HEALTH & FOREIGN POLICY
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Research on Global Health Security:

Strategies for mitigating an influenza pandemic with pre-pandemic H5N1 vaccines

The recent H1N1 influenza pandemic was relatively mild. Yet policy makers remain concerned that re-assortment or mutation of the currently circulating avian influenza (H5N1) virus might result in an influenza pandemic with a high case fatality ratio. Given that recently developed candidate pre-pandemic H5N1 vaccines have shown potential for cross-strain protection, the authors investigated alternative vaccination strategies that exploit such vaccines using an agent-based simulation model of an actual community of approximately 30 000 people in a developed country. Assuming a two-dose vaccination regimen, they examine three such strategies: 1) pre-emptive, with vaccination applied prior to the emergence of human-transmissible H5N1 influenza; 2) reactive, where vaccination was initiated immediately after the first cases were diagnosed; and 3) a 'split' strategy where the first dose was administered pre-emptively during the pre-pandemic phase, with the second dose administered reactively. Their research shows the split strategy to be most effective: by moving the first dose into the pre-pandemic period, vaccination achieved a substantially better attack rate reduction than the reactive strategy.

Source: Milne, George, et al. 2010. Strategies for mitigating an influenza pandemic with pre-pandemic H5N1 vaccines. *Journal of the Royal Society* Vol. 7, No. 45 (6 April).
http://rsif.royalsocietypublishing.org/content/early/2009/09/14/rsif.2009.0312.abstract

GLOBAL HEALTH NEWS:

Infectious disease surveillance update: influenza

As of 31 January 2010, more than 209 countries and overseas territories confirmed cases of pandemic H1N1 influenza resulting in 15, 174 death. Influenza activity peaked in the temperate northern hemisphere between October and November, 2009. While H1N1 remains prevalent in North Africa; areas of eastern and southern Europe; and parts of south and east Asia, transmission of H1N1 seems to be decreasing even in these regions. Influenza activity is declining in all regions of India, while in China, rates of influenza-like illnesses (ILI) have dropped to near baseline levels. In Europe, seven countries (Albania, Bulgaria, Czech Republic, Georgia, Greece, Luxembourg, and Romania) reported that over 20% of samples tested positive for influenza, but the rates of illness had declined. In Central America and the Caribbean, pandemic influenza virus transmission persists but overall activity remains low or unchanged. Temperate regions of the southern hemisphere are reporting sporadic cases with no evidence of sustained community transmission.

Source: Sekkides, Onisillos. 2010. Infectious disease surveillance update: influenza, *The Lancet Infectious Diseases* Vol. 10, Issue 3 (March).
http://www.thelancet.com/journals/laninf/article/PIIS1473309910700396/fulltext?rss=yes

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Structure and management of tuberculosis control programs in fragile states – Afghanistan, DR Congo, Haiti, Somalia

Health care delivery is problematic in fragile states which often experience heightened incidence of communicable diseases like tuberculosis (TB). This article examines tuberculosis control programs in four fragile states: Afghanistan, DR Congo, Haiti, and Somalia. The authors find that case notifications and treatment outcomes increased in all four countries since 2003 (treatment success rates 81–90%). But, access to care and case detection remained insufficient (case detection rates 39–62%). Based on this evidence, the authors draw four conclusions: 1) TB control programs can function in fragile states; 2) national program leadership and stewardship are essential for quality and sustained TB control; 3) partnerships with non-governmental providers are vital for continuous service delivery; and 4) TB control programs in fragile states require consistent donor support.

Source: Mauch, Verena, et al. 2010. Structure and management of tuberculosis control programs in fragile states- Afghanistan, DR Congo, Haiti, Somalia. *Health Policy* online (22 February).
http://www.journals.elsevierhealth.com/periodicals/heap/article/S0168-8510(10)00005-9/abstract

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GLOBAL HEALTH NEWS:

Steady supply of medical services begins to pressure Haiti's doctors

Since the February 2010 Haitian earthquake, hundreds of international doctors have provided quality care rarely available, especially for the poor, in this impoverished country. But as the immediate crisis starts to wane, more patients with maladies not directly related to the earthquake will seek assistance from international health-care teams. Indisputably, the Haitian health-care system is being sustained by international organizations and this will continue into the indefinite future. Many Haitian health-care providers were among the 230,000 killed in the earthquake, while others, coping with their own losses, have not shown up for work. The nursing school at the University Hospital collapsed during exams essentially killing an entire first-year class. Haiti's ability to care for its own once the relief effort ends is questionable. Nyka Alexander, a spokeswoman for the World Health Organization, states that "the international community working in health will not leave before a system is in place." The Ministry of Health will need to show strong leadership to develop new policies, training and ensure health workers receive appropriate compensation.

Source: Romano, Lois. 2010. Steady supply of medical services begins to pressure Haiti's doctors. *The Washington Post* online (25 March).
http://www.washingtonpost.com/wp-dyn/content/article/2010/03/24/AR2010032403146.html

RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

International conference on Population and Development at 15 Years: Achieving Sexual and Reproductive Health and Rights for All?

Sexual and reproductive health remains the contentious concept that it was at the 1994 United Nations International Conference on Population and Development (ICPD). In light of the recent 15-year review of ICPD, the authors suggest several areas where advocates, practitioners, and researchers can inform future progress. First the measurement and accountability of evidence needs improvement. This should occur on three fronts: 1) refine documentation methods; 2) improve indicators that measure the success of sexual and reproductive health policies/programs; 3) track resource flows for reproductive health, particularly at the national and sub-national levels. Second, alliances to strengthen advocacy must be created or renewed, and advocates and practitioners at the domestic and international levels must be actively engaged. Third, a two pronged resource mobilization strategy needs to be employed to reflect the increasingly complicated world of funding and donor assistance. On the one hand, there has been a move toward vertical single-disease global health initiatives, while on the other hand countries are encouraged to move toward sector-wide approaches and general budget support.

Source: Roseman, Mindy Jane, and Laura Reichenbach. 2010. International conference on Population and Development at 15 Years: Achieving Sexual and Reproductive Health and Rights for All? *American Journal of Public Health* Vol. 100, No. 3 (March).
http://ajph.aphapublications.org/cgi/content/abstract/100/3/403

GLOBAL HEALTH NEWS:

International Women's Day 2010

International Women's Day celebrated its centenary on March 8, 2010. This year, the UN theme was "Equal Rights, Equal Opportunities: Progress for All. "Yet the Millennium Development Goal 5 – improve maternal health – is the MDG most off track and maternal mortality remains unacceptably high. Maternal mortality is among the health indicators that show the greatest gap between rich and poor. Developed regions report nine maternal deaths per 100 000 live-births compared with 450 maternal deaths in developing regions. Moreover, half of all maternal deaths (265 000) occur in sub-Saharan Africa and another third (187 000) in South Asia. Together, these two regions account for 85% of all maternal deaths. The tremendous increase in rhetoric about MDG 5 and the health of women has not been accompanied by major donor commitments to this goal. Although funding for maternal health has gradually increased, a doubling of donor aid is needed. Donor assistance also needs to integrate reproductive health, especially family planning.

Source: The Lancet. 2010. International Women's Day 2010. *The Lancet* Vol. 375, Issue 9717 (6 march).
http://www.thelancet.com/journals/lancet/article/PIIS014067361060325X/fulltext?rss=yes

RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:

A Healthier, Safer, and More Prosperous World: Smart Global Health Policy

A smart, strategic, long-term US global health policy will advance America's core interests, usher in a new era in which partner countries take ownership of goals and programs, and enhance America's influence, credibility, and reservoir of global goodwill. To achieve this, the Center for Strategic & International Studies, Commission on Smart Global Health Policy, calls on Washington policymakers to embrace a five-point agenda for global health. First, maintain the commitment against HIV/AIDS, malaria, and tuberculosis by leveraging existing disease-focused investments to create lasting health systems that reduce mortality and illness and build partner country capacities. Second, prioritize women and children through proven models of care prior to, during, and after birth and through expanded access to contraception and immunization (a doubling of the U.S. effort—to $2 billion per year—will help achieve results). Third, strengthen disease prevention capabilities by improving global nutrition, promoting healthier lifestyles, and advancing the newly launched Global Alliance for Chronic Disease. Fourth ensure capacity to match global health ambitions for the long-term through the creation of a 15-year, US global health strategy. Fifth, make smarter investments in multilateral institutions by bolstering collaboration with health-focused partner institutions (ex. WHO, GAVI Alliance, Global Fund).

Source: Fallon, William J, and Helene D Gayle. 2010. A Healthier, Safer, and More Prosperous World: Smart Global Health Policy. *Center for Strategic & International Studies* (March).
http://smartglobalhealth.org/content/report

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The Global Fund: replenishment and redefinition in 2010

On 8 March 2010, the Global Fund to Fight AIDS, Tuberculosis and Malaria launched its annual report, *The Global Fund 2010: Innovation and Impact*. The report notes that for HIV/AIDS, Global Fund programmes have contributed to the distribution of 1.8 billion male and female condoms, the treatment of 790 000 HIV-positive pregnant women, and 105 million HIV counselling and testing sessions. An estimated 6 million people with active TB have received treatment. 104 million insecticide-treated bed nets have been distributed and 108 million cases of malaria have been treated through Global Fund grants. However, the report argues that the Global Fund needs to address a number of areas. First, rigorous independent evaluation of results needs to be strengthened. By the Fund's current standards, 78% of its grants performed well, but this claim has not been independently verified. Second, a new call for mobilisation of funds is required. The difficult economic situation worldwide will make it even more important to support the health of people in low-income and middle-income countries. Without accelerated efforts and serious pledges by donors to support the Fund's third replenishment round (due in October), the Global Fund's achievements risk stagnation or reversal. The Global Fund's success means that it deserves the reward of replenishment and redefinition in 2010.

Source: The Lancet. 2010. The Global Fund: replenishment and redefinition in 2010. *The Lancet* Vol. 375, Issue 9718 (13 March).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60366-2/fulltext#article_upsell

GLOBAL HEALTH NEWS:

GAVI enters its second decade with massive funding gap

The GAVI Alliance plans a huge expansion of its programmes, even amid financial uncertainty. To pay for new activities during the next 5 years, GAVI will have to raise up to US$4 billion—an amount equivalent to its total spending during the past decade. During its first decade, GAVI enjoyed steadily increasing financing from the Bill & Melinda Gates Foundation, bilateral donors, and the International Finance Facility for Immunisation. GAVI plans to introduce a pentavalent vaccine and new pneumococcal and rotavirus vaccines. To pay for these programmes, GAVI will have to raise $3—4 billion during the next 5 years. How will the shortfall be met? Part of the funding gap will likely be covered by the Gates Foundation. At the World Economic Forum (Davos, Switzerland, Jan 27—31), the Foundation pledged $10 billion to help “research, develop and deliver” vaccines during the next 10 years. Another possible source of financing is bilateral donors that so far are not big contributors to GAVI. Sweden provided only $72 million to GAVI during its first decade. This modest level of support reflects Swedish skepticism of vertical global health initiatives.

Source: Usher, Ann Danaiya. 2010. GAVI enters its second decade with massive funding gap. *The Lancet* Vol. 375, Issue 9717 (6 March).
http://www.thelancet.com/journals/lancet/article/PIIS0140673610603285/fulltext?rss=yes

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RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

Editor's Comment

With the passage of its health reform legislation, the United States will dramatically expand the provision of health care services for American citizens. The legislation mandates most residents to obtain health insurance; establishes health insurance exchanges and federal subsidies to reduce the costs of that coverage; expands eligibility for Medicaid; and prevents insurance companies from denying benefits due to pre-existing conditions. As a result, health care coverage will expand from 83 percent to 94 percent of American citizens.

Serious obstacles remain. The reforms are not slated to be fully implemented until 2014, and this implementation may be imperilled by state challenges to the bill, as well as the mid-term elections this November. While single payer health care systems like Canada's are complex to manage; the health care system and the reform process underway in the United States takes complexity to new levels. The health care bill is an astonishing 2,000 pages. The system is composed of a myriad of health insurance companies, two government programs (Medicare and Medicaid), and private hospitals and providers: the multitude of actors will hinder effective oversight of the implementation of the legislation. Illegal residents are not covered, and remain extremely vulnerable. And the need to curb rising costs, in particular administrative costs, has not been adequately addressed.

Successful health reform in the United States is important for global health. Expanding health coverage to Americans will facilitate surveillance, health promotion, and the management of communicable diseases and chronic conditions. These reforms will make it easier for the United States to implement global health initiatives and effectively respond to global health challenges. It also an important step forward for the United States to meet its international obligation to facilitate the enjoyment of the highest attainable standard of health for its citizens. Given the current international focus on health systems, the ability of the United States to reform and oversee its complex mix of private insurance companies and public programs will be closely scrutinized for its successes and failures. It is in everyone's interest that the successes outweigh the failures.

Further information can be found at:

_________. 2010. Health Reform. The Henry J. *Kaiser Family Foundation* online (30 March)
http://healthreform.kff.org/

_________. 2010. The New England Journal of Medicine: Health Care Reform Center. *The New England Journal of Medicine* online (24 March)
http://healthcarereform.nejm.org/

_________. 2010. Health Care reform. *The New York Times* online (26 March).
http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/index.html

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'Sustainability' in global health

Decades ago, critics of international aid observed that resources were rarely spent effectively to benefit the poor in the long run. As a result, 'sustainability' became a popular criterion for evaluating health programmes. In this article, the authors suggest that the meaning of 'sustainability' has drifted to favour the allocation of funding organisations that are long-lived rather than effective in addressing health issues. Instead, the authors argue that attention should be focused on sustainable health outcomes to address the ineffective use of aid resources. Based on this re-conceptualization, they identify four opportunities. First, instead of uniformly requiring that programmes and programme components demonstrate multi-year viability, specific strategies for targeting diseases and building horizontal health systems should be developed. Second, categories of commodities essential to global health should be identified. The provision of these essential commodities would therefore be a fundamental prerequisite to any intervention in a resource-limited setting. Third, resource-rich actors need more incentives to alleviate shortages of critical assets and capabilities in resource-poor settings. Finally, local control over health infrastructure is essential to its sustainability. Achieving this objective requires investment in the training and development of health providers and associated personnel in resource-limited settings.

Source: Yang, Alice, et al. 2010. 'Sustainability' in global health. *Global Public Health* Vol. 5, Issue 2 (March).
http://www.informaworld.com/smpp/content~db=all~content=a918288744

GLOBAL HEALTH NEWS:

Funding For Family Planning Essential If Canadian G8 Initiative Is To Succeed For Poor Women in Developing Nations

Amidst continuing confusion over priorities and funding for a new G8 maternal and child health initiative, the International Planned Parenthood Federation (IPPF) calls for the G8 to show unequivocal support for family planning. The Guttmacher Institute states that "the direct health benefits of meeting the need for both family planning and maternal and newborn health services would be dramatic. Unintended pregnancies would drop by more than two thirds, from 75 million in 2008 to 22 million per year. Seventy percent of maternal deaths would be averted - a decline from 550,000 to 160,000. Forty-four percent of newborn deaths would be averted - a decline from 3.5 million to 1.9 million." While applauding the G8's renewed focus on maternal health, IPPF is concerned that family planning has not yet been included or prioritized within the initiative. Just last year all G8 leaders endorsed the Consensus for Maternal, Newborn and Child Health, which stipulates that "comprehensive family planning advice, services and supplies" are critical to improving maternal, newborn and child health.

Source: _________. 2010. Funding For Family Planning Essential If Canadian G8 Initiative Is To Succeed For Poor Women In Developing Nations. *Medical News Today* online (24 March).
http://www.medicalnewstoday.com/articles/183223.php

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RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

The Nurse Labour & Education markets in the English-Speaking CARICOM: Issues and Options for Reform

This report focuses on the nurse labour and education markets of the English-speaking CARICOM. It estimates that approximately 7,800 nurses constituted the active supply in the region. This translates into a nurse per 1,000 population ratio of 1.25 with roughly 1 nurse per 1,000 population providing direct care. These levels compare unfavourably to those in OECD countries where ratios tend to be 10 times higher. Annual attrition rates were about 8 percent with outmigration the main source. This report suggests that migratory flows were primarily driven by wage differentials, network effects, and worker dissatisfaction at home. Managing migrations requires reaching out to destination countries, the goal being to establish and agree on annual flows, cost-sharing arrangements for necessary investment in nurse training capacity and technical support. Such agreements would be in the best interests of both source and destination countries, as they make flows more transparent and predictable and facilitate workforce monitoring and planning on both ends. However, as for efforts to strengthen and scale-up training capacity, only a regional initiative is likely to succeed. Efforts to strengthen and scale-up training capacity and manage migration should be combined with financing reforms that more fairly assign costs to those who benefit.

Source: Human development Department: Caribbean Country Management Unit: Latin America and the Caribbean Region. 2009. The Nurse Labor & Education Markets in the English-Speaking CARICOM: Issues and Options for Reform. *World Bank* (June).
http://www.google.ca/url?sa=t&source=web&ct=res&cd=2&ved=0CA0QFjAB&url=http%3A%2F%2Fsiteresources.worldbank.org%2FINTJAMAICA%2FResources%2FThe_Nurse_Labor_Education_Market_Eng.pdf&rct=j&q=Nurse+Labor+%26+Education+Markets+in+the+English-Speaking+CARICOM%3A+Issues+and+Options+for+Reform&ei=VyuqS_uIMpWqNo-i7LoB&usg=AFQjCNFDfKg_Bml1xt3MMyGFVtcPx7GV6Q&sig2=AdGES_ghQ-UIquxxMPCWqQ

GLOBAL HEALTH NEWS:

The EU Role in Global Health

In an effort to gather pointers and views from relevant stakeholders regarding the rationale, scope and strategic objectives for an EU role in global health, the EU undertook a public consultation with 104 participants (including individuals, organizations and countries) from October to December 2009. Many stakeholders expressed views about the issue of migration of health personnel. Most called upon the EU and its Member States to work closely with partner countries to improve the personal and professional status of health workers to keep existing professionals in their roles and encourage young people to graduate/specialize to take up these positions. Encouraging health workers to stay 'in-country' requires improvements. In particular, the following fields for action and financial support by the EU were commonly enumerated in the responses: 1) set up local continuous education programmes and specialized training programmes within the framework of quality assurance systems agreed by national governments with support from the EU; 2) develop local government capacity to absorb health graduates into their health systems and support the management of human resources in the health sector; 3) invest in an enabling environment and improved working conditions for health workers; 4) finance health care budgets in developing countries to provide sufficient and appropriate remuneration to health workforce; 5) establish south-south collaborations and north-south partnerships for the reciprocal share of expertise and skills in the health sector; and 6) use ICT for virtual networking and e-learning.

Source: _________. 2010. The EU role in Global Health. *European Commission* (8 February).
http://ec.europa.eu/development/how/consultation/index.cfm?action=viewcons&id=4765

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RESEARCH ON TRADE POLICY & HEALTH:

The Current Trade Paradigm and Women's Health concerns in India: With Special Reference to the Proposed EU-India Trade Agreement

India is currently negotiating a Free Trade Agreement (FTA) with the European Union (EU), which includes a wide range of chapters including services trade liberalization, full investment liberalization, and stricter IPR conditions than the TRIPS norms. Health is an area of special concern in the context of gender inequalities. Where there is a constraint on health care access, women experience a greater constraint compared to men. In light of this, the authors provide several policy recommendations for India to follow in the negotiation of its FTA with the EU. The authors argued that it is important for India to resist TRIPS plus provisions so that its generic production of pharmaceuticals and access to medicines is not compromised. Retaining TRIPS flexibilities and using these extensively is also a policy option that India must pro actively pursue, irrespective of the FTA. At the same time, India's own Sui generis system of protection of plant varieties needs to be defended both for traditional medicines (plants) and food security. Finally, India must keep in mind the impact of its stance in the EU India FTA on WTO negotiations; India cannot afford to weaken its own position or that of developing countries. For example, India must resist strong and unjustified provisions on IP enforcement, in particular, border measures, as it affects not only India's domestic supply but supply of critical medicines to other parts of the developing world.

Source : Sengupta, Ranja, and Narendra Jena. 2010. The Current Trade Paradigm and Women's health Concerns in India: With Special Reference to the Proposed EU-India Free Trade Agreement. *Centre for Trade and Development, Working Papers Series* (8 March).
http://www.centad.org/cwp_15.asp

GLOBAL HEALTH NEWS:

Ten-year ban on beef imports lifted

Australia's strict quarantine standards for beef and other produce must not be an excuse for protectionism, Australian Agriculture Minister Tony Burke declared earlier this month. On 1 March, Australia lifted its 10-year ban on beef imports from countries that have experienced mad cow disease, (or BSE, Bovine Spongiform Encephalopathy). Opening the Australian Bureau of Agricultural and Resource Economics (ABARE) Outlook 2010 conference in Canberra on 2 March, Mr Burke said Australia's import policies must be based on the best science. "If there is a scientific argument or a public health argument for keeping something out, then you keep it out," he said. "If the science comes back and says, if protocols are followed, there is no possible public health argument here, there is no biosecurity argument here, then you don't use quarantine as an excuse for protectionism." The Australian opposition plans to move a private members bill urging the government to delay the introduction of new protocols covering beef imports. It wants beef importers to have animal tracing schemes in place, as well as country of origin labels on all beef products sold in Australia, to better inform consumers.

Source: _________. 2010. Ten-year ban on beef imports lifted. *The Sydney Morning Herald* online (2 March)
http://news.smh.com.au/breaking-news-national/tenyear-ban-on-beef-imports-lifted-20100302-pef8.html

Research on Intellectual Property & Health

Intellectual Property and Developing countries: A review of the literature

This report, commissioned by the UK Intellectual Property Office (IPO) and the Department for International Development (DfID) assesses the effects of intellectual property rights in developing countries in five main areas proposed by the IPO: 1) foreign direct investment; 2) trade, 3) innovation, 4) public health, and 5) genetic resources and traditional knowledge. Where public health is concerned, the authors find that strong IPRs can hamper access to medicines in developing countries and do not necessarily encourage pharmaceutical innovation that responds to developing country needs. Strong IPRs are important for pharmaceutical innovation, but only where there is a strong market, as is often the case for health problems prevalent in the developed world. Pharmaceutical industries in countries such as India, which have seen their IPR regimes strengthened, are not responding to developing country needs. Instead they too are focusing on developed country markets. So, for health issues of relevance to developing countries, IPRs are of value to commercial product and technology developers only if a viable market can be created (for example, through an advanced market commitment).

Source: Hassan, Emmanuel, et al. 2010. Intellectual Property and Developing Countries: A review of the literature. *RAND Corporation* (March).
http://www.rand.org/pubs/technical_reports/TR804/

Global Health News:

India combats confusion over counterfeit drugs

India is taking steps to reverse anti-counterfeiting measures in some east African nations that could stop the importation of generic drugs made in the country. India, the leading supplier of low-cost generic drugs to Africa, has begun fighting back to counter the confusion surrounding counterfeit drugs in the region. A raft of new and proposed anti-counterfeit laws could potentially deprive Africa of affordable, essential medicines. The immediate cause of concern is Kenya's Anti-Counterfeit Act 2008, which came into effect in July, 2009. The new law, which ostensibly seeks to clamp down on fake products, blurs the distinctions between generic, substandard, and counterfeit drugs; Kenya's new law could become a template for other countries in east Africa. The draft east African policy on anti-counterfeits and anti-piracy has provisions similar to the Kenyan legislation with regard to generics; Uganda has a draft Anti-Counterfeit Goods Bill; and Tanzania, Rwanda, and Burundi are discussing these issues. India has asked Kenya to make changes to its anti-counterfeit law passed last year that could make generic drugs exported by Indian companies into the country illegal. In addition to sustained dialogue with Africa's health ministers and other officials, India's riposte, will include advertisements in the African mass media and interactive meetings with journalists and industry in several African countries to counter the confusion about generics.

Source: Chatterjee, Patralekha. 2010. India combats confusion over counterfeit drugs. *The Lancet* Vol. 375, Issue 9714 (13 February).
http://www.thelancet.com/journals/lancet/article/PIIS0140673610602140/fulltext?rss=yes

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

HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage

While previous research has examined HIV prevention, treatment, and care services for injecting drug users (IDUs) worldwide, it has not adequately quantified the scale of coverage. Through a systematic search of peer-reviewed (Medline, BioMed Central), internet, and grey-literature databases for data published in 2004 or later, this paper estimates national, regional, and global coverage of HIV services for IDUs. National data were obtained for the following interventions: 1) needle and syringe programmes (NSPs); 2) opioid substitution therapy (OST) and other drug treatment; 3) HIV testing and counselling; 4) antiretroviral therapy (ART); and 5) condom programmes. By 2009, NSPs had been implemented in 82 countries and OST in 70 countries (combined NSP and OST interventions were available in 66 countries). Regional and national coverage varied substantially. OST coverage varied from less than or equal to one recipient per 100 IDUs in central Asia, Latin America, and sub-Saharan Africa, to very high levels in Western Europe (61 recipients per 100 IDUs). Worldwide, an estimated two needle-syringes were distributed per IDU per month, and coverage of HIV prevention, treatment, and care services in IDU populations was very low.

Source: Mathers, Bradley M, et al. 2010. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet* vol. 375, Issue 9719 (20 March).
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60232-2/fulltext

GLOBAL HEALTH NEWS:

UN warns HIV/Aids leading cause of death in women. 2010.

According to UNAids, HIV has become the leading cause of death and disease among women of reproductive age worldwide. At the start of a 10-day conference in New York, UNAids launched a five-year action plan addressing the gender issues which put women at risk. One of the key risk factors is that up to 70% of women worldwide have been forced to have unprotected sex. Such violence against women must not be tolerated. It also warns that nearly 30 years from the beginning of the epidemic, HIV services do not respond to the specific needs of women and girls who continue to be disproportionately affected by HIV/Aids. In sub-Saharan Africa, 60% of those living with HIV are women, and in Southern Africa young women are about three times as likely to be infected with HIV as young men of the same age. In light of this, the action plan will include improving data collection and analysis of how the epidemic affects women, and ensuring the issue of violence against women is integrated into HIV prevention programmes.

Source: _________. 2010. UN warns HIV/Aids leading cause of death in women. *BBC News* online (3 March).
http://news.bbc.co.uk/2/hi/health/8546655.stm

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RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:

Evidence-informed process to identify policies that will promote a healthy food environment in the Pacific Islands

This research represents the first systematic, evidence-informed assessment of policy changes to control diet-related NCD in Fiji and Tonga. This was achieved through a multisectoral stakeholder group of policy advisers formed in each country to identify the policies and gaps contributing to an unhealthy food environment. Potential solutions to these problems were then identified, and were assessed by them for feasibility, effectiveness, cost-effectiveness and side-effects. Data were gathered on the food and policy environment to support the assessments. A shortlist of preferred policy interventions for action was then developed. The range of policy changes recommended in each country covers many issues. There was considerable emphasis in both countries on altering the relative prices of healthier and less healthy options, with recommendations to implement policies together to further increase the price differential between the healthier and less healthy options. This reflects the concern that the healthier options are currently often more costly than the less healthy ones, and that the demand is strongly affected by the price. The second area of emphasis was on increasing availability and access to local fruits and vegetables and fish, in part to reduce reliance on imports, and therefore to increase the food security. Policies to control the marketing and promotion of less healthy foods and drinks and enhance health promotion were also a place of focus.

Source: Snowdon, Wendy, et al. 2010. Evidence-informed process to identify policies that will promote a healthy food environment in the Pacific Islands. *Public Health Nutrition* online (3 March).
http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7311896

GLOBAL HEALTH NEWS:

Agencies push for inclusion of non-communicable diseases in global health agenda

When the international community adopted the Millennium Development Goals in 2000, the chief health focus was on diseases that affect young children and women. Despite the momentous dedication of the international community to the MDGs, a wide array of non-communicable diseases was completely left out of the new development agenda. In response to the increasing prevalence of non-communicable diseases, such as heart disease, cancer, stroke, and diabetes, international organizations are beginning to call for changes to the global health paradigm. The Caribbean Community of states and the World Health Organization have announced their intention to introduce a United Nations General Assembly resolution that would encourage United Nations agencies to work together to eliminate non-communicable diseases, which are responsible for 60 percent of all global deaths. In addition to calling for UN recognition of non-communicable diseases as a grave problem, the resolution is asking that world leaders include the topic in their talks at the United Nations summit on MDGs next September.

Source: Dicovitsky, Ryan. 2010. Agencies push for inclusion of non-communicable diseases in global health agenda. *Media Global* online (11 February).
http://www.mediaglobal.org/article/2010-02-11/agencies-push-for-inclusion-of-non-communicable-diseases-in-global-health-agenda

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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 and news items on 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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