Stockpiling Prepandemic Influenza Vaccines: A New Cornerstone of Pandemic Preparedness Plans

The history of pandemic influenza, along with the evolving epizootic of the highly pathogenic avian influenza A (H5N1) virus and the severity of associated human infections, serve as a warning to the world of the threat of another influenza pandemic. Conservative estimates suggest that up to 350 million people could die and many more would be affected, causing disruption to health care systems, society, and the world’s economy. WHO has encouraged countries to prepare in advance by developing influenza pandemic preparedness plans that involve public health and pharmaceutical interventions. Vaccination is a cornerstone of these plans; however, a pandemic vaccine cannot be manufactured in advance because the next pandemic virus cannot be predicted. The concepts of vaccine stockpiling and prepandemic vaccination have thus become attractive. Human H5N1 vaccines are currently available and can induce heterotypic immunity. WHO and governments should give urgent consideration to the use of these vaccines for the priming of individuals or communities who would be at greatest risk of infection if an H5N1 influenza pandemic were to emerge.

RESEARCH ON HEALTH & STATES IN CRISIS/CONFLICT:

Darfur Refugees in Cairo: Mental Health and Interpersonal Conflict in the Aftermath of Genocide

Hundreds of thousands of Darfur people affected by the Sudanese genocide have fled to Cairo, Egypt, in search of assistance. Collaborating with Africa and Middle East Refugee Assistance (AMERA), the authors conducted a mental health care needs assessment among Darfur refugees in Cairo. Information was collected using individual and focus group interviews to identify gaps in mental health care and develop understandings of emotional and relationship problems. The refugee mental health care system has a piecemeal structure with gaps in outpatient services. There is moderate to severe emotional distress among many Darfur refugees, including symptoms of depression and trauma, and interpersonal conflict, both domestic violence and broader community conflict, elevated relative to pregenocide levels. Given the established relationships between symptoms of depression/traumatic stress and interpersonal violence, improving mental health is important for both preventing mental health decompensation and stemming future cycles of intra- and intergroup conflict.


GLOBAL HEALTH NEWS:

Postal Anthrax Aftermath: Has Biodefense Spending Made Us Safer?

In Scientific American, John Dudley Miller debates whether the response to the 2001 anthrax attacks has increased health security. The FBI alleges that Bruce Ivins, who worked at the US Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Md., mailed anthrax-laden letters in September and October 2001 that killed five people. Ivins committed suicide earlier this year. The anthrax attacks sparked a massive infusion of research funds to counter civilian bioterrorism, $41 billion spread over seven federal departments and agencies. Yet some observers argue that those funds have done little to guard against another bio-terror incident, as it resulted in an increase in the number of bio-labs and a subsequent increase in the number of individuals with access to bio-weapons.


GLOBAL HEALTH NEWS:

Cholera Outbreak in Zimbabwe, as Hospitals Close

Cholera outbreaks were recently reported in Zimbabwe. The UN noted on December 1 that almost 500 people had died and almost 12,000 cases had been reported between August and the end of November. Médecins Sans Frontières (MSF) warned that, if unchecked, cholera could affect 1.4 million people. The outbreak signals the collapse of the country’s health system as well as basic water and sanitation infrastructure.

Research on Human Rights & Global Health: HIV/AIDS, Reproductive and Sexual Health, and the Law

The law is a frequently overlooked tool for addressing the complex practical and ethical issues that arise from the HIV/AIDS pandemic. The law intersects with reproductive and sexual health issues and HIV/AIDS in many ways. For example, well written and rigorously applied laws could benefit persons living with (or at risk of contracting) HIV/AIDS, particularly concerning their reproductive and sexual health. Access to reproductive health services should be a legal right, and discrimination based on HIV status, which undermines access, should be prohibited. Meanwhile, laws against sexual violence and exploitation, which perpetuate the spread of HIV and its negative effects, should be enforced. Finally, a human rights framework should inform the drafting of laws to more effectively protect health.


Global Health News:


In August 2008, Physicians for Human Rights, in consultation with numerous African NGOs, government officials, and individual health professionals, released a document entitled “The Right to Health and Health Workforce Planning: A Guide for Government Officials, NGOs, Health Workers and Development Partners.” The guide demonstrates how even very poor countries can build human rights into their health workforce planning and raise the standard of health among their citizens by incorporating marginalized groups and underserved areas into their planning.


Global Health News:

Global Research for Health

A Research for Health Forum was held in Bamako, Mali from November 17-19, with participants from 59 countries spanning all sectors. The Forum had three key objectives: to strengthen government leadership to support research for health, to engage all relevant constituencies in the research for health agenda, and to increase the accountability of research systems. Participants pledged to support research for development, global health security and health systems, and also resolved to convene the first global symposium on health systems research in 2009. International development agencies agreed to invest at least 5% of health sector aid to research and research capacity strengthening. In an November 25th editorial of the British Medical Journal, Martin McKee commended the initiative, but called for a monitoring mechanism to track progress, cautioning: “Governments must also act, by tackling the corruption and failures of governance that prevent not just the development of health research but also the development of the basic institutions needed for anything to work.”

Influenza Virus Samples, International Law, and Global Health Diplomacy

Indonesia’s decision to withhold samples of avian influenza virus A (H5N1) from the WHO for much of 2007 caused a crisis in global health. As a result, the World Health Assembly produced a resolution to try to address the crisis at its May 2007 meeting. In his article, Fidler examines how the parties to this controversy used international law in framing and negotiating the dispute. Specifically, he analyzes Indonesia’s use of the international legal principle of sovereignty and its appeal to rules on the protection of biological and genetic resources found in the Convention on Biological Diversity. In addition, he considers how the International Health Regulations 2005 applied to the controversy. The incident involving Indonesia’s actions with virus samples illustrates both the importance and the limitations of international law in global health diplomacy.


The Global Workforce Shortages and the Migration of Medical Professions: The Australian Policy Response

A global framework is required to address programs of active recruitment in the face of nation state workforce shortages. The adoption of a recruitment code of ethics may help to modify or moderate the practice of active recruitment behaviour. For example, the Department of Health in the United Kingdom led the way in developing the first Code of Practice for International Recruitment in 2001. This code aims to protect developing countries from the recruitment of their healthcare personnel unless a government has a formal agreement with the UK. In 2002, the Commonwealth Secretariat also developed a similar Code of Practice. However, there are concerns that such voluntary codes are only a

Global Health News:

Public Hearings on the Draft Code of Practice on the International Recruitment of Health Personnel

In September 2008, the WHO conducted web based public hearings on a draft code of practice on the international recruitment of health personnel. More than 75 submissions from national governments, academics, international organizations, professional associations and other civil society organizations were received. Summaries of these contributions received are available on the website at this address:

http://www.who.int/hrh/public_hearing/comments/en/index.html. The draft code is currently under revision, taking into consideration comments received, and will be submitted to the WHO Executive Board for consideration at its 124th Session in January 2009.

'quick and cheap' strategy to change employment behaviour. The successful implementation of a code of practice would require health laws for internal monitoring, external monitoring and incentives or sanctions.

Another option would be for developed countries to pay compensation, either in terms of financial or social capital, to developing countries from which medical professionals are recruited. However, a compensation based solution has several inherent problems concerning appropriateness, and would require a disincentive styled approach. Furthermore, it would require a high level of international cooperation between countries with competing fiscal and ethical agendas, which would make harmonization difficult to achieve. One suggestion would be to harmonize health laws pertaining to medical providers for the global community through the establishment of a centralized power for health law, such as the WHO or the WTO.


**Research on Trade Policy & Health:**

**Patients without Borders:**

**The Emerging Global Market for Patients and the Evolution of Modern Health Care**

This article addresses the unique legal, policy, and ethical questions that arise when patients travel to foreign jurisdictions for medical care. A growing number of patients are leaving the US, and employers, insurers, and even government payors are beginning to explore whether they can reduce spending by utilizing hospitals and physicians in developing countries. Because this is a dramatic leap, it has generated countless media stories, and has drawn attention from the WHO, WTO, World Bank, and US Senate—many of which believe so-called medical tourism may transform health care both at home and abroad.

Despite this attention, the market is developing independently of lawmakers and regulators. This is troubling because patients are effectively waiving their rights and benefits in the US to seek medical care in countries that may not grant them even remotely similar protections.

**Global Health News:**

**Globalization and Health: Importing Competition**

The future of health care promises to become increasingly global. Over the next few years the world is likely to see much more investment, medical staff and patients crossing borders—bringing economic benefits and greater access to care as they do so. Even a modest surge in global medical tourism could prove a powerful catalyst for government bureaucracies and sclerotic American health maintenance organizations to think afresh about what they do. It may even introduce competition to private health care in America and elsewhere.

What is getting people excited today is the promise of a boom in mass medical tourism, as a much larger group of middle class Americans prepares to take the plunge. A report published last month by consultancy firm Deloitte predicts that the number of Americans traveling abroad for treatment will soar from 750,000 in 2007 to 10 million by 2012.

This article assesses the risk-benefit calculus for patients and payors entering the global patient market by examining how the market may affect health care costs, quality, and access—the three canonical themes of health care. Using this framework, Cortez considers several policy responses, such as regulating patient travel, regulating referral networks, and regulating employers and insurers. Relying on previous regulatory efforts in analogous areas, he criticizes some responses as either impractical or foreclosed by current constitutional doctrine governing the rights to travel and free speech. Instead, he proposes that we build on existing consumer protection laws, expand licensing regimes, and recalibrate existing schemes that may unfairly allocate the risks and benefits. The author also analyzes the feasibility of public and quasi-public multilateral responses.


**Research on Intellectual Property & Health:**

**Bilateral Trade Agreements as Drivers of National and Transnational Benefit from Health Technology Policy: Implications of Recent US Deals for Australian Negotiations with China and India**

This article compares controversial health technology provisions in two important US free trade agreements with developed nations: Australia and with South Korea. It examines the multinational corporate forces behind the medicines and medical devices components of these texts and their likely impacts upon Australian trade negotiations with China and India. It also examines the implications of some recent changes to US trade policy for this area in subsequent bilateral deals such as that with Peru. The authors argue that it is important that the Australian government change policy and, like the present Congress in the US, systematically approach such impending trade agreements with a view to assisting the partners’ regulatory frameworks to benefit from their medicines and biotechnology industries.


**Global Health News:**

**First Generic Drugs En Route to Africa under 5-Year-Old WTO Deal**

Five years after a WTO ruling allowed members to produce generic HIV/AIDS drugs for export to developing countries, Canadian drug maker Apotex shipped a first batch of 7 million tablets to Rwanda in September. This quantity will provide one year’s worth of treatment for 21,000 people, with a second set expected to be delivered next year. Canada became the first WTO member to declare its intention to put the decision into action through the Canadian Access to Medicines Regime (CAMR), but both the CAMR and the WTO approval processes are so costly and complex that they have discouraged most other companies from following Apotex’s lead.

Source: International Centre for Trade and Sustainable Development. 2008. First Generic Drugs En Route to Africa under 5-Year-Old WTO Deal. Bridges Weekly Trade News Digest 12, no. 31 (September).
RESEARCH ON RESPONSE TO HIV/AIDS, TUBERCULOSIS & MALARIA:

Estimated the Lost Benefits of Antiretroviral Drug Use in South Africa

South Africa is one of the countries most severely affected by HIV/AIDS. At the peak of the epidemic, the government, going against consensus scientific opinion, argued that HIV was not the cause of AIDS and that antiretroviral (ARV) drugs were not useful for patients. As a result, it declined the freely donated nevirapine and grants from the Global Fund. Using models, the authors compare the number of persons in South Africa who received ARVs for treatment and the prevention of mother-to-child HIV transmission between 2000 and 2005 with an alternative of what was reasonably feasible in the country during that period. The authors calculate that more than 330,000 lives or approximately 2.2 million person years were lost because a feasible and timely ARV treatment program was not implemented. Thirty-five thousand babies were born with HIV, resulting in 1.6 million person-years lost by not implementing a mother-to-child transmission prophylaxis program using nevirapine. The authors concluded that the total lost benefits of ARVs were at least 3.8 million person-years for the 2000 to 2005 period.


GLOBAL HEALTH NEWS:

Universal Voluntary HIV Testing with Immediate Antiretroviral Therapy as a Strategy for Elimination of HIV Transmission: A Mathematical Model

HIV specialists in the WHO developed a mathematical model which estimates that universal and annual voluntary testing followed by immediate antiretroviral (ARV) therapy treatment—irrespective of clinical stage or CD4 count—could reduce new HIV cases by 95% within 10 years. These findings are published in the 26 November issue of the Lancet. In early 2009, the WHO will bring together ethicists, funders, human rights advocates, clinicians, prevention experts, and AIDS programme managers to discuss this and other issues related to the wider use of ARV therapy for HIV prevention.

RESEARCH ON GLOBAL ACTION ON CHRONIC DISEASE PREVENTION:

A Crisis in the Marketplace: How Food Marketing Contributes to Childhood Obesity and What Can Be Done

Reducing food marketing to children has been proposed as one means of addressing the global crisis of childhood obesity, but significant social, legal, financial, and public perception barriers stand in the way. The scientific literature documents that food marketing to children is (a) massive; (b) expanding in number of venues (product placements, video games, the Internet, cell phones, etc.); (c) composed almost entirely of messages for nutrient-poor, calorie-dense foods; (d) having harmful effects; and (e) increasingly global and hence difficult to regulate by individual countries. The food industry, governmental bodies, and advocacy groups have proposed a variety of plans for altering the marketing landscape. This article reviews existing knowledge of the impact of marketing and addresses the value of various legal, legislative, regulatory, and industry-based approaches to change.


GLOBAL HEALTH NEWS:

International Framework on Alcohol

The WHO commission on the social determinants of health called for an international framework convention on alcohol, similar to the existing framework on tobacco control. Researchers noted that alcohol “is the only strong psychoactive substance in common use that is not controlled internationally,” despite extensive evidence that access to cheap alcohol is correlated with increases in alcohol related diseases. An international framework could encourage governments to effectuate legislation and implement evidence-based policies.


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