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RESEARCH ON GLOBAL HEALTH SECURITY:

Lessons from SARS and H1N1/A: Employing a WHO-WTO forum to promote optimal economic-public health pandemic response

Globalization through trade, economics, communication, and cultural dispersion has created both benefits and hazards in an increasingly interdependent society. Disease transmission transcends national borders, and conflicts about trade and travel restrictions arise between public health and economic interests. The conflicts are not new, but we face challenges addressing them. The 2003 SARS outbreak illustrated weaknesses in global responses, including that of the World Health Organization (WHO). Lacking, were timely disease reporting and a forum for coordination with WHO and countries affected. WHO then updated the International Health Regulations (IHR 2005). The 2009 H1N1 influenza provided a systemic test of IHR 2005's effectiveness. Results were mixed. Proactive public health actions to limit spread to countries without disease had questionable impact on health but severe adverse economic effects. It appears that we need better ways to reach consensus on which public health events justify trade and economic restrictions. [The] world needs a robust process to adjudicate conflicts about economic/trade measures in global health emergencies. [The authors thus] propose creating a joint WHO–World Trade Organization (WTO) dispute commission. Its charge would be assessment, coordination, and conflict resolution where global public health emergency measures, including trade and travel restrictions, conflict with economic interests.*†

Source [Mackey, Tim K & Bryan A Liang. 2011. Lessons from SARS and H1N1/A: Employing a WHO-WTO forum to promote optimal economic-public health pandemic response. *Journal of Public Health Policy* online \(3 November\).](#)

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GLOBAL HEALTH NEWS:

Debate rages over new bird flu research; some argue it's not safe to publish

New bird flu research that shows that the dangerous virus can mutate to become easily transmissible among ferrets — and perhaps humans — has embroiled the scientific community in a difficult debate. Some biosecurity experts are concerned the research could be used as a blueprint by nefarious forces and are arguing against publication of the work. But others, especially influenza scientists, are countering that the flu world needs to know the possible paths the H5N1 virus could take to become one that can spread easily among people so laboratories can be on the lookout for those changes in nature. [...] A panel of experts that advises the U.S. government on issues where science and terrorism have the potential to intersect is studying the research. The National Security Advisory Board on Biosecurity deals with issues of so-called dual use – science that is done for valid reasons, but which would be used for evil ends. [...] The body does not have the power to bar publication, but it is unclear whether a scientific journal would feel comfortable publishing an article if the group says it should not be placed in the public domain.*

Source: [Branswell, Helen. 2011. Debate rages over new bird flu research; some argue it's not safe to publish. *Macleans* online \(19 November\).](#)

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Counter-terrorism and humanitarian action: Tensions, impact and ways forward

Counter-terrorism laws and other measures are having a significant impact on humanitarian action. They include provisions that criminalise the transfer of resources to terrorist groups or individuals, irrespective of the humanitarian character of such actions or the absence of any intention to support terrorist acts. Humanitarian funding from donor governments is increasingly being made conditional on assurances that it is not benefiting listed individuals or organisations, and that greater security checks are being placed on local partners and implementing actors. The co-option of humanitarian actors into counterterrorism efforts directed against one party to a conflict can undermine the principles of impartiality and neutrality. Counter-terrorism laws and other measures have increased operating costs, slowed down administrative functions and operational response, curtailed funding and undermined humanitarian partnerships. They have also prevented access and altered the quality and coordination of assistance. A dialogue is needed between NGOs, UN agencies, humanitarian donors and governments in order to ensure that counter-terrorism objectives do not undermine humanitarian commitments. This requires greater clarity from donors on the scope and applicability of counterterrorism laws and measures and the development of common principled positions among humanitarian actors.*†

Source: [Pantuliano, Sara, et al. 2011. Counter-terrorism and humanitarian action: Tensions, impact and ways forward. *Humanitarian Policy Group* online \(October\).](#)



GLOBAL HEALTH NEWS:

Definition of refugee is inadequate for current patterns of migration in armed conflicts, report says

The recent Libyan crisis has highlighted failings in international systems for protecting internally displaced persons and has called into question the relevance to modern humanitarian crises of the definition of refugee, a new report concludes. The report, by the Centre on Global Health Security at the Royal Institute of International Affairs (Chatham House) in London, says that in the case of Libya “at least five categories of migration” can be distinguished: evacuating migrant workers; Libyan nationals moving into Egypt and Tunisia; “boat people” arriving in the European Union; internally displaced people; and asylum seekers and refugees. Although people in some of these categories were entitled to and generally obtained international assistance, others found that there was limited provision for their humanitarian needs and protection. The report says this was particularly the case with many of the estimated 2.5 million foreign workers in Libya. Over half a million left the country, but many did not fit the official definition of refugees, and few of those who remained were able to get the help and protection they needed.*

Source: [Moszynski, Peter. 2011. Definition of refugee is inadequate for current patterns of migrations in armed conflict, report says. *BMJ* 343:d7390 \(14 November\).](#)

RESEARCH ON HUMAN RIGHTS & GLOBAL HEALTH:

Criminalizing consensual sexual behavior in the context of HIV: Consequences, evidence, and leadership

Criminal law is one of the primary mechanisms employed by the state to control individual behaviour. Historically, states have used this mechanism to punish non-procreative consensual sex. While these restrictions have diminished significantly over the last few decades, some sexual behaviours continue to be criminalised even if consensual. In the context of the global HIV epidemic, the use of criminal law to regulate sexuality introduces a critical challenge: the inappropriate use of criminal law can undermine HIV prevention, treatment, care and support initiatives and weaken critical public health interventions. [...] In particular, these criminal statutes increase stigma and discrimination, the mistreatment of HIV-positive people and the likelihood of exposure to harm for those in custody. Despite the difficult political environment, clear institutional leadership on issues of criminalisation is critical. This, in turn, requires investment in research on the impacts of criminal law on HIV. Acknowledgement of the harms of criminalisation, institutional leadership and a commitment to action and research will provide a vital framework to address the criminalisation of sexuality from a cross-issue, unified, rights-based and evidence-informed position.*†

Source: [Ahmed, Aziz, et al. 2011. Criminalizing consensual sexual behavior in the context of HIV: Consequences, evidence, and leadership. *Global Public Health* Vol. 6, Supplement 3 \(November\).](#)

GLOBAL HEALTH NEWS:

Should donors give money to countries with poor human rights?

The use of aid to pressure recipient governments to respect human rights appears to be on the increase. Whereas once donors sent aid to the most despotic of regimes to secure strategic national interests, now they appear to want to use their aid power to stand up for the rights of citizens in other countries. [...] While this approach is sometimes described as conditionality, that is probably an unhelpful term to use - it is not very much like the conditionalities of the past. Setting specific policy changes as triggers for aid releases, especially controversial economic policies like privatisation, is very different from insisting on a general adherence to internationally agreed human rights. So should donors shut off money to countries whose governments repeatedly abuse human rights? The answer, in short, is that they should not act unilaterally. Donors and others whose decisions have significant consequences need to be multilateralist about this, rather than seeking to present themselves as unerringly principled.*

Source: [Glennie, Jonathan. 2011. Should donors give money to countries with poor human rights? *The Guardian* online \(11 November\).](#)



GLOBAL HEALTH GOVERNANCE

Towards a radical transformation in global governance for health

The Joint Action and Learning Initiative on National and Global Responsibility for Health (JALI) is an emerging global movement to dramatically improve global health, with particular attention to the needs of the world's least healthy people. [...] The time is ripe for reimagining the health responsibilities of states, as the 2015 deadline for the MDGs is looming, and the post-MDG global health framework is yet to be developed. A global health agreement that captures health responsibilities and reforms GGH to enable states and the global health community to effectuate these responsibilities could be attractive to countries of both the global South and North because of the mutual benefits that would come from this approach. [...] JALI [can] transform global health through a global 'bottom-up' campaign. Civil society and governments in the South are demanding a fair share of health goods and services, and the alignment of power structures with the compelling aspirations of the world's least healthy people. A shared common vision of global social justice and realizing the human right to health can unite health advocates from a multitude of perspectives – AIDS advocates and child health advocates, food advocates and safe water advocates, health system strengthening advocates and advocates for health research. This united health advocacy front, with demands for accountability from people's own governments and from the international community, has the potential to turn into a social movement with broad popular support.*†

Source: [Gostin, Lawrence, et al. 2011. Towards a radical transformation in global governance for health. *Michael Quarterly* Vol. 8, Issue 2.](#)

GLOBAL HEALTH NEWS:

The Lancet-University of Oslo Commission on Global Governance for Health, in collaboration with the Harvard Global Health Institute

An increased understanding of how public health can be better protected and promoted in various global governance processes is urgent, but complex and politically sensitive. These issues involve the distribution of economic, intellectual, normative, and political resources, and require a candid assessment of power structures. [...] The Lancet and the University of Oslo are therefore] launching an independent academic effort, *The Lancet—University of Oslo Commission on Global Governance for Health*, in collaboration with the Harvard Global Health Institute, to bring new research and analysis to bear on these questions. [...] It is proposed that the Commission analyse the inter-relations between health and other governance sectors, to assess how policies and actions in these areas affect global health objectives—and hence identify how targeted actions outside institutions of health governance may contribute to global health. The Commission will propose recommendations on how public health can be more effectively protected and promoted in selected key policy-making domains. Moreover, the Commission will seek to build on, and relate to, ongoing work on achieving health in all policies as well as the social determinants of health.*

Source: [Ottersen, Ole Petter, et al. 2011. The Lancet-University of Oslo commission on Global Governance for Health, in collaboration with Harvard Global Health Institute. *The Lancet* Vol. 378, Issue 9803 \(5 November\).](#)



RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

Learning effect of a conditional cash transfer programme on poor rural woman's selection of delivery care in Mexico

The Mexican programme Oportunidades/Progresa conditionally transfers money to beneficiary families. [In this paper, the authors contend] that the length of time in the programme influences women's preferences, thus increasing their use not only of services directly linked to the cash transfers, but also of other services, such as clinic-based delivery, whose utilization is not obligatory. To analyse the long-term effect of Oportunidades on women's use of antenatal and delivery care, 5051 women aged between 15 and 49 years old with at least one child aged less than 24 months living in rural localities were analysed. [...] On average women living in localities with longer exposure to Oportunidades report 2.1% more ANC visits than women living in localities with less exposure. Young women aged 15–19 and 20–24 years and living in localities with longer exposure to Oportunidades (since 1998) have 88% and 41% greater likelihood of choosing a physician/nurse vs. traditional midwife for childbirth, respectively. Women of indigenous origin are 68.9% less likely to choose a physician/nurse for delivery care than non-indigenous women. An increase in the average number of ANC visits has been achieved among Oportunidades beneficiaries. An indirect effect is the increased selection of a physician/nurse for delivery care among young women living in localities with greater exposure time to Oportunidades.*

Source: [Sosa-Rubí, Sandra G, et al. 2011. Learning effect of a conditional cash transfer programme on poor rural women's selection of delivery care in Mexico. *Health Policy and Planning* Vol. 26, Issue 6 \(November\).](#)

GLOBAL HEALTH NEWS:

User fee removal in low-income countries: Sharing knowledge to support managed implementation

User fees are a barrier to users, and the poor in particular, but they also have some valuable characteristics. Their contribution to generating resources for the benefit of health facilities that are sometimes deprived of any other source of flexible funding is just the most obvious one. Taking the right stance in this debate is far from easy for countries and their aid partners, as different constraints—including country ownership, fiscal space, other pressing development needs and the obligation to ration available resources—have to be taken into account. In 2005, UNICEF organized an expert consultation to update its position on this controversial strategy. The evidence reviewed at this consultation led to the following consensus: removing user fees has the potential to improve access to health services, especially for the poor. For this to occur, however, fee removal needs to be part of a broader package of reforms that includes increased budgets to offset lost fee revenue, maintain quality and respond to increased demand. It also needs clear communication with a broad stakeholder buy-in, careful monitoring to ensure that official fees are not replaced by informal fees, and appropriate management of the alternative financing mechanisms which are replacing user fees.*

Source: [Meesen, Bruno, et al. 2011. User fee removal in low-income countries: Sharing knowledge to support managed implementation. *Health Policy and Planning* Vol. 26, Supplement 2 \(November\).](#)



RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

Health Worker Shortages and Global Justice

The World Health Organization (WHO) estimates that 4.3 million more health workers are required to meet the health Millennium Development Goals (MDGs)—a global compact to reduce child mortality, improve maternal health, and combat AIDS, malaria, and other diseases by 2015. [...] Recognizing the moral responsibility and capacity of the United States to make a difference, [the authors] offer seven recommendations. [First, the US administration, in collaboration with states and other stakeholders, should develop a strategic plan for addressing the health worker shortage in the United States. Second, the administration, using an "all-of-government" approach, should develop a strategic plan to address the global health worker shortage. Third, the administration, with congressional support, should provide global leadership in addressing the global health worker shortage. Forth, the administration and Congress should reform US global health assistance programs to increase health workforce capacity in partner countries. Fifth, the administration, together with Congress, should increase financial assistance for global health workforce capacity development. Sixth, the US government, in collaboration with its partners, should increase the number of health workers being trained in US institutions for service in the US health system. Seventh, Congress should empower the Department of Health and Human Services or another appropriate agency to regulate the recruiters of foreign-trained health workers.]*†

Source: [O'Brien, Paula & Lawrence O Gostin. 2011. Health Worker Shortages and Global Justice. Millbank Memorial Fund online \(October\).](#)

RESEARCH ON TRADE POLICY & HEALTH:

Implications of the World Trade Organization in combating non-communicable diseases

The World Health Organization (WHO) has proposed a number of strategies to combat non-communicable diseases such as cancers, cardiovascular diseases, chronic respiratory diseases and diabetes by targeting the risk factors of tobacco use, harmful use of alcohol and poor diet. A number of the domestic regulatory responses contemplated by WHO and individual countries have the potential to restrict or distort trade, raising the question of whether they are consistent with the obligations imposed on Members of the World Trade Organization (WTO). This article demonstrates that WTO rules do limit Members' flexibility in implementing public health measures to address these diseases. However, the focus of WTO provisions on preventing discrimination against or between imports and the exceptions incorporated in various WTO agreements leave sufficient scope for Members to design carefully directed measures to achieve genuine public health goals while minimizing negative effects on international trade.

Source: [Mitchell, A & T. Voon. 2011. Implications of the World Trade Organization in combating non-communicable diseases. Public Health online \(24 October\).](#)



GLOBAL HEALTH NEWS:

TRIPS Council: Anti-counterfeiting trade pact raises eyebrows

The Anti-Counterfeiting Trade Agreement (ACTA) was signed by eight countries [Australia, Canada, Japan, Morocco, New Zealand, Singapore, South Korea, and the US], including the US [...] ACTA seeks to establish new standards for the enforcement of intellectual property rights (IPRs) to combat rights infringements; some of these new standards go beyond the minimum requirements of the WTO's TRIPS Agreement. It includes four sections: the legal framework of the pact, its enforcement practices, provisions on international co-operation with relevant international organisations, and institutional arrangements. The pact has raised substantial debate since negotiations among the parties began in 2006, drawing the attention of civil society and policymakers alike. The primary focus has been over some ACTA provisions that go beyond the terms outlined in the TRIPS Agreement - measures that are often referred to as "TRIPS-plus" - that might impact public policy objectives in the areas of access to medicines and access to knowledge in the digital environment. Some countries fear that these TRIPS-plus provisions could potentially have implications even for non-signatories of ACTA. [...] India argued that the most favoured nation provisions of the WTO's TRIPS Agreement requires that any TRIPS-plus measure "secured by any trading partner via an [regional trade agreement] or a plurilateral agreement is ipso facto applicable to all other WTO members."

Source: [ICTSD. 2011. TRIPS Council: Anti-counterfeiting trade pact raises eyebrows. Bridges Weekly Trade News Digest Vol. 15, No. 37 \(2 November\).](#)

GLOBAL HEALTH NEWS:

Choosing between free trade and public health

After a 13-year wait, the South Pacific island nation of Samoa should win approval to join the World Trade Organization next month after dropping its ban on turkey tails. The WTO welcomed the nation, with a population of about 193,000 [...] once Samoa agreed to end its ban on the fatty poultry scraps and impose import tariffs instead. [...] For Samoa, one of the world's most obese nations, the deal is a mixed blessing. "These are the contradictions we have to face—where health is compromised for the sake of trade and development," says Palanitina Tupuimatagi Toelupe, Samoa's director general of health. The U.S. food industry sees the issue differently. "We feel it's the consumers' right to determine what foods they wish to consume, not the government's," says James H. Sumner, president of the USA Poultry & Egg Export Council. Samoan negotiators defend ending the ban as the only way to enjoy the increased trade and lowered costs of imports that WTO membership confers.*

Source: [Gale, Jason. 2011. Choosing Between Free Trade and Public Health. Bloomberg Businessweek online \(22 November\).](#)



RESEARCH ON ACCESS TO EFFECTIVE MEDICINES:

Improving access to medicines for non-communicable diseases in the developing world

The key goal of [this] review was to help set priorities, on behalf of the research-based pharmaceutical industry, for the future policy research agenda on improving access to NCD medicines in the developing world. [It] shows that NCDs present a growing challenge for developing countries and create the real possibility that gains in health made possible by better control of infectious disease and economic development are being eroded. The magnitude of these chronic diseases suggests that a robust policy response is needed. As the WHO and many other leading organizations and experts have pointed out, health promotion and disease prevention must be the cornerstones of this policy response, because improving health-related behaviors and reducing risk factors for chronic disease is the only way to reverse the underlying drivers of the NCD burden. But better prevention will take decades to achieve and will not eliminate NCDs completely, suggesting that health system capabilities must be improved in parallel. And since NCD medicines offer substantial public health gains, access to medicines is a critical component of chronic disease care.*†

Source: [Mattke, Soeren, et al. 2011. Improving Access to Medicines for Non-Communicable Diseases in the developing World. *Rand Health online*.](#)

GLOBAL HEALTH NEWS:

WIPO Re:Search bridges public, private sectors for neglected disease research

"Neglected tropical diseases are century-old diseases and today we see new hope," Margaret Chan, director general of the World Health Organization told a crowd at [the 26 October] launch of a new public-private collaboration to develop medicines for the poorest countries. The project, called Re:Search, was launched at the World Intellectual Property Organization [WIPO]. [...] WIPO Re:Search is a collaboration of public and private sector stakeholders for the research and development of medicines to treat neglected tropical diseases (NTDs), malaria, and tuberculosis. Neglected diseases are those that predominantly afflict poor populations for which the economic incentive is lacking for research and development of the needed treatments. Consortium providers, such as AstraZeneca and the South Africa Medical Research Council, have made available intellectual property to NTD, malaria, and tuberculosis researchers through the WIPO Re:Search database. Researchers can settle there for compounds, unpublished scientific results, patents and patent rights, screening and platform technologies, and regulatory dossiers. Although the information platform is freely accessible to the public, licenses to any products born out of this initiative will be royalty-free only in 49 least developed countries (LDCs). Licenses to other developing countries will be negotiated on a case-by-case basis.*

Source: [Hermann, Rachel Marusak. 2011. WIPO Re:search Bridges Public, Private Sectors for Neglected Disease Research. *Intellectual Property Watch online* \(27 October\).](#)

GLOBAL HEALTH NEWS:

Convention to combat fake medicines signed

Russia, France, Germany and several other mostly European countries on Friday signed the first-ever international treaty to combat the growing multibillion-dollar counterfeit drugs industry. The Council of Europe-sponsored Medicrime Convention, signed in Moscow, obliges signatory states to criminalize a broad range of activities that make possible the sale of fake medicines that harm patients and deprive legal producers of revenues. [...] Ambassadors and diplomats of Austria, Finland, Italy, Israel, Iceland, Portugal, Switzerland and Ukraine have signed the treaty [, which] establishes as criminal offenses such activities as the manufacturing of counterfeit medical products (including equipment), their supply and offers to supply, trafficking and the falsification of related documents.*

Source: [Medetsky, Anatoly. 2011. Convention to Combat Fake Medicines Signed. *The Moscow Times online* \(31 October\).](#)



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

Addressing social drivers of HIV/AIDS for the long-term response: Conceptual and methodological considerations

To ensure measurable HIV prevention success by 2031 – the 50th anniversary of the epidemic – it will be necessary to move beyond the limited, individualistic, urgency-based approaches of the past. Shifting from an emergency framework and mounting a long-term response to AIDS requires new approaches that engage with underlying social-structural drivers of patterns of practices that influence vulnerability and facilitate the spread of HIV, as part of comprehensive, strategic programming (or ‘combination prevention’). Patterns of behaviour and practices arise from combinations of drivers, operating in specific social, economic, and political contexts. As such, no single causal pathway can be drawn from a social driver to a set of practices or behaviours; rather, a range of potential outcomes may arise. Making causal inference about correlations between social drivers and HIV burden involves identifying ‘sociologically plausible’ pathways drawn from extant social science and epidemiological data. Engaging with social drivers requires methods and approaches beyond traditional conceptualisations that seek to identify and intervene on single, causal determinants or universal mechanisms of influence.*†

Source: [Auerbach, Judith D, et al. 2011. Addressing social drivers of HIV/AIDS for the long-term response: Conceptual and methodological considerations. *Global Public Health* Vol. 6, Supplement 3 \(November\).](#)

GLOBAL HEALTH NEWS:

Nearly 50% of people who are eligible for antiretroviral therapy now have access to lifesaving treatment

A new report by the Joint United Nations Programme on HIV/AIDS (UNAIDS), released [21 November] shows that 2011 was a game changing year for the AIDS response with unprecedented progress in science, political leadership and results. The report also shows that new HIV infections and AIDS-related deaths have fallen to the lowest levels since the peak of the epidemic. New HIV infections were reduced by 21% since 1997, and deaths from AIDS-related illnesses decreased by 21% since 2005. [...] According to UNAIDS and WHO estimates, 47% (6.6 million) of the estimated 14.2 million people eligible for treatment in low- and middle-income countries were accessing lifesaving antiretroviral therapy in 2010, an increase of 1.35 million since 2009. The *2011 UNAIDS World AIDS Day report* also highlights that there are early signs that HIV treatment is having a significant impact on reducing the number of new HIV infections. [...] As treatment reduces the viral load of a person living with HIV to virtually undetectable levels, it also reduces the risk of transmitting the virus to an uninfected partner. Recent studies show that treatment can be up to 96% effective in preventing HIV transmission among couples.*

Source: [UNAIDS. 2011. Nearly 50% of people who are eligible for antiretroviral therapy now have access to lifesaving treatment. *UNAIDS online* \(21 November\).](#)

GLOBAL HEALTH NEWS:

Cash crisis hits disease battle

Efforts to tackle diseases which kill millions each year could be badly affected by a severe shortfall in donations to a worldwide funding body. The Global Fund to Fight Aids, TB and Malaria will make no new grants until 2014, and there is a threat to some existing projects. It asked international donors for \$20bn, but received just \$11.5bn. This misses even the fund's "minimum" \$13bn target, which it says is needed to maintain programmes until 2014. HIV charities said they were "extremely alarmed" by the decision. This is the first time in its 10 year history that the fund has been forced to cancel its three-yearly funding round. It blames the problem on a combination of "substantial budget challenges" in some of the countries who would normally contribute, and low interest rates cutting returns on its investments.*

Source: [BBC. 2011. Cash crisis hits disease battle. *BBC online* \(24 November\).](#)



RESEARCH ON GLOBAL ACTION ON NON-COMMUNICABLE DISEASES:

Translating the WHO Framework Convention on Tobacco Control (FCTC): Can we use tobacco control as a model for other non-communicable disease control?

Tobacco use is the single most preventable cause of death in the world today. [...] Unchecked, tobacco-related deaths will increase to more than eight million per year by 2030. Galvanized by these sobering statistics, the Member States of the World Health Organization (WHO) joined together and unanimously committed to stopping this epidemic by taking the unprecedented step of developing a treaty on tobacco control. Utilizing and, to a certain extent, inventing and reinventing the tools of international law and global public health, they negotiated the WHO Framework Convention on Tobacco Control (WHO FCTC), which entered into force in 2005. The treaty has enjoyed tremendous global support, with more than 170 Parties, and is often called the most powerful tool in the fight against tobacco-related morbidity and mortality. As the world undergoes the long-predicted transition from communicable to noncommunicable diseases (NCDs) posing the greater burden, seminal ideas, processes, and outcomes like the WHO FCTC can be used to inform decision-making and policy-making. [... In particular] The WHO FCTC has raised awareness of the benefits of using legal instruments to achieve public health goals. Indeed, the achievements of the WHO FCTC have led to calls to translate its successes to other public health problems, in particular, other NCD risk factors, such as the harmful use of alcohol and diet and nutrition.*†

Source: [Lien, G & K. DeLand 2011. Translating the WHO Framework Convention on Tobacco Control \(FCTC\): Can we use tobacco control as a model for other non-communicable disease control? *Public Health* online \(29 October\).](#)

GLOBAL HEALTH NEWS:

The good news about cancer in developing countries

In its report *Closing the Cancer Divide*, released on October 28, the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries presents a compelling case for comprehensive action on expanded access to cancer care and control with realistic recommendations that will be beneficial beyond cancer. [...] The glaring disparities in painful deaths from preventable and treatable cancers as well as in stigma, suffering, and lack of information between high-income and low-income countries need to be addressed on humanitarian and rights-based grounds. But equally important, and perhaps more compelling to policy makers, is the argument that avoidable cancer deaths and shortening of lives will be costly in terms of economic productivity and development. The authors state that, for all estimates, the economic value of the human life that could be saved exceeds the cost of cancer care and control.*

Source: [The Lancet. 2011. The good news about cancer in developing countries. *The Lancet* Vol. 378, Issue 9803 \(5 November\).](#)



HEALTH & FOREIGN POLICY BULLETIN

A publication of the Norman Paterson School of International Affairs

<http://www.ghd-net.org>

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 hfp_bulletin@carleton.ca. The Bulletin is also available on the website of the Global Health Diplomacy Network (GHD-NET).

Summaries presented in the Bulletin are modified from original content.

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ISSN 1923-5739