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The Global Health System: Actors, Norms and Expectations in Transition

The global health system that evolved through the latter half of the 20th century achieved extraordinary success in controlling infectious diseases and reducing child mortality. Life expectancy in low- and middle-income countries increased at a rate of about 5 years every decade for the past 40 years. Today, however, that system is in a state of profound transition. The need has rarely been greater to rethink how we endeavor to meet global health needs.

We present here a series of four papers on one dimension of the global health transition: its changing institutional arrangements. We define institutional arrangements broadly to include both the actors (individuals and/or organizations) that exert influence in global health and the norms and expectations that govern the relationships among them.

The traditional actors on the global health stage—most notably national health ministries and the World Health Organization (WHO)—are now being joined (and sometimes challenged) by an ever-greater variety of civil society and non-governmental organizations, private firms, and private philanthropists. In addition, there is an ever-growing presence in the global health policy arena of low- and middle-income countries, such as Kenya, Mexico, Brazil, China, India, Thailand and South Africa.

Also changing are the relationships among those old and new actors—the norms, expectations, and formal and informal rules that order their interactions. New partnerships such as WHO's Roll Back Malaria Partnership (RBM), Stop TB, the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and many others have come to exist alongside and somewhat independently of traditional intergovernmental arrangements between sovereign states and UN bodies. These partnerships have been emphasized—not least by WHO itself—as the most promising form of collective action in a globalizing world. Large increases in international support for the newer institutions has led to relative and, in some cases, absolute declines in the financial importance of traditional actors.

The rise of multiple new actors in the system creates challenges for coordination but, more fundamentally, raises tightly linked questions about the roles various organizations should play, the rules by which they play, and who sets those rules.

Actors may exercise power within the constraints of international institutions in hopes of achieving benefits and shared objectives. Such a calculus helps to explain why actors are willing to fund multilateral initiatives such as WHO, GFATM, RBM, and Stop TB, despite the fact that doing so entails relinquishing considerable control over what is done with their resources.

On the other hand, powerful and financially independent actors, such as national governments, may elect to use their resources to influence the outcomes from multilateral initiatives or create bilateral ones. The lack of a clear set of rules that constrain distortion of priorities by powerful actors can threaten less powerful ones.

As a case in point, despite widespread support for its overarching goals, there is considerable discussion, in some cases even unease and some tension, around the prominent role played by the Bill & Melinda Gates Foundation, whose spending on global health was almost equal to the annual budget of WHO in 2007.

Finally, this period of transition in actors and relationships comes at a time when the very nature of the challenges faced by health systems is itself being transformed. The success of child survival efforts has meant that noncommunicable diseases, including cardiovascular disease, cancer, diabetes, and neuropsychiatric disease, are growing in prevalence alongside the continuing threats of communicable diseases [9–11].

The globalizing economy poses a new set of health challenges as the rules that govern trade in goods, services, and investment reach more deeply into national regulatory and health systems than have previous trade arrangements [12,13].

Finally, changes in climate and other environmental variables are likely to create unexpected and unpredictable health threats, both as a direct result of changing environments for disease vectors and as an indirect result of impacts on water and food security, extreme events, and increased migration [14,15].

The melee resulting from these interacting transitions has produced some extraordinary success stories, such as the drive that dramatically increased access to lifesaving antiretroviral therapy for people living with HIV and AIDS,

unprecedented access to insecticide-treated bednets for malaria, and enhanced access to anti-TB drugs in the developing world within a span of a few short years.

But there is also mounting concern that the increasingly complex nature of the evolving global health system leaves unexploited significant opportunities for improving global health, results in duplication and waste of scarce health resources, and carries high transaction costs. The ongoing global financial crisis makes the efficient and effective performance of the global health system all the more pressing.

Many have expressed doubts that today's global health system is remotely adequate for meeting the emerging challenges of the 21st century. A groundswell of opinion suggests that new thinking is needed on whether or how practical reform of the present complex global health system can improve its ability to deal with such key issues as:

- Setting global health agendas in ways that not only build upon the enthusiasm of particular actors, but also improve the coordination necessary to avoid waste, inefficiency, and turf wars.
- Ensuring a stable and adequate flow of resources for global health, while safeguarding the political mobilization that generates issue-specific funding. How can the global burden of financing be equitably shared, and who decides? How should resources be allocated to meet the greatest health risks, particularly those that lack vocal advocates?
- Ensuring sufficient long-term investment in health research and development (R&D). Who should contribute, and who should pay? How can the dynamism and capacity of both public and private sectors from North and South be harnessed, without compromising the public sector's regulatory responsibilities?
- Creating mechanisms for monitoring and evaluation and judging best practices—how can policy agreement be achieved when actors bring contested views of the facts to the table?
- Learning lessons from the enormous variance in effectiveness and costs of various national and international health systems, from R&D to the delivery and monitoring and evaluation (M&E) of interventions in the field, to create improvements everywhere.

Source: N.A. Szlezak et al., PLoS Medicine, January 2010

Population decline worsening in Japan

The population dynamics estimate of the Health, Labor and Welfare Ministry indicates that Japan's population decline is accelerating.

The report, based on birth and death registers submitted from January 2009 to October 2009, estimates the number of births in Japan in that year at 1,069,000, or 22,000 less than in 2008, and the number of deaths in 2009 at 1,144,000, or 2,000 more than in 2008. The death figure is the highest since 1947 and represents the ninth straight yearly increase.

As a result, Japan's population is estimated to have shrunk by 75,000 last year, 1.46 times the decrease marked in 2008. Japan's population will continue to decrease at an accelerating rate, the ministry noted.

The number of women able to bear children is on the decline, and the number of deaths among the nation's graying population will continue to rise.

The National Institute of Population and Social Security Research estimates that Japan's population will dip below 100 million in 2046, below 90 million in 2055 and down to 44.59 million in 2105. If this trend continues, the labor force and consumer markets will shrink, having a strong impact on the economy. Social security costs for medical and nursing care services and pensions will exert great pressure on people...

The Hatoyama administration will introduce a child allowance without an income cap for eligible households from fiscal 2010. To secure enough funds to maintain the scheme, as well as improve and expand child care facilities, the government should rework the budget, carry out tax reform and have business enterprises contribute funds. More importantly, the corporate sector should offer the kind of stable employment that allows both men and women to feel they are economically secure enough to be able to raise children. Increasing the number of irregularly employed workers will only weaken the foundation of the economy and the nation itself.

Source: The Japan Times, 15 January 2010

UNFPA sends urgent lifesaving supplies to pregnant women in Haiti

With Haiti having the highest rate of maternal death in the region, the United Nations Population Fund (UNFPA) is prioritizing assistance to pregnant women in areas affected by the devastating earthquake in Haiti.

"During periods following a major natural disaster, women often lose access to basic health services," said the UNFPA press release.

According to the UNFPA estimates, one quarter of the impacted population are women of childbearing age, in addition to thousands of pregnant women included in that figure.

With 670 deaths per 100,000 live births, Haiti has the highest rate of maternal death in the region, as part of the immediate humanitarian response, UNFPA is

delivering emergency reproductive health kits which contain crucial drugs, equipment, and other lifesaving supplies for pregnant women. UNFPA is working to ensure that women and girls have access to basic hygiene supplies as part of their disaster relief assistance.

Source: Xinhua General News Service (China), 14 January 2010

Ireland: majority of young people want abortion introduced, says poll

Some 60% of young people want abortion legalised here, it has emerged.

According to a Red C poll in today's Irish Examiner, 10% of 18-34 year olds have been involved in a relationship where an abortion took place.

The survey has also found that three out of four women believe the morning-after pill should be made available over the counter.

According to the Irish Family planning agency - the cost of accessing the morning after pill has been an increasing cause of complaint - particularly in the last 12 months.

The national survey also found that three quarters of adults aged 18-34 had unprotected sex, with one in three blaming alcohol - the average number of sexual partners is eight.

Half of those surveyed say they met their sexual partners through friends with more people meeting on the internet than at work.

Source: Ireland On-Line, 21 January 2009