GLOBAL HEALTHLINK®

THE NEWS MAGAZINE OF THE GLOBAL HEALTH COUNCIL

Global Health Council

www.globalhealth.org

January 2008 Issue #147

TABLE OF CONTENTS

Cover Photo by Asim Rafiqui/IMC

Global HealthLink ® is published by the Global Health Council

Global Health Council Website
www.globalhealth.org

E-mail: membership@globalhealth.org

The Global Health Council is a 501(c)(3) non-profit membership organization that is funded through membership dues and grants from foundations, corporations, government agencies and private individuals.

The opinions expressed in *Global HealthLink* ® do not necessarily reflect the views of the Global Health Council.

For information on public outreach, HIV/AIDS, advocacy or research and analysis, contact our Washington office:

1111 19th Street, NW
Suite 1120
Washington, DC 20036
Tel: (202) 833-5900
Fax: (202) 833-0075

For information on publications, memberships, conference activities, the website, finance and administration, contact our Vermont office:

15 Railroad Row
White River Junction VT 05001
Tel: (802) 649-1340
Fax: (802) 649-1396

Global Health Council Commemorates World AIDS Day

To commemorate World AIDS Day, the Global Health Council and its partners held a briefing and reception at the U.S. Capitol with the UNAIDS theme of *Leadership: Stop AIDS, Keep the Promise.*

Expert speakers, including Dr. Ward Cates of Family Health International (FHI), Dr. Robert Einterz of Indiana University's AMPATH Project, and Dr. Amalia Del Riego of the Pan American Health Organization (PAHO) shared their analyses of the top HIV/AIDS issues for 2008. Among the topics that they emphasized watching closely are the results of a variety of clinical trials including those on tropical microbicides and HSV-suppression, as well as nutrition issues, and strategies that countries employ to strengthen their health systems for scaling up prevention efforts. Michele Moloney-Kitts, assistant coordinator at the Office of the Global AIDS Coordinator also provided insights on critical issues that the President's Emergency Plan for AIDS Relief (PEPFAR) will address in 2008. The Ambassador of the African Union to the United States, Amina Salum Ali, thanked the many partners working to fight HIV/AIDS and implored them to continue their efforts. The event closed with an unveiling of the 25th Anniversary poster for the International AIDS Candlelight Memorial program and plans to mobilize civil society for the worldwide opening ceremony of the Candlelight Memorial, which will be kicked off in Malawi on May 18, 2008. Also on display was a copy of the very first Candlelight Memorial poster from 1983 commemorating the historic march in San Francisco when AIDS was just being discovered.

UCGH Partners for AIDS Action

The University Coalitions for Global Health (UCGH), a program supported by the Council, partnered with community and national organizations to mark World AIDS Day. This included some of its closest allies at the Student Global AIDS Campaign, the Center for Health and Gender Equity, the American Medical Student Association, D.C. Fights Back, Africa Action, among others. On Nov. 30, these groups came together to hold a march, rally and vigil in Washington, D.C. Rep. Eleanor Holmes Horton spoke on the need for AIDS relief both domestically and internationally. Washington, D.C. has the highest rate of HIV infection in the U.S. and President Bush is recommending that Congress flat fund the PEPFAR program at $30 billion. Later, students took their complaints directly to the White House and performed an act of civil disobedience. The students' white shirts proclaimed bold statements: "At Risk: Youth; At Risk: African American; and At Risk: Woman" were just some of the messages across their chests. As police gave their first warning for protesters to move off the White House lawn, students chanted back "Warning one, warning two, warning three, warning eight. We won't leave until you cut the red tape!" The message was clear: more must be done at home and aboard to change the faulty and discriminatory polices of HIV/AIDS programming. The event received media coverage and was a huge success. This rally launched our multi-city effort that linked to other UCGH World AIDS Day events in San Francisco, Chicago and New Hampshire.

The Council Welcomes New Organizational Members

Africa Fighting Malaria
Agape in Action
Curamericas Global, Inc.
Cure2Children Foundation
Heifer International
International Association of Infant Food Manufacturers (IFM)
International Institute for Spiritual Ergonomics
Mennonite Central Committee
Mercy Corps International
Natural Doctors International
ProLiteracy Worldwide
SIECUS
South Africa Partners
The William & Flora Hewlett Foundation

COMMUNITY GLOBAL HEALTH NETWORKS
Where Local Leaders Make a Global Impact

Photo by Leanne Rios, Global Health Council

A local community network event at Maryville University in St. Louis captured a large crowd.

By Leanne M. Rios
Community Network Manager
and Outreach Coordinator
Global Health Council

Community Global Health Networks bring together community leaders in cities around the United States to effectively advocate for global health policy by advancing U.S. legislation that supports programs fighting today's most devastating global health problems.

Network participants are productive advocates and community educators. They add an important dimension to the Council's mission through expanding global health knowledge and debate within their regions. The networks have three objectives: to mobilize communities to advocate for local, national and global health issues; to raise community awareness about these issues; and to network with other organizations and individuals who share a passion for various health issues. Through network participation, individuals and organizations have opportunities to create synergies and partnerships with other key health players in the community.

Networks are established in northeast Ohio, West Virginia and the St. Louis metropolitan area. Newer networks are emerging in New Hampshire/Vermont, New York City and Miami, and in 2008, additional networks will be developed in Northern New Jersey, Baltimore, Boston and San Francisco.

Participants include physicians, university faculty and researchers, global health consultants, and senior managers involved in public health, health-care, academia, research, business, faith, non-governmental organizations and philanthropy.

Northeast Ohio

Cleveland, OH, is at the forefront of medical research, education and treatment, and is home to two leading and internationally recognized medical institutions, the Cleveland Clinic and University Hospitals. In its first year, the Northeast Ohio Global Health Network

Continued on page 18

STRONGER HEALTH SYSTEMS
Vital for Lasting, More Promising Development

By Joy Phumaphi, Vice President for the Human Development Network and Julian Schweitzer, Director for Health, Nutrition, and Population World Bank

Photo by Joan Sullivan

Photo by Luca Bonacini

Photo by Luca Bonacini

At the halfway point on the road to 2015, the prospects for achieving the Millennium Development Goals for health certainly look discouraging, but they are not impossible.

As we mobilize for a more decisive push over the coming years in pursuit of the MDGs, one issue stands out as being central to this mission: we must help developing countries to strengthen their health systems to deliver quality prevention, care and treatment services to their communities and citizens. Healthy people in turn help to reduce poverty, improve their education and skills, raise individual and national incomes, and chart more promising directions for their countries.

This is the vision guiding the new World Bank Health, Nutrition, and Population (HNP) strategy – to help countries strengthen their health systems to improve the health and well-being of millions of the world's poorest people, boost economic growth, reduce poverty caused by catastrophic illness, and provide the structural 'glue' that combines multiple health-related programs within client countries.

While there is more health financing available to countries than ever before, much of it is earmarked for fighting priority diseases such as HIV/AIDS, malaria, tuberculosis, and some vaccine-preventable diseases. Much less, however, is available for strengthening health systems at country level that are vital for core programs of maternal and child health, for nutrition, and for family planning priorities. Indeed, health systems are pivotal to sustaining and safeguarding the gains of the big national and global programs for TB DOTS treatment, HIV/AIDS and malaria. For example, protecting people from malaria deaths and illness calls for strong health systems as well as specific disease control measures, such as insecticide-treated bed-nets, indoors residual spraying, and the use of Artemisinin-combination (ACT) drugs.

In practical terms, strengthening health systems means putting together the right chain of events (financing, regulatory framework for private-public collaboration, governance, insurance, logistics, provider payment and incentive mechanisms, information, well-

Strengthening health systems at country level is vital for core programs of maternal and child health, for nutrition, and for family planning priorities.

Well-trained health-care workers are at the crux of strong health systems.

Photo by Luca Bonacini

trained personnel, basic infrastructure, and supplies) to ensure that poor people get the good quality health services they need. Many existing aid programs for health stall or actively fail because there is no functioning health system with the capacity to deliver services and drugs to the people who need them.

Good Health Spurs Growth

In its new strategy, the Bank envisions its support and advice will help countries achieve better health results in a way that also boosts their global competitiveness, and good governance. Good health has proven to be not just an outcome of economic growth, but rather a major, inseparable contributor to growth.

Advances in public health and medical technology, knowledge of nutrition, population policies, disease control, and the discovery of antibiotics and vaccines are widely viewed as catalysts to major strides in economic development, from the Industrial Revolution in 19th century Britain to the economic miracles of Japan and East Asia in the 20th century. Sound health policy, one that sets the correct incentive framework for financing and delivering services, also has important implications for overall country fiscal policy and country competitiveness.

The Bank consulted widely in preparing its new strategy with more than 400 local and global leaders from low- and middle-income countries, development donors, and civil society groups; at the global level, it also conferred closely with the World Health Organization, the Global Fund, and other specialized health agencies with which it will coordinate and implement its new health systems approach.

The Cost of Poor Health

The challenges to achieving better health and human development, however, are profound. Poor people living on less than $1 a day consistently use health-care services at a lower rate than richer groups. Low-income countries also have difficulty ensuring physical access to clinical services for large numbers of their people. Almost 11 million children die every year, mainly from preventable causes such as pneumonia, diarrhea and malaria. More than 500,000 women die during pregnancy and childbirth every year. In 2006, almost 3 million people died from HIV/AIDS. Tuberculosis is curable, yet 1.7 million people die from it every year.

Malaria kills a child every 30 seconds somewhere in the world, infects roughly 500 million people every year with its debilitating illness, and undermines national economies as adults become too sick to work and lose income. Research shows that more than 42 percent of the world's population is at risk of contracting

Continued on page 20

Forecasting for Global Health

Is It Possible?

By Ruth Levine, Vice President for Programs and Operations,
Jessica Pickett, Policy Analyst
Center for Global Development
and Neelam Sekhri, Chief Executive Officer
The Healthcare Redesign Group Inc.

Today's global health programs will attain their objectives only if products appropriate to the health problems in low- and middle-income countries are developed, manufactured and made available when and where they are needed. Achieving this requires mobilizing public and charitable money for more and better products to diagnose, prevent and treat HIV/AIDS, tuberculosis, malaria, reproductive health problems, and childhood killers. But more money is only one part of the story. Weak links in the global health value chain – from research and development (R&D) through service delivery – are constraining on-the-ground access to essential products. The consequences of those weak links are many: supply shortages, inefficient use of scarce funding, reluctance to invest in R&D for developing country needs and, most important, the loss of life among those who need essential products.

One of the weakest links – and one of the most vital for achieving both short- and long-term gains in global health – is the forecasting of demand for critical medical technologies, including vaccines, medicines and diagnostic products. Demand forecasting, which may seem, at first glance, to be a small piece of the very large puzzle of access to medical products, is of central importance. Many of the shortcomings in funding and functioning of health systems impede accurate forecasting of demand – and without the ability to forecast demand with reasonable certainty and some assurance of a viable market, manufacturers cannot scale production capacity, make commitments to suppliers of raw materials or justify a business case for investing in costly clinical trials and other activities to develop future products. National governments and international funders rely on demand forecasts for budgeting, while health programs and implementing agencies depend on forecasts to plan their supply chain logistics. Thus, in the high-level policy debates about the volume, duration and use of donor funds to support R&D and purchase essential health products, one key fact has often been overlooked: if actions by the international community do not increase the ability to generate credible forecasts of demand – if, in fact, those actions contribute to a situation of greater uncertainty, with higher stakes – efforts to achieve greater access to life-saving and life-extending medicines will be undermined.

The challenge is urgent. The past several years have seen an influx of new funds, new products, new suppliers and new organizations providing technical services in global health, making the flow of money and information far more complex than it was in the past. In the foreseeable future we will see more financial resources devoted to product procurement for AIDS, tuberculosis, malaria, vaccine-preventable diseases and other conditions as well as a significant number of new products licensed and available in the market. New resources will be devoted to R&D for products further upstream in the development process, such as a vaccine against HIV. While this rapid evolution represents a tremendous achievement, the ability of all the new funding, products and technical resources to achieve their full potential and to be sustained depends on far more serious and successful efforts to provide credible and accurate forecasts of demand to key players as a way to reduce risk and increase efficiencies. Moreover, it requires efforts to share the remaining risk in a way that encourages all parties – on both the supply and demand sides – to work together toward broad and equitable access to essential medical technologies.

The Demand Forecasting Challenge

Aggregate demand forecasting is a lynchpin of supply, serving five critical functions in the market for global health products and the effective delivery of medicines and supplies; together, combined with the resources for R&D and procurement, these key functions add up to lives saved.

Essential products are available because there is enough supply to meet demand. Demand forecasts allow manufacturers to plan and invest in manufacturing capacity, ensuring enough supply to meet demand and taking advantage of production efficiencies.

New products are developed because the picture of future markets is realistic. Demand forecasts provide manufacturers information about new market potential, permitting them to efficiently allocate resources to develop, produce and commercialize new products that respond to developing country opportunities, thereby accelerating the pace of product availability.

Supply chain capacity is increased so products can get to people who need them. Demand forecasts enable health systems in developing countries to plan expansion of their capacity to deliver products to more patients, matched to the scale and mix of products required.

Funders plan purchases and make the most of the money available. Demand forecasts allow donors and national governments to efficiently allocate their resources by fostering appropriate prices and adequate supplies of products.

The public health community sees bottlenecks and understands opportunities to expand use. Demand forecasts highlight key demand- and supply-side constraints and can guide policy and advocacy efforts to reduce those constraints and achieve broader access; this

can even include influencing the characteristics of future products to respond to potential demand.

The Heart of the Matter: Misaligned Incentives

Better forecasting would benefit many stakeholders. So why hasn't forecasting been improved? Part of the explanation is that the major changes in funding, products and other factors are recent, but improvements in forecasting methods and institutional roles have not yet caught up. The rest lies in the fact that risks in the current market are unequally distributed across key actors whose decisions affect supply of and demand for products. Patients, who directly suffer the consequences of the risks, are not in a position to reduce them, and the consequences are felt only indirectly by the funders and intermediaries who could take specific actions to reduce the underlying budgetary, policy-related and logistics risks. The vast majority of the financial risk is borne by developers and manufacturers of products.

The result: not all stakeholders have incentives aligned toward better forecasts and greater access to critical medical technologies. Moreover, because of the limited market potential in developing countries, the private sector invests little in market research and other sources of information that are common in developed country markets. Understanding and correcting the misaligned incentives are core challenges that the recommendations below address. If not dealt with, the misalignment of incentives will continue to constitute a major barrier to equitable and sustainable access to essential medicines.

Global Solutions

Improvements in demand forecasting depend on better sharing of risk and aligning incentives among those who influence market dynamics. This can be achieved by three mutually reinforcing actions, below.

1. Taking Forecasting Seriously

Demand forecasting must become imbedded in all global efforts to increase access to essential medicines and technologies. This requires:

- A clear understanding of what is meant by "demand forecasting" and how it differs from estimating needs and from advocacy and demand creation activities.
- Investing in technical forecasting capacity and creating models specific to forecasting for developing country health products.
- Universal adoption of 10 basic principles for good forecasting to increase market understanding and credibility, better understand and mitigate system-wide risk, and increase value for money.
- Identify the principal customers or decision-makers of the forecast and clearly understand their needs.
- Understand and clearly communicate the purpose of the forecast and the decisions that it will affect.
- Create a forecasting process that is independent of planning and target setting.
- Protect the forecasting process from political interference and ensure it is transparent.
- Embed the forecast into the broader environment taking into account market conditions, public policy, competitive forces, regulatory changes, health program guidelines and the like.
- Create a dynamic forecasting process that continually incorporates and reflects changes in the market, public policy and health program capabilities.
- Choose the methodologies most appropriate to the data and market environment and obtain customers' and decision-makers' agreement on the methodologies.
- Keep the methodologies simple and appropriate to the situation, but include enough detail to address the level of investment risk and accuracy required.
- Make forecast assumptions clear and explicit.
- Understand data and their limitations, using creativity and intelligence in gathering and introducing data into forecasts.

2. Create a Global Health Infomediary

Up-to-date, credible and comprehensive information is essential to good forecasting, but requires that key organizations and individuals collect and share high-quality data. Currently, funding agencies, procurement agents, technical agencies, product development and other global health partnerships and national buyers each have access to several important data elements but do not systematically share them with others in the value chain – or invest enough in the focused market research required to build the most accurate forecasts possible.

The shortcomings in the systems to collect, share and assure data quality are clear. In large measure they can be traced to the current allocation of risk in the market for critical medical technologies. On the demand side for funders, technical agencies, procurement agents, global health partnerships and in-country supply chain managers, all of which have critical data elements, there are few if any consequences for poor forecasting; thus, there is no incentive to share information or to ensure its quality. On the supply side, manufacturers may directly bear a financial risk for inadequate forecasting, particularly for excess capacity, but they have a disincentive to share individually identified supply information that could make them vulnerable to competitors or to antitrust allegations.

The resulting opacity of data increases both demand uncertainty and its associated risks. This suggests the need for an information intermediary, or infomediary, for global health to effectively gather and analyze data to forecast demand across a variety of diseases and products and to make information available to all stakeholders.

The key functions of the infomediary would be to:

- Serve as central repository of all relevant demand and supply data by collecting, synthesizing and disseminating information related to forecasting that individual organizations may not be willing or able to share independently. Ensure data integrity and perform the labor-intensive tasks of cleaning and analyzing data received from multiple sources.
- Establish a mechanism for ongoing, continual gathering and updating of core forecasting information.
- Generate transparent baseline aggregate forecasts by product category based on the information sets provided to serve as the common starting point for stakeholders to produce their own forecasts, and build aggregate and country-level models for generating demand forecasts that consider the unique developing country environment.
- Incorporate information from specific market research studies that are conducted by the infomediary or other market research firms and stakeholders to provide a more complete data repository and refine assumptions for forecasts.
- Serve as a neutral party responsible only for collecting information and generating baseline forecasts and remain uninvolved in demand generation, advocacy, target setting or other functions that could compromise the integrity and independence of activities, while maintaining strong relationships with public and private supply chain partners and establishing credibility with stakeholders.

3. Sharing Risk and Aligning Incentives through a Menu of Contracting Options

While not all of the misalignments in incentives across key players can be corrected in the short term – and some are a structural feature of donor funding that is divorced from accountability to beneficiary communities – an important and immediate opportunity exists to better align incentives and share risks by restructuring contractual arrangements. Effective contracting is also critical for ensuring that pooled purchasing mechanisms,

Continued on page 21

Photos courtesy of Novartis

Left to right: Breast cancer patient waiting for her breast prosthesis; patients waiting at the health center; a vehicle that is used as an ambulance to convey people to hospital; a breast cancer patient presently undergoing treatment in Nigeria.

Addressing the **Cancer Crisis** in the Developing World

By Francesca Lunzer Kritz

A visiting doctor in Tanzania got a double surprise during a two-week clinical visit from the United States. Not only was his 36-year-old stage IV cervical cancer patient being seen by a physician for the first time, but her back was pocked with deep scratch marks from the twice-weekly treatments of a healer. The healer, from the patient's rural town, made incisions on her back and then tucked in herbs to stem the cancer. She died on his last day in the country. As he watched the staff prepare her to be taken home for burial, he ticked off some things that might have saved her life: funding for awareness and prevention campaigns, trained doctors and nurses in her town, access roads that would allow her easy passage to the central hospital for treatment, community education to shift the reliance on healers to doctors trained in modern treatment methods, and, even if her cancer could not be cured, at least some morphine – in short supply in this part of the world – to ease her pain at the end of her life.

Top Cancers in Less Developed Countries

Rank	Site	LDC Annual Incidence	LDC Annual Mortality	Link to Infection?	Risk Factors	Developed Country Rank (Incidence)
1	Lung	672k	591k		Tobacco Use (20-30 year lag in Impact)	1
2	Stomach	619k	485k	✔	*H. Pylon* Infection salty foods	5
3	Breast	515k	221k			3
4	Liver	513k	487k	✔	Hepatitis B. Hepatitis C	10
5	Cervix	409k	234k	✔	HPV	13
Total (top 5)		2.7 million	2 million			
Total, All sites		5.8 million	4 million			

Sources: GLOBOSCAN 2002, Kamanager et al: JCO 2006

Unfortunately, this woman's story is far from isolated. According to Franco Cavalli, head of the International Union Against Cancer (UICC), the incidence of cancer is expected to increase globally by 50 percent over the next 15 years, but "by 2020, the developing world is expected to account for almost two-thirds of all new [cancer] cases." Cavalli adds, "Because most of them will have no access to screening, early diagnosis and appropriate treatments, they stand less chance of surviving." The UICC estimates that by 2020, for every one cancer death in an affluent country, there will be three in the developing world.

A 2006 review in *Nature Oncology*[1] says the shift mortality in developing countries can be attributed to cancers linked to a Westernized lifestyle, such as breast cancer, and poverty-linked tumors, such as cervical cancer, which, in many cases, is preventable, but the vaccine for cervical cancer is too expensive for most in the developing world. According to the National Cancer Institute (U.S.), this phenomenon is strongly linked to an increase in the total population – one that is living longer and getting older – and risk factors that include an increase in cigarette smoking, poor air quality, and unhealthy diets.[2]

Dr. Adamos Adamou, a medical oncologist and chairman of the European Society of Medical Oncology's developing countries task force, underscores the fact that many key cancers in the developing world can be prevented. For example, treating *H.Pylori* could prevent cases of stomach cancer, and immunizations could protect from cervical cancer and hepatitis B – a risk factor for liver cancer. Vaccinating against hepatitis B and human papilloma virus could alone save half a million lives each year by protecting against liver and cervical cancers.

Differences in treatment outcomes are also huge. In the Western world, cure rates for childhood cancers stand at about 75 percent; but those rates drop to 10 to 15 percent, or less, in the developing world, according to a survey in the *British Medical Journal*.[3]

The UICC is hopeful that the costs of screenings will continue to decrease, making it an affordable option in many developing countries. How to take on such a daunting task? Dr. Cavalli says that the implementation of a cancer control plan, encompassing prevention and treatment in each country, should become a declared goal of health policy-makers worldwide. "A first step has been accomplished by the World Health Assembly of the WHO in May 2005, when the fight against cancer was for the first time declared a priority for all governments," says Cavalli. Experts, including the authors of a February 2007 Institute of Medicine report on cancer control in the developing world, say only a broad alliance including non-governmental organizations, private groups and major health charities have the resources to avoid the looming cancer disaster. [4]

Scarce resources compound the problem, according to Dr. Allen Lichter, executive vice president of the American Society of Clinical Oncology

(ASCO). Per capita spending in the U.S. on cancer care is $5,711; in Nigeria, it's $22. According to Lichter, a key to reducing the cancer burden in developing countries is sharing information, which ASCO is already doing. Efforts include: supporting training and professional development of oncology specialists, building peer and organization networks of cancer experts, and adapting clinical guidelines to local needs and realities.

Currently, government agencies, private donors and pharmaceutical organizations are working to reduce disease and/or the complications of disease through drug donations and programs that improve access to pharmaceutical treatment. These programs were virtually non-existent a decade ago, according to Timothy De Ver Dye, principal and director of research and evaluation at Axios International, a global health-care management firm. But now, he says, programs exist globally to provide drugs directly or enhance access to drugs.

A little know fact is that cancer now kills more people in developing countries than HIV, TB and malaria combined.[5] The problem is huge and growing. Fortunately there are an increasing number of initiatives on cancer in developing countries, says Dr. Joseph Saba, CEO of Axios International. Saba says some initiatives are local, while others are regional and global and all complement each other. With a local initiative, you can find out what that particular country needs and pilot new types of programs, and this offers important lessons for other parts of the world. The best idea, when possible, is to complement local efforts from countries with a regional initiative where the country experiences can be put in a wider regional perspective and lessons gleaned can be shared across countries. Such regional initiatives can then lead to international meetings where experiences can be shared and where people can be advocates about cancer with international stakeholders and funding agencies.

Saba cites the radiotherapy initiative from the International Atomic Energy Agency as a successful global initiative. The IAEA has set up PACT (Programme of Action for Cancer Therapy) to take radiotherapy to where it is most needed. Through PACT, according to Mohammed El Baradei, director general of the Agency, the IAEA will build partnerships within and among countries, and with United Nations organizations, like WHO, and non-UN bodies. "With enough support, the program could save or improve the quality of millions of lives each year," El Baradei says.

Saba also says that as drugs come on line that don't require intravenous administration or refrigeration, people in developing countries will have greater access to care. "That will give patients in developing countries the chance to take a pill and then go back to work, and not just go to the hospital and die," Saba says.

Glivec International Patient Assistance Program

Glivec (Imatinib) is a breakthrough therapy for two rare, life-threatening diseases: chronic myeloid leukemia (CML) and gastrointestinal stromal tumour (GIST). Novartis established the Glivec International Patient Assistance Program (GIPAP), which provides the drug at no cost in developing countries to eligible patients with certain forms of CML and GIST. These patients would not otherwise have access to the drug. Moreover, GIPAP incorporates comprehensive care, such as psychosocial support and educational services.

GIPAP is based on a direct-to-patient program that calls for the delivery of Glivec to individual patients by their treating physicians with close monitoring and follow up care. GIPAP also provides emotional support, information and referral assistance to patients, their family members and care-givers – creating greater awareness about CML and GIST as well as their respective treatment options.

Approximately 24,000 patients in 81 countries have been treated through GIPAP since the inception of the program in 2002. Novartis has established public-private partnerships

Continued on page 14

Princess Nikky Onyeri found the Princess Nikky Breast Cancer Foundation in Abuja, Nigeria in 1995, two years after being diagnosed with breast cancer and being told she had to remove a breast or die within six months. Siblings in England brought her there for a second opinion – a rarity for Nigerians – and doctors there found a benign cyst. Alarmed at the inaccurate diagnosis and limited treatment resources in her country, Princess Nikky began the foundation to help promote early detection and treatment options for women in Nigeria. She has recently expanded the foundation's efforts to provide for better detection of and treatment information about cervical cancer. She talks to writer Francesca Lunzer Kritz about her foundation.

What made you take the leap from diagnosis to head a foundation?

I was angry. A doctor in Nigeria felt a lump, but wasn't able to do a mammogram or biopsy. Yet, they told me that if I did not remove the breast, I would die. And that was not true. I went through a lot of trauma because I thought I was going to die. Then I started volunteering for a foundation, and started to get to know more about cancer and breast cancer, and realized that it's not a death sentence. So I made up my mind to go back to Nigeria and do something.

What is the goal of the foundation?

We now have three offices around Nigeria, and our goal is to raise awareness about what cancer is and about where to go for diagnosis and treatment.

It's a tough task. What inspires you?

There are 140 million people in my country. Fifty percent are women, most live in rural communities. Getting information to them is difficult because so many live in rural communities. We publish our materials in four languages as well as in English to be able to reach the largest amount of people.

What has been an important lesson?

Cultures can dictate how information is disseminated. In Nigeria, men decide what the women can do, the women are not free to make decisions about seeking out information on their own. So we created a pilot study that gave out information on breast, cervical and prostate cancer, and found we had better results – more people finding out about the cancers, and coming for assistance, if we included prostate awareness as well, because that was of interest to the men.

Tell us about your successes

We have managed to get our government to upgrade

Continued on page 19

The Search for Female-Controlled HIV Prevention Methods Continues

By Julia Matthews, Ibis Reproductive Health

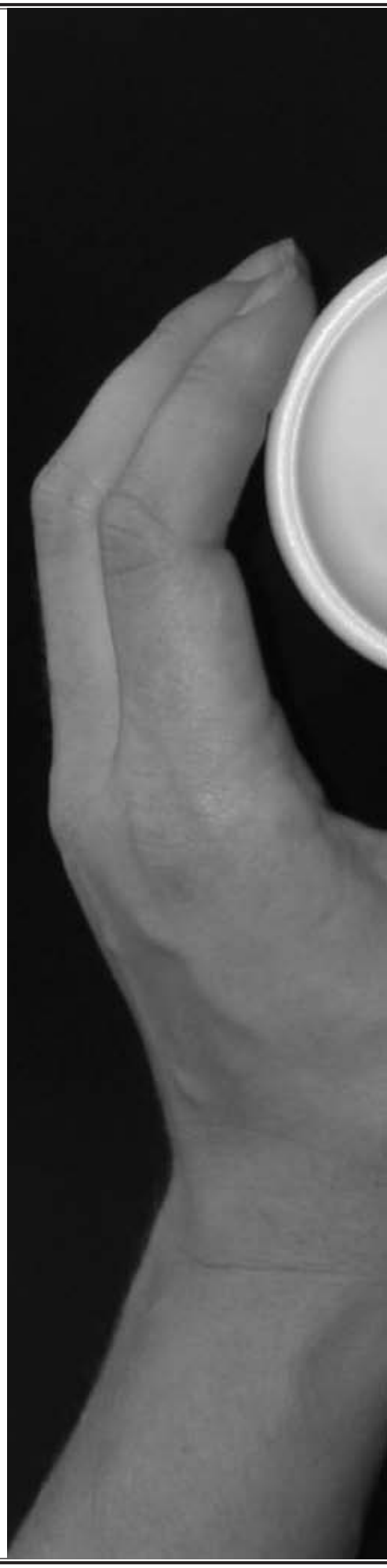
In sub-Saharan Africa, close to two-thirds of people living with HIV in 2006 were women.[1] Consider that for every 10 adult men infected with HIV in this region, there are approximately 14 adult women who are HIV-positive.[2] In South Africa, young women aged 15 to 24 are four times more likely to be HIV-infected than their male counterparts.[3] In Zimbabwe, where one in five adults is infected with the virus, women have an average life expectancy of 34 years, one of the lowest in the world.[4]

Women and girls are at high risk for HIV infection due to biologic vulnerability, economic dependence, and a lack of power in their relationships. Because men do not always agree to use condoms, HIV prevention methods that women can control are urgently needed. One alternative previously discussed in *Global HealthLink* (Issue 135, Nov. 2005) is the diaphragm. The cervix is more vulnerable than other parts of the vaginal tract and is home to many cells that can be infected by HIV. Researchers conducted a study to determine whether covering the cervix with a diaphragm during sex would reduce women's HIV risk.

The Methods for Improving Reproductive Health in Africa (MIRA) trial, led by researchers at the University of California, San Francisco, was a randomized, controlled trial that measured the effectiveness of the diaphragm and lubricant gel in preventing HIV infection among women. More than 5,000 sexually active HIV-negative women from South Africa and Zimbabwe were enrolled into the trial and received voluntary counseling and testing, risk reduction counseling, diagnosis and treatment of curable sexually transmitted infections (STIs). Half of these participants were randomly assigned to the control arm, and received condoms only, while the other half (those in the intervention arm) received condoms, a latex diaphragm and a non-contraceptive lubricant (Replens).

The MIRA results[5] showed that women who received the diaphragm and gel in addition to condoms were no less likely to become HIV-infected than those who received condoms only. Thus, these results do not support the addition of the diaphragm to current HIV prevention strategies. Although these findings are disappointing, it is important to recognize that the trial provides a significant scientific and methodological contribution to the HIV prevention field and the trial's qualitative findings will also inform future research on female-controlled prevention methods.

Currently, the female condom is the only existing female-initiated HIV prevention method; greater investment is needed to improve its access globally. Continued research on female-controlled methods, such as microbicides, as well as general preventive approaches like an AIDS vaccine, are key to saving the lives of women and girls worldwide.



MIRA Recruitment and Retention Strategies

By Busisiwe Nkala, MIRA Site Project Director, Perinatal HIV Research Unit and Constance Watadzaushe, MIRA Site Field Coordinator, University of Zimbabwe-University of California, San Francisco Collaborative Research Programme

Participant recruitment and retention are key aspects of any clinical trial, requiring intensive time investment by trial staff. The MIRA trial sites in South Africa and Zimbabwe employed a range of strategies to recruit women into the trial and ensure their continued involvement through the duration of the study. Unique challenges and opportunities that were experienced by two of the three MIRA study sites, the Perinatal HIV Research Unit (PHRU) and University of Zimbabwe-University of California, San Francisco (UZ-UCSF) sites are discussed below.

Soweto, South Africa

PHRU, established in 1996, is one of the largest AIDS research centers in Africa. It is based in Soweto, South Africa, at Chris Hani Baragwanath Hospital, one of the world's biggest hospitals. At PHRU, women were recruited from two different types of communities within greater Soweto and the surrounding areas: the newly developed informal settlements and the townships, which are long established neighborhoods. Informal settlements and townships presented different opportunities and challenges; requiring tailored recruitment strategies.

In both communities, a team mapped out a specific block of homes, and then knocked on the door of each house. Next, the team determined wheth-

Photo courtesy of Ibis

er there were any eligible women in the house. If a woman fitting the study criteria lived in the house but was not at home at the time of the recruitment team's visit, a brochure with contact information was left for her. Aside from the amount of time required for this effort, the major concern with door-to-door recruitment was the safety of staff. In the informal settlements, there is often a lack of security for the team as Soweto is known to be a high crime area.

Community events and meetings were another way for the recruitment team to identify potential study volunteers. When community organizations held events such as "Youth Day" or other celebrations, the team spoke to the audience about the MIRA trial. The team also organized MIRA events and invited community organizations. The primary challenge with this strategy was that women often attended events with the aim of addressing more urgent issues in their lives, such as unemployment, making participation in HIV/AIDS research a low priority. Often the team would take the time to address a large audience only to find that few people were interested in the trial. Moreover, the MIRA trial competed with the recruitment efforts of other research studies in the area. This strategy did, however, generate enthusiasm about MIRA and the participating organizations.

Print media such as pamphlets and posters was another method of reaching large numbers of people. The recruiters distributed these materials widely, though it was sometimes difficult to estimate how many people were reached.

Community radio was an innovative way to reach the larger community. The recruitment team had a weekly spot on a community radio show during which various general and reproductive health issues were discussed. Listeners could call in to the show to ask questions or make comments about the topic of the day.

Trial participants were asked how they heard about the study so that it was clear how well each recruitment strategy worked. In addition, daily reports and clinic statistics captured the responses and experiences of the communities. Women in newly developed areas lacked information about HIV because there were no services, such as voluntary counseling and testing. Participants from established townships responded more frequently to community radio and events, while participants living in the informal settlements responded more often to community meetings and door-to-door recruiting.

Retaining participants is equally as important as recruiting them. To enhance retention at enrollment, detailed contact information was collected from each participant and updated at each visit. Participants were reminded the day before each appointment and would be contacted the same day when a visit was missed. In some cases, participants were found to have given the wrong contact information, had relocated to other areas, or were no longer willing or able to participate.

The site also implemented several activities to enhance retention. For example, small tokens of appreciation were provided on significant holidays and when one year of study completion was reached. Special bags were given to participants to carry their study supplies. The staff also established a suggestion box for the participants which resulted in the request for a support group for women in the study who had not necessarily tested positive. The support group was formed and run by the women themselves. The clinic also offered weekend hours to accommodate working women, and women who were in a hurry were offered a fast track option which allowed them to complete their visit quickly.

Harate, Zimbabwe

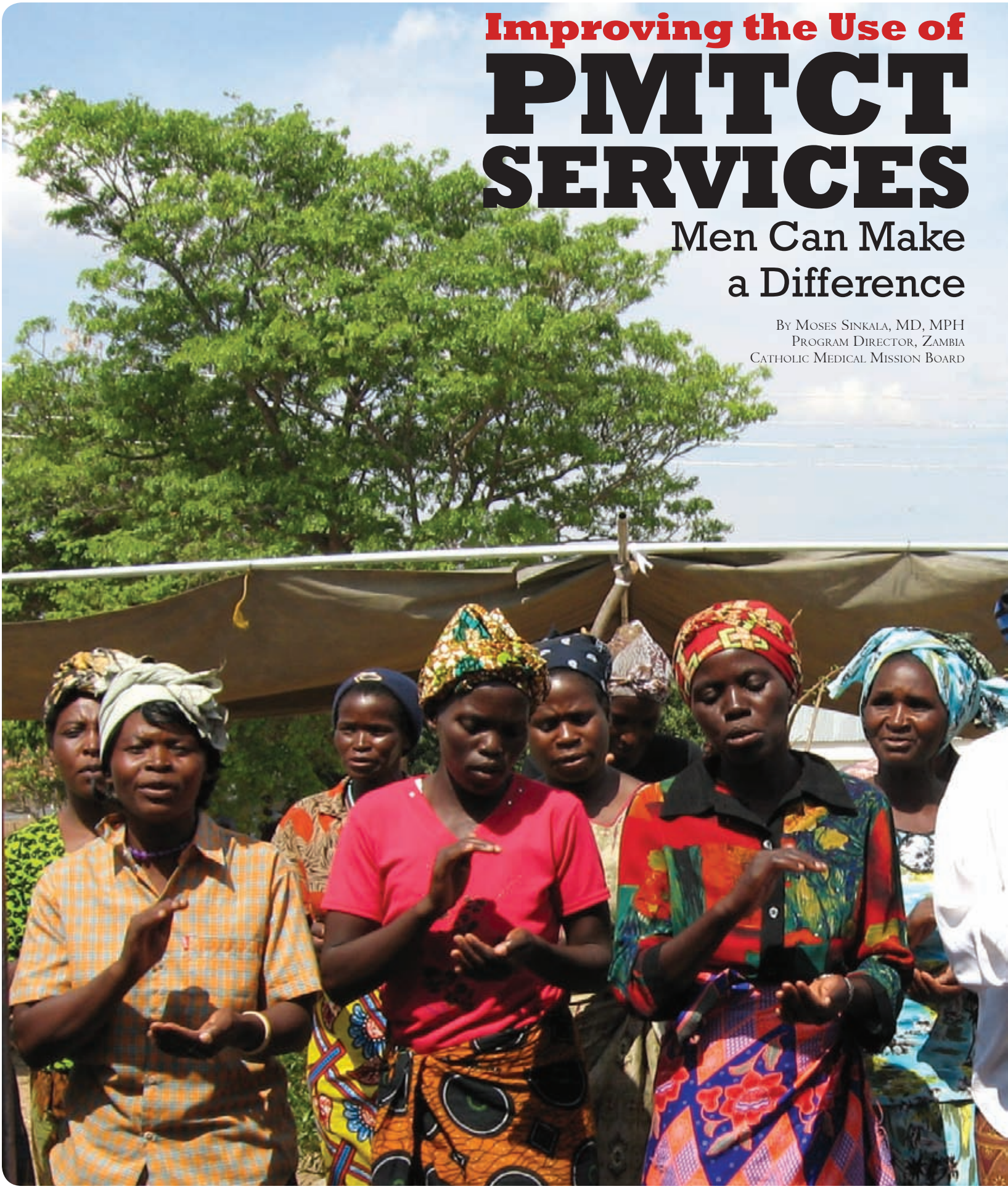
In Zimbabwe, through UZ-UCSF, the MIRA trial was conducted in two communities, Epworth and Chitungwiza. Epworth is a rural setting located approximately 12 miles from the capital, Harare; Chitungwiza is a semi-urban settlement situated 20 miles from Harare.

Recruitment of participants in Zimbabwe was greatly facilitated by the partnership UZ-UCSF established with community advisory boards (CABs). CABs are composed of community members who are elected to serve as primary liaisons between the community and the trial researchers. At the initiation of the trial, organizers from UZ-UCSF held meetings with the CABs in order to explain the purpose of the research, teach them about the study products, and seek advice from them about how to involve their communities.

The study staff co-hosted one-day community launches at local shopping centers in both Epworth and Chitungwiza in collaboration with the CABs. During these events, staff would demonstrate use of the study products and offer general information about HIV/AIDS. A theater group performed songs and dramatizations involving the diaphragm and gel. Outreach workers also conducted study product demonstrations for mothers attending well-baby clinics. Also through introductions by the CABs, outreach workers developed relationships with local women's clubs and market associations, and gave them information about the MIRA study. Outreach workers met regularly with the CABs to give them feedback on successes achieved and problems they were facing. Anecdotal evidence suggests that the most effective recruitment approach was through women's clubs and church groups because these organized meetings gave women more time to ask questions before they decided to come for screening.

Once enrolled, it was challenging to maintain women's participation in the trial for up to two years. For example, as the study progressed and the number of

Continued on page 14



Improving the Use of PMTCT SERVICES

Men Can Make a Difference

By Moses Sinkala, MD, MPH
Program Director, Zambia
Catholic Medical Mission Board

Zambia is one of the sub-Saharan countries that has been devastated by the HIV epidemic. Although antiretroviral therapy (ART) is clearly reducing mortality of persons infected with HIV and transforming the epidemic into a manageable chronic condition, control of HIV transmission will largely depend on implementing cost-effective prevention strategies.

Prevention of Mother to Child Transmission (PMTCT) and increasing population coverage of HIV testing and counseling is perhaps the most promising strategy because not only does it prevent pediatric HIV infections but it also can benefit the mother and connect her household and family to HIV care services or MTCT- Plus. Although there has been a dramatic scaling up of PMTCT services in Zambia in the past three years, the rate of uptake and adherence to PMTCT and the MTCT- Plus package among HIV positive pregnant women is still low (40 percent). Among other factors, this is due to a lack of male partner involvement and limited community support.

Men Taking Action (MTA), Catholic Medical Mission Board's (CMMB's) USAID-funded initiative, is an innovative project aimed at getting men actively and meaningfully involved in PMTCT and HIV counseling and testing (VCT) services that are available at health facilities. This initiative is based on the premise that Zambian men exert significant control and influence with regard to community and household perceptions on HIV/AIDS, fueling the stigma related to HIV which results in significant numbers of pregnant women declining HIV testing; and, if testing positive, declining enrollment in PMTCT and MTCT- Plus.

The overall goal of the program is to increase the number of pregnant women who accept

Continued on page 16

Photos courtesy of CMMB

Strengthening male involvement through educational, communication and community development activities, as these photos show, has had a positive impact on women seeking PMTCT and VCT services.

CANCER - CONTINUED FROM PAGE 9

with a variety of stakeholders, including a network of more than 800 physicians, NGOs as well as local and global health organizations.

GIPAP adapts specifically to each country's own system and environment and customizes operations to reflect local circumstances. Further, the program has implemented a detailed patient follow-up system that stresses compliance and persistency in order to obtain the best clinical outcomes – unique to a program of this kind. Studies will follow to gauge the success of the compliance initiatives. The extensive partnerships that have developed that support the implementation of GIPAP have created a synergistic effect that improves program efficiency by placing the patient and its specific needs at the center of the system.

GIPAP IN THE SUDAN

In the Sudan, cancer is the third leading cause of death behind malaria and viral pneumonia. Yet, obstacles for drug distribution exist even when the drug is free, as is the case with Glivec. Key distribution challenges include the socio-political impact of the country's civil war, illiteracy, lack of access, and logistical impediments.

However, the program is also able to show successes including:

- Lifesaving treatment for patients who would otherwise not be able to afford it;
- Improved lab and testing facilities built to support drug donation;
- Professional development and staff training at Sudan;
- Increased visibility of what can be achieved under arduous conditions;
- Improved patient satisfaction and quality of life;
- Patient support group.

Program managers say that differences among countries must be underscored so that each needs are met. In terms of delivery of care, that could mean, for example, that while a woman with early stage breast cancer in an industrialized nation may choose lumpectomy and radiation as opposed to a mastectomy which, with limited access to radiation therapy, is a choice more likely to treat or delay the cancers' return in the developing world.

An overriding aim of the efforts now being established to address cancer in the developing world is the creation of national cancer control programs that include integrated prevention and treatment approaches, says Dr. Saba. One third of cancers can be prevented and one third can be treated effectively if diagnosed early enough. "Developing countries should benefit from existing knowledge and tools in order to enable them to combat cancer effectively," says Dr. Saba.

For more information on Novartis, visit www.novartis.com.

References

1 Cavalli, F. Cancer in the Developing World: Can We Avoid the Disaster? Nature Clinical Practice Oncology; 3, 582-583; 2006.

2 Vastag, B. Developing Countries Face Growing Cancer Burden. J Natl Cancer Inst; 98 (16); Aug. 16, 2006.

3 Katikireddi, V. 100 000 Children Die Needlessly from Cancer Every Year. BMJ. 21; 328(7437): 422; Feb. 21, 2004.

4 Cancer Control in Low- and Middle-Income Countries, www.iom.edu/CMS/3783/23083.aspx.

5 Cancer Crisis in Developing Countries, www-naweb.iaea.org/pact/cancercrisis.asp.

MIRA - CONTINUED FROM PAGE 11

participants increased, waiting times for study visits increased. In response to complaints about long waiting times, MIRA staff provided entertainment and refreshments for participants and offered childcare for women who brought their children with them. Each clinic site also appointed a community liaison officer to interface with participants regarding expected waiting times. A 'Gold Star System' was introduced for participants who where in a hurry either because they needed to return to work or just did not have time to wait.

Although contact information was collected from participants at the start of the trial, some participants changed location during the study. Some of the relocations were due to the government's "Clean Up Campaign" which evicted thousands of the poorest citizens from their homes forcing many to escape to the rural areas. Outreach workers spent days in the field attempting to locate participants who had scattered to these outlying provinces. Staff also found that the main reason some participants did not come into town for appointments was lack of funds. Therefore, a system was put in place to provide participants with roundtrip bus fare to attend appointments. To encourage participants to keep their clinic visits, study staff sent out reminder letters two weeks before their scheduled visit and made a courtesy call within 24 hours of missed appointments.

Many women found the health services offered through their participation in the MIRA trial to be a personal benefit. The MIRA trial was conducted in communities where health resources are lacking and management of STIs including HIV is a challenge to the health care system. In Epworth, there is only one primary health center, which is overburdened. In addition, most people living in Epworth cannot afford to travel to the city center to access services at city hospitals. Therefore, the free health care provided by the study was a service that many would not have been able to access otherwise. Participants received treatment of curable STIs for themselves and their partners, contraceptive counseling and supplies at their visits. They also received treatment for gynecological conditions and referrals for any medical conditions requiring specialized care.

By developing relationships with community representatives, responding to the needs of participants, and providing quality health-care services, the MIRA trial successfully recruited 5,045 participants and retained 92.5 percent of women at the end of the trial.

For more information about the MIRA trial results, cervical barrier research and female-controlled HIV prevention methods, visit the Cervical Barrier Advancement Society at www.cervicalbarriers.org and the Women's Global Health Imperative at www.wghi.org.

1 Joint United Nations Programme on HIV/AIDS and the World Health Organization. AIDS Epidemic Update. December 2006.

2 Ibid.

3 Ibid.

4 Ibid.

5 Padian NS, van der Straten A, Ramjee G, et al. Diaphragm and lubricant gel for prevention of HIV acquisition in Southern African women: a randomized controlled trial. Lancet. July 21, 2007; 370 (9583): 251-61.

Increased Spending On Maternal and Child Health, Global Health Issues

Advocates for increased U.S. investments in global health, including HIV/AIDS programs, tuberculosis, and improving the survival rates of mothers, newborns and children under age five are encouraged by the congressional conference committee report released Dec. 17. Despite the tough budget environment, advocates were pleased to see general agreement among the conferees for the higher Senate spending levels for fiscal year 2008 (FY08).

Global health programs funded through the foreign operations bill will receive an overall appropriations increase of approximately $1.8 billion for fiscal year 2008 (FY08) if both houses vote in support of the spending levels presented, and if the omnibus appropriations bill that will include the international affairs budget avoids a presidential veto. The numbers reported here do not include global health appropriations that may be made through other spending bills.

"The U.S. Congress has understood that investments made in global health represent the best of American engagement abroad," said Dr. Nils Daulaire, president of the Global Health Council. "We are particularly pleased to see that Congress is willing to take back its global leadership role in supporting the cost-effective interventions that would save the lives of millions of newborns and children under age five. Not many people realize that nearly 27,000 children continue to die each day from largely preventable and treatable causes."

Sen. Patrick Leahy, D-VT, and Rep. Nita Lowey, D-NY, took particular leadership in the effort to increase spending on maternal and child health.

The global health appropriations presented by the House and Senate foreign operations conferees include:

- Maternal and child health programs, including delivery of interventions to save newborn lives, will receive an increase of more than $90 million, bringing the total U.S. investment in its USAID-funded programs to $450 million;
- Family planning programs, both USAID bilateral spending and contributions to multilateral agencies will receive an increase in FY08, bringing spending up to $461 million;
- USAID's programs to combat tuberculosis (TB) will receive an increase of approximately $74 million, bringing total TB spending up to $153 million;
- Malaria programs, including the President's Malaria Initiative, will see an increase of $100 million, bringing the total to $350 million. President Bush did not receive the full increase he requested for FY08;
- The Global HIV/AIDS Initiative spending for both the President's Emergency Plan for AIDS Relief (PEFPAR) and multilateral spending through the Global Fund to Fight AIDS, Tuberculosis and Malaria will see an increase of approximately $1.5 billion, bringing total spending up to $4.7 billion.
- Spending on avian flu will increase to a total of $115 million.
- U.S. investment in the neglected tropical diseases, which still afflict millions of people in the developing world, remains steady at $15 million for FY08.

The foreign operations bill will be incorporated into an omnibus appropriations bill and, at press time, was on its way to the U.S. House of Representatives for a final vote before being sent to the Senate for action.

Visit www.globalhealth.org for specifics on the FY08 Foreign Operations bill conference results.

Council Testifies Before House Committee on Foreign Affairs on HIV/AIDS Issues

Dr. Nils Daulaire, president of the Global Health Council, testified before the House Committee on Foreign Affairs on Sept. 25. The hearing continued congressional discussion of how to transition PEPFAR from an emergency program to a sustainable one. Dr. Daulaire acknowledged that PEPFAR has had great success in getting care and treatment to people living with HIV and preventing millions from getting infected with HIV. He also noted, however, that beating HIV/AIDS demands more than HIV-specific prevention, care and treatment programs operating in isolation from other global health interventions. Dr. Daulaire called for increased coordination and integration in order for PEPFAR programs to be sustainable. Dr. Daulaire told the committee that this integration should occur at four levels: 1. Internally between PEPFAR's own prevention, treatment and care programs; 2. Laterally across other U.S. global health programs, addressing issues other than HIV; 3. Nationally through the strengthening of health systems and support of expanded health workers in countries with high burdens of disease; and 4. Externally through enhanced coordination between PEPFAR and other HIV and non-HIV specific programs managed by focus country governments.

Dr. Helene Gayle, President of CARE, reinforced the need for coordination and integration by discussing the need for addressing HIV within a development context. She also addressed the issue of increased focus on needs of women and girls and to implement a comprehensive set of prevention services. Dr. Joia Mukherjee, medical director with Partners in Health, further elaborated on Dr. Daulaire's point of strengthening health systems and supporting expanded health workers in countries. Finally, Dr. Norman Hearst, professor of family and community medicine at the University of California, San Francisco's School of Medicine, discussed the need to maintain a prevention focus that included all three components of the "ABC" (Abstinence until marriage; Be Faithful, and Condoms) model.

The question-and-answer session primarily focused on this "ABC" model though participants in their response said that delivery of basic health and development services are also means of prevention. The hearing ended with a brief discussion about whether PEPFAR reauthorization should solely focus on authorizing funding for HIV-related programs and services or whether it should go beyond to include other services. Dr. Daulaire and Dr. Gayle both responded that this reauthorizing bill before us should focus on HIV-related services but that does not mean one should lose sight of other critical health and development services.

Continued on page 16

CMMB - Continued from page 13

provider-initiated "opt-out" HIV testing, and if testing positive, adhere to the PMTCT package provided at the targeted health institutions. This three-year program, funded under the USAID New Partners Initiative (NPI) of the President's Emergency Plan for AIDS Relief, has recently been launched at selected church health institutions (CHIs) in Zambia by CMMB in collaboration with the Church Health Association of Zambia (CHAZ). Over a three-year period, CMMB will work with 31 church health institutions to strengthen the capacity of its staff and community health worker networks to address male attitudes and practices that negatively impact women attending antenatal clinics and accessing prevention-of-mother-to child-transmission services.

MTA Activities Include:

- Conducting a knowledge, attitude and practice (KAP) survey to elicit barriers to male involvement in PMTCT and VCT services, including misconceptions as well as positive and negative social-cultural beliefs;
- Development of specific iterative participatory communication materials and methodologies;
- Training and education of community leaders (traditional healers, chiefs and village headmen, civic leaders, clergy and community health workers) to conduct education and communication sessions, and deliver accurate messages related to HIV care and prevention, including PMTCT and VCT services to reach men in the communities.
- Monthly education and communication sessions with men who are partners or spouses to pregnant women attending antenatal clinics at church health institutions;
- Regular education/communication sessions with men in the general community associated with each targeted CHI;
- Monitoring and evaluation to determine effectiveness of the education and communication methodologies and measure outcomes related to PMTCT and VCT uptake.

MTA aims to provide men with appropriate knowledge so that they will encourage their wives and female partners to attend antenatal clinics, and access PMTCT and MTCT-Plus services. And, with cultural barriers and misconceptions addressed through appropriate communications by community leaders, men will start to access VCT services.

Effective involvement of men in HIV care and prevention programs also has the potential of improving reproductive and adolescent health services and gender equity initiatives, thereby reducing violence against women. With the ongoing advocacy to integrate male circumcision in the provision of health services as part of reducing the risk of contracting HIV, programs such as MTA are well placed to positively change the tide in the spread of HIV.

For more information on CMMB, visit www.cmmb.org.

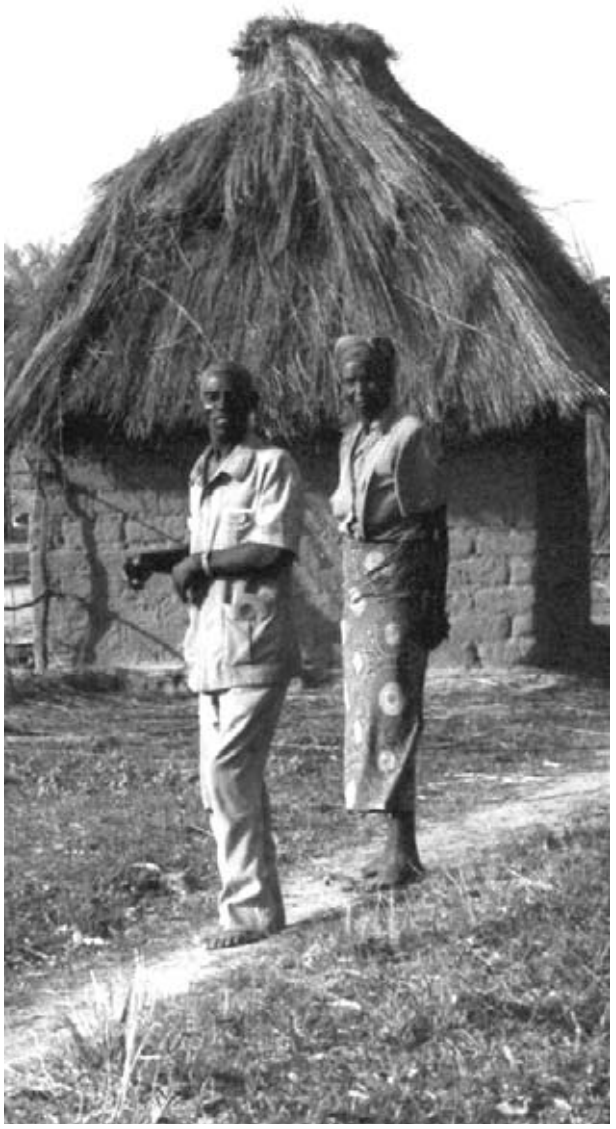


Photo courtesy of CMMB

Providing men with appropriate knowledge about HIV has resulted in their encouraging their wives and female partners to attend antenatal clinics, and access PMTCT and MTCT-Plus services.

Policy Update - Continued from page 15

The House Committee on Foreign Affairs also held a hearing on nutrition and HIV issues in October. This hearing addressed the need to better integrate nutrition and food programs with HIV programs and services, particularly treatment.

Partner Vetting System

In August, the U.S. Agency for International Development proposed establishing a new system of records known as the Partner Vetting System (PVS) to vet individuals, officers, or other officials of non-governmental organizations who apply for USAID contracts, grants and cooperative agreements, or who apply for registration with USAID as Private and Voluntary Organizations (PVOS), in order to ensure that USAID funds and USAID-funded activities are not inadvertently or otherwise providing support to entities or individuals associated with terrorism.

The Global Health Council expressed opposition to this new rule for a number of reasons including the fact that it would impose a high administrative burden on organizations implementing fundamental health programs for the world's poorest people. Such a system would drain personnel and resources intended to be used to provide health assistance.

The Council and other organizations are in discussions with USAID and with Congress on this proposed system. To view the Council's statement, go to www.globalhealth.org/images/pdf/usaid_alert_082207.pdf

Save the Children Responds to Cyclone Sidr

Save the Children, which pre-positioned supplies and emergency response staff in the path of Cyclone Sidr before it struck on Nov. 15., has reached more than 130,000 families in eight of the hardest hit districts. Save the Children has distributed food packs and household items including plastic sheeting, water containers, and water purification tabs to more than 9,000 families as well as 28,000 oral rehydration packets to treat basic diarrhea. The agency has distributed 1.7 million high energy biscuit packets and has set up three water purification plants to serve thousands of families in need of clean drinking water. The agency also has opened child friendly spaces in 37 areas where children can gather and play in a place where they will be safe and supervised.

ADRA Expands Response for Survivors of Bangladesh Cyclone

The Adventist Development and Relief Agency (ADRA) is expanding its response to meet the immediate needs of approximately 15,500 additional survivors after Cyclone Sidr. ADRA is expanding its relief operations to assist a total of nearly 20,000 people in eight affected communities. Each household will receive a two-week packet of oral-rehydration salts and emergency food, including rice, lentils, salt, sugar and vegetable oil. Beneficiaries will also receive emergency temporary shelter materials and non-food relief items, such as bedding, household kits, and vegetable seeds to assist families as they return to their daily lives. ADRA plans to continue to provide emergency and long-term recovery assistance for communities heavily affected by Cyclone Sidr, through the distribution of food, shelter and emergency non-food items.

Barry Bloom to Step Down as Dean

Harvard School of Public Health Dean Barry R. Bloom, Joan L. and Julius H. Jacobson Professor of Public Health, announced on Nov. 15 that he will be stepping down from his position as the school's leader at the end of the current academic year. An internationally recognized expert in immunology and infectious diseases, Dean Bloom is a member of scientific advisory boards for the World Health Organization, the National Institutes of Health, the Centers for Disease Control and Prevention, and independent foundations, and is also a former consultant to the White House on international health policy. He continues to pursue an active interest in bench science as the principal investigator of a laboratory researching vaccine strategies for tuberculosis, a disease that claims more than 2 million lives annually. After stepping down as dean, Bloom will become a Harvard University Distinguished Service Professor and will continue his research and other activities related to global health as a member of the HSPH faculty.

PSP-One India Condom Campaign Wins Grand Effie Award

The Bindaas Bol (Just Say It) Condom campaign, developed for the USAID-funded Private Sector Partnerships-One (PSP-One) project led by Abt Associates, was awarded the ad industry's highest honor, The Grand Effie Award, for the most effective advertising campaign in 2007. The innovative, multi-faceted campaign addressed the stigma surrounding condom use by eliminating the embarrassment associated with buying condoms. The core idea was to reduce customers' discomfort with just saying the word "condoms." By the end of the campaign, condom use by married men with their spouses had increased by more than 30 percent.

HKI Fortifying Cooking Oil and Flour in West Africa

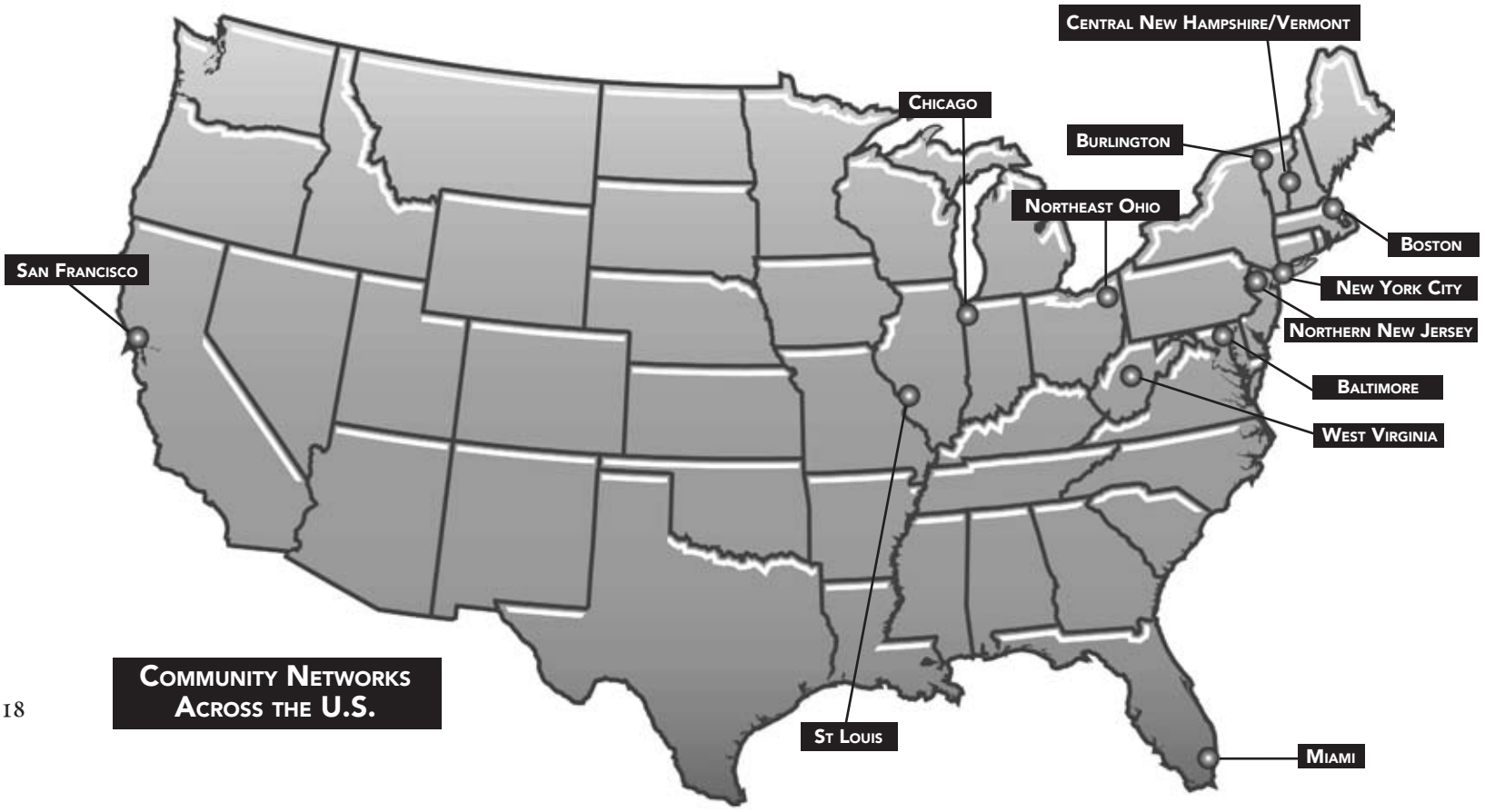
Helen Keller International (HKI) announces the Fortify West Africa initiative which aims to contribute to the survival and development of women and children in the eight-nation Economic and Monetary Union of West Africa (UEMOA). Cooking oil has been proven to be the easiest food vehicle to fortify with vitamin A, and numerous studies in West Africa have shown a high level of market penetration. Wheat flour is a good vehicle because it is widely consumed on a daily basis in many forms, and fortification has minimal or no perceptible effect on taste and texture. In partnership with the professional association of cooking oil producers of the region and the West African Health Organization, HKI launched a UEMOA-wide cooking oil fortification initiative in April 2007 with financial support from the USAID, the Michael & Susan Dell Foundation, the Global Alliance for Improved Nutrition (GAIN), the government of Taiwan, the Micronutrient Initiative (MI) and the industries themselves.

AED to Lead Project for Health and Development Communications

AED will lead a new partnership of organizations around the world in strengthening the use of communications to achieve major health and development goals, it was recently announced by USAID. The Partnership for Health and Development Communication will focus on specific challenges in health, including family planning and reproductive health, HIV/AIDS prevention, maternal and child health, TB, malaria, avian influenza. It will also address issues in the environment, civil society, and democracy and governance. The program will build capacities in local media, advertising and research firms, universities and nongovernmental organizations. It will also work with government agencies to strengthen relations with the media and improve the effective use of strategic communication to influence change and improve practices at a population level. The five-year program will work throughout the developing world, with a major focus in Africa. North American partners include CARE International, Internews, Ohio University, the University of Washington, the Communication for Social Change Consortium, the Communication Initiative, and IDEO. Overseas partners include Soul City and Social Surveys in South Africa, Straight Talk in Uganda, and the Center for Media Studies and New Concept Information Systems, which are both in India. The project director is Dr. Susan Zimicki, a vice president in the AED Global Health, Population, and Nutrition Group. AED pioneered the use of communication to improve health practices in the 1980s and has managed global communication projects in multiple sectors.

Yach to Serve on PAHEF Board

The newest member of the board of trustees of the Pan American Health and Education Foundation (PAHEF) is Dr. Derek Yach, director of global health policy at PepsiCo. Illustrative global health positions he has held in the recent past include director of global health at the Rockefeller Foundation, professor in the division of global health at Yale University; and executive director of non-communicable diseases and mental health of the World Health Organization.



Community Networks Across the U.S.

(NEOGHN) has established a non-partisan membership base of 38 individuals who share an interest in global health.

Advocacy has been the focus of the NEOGHN, with members meeting with regional congressional representatives to offer their collective expertise as well as to create greater awareness and support for global health issues. To facilitate this outreach, a Political Action Directory was developed that includes extensive details on the region's lawmakers, their voting records, and committee assignments.

The NEOGHN uses their bimonthly meetings as opportunities to educate and inform each other about global health issues and to stimulate dialogue about the local-to-global connection of current, crucial health issues. In addition to vigorous discussions at meetings, experts are occasionally invited to present on a particular health issue. Moreover, the network collaborates with other organizations involved in local and global health issues in advocacy and community-mobilization activities.

West Virginia

The West Virginia Global Health Network (WVN) believes that there is a valuable role for concerned West Virginia citizens to play in drawing attention to and in promoting involvement in eliminating the disparities in global health and the unmet need for basic health services in resource-poor countries. In particular, the WVN is concerned that the congressional financial support for global maternal and child health activities has been declining the past two decades while there have been major increases in support for HIV/AIDS, malaria and tuberculosis.

The WVN has written several letters on various topics including: flat funding of maternal and child health issues – encouraging lawmakers to support increased global health funding and to support bills intended to increased access to contraceptives, and support evidence-based HIV prevention. The WVN has also met with several of their lawmakers, offering their expertise and building relationships on a local level.

St. Louis

The St. Louis Metropolitan Area Global Health Network's (STLMN) diverse membership consists of 100 students and professionals that represent local non-governmental organizations and hospitals, a congressional staff representative, senior city officials, academic professionals, as well as local and international businesses.

STLMN has advocated to senior officials at the U.S. Agency for International Development (USAID) that it opposes a proposed partner vetting system. In addition, they have written several letters and made congressional visits about issues including the Focus on the Family Worldwide Act and the Global Health Resolution 31. The STLMN has also cultivated a working relationship with Rep. Russ Carnahan's, D-MO-3, office.

Community awareness raising has been a top priority for the STLMN. Recently, it hosted an event in conjunction with Maryville University and the City of St. Louis Department of Health. The event, Giving Women Power Over AIDS, is a traveling exhibit focused on improving sexual health for women through raising awareness and support for microbicide research and global AIDS funding.

The Global Health Council's Community Global Health Networks have been an effective way for our members and the community at large to make a global difference on a local level. To participate in one of the established or soon-to-be established networks, contact Leanne Rios, the community network manager, an at Lrios@globalhealth.org. To learn more about the networks, their history and activities, visit www.globalhealth.org/networks/.

The Global Health Council has released a special issue of ***Global AIDSLink*** celebrating the 25th anniversary of the **International AIDS Candlelight Memorial**. With moving articles by those who were there at the movement's nascent stages and those who continue to forward the cause, it is a must-read for anyone in the AIDS community. Visit www.globalhealth.org.

VH1, in partnership with the **Nothing but Nets Campaign** and the **United Nations Foundation**, produced a lighthearted public service announcement on the perils of malaria. It features some of the "Best Week Ever" folks and is currently airing on VH1. View the video at www.nothingbutnets.net or on YouTube at www.youtube.com/watch?v=noUyiZTDCbk

The MDG Monitor shows how countries are progressing in their efforts to achieve the Millennium Development Goals (MDGs). A tool for policy-makers, development practitioners, journalists, students and others to track progress through interactive maps and country-specific profiles; learn about countries' challenges and achievements and get the latest news; and support organizations working on the MDGs around the world. View it at www.mdgmonitor.org/index.cfm.

A new report from Malawi shows that comprehensive sex education plays an essential role in protecting young people from unintended pregnancy and HIV. The report is based on data from a 2004 nationally representative survey of 4,031 adolescents, aged 12–19. Additionally, it draws on findings from 102 in-depth interviews and 11 focus group discussions with adolescents from both urban and rural areas. Access the report at www.guttmacher.org/pubs/2007/12/10/PNG_Malawi.pdf.

The ACQUIRE Project recently published a technical update on hormonal implants. Though implants are the most costly contraceptive method, their availability in programs reduces demand on health services because they are more effective and because their continuation rates are higher than short-acting methods, such as pills and injectables. Informed by global evidence and experiences from the field, this document provides method-specific characteristics as well as service program considerations. Read the update at www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/Hormonal-Implants-2Pager-final.pdf.

Help women and men in developing countries avoid the trauma of unintended pregnancies, the spread of HIV/AIDS, and the death of a mother or child through an unplanned birth by joining INFO's "**Send a Handbook Campaign,**" designed to pass along the latest guidance about contraceptive methods to health-care providers in developing countries. Visit www.infoforhealth.org/globalhandbook/donate.shtml for details or view the handbook at www.fphandbook.org.

The Elizabeth Glaser Pediatric AIDS Foundation features the *Every Child Deserves A Lifetime* benefit CD featuring classics from artists such as Bruce Springsteen, Sting and Carly Simon and James Taylor. With songs like "Mockingbird," "Over the Rainbow" and "Puff (The Magic Dragon,)" this CD is sure to be a hit with any music lover in your life. iParenting named it a greatest product of 2007. Buy your copy at www.pedaids.org.

UNFPA has published a three-hour distance-learning course on population issues. The course is available in English, French and Spanish, and covers reproductive health, HIV/AIDS, gender mainstreaming, advocacy, adolescents, maternal mortality and population and development. To request a CD-ROM copy of the course, go to www.zoomerang.com/survey.zgi?p=WEB2273ABC7JX8.

Pathfinder International has published *Women's Empowerment in Ethiopia: New Solutions to Ancient Problems*. This paper documents the challenges and successes of two programs that combine increased access to reproductive health care and family planning with comprehensive social change. In collaboration with partners, community and religious leaders, and medical providers, these programs have advanced changes in law enforcement and community values to overcome harmful traditional practices. The publication is available for download at http://www.pathfind.org/Pubs_Social_Change. Hard copies are available by contacting techcomm@pathfind.org.

PRINCESS NIKKI - CONTINUED FROM PAGE 9

hospitals and designate some as cancer centers. Now people have a place to go to, though it is still insufficient.

Insufficient in what way?

In almost every way. We need more funds, more drugs, more beds. We also need doctors. We have 10 radiation oncologists in the country, but no medical oncologists, though we do have eight nurse oncologists who are very important in treatment and care.

What's ahead?

We need to raise awareness of what's needed in Nigeria and get help in training more personnel, expanding way beyond the current five cancer centers and working on a shorter waiting time before detecting a problem and getting to see a doctor. We also need specialists. We have seen when cancer is treated by non-specialists, it may not be fully removed surgically, or fully treated medically, and can recur.

What else? A major issue for us is to educate our people so that they don't see a traditional healer first. That, too often, delays appropriate, life-saving treatment. What we have to do is join the traditional with the orthodox [conventional].

What about funding?

We're struggling. We get funds from friends and family, but we need so much more. Health insurance began in Nigeria in 2005, but it does not cover cancer! We, and other countries, need a global fund we can tap into for cancer resources in our homelands. We hope in the future to have a diagnostic center run by the foundation, but for that we will need funds for equipment and personnel. The worst thing now is that we ask women to go for screenings, but when they get to the centers, they are unable to pay, and usually the screening cannot be provided for free. They cannot afford to pay, and we cannot afford to pay for them.

malaria, and the proportion increases annually because of deteriorating health systems in poor countries. Nearly one-third of children under five in the developing world remain underweight or stunted.

A country's economic growth rate is significantly influenced by the health of its general population. It is little wonder, therefore, that illness is often a cause of poverty as well as a catalyst for sudden impoverishment, as families tap into savings or sell what they own to cover the costs of medical care. As a result, all too often people end up falling below the poverty line. Improving the perilous health of millions of the world's poorest people is rightly one of the essential priorities of the global development community in this new century.

In another worrying trend, poor countries are catching up with their wealthier Northern neighbors in the growing numbers of premature deaths caused by chronic diseases – cancer, diabetes, hypertension, pulmonary diseases – linked to tobacco-addiction and obesity pandemics. Malnutrition is problematic, not only in poor countries (with both under-nutrition and obesity), but also in rich countries which are confronted with widespread obesity. Furthermore, strong commitment is required to address the lack of progress in improving sexual and reproductive health, which is not only a key development priority, but is also central to achieving the 2015 Millennium Development Goals for maternal and child mortality, as well as for HIV/AIDS.

Strong Systems Need Coordination

Given its mission to reduce poverty and inequity in low-and middle-income countries worldwide, the World Bank has updated its health, nutrition, and population (HNP) strategy to help developing countries strengthen their health systems, and to ground the many different 'vertical' health programs available within a single country-driven system that is capable of ensuring that poor people get sustained access to the good quality health services needed to save and improve their lives.

This mission is strongly aligned with the newly-launched Global Campaign for the Health Millennium Development Goals which also aims to accelerate progress on the health MDGs by improving co-ordination of support for national health plans, and brings together international health organizations, major donor countries, as well as developing countries.

The Campaign is gathering speed, building on the work, for example, of the High-Level Panel on UN System-wide Coherence; the International Health Partnership, launched in early September by UK Prime Minister Gordon Brown and the Norwegian Premier, Jens Stoltenberg; and in late September, Prime Minister Stoltenberg gave the new Campaign even more prominence by pledging to invest $ 1 billion over 10 years to strengthen health systems to reduce child mortality and improve maternal health in keeping with MDGs 4 and 5; and the Women Deliver global summit in mid-October that reminded the world again of the daily hazards faced by mothers during their pregnancies and subsequent deliveries.

Results-Based Financing

One promising approach to strengthening health systems which the World Bank champions in its new HNP strategy is 'results-based financing.' In fact, the Bank will do its part to make the Global Campaign for the Health Millennium Development Goals successful by leading efforts to pilot this innovative financing approach that is based on linking financing directly to verifiable results. Without results, health system strengthening has no meaning. Without health system strengthening, there will be no results.

We know for example that mothers are more likely to have successful births for their babies if they take place in health facilities where help, advice and equipment is on-hand, rather than at home. In India, for example, a government scheme convinced the majority of poor mothers in key states to have their babies in health facilities; a successful and one made possible by subsidizing the cost of the mother's transport to and from the clinic, as well as providing incentives for the health workers to deliver better services.

A number of Bank projects are already testing the value of results-based financing, with Rwanda being a particularly good example of linking finance with verifiable results. One project helps the country's local municipalities to 'incentivize' public, private and NGO delivery of basic health services including health promotion, behavior change and preventive services that can be delivered at home (e.g., distribution of bed nets, hand-washing, nutrition, use of safe water systems). A recent evaluation found that utilization of bed nets by children less than 5 years of age has increased from 4 percent in 2004 to more than 70 percent in 2007. The number of cases of malaria has decreased dramatically emptying pediatric wards.

Another project transfers about 15 percent of government resources for health to primary care centers on the basis of performance-based contracts. In target provinces, an evaluation showed a significant increase in use of health services, including immunization, family planning and assisted deliveries. Results in 2007 include immunization coverage of 95 percent, an increase in utilization of services from 0.4 visits per capita in 2004 to 0.7 per capita in 2006 and an increase of assisted deliveries from 29 percent in 2000 to 52 percent in 2006.

Getting Back on Track

Progress toward the MDGs is not on track for many countries, and the health MDGs will not be achieved if current trends continue to 2015. But not all trends are negative, and evidence from even the poorest countries shows that rapid progress can be made towards the MDGs. Countries are reducing their child mortality rates by achieving high coverage rates with effective interventions, such as measles immunization, use of bed nets to prevent malaria, and making sure that drugs to treat common acute respiratory infections are available.

In launching its new HNP Strategy, the World Bank will push hard to ensure that successes like these become commonplace. Along with the rest of the development community, we want to prevent and treat ill-health which too often goes hand in hand with poverty and blunted economic prospects. The clear evidence in developing countries is that weak health systems are a significant roadblock to improving the health of their citizens.

Consequently, our new Health, Nutrition and Population Strategy will enable us to increase our development contribution by helping developing countries to strengthen their health systems to achieve long-term, sustained good health, stronger growth, and more promising national prospects in the global economy.

For more information on the World Bank, visit www.worldbank.org.

which are being considered by many funders, achieve their objectives. However, global health funders, in general, have made only limited use of the wide range of risk-sharing arrangements, such as minimum purchase commitments, quantity flexibility contracts, buyback contracts, revenue sharing and real options.

No single contracting option is optimal across all types of products and situations. Rather, a range of approaches could and should be considered to shift the current risk allocation in which funders, procurement agents and national buyers accept little or no risk, while suppliers gear their decisions about pricing and investments in capacity to a market in which they face significant, unshared risk.

TOWARD IMPLEMENTATION

The international community's ability to forecast demand has not caught up with its ambition to reach those in need with life-saving medical technologies. The inability to accurately predict demand has exacerbated risks for suppliers, resulted in higher costs, supply shortages and concerns about the long-term viability of investing in R&D for health products that benefit the world's poor. It has also limited the ability of donors and national governments to use their aid dollars effectively to improve public health and save lives.

Implementing these proposed solutions would greatly enhance the relationships among funders, suppliers, intermediaries and users of health products, and induce alignment across participants in the global health value chain that is essential for long-term improvements in access to quality products. Far from being small technical patches, these recommendations would contribute to improving the efficient functioning of the global health market, making the new monies and new products realize their potential in better health outcomes in the developing world.

The recommendations are mutually reinforcing. Armed with better information from a credible infomediary and the adoption of key principles of forecasting, funders will be able to comfortably assume a greater portion of the risk currently borne by suppliers, which will allow for a greater return on their aid investment in the form of improved public health outcomes. Efficient contracting arrangements, in turn, will establish the incentives to improve the forecasting process itself, creating a virtuous cycle. Fully implemented, these recommendations can save lives by dramatically improving aggregate demand forecasts for critical medical technologies at the global level, and will lay the groundwork for a broader and longer-term agenda of strengthening health systems and building supply chain capacity in-country; increasing the market-orientation of product development; enhancing the regulatory regimes and enforcement for global health products; and improving the predictability of donor funding.

For more details, see the Global Health Forecasting Working Group's report, A Risky Business: Saving Money and Improving Global Health through Better Demand Forecasts (www.cgdev.org/forecasting).

Jan. 27–29

The All India Institute of Medical Sciences will host the **International Conference on Opportunistic Pathogens in AIDS** in New Delhi, India. The conference will focus on new trends in the HIV epidemic, treatment guidelines, vaccine development, the opportunistic infections that occur in these patients with their management and prevention, and the aim of a healthy survival of PLWH. For more information, visit www.icopa-india.org'

Jan. 29–30

The 2008 International Aid + Trade event in Geneva, Switzerland brings together the global humanitarian relief, aid and development community to embrace the challenge of integrated aid and development. The event features a range of interactive exhibits where providers of the latest humanitarian relief goods and services will come together with leading agencies and organizations administering relief in the field, bringing the challenge of humanitarian relief to life. NGO and UN pavilions give UN agencies and NGOs the opportunity to meet other agencies, decision makers, visitors and businesses. Visit www.aidandtrade.org for more information.

Feb. 15

Deadline for the **Global Health Council's Photography Contest**. The Council invites both amateur and professional photographers to submit selections of their work which clearly illustrate the Council's core issues of women's health, child health, infectious diseases, HIV/AIDS and emerging health threats. Go to www.globalhealth.org for details.

Feb. 15

Deadline for submitting a nomination for the **Global Health Council's Best Practice in Global Health Award**. The award is given annually to celebrate and highlight the efforts of a public health practitioner or organization dedicated to improving the health of disadvantaged and disenfranchised populations, and to recognize the programs that effectively demonstrate the link between health, poverty and development. Visit www.globalhealth.org to nominate someone today.

Feb. 17

University of California San Francisco, School of Medicine is hosting **Infectious Diseases in Clinical Practice: Update on Inpatient and Outpatient Infectious Diseases** in Kauai, HI. This course reviews clinically relevant topics in infectious diseases chosen because their relevance to the practicing clinician or because there have been significant recent advances in diagnosis or treatment. For more information or to register online, visit www.cme.ucsf.edu.

Feb. 28

The Association of Medical Microbiology and Infectious Diseases Canada is hosting its annual conference in Vancouver, B.C. The event will bring together North America's foremost researchers, health-care providers, exhibitors, journalists and non-governmental representatives to share current knowledge on a full spectrum of issues in infectious diseases and medical microbiology. Visit www.ammi.ca for more information.

March 10

The 2008 National STD Prevention Conference will be held in Chicago, IL. Sponsored by the Centers for Disease Control and Prevention, the American Sexually Transmitted Diseases Association., the National Coalition of STD Directors and the American Social Health Association, this conference will bring together STD prevention program, research and policy communities, creating a forum to confront current challenges in STD prevention as well as barriers to application of solutions to these challenges. For more information, visit www.cdc.gov.

March 19

The Population Reference Bureau will host **Best Practices in Research: Translation and Dissemination** in Washington, D.C. Visit www.prb.org for details.

March 24 – April 4

The World Bank will host **Accelerating Progress Towards the Health Millennium Development Goals and other Health Outcomes** in Washington, D.C. This new program approaches health outcomes from the demand side through a multisectoral perspective. This course will build capacity for developing multisectoral health outcome strategies, emphasizing that better effective interventions, actions and policies exist and that adaptation to the country situation is critical. Application deadline is Feb. 22. Visit www.worldbank.org for further information.

March 27– April 1

The Keystone Symposia Global Health Series, HIV Pathogenesis (X8) will be held in Banff, Alberta. During this Gates Foundation-sponsored Keystone Symposia, scientists from diverse disciplines will be brought together with the objective of devising vaccines and other biology-based ways to prevent transmission and progression to AIDS. The meeting will promote further insights into the dynamic interplay between the virus, the host, and its immune response. For more information, visit www.keystonesymposia.org.

April 3–5

The Global Health Education Consortium is holding its 17th annual conference, **Global Health Ethics and Human Rights, Practical Applications to Multicultural Health Issues** Here and Abroad, in Sacramento, CA. Visit www.globalhealth-ec.org/ for details.

May 5

The National Foundation for Infectious Diseases is holding the **Eleventh Annual Conference on Vaccine Research** in Baltimore, MD. This conference has become the largest scientific meeting devoted exclusively to research on vaccines and associated technologies for disease prevention and treatment through immunization. International experts will lead seminars and panel discussions on topical areas of basic immunology, product development, clinical testing, regulation and other aspects of vaccine research. For more information, visit www.nfid.org.

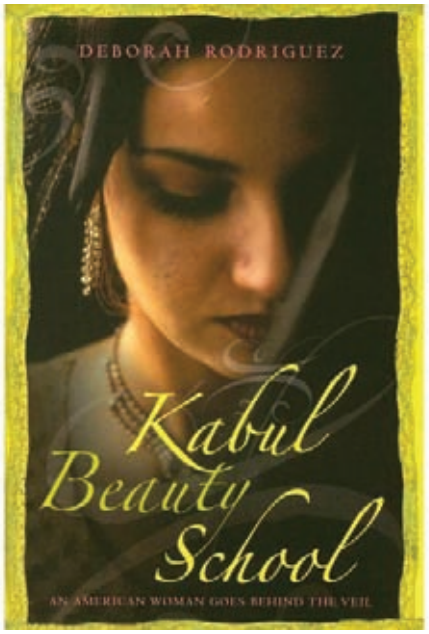
May 18

The 25th International AIDS Candlelight Memorial will be held in countries around the world. Join the movement at www.candlelightmemorial.org.

May 27–31

The Global Health Council's 35th Annual International Conference on Global Health, Community Health: Delivering, Serving, Engaging, Leading will be held in Washington, D.C. For more information, visit www.globalhealth.org/conference/.

The Book Nook



Kabul Beauty School An American Woman Goes Behind the Veil

By Deborah Rodriguez
with Kristin Ohlson
Random House Trade Paperbacks

Kabul Beauty School: An American Woman Goes Behind the Veil is a story about improbable heroines – hairstylists. This book by Deborah Rodriguez with Kristen Ohlson, is a celebration of hair, women and courage.

In a nutshell, Kabul Beauty School is Rodriguez's memoir about her life in Afghanistan, coming first as an American aid worker, then helping to establish and later run the first post-Taliban beauty school and salon there. It is the classic story of one person making a difference. At face value, this quick read is inspiring in the author's passion and commitment to improve the lives of Afghan women.

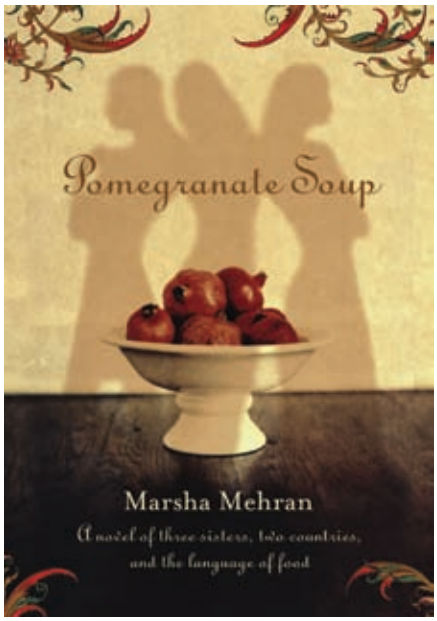
Though she seems, at times, less than culturally sensitive, Rodriguez doesn't shy away from her mistakes and shortcomings. She intersperses the difficult realities that both she and her students face with tongue-in-cheek, often self-deprecating, anecdotes about her experiences. Some of the most entertaining parts of the narrative are the glimpses of Western expatriates working in Afghanistan who comprise most of her salon's paying clientele.

The heroes of the book are the Afghan women who make up the classes at the beauty school. The students, some of whom ran underground salons during the nadir of the Taliban era, many who continue to have challenging home situations, all of whom were looking to improve their lives and that of their families through economic advancement. It is their stories that are captivating, their realities that are heartbreaking, but at the same time, they are the ones for whom the audience hold so much hope.

The beauty school itself, in its nascent stage, was the pet project of the beauty industry and supported by cosmetic giants as well as *Vogue* magazine. Unfortunately, after a much lauded launch, the book has been mired in controversy. From the outcry of the other women who helped launch the school, then, most troublingly, by the women who attended the school. Some of the account is called into question.

Despite the controversy, the book highlights nothing less than courageous acts of these Afghan women who are empowering themselves and providing for their families, despite grave danger, by going to this school. Moreover, it brings the beauty of the Afghan people, and the strength of its women to all who read it.
Note: The 2004 documentary, The Beauty Academy of Kabul, directed by Liz Mermin, follows the first year of the beauty school and also features Deborah Rodriguez.

– Tina Flores



Pomegranate Soup

Marsha Mehran
Random House Trade Paperbacks

Journey with the Aminpour sisters as they embark on a new chapter of their lives in Marsha Mehran's novel, *Pomegranate Soup*. Marjan, Bahar and Layla escape amidst the Iran Revolution and open up the Babylon Café in a small Irish village where they awaken sleeping dreams and ignite new possibilities. Anyone who has been an outsider in a close-knit community can relate to the sisters who are faced with suspicion and discrimination in their new home. Moreover, they continue to be haunted by the past that never leaves.

A book for travelers and food lovers alike, *Pomegranate Soup* is resplendent in the history and details of people, tastes and landscapes. Mehran builds textural layers of the senses, taking the reader on a voyage of food and places. In the process, she portrays food as the vehicle it is in bringing people together and introducing new cultures. Indeed, 11 fairly straightforward Persian recipes are included so the reader can do the same. This uplifting tale is wonderful tribute to family, community and new beginnings.

– Tina Flores

Global Health Council

Global Health Council
15 Railroad Row
White River Junction, VT 05001
www.globalhealth.org

readit useit shareit

HealthLink

AIDSLink

Support a developing country membership by donating at www.globalhealth.org

www.globalhealth.org