GLOBAL HEALTHLINK®

THE NEWS MAGAZINE OF THE GLOBAL HEALTH COUNCIL

USAID's Global Focus

Q&A with E. Anne Peterson
Assistant Administrator for Global Health

DR. NILS DAULAIRE
COUNCIL PRESIDENT & CEO

You Say You Want a Resolution

It's always nice to begin the new year with good news, but 2003 begins with enormous uncertainties.

Due to pre-election jockeying, Congress failed to pass its international assistance appropriations for the government's fiscal year that began on Oct. 1, 2002, and programs have been temporarily funded at prior levels until the new Congress convenes in early January to finally pass a budget. While sizeable increases for global health were part of the Senate-passed bill, the House chose a more frugal approach, and its point of view may have the upper hand in the final negotiations when the new Republican-controlled Senate sits down at the table.

'This does not bode well for development assistance in general.'

With estimates of total costs ranging between $100 billion and $1 trillion, the looming war with Iraq (combined with gathering momentum for further tax cuts) promises an extended period of enormous budget deficits. The first thing to suffer in that scenario is spending on items not considered important for national security and economic recovery. This does not bode well for development assistance in general.

After two decades of steady improvement due to its priority among policy leaders and practitioners alike, the issue of child health seems to have fallen off the radar screen. In many countries this has been reflected by falling rates of child immunization, and earlier declines in death rates have stagnated. Disappointingly, the UN Special Session on Children, held in May, failed to galvanize action, while most of the visible debate focused on peripheral issues.

Women's health, which had received great attention as a result of the Cairo and Beijing conferences, appears to be under fire. Representatives of the Bush administration are reported to be working to "roll back" language on reproductive health and reproductive rights that had been agreed by consensus at these earlier forums.

Their expressed concern is that these agreements might be read to include abortion as an acceptable service component, and that reproductive rights might be construed as abortion rights.

The facts do not bear out these concerns; the agreements themselves clearly identified service components to be national decisions depending on domestic laws and culture, not to be imposed from the outside. And, the agreements defined reproductive rights as the right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. Hardly a radical manifesto.

In the AIDS arena, progress in meeting the promises of 2002 has been slow. The $500 million initiative for preventing mother-to-child transmission of HIV, announced by President Bush in June, has yet to see any new funds, since it had been included in the emergency appropriation bill that the President vetoed. And while both House and Senate agreed on a sizeable increase in funding for global AIDS, even if enacted, that increase falls far short of projected needs.

However, there are some hopeful signs. One is the growing engagement of the White House in serious and substantive discussions concerning a major global initiative aimed at rapidly ramping up treatment and care for AIDS along with expanded prevention efforts. The next few weeks will determine whether this will really move ahead; if so, an

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Bono stops by the Council's Local-Global Health Forum in Nashville to advocate for initiatives to combat AIDS.

Bono, Frist, Council Advocate to Eliminate HIV/AIDS

On Dec. 9, the Global Health Council held a Local-Global Health Forum, "Protecting Infants from HIV: Nashville and Beyond" in Nashville, TN, to address the impact of mother-to-child transmission of HIV (MTCT) on women, children and communities in Tennessee and globally. AIDS activists called on Congress to fund a special initiative aimed at reducing the risk of AIDS to children and women around the world.

"A financial commitment from the United States could mean the difference between life and death for millions," said Dr. Nils Daulaire, president of the Global Health Council. "We should assure that children get the basic care they need, and that their HIV-infected mothers be first in line for treatment and care."

U.S. Sen. Bill Frist, R-TN, and Dr. Stephen Raffanti, executive director of the Comprehensive Care Center in Nashville, also spoke at the forum. Bono, international AIDS activist and lead singer for the group U2, addressed the forum about his "Heart of America" tour, along with Agnes Nyamayarwo, a Kenyan woman living with HIV.

Forum participants noted that the global AIDS pandemic continues to grow at an alarming rate, with 5 million new infections every year. According to a recent report from the United Nations, for the first time in the AIDS epidemic's two-decade rampage, more women and children are infected than men. They are the fastest-growing group of AIDS victims.

The Global Health Council teamed with the following local leaders for the forum: Nashville CARES!, Save the Children, the Vanderbilt University School of Medicine, the Vanderbilt University School of Nursing, the Vanderbilt University Margaret Cuninggim Women's Center. The David and Lucille Packard Foundation, the Bill & Melinda Gates Foundation, the Robert Wood Johnson Foundation and the Rockefeller Foundation also provided financial support for the forum. A webcast and transcript of the event as well as related resources can be found at www.kaisernetwork.org/healthcast/ghc/09dec02.

Power of 10 Changes its Name

The Council's Power of 10 grassroots network has recently adopted a new name, Global Health Action Network. The network's focus on grassroots education and lobbying for resources to improve Global Health, however, has not changed. The Council is currently planning several programs around the country that aim to increase the influence of this already effective network. For more information or to join the Global Health Action Network, contact Josh Lozman, grassroots coordinator, at jlozman@globalhealth.org or visit our website at www.globalhealth.org.

AIDS Candlelight Memorial Poster

Of the 25 contenders from around the world, the winner of the 2003 International AIDS Candlelight Memorial Contest is the Council's very own Deirdre Crowley. According to Crowley, "Within the poster, I have tried to capture a sense of hope and a mutually supportive global community joined together in the fight against AIDS and in remembrance of those who have died. As cliché as it might sound, we must all strive to keep hope alive despite the magnitude of the AIDS crisis, to be determined in our efforts to increase government funding towards making a cure a reality, and to continue the struggle to provide equal access to quality antiretrovirals throughout the world; the boundaries of our nations and our economies will only fuel the rampage of this virus." The poster was unveiled in celebration of World AIDS Day by Miss Universe, Justine Pasek.

The 2003 International AIDS Candlelight Memorial poster. Image by Deirdre Crowley

Council Enacts New Membership Structure

The board of directors of the Global Health Council recently approved a simplified membership structure for organizations. The Council previously had six types of membership for organizations with 12 categories under those types. In the revised structure, membership dues are not related to the type of organization; rather, they are determined solely

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USAID's Global Agenda

In the midst of enormous public health challenges – the AIDS pandemic, the continued rates of maternal and child morbidity and mortality – Dr. E. Anne Peterson leads the U.S. Agency for International Development's Bureau for Global Health. She sat down with the Global Health Council's Annmarie Christensen and Tina Flores to share her thoughts on USAID, its future and its priorities, private-public partnerships, the media and superstars.

Q: How do you think USAID has affected the lives of people across the globe?

A: The U.S. Agency for International Development has been at the forefront of efforts to help people across the globe. I am very pleased with what USAID accomplishes. Government bureaucracies don't always have the greatest reputation. But when I go to the field, it's great to see the AID folks who live and work there – the partners that they work with, the women, the children, and the families that are affected. It's on-the-ground, and at the in-country level where I can see our programs and our funding making a difference. It is also taking that experience and bringing it to the national level – to guide policy, and bring the lessons learned both to the NGOs in the country and the government – so that they can do their own work better. It's so much harder to measure, but you can actually see that you have really transformed a policy that stems beyond what your own little program does, trickles out, and makes a huge difference to the same thing at the international level.

Q: Sustainability – do you see that as a problem with financing?

A: Sustainable financing for routine health interventions is always a problem. Think about it, sustainable action, whether it's brushing our teeth or washing our hands, *here* [in the U.S] it is hard to get people to keep doing over and over again. We struggle with that for sustainability in the international health arena. That means reinvigorating things that we know really do make a difference. But frankly, they get forgotten and under-funded. That new versus keeping up with the old hat, not very exciting, is always going to be a struggle.

Q: Where do you think funding priorities should lie for USAID in the next two years?

A: I think we do need to look at where we can make the greatest difference. That's always been true and we've always been focused more on public health measures and prevention measures. And if you look at it, that is where we get the most health gain for the amount of money. I think that the biggest change is [that] we actually have new ways to do better assessments of what works and what doesn't work, to prioritize. How do you compare a child health diarrhea program with an AIDS prevention program? How do you weigh the costs of each of them and say, "Oh, well, we should definitely spend more on this one than on this one." Those unlike comparisons are enormously difficult to do. But we are moving into a time where we can be more accountable and have data systems that can measure our impact and our success better; and, we have whole new disciplines for measuring cost-effectiveness that, while there are some difficulties with how you compare unlike things, give you some ways to say, "We're making more difference here or in this country." We are really, as much as we can, trying to look at, "Where is the greatest need? Where can we make the most difference?"

Our challenge is not just to increase the quantity of services available, but also to improve quality. Relatively low-tech solutions can have a great impact on improving the lives of millions. Focusing on these priority interventions must also go along with improving the quality and reach of the public and private health sector.

Q: From your preliminary data what areas do you see?

A: Our HIV/AIDS program, which is a much newer program, was purposely designed to address areas of greatest need. We have priority countries and we looked at both highest prevalence countries and the greatest severity; and also those that were looking at having the greatest potential for growth, an "at the verge of exploding" epidemic. Places like India and Russia are in that priority group. So our AIDS money is pretty well focused on need as its sort of spectrum.

Things like family planning, [which] we've been doing for years and years and years, have historical roots. Whatever the family planning needs were, they may or may not be the same now. The dollars, once you give them to a country, nobody wants their dollars to go away, so [the dollars] are not nearly so closely correlated with need. We are looking at how do you shift that without causing harm to one place.

Because again, we are still, even with something like family planning, at a place where there probably isn't a country that doesn't need more. Same things with HIV/AIDS. There isn't a country that doesn't need more than they're getting, but we're still trying to portion out what we've got in ways we think can make the most difference.

Q: Do you see any area that will suffer – child survival, maternal mortality – because of the big focus on AIDS right now?

A: It is very hard to keep the balance. The child and maternal health issues – right now they are still killing far more people than AIDS. But AIDS is a looming pandemic of proportions that we haven't seen before. We do have to stop it or the mortality from AIDS will supersede that of child and maternal health. [AIDS] captures the imagination of Congress and the American public. One of the things that captures their imagination and their hearts the most is what's happening to the kids – the kids that are getting infected and the kids that are being orphaned. The mothers that are dying with HIV/AIDS, well, that leads into the use of health care when they are HIV positive and about to give birth. But we also need to help the moms who aren't HIV positive who are dying in childbirth.

Remember, if there's a moral mandate to do with HIV/AIDS, then there should be the same mandate to deal with the millions of children and women who are dying of all the other health issues.

The place I think that is at most risk is the health programs themselves. The health programs are in many different pieces. They have malaria, they have TB and they have maternal mortality and all of these various things – the breadth of what is included in the rest of health. Each of those may have a constituency, but it's a small constituency and, except for a group of NGOs that do child and maternal health broadly, such as the Global Health Council, there isn't a voice to say these pieces all add up to a whole that needs to be protected.

Q: Since there's only so much in the pot, do you see a greater partnership with private foundations?

A: Very much. I think there are many different areas. It is not just the private sector. [During] the World Summit for Sustainable Development, it was fascinating how many private business sector people came and said, "We want to work with you on health initiatives." One of the biggest things to overcome is [that] we use different languages. The connection between the business sector and the health sector is our goals and aspirations. The ways we work with things have been very, very different. The increase in accountability and working towards results, the cost effectiveness kinds of analysis, the much more data orientation that they move to in health, can also bring to a greater nexus of understanding with the business sector. So they [say], "Oh, I understand what you're going to do and it's essentially like a business investment. If I invest this much into a health program, this is what I get out of it."

Q: Are different rules placed when you deal with pharmaceutical companies and any areas other than pharmaceuticals?

A: We do have to explore some new territory when working with the private sector to make sure that we do not have conflict of interest that is harmful. I do believe that there is a place where it is to their private business benefit to do a certain activity, but it is also a good and right activity and it can have the same nexus with what we want to have done. They do bring in some flexibility that we don't have and [are able to] take on high-risk endeavors. That is hard for government to do. Where I see public private-partnerships absolutely essential is for that kind of speed of action and flexibility. It is also utterly essential because the scope of the work is way, way, way bigger than we can do ourselves and unless we broaden our reach into the NGO sector, the faith-based sector, and the business sector, we're not going to be able to turn around aid.

Q: What do you envision for USAID in five years?

A: I envision that we will have looked hard at our programs to make sure that we're doing the most effective ones, that we have prioritized, that we are doing more partnerships with a broader group of people, that we are doing more things by distance communication, learning lessons.

We also need to learn how to take that mountainous volume of information we are now learning because communication is so good and figure out a way to channel it and get back out the needed information. What we are already finding is that our own staff and others in the field are overwhelmed with too much information. They can't say what's best, what will make a difference for them. I'd say that at least one of USAID's goals will be gathering it and then helping to get it back out to all the partners in ways that can actually be acted on. There was a time when there was too little information; now there's too much. We are going to find the balance.

Q: How would you determine exactly which information is best? Would you be doing meta-analysis type things or peer reviewed journal type things?

A: For USAID's relationship with staff in the field, we must know what they need, and understand their issues.

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Anne Peterson talks candidly about her vision for the future of USAID.

Photos by Todd Calongne, USAID

Highlights of the 107th Congress
Funding for Global Health Programs

The U.S. Congress ended with little fanfare and no resolution of funding levels for U.S. government programs. Before leaving, the Congress passed a fifth Continuing Resolution, which funds government programs at the fiscal year 2002 level until Jan. 11, 2003. Information on the proposed levels of funding can be found on our website (www.globalhealth.org).

Congress will reconvene during the week of Jan. 6, 2003, and will deal with the remaining appropriations bills before the current continuing resolution expires on Jan. 11, 2003. In order to keep U.S. government spending at the level preferred by the White House, Congress must cut $15 billion from the 11 remaining appropriations bills. It is unclear how this will affect foreign assistance programs but it could result in a huge blow to global health programs. The Global Health Council will work to ensure that extensive cuts are not made to global health programs.

AIDS Authorization Bill Fails in the 107th Congress

In the final weeks of the 107th Congress, members of the House of Representatives and the Senate worked to come to an agreement on a bill to authorize the U.S. government's programs that work to address the global HIV/AIDS pandemic.

Negotiations were carried on until the final moments of the 107th Congress to attempt to reach an agreement between the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2002, which was introduced in the Senate by Sens. John Kerry, D-MA and Bill Frist, R-TN, and the Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001, which was introduced in the House of Representatives by U.S. Reps. Henry Hyde, R-IL and Tom Lantos, D-CA.

Unfortunately, a compromise on these bills could not be reached before Congress adjourned. Fortunately, some Members of Congress such as Sen. Frist, an original sponsor of the AIDS authorization bill and advocate for global HIV/AIDS, has announced that passing an AIDS authorization bill during the 108th Congress is one of his top priorities. The Council will continue to work with key members of Congress in order to ensure that the final bill passed includes comprehensive language and adequate funding levels.

Changes in the 108th Congress and Future Outlook

The November 2002, mid-term elections resulted in tremendous Republican gains in both the House and Senate. For the first time in more than 30 years, control of the House, Senate, and the White House is in the hands of a single party. How will this makeup affect global health issues?

The shift in power in the Senate from Democrats to Republican brought significant changes in relevant committees. In the Appropriations Committee, Sen. Ted Stevens of Alaska is expected to assume the chairmanship position relinquished by Sen. Robert Byrd of West Virginia. In the Foreign Relations Committee, Sen. Richard Lugar of Indiana is expected to assume the chairmanship position due to the retirement of Sen. Jesse Helms of North Carolina.

In the House Committee on Appropriations, spots on the Foreign Operations Subcommittee previously filled by retired Rep. Sonny Callahan, R-AL and Senator-elect John Sununu, R-NH will need to be filled.

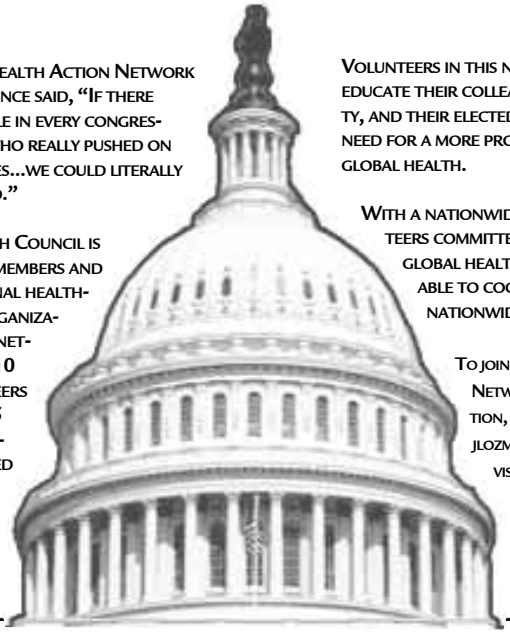
Although changes in Congress and other factors such as the situation in Iraq may divert attention from global health priorities, the Global Health Council will continue to work on advocacy in order to keep our key issues on the legislative agenda.

For more legislative updates, visit www.globalhealth.org.

Advocate for Global Health

Join the Global Health Action Network
Sen. Paul Simon once said, "If there were just 10 people in every congressional district...who really pushed on the [hunger] issues...we could literally change the world."

The Global Health Council is working with its members and other international health-care advocacy organizations to create a network of at least 10 advocacy volunteers in each of the 435 congressional districts in the United States.



Volunteers in this network will work to educate their colleagues, local community, and their elected officials about the need for a more proactive approach to global health.

With a nationwide network of volunteers committed to advocating for global health, the Council will be able to coordinate an effective nationwide advocacy campaign

To join the Global Health Action Network or for more information, contact Joshua Lozman at jlozman@globalhealth.org or visit www.globalhealth.org.

Increasing Literacy and Improving Health Behaviors in Egypt

By Katie Martocci
Program Officer for Guinea and Egypt
World Education Africa

Throughout Egypt, girls and women fall far behind their male counterparts in literacy. In Luxor, while official figures show 45 percent of women are illiterate, among poor women, the rate is as high as 75 percent. In response to a request from Egypt's Ministry of Health and Population and the Egyptian Authority for Adult Education (GALAE), World Education has implemented a pilot project that is integrating women's literacy with maternal and child health information in Luxor in an effort to improve both literacy and women's health.

'If we had been invited to a meeting of this kind three years ago—about health topics—we wouldn't have come.'

—Woman Participant

Over a two-year period (2000-2002), World Education, in collaboration with John Snow, Inc. (JSI), local government and non-governmental organizations, worked with women learners and literacy facilitators and supervisors to develop and deliver lessons that integrate health education into the government's national basic literacy program. The program initiative has clearly demonstrated that integrating maternal and child health education into a basic literacy curriculum for women can simultaneously increase literacy and help reduce neonatal, child and maternal mortality in Egypt.

The initiative began by talking with women. World Education visited GALAE literacy classrooms and health units to talk to women about their health concerns. The women's feedback provided a basis for the literacy curriculum and was a clear indicator that times are changing in Egypt – the women participants were extremely outspoken and fully engaged in discussions.

The health topics identified as most important by the women were prenatal and postpartum care, newborn care and breastfeeding. Throughout the process, learners continued to play an integral role in curriculum development as well as in the testing and adaptation of lessons and illustrations.

Lessons were designed to simultaneously introduce both new health content and strengthen literacy skills by linking pictures, which illustrate targeted health messages, with introductory words and syllables. The lessons include a glossary of key health vocabulary and a real life story booklet adapted from actual events and stories told by women participants. Topics covered include the five areas identified by women as important to them. By presenting relevant issues and problems to the learners, the lessons engage and encourage interaction among participants.

Following the development of training materials, World Education trained five literacy supervisors and 30 literacy class facilitators to deliver the integrated health and literacy lessons in Luxor. Thus far, approximately 500 students have learned to read while gaining valuable health information. Both trainers and participants have been highly supportive of the program. Many of the women have already changed their behavior – and are talking with their neighbors about what they've learned. As one trainer commented, "One of my students convinced her neighbor to give birth in the hospital even though her mother and grandmother had given birth at home." Another found that one of her students "convinced her sister to breastfeed instead of feeding her newborn baby sugar water."

An unexpected benefit of the initiative has been the increasing interest of men in the program. At first male students did not want to attend the classes because they felt that the health content concerned women only. After the literacy facilitator suggested that men could learn how to help their wives, daughters and sisters during pregnancy, they began to attend. Now, male learners are asking for a special book for men only, focused specifically on ways that men can help their wives before, during and after child birth.

The pilot curriculum was developed as part of the Healthy Mother/Healthy Child Results Package, a USAID-supported program implemented by JSI and the Ministry of Health and Population. Since the pilot in Luxor has proven so successful, the program will be scaled up. In the coming year, the training will be expanded to cover all of Luxor and three other governates – Cairo, Giza and Fayoum. This funding will enable World Education to help an additional 9,000 women gain literacy and critical health information.

For more information, visit World Education at www.worlded.org.

Photos courtesy of World Education

In Egypt, women are learning about health while learning how to read through health and literacy projects.

'When I teach the new lessons, we discuss the health messages in the lessons and the students get excited and this expands our discussions to other health topics.'

—Literacy Facilitator

Adapting to Change Learning Program on Population, Reproductive Health & Health Sector Reform

By Julian J. Harris
Junior Professional Associate Human Development Group
World Bank Institute

Important changes have occurred over the past decade in the policy and program environment for the population and reproductive health fields. These changes embody renewed commitments to human rights and gender equity in international affairs as well as recognition of changing economic, demographic and epidemiological conditions in countries. The commitments were agreed upon during the series of international conferences and summits that took place during the 1990s, including the International Conference on Population and Development in Cairo (ICPD), the Fourth World Conference on Women (FWCW) and the Social Summit.

A key accomplishment of these conferences was to establish measurable goals toward which governments and development agencies could focus their efforts to improve the health and welfare of poor people around the world. The "plus-five" follow-up to these conferences further sharpened global attention on outcomes and on actions that need to be undertaken to achieve International Development Goals (IDGs), later expressed as the Millennium Development Goals (MDGs). They also identified key challenges that governments and agencies face in their efforts to implement commitments made at the conferences. Chief among these challenges are shortfalls in financial support for needed action, lack of implementation capacity in countries, and the rapidly changing policy and program environments in which the work must be done.

Increased needs and demands for services are the result of both demographic changes and of the broader agendas agreed at the conferences. They have forced all players to be more selective in what they support and to set priorities based on the needs of the community as well as institutional and economic realities. There is also increased competition for resources to meet new challenges such as HIV/AIDS and other communicable diseases. Ineffective use of available resources and poor performance of health systems have further motivated governments and development agencies to support sectoral reforms and to try new approaches, including sectoral rather than project-based funding by donor agencies.

These developments represent both opportunities and challenges for professionals working on population and reproductive health. They need to understand how their work fits into the broader policy and program environments created by reforms and by other recent initiatives, including debt relief and poverty reduction strategies. To be effective advocates on population and reproductive health issues, they need to understand how these developments affect and are affected by population and reproductive health and to acquire the skills to deal effectively with them in their policy and program work.

Often, in the course of the reform process, reproductive health issues have been neglected despite firm worldwide commitment to their importance. Countries are increasingly requesting technical assistance in designing and implementing the new approaches agreed during the ICPD. Such requests come particularly from low-income countries in Africa, South Asia, parts of Latin America, and the Middle East. Hence, in addition to its continued program of lending for population and reproductive health services – amounting to nearly $400 million annually between 1995 and 2000 – the World Bank has worked to mobilize global expertise to share knowledge of best practices and lessons learned about the "what" and the "how" to implement more equitable, efficient and sustainable high quality population and reproductive health programs.

To meet this growing demand for assistance, the World Bank Institute (WBI) has developed "learning programs" to complement lending activities. WBI has selected "Population, Reproductive Health and Health Sector Reform" as a priority area and has developed an innovative, intensive learning program as a service to client countries and other partners.

From Aug. 19-30, 2002, the World Bank Institute delivered the Fourth Annual Adapting to Change Global Core Course on Population, Reproductive Health and Health Sector Reform at the UN Staff College in Turin, Italy. There were 52 participants from 26 countries representing ministries, universities, training institutions and non-governmental organizations. Twenty-one Bank client countries were represented by teams of participants from government and civil society. Donors and partner institutions were also represented, including the Global Health Council, the African Development Bank, Save the Children, IPPF, Marie Stopes, GTZ, DFID, CIDA, UNFPA, WHO, USAID, Ireland Aid and the World Bank. Three World Bank staff members also participated in the course.

Based on feedback from previous courses, increased emphasis was placed on group activities that allowed participants to engage with the lecture topics and with each other in highly interactive sessions at the end of each day. These activities allowed participants to wrangle with a number of important issues, including the challenges and opportunities posed by the Millennium Development Goals and the tensions between priority setting and cost analysis in the delivery of reproductive health services in reform settings. Individual instructors were also encouraged to make their sessions more interactive, and the participants generally responded positively to their innovative efforts at audience engagement.

At the end of the course, participants were encouraged to identify areas of shared interest, to form Communities of Practice (COPs) around those issues, and to develop action plans to facilitate knowledge sharing, networking, and collaboration. COPs were formed around the following issues: (1) Reproductive Health & HIV/AIDS, (2) Monitoring of Maternal Mortality, (3) Stakeholder Analysis & Decentralization, (4) Reproductive Health & Health Sector Reform in Bangladesh. The World Bank Institute will provide the Communities of Practice with technical and financial support in their efforts to share and to build on the knowledge gained during the course.

For more information on the work of the Population & Reproductive Health Program in the World Bank Institute, please visit www.reprohealth.org.

PLP Facilitates Leadership through Retreat

By Sharon Rudy, PhD
Director
Population Leadership Program

Since 1994, the Population Leadership Program (PLP), a program of the Public Health Institute, has aligned with USAID to improve leadership, management and sustainability of family planning and reproductive health programs worldwide. Working in three key result areas – recruitment and placement, professional development and support, and organizational consulting – PLP has placed more than 80 mid-to senior-level fellows with USAID-funded programs.

Supporting the work of USAID's Bureau for Global Health means helping to manage the change brought on by evolving technical knowledge, a growing number of host countries, and an often rapidly changing international environment. Consequently, when PLP thinks about leadership, it thinks about achieving results with partners in a particular setting.

One of PLP's roles is to support global health professionals in helping them to develop as leaders by: developing a mindfulness about the work they do; developing their skills in bringing people together and working with groups; creating a larger vision; inspiring others; moving groups forward effectively.

The PLP Annual Leadership Retreat, held each fall, provides an opportunity for fellows to not only reflect on their work, but also explore their skills in interacting with others. This year's retreat focused on the Integrated Leadership Framework, which PLP developed for application within the global health programs of USAID. The framework, which draws upon transformational leadership theory, has three assumptions underlying the model:

Leading is based on self-awareness and personal commitment. Leadership begins with personal values, beliefs and commitments, and hopes for one's self, the community and for future generations. Through relationships with others, communities are formed that move shared aspirations into the realm of action for improved health.

Leading is about action, not position. Citizen-leaders work outside the spotlight to make the world a better place. These leaders, whether they work in politics, business or health, form the backbone of every forward movement and every organizational success story.

Leading involves a balance between interdependence and diversity. No one individual, organization or discipline holds a monopoly on the truth. Collaboration is necessary, yet carries with it the risk of homogenizing differences in favor of expediency, and suppressing creativity and learning. It is critical to find sources of common ground while protecting the minority views and allowing space for productive forms of conflict. More and more, we achieve our goals for healthy communities by working in diverse groups.

Photo courtesy of PLP

PLP Fellow, Amy Cunningham, (left), is working with INDIGO in Kisarawe, Tanzania, on HIV and family planning social marketing projects.

This year's PLP retreat had four objectives: to develop a strong identification as a cohort of USAID leaders; to understand how leadership perspectives affect one's approach to learning; to understand one's leadership actions and their effect in relation to others; and to use new leadership tools to positively affect USAID and its program outcomes.

Retreat participants – a mix of PLP Fellows and other USAID staff – were encouraged to add to their considerations of leadership and to take into account the best practices that are included in the leadership framework. The framework, tailored specifically for international health development, was built on an analysis of evidence-based leadership models. They bring a set of values and practices that are very useful in the international health setting. Activities explored how one's leadership perspectives affect one's approach to leadership. This gave participants an opportunity to reflect how their own values play out in the leadership context. Because of the nature of global health, issues of cultural differences and expectations and how to manage them successfully in order to create supportive working relationships were addressed.

During the retreat, open space technology was used to enable participants to digest new information and knowledge. It also allowed participants an opportunity to discuss issues they want to work on and to take charge. Out of that exercise came a few very targeted communities of practice that will result in additional meetings throughout the year where participants will gather to work on their priority issues.

The goal of facilitating the application of lessons learned during the retreat to on-the-job realities is something PLP strives for in its work with USAID. To achieve this, PLP offers one-on-one coaching, group facilitation, "just-in-time" activities that respond to immediate on-the-job learning needs, and electronic activities such as online journaling. A whole day of the retreat was devoted to transferring learning from the retreat to actual performance on the job. In addition, participants created professional development plans to synthesize how they were going to use the information learned and ways in which they wanted to continue to grow.

Senior leaders from within and outside of USAID were invited to the retreat to share their stories about leadership – bringing to light the practical realities of being a successful leader. USAID Assistant Administrator Anne Peterson was one of these speakers and she was barraged with a whole range of questions which she graciously answered. Participants were encouraged to put themselves in her place and think about what they would have done in the same situation.

USAID has charged PLP with helping to develop the management leadership capacity within the Bureau for Global Health. The leadership models and the leadership framework show that leadership is an accumulation of wisdom that has evolved over time. It is a mixture of experience and values reflected in practice. The work that global health practitioners do in reproductive health and family planning, HIV/AIDS and infectious diseases can be challenging and there are times when deeper resources are needed. PLP works to foster an environment where people's wisdom is revealed and where they can find a way of practicing that wisdom and be ready to do the next right thing.

For *more information, visit www.popldr.org*

Spreading A Future with Bed Nets

Photos courtesy of Futures Group

The Benue launch featured both educational information and entertainment for the community. The logo for the ITN program appears on all promotional material and was adopted by the campaign's commercial partners.

By Yomi Oduwole
Country Programme Manager
Futures Group Europe, Nigeria

In Nigeria, malaria has long been recognized as a major health hazard. Spread by the *Anopheles* mosquito, pregnant women and young children are particularly vulnerable to the disease. The use of insecticide-treated bed nets dramatically reduces the risk of infection as it kills or repels the disease-carrying mosquitoes, which feed during the night. While bed nets that are not treated do help prevent malaria, they are significantly less effective than those dipped in insecticide. Because insecticide repels mosquitoes before they can land on or near the net, they are less likely to crawl through torn or un-tucked netting, or bite skin that comes into contact with the bed nets. In February 2002, Futures Group Europe implemented the Nigeria Insecticide-Treated Malaria Nets Program (ITN) to address this problem using social marketing.

Futures Group manages and implements health projects throughout the developing world, specializing in sexual and reproductive health and social marketing. The company comprises two principal support offices – Futures Group Europe, based in Bath, U.K., and The Futures Group International, based in Washington, DC. Together the sister organizations work with donors, governments and the corporate sector to design and implement health policies and programs through our network of developing country projects.

The overall goal of the ITN program, which is funded by the U.K.'s Department for International Development, and managed by Futures Group, is to decrease the mortality rate among pregnant women and children under five years of age due to malaria. This social marketing project, now operating in four Nigerian states, aims to increase demand for and use of insecticides to treat bed nets to control the rate of infection in Nigeria.

Working closely with three insecticide manufacturers and their local distributors, as well as with local communication partners Direct Marketing Communications (DMC) and Rosabel, Futures Group aims to encourage a viable commercial market for insecticide treatment in Nigeria. Supporting the activities of the government's

High-level officials such as the Deputy Governor of Benue State, the Head of Service, commissioners of health, information and finance attended the launch.

malaria control program, mass media and marketing campaigns are in place to a) raise awareness to the threats of malaria and encourage behavior change; and b) emphasize the importance of treating bed nets with insecticides.

In order to differentiate this campaign from other ITN programs, Futures Group developed a distinctive logo (shown here). Accompanied by the tag-line "Your future in safe hands" the logo depicts two hands arranged to suggest care and protection. The logo appears on all promotional materials and is also being adopted by the commercial distributors involved in the campaign.

Benue Launch

The ITN program was launched in the state of Benue in August following the successful launch of the program in Ekiti State in July. The Benue event, held at the J.S. Tarka Foundation Centre, in the outskirts of the state capital drew a considerable crowd. The attendance of local luminaries such as the deputy governor of Benue State and other government officials, illustrates the level of support this program has garnered in such a short period of time. Loud music, dancing and drama kept the audience entertained between speeches and presentations.

Sales teams from the commercial insecticide manufacturers, motivated by the high response rate from the Ekiti launch, presented their products in booths. Each partner supplied bed nets – of which they were distributors – alongside their own insecticide products. By supplying bed nets, the companies were able to offer complete ITN packages as well as their own insecticide. At the cost of N550, each ITN package contained a bed net, insecticide and instructions for use. The price for insecticides for re-dipping bed nets ranged from N80 to N160 (roughly U.S. $1 to $1.50).

Demand that was created for the ITN packages was beyond expectation, with distribution figures in the first few days surpassing those achieved in 30 days in Ekiti. By launch date, 2,630 insecticide units – 820 re-treatment kits and 1810 ITNs – had been supplied. One of the commercial partners sold out its stock of both ITNS and insecticides, and had to request replenishments from its Lagos headquarters.

One of the major indicators of success is the use of bed nets by the Tivs, the major tribe in Benue. In traditional Tiv culture, the use of bed nest is restricted to covering corpses during the lying-in-state period prior to burial. Anyone sleeping under a bed net is, therefore, courting the spirit of death. Eight days before the Benue launch, an education program that addressed some of the cultural challenges to bed net use by Tivs was implemented. To date, more than half of the products supplied have been to the Tiv region. The education program continues with drama skits.

As a result of the program launches, commercial partners' confidence to invest in ITN promotion is increasing. Commercial partners have increased their own brand-advertising to complement the generic promotion of ITN executed by Futures Group. At Benue launch, for example, branded posters, banners, T-shirts, shopping bags and caps were provided by commercial partners.

Before the program launch in Benue, the malaria unit of the state Ministry of Health had a stock of 7,500 Solfac (Bayer) re-treatment kits and 3,350 ITNs, with no sales for eight months prior to the commencement of Futures Group's ITN program. Preliminary figures indicate an appreciable increase in consumer uptake since August, a direct consequence of the campaign's demand creation. By early September, the ministry had sold approximately 850 insecticide units,

The successes of the program have attracted a partnership with UNICEF to pilot a similar project in Enugu.

Looking forward

The cumulative efforts of the Ekiti and Benue launches combined have created a promotional thrust that bodes very well for future launches. To ensure that these events are as successful as their predecessors, it is important to sustain the high level of interest in the program. Officials and sponsors such as the Federal Ministry of Health, who play a huge role in the project's prosperity, need to be encouraged to continue to support the program and attend the launch events.

The Standard Days Method: An Innovative Approach to Family Planning

'CycleBeads are a small, one-time investmsent that can yield to years of effective protection from unwanted pregnancies.'

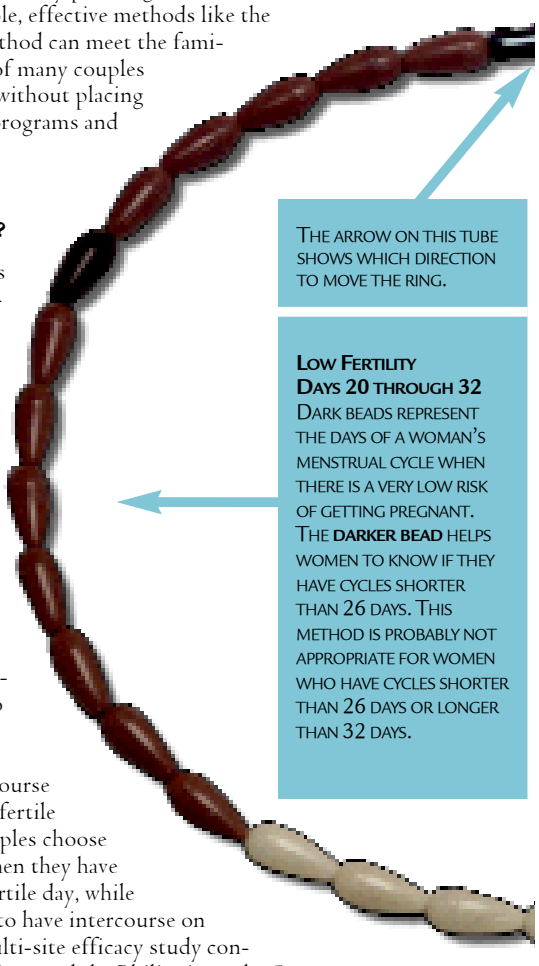
By Victoria Jennings, PhD
Director, Institute for Reproductive Health and Professor, Obstetrics and Gynecology

James Gribble, ScD
Director, Operations and Behavioral Research
Institute for Reproductive Health
Assistant Professor, Obstetrics and Gynecology
Georgetown University Medical Center

The Standard Days Method, developed by Georgetown University's Institute for Reproductive Health with support from USAID, is an innovative and cost-effective approach to addressing the growing need for family planning around the world. The widening gap between the cost of meeting the increasing demand for family planning and the funding available for needed contraceptive commodities is a concerning reality. Estimated at approximately $24 million in 2000, the "donor gap" could reach as much as $240 million by 2015 (Ross and Bulatao, 2001, Contraceptive Projections and the Donor Gap). Underlying this ten-fold increase are two facts: 1) contraceptive prevalence is increasing, and 2) the size of the population of reproductive age in developing countries is growing. One way to redress the situation is to develop and introduce new, low-cost family planning methods. The availability of simple, effective methods like the Standard Days Method can meet the family planning needs of many couples around the world, without placing undue burden on programs and donors.

The Standard Days Method: What is it?

The Standard Days Method is a fertility awareness-based method that is appropriate for women with regular menstrual cycles between 26 and 32 days long. It identifies days 8 to 19 of the menstrual cycle as the "fertile window" – the days when pregnancy is very likely. To prevent pregnancy, the couple avoids unprotected intercourse during the 12-day fertile window. Many couples choose to use condoms when they have intercourse on a fertile day, while others choose not to have intercourse on those days. In a multi-site efficacy study conducted in Bolivia, Peru and the Philippines, the Standard Days Method was found to be more than 95 percent effective in preventing pregnancies when used correctly. The method was used correctly in approximately 97 percent of cycles.

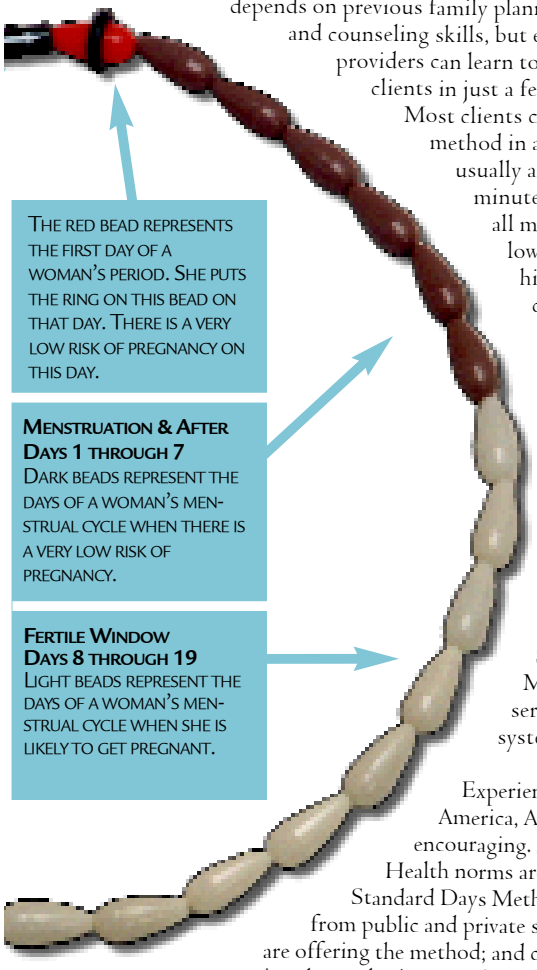


CycleBeads, shown in the photo, are a frequently-used tool for couples who utilize the Standard Days Method. CycleBeads help a woman track where she is in her cycle, know when she is fertile, and monitor her cycle length. Each bead represents a day of the cycle. The black ring, shown here on the red bead, is moved one bead each day. When the ring is on any of the brown beads, the woman is very unlikely to get preg-

nant; when it is on any of the white beads, she has a high probability of pregnancy. CycleBeads are a small, one-time investment that can yield years of effective protection from unwanted pregnancies. Training, teaching, and use of the Standard Days Method are facilitated by CycleBeads, as well as by a number of additional provider and client materials.

An Innovative Approach to Family Planning

Introduction studies around the world are demonstrating that the Standard Days Method is an important addition to the contraceptive method mix. It is easy to provide and use. The length of provider training depends on previous family planning training and counseling skills, but experienced providers can learn to counsel clients in just a few hours. Most clients can learn the method in a single visit – usually around 20 minutes. And as with all methods, a follow-up visit ensures higher quality of care. Primary health care programs, as well as organizations that have no experience in providing family planning and reproductive health services, are finding it easy to integrate the Standard Days Method into their service delivery systems.



Experiences in Latin America, Africa and Asia are encouraging. Ministry of Health norms are including the Standard Days Method; providers from public and private sector programs are offering the method; and clients are requesting the method in significant numbers.

In addition to being a low-cost alternative that does not rely on an ongoing supply of imported commodities, the method is attracting people who previously had not used family planning. More than 60 percent of the method acceptors in rural India reported that they had never used any method of family planning. In Benin, providers had never seen so much interest in family planning among men until the Standard Day Method was introduced.

Most women learn how to use the CycleBeads in a 20-minute visit.

Incorporating the Standard Days Method into a water and sanitation program in El Salvador has also created interest among men, and at the same time, made family planning available to people who previously had extremely low access to services.

The Standard Days Method is a major improvement over the traditional periodic abstinence methods practiced by many couples around the world. By knowing which days of the cycle they are at risk of pregnancy, women – together with their partners – are better able to avoid unwanted pregnancies. In some settings couples who had not used condoms before are now doing so – at least during the fertile days. Within the context of informed choice, making additional methods of family planning available gives all women more freedom to choose a method that accommodates their lifestyles.

Given the increasing demand for family planning, the need for reaching a growing population, and the limited donor resources to fund the needed supplies, a low-cost, effective method like the Standard Days Method is becoming an addition welcomed by policy makers, program managers and clients.

For more information about the Standard Days Method and CycleBeads, contact the Institute for Reproductive Health at wsww.irh.org.

Images courtesy of the Institute for Reproductive Health

CycleBeads, which help a woman track where she is in her cycle, know when she is fertile, and monitor her cycle length, are a frequently-used tool for couples who utilize the Standard Days Method.

EVIDENCE FOR ACTION

Evidence for Action presents key findings from systematic reviews of health care interventions. Systematic reviews help decision-makers cope with the ever-increasing volume of literature on the effects of health care through the identification, critical appraisal and synthesis of all relevant studies.

What strategies increase response rates to mail surveys?

Key Points

- Postal (mail) questionnaires are a common way of gathering data in health care research.
- Non-response to questionnaires can introduce bias, compromising the validity of a study.
- Evidence from randomized controlled trials shows that there are several effective stratagies for increasing response to postal questionnaires.
- Among the strategies shown to be highly effective for increasing response are incentives (including money), shorter questionnaires, specialized mail delivery methods, university sponsorship, pre-contact and follow-up, and more interesting questionnaires.
- This systematic review found no evidence that type or content of communication sent with the questionnaire and prepaid return envelopes increased response rate.

Background

Questionnaires are a common way of gathering information in health care research. When collecting data from a large and geographically dispersed population, postal (mail) questionnaires are usually the only viable option for researchers.

Ideally, response rates (the proportion of questionnaires returned) should be close to 100% in order to ensure a representative sample of the population studied. However, response rates for postal questionnaires can be as low as 10 to 20%. Non-response is a problem for surveys since it is possible that there are real differences between the group that responded and the group that did not. Therefore, the sample on which the survey results are based may not be representative of the study population, introducing bias and compromising the validity of the study.

Non-response cannot be avoided but may be minimized using various approaches. Over the past 40 years, there have been several reviews of strategies to increase response to research surveys. However previous reviews did not use comprehensive methods for finding unpublished studies, studies in languages other than English, and those from multiple disciplines. Therefore, strategies for increasing response to postal questionnaires warrant more thorough evaluation.

Review Objective

To identify effective strategies to increase response to postal questionnaire.

Review Main Findings

Incentives increased response rates; monetary incentives more than doubled the odds of response.

Short questionnaires resulted in higher response rates than long questionnaires; a regression model predicts the odds of response from a 1-page questionnaire is twice that from a 3-page questionnaire.

Appearance of the questionnaire seemed to matter with the use of colored ink and personalized questionnaires and letters having an impact on response.

Recorded delivery more than doubled the odds of response and stamped return envelopes increased the odds by 25%. The review found no evidence that prepaid return envelopes increased response.

Contacting participants before sending questionnaires or following up afterwards increased the odds of response by about 50%.

Questionnaires designed to be more interesting to participants were more than twice as likely to be returned; whereas questionnaires containing a sensitive question were less likely to be returned. Putting more relevant questions first increased the odds of response by 25%.

Questionnaires originating from universities were more likely to be returned than those originating from other places.

The review found no evidence that appeals stressing benefit to either the respondent, sponsor or society increased response; the presence of instructions or deadlines also did not increase response.

Review Implications for Practice

This review has identified several effective strategies for increasing response to questionnaires; these strategies may or may not involve additional cost, materials or administrative time.

There was substantial variation (heterogeneity) among results of trials evaluating half of the strategies; in these cases the combined results of the trials may be misleading and should be interpreted with caution.

Review Implications for Research

The heterogeneity among results of trials should be explored using subgroup analysis based on a variety of possible sources of variation: sub-type of strategy, methodological quality, questionnaire topic, age of the study, or type of population.

Key Review Components

Search strategy for studies[i].

Databases: CINAHL, Cochrane Controlled Trials Register, Dissertation Abstracts, Embase, Eric, Medline, PsycLIT, Science Citation Index, Social Science Citation Index, Social Psychological Educational Criminological Trials Register, EconLit, Sociological Abstracts, Index to Scientific and Technical Proceedings, National Research Register.

Searched relevant reference lists and journals that published largest number of eligible trials: Public Opinion Quarterly and American Journal of Epidemiology.

Contacted authors of eligible studies for unpublished trials.

Selection criteria for studies.

Randomized controlled trials of any strategy aimed at influencing response to postal questionnaires.

Outcomes assessed: proportion of completed or partially completed and returned questionnaires.

Studies reviewed.

292 trials with 75 different strategies and 258,315 participants were included. Sources of trials were marketing, business or statistical journals (42%), medical, epidemiological or health related journals (32%), psychological, educational or sociological journals (23%), engineering journals or dissertations (3%).

Outcomes[ii].

Incentives

Monetary incentive vs. no incentive:
- OR[iii] 2.02; 95% CI[iv] 1.71 to 2.27 (49 trials, n=46,474)

Incentive with questionnaire vs. incentive on return:
- OR 1.71; 95% CI 1.29 to 2.26 (10 trials, n=13,713)

Non-monetary incentive vs. no incentive:
- OR 1.19; 95% CI 1.11 to 1.28 (45 trials, n=44,708)

Length

Shorter vs. longer questionnaire:
- OR 1.86; 95% CI 1.55 to 2.24 (40 trials, n=40,699)

Appearance

Colored ink vs. standard ink:
- OR 1.39; 95% CI 1.16 to 1.67 (1 trial, n=3,540)

More personalized vs. less personalized:
- OR 1.16; 95% CI 1.06 to 1.28 (38 trials, n=39,210)

Colored questionnaire vs. white:
- OR 1.06; 95% CI 0.99 to 1.14 (8 trials, n=14,797)

Delivery

Recorded delivery vs. standard:
- OR 2.21; 95% CI 1.51 to 3.25 (6 trials, n=2,127)

Prepaid return envelop vs. not prepaid:
- OR 1.09; 95% CI 0.71 to 1.68 (4 trials, n=4,094)

Contact

Pre-contact vs. no pre-contact:
- OR 1.54; 95% CI 1.24 to 1.92 (28 trials, n=28,793)

Follow-up vs. no follow-up
- OR 1.44; 95% CI 1.22 to 1.70 (12 trials, n=16,740)

Content

More interesting vs. less interesting questionnaire:
- OR 2.44; 95% CI 1.99 to 3.01 (2 trials, n=2,151)

Factual questions only vs. factual and attitudinal:
- OR 1.34; 95% CI 1.01 to 1.77 (1 trial, n=1,280)

More relevant questions first vs. other items first:
- OR 1.23; 95% CI 1.10 to 1.37 (1 trial, n=5,817)

Sensitive question included vs. no sensitive question:
- OR 0.92; 95% CI 0.87 to 0.98 (6 trials, n=19,851)

Origin

University sponsorship vs. other organization:
- OR 1.31; 95% CI 1.11 to 1.54 (13 trials, n=20,428)

Sent by more senior/well known person vs. not:
- OR 1.13; 95% CI 0.95 to 1.35 (4 trials, n=2,584)

Communication

Explanation for not participating requested vs. not:
- OR 1.32; 95% CI 1.05 to 1.66 (1 trial, n=1,240)

Appeal stressing benefit to respondent vs. other:
- OR 1.06; 95% CI 0.92 to 1.22 (6 trials, n=9,332)

i database was searched to 1998, 8 to 1999, 4 to 2000.
ii Since there were more than 40 strategies with combined participants of more than 1000, only a selected few are reported in this summary
iii Odds:ratio.
iv Confidence interval.

Source: Edwards P, Roberts I, Clarke M, DiGuiseppi C, Pratap S, Wentz R, Kwan I. Increasing response to postal questionnaire: systematic review. British Medical Journal, May 18, 2002, Vol. 324. Also published in The Cochrane Library, Issue 2, 2002. Oxford: Update Software.

Evidence for Action review summary is written by Sara Woldehanna, Research Associate, Research and Analysis Department
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Rather than just giving them a copy of all of the things that come out on a particular topic, we also must guide the information streaming back. Essentially we must scan through the literature and summarize it. Say, "You can go to all the sources, but here's the summary." In international health most studies are not published journal articles. They are reviews of different country programs. We found that here are the successes, here are the things that aren't going well, and some of the ways around those. It's the kind of program reviews you do in the interim. Summarizing and sending that out to them. We are going to have to explore new ways to do this, but I think it is possible.

Q: WHAT DO YOU SEE AS GLOBAL PRIORITIES?

A: We have to stop the AIDS pandemic. We need to stop the growing number of infections. Then I would say that health needs to do a better job of showing how it is part of the global economy, that health interventions are an investment. Disease hinders development and health interventions help development. We haven't done that. We've isolated ourselves within the health arena by talking in our own language about disease and death and not been part of the greater development community. I think that's actually the big vision for where health will grow in the future and we will have a sustainable vision that incorporates it into major initiatives like the Millennium Challenge account.

Photo by Todd Calongne, USAID

Anne Peterson discusses about her vision for the future.

And those are two of the things that I think are really important right now, but two years from now there may be different specific health issues. Where health is within the development perspective and making its case and prioritizing properly. That overarching perspective as a way of setting our priorities shouldn't change even if the health needs change because they probably will continue to.

Q: WHAT DO YOU THINK OF SUPERSTARS LIKE BONO AND STOCKARD CHANNING HELPING TO SPREAD THE WORD ABOUT GLOBAL HEALTH?

A: I'd love to brief them before they go, or go with them so that as they learn, they can keep their messages on track. We do struggle with not enough resources and not enough people realizing just how devastating things are out there. We get a lot of coverage, and you get a lot of increased concern. I think that can be very good. It is nice that they understand the breadth of the issues because no health issue is simple. International health issues are extraordinarily complex.

As you learn about the issues, it is heart rending. You want to say, "You [have got to] fix this." But your solutions aren't as likely to be viable until you've seen and worked and lived there long enough to know what kind of practical solutions are actually going to be the fix that needs to happen. That is why I love that the stars are excited – and the big names, but I do think they need guidance because we need to make sure that every dollar makes a difference, not just that the dollars increase.

Q: WHAT DO YOU THINK THE ROLE OF THE MEDIA IS IN TERMS OF RAISING AWARENESS?

A: When I meet with reporters I very often say that I see media as partners in this. People care about health issues. It is the second highest thing people go to the web for. They read stories, therefore, it is good for reporters to do health stories. We have good health stories to tell and we need some of our stories told to be able to get the attention and the behavior changes that will make a difference in those areas. It will take care of their purposes – [getting] great stories. It will also take care of our purposes – getting the right information out there. So, great opportunity. People in government have been wary of getting in there because the flip side is that media like to do bad news stories. If you wait until you've got bad news, you've done something wrong to get media attention, yeah, there's reason to be wary. If you proactively work with, and build relationships so that you've got great stories on the content, it should be wonderful.

Q: DO YOU THINK [INCREASED CONCERN FOR GLOBAL HEALTH IS] BECAUSE OF DEMOGRAPHICS OR DO YOU SEE THIS AS THE STATE OF THE WORLD WITH AIDS ALL OF A SUDDEN COMING INTO FOCUS?

A: I think there are two elements:

I think Americans, we'll start there, have always cared about health issues and Americans have always cared about children. That is, technology allows you to see how big the problems are out there, to know and understand in ways that perhaps we couldn't before. And frankly, the AIDS epidemic is much bigger than we expected. I see people feeling daunted by it, but the change is now some of the hardest hit countries are far enough along in their epidemic that you not only have a health issue, you're back to America loves children, and you have a health issue that is impacting children. Some of them are children who are sick – there's less we can do about that with current resources. But a lot of these are children who are well, who are wanting families, and that's exactly the kind of thing that is going to touch the heartstrings of America. We are expanding programs to care for them and can help keep them well. So you're getting more information about it and the AIDS epidemic has moved to this more mature phase. That is exactly the place where Americans are going to respond the most.

'Remember, if there's a moral mandate to do with HIV/AIDS, then there should be the same mandate to deal with the millions of children and women who are dying of all the other health issues.'

Shareholders OK Pfizer and Pharmacia Merger

Pharmaceutical giant Pfizer Inc. has concluded a deal to purchase rival Pharmacia Corp. for $55.5 billion. Once regulators in the U.S. and Europe give final approval, it is anticipated that the merger will be completed by the end of the first quarter of 2003. Pharmacia stockholders will receive 1.4 Pfizer shares for each Pharmacia share.

Pfizer also announced plans to expand and extend indefinitely its innovative HIV/AIDS initiative, the Diflucan Partnership. The program, which now operates in 12 African countries and Haiti, provides free doses of Diflucan to treat cryptococcal meningitis and oesophageal candidiasis, two life-threatening opportunistic infections closely associated with HIV/AIDS. To date, Pfizer has distributed more than 1.5 million doses of Diflucan and trained more than 10,000 health care professionals. In addition, the corporation has launched a number of initiatives aimed at increasing public awareness of the dangers of HIV/AIDS.

John Snow Inc. to Provide Services for MTCT-Plus

John Snow Inc. (JSI) will provide site monitoring and data management services for the MTCT-Plus Initiative coordinated by the Mailman School of Public Health at Columbia University. This program will provide comprehensive HIV primary care and anti-retroviral therapy for HIV-infected mothers and infants and other family members in resource-poor countries in Africa and Asia. "This program is unique because it looks beyond simply stopping the transmission of HIV to infants, and treats the entire family," said Andrew Fullem, JSI's senior HIV/AIDS advisor. "Most importantly, this program moves the field past talking about access to anti-retrovirals to actually making it happen."

UNA-USA Launches Communications Campaign for Children's Health

The United Nations Association of the U.S. has announced the launch of a new communications campaign, *UNtold Story: Working for Children's Health.* The goal of the campaign is to motivate citizens to become effective advocates for expanded U.S. participation in international efforts to improve the global health outlook for children. It will focus on three health issues affecting children: 1) vaccines and immunizations; 2) infant and child mortality; and 3) mother-to-child transmission of HIV/AIDS. To support the implementation of the campaign, UNA-USA will expand its speakers bureau to include "global children's health experts."

PAHO Celebrates Centennial

Across the Americas, celebrations and special events took place on Dec. 2, 2002, to mark the 100th anniversary of the Pan American Health Organization (PAHO). In Washington, DC, a centennial symposium, "Celebrating Partnerships: 100 Years of Health in the Americas," brought together ministers of health and representatives from foundations, bilateral and multilateral agencies, civil society organizations, the U.N., and the private sector. This was followed by a gala dinner at the Willard Hotel, where the original meeting that established PAHO was held in 1902. Other celebratory activities were held throughout PAHO's 35 member countries.

Global Forum for Health Research Inaugurates New Initiatives at Forum 6

At Forum 6, the annual meeting of the Geneva-based Global Forum for Health Research, more than 700 public health specialists from 100 countries gathered in Arusha, Tanzania, to strategize on gender and health research and disseminate the newest findings. The formation of an African Forum for Health Research was announced, as was the establishment of a new Center for Management of Intellectual Property in Health and Development (MIHR) in London. The latter will provide health researchers and their organizations in developing countries with expert training and legal counsel to enable them to navigate complex intellectual property laws more effectively.

EngenderHealth Receives Grant for Cambodian Project

A grant of $178,266 from the Pfizer Foundation will enable EngenderHealth to start a project entitled "Building a Common Literacy: Creating Bridges between Cambodian Health Services and Communities to Reduce HIV/AIDS Vulnerability." The project will target young Cambodians, particularly women, and will address the social norms that act as barriers to condom use and other HIV/AIDS preventive measures. EngenderHealth has been working in Cambodia since 1996 through its Reproductive and Child Health Alliance (RACHA). The new project will be implemented as a component of RACHA in three of the seven provinces in Cambodia where RACHA is a presence.

Save the Children and CARE Join Forces to Stem Famine in Africa

Through grants totaling $4.75 million received from the Bill & Melinda Gates Foundation, Save the Children and CARE are working together to help avert famine in southern and eastern Africa. Severe drought conditions compounded by the ravages of war and the HIV/AIDS epidemic have left more than 22 million people there at risk of disease, malnutrition or starvation. On the immediate front, the two organizations are providing food and emergency assistance. Moreover, they are providing monitoring and surveillance of the crisis, identifying the nutritional needs of families and training community health workers and volunteers to recognize and treat nutritional deficiencies.

Norbert Hirschhorn Awarded Pollin Prize

During a recent ceremony held at New York-Presbyterian Hospital, Norbert Hirschhorn was one of four persons honored with the Pollin Prize, the first annual award for international pediatric research. Hirschhorn was recognized for his work on oral rehydration therapy (ORT) at the Cholera Research Laboratory. The Pollin Prize is given by the Pollin Foundation, which was established by noted philanthropists, Abe and Irene Pollin, to assist grieving parents. The Pollins lost two children to Tetralogy of Fallot. .

REVISED DUES STRUCTURE FOR ORGANIZATIONS		
ANNUAL REVENUE OR BUDGET	**DUES**	**INSTITUTIONAL REPS**
LESS THAN $500,000	$250	1
LESS THAN $500,000 — LESS THAN $1 MILLION	$250	1
$1 MILLION — LESS THAN $5 MILLION	$1,000	2
$5 MILLION — LESS THAN $10 MILLION	$2,000	4
$10 MILLION — LESS THAN $50 MILLION	$3,000	6
$50 MILLION — LESS THAN $100 MILLION	$5,000	8
$100 MILLION — LESS THAN $500 MILLION	$10,000	10
$500 MILLION AND UP	$25,000	12

by the size – measured by annual budget – of the organization. Larger organizations pay more in dues than smaller organizations, and, importantly, the smallest organizations can have their dues waived with an application.

"This dues structure allows the Council to better serve all organizations working to improve health and health equity throughout the world," said Tim Dougherty, the Councils' new director of membership, marketing and philanthropy.

Under the revised structure, individuals affiliated with an organizational member can obtain discounted professional membership, and will be able to become "e-members" for free, thus gaining full access to the Council's website and electronic versions of our publications.

The revised structure takes effect on Jan. 1, 2003; but existing members who find their dues unexpectedly increasing this year can renew their membership at the 2002 rates for one year.

If you have questions or comments about the new structure, please write to membership@globalhealth.org

LOCAL-GLOBAL HEALTH FORUM EXAMINES WEST NILE VIRUS THREAT IN COLORADO

Denver was the venue for the Local-Global Health Forum, "The West Nile Virus Threat: Protecting Colorado's Health in an Era of Globalization." Held on Oct. 30, 2002, the forum addressed the growing problem of West Nile Virus, a disease that carries potentially grave consequences for the public health and economy of Colorado. Discussion centered around the origins of the disease and on the strategies that must be employed to counter and treat it on a community level. Speakers at the forum included: Dr. Nils Daulaire, president and CEO of the Global Health Council, Dr. James Hughes, director of the Center for Infectious Diseases at the Centers for Disease Control and Prevention, and Stephanie Clements, the health reporter for Denver's Channel 9 News. This event was sponsored by the Global Health Council, AARP, the Better World Campaign, the Business Council for Healthcare Competition, the Colorado Association of Commerce and Industry, the Colorado Association of Health Plans and the Colorado Farm Bureau. Local-Global Health Forums, such as this, are supported by grants from the Bill & Melinda Gates Foundation, the Robert Wood Johnson Foundation and the Rockefeller Foundation.

CONGRESSIONAL BRIEFING ADDRESSES ADOLESCENT REPRODUCTIVE HEALTH

On Oct. 24, the Global Health Council, with co-sponsorship from Advocates for Youth and YouthNet, held a congressional briefing, entitled "Securing the Future for Adolescents and Youth." Half of all new HIV infections occur in young people 15-24 years of age and approximately 15 million women 15-19 years of age give birth annually. According to Judith Senderowitz of Pathfinder International, "We have an enormous task ahead of us." There are many challenges when addressing the reproductive health needs of the adolescent population, including gender inequalities, lack of political will, and the diversity of target populations. The presenters discussed effective approaches for meeting these challenges and gave examples of successful international programs in the area of adolescent reproductive health. Presenters at the briefing included: Naina Dhingra, coordinator for the international youth leadership council at Advocates for Youth, Judith Senderowitz, senior adolescent reproductive health advisor at Pathfinder International, Karen Hardee, director of research at POLICY Project, and Ateino Okelo of the Kenya YouthNet Program at Family Health International. U.S. Reps. Diana DeGette, D-CO, Louise McIntosh Slaughter, D-NY, Jim Greenwood, R-PA, and Mark S. Kirk, R-IL, endorsed this event. Copies of the presentations are available at www.globalhealth.org.

CORRECTION

The costs and profits for condoms in the article *Sustaining Health in the Slums of India*, appearing in the September/October issue of *Global HealthLink,* are as follows: A package of 10 condoms is sold for Rs. 6.4 to the wholesaler ("stockist"). The wholesaler sells it for Rs. 7.4 to the health guides, who in turn sell it for Rs. 10. That makes a profit of Rs. 2.6 for the health guides.

3RD ANNUAL INTERNATIONAL PUBLIC HEALTH SUMMER INSTITUTE
JULY 7 – AUGUST 8, 2003

(Simultaneously translated into Russian)

The International Public Health Summer Institute at the **University of Alabama at Birmingham (UAB)** offers an intensive training opportunity to public health practitioners, academicians and students from around the world who are:

- Seeking solutions to many challenges impeding public health today
- Willing to apply new knowledge in training others overseas
- Open to exploring future collaborations

The Summer Institute Program is designed to make an upgrade of skills possible for health professionals facing time and/or language constraints, with teaching modules on:

- Principles of Modern Public Health Research
- Principles of Public Health Leadership and Management
- Principles and Practice of the Control of Tuberculosis
- Management and Control of HIV/AIDS and Other Sexually Transmitted Infections

The Uniqueness:

- All lectures simultaneously translated and course material available in Russian. Ability to include other languages upon adequate demand.
- Over 30 distinguished faculty from UAB and State Health Departments bring expertise and experience in leading public health research and practice.
- Faculty support for development of research and training proposals as part of training curriculum.
- Rich diversity of experience available through participants; on average 35 professionals per class from 10 or more countries around the globe.
- Continuing Education Credits or UAB Academic Credits can be arranged.

Please contact the UAB John J. Sparkman Center for International Public Health Education for more information or application.

Sten H. Vermund, MD, PhD, Director
RPHB 437, 1530 3rd Avenue South
Birmingham, AL 35294-0022, USA
Telephone: (205) 975-7693 * Fax: (205) 975-7685 * E-mail: bhalla@uab.edu
http://www.uab.edu/sparkmancenter

Application Deadline: **April 15, 2003**

John J. Sparkman Center for International Public Health Education

UAB is one of America's premier medical research institutions comprised of 12 schools with an enrollment of nearly 16,000 students in 139 degree and certificate awarding programs. UAB has vibrant domestic and international collaborations. The Sparkman Center in the UAB School of Public Health is an endowed Center with a mission of fostering global public health education, research and service.

ON THE MOVE

The American Public Health Association (APHA) has announced the appointment of **Dr. Georges Benjamin**, FACP, as its new executive director. He will replace **Dr. Mohammed N. Akhter,** who has stepped down after six years leading the 130-year-old organization. Benjamin comes to APHA from the Maryland Department of Health and Mental Hygiene where he has served since 1999 as secretary with responsibility for 10,000 employees, 24 health departments and a $4.6 billion budget. In 2001, he held the presidency of the Association of State and Territorial Health Officials, focusing on issues that included infrastructure, immunization and chronic disease. A board-certified physician with a specialization in internal medicine, Benjamin has had a distinguished career in public health service as chief of the Acute Illness Clinic at Madigan Army Medical Center in Tacoma, WA; chief of emergency medicine at Walter Reed Army Medical Center; chair of the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital; interim director of the district's Emergency Ambulatory Bureau; and District of Columbia health commissioner.

Two new program directors have been named by the Center for Reproductive Law and Policy (CRLP). They are: **Priscilla Smith**, director of the Domestic Program, and **Katherine Hall-Martinez**, director of the International Program. Both Smith, a graduate of Yale Law School, and Hall-Martinez, who received her JD from Columbia University School of Law, have been members of CRLP's legal staff and influential proponents of the organization's domestic litigation and international law reform programs, which promote and defend women's reproductive rights in the U.S. and abroad.

Rosann Wisman is the new vice president for programs at the Centre for Development and Population Activities (CEDPA). Wisman brings to the position more than 25 years of experience in reproductive health care and organizational management and leadership. She served as CEO of two Planned Parenthood affiliates, including 14 years in metropolitan Washington, DC, where she supervised 150 employees and a budget that rose from $1 million to $7.5 million during her tenure. She also worked with Population Action International (PAI) in Tokyo. Prior to assuming this new position, Wisman was senior advisor to CEDPA president, Peggy Curlin. As head of the Program Division, she succeeds Itala Valenzuela, who has retired.

The new vice president and chief medical officer at Helen Keller International (HKI) is **Dr. Martin W. Bloem.** Dr. Bloem previously served as HKI's regional director for Asia-Pacific programs, and he will continue to serve in this capacity while administering organizational medical policy. He will be responsible for overseeing all planning, management and evaluation of the scientific, medical and technical aspects of HKI programs. Born and educated in the Netherlands, Dr. Bloem resides in Jakarta, Indonesia. He has been with Helen Keller Worldwide since 1989, and is a recognized expert in nutrition, particularly vitamin A, which keeps the eye moist while strengthening the immune system. He has been a consultant to USAID, the Canadian International Development Agency, UNICEF and WHO on issues relating to nutrition and vitamin A status, and has authored or co-authored more than 70 publications on the subject.

Project HOPE has announced two senior management appointments. **Dr. Randy Wykoff,** MPH, has been named senior vice president, International Operations. He formerly was the deputy assistant secretary of health for the U.S. Department of Health and Human Services where he oversaw the "Healthy People 2010" campaign**. Debbi Iwig** comes to Project HOPE from Marriott International where she was the vice president of international lodging finance. At Project HOPE she will become vice president/chief financial officer.

HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

Health and Child Survival Fellows Program (H&CSFP) prepares junior and mid-career health professionals for international careers through two-year practice oriented assignments with the U.S. Agency for International Development (USAID) or other similar agencies. USAID assignments can be in overseas field missions or in the U.S. All other assignments are overseas. Eligibility requirements include a master's degree in a health-related field, U.S. citizenship, and a commitment to a career in international health. Candidates for specific assignments are selected from a pool of applicants.

For further information, or to obtain an application for the candidate pool, visit the program's website http://jhuhcsfp.org or contact: Paul R. Seaton, Director (pseaton@jhsph.edu.)

38th Graduate Summer Session in epidemiology

July 6-25, 2003

Presented at the
University of Michigan
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Courses for All Public Health Professionals

three-week courses:

- Fundamentals of Biostatistics
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- Analysis of Clinical Trials
- The Design and Evaluation of Community-Based Interventions
- Epidemiology and Prevention of the Disabling Illnesses of Older Persons
- Occupational and Environmental Epidemiology
- Risk Assessment in Occupational and Environmental Epidemiology
- Occupational and Environmental Exposure Assessment
- Epidemiologic Measures
- Introduction to the Logistic Model
- Analysis of Epidemiologic Data: An Applied Approach
- Successful Scientific Writing
- Basic Computer Applications in Epidemiology
- Introduction to SAS
- Specialized Computer Applications
- Cancer Epidemiology
- Economic Measures of the Effectiveness of Health Care Services
- Social Epidemiology
- Sampling Techniques in Epidemiology
- Using SUDAAN and SAS to Analyze NHANES and Other Surveys
- Using STATA and WESVAR to Analyze NHANES and Other Surveys
- Genetics in Epidemiology
- Epidemiologic Methods for Longitudinal Studies
- Pharmacoepidemiology
- Global Health Issues, Crises and Solutions
- Introduction to Systematic Reviews and Meta Analysis
- Evaluation of Public Health Programs
- Women's Health Issues
- Public Health Informatics
- Epidemiology of Bioterrorism — Emerging Challenges

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Distinguished faculty have been selected from throughout the United States and abroad.
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For a brochure and application contact:

Jody Gray, Administrative Coordinator
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Ann Arbor, MI 48109-2029 USA

Telephone: 734.764.5454
FAX: 734.764.3192
Email: umichgss@sph.umich.edu

WebSite: www.sph.umich.edu/epid/GSS

Discover the new Research and Analysis Department page on the Global Health Council website, www.globalhealth.org. This is the source for up-to-date and reliable information on what works and what does not work in health care, and it promotes the use of this information by policy makers, managers, health care practitioners and advocates.

Condoms Count: Meeting the Need in the Era of HIV/AIDS is a new report from Population Action International that documents the failure of the donor community, as well as many of the countries most affected by AIDS, to adequately support programs that supply and promote male and female condoms. In the developing countries and in Eastern Europe, a critical shortfall in the supply of condoms is noted; today, fewer condoms are being provided than 10 years ago. While increased supplies do not constitute a complete answer to fight against the spread of HIV/AIDS, they are a necessary complement to prevention efforts and should be made available to all people. The report can be ordered online at www.populationaction.org or by e-mail at pubinq@popact.org.

FrontLines is a general interest publication published by the Bureau for Legislative and Public Affairs at the U.S. Agency for International Development (USAID). After an 18-month lull, it is back in publication with a re-designed format and is now available both electronically and in print. It serves as a review and update of USAID activities and people around the globe and will be published on a periodic basis. To view the most recent issue, visit www.usaid.gov/pubs/frontlines.

A new website has been developed by the Latin America and Caribbean Regional Bureau of USAID and The Synergy Project as a venue to share information, dialogue and resources on HIV/AIDS. The website, www.synergyaids.com/lacriaids, documents work of the Latin America and Caribbean HIV/AIDS Regional Initiative (LACRI) to increase awareness of HIV/AIDS best practices, research, guidelines, data and program experience. LACRI is aimed at policy makers and program managers in USAID target countries.

Management Sciences for Health (MSH) recently launched its new website, www.msh.org. The new site strengthens MSH's commitment to education and information sharing on issues of international development and health improvement. Included are success stories from MSH projects and partners, reviews of current programs, a comprehensive list of resources for health managers worldwide and announcements of upcoming events and training opportunities.

In Her Mother's Shoes is a heartrending account of one family's struggle against the AIDS epidemic in Africa and what the Program for Appropriate Technology (PATH) is doing to develop and implement preventive measures to halt the spread of the disease. The story of Ruth Njawara Chimuonenji and her 6-year-old daughter, Martha, of Zimbabwe as told by journalist Paula Bock appeared in special section of the Seattle Times on World AIDS Day. Visit www.path.org to read the article.

Health Affairs is the policy journal of the health sphere. A recent issue (Nov./Dec.) includes articles highlighting the past, present and future of public health. It also provides access to thought-provoking web exclusives, such as "Where Was Health Care in the 2002 Election?" The electronic version can be found at www.healthaffairs.org.

In his latest book, Bill Bryson's African Diary, the observant yet irreverent author recounts his travels through Kenya. Bryson shares his experiences of the compelling contrasts and challenges he finds there – its dramatic beauty and rich culture overlaid by the perils of poverty and disease. Bryson visited a number of CARE's projects in Kenya and has donated all royalties from the sale of the book to CARE to assist in the fight against poverty in Africa. A portion of the sales of African Diary also will go to CARE. The book is published by Broadway Books and will be available in bookstores in December or for $9.60 through www.amazon.com.

Visit www.179countries.org to sign a petition urging the Bush administration to reaffirm rather than withdraw its commitment to a critical international agreement on population, development and the health of women worldwide. The Program of Action signed by 179 countries at the 1994 Conference on Population and Development affirmed the most basic of human rights: the right of all people to decide for themselves when and how many children to bear and the right of all individuals to good reproductive health, free from the fear of death or disease. The petition will be forwarded to US Secretary of State Colin Powell.

Global Health Council's 30th Annual Conference

Our Future on Common Ground: Health and the Environment

May 27-30, 2003

Agenda Highlights

May 27

- Advocacy Day – featuring Training Workshop and Capitol Hill Visits (lunch included)
- A full day of Workshops and Auxiliary Events

May 28 – 30

- Plenary and Panel Sessions with recognized experts in the field
- Poster and Roundtable Sessions
- Career Connection, featuring interviewing/recruiting resource center and special sessions
- International Exhibition
- Auxiliary Events and Networking Receptions

Special Featured Event:
Global Health Council's Annual Awards Banquet

Awards to be Presented:

- Gates Award for Global Health
- Jonathan Mann Award for Health & Human Rights
- Best Practices in Global Health Award
- Excellence in Media Award
- Global Health Photography Award

Additional Opportunities:

- Showcase your programs and services at the International Exhibition
- Member Opportunities for large discounts as Conference Volunteers
- Highlight organizational projects and milestones with Auxiliary Events and Receptions
- Increase visibility through sponsorship and advertising opportunities
- Earn Continuing Medical Education Credits as a conference participant

Visit our website at www.globalhealth.org for more information on these and other opportunities

Register Online!
www.globalhealth.org

Tel: (802) 649-1340
Fax: (802) 649-1396

Conference Venue

Omni Shoreham Hotel
Washington, DC

Special room rate for the Global Health Council Conference: $142
Phone for room reservations at (202)-756-5125 or (800)-843-6664

Annual Conference 2003 Registration

Member Registration (membership must be current through June 1, 2003 to qualify for member rates)				Total
Professional Member	Early Rate Deadline: 2/14/03 $270	Regular Rate Deadline: 5/09/03 $325	Onsite Rate (After 5/09/03) $400	
Student Member	$120	$150	$200	
Non-Member Registration				
Professional	Early Rate Deadline: 2/14/03 $425	Regular Rate Deadline: 5/09/03 $455	Onsite Rate (After 5/09/03) $555	
Student	$180	$210	$285	
One-Day Pass (price does not include Awards Banquet, Advocacy Day or Career Connection)				
Professional	$175 Member		$225 Non-Member	$ _____
Student	$75 Member or Non-Member			

Special Event Registration For Conference Participants				Total
Awards Banquet *	Early Rate Deadline: 2/14/03 $35	Regular Rate Deadline: 5/09/03 $50	Onsite Rate (After 5/09/03) $75	$ _____
Advocacy Day	Free	Free	Free	☐ (Check if attending)
Career Connection *Register as either "Recruiter" or "Job Seeker"*	Recruiter: $45	Recruiter: $60	Registration not available after 5/09/03	Recruiter $ _____
	Job Seeker: $25	Job Seeker: $35		Job Seeker $ _____

* Banquet Tickets for guests not attending the conference may be purchased separately. Please contact the Global Health Council at 802-649-1340 or at conference@globalhealth.org for info.

Registration For Continuing Medical Education Credits Co-sponsored by the APHA, Physicians and Physicians Assistants only		Total
Pre-Registration Rate Deadline: 5/09/03 $55	Onsite Rate After 5/09/03 $65	$ _____

Cancellations/Substitutions: We will gladly provide a refund for registrations cancelled on or before May 9, 2003, less a $50 cancellation fee. Cancellations received after May 9 are not subject to a refund. Substitutions will be allowed at anytime without fee. Requests must be received in writing via e-mail to: conference@globalhealth.org, via fax at: (802) 649-1396 or by mail. Substitutions made after 5/09/03 must be done on-site.

Grand Total
$ _____

First Name: _____ Last Name: _____
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Payment: ___ Check Enclosed ____ Credit Card Payment (Amex, Visa, or MasterCard)
(Payment must accompany registration in U.S. funds)
Card Number: _____
Cardholder Name: _____ Expiration Date: _____
Cardholder Billing Address: _____
Cardholder Signature: _____
Cardholder Phone Number: _____

For CME registrants: Social Security# _____ License# _____

Please call us at (802) 649-1340 if you have any questions or e-mail us at conference@globalhealth.org. Make checks payable to Global Health Council and mail to: PO Box 9671 Manchester, NH 03108

JAN. 15 – 17: The objective of the **6th Annual Bangkok Symposium on HIV Medicine** is to provide health care providers from Thailand and throughout Southeast Asia with a review of the latest treatments for HIV and other opportunistic infections. Sponsors of the symposium, which will be held in Bangkok, Thailand, include the International AIDS Society, Fogarty International Institute, the American Foundation for AIDS Research, Abbott and Merck. For more information, contact Dr. Chris Duncombe at 104 Ratchadamri Rd., Pathumwan, Bangkok, 10330; Tel: +66-2-255-7334; Fax: +66-2-252-5779; E-mail: chris.d@chula.ac.th.

JAN. 16 – 18: Panama City Beach, FL, will host the 2003 **Annual Meeting of the National Association of EMS Physicians.** Among the meeting's events will be scientific workshops, a scientific assembly and a trade show. More details are available on www.naemsp.org.

FEB. 4 – 7: "Prosperity Through Empowerment" is the theme of the **African Women's Sexual and Reproductive Health and Rights Conference,** which will take place in Johannesburg, South Africa. The conference, sponsored by AMANITARE, will bring together African women's health and rights activists with policy makers, researchers, healthcare providers, youth representatives and the media from all sub-regions of the African continent. To learn more, please visit www.amanitare.org/home2.html.

FEB. 10 – 14: The Hynes Convention Center in Boston, MA, will be the venue of the **10th Conference on Retroviruses and Opportunistic Infections.** The world's leading researchers will gather to discuss ways of translating laboratory and clinical research into medical applications to prevent and treat HIV and its complications. The conference website is www.retroconference.org/2003/.

FEB. 19 – 21: The Centers for Disease Control and Prevention, the Chronic Disease Directors and the Prevention Research Centers Program will sponsor the **17th National Conference on Chronic Disease Prevention and Control**. "Gateway to Lifelong Health: The Community Connection" is the theme of the conference, which will be held at the Millennium Hotel in St. Louis, MO. More details can be found on www.cdc.gov/nccdphp or by calling (301) 588-6000.

FEB. 19 – 22: Dr. C. Everett Koop, former U.S. Surgeon-General, will be the keynote speaker at the **9th Annual Meeting of the Society for Research on Nicotine and Tobacco** in New Orleans, LA. Participants will convene at the Sheraton New Orleans Hotel. Registration information, as well as program details, is available at www.srnt.org/meeting/default.html or by e-mailing srnt@tmahq.com.

MARCH 16 – 23: The **Third World Water Forum** will bring together stakeholders for a discussion of global water-related issues and the strategies necessary to raise awareness of and solve problems undermining the protection of this most valuable resource. The forum will be held in Kyoto, Shiga and Osaka, Japan. Participants can register online at registration@waterforum3.com or access the conference website for full details at www.worldwaterforum.org.

MARCH 24: World TB Day will celebrate the theme "People with TB" to highlight the importance of involving those with TB as powerful advocates in the fight to stop the spread of this disease. The slogan offers a hopeful message: "DOTS cured me – it will cure you too!" Visit www.stoptb.org/world.tb.day/default.asp, to get involved.

APRIL 27 – MAY 1: The Savannah Marriott Riverfront Hotel in Savannah, GA, is the venue for the **16th International Conference on Antiviral Research.** Investigators involved in basic, applied and clinical research are invited to submit abstracts for presentation at the conference. Visit www.isar-icar.com/icarmain.html for further information.

APRIL 28 – MAY 10: Abt Associates Health Policy Training Institute is offering its **Global Core Course, "Building Skills for Implementing Health Reform and Strengthening Health Systems,"** in Cape Town, South Africa. The course, designed for middle and upper level technical, management and policy staff, develops practical skills in resolving specific problems and issues that policy-makers and managers confront when they reach the implementation phase of health reforms. For more information, contact aahpti@abtassoc.com or visit www.abttrain.org.

MAY 18: The Candlelight Memorial is scheduled in communities around the globe to memorialize those who are fighting AIDS or have died from the disease and to draw attention to the need to support the global effort to combat AIDS. To get involved, contact mmatassa@globalhealth.org or visit the Candlelight website at www.candlelightmemorial.org. The theme for 2003 is "Remembering the Cause; Renewing Our Commitment."

MAY 19 – 21: InterAction will be holding its 2003 Forum at the Washington Marriott in Washington, DC. For more information, visit www.interaction.org.

MAY 27 – 30: The **Global Health Council's Annual Conference,** Our Future on Common Ground: Health and the Environment. For more information, visit www.globalhealth.org.

LETTER FROM THE PRESIDENT — CONTINUED FROM PAGE 2

announcement is likely to be made prior to the President's scheduled trip to Africa in January. In addition, the Millennium Challenge Account recently announced by the White House holds promise as a new, and perhaps less politically vulnerable, vehicle for bringing health and development assistance to those in need. The seriousness of the President's stated commitment of an additional $5 billion a year in international assistance should start to be manifest in his 2004 budget, which will be submitted in late January. We will all be watching.

In light of all this, our New Year's resolution is straightforward. In the coming year, the Global Health Council will devote itself to advancing our common agenda across a broad front, fighting cutbacks and rollbacks with facts and pressure, and encouraging a growing public engagement in these issues. We will make manifest that both justice and security are served by an active engagement in improvement and equity in global health. And we will work to actively bring the voices and experience of those on the front lines to those making policy decisions.

We have a lot to do in 2003.

Global Health Council
20 Palmer Court
White River Junction, VT 05001
www.globalhealth.org

Our Future on Common Ground: Health and the Environment

May 27-30, 2003 at the Omni Shoreham Hotel in Washington, DC

Agenda Highlights

May 27

Advocacy Day – Featuring Training Workshops and Capitol Hill Visits

A Full day of Workshops and Auxiliary Events

May 28-30

Plenary and Panel Sessions with recognized experts in the field

Poster and Roundtable Sessions

Career Connection, featuring interviewing/recruiting resource center and special sessions

International Exhibition

Auxiliary Events and Networking Receptions

Special Featured Event

Global Health Council's Annual Awards Banquet

For more information or to register online, visit

WWW.GLOBALHEALTH.ORG