



**Health is a fundamental human right, a moral and social imperative, and the basis of equitable growth and sustainable development**

# Newsletter

Issue 23, March 2015

## Health News

*The issue of universal health coverage is not a matter of economics. Little more than one per cent of GDP could cover all. It is a matter of soul. Uwe Reinhardt, Princeton University*

### **Why gender should be a central focus for universal health coverage**

To make universal health coverage truly universal an approach needs to be developed that places gender and power at the centre of analysis. This means a discussion about who is included, how health is defined, what coverage entails and whether equity is ensured. To celebrate Universal Health Coverage Day RinGs has put together a [list of ten arguments](#) for why gender should be a central focus within UHC.

### **WHO's new End TB Strategy**

The 67th World Health Assembly adopted in May 2014 a [Global strategy and targets for tuberculosis prevention, care and control after 2015](#). A wide range of stakeholders—from ministries of health and national tuberculosis programmes to technical and scientific institutions, financial and development partners, civil society and health activists, non-governmental organisations, and the private sector—contributed to its development NGOs need to be alert in monitoring the follow-up and impacts. The Lancet discusses the strategy [here](#).

### **Doctors for Divestment: Climate Change and Public Health**

An associate professor at the Australian National University College of Law, Canberra, explains the [urgent need](#) to encourage fossil fuel divestment by governments, companies, and institutions in order to promote a healthy climate and a safe planet.

### **Health versus Healthcare – learning from transport planning**

Lawrence Loh of the Dalla Lana School of Public Health, Toronto University, presents interesting and hopefully useful idea in [his post](#) comparing transport and health planning. He shows how modern transport planning has rapidly moved away from an expensive, outdated system of car-dependent suburban sprawl. Understanding that health is different from healthcare, he still believes that wider societal discourse needs to apply planning lessons from other sectors in order to move away from a singular focus on healthcare that is similarly expensive and outdated.

### **Growing awareness of the poisonous effects of sugar**

A new WHO [guideline](#) advises that individuals limit their intake of free sugars to less than 10% of calories (50 grams of free sugars based on a 2,000 calorie diet) and as low as 5% of calories (25 grams) to enjoy additional health benefits. "Free sugars" refer to monosaccharides (such as glucose, fructose) and disaccharides (such as sucrose or table sugar) added to foods and drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. A comment by the Centre for Science in the Public Interest may be read [here](#).

### **Ebola in West Africa – time to bury the Bamako Initiative**

Rob Yates discusses health in West Africa on the [Global Health Check](#) website. He shows that even before the Ebola outbreak development agencies were highlighting that health indicators in this region were lagging behind the rest of the continent.

### **Global health experts call into question sub-Saharan cancer data**

[Global health experts](#) believe the current data on cancer prevalence, incidence and mortality in sub-Saharan Africa -- which determines how billions of pounds of international development money are spent -- are weak and could mean vital funds are being deflected from other priorities. These include diarrheal and waterborne diseases, malnutrition, sanitation and the need to strengthen health systems

### **Swedish Workplace HIV and AIDS Programme**

The latest newsletter from SWHAP is available on its website [www.swhap.org](http://www.swhap.org) and [Facebook page](#) – you can also follow the programme on [Twitter](#). SWHAP also encourages direct contact with its country offices:

Botswana, Namibia, Zambia and Zimbabwe: Edith Maziofa-

Tapfuma [edith@swhap.org](mailto:edith@swhap.org)

Kenya, Rwanda, Tanzania, Uganda: Daniel Mwaura [daniel@swhap.org](mailto:daniel@swhap.org)

Democratic Republic of the Congo: Mianda Mwepu Hatton [mianda@swhap.org](mailto:mianda@swhap.org)

South Africa: Jacob Graaff [jacob@swhap.org](mailto:jacob@swhap.org); Mary Kau [mary@swhap.org](mailto:mary@swhap.org); Emmanuel

Modikwane [emmanuel@swhap.org](mailto:emmanuel@swhap.org)

### **Physicians National Health Programme**

PNHP argues that the US Congress is about to pass [legislation](#) that includes “ill-advised, misguided and detrimental policies that could cause irreparable harm to our traditional Medicare program.” The legislation seeks to repeal the Medicare sustainable growth rate. See the [Backgrounder on the 2015 SGR ‘doc fix’](#).

### **Alliance for People’s Health**

A founder member of the Alliance in Canada [reflects](#) on nine years of building up and working with the APH. She calls it an attempt to sum up the process the organization went through to agree its political positions and practices.

## Mental Health

### **How Do You Cope When Your Mental Health Problems Can’t Be Resolved?**

While many mental health problems are highly treatable, it is true that for some people their mental health condition will never completely disappear, so how do we deal with that? This is an [interesting and personal post](#) on Care2.

## **Society for the Study of Psychiatry and Culture**

The SSPC is a nonprofit, interdisciplinary organization devoted to furthering research, clinical care and education in cultural aspects of mental health and illness. There is a series of interesting articles and forthcoming events in the current [SSPC newsletter](#).

# Health and Human Rights

*Of all the forms of inequality, injustice in health care is the most shocking and most inhumane.* Martin Luther King Jnr.

## **Power to the poorest, say NGO heads**

The heads of [ActionAid International](#), [Oxfam International](#), [Greenpeace International](#), [CIVICUS](#) and [Association for Women's Rights in Development](#) have together committed to reorient future work towards strengthening the power of the poorest people to challenge the world's wealthiest 1 percent. [They called for a "tectonic shift"](#) in the sector's approach to development at the global civil society activists' [World Social Forum](#) meeting in Tunisia from 24 to 28 March 2015.

## **Inequality: up or down?**

The ILO's commitment to social justice means that it traces trends in inequality. The recent report, [Labour Markets, Institutions and Inequality: Building just societies in the 21st century](#), shows that inequality has risen in most countries over the past two decades. It includes [this chart](#) for an at-a-glance picture of where in the world inequality has worsened and where it has improved.

## **Operational guidelines to ensure the respect of human rights**

The ILO's HIV/AIDS Branch also takes a rights-based approach to its work. A recent publication - [Respecting human rights in the implementation of the VCT initiative: operational guidelines](#) - provides guidance on the protection of human rights in the implementation of the [VCT@Work initiative](#), that is Voluntary Confidential Counselling and Testing for workers. The guidelines have been developed by the Global Network of People Living with HIV (GNP+) with support from the International Labour Organization (ILO), in consultation with the Inter-Agency Task Team on HIV and AIDS Workplace Policy/Programmes and Private Sector Engagement.

# Announcements

## **European Commission launches €1m prize for a diagnostic test to combat antibiotic resistance**

[A prize of €1 million](#) will be awarded to the person or team who develops a rapid test to tell whether a patient needs to be treated with antibiotics or not. The aim is to stop overuse of antibiotics and halt the growing resistance to them which causes 25 000 deaths every year and over €1.5 billion in healthcare expenses and productivity losses in Europe alone.

## **Geneva Health Forum 2016**

The Geneva Health Forum, a biennial event launched in 2006, combines plenary and parallel sessions with a large international exhibition area. Geneva University Hospitals (HUG), along with the Faculty of Medicine of the University of Geneva and Swiss public institutions

committed to global health, have pooled their talents and resources to organize the Forum.

The sixth Forum will take place next year from 19 to 21 April at the International Conference Centre of Geneva (CICG), and will focus on sustainable and affordable innovations in healthcare. Expressions of interest to participate as should be submitted [online](#) before 20 April 2015.

#### **Geneva Centre for Education Research in Humanitarian Action**

The Centre offers a range of [thematic seminars](#), one-week intensive courses on specific issues relevant to humanitarian practitioners. They are led by senior academics and experienced humanitarian professionals. Forthcoming:

- Nutritional crises, origins, consequences and interventions (27 April - 1 May 2015)
- Chronic diseases and the humanitarian response (4-8 May 2015)
- Sexual and reproductive health (11-15 May 2015)
- Violence and its impact on health (18-22 May 2015)

#### **Tackling Childhood Obesity in Europe** through Prevention and Partnership

This [Public Policy Exchange](#) aims to tackle what has become a major public health concern in Europe, with one in three 6 to 9 year-olds overweight or obese and around seven per cent of national health budgets in the EU spent on diseases linked to obesity (WHO).

Date: Thursday 16 April 2015

Venue: Thon Hotel, Brussels City Centre

#### **Health impacts on trade and investment agreements**

Following the Lancet-University of Oslo Commission report on Global Governance for Health - [The Political origins of health Inequity: prospects for change](#) - an Independent Panel was set up to provide evidence of impact on political processes that influence global health. The Panel [invites submissions](#) of evidence on the topic of health impacts of trade and investment agreements from all interested parties. The last date is 30 April 2015.

#### **COHRED Global Forum on Research and Innovation for Health 2015**

24 – 27 August 2015, Manila, Philippines

The Forum 2015 organizing committee is delighted to announce that the abstract online submission is now open. The programme will be built around two major pillars showcasing: key concepts needed to improve the efficiency and effectiveness of research and innovation for health and development, and ways that research and innovation contribute to solutions to important global health and development challenges faced by low- and middle-income countries today.

If you are interested in submitting an abstract please consult the abstract submission guidelines. All abstracts must be submitted online [here](#) before 5 May 2015.

**The Forum Newsletter aims to provide information to members and cooperating organisations and serve as a platform for sharing updates, ideas and experiences. Please send us material you want to share at: [info@ngo-forum-health.ch](mailto:info@ngo-forum-health.ch)**

**Visit our website at: <http://ngo-forum-health.ch/>**