



NEWSLETTER

GLAWCAL

*Focus on:*

Issue 13, 2014

*Approach to Public Health in the World*

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## ***Approach to Public Health in the World***

### *MEDICAL MALPRACTICES PROVIDED BY BOGUS DOCTORS IN UNITED ARAB EMIRATES: MINISTRY OF HEALTH WARNS THE POPULATION ON THE MATTER*

**T**he UAE (United Arab Emirates) Ministry of Health has warned the public about bogus doctors who are providing medical services in hotels and at home.

These fake doctors are not licensed by the UAE health authorities and claim that they have the ability to provide treatment for difficult cases or perform plastic surgery. Dr Amin Al Amiri, assistant undersecretary for public health and licensing, said that claims by the so-called doctors have more to do with 'magic' and 'witchcraft' than with medicine.

Medical malpractices have a negative impact on public health and could lead to health complications for patients. This malpractice also causes health damage to the patient and may lead to dangerous complications that can appear after the disappearance of the anonymous practitioner.

These "doctors", who are unauthorized by the health authorities, take HOTEL ROOMS as premises for their malpractice. Some of them promote their medical services by passing by the houses of families to offer plastic surgery operations, preying on the needs of some patients such as elderly people and other patients who seek recovery from their diseases.

Economic progress, the high cost of living and multi cultures are the cause of such incidents. As the medical and health sector in the UAE has grown rapidly, it has attracted many criminals who look for quick profits in a short period of time, especially in Dubai that is becoming the medical tourism platform of the region. But these people clearly violate the ethics of the medical profession.

The Ministry of Health, as part of its responsibility, seeks to enhance and protect the health of society and has implemented about 14 Federal Laws to regulate the profession of medical practices in the UAE. Federal Law No. 2 of 1996 requires medical professionals to provide checkups and examinations in an official health clinic or medical centre.

Dr Amiri said that the Ministry has caught an Asian man roaming the gulf region claiming to be able to offer medical services and treatment for difficult diseases, and transferred him to the public prosecution department last week. Dr Al Amiri also called on people to refer to authorities anyone they suspect of posing as medical professionals.



*Medical Malpractices have a Negative Impact on Public Health and Could Lead to Health Complications for Patients.*



## Approach to Public Health in the World

### NEW HHS STUDY SHOWS THAT FEW LATINOS SIGNED-UP FOR OBAMACARE

According to 2012 Census Bureau data, 29 percent of all Hispanics in USA were without coverage, compared to about 17 percent of African-Americans, 15 percent of Asian-Americans and 10 percent of whites.

Due to the fact that Hispanics represent the largest proportion of the nation's uninsured population, they have been viewed as crucial to the success of President Barack Obama's health insurance coverage expansion.

The U.S. Department of Health and Human Services (HHS) issued the final enrollment numbers for the ObamaCare sign-up period. Data show that Hispanics have the highest uninsured rates of any racial or ethnic group in the country. According to the report, people who identified themselves as Latino accounted for 7.4 percent of total sign-ups in the 36 states with federal-run exchanges.

The administration, however, did not have ethnicity data for about 31 percent of people selecting coverage on the federal marketplaces, because consumers had the option of ignoring questions about their ethnicity. The report also does not include data from the 15 state-run exchanges and does not count people who may have obtained coverage through Medicaid.

The Obama administration made important steps in order to ensure sign ups from Latinos, hiring Spanish-speaking call-center workers and forming partnerships with community organizations. It also worked with Spanish-language media and launched CuidadoDeSalud.gov, the Spanish version of HealthCare.gov. However, this version of the federal health care website was delayed and there was a shortage of in-person guides reaching out to Latinos.

HHS data also show that young adults aged 18 to 34, whose premiums are needed to balance the cost of older and sicker enrollees, made up about 28 percent of the total 8 million. HHS also reported that Medicaid and the Children's Health Insurance Program grew by 4.8 million people between the 1st of October opening of the health insurance marketplaces and the 31st of March.



*Data show that Hispanics have the Highest Uninsured Rates of Any Racial or Ethnic Group in the Country.*



## ***Approach to Public Health in the World***

### ***NHS: PATIENTS WAIT TOO LONG FOR SPECIALIST CARE***



# H

Healthcare Improvement Scotland (HIS) found out that people in the NHS borders area had to wait between 78 weeks and 104 weeks to access specialist pain psychology services. Patients had to wait an average of 10 weeks to get specialist treatment from a chronic PAIN MANAGEMENT service, according to the HIS report.

Across Scotland, people had to wait an average of 30.2 weeks, which is a long time considering the fact that chronic pain affects about 18% of the population (about 800,000 people) of the country. At the moment, some 20 to 30 Scots per year have to go to a specialist centre in Bath for treatment due to the absence of such a centre in Scotland.

According to the report, the Health Secretary Alex Neil said that more efforts have to be done to help those suffering from chronic pain, which is classed as pain that has been present for more than 12 weeks despite medication or treatment.

The site for a new national centre to treat sufferers should be set up as soon as possible, Mr Neil said. It will offer residential courses on how to cope with the effects of chronic pain and manage the condition. It is estimated that about 100 patients per a year will be referred to the new centre.



The Scottish Government has already invested £1.3 million improving services and set up both a national steering group for chronic pain and a support group to help share best practice. It means that the Scottish government is improving the situation. Eight health boards across the country have established outpatient PAIN MANAGEMENT programs, with three health boards developing similar services.

As the report says, the change will start to be seen quickly and more patients will experience the highest quality of care.





## Approach to Public Health in the World

### SINGAPORE AT AN INFLECTION POINT: DEPUTY PM TALKS ABOUT WORKPLACE SAFETY AND HEALTH INFRINGEMENTS

**I**n Singapore, the Ministry of Manpower (MOM) and Building and Construction Authority will lead a new workgroup to work out the details of a mandatory framework that will incorporate the safety and protection of construction workers into the building plans.

At the launch of this year's Workplace Safety and Health Campaign, Deputy Prime Minister Tharman Shanmugaratnam said that more efforts have to be done in order to improve workplace safety and manage health risks for workers.

Performing *risk management* means that developers and designers have to make a conscious effort to collaborate with relevant experts to identify workplace safety and health risks in their designs and incorporate the necessary risk control solutions into the designs upfront.

An inter-agency workgroup led by MOM and the Building and Construction Authority will be formed to work out implementation details of the mandatory framework for Design for Safety, in consultation with the industry.



This Design for Safety approach has been promoted as a voluntary choice in Singapore since 2008, but it will soon be legislated. The regulatory requirements and timeframe for their implementation will be announced by the end of this year, Tharman added.

Even though the overall workplace fatality rate has slowed down from 4.0 per 100,000 employees in 2005 to 2.1 last year, the rate has increased in Singapore. For 2014, data have reported 19 workplace fatalities in the first quarter, 12 of them in the construction sector and five more compared to the same period last year.

Tharman said that workplace health deserves several attention as well. Therefore, it is important to take a holistic and balanced approach to both workplace safety and health and give the utmost priority to the well-being of employees.

A new Tripartite Oversight Committee (TOC) chaired by Senior Minister of State for Health and Manpower, Dr Amy Khor (with senior representatives from MOH, MOM, HPB, WSH Council, tripartite partners and relevant stakeholders) has also been formed to drive this initiative.





## *Approach to Public Health in the World*

### *THAILAND'S 30 BAHT HEALTH REFORM ALLOWED A DROP IN INFANT MORTALITY RATE, A NEW MIT STUDY SHOWS*

**R**obert Townsend, the Elizabeth and James Killian Professor of Economics at Massachusetts Institute of Technology (MIT), Jon Gruber, a MIT professor of economics and health care expert, and Nathaniel Hendren, an economist at Harvard University, published a new study on infant mortality in Thailand.

The researchers used data from Thailand's Health and Welfare Survey, a national cross section of all 76 Thai provinces, covering years from 2001 to 2005.

The findings show that infant mortality rates among less-wealthy citizens led to a 13 percent drop in a year, thanks to Thailand's "30 Baht" program, which increased access to hospitals.

Thailand's health care reform occurred in 2001. Called the "30 Baht Program," it was one of the largest and most ambitious health reforms ever undertaken in a developing country. The aim of the program was to reduce long-standing geographical disparities in public health care.

The program both provided for funds of about \$35 per capita to be granted to provincial hospitals (based on the numbers of local residents) and reduced the copays for non-welfare residents to 30 baht—essentially 75 cents. In effect, the reforms made access to health care in public facilities independent of a person's financial situation and equalized health care access for rich and poor people.

The new health reform led to a moderate increase in the use of health care among those who previously were uninsured. But the greatest impact affected those who were previously covered by Thailand's Medical Welfare program, particularly mothers and infants. Before the 30 Baht Program, poor provinces had higher infant mortality rates, but after the program was implemented, infant mortality rates in rich and poor provinces were nearly identical. The study provides evidence that the new health reform reduced infant mortality in poor provinces.

According to the study co-authored by MIT, healthcare financing reforms can increase access to healthcare and combat infant mortality among the poor. Hendren said that most common causes of infant mortality in the world are from treatable diseases. In fact, results suggest that improved access to medical services could go improve the large disparities in infant mortality rates both across and within countries.



*"Healthcare Financing Reforms can Increase Access to Healthcare and Combat Infant Mortality Among the Poor".*



## ***Approach to Public Health in the World***

### ***THAILAND'S MEDICAL TOURISM IS AT RISK DUE TO THE POLITICAL UNREST***

**T**hailand might “lose its crown” as the region’s top destination for medical tourism if foreigners, who are looking for low-cost and quality healthcare, are frightened by the political unrest. Following the army’s coup last week, several governments have warned their citizens to think twice before traveling to Thailand, where political unrest could scare off tourists and potential medical tourism patients.

Among those who visited the country last year, about 2.5 million of people came for medical reasons, including spa and healthcare services, as data from the Department of Export Promotion have showed.

In 2013, Thailand earned US\$4.31 billion in revenue from medical tourism. Over the past decade, the average growth has been 15 per cent a year, but the country is already facing decreasing numbers from China, where a large portion of its tourism business comes from top-end Bangkok hospital Bumrungrad, which competes against Singapore for medical tourism seekers, said that it experienced a 12 per cent drop in foreign inpatients in the first quarter and an 18 per cent fall in outpatients. Kenneth Mays, senior director at Bumrungrad, argued that the political situation can bring some medical tourists to postpone their trips for treatment.

*“This Situation Might Cause Thailand to Lose its Market Share to Countries such as Malaysia, the Philippines and India”.*

Patients Beyond Borders, a U.S.-based website that offers consumers information about medical travel, said that, while hospitals in Phuket and other destinations are reporting downturns of 20-40 percent, Bangkok is the epicenter of the unrest, which explains the decrease of medical visitors.

According to the Bangkok Dusit Medical Services, the country’s largest hospital group, in 2014 Thailand has registered a drop of more than 30 percent in patients from the Middle East and of 7 percent from the United States. This situation might cause Thailand to lose its market share to countries such as Malaysia, the Philippines and India.

The Philippines and South Korea are already seeing more medical tourists from China, Russia and the Middle East in particular. Singapore, with some of the best diagnostics and care in the world, represents also a threat to Thailand.

Because of the political crisis, the Tourism Authority of Thailand has cut its forecast for foreign arrivals this year to 26.3 million, which would be a five-year low, from 28 million. Any prolonged crisis will certainly make international patients rethink a trip to Thailand and consider other destinations until the situation improves.





## ***Approach to Public Health in the World***

### *THE 24TH WORLD ECONOMIC FORUM ON AFRICA: CHALLENGES UNDER THE THEME OF SUSTAINABLE HEALTH*

**T**he World Economic Forum is an international institution committed to improve the state of the world through public-private cooperation in the spirit of global citizenship. It engages with business, political, academic and other leaders of society to shape global, regional and industry agendas.

The 24th World Economic Forum on Africa, which is taking place in Abuja (Nigeria) until the 9th May, brings together about 1,000 regional and global leaders from more than 70 countries and provides an unrivalled gathering for senior decision-makers from industry, government, academia, civil society and the media to understand and shape Africa's future.

The participants are discussing innovative structural reforms and investments that can sustain the continent's growth while creating jobs and prosperity for all its citizens. It will focus on the continent's efforts to strengthen competitiveness, invest in human capital, boost strategic infrastructure and build resilience in a volatile global environment.

As the foremost gathering on the continent, the 24th World Economic Forum on Africa is focusing on issues which include skills creation and the upgrade of public services.

The participants will discuss how to ensure funding for health for all, covering the topic of "Universal Health Coverage and Health Financing", how to create an enabling environment of multiple stakeholders to deliver high quality healthcare, how to improve the health training to address health needs and ensure quality care, how to revitalize integrated service delivery towards equitable access to health.



The last but not least issue involves community participation, it is important to empower communities to be effectively involved in the provision of their health care. Another challenge is to not only educate but also to have qualified staff present in rural and less impact as a result of urbanization.

While Nigeria's economic growth rates are impressive, human development indices in health, sanitation, mortality and education are less so. Moreover, although Nigeria is set to overtake South Africa as the continent's economic powerhouse, 63 per cent of Nigerians live below the poverty line.

Nigeria now has the opportunity to set the pace in expanding healthcare in Africa, improving human development indices is essential to enhancing Nigeria's competitiveness and the promotion of inclusive growth.

*The Participants are Discussing Innovative Structural Reforms and Investments that Can Sustain the Continent's Growth.*





## Approach to Public Health in the World

### THE LANDSCAPE FOR MNCs PHARMACEUTICAL COMPANIES IS GRADUALLY CHANGING IN INDIA

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he multinational pharmaceutical companies (MNCs), which have so far lagged the domestic market growth, are now becoming increasingly aggressive in the Indian market as part of their focus on emerging markets. In the past, most of MNCs players had maintained a subdued profile in India owing to limitation on launch of patented products, limited marketing and distribution bandwidth and relatively small scale offered by the Indian market.

However, with the implementation of the product patent regime and strong growth prospects, the landscape for MNCs pharmaceutical companies is gradually changing. Series of major acquisitions, steady growth in new product introductions (especially in the branded segment with steep pricing difference to global prices) and expansion in field force clearly indicates their renewed interest in the Indian market.

A new study reports that the MNCs are implementing strategies to allow India's large patient population (not only rich people) the access to essential drugs. This aim is hard to reach due to the several poverty rate and the country's large population. In 2010, India counted 1.2 billion people (the total of the combined populations of North America, Europe and Japan) and it is expected to increase by 2030.

*The MNCs are Implementing Strategies to Allow India's Large Patient Population the Access to Essential Drugs.*



Strategies such as differential pricing, providing lower-cost, high quality branded generics are oriented to fill the gaps in patient access. Partnering with local companies can distribute drugs at lower prices, tiered pricing based on disease prevalence and gross national income.

India is one of the countries which fail to protect and enforce intellectual property. In fact, Pharmaceutical Research and Manufacturers of America requested that the Office of the United States Trade Representative designate India as a Priority Foreign Country.





## Approach to Public Health in the World

### THE NATURE OF EUROPEAN UNION ALLOWS PARALLEL IMPORTS IN THE PHARMACEUTICAL MARKET

**D**ifferences in economic, social, legal or regulatory regimes of countries create varying prices around the world for the same drug. This discrepancy often leads to parallel trade, which had a strong impact on European pharmaceutical market since 1970s. The global squeeze on national healthcare budgets as a result of the financial downturn and the aging population has provided another opportunity for parallel importers.

Due to the nature of the European Union, parallel importing is not prohibited. The legal framework behind parallel trade dates back to the 1957 Treaty of Rome. While patents protect against parallel trade in other markets, it cannot be forbidden within the EU.

One of the main goals of EU legislation has been the harmonization of laws and the creation of a single market to permit the EU to compete at a global level comparable to the United States.

Once a firm has put the drug on the market in any EU country, it may not prevent the sale of that drug within the EU by any other firm by claiming a violation of patent rights or trademarks, under most circumstances. Parallel imports are allowed if the importing countries verify that the medicinal imports are authorized within their borders and comply with EU guidelines. This creates price equalization across the European Community, promoting a greater sense of a single market across Europe.

Traditionally the source countries were those with the lowest prices, like Greece and Spain, but there was an increase in the share of parallel imports in Denmark,

*The Main Goals of EU Legislation Has Been the Harmonization of Laws and the Creation of a Single Market.*



Ireland, Netherlands, and Sweden between 2009 and 2011 and a decrease in Latvia and the United Kingdom. Finland, Norway, and Germany remained stable.

At the SMI Group's 8th Parallel Trade conference, held in London in February 2014, the debate on this issue was quite lively and the issue was considered from both the trader's and the pharmaceutical company's perspective.

From the pharmaceutical firms' point of view, parallel trade decreases their income and cuts their return on investment, which instead would be completely refunded under the patent's rules. The conference has been an high quality practical event with plenty of opportunity for debate and step-by-step guidance on the complex issue of parallel trade.





## ***Approach to Public Health in the World***

### *THE NEW LONDON SCHOOL OF ECONOMICS REPORT: COSTS AND BENEFITS OF DRUG-RELATED HEALTH SERVICES*

**T**he London School of Economics (LSE) has just released a report, which aims at determining the consequences of the drug trade. The study tries to design a successor strategy to the failed global “war on drugs”. In so doing it will provide the academic underpinnings for a new international paradigm that promotes human security, public health and sustainable development.

The United Nations has calculated that \$350 billion of total global crime income are related to the sale of illicit drugs. However, the economic costs are only one consequence of the ineffectiveness of drug policies. It must be said that the human costs of violence, human rights abuses, infectious diseases and mass incarceration entail a huge damage to countries and communities.

The LSE report, approved by five Nobel Prize-winning economists, underlines that prisons are worldwide full of minor drug offenders. The introduction of harsh drug laws has contributed to the surging American prison population. The study has estimated that in 1980 only 6 percent of people in state prisons in the United States were incarcerated for drugs, by 2009 that percentage increased at 18 percent. In 1980, federal prisoners incarcerated for drugs were 25 percent against 51 percent of the 2010 prison population.

The failure of the UN to achieve its goal of ‘a drug free world’ and the continuation of enormous collateral damage from excessively militarized and enforcement-led drug policies, has led to growing calls for an end to the ‘war on drugs’. For decades the UN drug control system has sought to enforce a uniform set of prohibitionist oriented policies often at the expense of other, arguably more effective policies that incorporate broad frameworks of public health and illicit market management.

The expansive reach of ‘mass incarceration’ has caused increases in the time and financial impositions on individuals awaiting trial, a decline in the quality of correctional health care and a reduction in available services for formerly incarcerated individuals.

These patterns show the ways in which imprisonment, human rights and public health are extremely related. With their growing concentration of vulnerable populations and their relationship to drug markets, immigration, human trafficking, border security and global pandemics associated with sex and drugs (HIV), the international public health significance of criminal justice systems and prisons grows apace.



Health services for people who use drugs have significant social and economic benefits, including reduction of drug-related harms such as HIV and drug-related crime and increasing the ability of people who have lived with addiction to be economically productive. Governments should ensure that health services for people who use drugs (at adequate scale) are a priority for public resource allocation.

The LSE report says that these services currently have a very low availability relative to need. For instance, supervised consumption facilities, where people are provided with spaces to use drugs under the supervision of the medical professional with onsite social services are an exception, rather than a rule.

In 2016 the U.N. General Assembly will hold a special session to review the functioning of the drug control system. There is a powerful coalition in defense of harsh drug laws, including Russia, Japan, Pakistan, China and Egypt.

There are others in Europe that fully support a greater emphasis on health-based approaches. The role of the United States is still undetermined, even though new marijuana policies in Washington and Colorado, as well as recent federal efforts to address mass incarceration, are evidence of the fact that there may be some evolution in American attitudes.



## Approach to Public Health in the World

### THE SYRIAN HEALTHCARE SYSTEM'S COLLAPSE

**A** Save The Children's report, titled "A Devastating Toll: the Impact of Three Years of War on the Health of Syria's Children", shows the devastation of the health system in Syria. It underlines the lack of skilled medical staff and access to child-focused care, equipment and medicines.

The collapse of the Syrian health system is confirmed by the desperate measures to which medical personnel are resorting to keep children alive, such as amputating limbs because of the lack of the necessary equipment for appropriate treatment and potentially deadly person-to-person blood transfusions.

This is more than a crisis. It is the threatened collapse of the health system, which endangers the lives and well-being of millions of children. Until the conflict started, Syria was broadly on track to reach Millennium Development Goal 4 –to reduce the child mortality rate from preventable diseases by two-thirds.

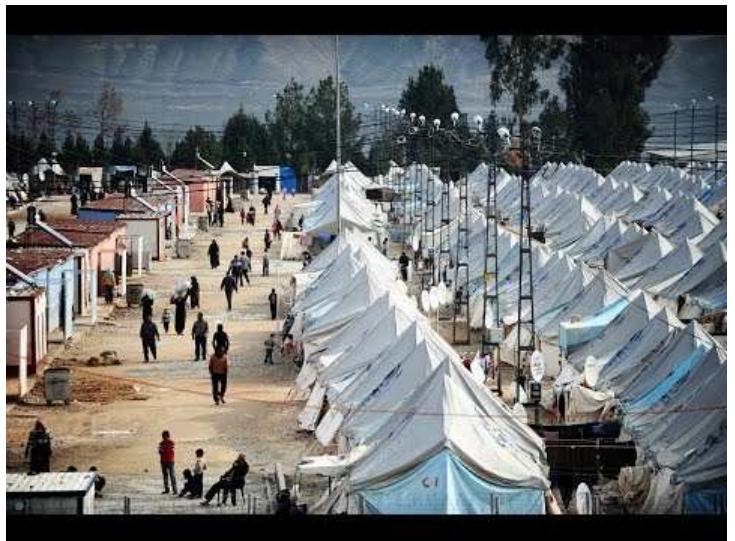
These gains had been achieved because the country had an health system that provided reasonably consistent standards of care (including high vaccination coverage rates for children). After three years of war, Syrian health system has resulted in brutal medical practices that have left millions of children suffering and dying.

These gains had been achieved because the country had an health system that provided reasonably consistent standards of care (including high vaccination coverage rates for children). After three years of war, Syrian health system has resulted in brutal medical practices that have left millions of children suffering and dying.

Across Syria, 60 percent of hospitals are damaged or destroyed. Nearly half of Syria's doctors have fled the country. The few remaining facilities struggle to cope with the large number of patients who need treatment and clinics no longer have the personnel, equipment or sanitary conditions in which to treat patients (especially children).

The majority of illnesses affecting children right now inside Syria are treatable and mostly preventable within a functioning health system. More efforts and investments must be focused on children health services in order to allow them not to die from preventable and treatable injuries and illnesses.

According to the report, United Nations Security Council resolution on humanitarian access must be implemented immediately, to provide vaccines, food, water, medicines and other life-saving assistance. Humanitarian organizations must have freedom of access in all areas and health facilities and health workers must not be targeted and they must be allowed to treat children in need.





## Approach to Public Health in the World

### THE UK NATIONAL HEALTH SERVICE SHOULD MAKE A BETTER USE OF THE VOLUNTARY SECTOR

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he National Health Service (NHS) is facing a deep financial crisis, as the former NHS chief executive David Nicholson warned during his last media interview. The future of the health service is at risk unless politicians come up with radical solutions to the crisis in the upcoming months.

The reality of the UK's ageing population coupled with the rising cost of medicines and new health technologies have increased financial demands on the service. The health service's budget, which is well in excess of £100bn, will go up by only 0.1 per cent in 2014-15.

The NHS could tap into the voluntary sector's strengths to improve patient care. In fact, voluntary and community organizations could provide some useful intelligence about how to integrate care, being able to carry out an enormous diversity of activities.

From the homecare schemes provided by the British Red Cross which prevent hospital admissions and ambulance call-outs in 75% of cases to community trained health volunteers which provide peer support for patients in complex conditions, charities can develop healthcare services while the NHS may save money by cutting the need for costly treatments in hospital settings.



For example, the NHS is spending 10% of its budget on the treatment of diabetes alone, which means that the need to introduce new models of care could not be more urgent. The NHS will not achieve sustainability on its own, but by working in collaboration with charities and local communities it would be possible to reach out patients into homes and communities, helping them to recover and stay healthy.

*The Future of the Health Service is at Risk Unless Politicians Come up with radical solutions.*





## *Approach to Public Health in the World*

### *WHO'S ANNUAL STATISTICS REPORT ON LIFE EXPECTANCY*



In a statement, the WHO director general Margaret Chan said that global life expectancy has improved so much especially because fewer children are dying before their fifth birthday. However, people in high-income countries continue to have a much better chance of living longer than people in low-income countries.

The WHO report found that the lowest life expectancy was in sub-Saharan Africa with less than 55 years for both male and female. Overall, the report shows that the human life expectancy increased over the years and does not appear to slow down.

# T

he World Health Organization (WHO) on Thursday said the global life expectancy has increased. The report, titled "World health statistics 2014" and released by WHO, based on global averages, stated that a girl who born in 2012 can live up to around 73 years, and a boy up to the age of 68.

The officials said that this increase in life expectancy was due to medical advances for treating infectious diseases, such as measles, malaria, tuberculosis and polio.

The annual statistics report showed that low-income countries have made the greatest progress, with an average increase in life expectancy by 9 years from 1990 to 2012, higher than the global average increase level of six. According to the study, the top six countries where life expectancy increased the most were Liberia, Ethiopia, Maldives, Cambodia, Timor-Leste and Rwanda.

The longest life expectancy at birth is for women in Japan, at 87 years, and men in Iceland, at 81.2 years. Japan, Switzerland, Singapore, Italy and Luxembourg rank in the top 10 for both sexes.



*The Officials Said that this Increase in Life Expectancy Was Due to Medical Advances.*



## Approach to Public Health in the World

### *WORLD MALARIA DAY - THE NEW GUIDE IS TITLED “FROM MALARIA CONTROL TO MALARIA ELIMINATION: A MANUAL FOR ELIMINATION SCENARIO PLANNING”*

**T**he World Health Organization launched a new guide on the 25th April during World Malaria Day that will provide countries with a framework and guidelines to eliminate malaria.

The manual was produced in collaboration with the Clinton Health Access Initiative, Imperial College United Kingdom, Johns Hopkins University, the University of Southampton and the Global Health Group at the University of California.

Despite malaria mortality rates have diminished by 42% since 2000, the disease caused an estimated 627,000 deaths in 2012 only, according to the World Health Organization. Children and pregnant women are the worst affected, and over 80% of deaths occur in sub-Saharan Africa among children under five. Three out of four people are at risk of malaria in South-East Asia region.

World Health Organization called for greater investment in the battle against malaria on the occasion of World Malaria Day. Even though the number of confirmed malaria cases in the region, which is home to a quarter of the world's population, decreased from 2.9 million in 2000 to 2 million in 2012, the disease remains a significant threat to the lives of people.



The elimination scenario planning manual provides malaria-endemic countries with a comprehensive framework to assess different scenarios for moving towards this goal, depending on programme coverage and funding availability. It also helps countries set realistic timelines and provides essential knowledge for strategic planning in the long term.

WHO Global Malaria Program Director John Reeder said that a long-term view on malaria is essential, in order to plan the period after its elimination. In fact, if the interventions are reduced or abandoned, malaria transmission can re-establish quickly in areas that are inclined to the disease, causing infections and deaths.

Seven countries have reduced malaria transmission rates to zero and are in the “prevention of reintroduction phase.” WHO classified 19 countries as ready to undertaking the “pre-elimination or elimination phase.” United Arab Emirates, Morocco, Turkmenistan and Armenia have been classified as malaria-free.



## gLAWcal Activities



### News

#### Strathclyde signs MOU with gLAWcal - Global Law Initiatives for Sustainable Development

In occasion of the conference “**Law, Technology and Development: Challenges and Opportunities in EU China Relations**”, **Strathclyde Law School** signed a Memorandum of Understanding with **gLAWcal - Global Law Initiatives for Sustainable Development**. gLAWcal is an independent non-profit research organization that aims at providing a new focus on issues related to economic law, globalization and development, namely the relationship between international economy and trade, with special attention to a number of non-trade-related values and concerns. Strathclyde Law School joins a long list of **international partners** collaborating with gLAWcal with whom the Law School looks forward to start working together. The partnership with gLAWcal is particularly relevant for the Strathclyde Centre for Environmental Law and Governance due to the focus in gLAWcal on sustainable development. The MOU has been signed by Professor Paolo Farah for gLAWcal (Director) and Professor Mark Poustie (Associate Dean Internationalisation) for the University of Strathclyde.

The University of Strathclyde and gLAWcal have reached agreement on the desirability of exploring the potential for collaborations in the following areas:

- i. Joint research activities in fields of mutual interest
- ii. Exchanges of academic staff for research, lectures and visits
- iii. Course delivery including joint postgraduate degrees and academic developments more generally



## *gLAWcal Activities*



**Professor Paolo Farah for gLAWcal - Global Law Initiatives for Sustainable Development (Director) and Professor Mark Poustie (Associate Dean Internationalisation) for the University of Strathclyde sign a MoU for Joint Collaboration.**

## **gLAWcal Activities**

- This Special Issue of the Newsletter of gLAWcal with focus on: “**Approach to Public Health in the World**” has been realized by gLAWcal—Global Law Initiatives for Sustainable Development in collaboration with the University Institute of European Studies (IUSE) in Turin, Italy and the University of Piemonte Orientale, Novara, Italy which are both beneficiaries of the European Union Research Executive Agency IRSES Project “Liberalism in Between Europe And China” (LIBEAC) coordinated by Aix-Marseille University. This work has been realized in the framework of Workpackages 2 and 4, coordinated by Aix-Marseille University (CEPERC)

### GLAWCAL

#### GLOBAL LAW INITIATIVES FOR SUSTAINABLE DEVELOPMENT

#### WHO ARE WE

gLAWcal is an independent non-profit research organization (think tank) that aims at providing a new focus on issues related to economic law, globalization and development, namely the relationship between international economy and trade, with special attention to a number of non-trade-related values and concerns.

Through research and policy analysis, gLAWcal sheds a new light on issues such as good governance, human rights, right to water, rights to food, social, economic and cultural rights, labour rights, access to knowledge, public health, social welfare, consumer interests and animal welfare, climate change, energy, environmental protection and sustainable development, product safety, food safety and security.

**All these values are directly affected by the global expansion of world trade and should be upheld to balance the excesses of globalization.**

**Owner and Editor:** gLAWcal - Global Law Initiatives for Sustainable Development

**Editorial staff:** United Kingdom, United States and Italy

**Collaborators based in:** United States, United Kingdom, Italy, France, Czech Republic, Slovakia, Germany, Spain, Belgium, Switzerland, China, Lebanon, Armenia, Israel, Tanzania.

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