# HEALTH & FOREIGN POLICY BULLETIN

A publication of the Norman Paterson School of International Affairs

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## In this issue

*Research on Global Health Security:*
Strengthening the International Health Regulations: lessons from the H1N1 pandemic . . . . . p. 1

*Research on Health & States in Crisis/Conflict:*
Humanitarian crisis and social suffering in Gaza Strip: an initial analysis of aftermath of latest Israeli war . . . . . p. 2

*Research on Human Rights & Global Health:*
Using human rights for sexual and reproductive health: improving legal and regulatory frameworks . . . . . p. 3

*Research on Global Health Governance & Institutions:*
What can global health institutions do to help strengthen health systems in low income countries? . . . . . p. 4

*Research on Health & Development, Health Systems:*
A scoping review of the literature on the abolition of user fees in health care services in Africa . . . . . p.5

*Research on Human Resources & Migration of Health Workers:*
Meeting human resources for health staffing goals by 2018: a quantitative analysis of policy options in Zambia . . . . . p. 6

Managed migration? Nurse recruitment and the consequences of state policy . . . . . p. 6

*Research on Trade Policy & Health:*
Impact of medical travel on imports and exports of medical services . . . . . p. 7

*Research on Intellectual Property & Health:*
The UNITAID Patent Pool Initiative: Bringing Patents Together for the Common Good . . . . . p. 8

*Research on Response to HIV/AIDS, Tuberculosis & Malaria:*
Controlling and Ultimately Ending the HIV/AIDS Pandemic: A Feasible Goal . . . . . p. 9

Time to act: a call for comprehensive responses to HIV in people who use drugs . . . . . p. 9

*Research on Global Action on Non-Communicable Diseases:*
European policymaking on the tobacco advertising ban: the importance of escape routes . . . . . p. 11

*Research on Global Health Security:*

## Strengthening the International Health Regulations: lessons from the H1N1 pandemic

The International Health Regulations (IHR 2005) represent a potentially revolutionary change in global health governance. The use of the regulations by the World Health Organization (WHO) to respond to the 2009 outbreak of pandemic influenza H1N1 highlights the importance of the regulations for the protection of global health security. As the H1N1 pandemic illustrated, the IHR have provided a more robust framework for responding to public health emergencies of international concern (PHEICs), through requiring reporting of serious disease events, strengthening how countries and WHO communicate health threats, empowering the WHO Director-General to declare the existence of Public Health Emergencies of International Concern (PHEICs) and issue temporary recommendations for responding to them, and requiring countries not to unnecessarily restrict trade and travel or infringe on human rights. However, the 2009-H1N1 pandemic revealed limitations to the effectiveness of the IHR including inadequacies in surveillance and response capacities within some countries, violations of IHR rules and a potentially narrow scope of application only to influenza-like pandemic events.

*Source*: Wilson, Kumanan et al. 2010. Strengthening the International Health Regulations: lessons from the H1N1 pandemic. *Health Policy and Planning* online (1 July). http://heapol.oxfordjournals.org/cgi/content/abstract/czq026

GLOBAL HEALTH NEWS:

## WHO probe grapples with differing views on flu pandemic

The head of a World Health Organization probe into the international handling of the H1N1 pandemic said that it was proving difficult to get a coherent view of what happened. "The challenge is to believe what is true without getting distracted by the vast diversity of opinions," said Harvey Fineberg, chairman of the review committee of external experts. The panel concluded its second three day public hearing after hearing from national health officials, representatives of the pharmaceutical industry and the media. Fineberg noted that views ranged from supportive of the UN health agency's actions to outright critical. Recently, European parliamentarians found "grave shortcomings" in WHO transparency and expressed concerns about the influence of the pharmaceutical industry on decision making, especially the need for costly special vaccines. Two members of the panel were forced to step down because earlier involvement in the WHO response may have prejudiced their views. The panel's findings are due to be released by the beginning of 2011.

*Sources:*
AFP. 2010. WHO probe grapples with differing views on flu pandemic. *AFP* online (2 July).
http://www.google.com/hostednews/afp/article/ALeqM5i-5F3hbRJ4h8ms5mEgtrMwmUzPtQ

The Canadian Press. 2010. WHO's H1N1 review panel sees 2 resign. *CBC* online (23 June).
http://www.cbc.ca/health/story/2010/06/23/h1n1-who-review-panel.html

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

## Humanitarian crisis and social suffering in Gaza Strip: an initial analysis of aftermath of latest Israeli war

One thousand four hundred (1400) people were estimated to have died, and many injured during the Israeli attack on the Gaza Strip, from Dec 27, 2008, to Jan 18, 2009. This study was done to assess: 1) the extent of insecurity and social suffering of ordinary people who live in the Gaza Strip; 2) their views of their quality of life in terms of health (before and after the invasion), and factors associated with poor quality of life; and 3) the most urgent needs of these people. A representative sample of 3017 households (1% of total households within the Gaza Strip) was visited with a response rate of 97% of 3102. Research found that 31% of individuals in the sample population were displaced during the war. Thirty-nine percent (39%) of 3017 homes were completely or partly destroyed, and 74% of 1184 damaged homes had not been repaired. Respondents also identified priority needs; 75% reported needing a source of livelihood; and 56% reported needing utilities (ex. water, electricity, cooking gas). Home repair was also widely regarded as a priority.

*Source:* Ayesh, Abeer. 2010. Making the future ours in the occupied Palestinian territory. *The Lancet* Vol. 376, Issue 9734 (3 July).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60968-3/fulltext

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*GLOBAL HEALTH NEWS:*

## HAITI: "A country should not depend on the international community"

Six months after a devastating earthquake hit Haiti, 1.6 million people are still living in makeshift shacks and tents, and rubble fills many streets in the capital, Port-au-Prince. "There are worrisome signs that the rebuilding process in Haiti has stalled," said a report issued by the US Senate's Committee on Foreign Relations. One of the main problems is money. Donors promised US$5.3 billion over 18 months at an international conference at the United Nations on 31 March, yet only Brazil has produced its entire pledge package of $55 million. In all, only 10 percent of the $5.3 billion has been handed over to the Haitian government. The US Senate report also noted that the Interim Haiti Reconstruction Commission (IHRC), which was created to help coordinate donors and government officials, is not yet fully operational. In mid-April the Haitian legislature gave the IHRC significant power over the country's development for an 18-month emergency period, but it has taken since then to name 26 voting members. Half the members are representatives of donors pledging at least $100 million or $200 million in debt relief, including the US, Venezuela, Japan, Canada, Brazil, Spain, France, Norway, the European Union, the Inter-American Development Bank and World Bank. The other half are Haitians from the government, parliament, and civil society. The full commission is required to vote on any project costing more than $500,000. The IHRC currently does not have an executive director.

*Sources*:

United Nations Office for the Coordination of Humanitarian Affairs – Integrated Regional Information Networks (IRIN). HAITI: "A country should not depend on the international community". *ReliefWeb* online (14 July)
http://www.reliefweb.int/rw/rwb.nsf/db900sid/NROI-87D355?OpenDocument&rc=2&emid=EQ-2010-000009-HT

Dodd, Christopher J et al. 2010. Haiti at a Crossroads. *Committee on Foreign Relations* (22 June)
http://foreign.senate.gov/download/?id=E09E9295-BD17-4B89-A6FF-88D800CD0C40

*RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:*

## Using human rights for sexual and reproductive health: improving legal and regulatory frameworks

This paper describes the development of a tool that uses human rights concepts and methods to improve national laws, regulations and policies related to sexual and reproductive health and to heighten awareness and understanding of states' human rights obligations. Its method involves systematically examining vulnerable groups' access to sexual and reproductive health services and develops recommendations to address regulatory and policy barriers to sexual and reproductive health with a clear assignment of responsibility. Strong leadership from the Ministry of Health, with support from the World Health Organization or other international partners, and the serious engagement of all involved in this process can strengthen the links between human rights and sexual and reproductive health, and contribute to national achievement of the highest attainable standard of health.

*Source*: Cottingham, Jan et al. 2010. Using human rights for sexual and reproductive health: improving legal and regulatory frameworks. *Bulletin of the WHO* Vol. 88, No. 7 (July).
http://www.who.int/bulletin/volumes/88/7/09-063412-ab/en/index.html

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*RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:*

## What can global health institutions do to help strengthen health systems in low income countries?

Weaknesses in health systems contribute to a failure to improve health outcomes in developing countries. Changes in the demands on health systems, as well as their scope to respond, mean that the situation is likely to become more problematic in the future. Diverse global initiatives seek to strengthen health systems, but progress will require better coordination between them, use of strategies based on the best available evidence, and improved global aid architecture. This paper sets out the case for global leadership to support health systems investments and to help ensure the synergies between vertical and horizontal programs. At the national level, it is essential to increase capacity to manage and deliver services, situate interventions firmly within national strategies, ensure effective implementation, and co-ordinate external support with local resources. Health systems performance should be monitored, with clear lines of accountability, and reforms should build on evidence of what works in what circumstances.

*Source*: Balabanova, Dina, et al. 2010. What can global health institutions do to help strengthen health systems in low income countries? *Health Research Policy and Systems* Vol. 8, No. 22 (29 June).
http://www.health-policy-systems.com/content/8/1/22/abstract

*GLOBAL HEALTH NEWS:*

## From G8 to G20, is health next in line?

The G20 represents 85% of the world's economy and two-thirds of the world's population. This has underpinned its role in the reform of international institutions such as the Financial Stability board of the International Monetary Fund. Furthermore, the G20 Leaders' Statement at Pittsburgh acknowledges the need to modernise global development architecture, being "essential to our efforts to promote global financial stability, foster sustainable development and lift the lives of the poorest". But, does this mean that the G20 should play a more direct role in global health? A number of issues about interests, governance, and mandate could tease out some answers, but they are not clear-cut. Some members of the G20 are understandably reluctant players on the global stage. Countries such as China and Brazil are yet to subject their investments to the scrutiny of ODA. By contrast, states such as Brazil and Indonesia are increasingly active in areas such as global health diplomacy. Another area lacking clarity is the role of outsiders: countries, organisations, and civil society. Big private foundations have found an increasing role in recent years as the architecture of funding, managing, and implementing has become more complex. Moreover, civil society might find themselves excluded all together, made all too visible by the freezing masses outside the conference centre in Copenhagen.

*Source*: Chand, Sudeep, et al. 2010. From G8 to G20, is health next in line? *The Lancet* online (23 June).
http://download.thelancet.com/flatcontentassets/pdfs/S014067361060997X.pdf

RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

## A scoping review of the literature on the abolition of user fees in health care services in Africa

User fees constitute a financial barrier to access to health services, and international aid agencies increasingly support the abolishment of such fees. However, African decision-makers want to know if eliminating payment for services is effective and how it can be implemented. For this reason, given the increase in experiences and the repeated requests from decision-makers for current knowledge on this subject, the authors surveyed the literature. Using the scoping study method, 20 studies were selected and analyzed. This survey shows that abolition of user fees had generally positive effects on the utilization of services and highlights the importance of implementation processes. The authors also provide a number of recommendations for undertaking such a process. These are: 1) generate political will to implement abolition of fees; 2) create alliances between ministries of health and finance; 3) develop customized information and consultation processes with all stakeholders; 4) plan the whole process in detail; 5) provide all resources required (human and financial resources, drugs) to meet increased demand; 6) organize measures to control utilization of these resources; 7) provide incentives to enlist health workers' support; and 8) monitor utilization of health services targeted by abolition and other services.

*Source*: Ridde, Valéry. 2010. A scoping review of the literature on the abolition of user fees in health care services in Africa. *Health Policy and Planning* online (14 June).
http://heapol.oxfordjournals.org/cgi/content/abstract/czq021
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V8X-4XY3K6V-2&_user=10&_coverDate=05%2F31%2F2010&_rdoc=1&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235882%232010%23999049997%231849686%23FLA%23display%23Volume)&_cdi=5882&_sort=d&_docanchor=&_ct=23&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=79665d6fa3c879dc6e898f463b96e98e

GLOBAL HEALTH NEWS:

## Who still has the worst health system of them all?

In the latest *Mirror, Mirror on the Wall* report, published by the US-based Commonwealth Fund, the US health-care system still ranks bottom out of seven countries—as it had done in similar reports in 2004, 2006, and 2007. The Netherlands, which was included for the first time, came first overall. The authors used 74 indicators derived from surveys completed over the past 3 years of more than 27 000 physicians and patients in Australia, Canada, Germany, the Netherlands, New Zealand, the UK, and the USA. These indicators were grouped into five dimensions: quality; access; efficiency; equity; and long, healthy, and productive lives. In all these dimensions, the USA came last or second to last despite spending almost double the amount of money per person than other countries.

*Source*: The Lancet. 2010. Who still has the worst health system of them all? *The Lancet* Vol. 376, Issue 9734 (3 July).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61038-0/fulltext

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

## Meeting human resources for health staffing goals by 2018: a quantitative analysis of policy options in Zambia

The Ministry of Health (MOH) in Zambia is currently operating with fewer than half of the health workers required to deliver basic health services. The MOH has developed a human resources for health (HRH) strategic plan to address the crisis through improved training, hiring, and retention. However, the projected success of each strategy or combination of strategies is unclear. The authors developed a model to forecast the size of the public sector health workforce in Zambia over the next ten years to identify a combination of interventions that would expand the workforce to meet staffing targets. With no changes to current training, hiring, and attrition conditions, the total number of doctors, clinical officers, nurses, and midwives will increase from 44% to 59% of the minimum necessary staff by 2018. No combination of changes in staff retention, graduation rates, and public sector entry rates of graduates by 2010, without including training expansion, is sufficient to meet staffing targets by 2018 for any cadre except midwives. Training enrolment needs to increase by a factor of between three and thirteen for doctors, three and four for clinical officers, two and three for nurses, and one and two for midwives by 2010, to reach 2018 staffing targets.

*Source*: Tjoa, Aaron et al. 2010. Meeting human resources for health staffing goals by 2018: a quantitative analysis of policy options in Zambia. *Human Resources for Health* Vol. 8, No.15 (30 June).
http://www.human-resources-health.com/content/8/1/15/abstract

## Managed migration? Nurse recruitment and the consequences of state policy

In 2006, the arrival of 529,000 non-nationals marked the highest level of immigration to the UK since records began in 1964. This influx was underpinned by a continuous period of economic growth until 2007, the rapid expansion of public services and the government's decision to allow full access to the UK labor market for nationals of Eastern Europe after European Union expansion in 2004. This article analyses the main trends in nurse migration to the UK, focusing on the National Health Service (NHS), the dominant employer of nurses by using key informant interviews from UK-based organizations that facilitate, employ and represent migrant nurses. It finds that shifts in state policy can have a major effect on immigration trends and employer labor utilization strategy. Since the middle of the decade and reinforced by the shift to a Points Based System (PBS), the numbers of nurses from the non-European Economic Area (EEA) coming to the UK has declined sharply. Employers celebrated their ability to recruit in a global labor market, but in general restricted recruitment to established source countries, often those with a legacy of sending nurses to the UK. Trade unions were critical that failures in workforce planning and unattractive pay and working conditions necessitated the employment of overseas nurses, but expressed concerns that restrictive migration rules would penalize migrant nurses.

*Source*: Bach, Stephen. 2010. Managed migration? Nurse recruitment and the consequences of state policy. *Industrial Relations Journal* Vol. 41, Issue 3 (10 May).
http://www3.interscience.wiley.com/journal/123428896/abstract?CRETRY=1&SRETRY=0

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*RESEARCH ON TRADE POLICY & HEALTH:*

## Impact of medical travel on imports and exports of medical services

This paper estimates the inflows of foreign residents seeking medical care in the US and outflows of US residents seeking care abroad. Using data from the US Bureau of Economic Analysis, US International Trade Administration and a survey of domestic health care providers, the authors estimate the lower and upper bounds for the number of medical travelers into and out of the US and the value of these services. They estimate that between 43,000 and 103,000 foreigners came into the US for medical care, and between 50,000 and 121,000 US residents traveled abroad for care in 2007. Despite a net loss in the number of medical travelers flowing out of the US for care, the trade surplus for medical travel could be as high as $1 billion. While a slight net outflow of patients leaving the US for medical care may exist, the resulting impact on exports is still positive for the US, due to a higher average spending per patient coming to the US.

*SOURCE:* Johnson, Tricia J, and Andrew N Garman. 2010. Impact of medical travel on imports and exports of medical services. *Health Policy* online (10 July).
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V8X-50H1H87-1&_user=10&_coverDate=07%2F10%2F2010&_rdoc=1&_fmt=high&_orig=search&_sort=d&_docanchor=&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=c6a06b7decec460cf4ff7329846a2140

*GLOBAL HEALTH NEWS:*

## Public health groups submit comments to United States Trade Representative

On 25 May 2010, thirty-one American public health groups submitted comments to the United States Trade Representative (USTR) following a 'Request for Public Comment on the Scope of Viewpoints Represented on the Industry Trade Advisory Committees". These committees are consultative mechanisms through which the US administration develops its positions in trade policy. Through it, the groups noted support for four improvements proposed by Bill HR 2293/S. 1644, 'The Public Health Trade Advisory Committee Act'. Specifically, a Tier 2 trade advisory committee dedicated to public health representatives (ex. the Public Health Advisory Committee on Trade); appointment "of at least one public health representative on the Tier 1 Advisory Committee on Trade Policy and Negotiation; [a]ppointment of public health, labor, environmental, and consumer representatives to all Tier 3 trade advisory committees; [and] [g]reater transparency and accountability by all advisory committees."

*Source*: American Cancer Society Cancer Action Network, et al. 2010. Public Health Response: Request for Public Comment on the Scope of Viewpoints Represented on the Industry Trade Advisory Committees. United State Trade Representative (25 May).
http://www.tradeobservatory.org/library.cfm?refID=107519

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*RESEARCH ON INTELLECTUAL PROPERTY & HEALTH*

## The UNITAID Patent Pool Initiative: Bringing Patents Together for the Common Good

Developing and delivering appropriate, affordable, well-adapted medicines for HIV/AIDS remains an urgent challenge: as first-line therapies fail. Increasing numbers of people require costly second-line therapy; one-third of ARVs are not available in pediatric formulations; and certain key first- and second-line triple fixed-dose combinations do not exist or sufficient suppliers are lacking. UNITAID aims to help solve these problems through an innovative initiative for the collective management of intellectual property (IP) rights – a patent pool for HIV medicines. The idea behind a patent pool is that patent holders - companies, governments, researchers or universities - voluntarily offer, under certain conditions, the IP related to their inventions to the patent pool. Any company that wants to use the IP to produce or develop medicines can seek a license from the pool against the payment of royalties, and may then produce the medicines for use in developing countries (conditional upon meeting agreed quality standards). The patent pool will be a voluntary mechanism, meaning its success will largely depend on the willingness of pharmaceutical companies to participate and commit their IP to the pool. Generic producers must also be willing to cooperate. The pool has the potential to provide benefits to all.

*Source*: Bermudez, Jorge and Ellen 't Hoen. 2010. The UNTAID Patent Pool Initiative: Bringing Patents Together for the Common Good. *Open AIDS Journal* online (19 January).
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2842943/

*GLOBAL HEALTH NEWS:*

### East African Laws Confuse Fake and Generic Drugs – WHO

The World Health Organization (WHO) agrees that the anti-counterfeit legislation that has been adopted or that is under consideration in East Africa threatens the accessibility of affordable generic medicines. "National legislation on counterfeit medicines has to be very carefully drafted. If the definition of counterfeits is too wide, it may lump together actual counterfeit and fake medicines with generic medicines," Hans Hogerzeil, WHO director of essential medicines and pharmaceutical policies stated in an interview with Inter Press Service News Agency. While WHO leaves the intellectual property aspect to the other organizations, Hogerzeil added that "it is consulting with member states to draft model legislation, including a model definition for counterfeit medicines, which will specifically deal with public health and prevent that anti-counterfeit legislation is misused to frustrate the trade in legitimate generics."

*Source*: Agazzi, Isloda. 2010. East African Laws Confuse Fake and Generic Drugs. *Inter Press Service News Agency* online (19 July).
http://www.ipsnews.net/news.asp?idnews=52198

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

## Controlling and Ultimately Ending the HIV/AIDS Pandemic: A Feasible Goal

It has been nearly 3 decades since the recognition of AIDS and the discovery of its etiologic agent, the human immunodeficiency virus (HIV). Despite numerous scientific advances and major successes in the areas of prevention and treatment, HIV/AIDS continues to exact an enormous toll. Nonetheless, controlling and ultimately ending the HIV/AIDS pandemic is feasible; however, it will require a multifaceted global effort that no single nation or organization can accomplish. It will require three overarching elements: 1) increasing HIV testing and availability of antiretroviral therapy (ART) for HIV-infected individuals; 2) curing a sizeable proportion of HIV infected individuals, such that they no longer require lifelong therapy; and 3) preventing new infections, using both previously proven strategies and a new generation of prevention tools.

Source: Folkers, Gregory K, et al. 2010. Controlling and Ultimately Ending the HIV/AIDS Pandemic: A Feasible Goal. *JAMA* Vol. 304, Issue 3 (21 July).
http://jama.ama-assn.org/cgi/content/full/304/3/350

## Time to act: a call for comprehensive responses to HIV in people who use drugs

The published work on HIV in people who use drugs shows that the global burden of HIV infection in this group can be reduced. Concerted action by governments, multilateral organizations, health systems, and individuals could lead to enormous benefits for families, communities, and societies. The authors review the evidence and identify synergies between biomedical science, public health, and human rights. Cost-effective interventions, including needle and syringe exchange programs, opioid substitution therapy, and expanded access to HIV treatment and care, are supported on public health and human rights grounds; however, only around 10% of people who use drugs worldwide are being reached, and far too many are imprisoned for minor offences or detained without trial. To change this situation will take commitment, advocacy, and political courage to advance the action agenda. Failure to do so will exacerbate the spread of HIV infection, undermine treatment programs, and continue to expand prison populations with patients in need of care.

*Source*: Beyrer, Chris, et al. 2010. Time to act: a call for comprehensive responses to HIV in people who use drugs. *The Lancet* online (20 July).
http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610609282.pdf?id=5bbe37e152166496:-63e96d47:129fa649a6d:49311279811493548

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*GLOBAL HEALTH NEWS:*

## The XVIII International AIDS Conference

The XVIII International AIDS Conference was held 18-23 July 2010 in Vienna, Austria. The Conference was held at a critical moment in the global response to HIV/AIDS. According to a recent report co-published by UNAIDS and the Kaiser Family Foundation, funding for HIV/AIDS stagnated over the 2008-2009 period. Indeed, disbursements for HIV/AIDS activities decreased from US$7.7 billion in 2008, compared to US$7.6 billion in 2009. According to the report, “Financing a sufficient and sustained response to the HIV epidemic in low-and middle-income countries has emerged as one of the world’s greatest health and development challenges, and one that will be with us for the foreseeable future”. The VIII International AIDS Conference provides an opportunity to regain momentum in global efforts to combat HIV/AIDS. Already, the Conference has prompted the release of several ground breaking studies in JAMA (see page 9 of this issue), a Lancet series on HIV and people who do drugs (see page 9 of this issue), and PLoS Medicine articles on circumcision and childhood HIV testing. It is critical that the international community re-engage in its efforts to combat HIV/AIDS and translate this knowledge and experience disseminated at the Conference into observable results.

*Sources*:

Lissouba, Pascale, et al. A Model for the Roll-Out of Comprehensive Adult Male Circumcision Services in African Low-Income Settings of High HIV Incidence: The ANRS 12126 Bophelo Pele Project. *PLoS Medicine* online (20 July)
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000309

Younsook, lim, et al. Improving Prevention of Mother-to-Child Transmissiono HIV Care and Related Services in Eastern Rwanda. *PLoS Medicine* online (20 July)
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000302

*GLOBAL HEALTH NEWS:*

## The Renaissance in HIV Vaccine Development – Future Directions

Advances in HIV vaccine development were among the most exciting developments discussed at the XVIII International AIDS Conference. These include the first demonstration of protection — albeit modest — against HIV infection in humans through immunization, with a vaccine regimen consisting of a canary-pox–vector prime plus a protein-subunit boost in the RV144 trial in Thailand. The new vaccine approaches have significantly improved control of simian immunodeficiency virus (SIV) infection in rhesus monkeys and are now advancing to clinical trials. Building on this progress, HIV vaccine developers in the coming era will pursue three tracks. In the short term, efforts will focus on broadening the limited protection observed in the RV144 efficacy trial, including studies aimed at elucidating the immune correlates of protection. In the midterm, efforts in clinical trials will focus on prioritizing and advancing novel vaccine candidates based on replicating viral vectors and additional regimens consisting of heterologous vector primes and vector or subunit boosts. For the long term, many researchers are focused on designing vaccine candidates that can elicit broadly neutralizing antibodies against HIV to maximize the potential for prevention of infection.

Koff, Wayne C, and Seth F Berkley. 2010. The Renaissance in HIV Vaccine Development – Future Directions. *NEJM* online (14 July).
http://content.nejm.org/cgi/content/full/NEJMp1007629

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

## European policymaking on the tobacco advertising ban: the importance of escape routes

After almost a decade of protracted negotiations in the European Union (EU), the Council of Ministers eventually adopted the tobacco advertising Directive (TAD1) 43/98/EC (European Commission) in 1998. The ban on tobacco advertising, prohibiting any form of communication, printed, written, oral, by radio, television and cinema, was without doubt highly contentious. The proposal, initiated in 1989, resulted in strong counter-lobbying by the tobacco industry and its so-called third alliances. A number of member states strongly opposed the proposal. In 2000, the European Court of Justice (ECJ) annulled the directive after an appeal of the German government. A new directive regulating tobacco advertising (TAD2) was adopted in 2003. This article addresses the question as to how political actors and interest groups used escape routes to foster or block political decision-making on the tobacco advertising ban. There are several ways in which rules can be used creatively, 'circumventing, re-interpreting or combining them in such a way as to accommodate diversity'. Decisions are often attributed to package deals, issue linking, mutual exchanges or framework decisions using vague language to allow opponents to interpret legislation according to their individual preferences. Specific institutional roles may also help to overcome deadlock, including incremental negotiation techniques in the Council working group, the role of a member state during its presidency and the Commission's can act as a policy entrepreneur given its central position in the policy process. Furthermore, the development of supporting policy networks may create legitimacy for public action. It is these escape routes that smooth the way for advancement of policymaking.

*Source*: Adamini, Sandra et al. European policymaking on the tobacco advertising ban: the importance of escape routes. *Health Economics, Policy and Law* Online (4 March).
http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7319284&fulltextType=RA&fileId=S1744133109990338

*GLOBAL HEALTH NEWS:*

## Asia-Pacific faces diabetes challenge

Health systems in the Asia Pacific region are battling an epidemic of obesity and diabetes that many are poorly equipped to deal with. The Pacific region tops the world obesity and diabetes charts. Population surveys in different islands have recorded rates of diabetes of: 47% in American Samoa; 44% in Tokelau; 32% in the Federated States of Micronesia; 28% in the Marshall Islands and Kiribati; 23% in Nauru; and 14% in the Solomon Islands. As a comparison, in nearby Australia, the diabetes rate is 3.6%. The Pacific Island diet has shifted from one based on traditional root crops and seafood to one relying on energy dense and nutritionally poor imported products such as highly refined cereals (instant noodle and white rice) and fatty meats, sold cheaply by their developed neighbors. Although the Pacific nations form a tiny group in terms of world population they cover a third of the earth's surface area, so a problem like an epidemic of non-communicable diseases is magnified many times over by the distance between these nations. According to a World Bank study done in three Pacific countries in 2000, the cost of treating non-communicable diseases used up between 39% and 58% of health expenditure.

Source: Cheng, Margaret Harris. 2010. Asia-Pacific faces diabetes challenge. *The Lancet* Vol. 374, Issue 9733 (26 June).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61014-8/fulltext

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