



# Health and Foreign Policy Bulletin

A publication of the Norman Paterson School of International Affairs

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### RESEARCH ON GLOBAL HEALTH SECURITY:

## Review of an Influenza Surveillance System in Beijing

Surveillance systems play a pivotal role in the detection of seasonal influenza. They enable the onset and the peak of an influenza epidemic to be reported in a timely and accurate manner. To use data from a surveillance system efficiently, however, public health professionals need suitable and robust aberration detection methods. The Early Aberration Reporting System (EARS) pioneered by the US Centers for Disease Control and Prevention was initially a method for monitoring bioterrorism events, but it has evolved into a tool that also can be used to monitor naturally occurring outbreaks and seasonal diseases. In 2007, a surveillance system for influenza-like illness (ILI) was established in Beijing; EARS was then utilized to analyze data from this system. This system tracks ILI and laboratory-confirmed influenza in 153 general hospitals throughout Beijing. The authors describe the surveillance system, the surveillance data accumulated during the 2007–08 influenza season, and the performance of the early warning system. They find that the system introduced in Beijing provided timely and accurate surveillance information that was consistent with data obtained from virologic surveillance for influenza, and enabled the authors to detect the onset and peak of the epidemic.

Source: Yang, Peng et al. 2009. Review of an Influenza Surveillance System, Beijing, People's Republic of China. *Emerging Infectious Diseases* 15:10 (October). <http://www.cdc.gov/eid/content/15/10/1603.htm>



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

### Natural Disasters Highlight Gaps in Preparedness

According to the UN Economic and Social Commission for Asia and the Pacific, a person living in the region is 25 times more likely to be affected by a natural disaster than someone living in Europe or North America, and four times more likely than someone living in Africa. Fifty percent of recorded natural disasters and 82% of people affected by such disasters live in Asia-Pacific countries. Yet the degree to which countries in this region are prepared for catastrophic natural events varies greatly. This paper reviews the natural disaster preparedness plans of the Philippines, Vietnam, Indonesia, China, and Bangladesh and finds a remarkable discrepancy between them. Whereas the Philippines has only 13 dinghies to service a population of 10 million people, Bangladesh operates a cyclone shelter capable of evacuating 300,000 people in under 48 hours.

Source: Cheng, Margaret Harris. 2009. Natural Disasters Highlight Gaps in Preparedness. *The Lancet* 374:9698 (17 October).

<http://www.thelancet.com/journals/lanct/article/PIIS0140673609618080/fulltext?rss=yes>

## GLOBAL HEALTH NEWS:

### US Swine Flu Vaccines 'Delayed'

US officials have warned of delays in the delivery of swine flu vaccines just as deaths from the H1N1 virus climb above epidemic level in some states, and President Obama declared H1N1 a national emergency. CDC reported that only 28-30 million doses of vaccine would be available by the end of the month, down from an earlier estimate of 40 million. Testing the vaccines for strength and purity was cited as one reason for a delay in their delivery. This delay is worrisome in light of the strong impact swine flu has had on children, 86 of whom have died this year (the number of children who have died so far this year from the H1N1 virus is greater than the number that normally die in an entire flu season). Forty-three children are reported to have died from flu since 30 August, with 38 of those confirmed to have been caused by the H1N1 virus. Half of those deaths were in children aged between 12 and 17.

Source: \_\_\_\_\_. 2009. US Swine Flu Vaccines 'Delayed.' *BBC online* (17 October).  
<http://news.bbc.co.uk/2/hi/americas/8311891.stm>

## GLOBAL HEALTH NEWS:

### Fighting and Drought Worsen Somalia's Humanitarian Crisis

Prolonged drought, intensified fighting, and rising attacks on aid workers have handed Somalia its worst humanitarian crisis in two decades. In recent months there has been an upsurge in attacks on the premises of UN and international humanitarian agencies, as well as abductions of aid workers. In late August, the FAO's Food Security and Nutrition Analysis Unit for Somalia said that the humanitarian crisis in the country was widespread and severe, with half of the population, close to 4 million people, in need of humanitarian assistance—a serious deterioration in the emergency food security and nutrition situation from earlier this year. According to UN surveys, 1.4 million rural people are threatened by severe drought, while 655,000 urban poor struggle with very high food and non-food prices, and more than 1.5 million internally displaced people are fleeing from increased fighting. Furthermore, aid workers said the 2009 rains have failed in 70% of the country, meaning that the food security situation in Somalia was not expected to improve substantially over the next 6 months and the number of people in need of humanitarian assistance would remain high.

Source: Wakabi, Wairagala. 2009. Fighting and Drought Worsen Somalia's Humanitarian Crisis. *The Lancet* 375:9695 (26 September).

<http://www.thelancet.com/journals/lanct/article/PIIS0140673609616871/fulltext?rss=yes>



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RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

## HIV/AIDS in Cuba: A Rights-Based Analysis

Many believe that Cuba's achievements in HIV/AIDS control have come at a cost in human rights, and a rights-based analysis is one useful way of researching the human rights impact of Cuban policies. By reference to the UN's Guidelines on HIV/AIDS and Human Rights, this paper examines the Cuban experience as it relates to the themes of quarantine and personal freedom; privacy in testing and tracing; education, participation, and non-discrimination; and the availability of AIDS treatment. The paper concludes that Cuba's quarantine period was unnecessarily prolonged in the late 1980s but that this prolonged quarantine did not target men who have sex with men. Testing and tracing procedures in Cuba follow a standard protocol, but they are more thorough than elsewhere. Cuba has increased participation in education programs, and treatment is now the best in the Caribbean region. The Cuban example demonstrates that the human rights implications of HIV programs must be considered in an integrated way. Caricatures of the Cuban program may have deprived others of the lessons that can be learned from the Cuban experience.

Source: Anderson, Tim. 2009. HIV/AIDS in Cuba: A Rights-Based Analysis. *Health and Human Rights* 11:1 (September).  
<http://www.hhrjournal.org/index.php/hhr/article/view/138/219>

GLOBAL HEALTH NEWS:

### Sierra Leone's Maternal Mortality Rate is a 'Human Rights Emergency'

One in eight women in Sierra Leone risk dying during pregnancy or childbirth, says a report from Amnesty International. The charity's secretary general, Irene Khan, said that this was partly due to the 'extremely low status' of women in rural areas and was explicitly linked to the lack of women's rights. Ms Khan explains: 'In rural areas women are treated as minors under customary law. This means they cannot make decisions about their own bodies or health. Although the government has introduced laws on domestic violence, female inheritance, and registration of marriages and divorce, these laws are not being implemented.' Ms Khan said that the report and an associated campaign being launched in Freetown were aimed at members of the Sierra Leone government. 'They need to manage their health system better,' she said. 'It is riddled with corruption.' The campaign is also aimed at the donor community, 'as the government needs support to improve the health system,' and at the people of Sierra Leone, 'to show it doesn't have to be this way.'

Source: Moszynski, Peter. 2009. Sierra Leone's Maternal Mortality Rate is a 'Human Rights Emergency.' *BMJ* 339:b3908 (22 September).  
[http://www.bmj.com/cgi/content/extract/339/sep22\\_2/b3908](http://www.bmj.com/cgi/content/extract/339/sep22_2/b3908)



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*RESEARCH ON GLOBAL HEALTH GOVERNANCE & INSTITUTIONS:*

## Global Health Funding: How Much, Where it Comes From and Where it Goes

Global health funding has increased in recent years.

This has been accompanied by a proliferation in the number of global health actors and initiatives. This paper describes the state of global health finance, taking into account government and private sources of finance, and raises and discusses the implication of this funding proliferation for global health governance. The authors find that the volume of official development assistance for health is frequently inflated and that data on private sources of global health finance are inadequate but indicate a large and important role of private actors. The fragmented, complicated, messy and inadequately tracked state of global health finance requires immediate attention, such as improving the quality of data on global health funding and the information and financial management systems of recipient countries. Moreover, it is necessary to better track and monitor global health finance that is channeled by and through private sources, and to critically examine who benefits from the rise in global health spending.

Source: McCoy, David, Sudeep Chand, and Devi Sridhar. 2009. Global Health Funding: How Much, Where it Comes From and Where it Goes. *Health Policy and Planning online* (1 July).

<http://heapol.oxfordjournals.org/cgi/content/abstract/czp026v1>

*GLOBAL HEALTH NEWS:*

### Donors Raise £3.2 Billion for Free Health Care in World's Poorest Countries

A £3.2 billion funding initiative to expand free health care and improve maternal health was launched at the UN General Assembly in New York on 23 September 2009. Behind the initiative is the UN taskforce on innovative international financing for health systems, which is chaired by British prime minister Gordon Brown and World Bank president Robert Zoellick. Announcing the taskforce's proposals, Mr Brown said: 'We cannot let mothers and children die through lack of finance and through the persistence of user fees.' The £3.2 billion raised would go towards abolishing user fees in Nepal and five African countries (Ghana, Burundi, Malawi, Sierra Leone, and Liberia). The total funding includes: 1) £600 million for a cash injection into health systems through the UK based charity the International Financial Facility for Immunization (with £250 million from the UK, £150 million from Norway, and £130 million from Australia, on top of £70 million committed earlier this year by the Netherlands); 2) a potential £2 billion to be raised by 2015 through voluntary contributions made in online travel bookings, in a scheme launched by the travel industry; 3) £250 million to build up a new fund to reward high performing health programs, with contributions from the UK and Norway; and 4) up to £180 million to be generated from a VAT credit pilot scheme in Italy, to be launched in 2010.

Source: Moszynski, Peter. 2009. Donors Raise £3.2 billion for Free Health Care in World's Poorest Countries. *BMJ* 339:b3961 (28 September).

[http://www.bmj.com/cgi/content/extract/339/sep28\\_1/b3961](http://www.bmj.com/cgi/content/extract/339/sep28_1/b3961)



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*RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:*

## How Health Systems in Sub-Saharan Africa can Benefit from Tuberculosis and Other Infectious Disease Programmes

Dysfunctional health systems in low-income countries are major obstacles to attaining the health-related Millennium Development Goals (MDGs). However, some progress is being made towards MDG 6 (on reducing the incidence of tuberculosis (TB), HIV/AIDS and malaria). This has largely been achieved through clearly defined strategies and intervention delivery systems, combined with large amounts of external funding. This article examines how health systems in sub-Saharan Africa can benefit from TB and other infectious disease programs. It finds that there must be clear national strategies to strengthen general health systems, with budget lines explicitly for human resource support of the health sector, general infrastructure, and supervision. In addition, National TB Program managers and district health officers must work together and explicitly document and budget for appropriate and relevant activities in national TB control plans and district health plans. In health facilities, there should be far better documentation of human resources and attempts made to address and monitor attrition, such as paying attention to the proportion of the health care workforce that know their HIV status, preventing those who are HIV-positive from working in high-risk areas such as medical or TB wards, monitoring the number diagnosed each year with TB and ensuring that infection control guidelines are in place and are being implemented.

Source: Harries, AD et al. 2009. How Health Systems in Sub-Saharan Africa can Benefit from Tuberculosis and Other Infectious Disease Programmes. *The International Journal of Tuberculosis and Lung Disease* 13:10 (October).  
<http://www.ingentaconnect.com/content/ijatld/ijtd/2009/00000013/00000010/art00004>

*GLOBAL HEALTH NEWS:*

## Realizing the Human Right to Health through Health System Development

For developing countries, investment in immunization is regarded as one of the most cost effective contributions to their economic development, and an essential way to help realize the right to health for millions of people. Yet to secure long term success, more should clearly be done to strengthen the foundations of health systems within countries. Effective immunization requires accessible primary and secondary care, and improved logistics and supply systems so that money, drugs, equipment, and fuel can be made available in the right place at the right time. The Global Alliance for Vaccines and Immunization (GAVI) is asking countries to identify restrictions to achieving sustained high immunization coverage. This goes beyond supply of vaccines and syringes to addressing systemic constraints that are restricting the effectiveness of national health plans. GAVI recently welcomed the expansion of the International Finance Facility for Immunization, thanks to support from the UK, Australia, Norway, and the Netherlands, which will increase the funds available for wider maternal and child health issues.

Source: Robinson, Mary. 2009. Realizing the Human Right to Health through Health System Development. *The Lancet* 374:9696 (3 October).  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61723-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61723-2/fulltext)



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## RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH

### WORKERS:

## Caribbean Nurses Migrating to the UK: A Gender-Focused Literature Review

International nurse recruitment is an integral part of government health care strategy in many countries. Based on the migration of nurses from the English speaking Caribbean region to the UK, this paper explores the significance of gender at both the macro and micro levels. A review of the impact of Caribbean nurse migration during the years 1998–2000 highlighted a negative impact on development, including: 1) a 35% nursing vacancy rate in the public sector and insufficient nurses to deliver essential health care; 2) a loss of government investments of US\$16.7 million for basic nurse education; 3) merged patient care units in hospitals; 4) canceled elective surgery; 5) decreased capacity to develop health services; 6) increased cost of recruitment and retention. It also finds that that it is largely women who bear the brunt of nurse migration on Caribbean health systems. For example, nurses who remain in Caribbean countries must cope with stress and low morale as work demands increase to compensate for vacancies. Likewise, it is women in the community who must pick up increased care responsibilities for family members who are sick or elderly. In light of this, the authors identify a need for a gender-centered approach to international nursing recruitment policy, which takes account not only of the impact on developing countries, but also of the well-being of migrant nurses themselves.

Source: Jones, AD, A Bifulco, and J Gabe. 2009. Caribbean Nurses Migrating to the UK: A Gender-Focused Literature Review. *International Nursing Review* 56:3 (11 August).  
<http://www.ingentaconnect.com/content/bsc/inr/2009/00000056/00000003/art00007>

## GLOBAL HEALTH NEWS:

### IntraHealth to Lead \$300 Million USAID Project in Global Health Workforce, Systems Strengthening

IntraHealth International has been awarded a new five-year global cooperative agreement, with a \$300 million ceiling, by the United States Agency for International Development (USAID) to improve the quality of health services in the developing world by strengthening the health care workforce. Worldwide, there is a shortfall of 4 million health workers needed to increase access to critical primary health care services, and 57 countries fall short of the WHO's minimum ratio of 2.3 health workers for every 1,000 people. Under IntraHealth's leadership, the Human Resources for Health and Quality Services (HRHQS) Project will increase the quantity and quality of available health workers and services by working with global organizations and developing country institutions to test and roll out successful workforce planning, retention, recruitment, training and deployment interventions. IntraHealth has formed a collaborative partnership to implement the HRHQS Project. Partners include Abt Associates, IMA World Health, Liverpool Associates in Tropical Health (LATH) and Training Resources Group, Inc. (TRG). To strengthen regional technical assistance and networking capacity, the HRHQS Project includes five associate partners: the African Population & Health Research Center (APHRC), Kenya; Asia-Pacific Action Alliance on Human Resources for Health (AAAHA), Thailand; EQUINET, the Regional Network on Equity in Health in Southern Africa, South Africa; the West African Institute of Post-Graduate Management Studies (CESAG), Senegal; and Partners in Population and Development (PPD), Uganda and Bangladesh.

Source: Nelson, David. 2009. IntraHealth to Lead \$300 Million USAID Project in Global Health Workforce, Systems Strengthening. *Reuters online* (20 October).  
<http://www.reuters.com/article/pressRelease/idUS180144+20-Oct-2009+PRN20091020>



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## RESEARCH ON TRADE POLICY & HEALTH:

### Evolving WTO Law Concerning Health, Safety and Environmental Measures

With the advent of the WTO in 1995, the international trading system is facing the loaded question of how far it will go in scrutinizing the exercise of governmental authority of Members, with regards to internal regulatory issues that relate to trade. Facing this question has been far from easy, especially in connection with disputes concerning health, safety and environmental (HSE) measures, since HSE-related disputes touch upon core environmental and human rights issues. The WTO's Appellate Body has approached the tensions that surface in the adjudication of these disputes by engaging in a process of dialogue among the various legal regimes that bear on HSE measures. Notable in the Appellate Body's approach to HSE measures is the role of science. The evolving WTO jurisprudence underscores the importance of a risk assessment as the tool to operationalize the Sanitary and Phytosanitary (SPS) Agreement's requirement that SPS measures be based on scientific principles. In this regard, the Appellate Body's recognition of the flexibilities involved in the risk assessment, and particularly the legitimate role of minority scientific opinions, preserve the function of the trade norm in preventing abuse. This process of normative dialogue and interpretation has allowed the WTO to overcome the GATT's isolation by situating WTO law within the broader public international law universe.

#### GLOBAL HEALTH NEWS:

#### Scrounging Foreigners? British Expats Accused of Health Tourism in Spain

Growing anger in Spain over British 'health scroungers' has led to accusations that the country's health services are increasingly being used by the estimated one million British people with homes in Spain to plug holes in the NHS. Spanish doctors' trades unions are leading the charge against what has become known as 'scalpel tourism,' with easy-to-get hip and cataract operations allegedly attracting Britons who temporarily install themselves in Spain to skip queues at home. The Simap trade union said that non-Spanish EU nationals in Alicante, where Britons are by far the largest group, now accounted for 15% to 20% of people treated in local hospitals. Charity workers who help Britons with health problems in Spain say there is evidence that some who live in both countries—known in expat jargon as 'dippers'—cherry-pick the best health services from each place. Squabbling over funds is at the root of the complaints, with health authorities in Spain saying that they do not receive adequate compensation for treating EU citizens.

Source: Tremlett, Giles. 2009. Scrounging Foreigners? British Expats Accused of Health Tourism in Spain. *The Guardian* (5 October). <http://www.guardian.co.uk/society/2009/oct/05/british-expats-health-tourism-spain>

Source: Orellana, Marcos A. 2009. Evolving WTO Law Concerning Health, Safety and Environmental Measures. *Trade, Law and Development* 1:1 (5 August). <http://www.tradelawdevelopment.com/index.php/tld/article/view/1%281%29%20T%26D%20103%20%282009%29>



*RESEARCH ON INTELLECTUAL PROPERTY & HEALTH:*

## Intellectual Property and Access to Medicines: An Analysis of Legislation in Central America

Globalization of intellectual property (IP) protection for medicines has been advancing during the past decade. Countries are obliged to adapt their legislation as a requirement of their membership to the WTO or as a condition of being part of international trade agreements. There is a growing recognition that in low-income countries, stronger IP protection is a barrier to access to medicines. At the same time, the number of low-income countries writing national legislation to protect IP for pharmaceutical products is growing worldwide, but little research has been done on the ways in which this process is happening at the national level. This paper aims to contribute to the understanding of the implementation of IP legislation at the national level by providing a comparative analysis of the countries that are part of the US–Dominican Republic–Central America Free Trade Agreement (DR-CAFTA). The analysis shows three trends. First, countries have often implemented stronger IP protection than required by trade agreements. Second, some countries have adopted IP protection before signing the trade agreements. Third, the process of ratification of DR-CAFTA increased public debate around these issues, which in some cases led to IP legislation that considers public health needs. These trends suggest that industrialized countries and the pharmaceutical industry are using more tactics than just trade agreements to push for increased IP protection and that the process of national legislation is a valid arena for confronting public health needs to those of the industry.

Source: Cerón, Alejandro, and Angelina Snodgrass Godoy. 2009. Intellectual Property and Access to Medicines: An Analysis of Legislation in Central America. *Bulletin of the World Health Organization* 87:10 (October). <http://www.who.int/bulletin/volumes/87/10/08-056010-ab/en/index.html>

*GLOBAL HEALTH NEWS:*

### Brazil, India to Oppose EU at WTO

Brazil will likely join India in invoking dispute settlement proceedings against the EU at the WTO over Brussels' alleged violation of global trade rules by detaining the generic drugs exported by Indian companies to other developing countries, a senior Indian trade official has said. The two developing countries raised the issue early this year when Dutch Customs authorities detained Indian generic drugs at the behest of leading western pharmaceutical giants. Though they charged the EU with violating the WTO's core global rules concerning freedom of transit, they refrained from raising an outright trade dispute until now. India and Brazil are expected to raise the trade dispute against the EU under Article V of GATT 1947 concerning Freedom of Transit, which says 'there shall be freedom of transit through the territory of each contracting party, via the routes most convenient for international transit.' Further, India will also cite violation of Article VIII of GATT 1947, which deals with fees and formalities connected with importation and exportation. The two countries would also challenge the EU under the Doha TRIPS and Public Health Agreement and other provisions of the trade-related intellectual property rights agreement, the Indian official said.

Source: Kanth, D Ravi. 2009. Brazil, India to Oppose EU at WTO. *Business Standard* (22 September). <http://www.business-standard.com/india/news/brazil-india-to-oppose-eu-at-wto/370882/>



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

## **Vaccination with ALVAC and AIDSVAX to Prevent HIV-1 Infection in Thailand**

The development of a safe and effective vaccine against the human immunodeficiency virus type 1 (HIV-1) is critical to pandemic control. In a community-based, randomized, multicenter, double-blind, placebo-controlled efficacy trial, the authors evaluated four priming injections of a recombinant canarypox vector vaccine, plus two booster injections of a recombinant glycoprotein 120 subunit vaccine. The vaccine and placebo injections were administered to 16,402 healthy men and women between the ages of 18 and 30 years in the Rayong and Chon Buri provinces in Thailand. In the intention-to-treat analysis involving 16,402 subjects, there was a trend toward the prevention of HIV-1 infection among the vaccine recipients, with a vaccine efficacy of 26.4%. In the per-protocol analysis involving 12,452 subjects, the vaccine efficacy was 26.2%. In the modified intention-to-treat analysis involving 16,395 subjects, the vaccine efficacy was 31.2%. In light of these findings, the authors find that this ALVAC-HIV and AIDSVAX B/E vaccine regimen may reduce the risk of HIV infection in a community-based population with largely heterosexual risk.

Source: *Reks-Ngarm, Supachi et al. 2009. Vaccination with ALVAC and AIDSVAX to Prevent HIV-1 Infection in Thailand. The New England Journal of Medicine online (20 October).*

<http://content.nejm.org/cgi/content/full/NEJMoa0908492>

**GLOBAL HEALTH NEWS:**

### **HIV Vaccine Trial Was Significant**

Doubts had been raised about whether the findings from the Reks-Ngarm et al study were significant. However, new data published at the inaugural AIDS Vaccine conference in Paris shows that the vaccine trial in Thailand was a scientific breakthrough in the global effort to develop an AIDS vaccine. The trial's sponsors, the US military and the Thai government, said the 31.2% protective effect was statistically significant. While scientists do not understand what is causing the vaccine's protective effect, as the vaccine seems to offer less protection to those most at risk, Colonel Nelson Michael from the US military HIV research program views the trial as a small step in the right direction: 'We now, after 26 years of trying, believe that we can go down that road with confidence that we will be able to develop a vaccine that is globally effective.'

Sources:

Brown, David. 2009. HIV Vaccine Trial's Success More Modest than Thought. *Washington Post online (21 October)*. <http://www.washingtonpost.com/wp-dyn/content/article/2009/10/20/AR2009102000388.html>

McGrath, Matt. 2009. HIV Vaccine Trial was Significant. *BBC (20 October)*. <http://news.bbc.co.uk/2/hi/health/8315002.stm>

**GLOBAL HEALTH NEWS:**

### **Consultation on Antiretroviral Therapy for HIV Prevention**

The WHO will host an invitation-only consultation on antiretroviral therapy (ART) for HIV prevention in November 2009, which will bring together a broad range of stakeholders to discuss the concept of ART for HIV prevention. WHO will circulate a report after the consultation, with an overview of key discussions and outputs.

Source: \_\_\_\_\_. 2009. Consultation on Antiretroviral Therapy for HIV Prevention. *WHO Media Centre online (2-4 November)*.

[http://www.who.int/mediacentre/events/meetings/antiretroviral\\_therapy\\_hiv/en/index.html](http://www.who.int/mediacentre/events/meetings/antiretroviral_therapy_hiv/en/index.html)



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RESEARCH ON GLOBAL ACTION ON CHRONIC DISEASE PREVENTION:

## Learning from International Policies on Trans Fatty Acids to Reduce Cardiovascular Disease in Low- and Middle-Income Countries, using Mexico as a Case Study

Trans fatty acids (TFA) are a major risk factor for cardiovascular disease (CVD), and are consumed in large quantities in low- and middle-income countries. International organizations agree that evidence linking TFA and CVD is strong enough to warrant public health action. This study investigates barriers and opportunities that exist for TFA policy development in low- and middle-income countries, through a literature review of international TFA policy and a stakeholder analysis of the Mexico policy context. The literature review finds that previous national policy responses have mostly been in developed countries with voluntary reduction of TFA by the food industry, following food labeling and/or consumer lobbying. Common factors for successful TFA reduction include increased consumer and political awareness of the health impacts of TFA and the need for champion consumer organizations. A stakeholder analysis of the Mexico policy context, explored contextual issues influencing implementation of TFA regulation in low- or middle-income countries. Although the public health context seemed to be appropriate to promote TFA policy, the issue is not on the political agenda because it lacks legitimacy and support as a health or regulatory issue. This is likely to be the case in other middle- and low-income countries.

Source: Pérez-Ferrer, Carolina, Karen Lock, and Juan A Rivera. 2009. Learning from International Policies on Trans Fatty Acids to Reduce Cardiovascular Disease in Low- and Middle-Income Countries, using Mexico as a Case Study. *Health Policy and Planning online* (9 September). <http://heapol.oxfordjournals.org/cgi/content/abstract/czp040>

GLOBAL HEALTH NEWS:

## WHO's Western Pacific Region Agrees Tobacco-Control Plan

To the surprise and delight of tobacco-control campaigners, a plan to operationalize the Framework Convention on Tobacco Control (FCTC) was passed with barely a murmur of dissent at the WHO's Western Pacific regional (WPRO) meeting held in Hong Kong last month. Although representatives of three of the world's biggest tobacco producers—China, the US, and Japan—were present when the plan came up for discussion, only China voiced any misgivings about the plan. The ease with which the plan was accepted was a surprise because it is considered a radical departure from its predecessors. For the first time, the plan sets out objectives for member states and a timeframe (2010–14) in which those objectives should ideally be reached. Member states are expected to develop legislation and policy for protection from second-hand smoke that 'are compliant with the definition of 100% indoor smoke-free settings (eg workplaces, public transport, indoor public places),' regulate tobacco product labeling in compliance with the FCTC (using pictorial warnings), and put comprehensive bans on tobacco advertising in place. By 2014, all countries in the WPRO are expected to 'have developed action plans, or equivalents, and established or strengthened national coordinating mechanisms, as appropriate,' ratified all FCTC protocols, and gathered reliable data about tobacco use in adults and young people.

Source: Cheng, Margaret Harris. 2009. WHO's Western Pacific Region Agrees Tobacco-Control Plan. *The Lancet* 374:9697 (10 October). [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61769-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61769-4/fulltext)



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## A Comprehensive Review on Salt and Health and Current Experience of Worldwide Salt Reduction Programmes

Cardiovascular disease (CVD) is the leading cause of death and disability worldwide. Raised blood pressure (BP), cholesterol and smoking are the major risk factors. Among these, raised BP is the most important cause, accounting for 62% of strokes and 49% of coronary heart disease. There is strong evidence that our current consumption of salt is the major factor increasing BP and thereby CVD. Evidence also suggests that salt intake is related to obesity through soft drink consumption, associated with renal stones and osteoporosis and is probably a major cause of stomach cancer. In most developed countries approximately 80% of salt comes from processed food, and the amount of salt added to food by the food industry must be reduced. In these countries, reducing salt intake is one of the easiest changes in the diet to implement, as it does not require consumers to change their dietary practices, but it requires the food industry to make gradual and sustained reductions in the amount of salt they add to food. In other countries where most of the salt consumed comes from salt added during cooking or from sauces, a public health campaign is needed to encourage consumers to use less salt. Several countries have already reduced salt intake, such as Japan (1960–1970), Finland (1975 onwards) and now the UK. The challenge is to spread this out to all other countries. A modest reduction in population salt intake worldwide will result in a major improvement in public health.

Source: He, FJ and GA MacGregor. 2009. A Comprehensive Review on Salt and Health and Current Experience of Worldwide Salt Reduction Programmes. *Journal of Human Hypertension* 23:6 (June). <http://www.nature.com/jhh/journal/v23/n6/abs/jhh2008144a.html>

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Thank you so much for your feedback.

*The Editors*