



Newsletter

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Health Issues

September 2010

THE GLOBAL HEALTH INITIATIVE

The Next Phase of American Leadership in Health Around The World

Clinton's Remarks on the Global Health Initiative, 16 August 2010



Today, on behalf of the Obama Administration, I'd like to share with you the next chapter in America's work in health worldwide. It's called the Global Health Initiative, GHI for short, and it represents a new approach, informed by new thinking and aimed at a new goal: To save the greatest possible number of lives, both by increasing our existing health programs and by building upon them to help countries develop their own capacity to improve the health of their own people.

AP PHOTOS



<http://www.america.gov/st/texttrans-english/2010/August/20100816180014su0.7444574.html>

U.S. GOVERNMENT SUPPORT FOR GLOBAL HEALTH EFFORTS

Friday, June 18, 2010

USAID Press Office: 202-712-4320

Public Information: 202-712-4810

Washington, DC - Following is the text of a joint press release by the U.S. Department of State, U.S. Agency for International Development and U.S. Department of Health and Human Services.

The U.S. government continues to lay the groundwork for efforts under the U.S. Global Health Initiative (GHI), announcing the first round of "GHI Plus" countries, as well as the program's governance structure. GHI is a six-year, \$63 billion initiative to help partner countries improve measurable health outcomes by strengthening health systems and building upon proven results. It places a particular focus on improving the health of women, newborns and children. Pursuing a comprehensive approach, GHI includes programs addressing HIV/AIDS, malaria, tuberculosis, maternal and child health, nutrition, family planning and reproductive health, and neglected tropical diseases. These U.S. global health investments are an important component of our national security "smart power" strategy, critical to national security as well as our common security.

GHI activities are being implemented in the more than 80 countries where U.S. government global health dollars are already at work. Under GHI, the U.S. government will coordinate with partner country governments to ensure that investments align with national priorities and build capacity. Eight countries have been selected as the first set of "GHI Plus" countries. They are: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda. These countries will receive additional technical and management resources to quickly implement GHI's approach, including integrated programs and investments across the spectrum of infectious diseases, maternal and child health, family planning, and health systems activities. GHI Plus countries will provide enhanced opportunities to build upon existing public health programs; improve program performance; and work in close collaboration with partner governments, across U.S. government agencies, and with global partners.

Through GHI, the U.S. government is pursuing a comprehensive "whole-of-government" approach to global health and health assistance. This integration and coordination is reflected in the governance structure of the Initiative, led by the GHI Operations Committee including Dr. Rajiv Shah, Administrator, U.S. Agency for International Development; Ambassador Eric Goosby, U.S. Global AIDS Coordinator, U.S. Department of State; and Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention, Department of Health and Human Services. The Operations Committee works in close coordination with Deputy Secretary of State Jacob J. Lew. High-level policy support, advice and guidance on GHI is provided by the GHI Strategic Council. This Council brings together the various government agencies that have expertise in areas that are critical for the implementation of GHI. The Strategic Council includes representatives from various offices at the Department of State, the U.S. Agency for International Development, the Department of Health and Human Services, the Department of Defense, the Department of Treasury, the Millennium Challenge Corporation, and Peace Corps.

The U.S. government is incorporating feedback on the "Implementation of the Global Health Initiative: Consultation Document" from consultations with Congress, partner countries, civil society organizations, other donors and governments, the private sector, and multilateral and international institutions. A revised, finalized version of this implementation roadmap will be released in late summer 2010.

<http://www.globalhealth.gov/news/news/06182010.html>

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PUBLIC HEALTH, DIET, NUTRITION AND PREVENTION

STATEMENT BY THE PRESIDENT ON GLOBAL HEALTH INITIATIVE. THE WHITE HOUSE, May 5, 2009

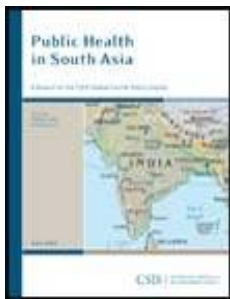
In the 21st century, disease flows freely across borders and oceans, and, in recent days, the 2009 H1N1 virus has reminded us of the urgent need for action. We cannot wall ourselves off from the world and hope for the best, nor ignore the public health challenges beyond our borders. An outbreak in Indonesia can reach Indiana within days, and public health crises abroad can cause widespread suffering, conflict, and economic contraction. That is why I am asking Congress to approve my Fiscal Year 2010 Budget request of \$8.6 billion -- and \$63 billion over six years -- to shape a new, comprehensive global health strategy. We cannot simply confront individual preventable illnesses in isolation. The world is interconnected, and that demands an integrated approach to global health.

As a U.S. Senator, I joined a bipartisan majority in supporting the Bush Administration's effective President's Emergency Plan for AIDS Relief (PEPFAR). That plan has provided lifesaving medicines and prevention efforts to millions of people living in some of the world's most extreme conditions. Last summer, the Congress approved the Lantos-Hyde US Global Leadership Against HIV/AIDS Act -- legislation that I was proud to cosponsor as a U.S. Senator and now carry out as President. But I also recognize that we will not be successful in our efforts to end deaths from AIDS, malaria, and tuberculosis unless we do more to improve health systems around the world, focus our efforts on child and maternal health, and ensure that best practices drive the funding for these programs.

My budget makes critical investments in a new, comprehensive global health strategy. We support the promise of PEPFAR while increasing and enhancing our efforts to combat diseases that claim the lives of 26,000 children each day. We cannot fix every problem. But we have a responsibility to protect the health of our people, while saving lives, reducing suffering, and supporting the health and dignity of people everywhere. America can make a significant difference in meeting these challenges, and that is why my Administration is committed to act. <http://www.whitehouse.gov/the-press-office/statement-president-global-health-initiative>

THE GLOBAL HEALTH REGIME. Council on Foreign Relations. August 11, 2010.

A broad-sweeping look at international efforts to improve public health. This is part of the Global Governance Monitor, an interactive feature tracking multilateral approaches to several global challenges. <http://bit.ly/deQUfF> [HTML format, various paging].



PUBLIC HEALTH IN SOUTH ASIA. By Vibhute Hate and Seth Gannon. Center for Strategic @ International Studies, Jul 15, 2010

South Asia, a region of strategic importance, faces public health challenges on a demographic and geographic scale unmatched in the world. India, Pakistan, Bangladesh, Nepal, and Sri Lanka are home to nearly one-fifth of the world's population. Even more dramatic, however, these countries are home to two-thirds of the world's population living on less than \$1 a day. South Asia's low life expectancy and high rates of malnutrition, infant mortality, and incidence of TB and HIV/AIDS are second only to those of sub-Saharan Africa. The region faces not only these and related health problems—poor sanitation, poor maternal health, poor access to healthcare services, and widespread malaria—but also an emerging chronic disease epidemic. Despite the magnitude of these interrelated challenges, these five countries on average spend less than 3.2 percent of their gross domestic

products on health, compared to a global average of 8.2 percent. They constitute the world's only region to see its health expenditures fall from 2000 to 2006.
<http://csis.org/publication/public-health-south-asia>



AFRICAN PERSPECTIVES ON GENETICALLY MODIFIED CROPS; ASSESSING THE DEBATE IN ZAMBIA, KENYA, AND SOUTH AFRICA. By Jennifer G. Cooke, Richard Downie, CSIS, Jul 1, 2010

The authors gauge the current status of the debate on biotechnology in Africa with a snapshot of three countries at different stages along the spectrum of opinion on genetically modified crops (GMOs): Zambia, where a strong emphasis on the precautionary principle remains very much in place; Kenya, where recent legislation has opened the door to eventual commercialization of GM crops; and South Africa, where GM food crops are widespread and where elaborate regulatory capacities are fully established. The authors look at what practical steps countries are taking to settle the question and examine the wider issue of what debates around GM technology say about the role of science in Africa. The research is based on interviews conducted with policymakers, scientists, farmers' groups, anti-GMO campaigners, and other interest groups in all three countries in October through December 2009. This report supplements the work of the CSIS Task Force on Global Food Security, chaired by Senators Richard Lugar and Robert Casey.
<http://csis.org/publication/african-perspectives-genetically-modified-crops>



PATHS FORWARD FOR THE GLOBAL WATER, SANITATION, AND HYGIENE (WASH) SECTOR. By Katherine Bliss, Katryn Bowe. CSIS, Jun 30, 2010

On the afternoon of World Water Day, March 22, 2010, the Global Water Futures Project at the Center for Strategic and International Studies (CSIS) in Washington, D.C., hosted an event entitled "Paths Forward for the Global Water, Sanitation, and Hygiene (WASH) Sector." The overarching goal of the sessions was to develop a set of actionable recommendations regarding how to improve the outcomes of global WASH programs and to increase the capacity of the U.S.-based public and private sectors to engage in program activities related to global WASH challenges. This summary report seeks to capture the broad themes that characterized conversation and debate in each session and outlines the recommendations that emerged from the roundtable exercises held at CSIS during the afternoon on World Water Day 2010. <http://csis.org/publication/paths-forward-global-water-sanitation-and-hygiene-wash-sector>



STRENGTHENING GLOBAL HEALTH PREPAREDNESS; RECOMMENDATIONS FOR EXPANDING U.S. ENGAGEMENT AND LEADERSHIP. By Phillip Nieburg, J. Stephen Morrison, Emily Poster Hoch. CSIS, Jun 25, 2010

The world has entered an era in which the numbers of new and reemerging global health threats argue for a longer-term, more strategic, and more coherent U.S. approach to global health preparedness. The ongoing threat from emerging infections such as SARS, extensively drug-resistant tuberculosis (XDR-TB), H5N1 (avian) influenza, and most recently, H1N1 influenza has raised awareness within the U.S. government and other partner states and multilateral institutions of the global interdependence of human security and global commerce. This brief analysis of U.S. roles in global health preparedness is not intended to be an encyclopedic review. The goal is more modest and preliminary. The authors review the recent

history of health preparedness efforts; examine the key leadership roles played by the United States, including promising models for building capacity in partner governments; discuss important initiatives by the World Health Organization (WHO), nongovernmental groups, and other donors; acknowledge innate difficulties in strengthening global preparedness; and lay out core recommendations for a long-term strategic U.S. role and approach.
<http://csis.org/publication/strengthening-global-health-preparedness>



THE ROLE OF MARKETS AND TRADE IN FOOD SECURITY. By Charlotte Hebebrand and Kristin Wedding. CSIS, Jun 23, 2010

Global food security requires a multi-pronged strategy. Increased investment in research and development and improvements to production capacity are absolutely vital to increase the availability of food and meet increased demand. Usually less emphasized but equally crucial for boosting productivity and availability of food is the existence of markets. Markets and trade also contribute to achieving global food security by increasing access to food. The U.S. commitment to promoting global food security is strong, and emphasizing the importance of open trade in enhancing global food security is a logical extension of U.S. policy. This report outlines four priority areas in which the United States can take concrete actions to strengthen markets and trade—trade capacity building, support for regional integration, and reform of the international agricultural trade system and domestic U.S. policies. <http://csis.org/publication/role-markets-and-trade-food-security>



BUILDING U.S. DIPLOMATIC CAPACITY FOR GLOBAL HEALTH. By Harley Feldbaum. CSIS, May 20, 2010

As U.S. funding for global health has increased, U.S. diplomatic capacity for supporting and leveraging our global health funding remains stagnant and fragmented. This lack of capacity to manage the political aspects of global health is dangerous, because the politics of global health have never been more divisive, and the opportunities for improving health and controlling disease epidemics never more extraordinary. Numerous reports have outlined the goals the Obama administration should pursue in global health. This brief does not seek to add to those or to propose detailed policy solutions to the cases discussed. Instead it seeks to demonstrate that U.S. global health policy has global political ramifications that cannot be ignored and that demand permanent capabilities within the U.S. government. It describes the need for improved U.S. diplomatic capacity on global health, outlines the currently fractured architecture of the U.S. government on this issue, and issues recommendations for building diplomatic capacity for global health.
http://csis.org/files/publication/100520_Feldbaum_BldgDiploCapacity_Web.pdf

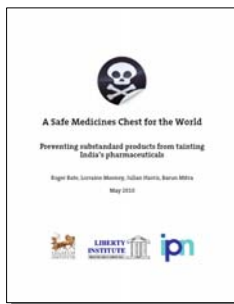
THE CHALLENGES OF GLOBAL HEALTH GOVERNANCE. David P. Fidler. Council on Foreign Relations, May 2010. 32 pages

A revolution in global health has occurred in the past ten to fifteen years, resulting in the creation of radically new regimes, an unprecedented growth in funding for global health, and the growing influence of policymakers, activists, and philanthropists who viewed global health as a foreign policy issue of first-order importance. Nevertheless, many deficiencies remain in global health governance, which create suboptimal outcomes for individual and population health. This working paper, sponsored by CFR's International Institutions and Global Governance program, examines the complicated landscape of global health governance, assesses the capabilities of existing institutions, and recommends more effective strategies for policy implementation. Although the United States will not have the resources to contribute to

global health at the same level as it did over the past two decades, the paper argues that U.S. leadership will be critical to future success in global health governance.
http://www.cfr.org/publication/22202/challenges_of_global_health_governance.html

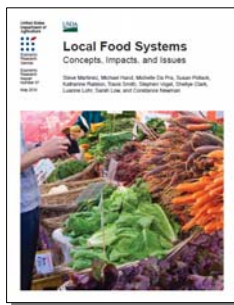
ASSESSING WEBSITE PHARMACY DRUG QUALITY: SAFER THAN YOU THINK? By Roger Bate, Kimberly Hess. AEI Working Paper, *PLoS One*, Friday, August 13, 2010

There are many website pharmacies, including those from overseas, from which it is almost certainly safe to procure medicines, and U.S. consumers should be able to reduce their risk by relying on credentialing agencies recommended lists and by using common sense when examining packaging and pills. <http://www.aei.org/paper/100132>



A SAFE MEDICINES CHEST FOR THE WORLD: PREVENTING SUBSTANDARD PRODUCTS FROM TAINTING INDIA'S PHARMACEUTICALS. International Policy Network. Roger Bate et al. May 15, 2010.

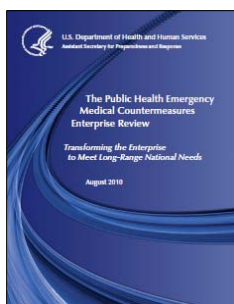
Many high quality drugs are manufactured in India, and the sub-continent has become the largest generics manufacturing location in the world. But it also has a significant problem with counterfeit and substandard drugs. [PDF format, 43 pages].
<http://bit.ly/d5ygQw>



LOCAL FOOD SYSTEMS: CONCEPTS, IMPACTS, AND ISSUES. U.S. Department of Agriculture. Steve Martinez et al. May 17, 2010.

The report shows an overview of local food systems explores alternative definitions of local food, estimates market size and reach, describes the characteristics of local consumers and producers, and examines early indications of the economic and health impacts of local food systems. There is no consensus on a definition of "local" or "local food systems" in terms of the geographic distance between production and consumption. But defining "local" based on marketing arrangements, such as farmers selling directly to consumers at regional farmers' markets or to schools, is well recognized.

Statistics suggest that local food markets account for a small, but growing, share of U.S. agricultural production. [PDF format, 87 pages]. <http://bit.ly/aczeQZ>



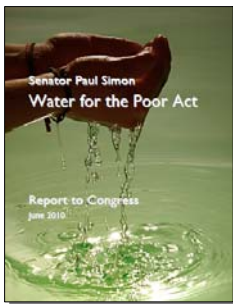
THE PUBLIC HEALTH EMERGENCY MEDICAL COUNTERMEASURES ENTERPRISE REVIEW: TRANSFORMING THE ENTERPRISE TO MEET LONG-RANGE NATIONAL NEEDS U.S. Department of Health and Human Services | Assistant Secretary for Preparedness and Response. August 2010

The review identified a need to upgrade science and regulatory capacity at the FDA and to more quickly develop manufacturing processes that can be used for multiple medications or vaccines rather than processes that can be used to produce only one type of countermeasure. The review placed a special focus on the federal government's flu response, identifying a need to upgrade flu vaccine manufacturing – from modernizing ways to test a vaccine's strength, known as potency, to new methods to show that the vaccine is safe, as well as ways to produce the early "seed virus" for vaccines faster.

<https://www.medicalcountermeasures.gov/documents/MCMReviewFinalcover-508.pdf>

TESTIMONY OF JODI NUDELMAN, REGIONAL INSPECTOR GENERAL FOR EVALUATION AND INSPECTIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES. U.S. Department of Health & Human Services. Jodi Nudelman. May 6, 2010.

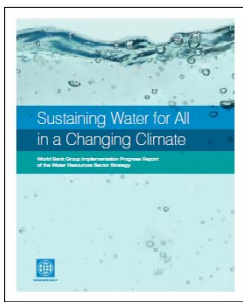
Our recent report is a part of a larger body of OIG work that demonstrates that more needs to be done to ensure the safety of the Nation's food supply. In a report on food traceability, it finds that only 5 of 40 selected products could be traced through each stage of the food supply chain. [PDF format, 6 pages] <http://bit.ly/9Zh0kA>



SENATOR PAUL SIMON WATER FOR THE POOR ACT. U.S. Department of State Fifth Annual Water for the Poor Report. Report to Congress, June 2010

As required by the Senator Paul Simon Water for the Poor Act of 2005, the State Department released its 5th annual report to Congress "describing U.S. efforts to expand access to safe drinking water and sanitation, improve water resources management and increase water productivity in developing countries."

<http://www.state.gov/documents/organization/146141.pdf>



SUSTAINING WATER FOR ALL IN A CHANGING CLIMATE--WORLD BANK GROUP IMPLEMENTATION PROGRESS REPORT. The World Bank, August 2010

The World Bank report is calling for a more integrated approach to worldwide water management. The report finds that more than one-sixth of the world's population is without access to safe drinking water (with 80 percent from rural areas) and 39 percent of the world's population has no access to improved basic sanitation. If the current rate persists, the Millennium Development Goal (MDG) of reducing half of the people who do not have access to improved sanitation, will miss the target by one billion people.

<http://siteresources.worldbank.org/NEWS/Resources/sustainingwater.pdf>

WHO PROPOSES CREATION OF AFRICAN PUBLIC HEALTH EMERGENCY FUND, STRATEGY TO REDUCE ALCOHOL USE IN AFRICA

During the 60th session of the Africa Committee of the WHO, Luis Sambo, regional director of the WHO for Africa, proposed the creation of a public health emergency fund to provide financial support to African countries in emergency situations. According to a WHO press release, Sambo's proposed \$100 million African Public Health Emergency Fund (APHEF) would be "financed from agreed appropriations and voluntary contributions from member states." The goal of the proposed fund would be "to mobilize, manage and disburse additional resources from countries for strengthening national and regional capacities and systems to identify, verify, notify and respond rapidly and effectively to epidemic and pandemic-prone diseases. It will also address the health impact of natural and man-made disasters, humanitarian crises, and other under-funded public health emergencies of national and international concern."

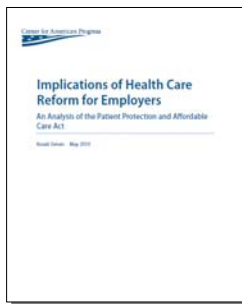
<http://globalhealth.kff.org/Daily-Reports/2010/September/01/GH-090110-WHO-Africa-Meeting.aspx>

HEALTH CARE SYSTEM



ADDRESSING GEOGRAPHIC VARIATION AND HEALTH CARE EFFICIENCY; LESSONS FOR MEDICARE FROM PRIVATE HEALTH INSURERS. By Darius Lakdawalla, Tomas J. Philipson, Dana Goldman | AEI Online, July 2010

Medicare's attempts to restrain costs center almost exclusively on reducing prices paid for medical services. Private-sector insurance companies are unable to secure similarly sized price discounts but rely more heavily on managing utilization to control costs. Studies find that Medicare spending and utilization vary considerably across U.S. regions, leading some to suggest that Medicare should look at relatively "low-use" regions as a model for decreasing costs in "high-use" regions. This policy prescription may be off the mark. In a new study, we examine spending and utilization for Medicare and private-sector health insurers. While Medicare's market share gives it more leverage to dictate prices than private health insurance companies have, variations in service use across regions are smaller for the private sector than for Medicare, suggesting tighter management of utilization in the private sector. To reduce spending and more appropriately limit geographic variation in utilization among Medicare beneficiaries, the program should consider the utilization-management techniques employed in the private sector as a model. <http://www.aei.org/outlook/100975>



IMPLICATIONS OF HEALTH CARE REFORM FOR EMPLOYERS. Center for American Progress. Kosali Simon. May 24, 2010.

The recent enactment of comprehensive health care reform has many implications for American employers and their workers. But how they are affected by the Patient Protection and Affordable Care Act and the companion Health Care and Education Reconciliation Act, or, together, the Affordable Care Act, will depend on factors such as the size of the employer, family incomes, and health conditions of the workers. <http://bit.ly/aN6wLV> [PDF format, 40 pages].

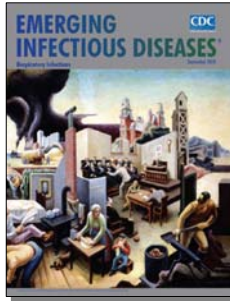
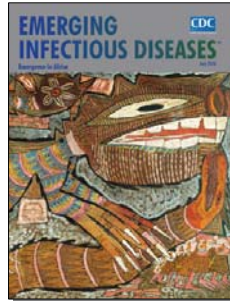
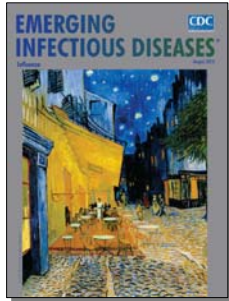


INCREASING ACCESS TO HEALTH WORKERS IN REMOTE AND RURAL AREAS THROUGH IMPROVED RETENTION. WHO, July 2010

Globally, approximately one half of the population lives in rural areas, but less than 38% of the nurses and less than 25% of the physicians work there. While getting and keeping health workers in rural and remote areas is a challenge for all countries, the situation is worse in the 57 countries that have an absolute shortage of health workers. After a year-long consultative effort, this document proposes sixteen evidence-based recommendations on how to improve the recruitment and retention of health workers in underserved areas. It also offers a guide for policy makers to choose the most appropriate interventions, and to implement, monitor and evaluate their impact over time. <http://www.who.int/hrh/retention/guidelines/en/index.html>

INFECTIOUS DISEASES NEWS

EMERGING INFECTIOUS DISEASES, Volume 16, Number 7-8-9. September 2010.
DHHS Centers for Disease Control



<http://www.cdc.gov/eid/content/16/9/1507.htm>
http://www.cdc.gov/eid/content/16/8/pdfs/EID_Vol16No8.pdf
<http://www.cdc.gov/eid/content/16/7/1189.htm>

A CONVERSATION WITH MICHEL KAZATCHKINE, EXECUTIVE DIRECTOR OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA Transcript. Council on Foreign Relations, June 8, 2010

This meeting was part of the Future of U.S. Development Assistance for HIV/AIDS and Global Health Roundtable Series.

http://www.cfr.org/publication/22589/conversation_with_michel_kazatchkine_executive_director_of_the_global_fund_to_fight_aids_tuberculosis_and_malaria.html



FROM CONFLICT TO PANDEMICS: Three Papers from the CSIS Global Health and Security Working Group. By Eugene V. Bonventre, James B. Peake. May 13, 2010

The CSIS Global Health Policy Center formed a working group in the spring of 2009 to examine the nexus of security and global health, with a special focus on the missions and programs of the U.S. Department of Defense (DOD). Specifically, the group concentrated on the role of the U.S. Department of Defense in preparing for global pandemics. This report represents the majority opinion of working group members, not a unanimous consensus on every last issue. Within this report are actionable recommendations for how the Obama administration can better use its military health programs to overcome knowledge gaps between the often segregated global health and national security objectives and improve interagency and civil-military communication. <http://csis.org/publication/conflict-pandemics>

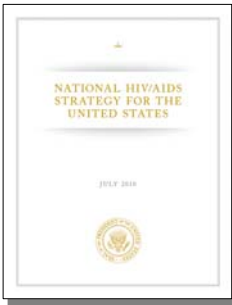
PANDEMIC INFLUENZA

EFFICACY AND ADOPTION OF STRATEGIES FOR AVIAN FLU CONTROL IN DEVELOPING COUNTRIES--A Delphi study. Birol, Ekin; Asare-Marfo, Dorene; Yakhshilikov, Yorbol. IFPRI

This Delphi study offers data collected from 23 experts and analyzed by using statistical analysis methods. The results reveal that small-scale flocks are significantly larger in Indonesia, compared to the four African countries. The efficacy levels of both private and public HPAI control strategies investigated are significantly higher for commercial producers than for their noncommercial/semi-commercial counterparts. Across private strategies and study countries, regular monitoring is thought to have the highest efficacy for those in the noncommercial/semi-commercial sector, whereas regular disinfection and containment in hard material (as a combined strategy) was found to be the most effective strategy in minimizing risk in the commercial sector. <http://www.ifpri.org/sites/default/files/publications/ifpridp01023.pdf>



HIV/AIDS



NATIONAL HIV/AIDS STRATEGY, 2010. The White House, July 2010

The White House released this national strategy on HIV/AIDS on July 13, 2010. The strategy's primary goals are stated as "reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities".

Document: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

Obama's remarks regarding the plan:

<http://www.whitehouse.gov/the-press-office/remarks-president-national-hiv-aids-strategy>

Implementation plan for the strategy:

<http://www.whitehouse.gov/files/documents/nhas-implementation.pdf>

A REFRESHINGLY OPEN DEBATE ON THE VALUE OF UNIVERSAL ACCESS TO AIDS TREATMENT FOR U.S. FOREIGN POLICY. By Mead Over. August 9, 2010

I see the AIDS transition as a plan to win against this devastating epidemic. Getting to the AIDS transition, the milestone after which the number of people living with HIV/AIDS begins to decline, does not itself constitute a "win." But it's an inevitable stepping stone to that objective, which if explicitly sought, will help all of us, AIDS treatment supporters and tax payers alike, to plan reasonably and confidently for the end of both the deprivation and the burden of this scourge.

<http://blogs.cgdev.org/globalhealth/2010/08/a-refreshingly-open-debate-on-the-value-of-universal-access-to-aids-treatment-on-u-s-foreign-policy.php>

STATEMENT FROM USAID ADMINISTRATOR RAJIV SHAH IN RESPONSE TO HISTORIC PROGRESS IN PREVENTING HIV INFECTION IN WOMEN, July 19, 2010

USAID is proud to be the major funder of the first-ever proof of concept that a microbicide can effectively and safely reduce the transmission of HIV from men to vulnerable women. An achievement of this magnitude could not have been possible without collaboration among governments, scientists, communities, and individual women at risk of HIV. CAPRISA 004 provides solid evidence that the use of an antiretroviral-based microbicide gel (1% Tenofovir) can significantly reduce the risk of HIV infection in women.

<http://www.prnewswire.com/news-releases/statement-from-usaid-administrator-rajiv-shah-in-response-to-todays-historic-progress-in-preventing-hiv-infection-in-women-98773359.html>

AN HIV BALM IN GILEAD. By Roger Bate. AEI. Published in the *Wall Street Journal Europe*, Monday, June 21, 2010

The process of treating HIV patients in Africa has improved markedly due to cooperation between pharmaceutical companies, which has led to increasing access to higher quality medicines. <http://www.aei.org/article/102208>

MESSY POLITICS OF DONOR SUPPORT FOR HIV. Laurie A. Garrett, Senior Fellow for Global Health. Council on Foreign Relations, August 4, 2010

Despite waning international donor support, criticism at the 2010 International AIDS Conference in Vienna focused on the United States and the Obama administration, though it's unclear why. The United States is by far the biggest supporter of both bilateral and multilateral HIV efforts, alongside overall support for global health that dwarfs the scale of the rest of the wealthy world's commitments. By contrast, the conference's host country, Austria, has essentially zeroed out its commitment to any support for HIV programs and nearly all forms of health foreign assistance. Yet it faced no attacks and only one mild criticism. Similarly, none of the Eastern European or CIS governments--particularly Russia--even sent high-level delegations to the conference, though that region has the fastest-growing HIV epidemic

http://www.cfr.org/publication/22766/messy_politics_of_donor_support_for_hiv.html



FINANCING THE RESPONSE TO AIDS IN LOW- AND MIDDLE-INCOME COUNTRIES: INTERNATIONAL ASSISTANCE FROM THE G8, EUROPEAN COMMISSION AND OTHER DONOR GOVERNMENTS IN 2009. UNAIDS and the Kaiser Family Foundation, July 2010

This chartpack, *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009*, tracks funding levels of the donor governments that collectively provide the bulk of international assistance for AIDS through bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. <http://www.kff.org/hiv/aids/7347.cfm>

TUBERCULOSIS AND OTHER DISEASES



THE GLOBAL TUBERCULOSIS EPIDEMIC: Fact Sheet. U.S. Global Health Policy, The Kaiser Foundation, June 2010

One-third of the world's population, or two billion people, carry the TB bacteria, more than 9 million of whom become sick each year with "active" TB which can be spread to others. "Latent TB" disease cannot be spread. TB is found in every country in the world, but the majority of TB cases are concentrated in developing countries, particularly those in Asia and Africa.

<http://www.kff.org/globalhealth/upload/7883-02.pdf>



THE GLOBAL MALARIA EPIDEMIC: Fact Sheet. U.S. Global Health Policy, The Kaiser Foundation, June 2010

The Anopheles mosquito, which transmits malaria parasites to humans, thrives in warm, tropical, and subtropical climates. While anyone living in or visiting an endemic country may be at risk, certain groups, particularly children and pregnant women, are more vulnerable. This fact sheet provides the latest data on the global malaria epidemic, including impact by region, prevention and treatment options, and the U.S. government response to the epidemic. <http://www.kff.org/globalhealth/upload/7882-02.pdf>

ANTI-MALARIAL DRUG QUALITY IN LAGOS AND ACCRA - A Comparison of Various Quality Assessments. By Roger Bate, Kimberly Hess| AEI | *Malaria Journal*, June 11, 2010

Two major cities in West Africa, Accra, the capital of Ghana, and Lagos, the largest city of Nigeria, have significant problems with substandard pharmaceuticals. Both have actively combated the problem in recent years, particularly by screening products on the market using the Global Pharma Health Fund e.V. Minilab protocol. Random sampling of medicines from the two cities at least twice over the past 30 months allows a tentative assessment of whether improvements in drug quality have occurred. Since intelligence provided by investigators indicates that some counterfeit producers may be adapting products to pass Minilab tests, the results are compared with those from a Raman spectrometer and discrepancies are discussed. <http://www.aei.org/paper/100121>

MONKEYPOX RISING IN WAKE OF SMALLPOX ERADICATION. By Lynne Peeples. Reuters, August 31, 2010

Some thirty years after authorities doled out the last dose of smallpox vaccine, the world faces another multiplying menace: monkeypox. A new study suggests that the monkeypox virus, which the smallpox vaccine also grants immunity against, is now at least 20 times as common as it was shortly after victory over smallpox had been declared. "The eradication of smallpox was one of the greatest achievements known to man," lead researcher Anne Rimoin of the University of California, Los Angeles School of Public Health told Reuters Health. "But a consequence of ceasing smallpox vaccinations is that now the world's population is vulnerable to other (related viruses) such as monkeypox." <http://www.reuters.com/article/idUSTRE67U4RH20100831>

CHRONIC DISEASES



THE CHALLENGE OF CHRONIC DISEASES ON THE U.S.-MEXICO BORDER. By Katherine Bliss. CSIS, Jun 14, 2010

On March 17, 2010, the CSIS Americas Program hosted a half-day conference entitled "The Challenge of Chronic Diseases on the U.S.-Mexico Border." The overarching goals of the session were to raise awareness of the problem of skyrocketing rates of chronic disease in the U.S.-Mexico border region; facilitate the provision of policy recommendations to both national and regional governments to enhance investment in prevention efforts; share best practices and strategies for encouraging healthy lifestyles throughout the region; discuss innovative and effective models of health care and prevention for countering chronic disease; address barriers to cross-border cooperation and opportunities for collaboration; evaluate health concerns within the context of other regional factors; and encourage participants to advocate for a broad spectrum of policy changes to counter chronic disease along the border. <http://csis.org/publication/challenge-chronic-diseases-us-mexico-border>

TWO STEPS FORWARD IN THE WAR AGAINST CANCER. By Scott Gottlieb. AEI | Wall Street Journal, Wednesday, June 9, 2010

News from this week's gathering of the American Society of Clinical Oncology in Chicago, the world's largest annual cancer meeting, underscores how good we have become at turning new scientific principles into superior medicines. For those who gripe that progress from our huge investments in cancer research is too little or too slow, stunning results from two experimental drugs tell a different story. Bristol Myers's drug Ipilimumab, the first treatment to extend the lives of patients with advanced melanoma skin cancer, is based on science that is 30 years in the making. Pfizer's drug Crizotinib, which shrank some of the most resistant and fatal forms of lung cancer, was developed as a result of science done over the last decade. <http://www.aei.org/article/102161>

PREVENTIVE SURGERIES MAY BE LIFESAVER FOR WOMEN AT HIGH CANCER RISK; Study finds removing breasts, ovaries greatly lower the odds, but decision can be a difficult one. By Madonna Behen. HealthDay News, Aug. 31

Women who carry genetic mutations that boost their odds of breast and ovarian cancer can live longer and reduce their cancer risk by having preventive surgery, a new study suggests. The surgery in question is drastic: removal of the breasts or ovaries before any signs of cancer have arisen. However, "what our findings show is that women who choose to have these surgeries will reduce their risk of dying of breast or ovarian cancer by about 70 to 80 percent, which is pretty profound," said study senior author Dr. Timothy Rebbeck, a professor of

epidemiology at the University of Pennsylvania School of Medicine. The findings are published in the Sept. 1 issue of the *Journal of the American Medical Association*.
<http://www.healthfinder.gov/News/newsstory.aspx?docid=642660>

CHRONIC KIDNEY DISEASE — A QUIET REVOLUTION IN NEPHROLOGY. Six Case Studies. By: Richard A. Rettig et al. RAND 2010

Examines changes in nephrology as it evolves from a focus on end-stage renal disease (ESRD) to the treatment of earlier stages of chronic kidney disease (CKD). Once patients reach ESRD, treatments are limited to kidney transplantation and dialysis. However, the progression of earlier stages of CKD can be slowed, halted, or reversed when treated. Data from 15 clinics focusing on CKD are examined, with the focus on six case studies. Clinics are still establishing best-practice models, and reimbursement remains a challenge. Recommendations also include widespread education for primary care physicians on how to interpret levels of kidney function and on referral of patients with decreased kidney function to nephrologists before ESRD is reached. http://www.rand.org/pubs/technical_reports/TR826/

MISCELLANEOUS

1000 GENOMES PROJECT

The 1000 Genomes Project is an international collaboration to produce an extensive public catalog of human genetic variation, including SNPs and structural variants, and their haplotype contexts. This resource will support genome-wide association studies and other medical research studies. The genomes of about 2000 unidentified people from about 20 populations around the world will be sequenced using next-generation sequencing technologies. The results of the study will be freely and publicly accessible to researchers worldwide. Further information about the project is available in the *About* tab. Information about downloading, browsing or using the 1000 Genomes data is available in the *Data* tab.
<http://www.1000genomes.org/page.php>

ALTRUISM + INCENTIVE = MORE ORGAN DONATIONS. By Sally Satel. AEI. Published in the Times, Friday, June 11, 2010

Governments must provide in-kind incentives in order to spur organ donations, as altruism cannot be the sole legitimate motive for donating, and to achieve the true end of saving more lives. <http://www.aei.org/article/102184>



THE U.S. GOVERNMENT'S EFFORTS TO ADDRESS GLOBAL MATERNAL, NEWBORN, AND CHILD HEALTH: THE GLOBAL HEALTH INITIATIVE AND BEYOND. Report. U.S. Global Health Policy, The Kaiser Foundation May 2010

This report examines the U.S. role in improving global maternal, newborn, and child health, including the heightened focus placed on these issues by the Administration's Global Health Initiative. It provides an overview of international efforts and a detailed look at the U.S. government's response to date, reviews U.S. funding trends for maternal and child health, U.S. agencies' related activities, the contribution of key U.S. global health efforts, and U.S. participation in international multilateral efforts. It also identifies key policy issues surrounding the future of the U.S. involvement. <http://www.kff.org/globalhealth/upload/8074.pdf>



THE U.S. GOVERNMENT AND INTERNATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH: Fact Sheet. *U.S. Global Health Policy*, The Kaiser Foundation, May 2010

Each year, an estimated 342,000 to half a million women die from complications during pregnancy and childbirth, almost all in developing countries.^{8,9} It is also estimated that approximately one third of maternal deaths could be avoided annually if women who did not wish to become pregnant had access to and used effective contraception. This fact sheet examines the U.S. role in international family planning and reproductive health worldwide, including the history of U.S. involvement, current programs and funding, and key issues. <http://www.kff.org/globalhealth/upload/8073.pdf>

Articles on health issues are available at
<http://www.america.gov/global/science.html>
