RESEARCH ON GLOBAL HEALTH SECURITY:
The politics of medicine and the global governance of pandemic influenza

While still significant, the 2009 H1N1 (A) influenza pandemic was generally viewed as comparatively mild in contrast to past influenza pandemics. Even so, the conventional response of many governments to protect their populations against the threat from the H1N1 virus was to ensure adequate vaccine production and/or access to supplies of vaccines and antiviral medications. In this article, [the author] examines the influence of biomedical knowledge (and the professionals that wield it) in determining the acceptable and rational limits of influenza public policy from 1918 to today. Particular attention is given to the role that medical practitioners have played in shaping post-World War II influenza policy and governance structures, together with the development, deployment, and political effect of more recent biomedical techniques—such as evidence-based medicine—in reinforcing the importance attached to influenza vaccines and antivirals. The article concludes by discussing how the intense focus on pharmaceutical-based solutions reflects a particular view of biomedicine that has had serious political implications in distorting global health governance arrangements, and [the author] argues that only by unpacking these structures and revealing the political authority in play can alternative policy responses more appropriate to a wider proportion of humanity be considered.*

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

**An assessment of gender inequitable norms and gender-based violence in South Sudan: A community-based participatory research approach**

Following decades of conflict, South Sudan gained independence from Sudan in 2011. Prolonged conflict, which included gender-based violence (GBV), exacerbated gender disparities. This study aimed to assess attitudes towards gender inequitable norms related to GBV and to estimate the frequency of GBV in sampled communities of South Sudan. Applying a community-based participatory research approach, 680 adult male and female household respondents were interviewed in seven sites within South Sudan in 2009–2011. [...] Of 680 respondents, 352 were female, 326 were male, and 2 did not provide gender data. Among respondents, 82% of females and 81% of males agreed that ‘a woman should tolerate violence in order to keep her family together’. The majority, 68% of females and 63% of males, also agreed that ‘there are times when a woman deserves to be beaten’. Women (47%) were more likely than men (37%) to agree that ‘it is okay for a man to hit his wife if she won’t have sex with him’ (p=0.005). Agreement with gender inequitable norms decreased with education. Across sites, 69% of respondents knew at least one woman who was beaten by her husband in the past month and 42% of respondents knew at least one man who forced his wife or partner to have sex.*


GLOBAL HEALTH NEWS:

**Ten years after SARS: Five myths to unravel**

As the first severe infectious disease to emerge in the twenty-first century, SARS caused the most serious socio-political crisis for the Chinese leadership since the 1989 Tiananmen crackdown. While SARS wreaked havoc for approximately nine months from November 2002 to August 2003, it is no match for the HIV/AIDS pandemic in terms of duration, which has lasted for more than 30 years. However, SARS has had a lasting impact on our collective psyche. In September 2012, a novel coronavirus was identified in two patients from the Middle East, raising the specter of a new SARS-like outbreak. To better prepare for the next disease outbreak, [this editorial seeks to] unravel the following myths about SARS and other infections: 1) Strong political commitment and a centrally coordinated response was the most important factor in the control of SARS in China; 2) Those patients who survived SARS lived happily ever after; 3) Government cover-up is no longer a major concern in the post-SARS era; 4) Poor or failed states pose a bigger infectious disease threat to the international community than stronger developing countries; 5) Infectious disease outbreaks remain the primary public health concern in the Asia-Pacific region.*

Source: Huang Y. 2013. Ten years after SARS: Five myths to unravel. Global Health Governance online (4 February)
RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

**Community understandings of and responses to gender equality and empowerment in Rakai, Uganda**

Women's rights and gender empowerment programmes are now part of the international agenda for improving global public health, the benefits of which are well documented. However, the public health community has, yet, to address how people define and understand gender equality and how they enact the process of empowerment in their lives. This study uses safe homes and respect for everyone (SHARE), an anti-violence intervention in rural Rakai, Uganda, as a case study to investigate perceptions of gender equality. Investigators analysed 12 focus groups of adult women and men to explore how macro-level concepts of gender equality are being processed on an interpersonal level and the effects on health outcomes. Respondents generally agreed that women lack basic rights. However, they also expressed widespread disagreement about the meanings of gender equality, and reported difficulties integrating the concepts of gender equality into their interpersonal relationships. Community members reported that equality, with the resulting shift in gender norms, could expose women to adverse consequences such as violence, infidelity and abandonment with increased sexual health risks, and potential adverse effects on education. Efforts to increase women's rights must occur in conjunction with community-based work on understandings of gender equality.

Global Health News:

Women's health-broadening the remit
International Women's Day on March 8 should be a day of celebration for women around the globe. [...] International Women's Day should give pause for thought to all in the health professions. We need to reflect on inequality as it applies to women's health and ask: has progress been made? When viewed through a traditional narrow lens of reproductive health, we can certainly celebrate—without falling into complacency—vast improvements in both acknowledging and addressing women's health problems. The Millennium Development Goals; Every Woman, Every Child; Safe Motherhood Initiatives; The Pink Ribbon campaign; campaigns to stop female genital mutilation; and myriad others have ensured that women's health is high on many countries' agendas. There is more—much more—to women's health than reproduction. However, symptomatic of the way in which society views women is the equation of woman with mother, which risks constraining women's health to the fields of sexual and reproductive health. Policy makers need to make a conscious effort to move away from this stereotype if they are to have a lasting and global impact on the health of women.


Research on Global Health Governance & Institutions

Global health diplomacy: Advancing foreign policy and global health interests
Recently, there has been a remarkable surge of interest in the topic of “global health diplomacy” (GHD). Official GHD offices have been established at the World Health Organization (WHO) and at the U.S. Department of State, and offices within governments of many countries now have a broad set of new GHD responsibilities. [...] Given recent trends, we might expect that it will continue to grow in importance. But in order to ensure international engagements on health and foreign policy are truly a win-win, both foreign policy practitioners and global health proponents need to engage more substantially. In an increasingly interdependent world, it is in the long-term interests of every country to have safe, prosperous, and healthy populations in partner countries, and the diplomatic community would do well to recognize that the global health agenda is a strong tool to achieve these goals. Likewise, global health experts could make greater efforts to understand and engage with foreign policy practitioners by keeping diplomatic leadership and embassy staff well informed of their activities and by clearly drawing the link between these activities and the broader policy objectives of foreign policy.**

Concepts in and perspectives on global health diplomacy: Interim working paper
The Regional Network for Equity in Health in East and Southern Africa (EQUINET) is implementing a three year policy research programme to address selected challenges to health and strengthening health systems within processes of global health diplomacy (GHD). In the June 2012 inception workshop for the programme, delegates called for a paper that explains the concepts and emergence of global health diplomacy, the different approaches being taken in GHD, including African approaches. Given the de facto rise in health diplomacy, this paper explores questions on GHD, to inform debate and dialogue in Africa on raising health within global diplomacy. [The authors] briefly present the roots and emergence of GHD, and the debates on raising public health within global diplomacy. [The authors] outline how the concepts of and approaches to GHD differ across countries and regions. [The authors] explore the perspectives that have informed diplomacy in Africa, and ask what this means for African engagement in GHD, and for public health in Africa. At various points in this paper [The authors] raise questions on what implications the developments described have for health diplomacy in Africa. Given the limitations of documented evidence on African approaches or analysis of health diplomacy from an African lens, it is difficult to draw conclusions. [The authors] thus raise questions that [they] hope will provoke dialogue, debate and response.*


Research on Health & Development, Health Systems:
Resolving the challenges in the international comparison of health systems: The must do's and the trade-offs
Countries are increasingly publishing health system performance statistics alongside those of their peers, to identify high performers and achieve a continuously improving health system. The aim of the paper is to identify, and discuss resolution of, some key methodological challenges, which arise when comparing health system performance. To illustrate the issues, [the authors] focus on two OECD flagship initiatives: the System of Health Accounts (SHA) and the Health Care Quality Indicators (HCQI) project and refer to two main actors: a coordinating agency, which proposes and collates performance data and second, data correspondents in constituent health systems, who submit data to the coordinating centre. Discussion is structured around two themes: a set of must-do's (legitimacy of the coordinating centre, validity of proposed indicators, feasibility of data collection and technical support for data correspondents) and a set of trade-offs (depth vs. breadth in the number of system elements compared, aggregation vs. granularity of data, flexibility vs. consistency of indicator definitions and inclusion criteria). Robust fulfillment of the must-do's and transparent resolution of the trade-offs both depend upon effective collaboration between the coordinating centre and data correspondents, and a close working relationship between a technical secretariat and a body of experts.*

GLOBAL HEALTH NEWS:

**Solar-powered mobile health centre rolls into Cape Town**

At the back of the truck is a small soundproof booth with a chair, light and pair of headphones. Outside the door sits a “screening memory audiometer” with a laptop and printer. This is an ear clinic on wheels, designed to reach the far-flung corners of Africa. […] The ear clinic is just one element of what is billed as Africa’s first solar-powered mobile health centre. The seven-metre truck also contains a fully equipped eye and blood clinic and a dental surgery. Its target is the six in 10 people in sub-Saharan Africa who live in rural areas, often lacking the time and money to travel long distances to reach health services. Patients will be screened for conditions such as diabetes, high blood pressure, tooth decay and cataracts. There will be an emphasis on health education and encouraging tests as a preventative measure. In the next 10 weeks, Samsung plans to add a mother-and-child clinic capable of 4D ultrasound scans and delivering babies.*

**Source:** Smith D. 2013. Solar-powered mobile health centre rolls into Cape Town. The Guardian online (15 March).

RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

**Private sector contributions and their effect on physician emigration in the developing world**

The contribution made by the private sector to health care in a low- or middle-income country may affect levels of physician emigration from that country. The increasing importance of the private sector in health care in the developing world has resulted in newfound academic interest in that sector’s influences on many aspects of national health systems. The growth in physician emigration from the developing world has led to several attempts to identify both the factors that cause physicians to emigrate and the effects of physician emigration on primary care and population health in the countries that the physicians leave. When the relevant data on the emerging economies of Ghana, India and Peru were investigated, it appeared that the proportion of physicians participating in private health-care delivery, the percentage of health-care costs financed publicly and the amount of private health-care financing per capita were each inversely related to the level of physician expatriation. It therefore appears that private health-care delivery and financing may decrease physician emigration.*


RESEARCH ON TRADE POLICY & HEALTH:

**Global trade and health diplomacy: Maximizing cooperation and minimizing conflict through coherent international rules**

This chapter [of Global Health Diplomacy: Concepts, issues, actors, instruments, fora and cases (2012)] looks at the ways that a fast-evolving global trading system influences how countries pursue their national and international health objectives. In particular, it aims to do three things. First, the chapter highlights the policy areas where the trade system is most relevant to global health policy—health standards, intellectual property protection and trade in services. Second, it examines several current (and looming) health challenges that underline how closely trade and health officials must now work together to design and implement effective global policy. Third, it suggests ways in which even greater coherence in trade and health policy-making might be achieved, both at national and international levels. [The chapter also identifies two key learning points]: 1) The global trading system is complex and extensive—governed by multilateral, regional and bilateral rules, negotiated in a wide variety of fora, including the World Trade Organisation, and often involving the same countries in multiple trade arrangements; 2) Global trade rules affects health policy in many ways, but the main interface is health and food safety standards, intellectual property rights (IPRs) and trade in health-related services.*

RESEARCH ON ACCESS TO EFFECTIVE MEDICINES:

Promotion of access to essential medicines for non-communicable diseases: Practical implications of the UN political declaration

Access to medicines and vaccines to prevent and treat non-communicable diseases (NCDs) is unacceptably low worldwide. [...] 30 years of experience with policies for essential medicines and 10 years of scaling up of HIV treatment have provided the knowledge needed to address barriers to long-term effective treatment and prevention of NCDs. More medicines can be acquired within existing budgets with efficient selection, procurement, and use of generic medicines. Furthermore, low-income and middle-income countries need to increase mobilisation of domestic resources to cater for the many patients with NCDs who do not have access to treatment. Existing initiatives for HIV treatment offer useful lessons that can enhance access to pharmaceutical management of NCDs and improve adherence to long-term treatment of chronic illness; policy makers should also address unacceptable inequities in access to controlled opioid analgesics. In addition to off-patent medicines, governments can promote access to new and future on-patent medicinal products through coherent and equitable health and trade policies, particularly those for intellectual property. Frequent conflicts of interest need to be identified and managed, and indicators and targets for access to NCD medicines should be used to monitor progress.*


GLOBAL HEALTH NEWS:

As clock ticks towards agreement, EU-India free trade deal puts millions of lives at risk

As European Commission (EC) pressure mounts on India to rush into signing a free trade agreement (FTA) by mid-April, activists from across Europe mobilised in Brussels [9 April] to demand the EC withdraw provisions that will harm people's access to medicines in India and across the developing world. Civil society organisations have learnt through leaked texts that the EC, in closed-door negotiations, is aggressively pushing for stronger industry control at the expense of public health, threatening millions of lives. "In the wake of several recent pro-public health decisions in India, the EU is now doubly keen to shut down India as the 'pharmacy to the developing world' and ensure the profits of its pharmaceutical companies are kept intact", said Leïla Bodeux of Oxfam. "Eighty per cent of medicines used to treat HIV in the developing world come from India, and if the EU succeeds in retaining the harmful provisions that remain in the agreement, it would cut off this lifeline supply for millions of people." Under pressure from public health groups, certain provisions damaging to access to medicines such as patent term extensions have been removed from the proposed deal. However, the intellectual property (IP) enforcement and investment provisions are still seriously concerning, particularly as an early April deadline to sign the agreement is imminent.*

Source: __________. 2013. As clock ticks towards agreement, EU-India free trade deal puts millions of lives at risk. MSF online (9 April)
RESEARCH ON RESPONSE TO HIV/AIDS, TUBERCULOSIS & MALARIA:

Antiretrovirals for low income countries: An analysis of the commercial viability of a highly competitive market

The price of antiretroviral drugs (ARVs) in low income countries declined steadily in recent years. This raises concerns about the commercial viability of the market of ARVs in low income countries. Using 2 costing scenarios, [the authors] modeled the production cost of the most commonly used ARVs in low income countries in 2010 and 2012, and assessed whether, at the median price paid by low income countries, their manufacturers would still make profits. [...] Between 2010 and 2012, [the authors] estimate that – across the ARV portfolio – the gross profit on sales of ARVs to low income countries decreased between 6% and 7% of their sales price. Generic manufacturers consider that current prices are unsustainable. They suggested amendments to the tender procedures, simplified regulatory procedures, improved forecasting, and simplification of the ARV guidelines as critical improvements to maintain a viable ARV market. While recent price decreases indicate that there is still space for price reduction, [the authors] estimate that gross profit margin on sales decreased by 6 to 7% between 2010 and 2012 lends credibility to assertions by generic manufacturers that the ARV market in low income countries is under considerable price pressure. This might create problems for the quality and/or the continued supply of ARVs to low income countries.*

Source: Nakakeeto O & Elliott B. 2013. Antiretrovirals for low income countries: An analysis of the commercial viability of a highly competitive market. *Globalization and Health Vol. 9, No. 6 (15 February).*

GLOBAL HEALTH NEWS:

Interpol, Pharma join hands against the crime of fake pharmaceuticals

Members of the pharmaceutical industry and Interpol have agreed on a plan to fight “fake” medicines and other pharmaceutical crimes, echoing efforts to address the issue at the World Health Organization in recent years. Announced on 12 March, the initiative, which proposes to address “pharmaceutical crime,” including counterfeits, is somewhat reminiscent of the World Health Organization's task force against counterfeit medicines. That initiative was considered to mingle intellectual property issues with public health and has been supplanted by a new member state mechanism. The Interpol Pharmaceutical Crime Programme will focus on the prevention of all types of “pharmaceutical crime,” including branded and generic drug counterfeiting, a press release said, and will also serve to identify and dismantle organised crime networks linked to this activity. Interpol said such products threaten the health of millions of people. The three-year programme will cost €4.5 million (approximately US$5.8 million) and will build on the work of Interpol's Medical Product Counterfeiting and Pharmaceutical Crime unit. A total of 29 pharmaceutical companies are part of the agreement, among which are Abbott, Bayer, Bristol-Myers Squibb, Merck, Novartis, Roche and Sanofi.*

Source: Saez C. 2013. Interpol, Pharma join hands against the crime of fake pharmaceuticals. *Intellectual Property Watch* online (14 March).*
Research on Global Action on Non-Communicable Diseases:

Large-scale road safety programmes in low- and middle-income countries: An opportunity to generate evidence

The growing burden of road traffic injuries, which kill over 1.2 million people yearly, falls mostly on low- and middle-income countries (LMICs). Despite this, evidence generation on the effectiveness of road safety interventions in LMIC settings remains scarce. This paper explores a scientific approach for evaluating road safety programmes in LMICs and introduces such a road safety multi-country initiative, the Road Safety in 10 Countries Project (RS-10). By building on existing evaluation frameworks, [the authors] develop a scientific approach for evaluating large-scale road safety programmes in LMIC settings. This also draws on ‘13 lessons’ of large-scale programme evaluation: defining the evaluation scope; selecting study sites; maintaining objectivity; developing an impact model; utilising multiple data sources; using multiple analytic techniques; maximising external validity; ensuring an appropriate time frame; the importance of flexibility and a stepwise approach; continuous monitoring; providing feedback to implementers, policy-makers; promoting the uptake of evaluation results; and understanding evaluation costs. The use of relatively new approaches for evaluation of real-world programmes allows for the production of relevant knowledge. The RS-10 project affords an important opportunity to scientifically test these approaches for a real-world, large-scale road safety evaluation and generate new knowledge for the field of road safety.*


Global Health News:

New diagnostic test changes tuberculosis landscape

Molecular technology originally developed to detect anthrax in the United States postal service is revolutionizing the diagnosis of tuberculosis, particularly in countries where tuberculosis is a common cause of death among people with HIV infection. The Xpert MTB/RIF – a rapid, fully-automated nucleic acid amplification test – is the first major breakthrough in tuberculosis diagnostics since sputum smear microscopy was developed more than 100 years ago. But unlike sputum smear microscopy, which has poor sensitivity in HIV-positive people, or sputum culture, which takes three to six weeks to yield basic results and even longer to yield the results of drug susceptibility tests, the new test detects Mycobacterium tuberculosis and resistance to rifampicin, a commonly used tuberculosis drug, in less than two hours. Some 77 countries are rolling out the new test, but none has embraced it more enthusiastically than South Africa. So far the sub-Saharan country has procured 288 Xpert machines and over a million test cartridges for tuberculosis – representing 59% of global supply.*

GLOBAL HEALTH NEWS:

Air pollution: Europe’s avoidable health risk

There is now no doubt that air pollution, and especially fine particulate matter (PM2·5), has many serious consequences for health and leads to avoidable premature deaths. […] The current EU limit for PM2·5 at 25 μg/m3 annual average is already higher than the WHO Air Quality Guidelines (10 μg/m3), a discrepancy that needs urgent attention but this might not be enough. […] A new report, The unpaid health bill: how coal power plants make us sick, released by the Health and Environment Alliance on March 7, points out the underappreciated source of air pollution from coal power plants. It estimates that 18 200 premature deaths per year and up to €42.8 billion in health-related costs are attributable to coal power generation. The number of coal power plants has been decreasing for decades but they are now increasing again with 500 new plants under discussion. They emit PM, but also toxic heavy metals, such as mercury. Germany, Poland, and Romania’s coal power plants are responsible for half of all estimated health impacts, and of course health effects do not respect borders. The report calls for phasing out of coal power in Europe by 2040 and for an immediate moratorium on the construction of new plants.*


See also: Jensen GK. 2013. The Unpaid health bill: How coal power plants make us sick. The Health and Environment Alliance online (March 2013).
The *Health and Foreign Policy Bulletin* is a monthly publication of the Norman Paterson School of International Affairs and the Centre for Trade Policy and Law. Its objective is to promote evidence based policy making by summarizing and disseminating the latest research on the intersection between global health and foreign policy. The Bulletin also identifies key events and developments of importance to policy makers. We are always looking for ways to improve the Health and Foreign Policy Bulletin and to expand its readership. If you have any suggestions or would like to subscribe, please contact us at jacob_hall@carleton.ca. The Bulletin is also available on the website of the Global Health Diplomacy Network (GHD-NET).

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