal/123212890/abstract

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research.policy-net.org/blogs/healthandforeignpolicy

GLOBAL HEALTH NEWS:

PAHO launches private-public partnership to promote healthy lifestyles, reduce chronic diseases

Representatives of major private sector companies, nongovernmental organizations (NGOs), international agencies, and civil society organizations gathered at the Pan American Health Organization (PAHO) on December 3rd to launch a public-private partnership whose goal is to reduce the burden and cost of chronic diseases in the Americas by working to promote healthier lifestyles and preventive health care. The new Partners' Forum for Action on Chronic Diseases will bring together a range of talents and perspectives to help raise awareness about chronic diseases, advocate for changes in public policy, and expand existing and develop new initiatives aimed at reducing risk factors and improving treatment of chronic diseases. The Partners' Forum will seek to mobilize support from people and institutions in different sectors (ex. health, industry, civil society, and the international community) to advocate for and catalyze the necessary changes in public policy, marketing, medical care, and individual behavior that are needed to reduce risk factors and improve preventive treatment for chronic diseases. The Partners Forum will also serve as the regional forum of the Global Non Communicable Disease Network (NCDnet) of WHO.

Source: PAHO. 2009. PAHO/WHO launches private-public partnership to promote healthy lifestyles, reduce chronic diseases. *PAHO* online (3 December).
http://new.paho.org/hq/index2.php?option=com_content&do_pdf=1&id=2075

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