Establishment of public health security in Saudi Arabia for the 2009 Hajj in response to pandemic influenza A H1N1

Mass gatherings of people are a public health challenge – both at host locations and the visitors' places of origin. The Hajj—the yearly pilgrimage by Muslims to Saudi Arabia—is one of the largest, most culturally and geographically diverse mass gatherings in the world. With the 2009 pandemic influenza A H1N1 and upcoming Hajj, the Saudi Arabian Ministry of Health (MoH) convened a preparedness consultation in June, 2009. Consultants from global public health agencies met in their official capacities with their Saudi Arabian counterparts. The MoH aimed to pool and share public health knowledge about mass gatherings, and review the country's preparedness plans. This process resulted in several recommendations; the most important of which was to encourage individuals at risk of severe disease to postpone their participation in Hajj until another year (ex. elderly people, pregnant women, individuals with chronic diseases, and children).

For mass gatherings, continual vigilance to improve public health effectiveness and efficiency should become best practice and after-action reviews should be done to improve future performance.

**GLOBAL HEALTH NEWS:**

**H1N1 update**

Beginning unusually early this year, the winter influenza season shows signs of having peaked in North America. But influenza is still intensifying in Europe and central and eastern Asia, according to WHO. More than 99% of influenza A viruses in Europe (with the exception of Russia) were of the H1N1 subtype. The death toll for H1N1 influenza has surpassed 6250 worldwide.

Source: __________, 2009/ H1N1 update. The Lancet online (25 November).
http://www.thelancet.com/

**GLOBAL HEALTH NEWS:**

**Afghanistan’s hidden health issue**

As international focus on the conflict in Afghanistan and security around the election run-off grows, one major killer in the country remains hidden: undernutrition. Buried in a UN Security Council report from late last year is a startling statistic: 25 times more Afghans die every year as a result of undernutrition and poverty than from violence. Children and pregnant women are the worst hit. More than half of Afghan pre-school children are chronically malnourished; one in five do not reach their fifth birthday because of a lack of food or common diseases. Although food scarcity is an issue, the key problem is not food availability but poverty. Even when there is plenty of food in the markets, people cannot afford it. As the war continues, it is also becoming more difficult to provide humanitarian aid; in fact, humanitarian groups can access only 60% of the country.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61887-0/fulltext

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

**Forced migration and child health and mortality in Angola**

This study investigates the effects of forced migration on child survival and health in Angola. Using survey data collected in Luanda, Angola, in 2004 (two years after the end of that country’s civil war), the authors compare three groups: 1) migrants who moved due to war; 2) migrants who moved, but not directly due to war; and 3) non-migrants. The authors find that hazards of child death (under 5 mortality) in any given year were higher in families that experienced war related migration in the same year, or in the previous year. Forced migrants were also more likely to experience negative long term effects of forced migration (ex. after migrants had reached their destinations). When looking at the place of delivery, number of antenatal consultations, and age-adequate immunization of children born in Luanda, forced migrants were disadvantaged relative to non-migrants (this disadvantage extends to migrants who came to Luanda for reasons other than war). Finally, results limited to the two weeks preceding the survey showed no differences in child morbidity and related health care seeking behavior between the three groups.

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4XJVHJT-1&_user=4799849&_coverDate=10%2F29%2F2009&_rdoc=17&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%2399999%2399999999%2399999%23FLA%23display%23Articles)&_cdi=5925&_sort=d&_docanchor=&_ct=81&_acct=C000051236&_version=1&_userid=4799849&md5=55a18098fe13ac1f94046f3c4700fb4b

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4XJVHJT-1&_user=4799849&_coverDate=10%2F29%2F2009&_rdoc=17&_fmt=high&_orig=browse&_srch=doc-info(%23toc%235925%2399999%2399999999%2399999%23FLA%23display%23Articles)&_cdi=5925&_sort=d&_docanchor=&_ct=81&_acct=C000051236&_version=1&_userid=4799849&md5=55a18098fe13ac1f94046f3c4700fb4b

**GLOBAL HEALTH NEWS:**

**H1N1 update**

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Source: __________, 2009/ H1N1 update. The Lancet online (25 November).
http://www.thelancet.com/
**Within but without: human rights and access to HIV prevention and treatment for internal migrants**

Worldwide, far more people migrate within than across borders. Although internal migrants do not risk losing their citizenship, they frequently confront social, financial and health consequences, as well as a loss of rights. The recent global financial crisis has exacerbated the vulnerability of internal migrants in realizing rights to health care generally and to antiretroviral therapy in particular. For example, in China and Russia, internal migrants who lack official residence status are often ineligible to receive public health services and may be increasingly unable to afford private care. In India, internal migrants face substantial logistical, cultural and linguistic barriers to HIV prevention and care, and have difficulty accessing treatment when returning to poorly served rural areas. This can lead to a range of negative consequences, including: 1) individual vulnerability to infection and risk of death; 2) an undermining of state efforts to curb the HIV epidemic and provide universal access to treatment; and 3) the emergence of drug-resistant disease strains. International human rights law guarantees individuals the right to free movement within the borders of their state. This guarantee, combined with the right to the highest attainable standard of health set out in international human rights treaties, and the fundamental principle of non-discrimination, creates a duty for states to provide a core minimum of health care services to internal migrants on a non-discriminatory basis. To ensure that internal migrants are able to realize their equal rights to HIV prevention and treatment, targeted HIV prevention programs and the elimination of restrictive residence-based eligibility criteria to access health services are necessary.


**Global Health News:**

**Ensuring human and sexual rights for men who have sex with men (MSM) living with HIV**

In December 2008, Senegal hosted the International Conference on AIDS and Sexually Transmitted Infections in Africa, a prestigious regional conference affiliated with the biannual International AIDS Conference. After the conference, on 22 December, the Senegalese government arrested nine members of AIDES Senegal, a nongovernmental organization that works on HIV prevention and support for people living with HIV. In January 2009, all nine were convicted as homosexuals and received the full 5 years’ imprisonment allowable by law for that charge, plus an additional 3 years for “criminal association”. Following significant international pressure, the convictions were overturned, after the men had spent almost 3 months in jail. Kevin Moody – of the Global Network of People Living with HIV – argues that prosecutions of this kind made in Senegal need to end. Laws, perceptions and practices need to change quickly to ensure that HIV-positive MSM benefit from prevention, treatment, care and support services. Unless human rights are honoured and stigma and discrimination are adequately fought, the efforts to prevent and treat HIV transmission will be in vain for those who have the most to gain.

Time for a “Third Wave” of Malaria Activism to tackle the Drug Stock-out Crisis

There are signs of an evolving “malaria activism”. The first wave of activism highlighted the disparity between the massive burden of disease and the small amount of international development assistance dedicated to its control. The second wave focused on exposing an inconvenient truth: a substantial proportion of additional malaria funds were being spent on monotherapies, often ineffective in Africa because of parasite resistance, rather than more efficacious artemisinin-based combination therapy (ACT). Despite ACT scale-up across Africa, combination therapy is still largely unavailable at the point of care. In 2008, for example, two years after Kenya introduced artemether-lumefantrine (AL) as first-line treatment for uncomplicated malaria, a survey found that a quarter of government health facilities surveyed were out of stock. In light of this, this paper argues that it is time for a “third wave” of activism to raise awareness of the ACT stock-out crisis. This will involve publicizing ACT stock-outs, focusing advocacy efforts on improving the ACT supply chain, and ensuring donors ‘step up’ to fill funding gaps. Endemic countries will also need technical assistance from the WHO and the Global Fund to build national capacity for ACT procurement, and to develop stock management information systems (pilot projects will be needed to test the efficacy of these information systems). Finally, there will need to be a major investment to facilitate forecasting ACT requirements internationally, nationally, and in peripheral clinics and to managing commodities.


GLOBAL HEALTH NEWS:
WMA calls on Iran to Respect Code of Medical Ethics

The World Medical Association (WMA) has urged national medical associations to speak out in support of the rights of patients and physicians in Iran and has called on Iran to respect the International Code of Medical Ethics. At the WMA’s annual General Assembly, delegates from almost 50 national medical associations were told that physicians in Iran had reported unsettling practices of injured people being taken to prisons without adequate medical treatment or the consensus of the attending physicians. Concern was also expressed about reports of corpses and badly injured political and religious prisoners being admitted to hospitals with signs of brutal torture, including sexual abuse. WMA representatives urged Iran to respect the WMA International Code of Medical Ethics, which states that ‘physicians shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.’

RESEARCH ON HEALTH & DEVELOPMENT, HEALTH SYSTEMS:

The Unequal World of Health Data

Health data are unequally distributed around the world, both in terms of quantity and quality. Less data exist on the health of the poor than of the rich, which raises the important question: how representative are available data in relation to populations that go uncounted. Objective assessments are more difficult since they need to be based on data—and the data is problematic or incomplete. The concept of the “10/90 gap,” - only 10% of research effort and resources is directed towards 90% of need - has largely been justified via bibliometric and research funding studies rather than on data. This article examines the implications of data scarcity. If the quantity and quality of available health data are partly determined by poverty, how do research findings from relatively impoverished settings find their way into the global literature? There needs to be a balance between publishing substandard research from poor settings because nothing better is available, or excluding results from poor settings from the literature because nothing is offered of sufficient quality. In light of this, the paper argues that alternative strategies are needed to fill inequitable gaps, and that poverty – either in physical terms or in data – does not justify the use of impoverished research methods or ethical standards. Reasonable, realistic, and contextually appropriate approaches to research are needed.


GLOBAL HEALTH NEWS:

The GAVI, Global Fund, and World Bank joint funding platform

On September 23rd 2009, the Taskforce on Innovative International Financing for Health Systems presented its report to the UN General Assembly. It proposed more aid for health systems, recognising that more than 50% of health aid is for infectious diseases with little for basic services. In response, GAVI, the Global Fund, and the World Bank are forming a Joint Funding Platform. In this correspondence Roger England asks, can these organisations support health systems? For England, GAVI's remit is to improve immunisation and related services. Likewise, the Global Fund's remit is to improve prevention and treatment of HIV, tuberculosis, and malaria. While the World Bank can support systems reforms, it provides loans not grants, and few countries can borrow for that purpose. Thus, a joint funding partnership of this nature risks doing little more than coordinating disease-specific funding. Although desirable, this leaves the glaring global gap of reforming the systems through which services are financed, produced, and delivered.

RESEARCH ON HUMAN RESOURCES & MIGRATION OF HEALTH WORKERS:

10 best resources on … health workers in developing countries

Health systems cannot function without trained health workers, yet until recently little attention has been paid to their role in developing countries. However, this began to change after 2000 when increased foreign aid for health programmes confronted limited capacity in many developing countries to apply those funds. As attention increased, research also improved. As a result, a new generation of research is now addressing the private sector and the labour market with increasingly sophisticated data and research tools. The goal of this paper is to introduce this new generation of research by highlighting a number of key articles that demonstrate this trend. Through this review, the authors find that these articles are increasingly of the view that the number and quality of health workers participating in health services is influenced by more than government decisions about spending and deployment. Rather, they tend to highlight the value of understanding health workers as active agents in dynamic labour markets who are faced with competing incentives and constraints.

Source: Grépin, Kevin A, and William D Savedoff. 2009. 10 best resources on … health workers in developing countries. Health Policy and Planning vol. 24, no. 6 (November).
http://heapol.oxfordjournals.org/cgi/content/full/24/6/479

GLOBAL HEALTH NEWS:

Iraqi doctors seize first training opportunity in 20 years in unique UK programme

By the end of November 2009, 330 doctors, 20 nurses, and 50 key policy makers from Iraq will have passed through the United Kingdom on a unique training programme designed to kick start the rebuilding of the country’s health system. Shadowing doctors in the NHS, the selected group of Iraqi doctors, most of them surgeons, are already passing on the skills they learnt during their visits to colleagues back home. The Iraq Clinical Training and Development Programme is a response by the Department of Health to the conundrum of how to rebuild a health system from the rubble left by 30 years of war, invasions, sanctions, and civil unrest. Once a beacon of excellence in the Middle East, Iraq’s health service collapsed towards the end of the 1970s and has been estimated to need a $1000bn investment to establish a functioning infrastructure. More than 800 doctors were interviewed for the training scheme in the UK, and 80% of those who took part have returned to Iraq with projects, such as reducing infection rates, which will be audited.

http://www.bmj.com/cgi/content/extract/339/oct21_2/b4329
Crossborder trade in health services: Lessons from the European laboratory

There is still very little data available on the scope and depth of health services traded across national borders. Despite this, the liberalization of health and social services has been on the international trade agenda for many years. Since the beginning of the Uruguay round, several WTO members have pledged to liberalize trade in health services. Meanwhile, the European Union (EU) has started to develop its own cross border health policy. While the consequences of WTO commitments to liberalize services at the global level may still be unfolding, the consequences of an EU health policy are increasingly clear. Indeed, the EU has become the laboratory in which European Member States have unwittingly grown a European health policy which does not respect national borders or the idiosyncrasies of national health systems. In this article, the authors argue that GATS and the EU have comparable effects on health policy, from which four lessons are drawn: 1) the potential of service liberalization to incur high transition and transaction costs; 2) the difficulty of reconciling economic and social policy goals; 3) the tendency of rule-based systems to promote policy spillover; and 4) the importance of early monitoring to avoid unwanted policy outcomes.


Global Health News:

International pact needed to prevent organ trafficking, UN-backed study says

A new binding international treaty is needed to prevent trafficking in organs, tissues and cells (OTC), protect victims and prosecute offenders, according to a joint study launched by the United Nations and the Council of Europe. This study, Trafficking in organs, tissues and cells and trafficking in human being for the purpose of the removal of organs, calls for the prohibition of financial gain from the human body or its parts as the basis of all legislation on organ transplants, adding that organ donation should be promoted to increase availability, with preference given to OTC donation from the deceased. Trafficking in OTC should be clearly distinguished from trafficking in human beings for the removal of organs, given the widespread confusion in the legal and scientific communities between the two types of trafficking. The report also calls for the collection of reliable data on trafficking in OTC and in human beings for organ removal, separated by sex to assess if the problem impacts women and men differently.


Research on Intellectual Property & Health:

Is it Time to Reexamine the Patent System’s Role in Spending Growth

It is generally accepted that a large share of the growth in US medical care spending is attributed to technological change. Although the cost of technological change stems from a number of influences (ex. changes in efficiency and diseases treated), the largest share comes from newly invented technologies. This unremarkable point has a remarkable implication: slowing spending growth almost surely will require changing the form and extent of technological change. This paper asks, how can we limit growth in spending in the United States while doing more good than harm? The author emphasizes the role of the patent system in affecting the amount and form of new technology and contends that changing this system can be a key way to lower spending growth. Indeed, to lower long-run spending growth, it may be necessary to change patent policy by reducing the term of patent life or linking spending growth targets to net benefits from patented products. He does not postulate however that lowering spending growth is desirable per se, and emphasizes that both the benefits and costs of changing the rate and form of growth needs to be considered.

Source: Pauly, Mark V. 2009. Is It Time To Reexamine The Patent System’s Role In Spending Growth? Health Affairs vol. 28, no. 5 (September-October).
http://content.healthaffairs.org/cgi/content/abstract/28/5/1466

Global Health News:

EU double standards threaten to leave poor countries without medicines

A new report titled Trading Away Access to Medicines – issued by Oxfam International and Health Action International (HAI) Europe – states that the European Union is contradicting international trade rules by putting the interests of big drug companies before the 2 billion people who cannot access essential medicines worldwide. The report suggests that the EU is insisting on tough new intellectual property rules in bilateral free trade deals that go beyond the WTO’s existing TRIPS agreement and details a number of other EU policies that are damaging access to medicines in developing countries. These include: 1) promotion of a new global framework to enforce intellectual property rules which delay access to generic medicines in developing countries; 2) obstructing progress at the WHO towards new models of research and development that meet health needs in developing countries; and 3) spending on R&D for developing countries that remains insufficient despite increases in recent years.


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

Sexual and reproductive health in HIV-related proposals supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria

This article assesses the sexual and reproductive health interventions included by countries in HIV-related proposals approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The authors examine the Global Fund database for elements and indicators of sexual and reproductive health in all approved HIV-related proposals (214) submitted by 134 countries (from rounds 1 to 7), and in an illustrative sample of 35 grant agreements. They find that at least 70% of the HIV-related proposals included one or more of four broad elements, sexual and reproductive health information, education and communication, condom promotion/distribution, diagnosis and treatment of sexually transmitted infections, and prevention of mother-to-child transmission of HIV. Between 20% and 30% included sexual health counseling, gender-based violence, and the linking of voluntary counseling and testing for HIV with sexual and reproductive health services. Less than 20% focused on adolescent sexual and reproductive health, the rights and needs of people living with HIV, or safe abortion services. Nevertheless, sexual and reproductive health indicators did appear in most HIV-related proposals and in more than 80% of the grant agreements, suggesting that country coordinating mechanisms and national-level stakeholders see funding for sexual and reproductive health a means to address the problem of HIV infection in their respective national settings.


GLOBAL HEALTH NEWS:

Back to basics: HIV/AIDS belongs with sexual and reproductive health

The Programme of Action of the 1994 International Conference on Population and Development (ICPD) offers a comprehensive framework for achieving sexual and reproductive health and rights. This includes prevention and treatment of HIV/AIDS, and advancing other development goals. The United Nations Millennium Development Goals implicitly incorporate a target of universal access to sexual and reproductive health within the goal of improving maternal health, however, combating HIV remains a separate project with malaria and tuberculosis. This article presents a brief history of key decisions made by WHO, other United Nations’ agencies, the United Nations Millennium Project and major donors that have led to the separation of HIV/AIDS from its logical programmatic base in sexual and reproductive health and rights. In urging a return to the original ICPD construct as a framework for action, the authors call for renewed leadership commitment, investment in health systems to deliver comprehensive sexual and reproductive health services, including: 1) HIV/AIDS prevention and treatment; 2) comprehensive youth programmes; 3) streamlined country strategies; and 4) donor support.

GLOBAL HEALTH NEWS:

Jury still out on HIV vaccine results

At the 2009 AIDS Vaccine meeting (19-22 October), more than 1,000 researchers applauded formal results from the largest-ever HIV vaccine trial. In a preliminary announcement in September, researchers stated that the vaccine combination tested in the trial reduced the risk of HIV infection by nearly one-third. But some scientists are skeptical. The US$119-million phase III trial, sponsored by the Ministry of Health Thailand and the US Army, started in 2003. Half of the recipients served as a control group; the other half were given four shots of ALVAC-HIV and two shots of AIDSVAX. Researchers then used three methods to analyze the effect of the vaccine. Two of these methods found a 26% drop — not statistically significant — in infection rates in the vaccine group compared with the control group. A third method however, found a 31% reduction in infection rates between the vaccine and control group - considered barely statistically significant. In light of these mixed results, the scientific community remains divided on the validity of claiming success in the quest for an HIV/AIDS vaccine.


RESEARCH ON GLOBAL ACTION ON CHRONIC DISEASE PREVENTION:

Road traffic injuries: The hidden development crisis

Road safety management is absent from the agendas of global summits on international development; yet few issues merit more urgent attention. Road traffic deaths and injuries represent a global epidemic, and the costs of that epidemic are borne overwhelmingly by the world’s poorest countries and people. The first global ministerial conference on road safety – to be held on 19/20 November, 2009 in Moscow, the Russian Federation – has an opportunity to set a new course for road safety management through two priorities. The first is to start the process of putting people first; specifically, to place the security of vulnerable road users at the centre of national policy. The second priority is to set a road-map charting the course to a different future. All countries should be encouraged to set targets for first stabilising and then reducing road traffic injuries. National strategies should set out the road safety approaches and investments needed to convert these targets into outcomes; the international community should also back these strategies with aid and support for capacity building.

**GLOBAL HEALTH NEWS:**

Health situation in the Americas: Basic Indicators, 2009

The Pan American Health Organization has released a new report, *Health situation in the Americas: Basic Indicators, 2009*. The purpose of this report is to call attention to an exploratory analysis of the relationship between premature mortality due to cerebrovascular diseases (CeVD) and potential socioeconomic inequality determinants at the ecological level. It finds that non-communicable diseases are reaching epidemic proportions in the Americas and are contributing substantially to overall mortality and disease burden in the region. Once thought to be an issue primarily affecting the older population in high-income countries, non-communicable diseases are now affecting younger population segments and the poor in the lower-income countries of Latin America and the Caribbean. The means for preventing and controlling most non-communicable diseases are already well established; high-income countries—followed by middle-income countries—are now showing continuous progress in prevention and control interventions. The low- and lower-middle-income countries, on the other hand, face the dual challenge of coping with scarce resources to address both non-communicable and communicable diseases.


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