Health and Foreign Policy Bulletin: Bridging the Gap

Global health issues occupy a growing portion of the foreign policy agenda of both developed and developing countries. Foreign policy decision makers must confront the complicated relationship between trade and health, manage the delicate balancing act between global health priorities and intellectual property rights, address the fight against HIV/AIDS, monitor both the H5N1 virus and international pandemic preparedness, manage the plethora of international organizations focused on global health, and respond to the health crises that often accompany conflict affected states.

Despite this trend, a crucial gap exists. Many of the debates and discussions on global health issues take place in journals and forums that lie outside the traditional venues of the foreign policy community. Therefore, foreign policy decision makers may lack access to the research needed to ensure their decisions on global health issues are based on the best available evidence.

The Health and Foreign Policy Bulletin aims to bridge this gap. Every month, the Bulletin will provide summaries of the most recent research papers on nine selected themes at the centre of the global health debates. Readers will also be kept abreast of key news, debates and policy developments. Abstracts, links, and full documents (for open-source articles) of the research and news communicated in this Bulletin, along with additional items of interest, can be found on the community’s website, http://www.igloo.org/healthandforeignpolicy.
A Message from the Editors

With this inaugural issue of the Bulletin, we are excited to bring together academics, policymakers, and others working in health and foreign policy. We hope our on-line community will open the doors to greater communication, idea-sharing, and ultimately, a more informed decision-making process in shaping health policies. Members of the community will receive the monthly Bulletin and will have access to the full library of resources posted on our website.

We encourage all readers to recommend recent publications for inclusion in the Bulletin or in the library. To become member of the community, please send an email to: hfp_bulletin@lists.carleton.ca.

We would like to thank the World Health Organization, the Centre for Trade Policy and Law, and the Norman Paterson School of International Affairs for their support.

We hope that both policymakers and researchers find the Health and Foreign Policy Bulletin a useful tool. We welcome any comments and suggestions on how we can improve the Bulletin and/or the website.

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GLOBAL HEALTH NEWS:

The World Health Report 2008

The WHO estimates that better use of existing preventive measures could reduce the global burden of disease by as much as 70%.

The WHO’s 2008 report, released on October 14, highlights the growing inequities in health care delivery that occur between countries as well as within individual cities. The report, entitled Primary Health Care—Now More Than Ever, underscores the need for renewed emphasis on primary health care (PHC) as a means of improving the performance of health systems, as the Alma–Ata International Conference had set out to do in 1978. Areas currently requiring particular attention are equitable access to health care, investment of resources, and the capacity of health systems to adequately meet needs and expectations of its people. PHC can address many of the issues while helping to achieve greater fairness and efficiency in service delivery, but deliberate policy interventions are needed to make this a reality.


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Major Issues and Challenges of Influenza Pandemic Preparedness in Developing Countries

Better preparedness for an influenza pandemic will mitigate its impact. While many countries have started developing and implementing national influenza pandemic preparedness plans, the level of preparedness varies among countries. Developing countries encounter unique and difficult issues and challenges in preparing for a pandemic. Deaths attributable to an influenza pandemic could be substantially higher in developing countries than in industrialized countries. Pharmaceutical interventions such as vaccines and antiviral agents are less likely to be available. The public health and clinical infrastructures of developing countries are often inadequate to deal with a widespread health crisis such as an influenza pandemic. Lack of preparedness in developing countries would have global repercussions. Therefore, improvements in pandemic preparedness in every country, particularly developing ones, are urgently needed.

Source: Oshitani, Hitoshi, Taro Kamigaki, and Akira Suzuki. 2008. Major Issues and Challenges of Influenza Pandemic Preparedness in Developing Countries. Emerging Infectious Diseases 14, no. 6 (June).

Training in Conflict Epidemiology

A new website has been developed by the London School of Hygiene and Tropical Medicine, aimed at policy–makers and practitioners who need to know more about commissioning and using epidemiological tools, such as surveys and surveillance, in conflict settings.


Global Health News:
WHO Chief Calls for United Front in Face of Three Crises: Food, Climate Change, and Pandemic Influenza

Three looming crises are a threat to public health and the progress that has made thus far in this area, warned Dr Margaret Chan of the WHO. Food shortages will shift resources away from health care delivery and those millions of people who already suffer from malnutrition, while natural disasters resulting from global warming will also require more humanitarian assistance. At the same time, pandemic influenza continues to pose a real threat, and countries are advised against letting their preparedness measures slacken.

article demonstrates important methodological considerations that policy makers should keep in mind when reading a mortality survey to determine the validity of the study and the applicability of the findings to their settings.


**Research on Human Rights & Global Health:**

**Health Systems and the Right to the Highest Attainable Standard of Health**

The right to the highest attainable standard of health should be the cornerstone of any consideration of health and human rights. At the heart of the right to the highest attainable standard of health lies an effective and integrated health system, encompassing medical care and the underlying determinants of health, which is responsive to national and local priorities and accessible to all. Yet in many countries, health systems are failing and collapsing, giving rise to a grave human rights problem.

This article applies the right to the highest attainable standard of health to the international effort to strengthen health systems. It identifies some of the key right–to–health features of a health system, such as transparency, participation, equity and equality, a comprehensive national health plan, a minimum “basket” of health–related services and facilities, disaggregated data, monitoring and accountability, and so on. This general approach has to be consistently and systematically applied across the “building blocks” that together constitute a functioning health system and integrated into the efforts of the international community.


**Global Health News:**

**Health and Human Rights under Assault in Zimbabwe**

Health and human rights achievements in Zimbabwe have been marred by political repression, creating economic uncertainty and hindering social progress. Medical and legal professionals who attempt to support victims of violence face constant threats.

With most perpetrators being members of the police and army, little can be done to make them accountable. Greater efforts need to be made by the African and international communities in order to ensure that medical professionals are protected and that there is an end to the political violence.

**Seven Habits of Highly Effective Global Public–Private Health Partnerships: Practice and Potential**

Global public–private health partnerships (GHPs) have become an established mechanism of global health governance. Sufficient evaluations have now been conducted to justify an assessment of their strengths and weaknesses. This article outlines seven contributions made by GHPs to tackling diseases of poverty. GHPs practice seven habits that result in sub–optimal performance and negative externalities: skewing national priorities by imposing external ones; depriving specific stakeholders a voice in decision–making; inadequate governance practices; misguided assumptions of the efficiency of the public and private sectors; insufficient resources to implement partnership activities and pay for alliance costs; wasting resources through inadequate use of recipient country systems and poor harmonization; and inappropriate incentives for staff engaging in partnerships.

The article presents seven actions to help GHPs change these habits: embracing the aid modalities of national ownership, alignment and harmonization outlined in the Paris agenda; striving for more balanced representation of stakeholders on governing bodies; reassessing whether market–based approaches are more efficient than public sector ones; adopting standard operating procedures for improved performance and greater mutual accountability; improving oversight mechanisms and observing basic elements of transparency; setting realistic targets so as to minimize financing gaps; and addressing the particular demands that partnerships place on participants. These recommendations, it is hoped, will make them highly effective in bringing about better health in the developing world.

**Research on Human Resources & Migration of Health Workers:**

**Effects of Policy Options for Human Resources for Health: An Analysis of Systematic Reviews**

Policy makers face challenges to ensure an appropriate supply and distribution of trained health workers and to manage their performance in the delivery of services, especially in countries with low and middle incomes. The authors identify and assess the effectiveness of various policy options to address human resources for health in such countries, including organizational mechanisms for human resources, such as substitution or shifting tasks between different types of health workers, or extension of their roles; performance–enhancing strategies such as quality improvement or continuing education strategies; the promotion of teamwork; and changes to workflow. The greatest proportion of studies in countries from high to low incomes concerned the use of lay health workers. The authors identify a need for more systematic reviews on the effects of policy options to improve human resources for health in countries with low and middle incomes, for assessments of any interventions that policy makers introduce to plan and manage human resources for health, and for other research to aid policy makers in these countries.


**Global Health News:**

**WHO Public Hearings on the International Recruitment of Health Personnel**

Throughout September, the WHO held web–based public hearings on a draft code of practice on the international recruitment of health personnel. The migration of health workers is an increasingly complex issue which has compounded the problem of fragile health systems and hinders progress towards achieving health–related Millennium Development Goals.


**Research on Trade Policy & Health:**

**Export of Health Services from Developing Countries: The Case of Tunisia**

Although the subject of health services exports by developing countries has been much discussed, the phenomenon is still in its early stage, and its real implications are not yet

**Global Health News:**

**Medical Tourism is Waste of Resources If Poor Not Treated: Indian Health Secretary**

‘Leaving our own people suffering is not a nice proposition.’

Patients from all over the world have been coming to India seeking specialty medical treatments. Although not opposed to letting private hospitals profit from medical tourism, India’s Health Secretary Naresh Dayal underscored the need to prioritize the needs of its own citizens, for example by having these hospitals in turn provide free health care for the poor.

clear. Given the rapid development in this area, little empirical data are available. This paper aims to fill this gap by providing reliable data on consumption of health services abroad (GATS mode 2 of international service supply). It assesses the magnitude of the volume of international trade in health services, and undertakes an in-depth analysis of the case of Tunisia based on original field research. Because of the high quality of its health sector and its proximity with Europe, Tunisia has the highest export potential for health services in the Middle East and North Africa (MENA) Region. Health services exports may represent a quarter of Tunisia’s private health sector output and generate jobs for 5000 employees. If one takes into account tourism expenses by the incoming patient (and their relatives), these exports contribute to nearly 1% of the country’s total exports. Finally, this case study highlights the regional dimension of external demand for health services and the predominance of South–South trade.


RESEARCH ON INTELLECTUAL PROPERTY & HEALTH:

The Doha Round’s Public Health Legacy: Strategies for the Production and Diffusion of Patented Medicines under the Amended TRIPS Provisions

While the 1995 WTO TRIPS Agreement transformed the international intellectual property system, it also curbed the supply of public goods such as health care and nutrition, particularly to less affluent members of society.

Countries are in the process of deciding whether to ratify and accept the Article 31bis Amendment, which re–opens the policy space for the supply of newer pharmaceutical products curtailed by TRIPS. The authors argue that acceptance of the Amendment will provide a ‘net benefit’ for countries seeking to improve access to medicines. Options such as expeditious back–to–back compulsory licensing linked with pooled procurement strategies will allow economies of scale to be achieved in production and distribution of medicines. Specific proposals for

GLOBAL HEALTH NEWS:

WHO Adopts Strategy on Public Heath, Innovation and Intellectual Property

In May 2008, the WHO adopted a Plan of Action for a global strategy to promote innovation and access to medicines and to create a research framework for diseases affecting developing countries. The negotiators achieved consensus on a number of key topics, such as the need for research and development efforts to reflect the health concerns of developing countries.

One point of contention was whether the right to health should be prioritized over commercial interests, but a lack of consensus on the wording led to the exclusion of this issue from the final plan. Another discussion concerned the role of the WHO as lead stakeholder on actions related to intellectual property, with the assembly reaching a final agreement on the Director General’s role in implementing the Plan of Action ‘without prejudice to the existing mandates.’ The development of the Plan was hailed as a major breakthrough in public health and intellectual property by many countries and interest groups worldwide.

implementing the Amendment are laid out, and the importance of pursuing concrete technology transfer measures in support of developing country pharmaceutical manufacturing is emphasized.


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

**Coming to Terms with Complexity: A Call to Action for HIV Prevention**

While a significant body of knowledge about HIV transmission and its prevention has developed, every day nearly 7000 people still become infected worldwide. Although HIV prevention is complex, local and national achievements in curbing the epidemic have created a body of evidence about what works. However, these successful approaches have not yet been fully applied. Essential programs and services have not had sufficient coverage; they have often lacked the funding to be applied with sufficient quality and intensity. Action and funding have not necessarily been directed to where the epidemic is or to what drives it. Few programs address vulnerability to HIV and structural determinants of the epidemic. A prevention constituency has not been adequately mobilized to stimulate the demand for HIV prevention. Confident and unified leadership has not emerged to assert what is needed in HIV prevention and how to overcome the political, sociocultural, and logistic barriers in getting there. This article discusses the implementation of ‘combination prevention’: the key challenges to the inadequacy of efforts to tackle sexual transmission, the unwillingness to be frank with young people, the difficulties of dealing with drug use, and the failure to eliminate mother to child transmission.

Unequal Weight: Equity Oriented Policy Responses to Global Obesity Epidemic

Obesity and its unequal distribution is the result of a complex system of factors including differences in food systems, built environments, working and living conditions, and social hierarchies. Previously, actions to tackle obesity focused on changing the behaviours of individuals, but there has been a growing recognition that societal organization also contributes to the problem. New policies should create opportunities for all members of society to achieve a healthy weight. The health sector can play a role in bridging the responses at the global, national, and local levels.