Summary of e-Discussion on Global Public Health

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Questions of e-discussion

Part I: Strengthening health systems (29 January – 11 February 2009)

Click her for Launch Message Part I

1. How can we overcome health inequities, achieve universal coverage and renew primary health care (PHC)? What are examples of successes toward universal coverage that could be replicated or scaled up? How can countries learn from each others experience in this?

2. What steps can both developed and developing country governments take to overcome the shortage of health care workers? What can be done to limit the damage and create opportunities through increased migration of health professionals? What specific initiatives can the Economic and Social Council (ECOSOC) launch in July 2009?

Moderators for Part I of e-discussion

Mr. Kazuo Tase
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Mr. Garry Conille
Team Leader
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Part II: Emerging and future health challenges (12 – 26 February 2009)

Click her for Launch Message Part II

1. What are the essential elements of national strategies to address the growing magnitude of noncommunicable diseases (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and their modifiable risk factors (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol) and social determinants? What sectors besides the health sector must be involved in designing and implementing the strategies? How can we raise the priority accorded to noncommunicable diseases in development work at global and national level?

2. In the wake of the financial crisis, how can we maintain and enhance the favourable policy and resource trends for global health of the recent past? How can we better define the roles different stakeholders can play, including through collaborative intersectoral efforts, towards the achievement of public health goals?

3. What further innovations should be incorporated into global health partnerships and collaborative arrangements to improve their performance, reduce transaction costs and increase synergy of action aligned to country priorities? What other innovative ways of working can be considered that strive for greater coordination and collaboration of all actors in health?

Moderators for Part II of e-discussion

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Please click here for

1) Background note of e-discussion
2) Pre-launch message from Mr. Sha Zukang, Under-Secretary General, UNDESA, and Mr. Kemal Derviş, Administrator, UNDP.
3) Homepage of Annual Ministerial Review
4) Homepage of 2009 AMR e-discussion
5) Part I responses in full
6) Part II responses in full

Outline of Summary

Introduction

Overall context

The Annual Ministerial Review (AMR) is a new function of the United Nations Economic and Social Council (ECOSOC), mandated by the Heads of State and Government at the 2005 World Summit. The objective of the AMR is to assess progress in achieving the internationally agreed development goals (IADGs) arising out of the major United Nations conferences and summits since the 1990s, and to contribute to scaling-up and accelerating action to realize the United Nations development agenda.

For the 2009 AMR, the Council will focus on "implementing the internationally agreed goals and commitments in regard to global public health". The four-week-long moderated e-discussion hosted by MDGNet from 29 January to 26 February 2009 is a part of a process of global consultations preparing for the Review to be held during the high-level segment of the annual session of the Economic and Social Council (6-9 July 2009) at Palais des Nations in Geneva, Switzerland.

E-discussion

The e-discussion, organized jointly by UN/DESA and UNDP, with support of the WHO, is based on two broad themes: Part I focused on "Strengthening health systems" by (i) overcoming health inequities, achieving universal coverage, renewing primary health care and (ii) overcoming the shortage of health care workers. Part II will cover "Emerging and future health challenges" by discussing national strategies to address the growing magnitude of noncommunicable diseases, approaches to enhance trends for global health in the wake of the financial crisis and innovations for global health partnerships and concrete collaborative arrangements to improve their performance.

Generating 126 responses from experts, practitioners and policy-makers from diverse regions and stakeholder groups, from within and outside of the United Nations system, the second part of the e-discussion presented a rich array of perspectives and a number of actionable and constructive recommendations for consideration by the Economic and Social Council and the larger international community.

The lively discussion, which ended on 26 February 2009 and informed a total number of 5,700 subscribers, was recapitulated in a moderators' message by the moderators of part I after the first week and moderators of part II summarized and posed questions in a moderators' message in the third week of the e-discussion.

PART I: STRENGTHENING HEALTH SYSTEMS

1. Overcoming health inequities, achieving universal coverage and renewing primary health care

E-discussion participants valued the universal and free access to primary health care as a prerequisite to reduce health inequities. There was a general consensus on the urgent need for proactive interventions based on the needs at community level. Many contributors emphasized that better understanding of the rural population's needs, including those of pregnant women, children, the elderly, and people with disabilities, unemployed, and indigenous people is a first step towards pursuing health interventions to address health inequality. The importance of context-specific linkages of health sectors with education, nutrition, employment and human security was reiterated throughout the discussion.

Success stories and specific proposals abound on the issues of (1.1) developing institutional capacity (1.2) sustainable health care financing; and (1.3) promoting cross-sectoral and integrated approaches for achieving universal coverage and renewing primary health care.

1.1. Institutional capacity development

Several key aspects of institutional capacity development were discussed. These included 1) human resource development, in particular for health care workers and doctors in rural areas, and 2) strengthening national ownership in planning, implementing and monitoring health interventions. In this regard, the following recommendations came out from this e-discussion:

International level

- Reaffirming the principle of national ownership, providing multilateral and bilateral support in such a way that will strengthen and further develop existing health service provisions, sector plans and infrastructures to reach out to communities in need, instead of creating parallel and/or fragmented mechanisms created by externally funded projects.

- Support strengthening national decision-making mechanisms, as opposed to imposing prescriptive solutions. The domestic decision making mechanism should be able to better capture needs of communities as a starting point for planning and execution processes.

- Strengthen the capacity of the Ministry of Health (and relevant ministries) to conduct their own monitoring and to commission "outcome" evaluation. Results and findings of monitoring and evaluation of externally-funded projects should be shared transparently and fed into the national decision making mechanism.

- Support the development of domestic human resources in a sustainable way and avoid absorbing health care and medical workforce from the national and local health care systems for short- and medium-term projects.

National level

- Ensure affordability of health care and free access to the primary health care as a priority.

- Develop nationally tailored guidelines with a clear set of objectives on effective national health care schemes, including infrastructural, financial and human resource management.

- Fulfill basic infrastructure needs such as energy and information and communication technology with a view to creating an enabling environment for learning opportunities for health care workers and community members in rural areas. The modality of learning entails not only face-to-face, but also distance learning and telemedicine whereby the community can have access to practical medical information in real-time.

- Develop national capacity to set up clear indicators to monitor progress of the universal health care, along with the capacity to commission independent evaluation.

- Reaffirming the importance of more allocation of funds and human resources to the health sector, ensure the proper and targeted *allocation* of resources within the health sector (e.g. capital vs. rural).

1.2. Sustainable health care financing

Without clear financing priorities, the universal access to primary health care cannot be achieved. This requires understanding the multifaceted needs of population and the shortage of healthcare workers at local level, based on which local and national level plans are developed in a consultative process. The following are recommendations from the discussion on sustainable health care financing:

International level

- Support the universal access to primary health care especially in meeting the needs of rural population. (e.g. expand support for rural areas instead of disproportionately earmarking funds to build tertiary health care facilities in the capital).

- Further building on various international initiatives for advancing global public health and focus on the implementation and monitoring of international commitments. For example, establish an international follow-up mechanism to monitor the implementation of G8 "Toyako Framework for Action on Global Health."

- Further explore a possibility of setting up an international mechanism whereby a certain share of international financial transactions will be allocated to enhance access to primary health care.

National level:

- Invest more in rural health infrastructure (such as health extension centres and posts, education facilities and transportation) as a sustainable way of providing health services, in particular to the vulnerable and the poor.

- Ensure national and community ownership by harmonizing allocations of national budgets and external aid. Monitoring and evaluation should feed into nationally-led planning processes.

- Strengthen cooperation between Ministries of Health (MoH) and externally funded programmes to balance remuneration inequities among health workers and doctors.

- Prioritize budget allocations by targeting specific population groups, such as rural population, pregnant women, children, indigenous population and the unemployed.

- Promote schemes to protect people from financial, economic, energy and food crises. Such schemes include vouchers for health services, community transport, and birth preparedness plans with advice to save money.

- Set up a voluntary mechanism to encourage nurses and doctors living abroad to financially contribute to their country (or community) of origin, either in form of remittances, sharing of practical knowledge and experiences or working as mentors.

- Conduct studies on sustainability and potential of voluntary contribution of informal economic sector to finance self-managed health schemes at community level.

1.3. Promote cross-sectoral and integrated approaches to health

Health issues are intrinsically linked to education, family, the media, transportation, energy, sustainable income, food security and nutrition at community level. To achieve universal access to primary health care, an integrated approach at international, national and local levels needs to be pursued. Key recommendations from the discussion are the following:

International level

- Promote an international platform for countries with similar income levels, governance systems and epidemiological patterns to share concrete examples of cross-sectoral collaborations that can be scaled-up.

- Consider sponsoring a GA resolution to promote enhanced inter-governmental cooperation in primary health care provision.

- Promote Southern-led research activities and training partnership programmes focusing on emerging models of primary health care.

National level

- Tailor and promote community oriented and decentralized public information campaigns on sanitation and nutrition in local contexts, which is indispensable for the prevention of illness. It is also important to inform populations, especially in rural areas, of health care services available.

- Strengthen partnership with civil society organizations, including faith-based organizations to reach out to populations-in-need to break myths, taboos and distrust around reproductive health.

- Explore operational partnership with faith-based organizations as non-profit organizations as a partner of the Ministry of Health in reaching communities in disseminating information and coaching on health.

- Establish and pro-actively promote inter-sectoral committee at national and local levels to formulate health-related policies and guidelines (e.g. on nutrition and family education).

- Ensure measures for safety and working conditions for female health care workers, doctors and nurses, in particular but are not limited to rural areas. Utilize the mass media as well as locally adjusted modalities of information campaigns (such as radio and

through faith-based organizations) to counter-act distrust, myths and fears in the population, e.g. regarding taboos around reproductive health.

- Strengthen local authorities in environmental sanitation and waste management in collaboration with health authorities.

- Acknowledging the linkage of animal health with human livelihood, encourage the partnership with veterinarians in planning public health interventions, such as vaccinations to livestock in rural areas.

- Strengthen education of women in view of expected positive influence on family health, as well as proven investment return in free education for girls.

- Support affordable public transportation services and access to energy to ensure accessibility and availability of health care services.

2. Overcoming the shortage of health care workers

Participants agreed that any meaningful initiative to revitalize global public health needs to address the issue of "brain drain". Some participants pointed out that the shortage of health care workers is most severely felt in areas where patients depend heavily on community health workers and first aid logistics. During the discussion (2.1) community participation and training at local settings; and (2.2) incentives for health care professionals working in rural areas were highlighted.

2.1. Community participation and development

In order to overcome the shortage of health care workers, the importance of training local population on basic health care in local settings was reiterated. Some contributors noted that people with close family ties to and understanding of a particular region would be more likely to stay if training is conducted in context specific and health-related posts are available in the region. Others underscored the importance of strengthening local governance, with decentralization of health care services with a view to making the government accountable for health services and collection of statistics for monitoring.

International level

- Discuss the role of university hospitals in international debates, in particular with regard to how they can contribute more effectively to the performance of national health systems.

- Consider harmonizing curricula in sub-regions to improve mobility of health professionals and trainers in order to share health care related human resources.

National level

- Explore and promote sustainable community-based volunteer programmes in partnership with civil society organizations.

- Support community- and faith-based organizations which act as health care providers and promote a strong linkage between different levels of health provision (family, community, referral centres, tertiary treatment etc.).

- Promote a so-called "team approach" whereby health specialists of different fields, health care workers, nurses, mid-wives, veterinarians, dentists and patients collaborate and share information to exercise flexibility and provide better coordinated community health.

- Invest more in health care workers at various levels to promote the team approach. Such investments include both financial and capacity development activities.

- Integrate pharmacists into the clinical scenario as caregivers and resource managers in disease prevention and health promotion campaigns to reduce burden of doctors.

- Deploy mobile health units with paramedics and x-rays as a useful tool in rural areas.

- Focus on training of certain group of local workers who are expected to stay in the region.

2.2. Incentives for health care professionals

A number of contributors raised the importance of addressing insufficient remunerations and dire working conditions for health professionals in developing countries, in particular in rural areas where primary health care services are most needed. There was a wide consensus amongst participants that a more holistic set of incentives is necessary, such as the availability of adequate accommodation, transportation, and schools for children of health care workers. This also includes a decent level of personal safety and measures to counter-act overworking. Key recommendations from the discussion are the following:

International level

- Provide small re-entry grants as a practical strategy to facilitate continuing research in lower-income countries.

- Support an international mechanism to track movements of health care workers, nurses and doctors and conduct studies on migration trends to be able to assist governments in developing targeted interventions to promote brain-drain "reversals".

- Provide multilateral funds for training of human resources in existing national mechanisms, rather than providing ad-hoc training. Ideally, the Government should allocate its budgets for capacity development and the donor community should assist the implementation of governmental plans (either financial or technical), instead of running donor-driven fragmented projects detached from national plans or systems.

- Provide support to develop and utilize a set of indicators to measure performance of health systems, which can be effectively used as a basis for informed analyses and planning by respective governments.

National level

- Prepare and implement policies on 1) ensuring working conditions of health workers, especially in rural areas; 2) ensuring that their salary will not be under a minimum wage; and 3) providing preferential career development schemes for rural health care workers.

- Where necessary, provide proactive logistical support by health management units to the local level, including referral mechanisms, more frequent communication, the provision and maintenance of equipment and ICT, and medicines.

- Build productive and people-centered partnerships with the private sector in the maintenance of health-care facilities and utilization of virtual and mobile technology to provide health advice and services and raise health awareness.

- Forge academic – hospital/health care service provider partnerships in aligning needs of both rural and urban population to develop curricula for more practical human resource development.

- Set up a voluntary mechanism that encourages doctors in urban areas to voluntarily provide consultations by dedicating certain working hours to take calls to support practitioners in rural areas.

- Employ retired nurses for community work. The elderly could contribute as caregivers to, for example, HIV-AIDS orphans. Also consider setting up higher retirement age of nurses to benefit both communities and encourage productive participation of aging populations.

- Revisit existing salary structures to provide equal pay irrespective of regions and programme.

- Strengthen the image of nurses with better working conditions and by making the profession both for males and females. More emphasis should be placed to empower them with education opportunities and career prospects.

PART II: EMERGING AND FUTURE HEALTH CHALLENGES

1. National strategies to address noncommunicable diseases (NCDs)

Reaffirming the staggering human and economic costs of noncommunicable diseases, participants underscored the need for more advocacy and political attention to the prevention and management of NCDs. Governments are encouraged to develop new, or strengthen existing programmes to prevent and control NCDs as an integral part of their national health policy and broader development frameworks and ensure that provision of health care for NCDs is dealt with in the context of overall health system strengthening, with a special focus on primary health care. This requires investments in building national capacities to develop, implement and evaluate evidence-based policies and plans, as well as investments to strengthen human resources and promote intersectoral actions.

The e-discussion has brought together various case studies and proposals made by NCD experts and practitioners around the world. Following are the key recommendations from the discussion:

International level:

- Put NCDs and mental health on the global health and development agendas, considering inter-linkages with poverty and MDG 1b, 4 and 5.[1] For example, make prevention and control of NCDs an integral part of the achievements of these MDGs, and make mental health care an integral part of maternal and child health services and policies.

- Provide a platform to connect policy-makers, researchers, health promoters, educators, and parents to exchange up-to-date science and best practices for the prevention and control of NCDs. This may include virtual health networks to involve key stakeholders and promote collaborative approaches to prevent and control NCDs.

- Raise tobacco taxes to generate revenue for pro-poor social policies and the implementation of a currency transaction tax to finance counter-cyclical policies, which may also focus on enhanced health capacities for least-developed countries.

National level:

- The growing NCD crisis in developing countries, especially for the underprivileged, requires the creation of national NCD prevention and control plans to reduce modifiable risk factors, enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs; promote early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors; help people with NCDs to manage their own conditions better; and improve access to affordable essential medicines, including for pain relief and palliative care.

- Recognizing the impact of tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol on the burden of NCDs, provide national strategic leadership on strategies for reducing risk factors for NCDs through the development and implementation of supportive environments, policies and programmes and implement packages of cost-effective interventions which provide and encourage healthy choices for all. This includes, *inter alia,* implementing the measures contained in the WHO Framework Convention on Tobacco Control.

[1] Mental health problems, which can be closely related to depression, anxiety disorders, drug and alcohol abuse, can have an impact on infant health, child development (MDG 1b and 4) and maternal physical morbidity (MDG 5).

- Ensure that physical environments support safe active commuting, and create space for recreational activity.

- Support healthier food diets by reducing salt levels, eliminating industrially produced trans-fatty acids, decreasing saturated fats, and limiting free sugars.

- Promote the increase of consumption of fruits and vegetables, and legumes, whole grains and nuts.

- Make curricular and extracurricular health education more focused on developing life skills, including problem-solving capacities and stronger self-esteem among children to protect and promote their physical and mental health.

- Target parents for greater awareness to encourage healthier choices.

- Prioritize children's health through holistic early-childhood development including peer group learning and government-wide commitment to invest coherently into child-supportive policies.

- Develop and implement evidence-based alcohol policies to reduce population-wide alcohol consumption by building on successful measures, including taxation, limits on availability, and drunk-driving counter-measures.

- Invest in information and communication technologies (ICT) and health education to a) establish direct communication networks among experts, therapists, care takers and patients of numerous diseases; b) support system-wide implementation strategies for treatment and preventive practices; and c) make populations aware of health risks and health services provided.

- Promote multisectoral collaboration to develop and implement a comprehensive national policy and plan for the prevention and control of four NCDs (cardio-vascular diseases, cancers, chronic respiratory diseases and diabetes) and four shared risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) with the effective involvement of sectors outside health.

- Work at the highest level of Government to promote Health in All Policies and to promote intersectoral joint work and to ensure that policies of non-health sectors contribute positively to NCD prevention.

- Build the evidence base on the relationship between NCDs, poverty and development.

- Develop tools that enable decision-makers to assess the consequences of NCDs and impact of NCD policies and plans.

- Share an accumulated knowledge-base on good practices on other disease prevention to adapt to NCDs.

2. Global partnerships and the financial crisis

The impact of the financial crisis on progress towards the MDGs and the global public health agenda will be felt particularly in least-developed countries as ODA flows and other forms of financing for development decline. Participants advocated for raising awareness of the linkages between NCDs and the MDGs to maintain favourable investment trends. Following are recommendations on the financial crisis and health issues.

International level:

- Provide technical assistance to develop transparent institutional systems of public revenue generation for least-developed countries and middle-income countries in line with the recommendation of the WHO Commission on Social Determinants for Health.

- Incorporate global health partnerships and collaborative arrangements in the work programme for a United Nations Decade for a Healthy World/UN Decade of Health and Wellness to strengthen the collective commitment of Member States.

- In the context of the financial crisis, convene a World Summit on Global Health to produce a universal action plan to improve the health situation of all individuals.

- Call for a GA resolution in 2009 to launch a campaign in 2010 to mobilize public opinion worldwide in support of health as a priority goal.

- Strengthen the United Nations Ad Hoc Interagency Task Force on Tobacco Control to intensify a joint United Nations response, global support for tobacco control, multi-sectoral collaboration and effective implementation of WHO Framework convention on Tobacco Control at country level.

National level:

- Take into account the negative impact on the livelihoods of tobacco farmers when planning national strategies for tobacco control. For example, while controlling tobacco production, crop alternatives need to be identified for farmers who rely on tobacco production as a sole source of income generation.

- Utilize all opportunities to integrate chronic disease prevention into existing programs of governments, civil societies, and businesses. This includes prenatal care, breastfeeding promotion, health education at school, health service delivery, adult literacy, education of micro-entrepreneurs, workplace occupational health, urban/community planning, media and special interest groups.

- Promote innovative campaigns for health using communities, schools, churches, mosques, market places and town union meetings as part of global health partnerships in accordance with country priorities.

- Ensure the alignment of work at the country level among all stakeholders to advance health, under the auspices of government stewardship ensuring participation of all sectors.

RESOURCES AND CONCRETE INITIATIVES SHARED

4.1. PART I

1. Primafamed: Goal: to develop and improve the family medicine training and strengthen dialogue between PHC researchers and practitioners in Africa Partners: Gent University (Belgium), 10 universities in Sub-Saharan Africa Link: www.primafamed.ugent.be
2. 15by2015: Goal: To convince donors to allocate 15% of budgets for vertical disease oriented programs to horizontal PHC systems by 2015 Link: www.15by2015.org
3. Health Management and Research Institute (India) Goal: Use of state-of-the-art ICT to enhance health care delivery Link: www.hmri.in
4. Certified Health Education Specialist (CHES) system Goal: Certification of health educators Link: www.nchec.org
5. African Journal of Primary Health Care an Family Medicine Goal: Repository for PHC research and family medicine in African context. Link: www.phcfm.org
6. Health Sciences Online Goal: provide free health-science resources, including references and courses Link: www.hso.info
7. One Health Goal: To promote increased communication and collaboration across specialities Link: www.onehealthinitiative.com
8. Haiti Nursing Foundation Goal: Overcome shortage of nurses through training programme based on local health needs.
9. Health systems impact assessment Goal: Global call to action and review of evidence Link: http://ghsia.wordpress.com
10. NGO Code of Conduct for HealthSystems Strengthening Goal: Signature (currently 40 NGOs) by wide number of NGOs to reach standard in issues of recruitment, compensation, coordination, advocacy etc. Link: http://ngocodeofconduct.org
11. Task force for medical education reform Goal: to address rural health care needs and integrate them in medical education refom Link: http://www.mohfw.nic.in/NRHM/Documents/Task_Group_Medical_Education.pdf
12. Partnership for Transforming Health Systems (PATHS) Goal: help reduce financial barriers to health care services in Nigeria
13. Nightingale Declaration Camaign Goal: grassroots global initiative of more than 19,000 nurses to create public awareness about health as global priority for everyone Link: www.NightingaleDeclaration.net
14. 2010 Internatioanl Year of the Nurse Goal: Declare 2010 as IY of the Nurse and + launch UN Decade for a Healthy World' Link: www.2010IYNurse.net
15. Aboriginal health workers (AHW) Australie Goal: Health worker training programme Link: http://www.aihwj.com.au/issues.html

16. Female Community Health Volunteer (FCHV) programme in Nepal Goal: to provide access to health care, especially antenatal care also for marginalized groups Source: National Female Community health Volunteer Revised Strategy, 2007; FCHV Survey, 2006.
17. Community Support System Pilot Initiative in Bangladesh Goal: improve maternal and new-born health through network of volunteer workers Link: http://www.unicef.org/devpro/46000_47709.html
18. Community-based malaria care programme Goal: free treatment through network of volunteer health workers Source: Kidane and Morrow (2000): Teachning mothers to provide home treatment of malaria in Tigray, Ethiopia.
19. Barangay Health Worker programme in the Philippines Goal: Administration of immunization, outreach support to underserved communities, targeted interventions. Source: USAID; Ogena et al. (2003): Policy and Program Implications of the Matching Grants Programme of the Philippines; ILO (2000): Health Micro Insurance Compendium – A Working Paper, Social Security Department
20. PRIME Goal: Raise awareness among doctors on holistic approach to health Link: www.prime-international.org.uk
21. Aga Khan Development Network Goal: e.g. for Cross-border health care Link for article: http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.1000005
22. Advanced Nursing Studies (ANS) Programme Goal: (Distance) education of nurses according to needs o f community with focus on Academic Citizenship Partner: Aga Khan University in East Africa
23. Family Doctor Programme (Cuba) Goal: Place young doctors in charge of PHC in peripheral lower-income areas + promote decentralization of PHC through small-scale health care centres.
24. US Doctors for Africa Goal: Organisation of mobile health centres in Ethiopia, Tanzania, Uganda, Sierra Leone for PHC, education and vaccination.
. Program of Community Oversight of health services as part of 'Indian National Rural Health Mission' Goal: formation of representative village committees for decision-making and evaluation
25. Jerusalem AIDS Project of Israel Goal: Partnerships with national organizations in Swaziland to support local doctors training and scale up male circumcision services Link: www.operation-ab.org
26. WHO UNESCO FIP Global Pharmacy Education Taskforce Goal: Facilitate pharmacy education development to address healthcare needs Link: www.fip.org/education
27. Female Community Health Volunteers (2006): Link http://www.jsi.com/NFHP/Docs/TechnicalBriefs/01_female_community_health_volunteers.pdf

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Other initiatives

- Healthcare programmes in Eritrea and Tanzania
- Improving Nurse Education and Practice in East Africa (The Aga Khan Foundation)
- Asha Project (New Delhi, India)
- Jamkhed integrated development project (Pune, India)

- Tenwek community health project (Bonet, Kenya)

4.2. PART II

1. The North Karelia Project book Goal: emphasizing important role of PHC, voluntary organizations, food industry and supermarkets, schools and local media to reduce cardiovascular mortality rates in Finland since 1971
2. MPOWER package of strategies to reduce demand for tobacco. Goal: implement WHO Framework convention on Tobacco Control and Link: http://www.who.int/tobacco/mpower/en/index.html
3. UN Ad Hoc Task Force on Tobacco Control Goal: Forum to intensify joint UN response and global support for tobacco control Link: http://www.who.int/tobacco/global_interaction/un_taskforce/en/index.html
4. WHO Tobacco Free Initiative department and Bloomberg Philanthropies Goal: Scale up tobacco control efforts in developing countries with highest health burden from tobacco use. Link: http://www.who.int/tobacco/communications/highlights/bloomberg/en/index.html
5. WHO-UNFPA Joint Programme on Mental Health (WHO Mental Health Gap Action Programme) Goal: Develop mental health packages to integrate into maternal health, sexual and reproductive health and HIV/AIDS, gender-based violence and adolescent health.
6. WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases, see: http://www.who.int/nmh/NCD-action-plan-2008.pdf
7. Healthy Buddies Programme Goal: to promote health education to children by children Links: http://www.healthybuddies.ca, http://pediatrics.aappublications.org/cgi/content/abstract/120/4/e1059
8. SCARF Mental Health Provision Goal: Online and long-distance provision of mental health care during tsunami and thereafter Link: www.sathi.org/healingtouch.pdf and www.scarfonline.org

Other Resources:

1. General: • World Health Report 2008 Link: http://www.who.int/whr/2008/en/index.html • UNICEF's State of the World's Children 2009 Link: http://www.unicef.org/sowc09/report/report.php • World Health Assembly's six-year action plan to implement global strategy to prevent and control NCDs Link: http://www.who.int/gb/ebwha/pdf_files/A61/A61_8-en.pdf
2. on community health: Cordova K. (ed.) (2008): *Salud Comunitaria en Bolivia. Desafíos hacia la Equidad*. South Group: Cochabamba/Bolivia.
3. on alcohol abuse: Babour Th. F. et al. (2003): *Alcohol: No ordinary commodity – Research and Public Policy*. Oxford/London: OUP. http://www.who.int/substance_abuse/expert_committee_alcohol/en/index.html
4. on tobacco use: http://www.who.int/tobacco/communications/events/wntd/2004/en/index.html, http://www.who.int/tobacco/research/economics/publications/mdg_book/en/index.html

5. on mental health:

- WHO-UNFPA meeting report on maternal mental health: http://www.who.int/mental_health/prevention/suicide/mmh_jan08_meeting_report.pdf
- UNFPA fact sheet: http://www.unfpa.org/public/global/pid/910
- Other: http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html

http://www.unfpa.org/news/news.cfm?ID=1195
http://www.un.org/News/Press/docs/2008/sgsm11843.doc.htm

6. on fighting cancer:

- World Health Assembly's resolution on Cancer in 2005: http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_22-en.pdf
- International Union against Cancer (IUAC)'s Global Cancer Declaration adopted by World Cancer Summit and endorsed by World Cancer Congress in 2008:

http://www.uicc.org/templates/uicc/pdf/wcd2008/english.pdf

7. on palliative care:

Kellehear, A. (2005): compassionate Cities: Public Health and Palliative Care, London: Routledge.

8. on the financial crisis:

- World Bank (2009): The Global Economic Crisis: Assessing Vulnerability with a Poverty Lens, see http://siteresources.worldbank.org/NEWS/Resources/WBGVulnerableCountriesBrief.pdf
- Article: 'World Bank wants G7 to address rising poverty in crisis', in: *The Age,* 13 February 2009, in: http://business.theage.com.au/business/world-business/world-bank-wants-g7-to-address-rising-poverty-in-crisis-20090213-86dt.html
- The Currency Transfer Tax, A presentation by David Hillman of Stamp Out Poverty at the UN Financing for Development Conference - Doha, Qatar, 29 November 2008 - at the side event: Innovative Financing to serve development: from Monterrey to Doha towards a scaling up: http://www.internationalhealthpartnership.net/pdf/IHP%20Update%2013/web%20new/Stamp%20Out%20Poverty%20presentation%20-%20Doha%20Side%20Event.pdf
- Labonté et. al. (2008): *Towards health-equitable globalisation: Rights, regulation and redistribution*. Final Report of the Globalization Knowledge Network, World Health Organization Commission on Social Determinants of Health, see: http://www.globalhealthequity.ca/electronic%20library/GKN%20Final%20Jan%208%202008.pdf