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0521804191 - Health Policy in a Globalising World

Edited by Kelley Lee, Kent Buse and Suzanne Fustukian

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## Health Policy in a Globalising World

Increasing recognition of the impact that globalisation may be having on public health has led to widespread concern about the risks arising from emerging and re-emerging diseases, environmental degradation and demographic change. This book argues that health policy-making is being affected by globalisation and that these effects are, in turn, contributing to the kind of global health issues being faced today. The book explores how the actors, context, processes and content of health policy are changing as a result of globalisation, raising concerns about growing differences in who can influence health policy, what priorities are set, what interventions are deemed appropriate and, ultimately, who enjoys good and bad health. Bringing together a distinguished, international group of contributors, this book covers a comprehensive range of topics and geographic regions and will be invaluable for all those interested in health, social and public policy and globalisation.

KELLEY LEE is Senior Lecturer in Global Health Policy and Co-director of the Centre on Globalisation, Environmental Change and Health at the London School of Hygiene and Tropical Medicine. Her publications include *Global telecommunications regulation: a political economy perspective* (1996), *A historical dictionary of the World Health Organisation* (1999), and *Globalisation and Health: An introduction* (forthcoming).

KENT BUSE is Assistant Professor of International Health in the School of Public Health at the Yale University School of Medicine. He has published in a range of journals including *Social Science and Medicine*, *Health Policy and Planning*, *Health Policy*, *The Lancet*, *The Bulletin of the World Health Organisation*, the *Journal of Public Health Medicine* and the *Journal of International Development*.

SUZANNE FUSTUKIAN is Senior Lecturer in International Health at the Centre for International Health Studies, Queen Margaret University College, Edinburgh. Her current research areas include pro-poor health policy, poverty reduction and health, the role of civil society in global governance for health, and health and social policy in conflict and post-conflict settings.

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# Health Policy in a Globalising World

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*Edited by*

Kelley Lee, Kent Buse and Suzanne Fustukian



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To our children – Rowan, Jenny, Salvador, Alexander  
and Isis – who we hope will enjoy the benefits of  
globalisation with a humane face.

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ROBERT BEAGLEHOLE trained in medicine in New Zealand and then in epidemiology and public health at the London School of Hygiene and Tropical Medicine and the University of North Carolina at Chapel Hill. He is currently on leave from his position as Professor of Community Health at the University of Auckland, New Zealand and is working in the Department of Health and Sustainable Development at WHO, Geneva on several emerging public health issues.

RUAIRI BRUGHA is Senior Lecturer in public health in the Health Policy Unit of the London School of Hygiene and Tropical Medicine (LSHTM). His main area of research is assessing the role and potential of for-private providers in the delivery of services of public health importance, including malaria, sexually transmitted diseases and tuberculosis. He is joint editor of *Health Policy and Planning*.

KENT BUSE is Assistant Professor of International Health in the School of Public Health at the Yale University School of Medicine. As a political-economist, he undertakes research and publishes on health sector governance and policy at the global, international and national levels. Current research includes the role of the commercial sector in global health governance and the political economy of public-private partnership. He has worked and consulted for a variety of NGOs and intergovernmental organisations.

CARLOS M. CORREA is an Argentine lawyer and economist with a Ph.D. from the University of Buenos Aires. He is Director of the Master Program on Science and Technology Policy and Management and Director of the postgraduate course on Intellectual Property of the University of Buenos Aires. He is also Director of the quarterly journal *Temas de Derecho Industrial y de la Competencia*, which is based in Buenos Aires. Dr Correa is a consultant to UNCTAD, UNIDO, WHO, FAO, Interamerican Development Bank, INTAL, World Bank, SELA, ECLA, and other regional and international organizations. He has authored several

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books and articles on technology and intellectual property published in national and foreign journals

DR NICK DRAGER is Coordinator: Globalization, Cross Sectoral Policies and Human Rights in the Department of Health and Sustainable Development with the World Health Organisation. He has over 10 years of experience working worldwide with senior government officials of low-income countries and their development partners. Dr Drager's work has focused on the areas of health policy and strategy development, setting priorities for external assistance, building consensus in support of these priorities and in negotiating aid agreements in bilateral and multilateral settings. His current work focuses on enabling countries to analyse and act on broader determinants of health development, as well as placing public health interests higher on the international development agenda to improve health outcomes for the poor. Dr Drager has an MD from McGill University and a Ph.D. in Economics from Hautes Etudes Internationales, University of Geneva.

SUZANNE FUSTUKIAN is Senior Lecturer in International Health at the Centre for International Health Studies, Queen Margaret University College, Edinburgh. She previously held a lectureship in international health at the University of Bristol and was a Research Fellow in the Health Policy Unit at the London School of Hygiene and Tropical Medicine. Her current research interests include post-conflict health and social policy, poverty and health; urban social policy; civil society and its role in governance; and globalisation and social policy. She was Co-Director for eight years of Appropriate Health Resources and Technologies Action Group (now Healthlink Worldwide) and principal editor of *Health Action*, produced by AHRTAG.

HILARY GOODMAN is a lecturer in health policy in the Health Policy Unit. Trained in economics and history she became a health economist, undertaking research in health sector financing and user-fees. Subsequent work has involved the cost-effectiveness of HIV prevention strategies. Most recently she has been course organiser for the M.Sc. in Health Policy, Planning and Financing.

LILANI KUMARANAYAKE is a Lecturer in Health Policy and Economics in the Health Policy Unit at LSHTM. Her areas of specialisation include regulation of health systems, the economics of HIV/AIDS, and globalisation. She has worked in a range of countries in sub-Saharan Africa and been a technical advisor to a number of bilateral and multilateral agencies.

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SALLY LAKE was a Research Fellow on the Health Economics and Financing Programme within the Health Policy Unit at the time of writing. She is currently working as a consultant on issues of health sector financing and development in sub-Saharan Africa. Recent publications include: Kumaranayake, L., Lake, S., Mujinja, P. G. M., Hongoro, C. and Mpembeni, R. 'How do countries regulate the health sector: evidence from sub-Saharan Africa', *Health Policy and Planning* 15 (4) (2000), and Mujinja, P. G. M., Mpembeni, R. and Lake, S. 'Awareness and effectiveness of regulations governing private drug outlets in Dar es Salaam: perceptions of key stakeholders', in Soderlund, N. and Mendoza-Arana, P. (eds.) *The new public-private mix in health: exploring changing landscapes*, Geneva: Alliance for Health Policy and Systems Research (forthcoming in 2001).

KELLEY LEE is Senior Lecturer in Global Health Policy and Co-director of the Centre on Globalisation, Environmental Change and Health at LSHTM. She chairs the WHO Scientific Resource Group on Globalisation, Trade and Health, and is a founding member of the UK Partnership for Global Health. She is involved in a number of projects analysing the impacts of globalisation on public health with particular interest in infectious diseases, tobacco control policies and global governance. Her recent publications include: *A historical dictionary of the World Health Organization* (1999); 'Globalisation and cholera: implications for global governance', *Global Governance* (2000) with Richard Dodgson; and *Globalisation and health: an introduction* (Palgrave, forthcoming).

PETER LLOYD-SHERLOCK is a Lecturer in Social Development at the University of East Anglia. He previously held a lectureship in the Health Policy Unit at LSHTM. Published work includes *Old age and urban poverty: the shanty towns of Buenos Aires*, Macmillan Press (1997) and *Healthcare reform and poverty in Latin America*, Institute of Latin American Studies/Brookings Institution (2000).

SUSANNAH H. MAYHEW conducted Ph.D. and subsequent research work at the Health Policy Unit of LSHTM focusing on policy analysis and integrating reproductive health services. She is currently a Research Fellow in the International Division of the Nuffield Institute for Health, University of Leeds, and the London School of Hygiene and Tropical Medicine, working on sexual and reproductive health including policy, management and service delivery issues in Sub-Saharan Africa and South East Asia. Publications include: 'Integrating MCH/FP and STD/HIV services: current debates and future directions', *Health Policy*

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BARBARA MCPAKE is Senior Lecturer in Health Economics in the Health Policy Unit with interests in the economics of health systems in Africa and Latin America. She is currently carrying out research on hospital policy in Zambia, Uganda and Colombia. She has been a member of the Health Policy Unit and the Health Economics and Financing Programme since 1991.

DR ZAFAR MIRZA is a public health specialist. He heads a national consumer protection organisation in Pakistan and combines research pursuits with activism at national and international level. More recently he has been involved in discourses in consumer protection, trade as a determinant of public health, TRIPS and its implications, treatment access campaigns, anti-tobacco work, drug policy issues etc. He is a member of the WHO Scientific Resource Group on Globalisation, Trade and Health.

JESSICA OGDEN is Senior Lecturer in Social Anthropology in the Health Policy Unit. She has a Ph.D. in Social Anthropology from the University of Hull (1996). Her doctoral research focused on the relationship between gender, reproductive identity and HIV/AIDS in Kampala, Uganda. She joined the School in 1995 to work on the DFID Tuberculosis Programme, and has been involved in operations research on the Revised National Tuberculosis Programme in India, in a collaborative research project on improving TB control in West Africa, and on a study exploring the transfer of international TB and STI policy from international to national level in South Africa and Mozambique. Current interests include improving the relationship between social science and biomedicine for the development of effective and sustainable community-based interventions for infectious disease.

JOHN PORTER is Reader in International Public Health in the Health Policy Unit. He coordinates a Tuberculosis Research Programme and, through his work on TB and HIV, has become increasingly interested in how health policy is created and dispersed. He teaches a course on ethics, public health and human rights and is also involved in work with displaced populations in areas of conflict.

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M. KENT RANSON, MD (McMaster), MPH (Harvard) is a Ph.D. candidate in the Health Policy Unit of LSHTM. His Ph.D. work focuses on the impact of two community-based health insurance schemes in rural India.

DINESH SETHI is a Lecturer in International Public Health in the Health Policy Unit. He studied medicine in Liverpool and trained in public health in North Thames and the London School of Hygiene and Tropical Medicine. His interests in international public health include injury prevention and control, globalisation and workers' safety, the evaluation of emergency medical services and exploration of the most appropriate means of organising such services in low- and middle-income countries. He is currently collaborating with colleagues to investigate the cost-effectiveness of trauma services in Malaysia and is conducting studies to examine the causes and consequences of injuries and violence in refugees in northern Uganda. In the United Kingdom he is involved in the Study of Infectious Intestinal Disease in England and the response of health professionals to domestic violence in north London. Publications include: Sethi, D. and Zwi, A. B., 'Traffic accidents: another disaster?', *European Journal of Public Health* 9: 65–67 (1999); and Sethi, D., Saperi, S., Aljunid, S. and Zwi, A. 'Injury care in low and middle income countries: identifying potential for change', *Injury Control and Safety Promotion* (in press).

DAMIAN WALKER obtained his B.Sc. (Hons) in Economics and M.Sc. in Health Economics from the University of York. A Research Fellow in the Health Policy Unit at LSHTM, his main area of research is the economic evaluation of health care programmes in developing countries, with particular interest in HIV/AIDS and TB prevention strategies, the introduction of new vaccines to routine immunisation programmes and safe motherhood initiatives.

GILL WALT is Professor in International Health Policy and has worked in a number of low-income countries, especially in Southern Africa. Her best-known book is *Health policy: an introduction to process and power*. Current research focuses on policy transfer between and within international and national jurisdictions, with a special interest in global public-private partnerships in international health.

CHARLOTTE WATTS is Senior Lecturer in Epidemiology and Health Policy in the Health Policy Unit of the London School of Hygiene and Tropical Medicine. She is conducting research on the international public health burden of violence against women; and is Senior Technical Advisor to the WHO multicountry study on Women's Health

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and Domestic Violence Against Women. Her research interests include trafficking in women, and the planning and evaluation of HIV/AIDs prevention activities. She teaches a course on Science, Politics and Policy.

ANTHONY ZWI was born in South Africa where he undertook his medical degree and postgraduate diplomas in occupational health and tropical medicine. He subsequently trained in epidemiology, public health and international health at the London School of Hygiene and Tropical Medicine, and the National Health Service. He headed the Health Policy Unit at the London School of Hygiene and Tropical Medicine from 1997 to 2000 and has actively promoted the study of public health and health systems in humanitarian crises. He has long-standing interest in how conflict impacts upon health and health systems and has promoted the establishment of a network to adapt and transfer analytic tools and response strategies between countries emerging from major periods of conflict.

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## Foreword

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*Dr Gro Harlem Brundtland*

*Director General, World Health Organisation*

Globalisation is one of the key challenges that public health faces in the twenty-first century. It is a major theme that is confronting many fields of public policy, but it is the health field that particularly illustrates the shared consequences of a globalising world, both its potential rewards and hazards. Infectious diseases, global trade, collective violence, ageing, health sector reform – all of these issues have determinants and consequences beyond individual countries. We are thus pressed to understand better the globalising processes that are confronting public health and somehow engage with them in order to make globalisation work better for health. We are pointedly aware that we are only beginning to do this. Globalisation in its present form could well be contributing to worsening health as long as a substantial number of people are being marginalised and disadvantaged by the process. Making globalisation work to the advantage of all – rich or poor – is a hard challenge.

This book is a timely contribution. It is important reading for those who want to understand some of the major health consequences of globalisation better. More specifically, the book's concern with how health policy is made – who is involved, which processes are taking place, what changes are happening to the broader context of policy-making – has not yet been addressed elsewhere. The case studies provided illustrate that domestic and foreign policy is being increasingly blurred, and that globalisation is far from creating a globally inclusive policy environment. We must appreciate not only that there are broad determinants of health emerging from globalisation, but that we must go beyond our familiar intellectual, technical and operational borders within the health sector to address them effectively. Only in this way can we begin to put health much higher on the agendas of those who are driving globalisation. This book contributes importantly to this vital task before us.



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## Preface

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*Anthony Zwi*

The origins of this book lay in a decision taken in 1998 by members of the Health Policy Unit at the London School of Hygiene and Tropical Medicine to collaborate on a joint academic project. Members of the Unit, as in other academic institutions, focus their attention on advancing their own and collective research agendas, pursuing those for which research funding is available while seeking funding to move forward their other research interests. In such focused and competitive environments, the potential for broader collective academic activity and debate, and for more creative and searching exploration of important issues, tends to suffer.

The Health Policy Unit at the London School of Hygiene and Tropical Medicine hosts around thirty members of staff and a similar number of doctoral students. The Unit seeks to inform and strengthen the development and implementation of appropriate health policy and to increase understanding of the process of policy development at global, national and local levels. Areas of expertise include comparative health policy and health systems analysis, health economics and international public health. While many Unit members have a particular interest in the challenges facing low- and middle-income countries, the Unit is increasingly cognisant of the interconnectedness between developments in different parts of the world. Staff come from disciplines ranging from sociology, social policy and political science, to anthropology, health economics, public health and epidemiology. The Unit houses a number of substantive areas of activity including health systems, health economics and financing, economic evaluation, infectious disease policy, modelling of HIV infection and preventive efforts, violence against women, globalisation, political economy of tobacco control, policy transfer, humanitarian aid and public health, and post-conflict health sector development.

Our objectives for developing a joint Health Policy Unit project were to explore an area which cut across all our respective research agendas, to collaborate with one another in different teams and more combinations than usual, and to examine and contribute to building understanding

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around an important current challenge in international public health and policy. Three possible themes were considered – equity, poverty and social exclusion; North–South research collaboration and its attendant challenges; and globalisation, global health and their linkages with health policy and its transfer. Our concerns with equity, poverty and social exclusion reflected a commitment to recognising inequalities in the distribution of global, national and local resources, and the negative impact of this for development, health and well-being. The topic would challenge us to think through how we could conceptualise the current inequities and contribute to the debate regarding the appropriate balance between efficiency and equity concerns. Focusing on North–South research collaboration, and asking questions about whose agendas we research and why, and how we could more appropriately balance northern and southern perspectives, objectives and power over research content and processes, reflected our everyday concerns and activities. Staff within the Health Policy Unit recognise the privileged position in which we find ourselves, and the particular challenge of working effectively and equitably with partners in under-resourced settings. The third possibility, to explore issues of globalisation and global health policy, posed the challenge of engaging with ongoing debates taking place in international relations, politics and development studies, exploring their interfaces with those in international health. Underlying all three possibilities was the recognition that the world is changing rapidly and, in many ways, fundamentally, and that we need to reflect on the implications of this for international health work.

This book represents the product of the third option: globalisation and health policy. Many of us believed that we are witnessing profound changes worldwide and that neglecting to understand and relate to these changes will hamper our work, and its value, in relation to international health policy. In working on this project together, we had to get to grips with a number of issues, including the imprecision with which the term globalisation is often applied, the importance of understanding the benefits, opportunities and negative effects of aspects of current forms of globalisation, and the challenge of identifying a way forward in analysing and influencing policy debate in international health. ‘Globalisation’ as a term and concept is at risk of being rendered meaningless by over-use and excessive claims regarding its ability to explain too many different aspects of international relations, politics and economics. None the less, most agree that there is something qualitatively different happening in the contemporary world and that understanding these changes and assessing their implications for our own areas of work is crucial.

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As researchers and practitioners seeking to promote health and improve the quality of life for all, we must examine both the negative and positive dimensions of globalisation. Through our work in many parts of the world, we have seen some of the negative human consequences of globalisation driven solely by the so-called logic of the market. Globalisation brings a complex set of costs and benefits to individuals, communities and societies around the world; it is simultaneously integrating and fragmenting, leaving both winners and losers in its wake.

We argue for a more humane globalisation, one that builds connections without disrupting others, creating many more winners than losers, and keeping basic human values of dignity and equity at its core. The new technologies of global communication will assist in making visible what is often invisible, making heard what is often unheard, making explicit what is often implicit, and promoting accountability and transparency among those who exercise power over the lives of others; we need to learn to tame and use these technologies to ensure that all aspects of the debate are heard and considered.

The process of producing the book followed from our objectives: we sought to work with, write and debate with one another, and in so doing, to sharpen understanding of our own areas of work and to link our concepts and concerns with others being critiqued in the development community. A number of chapters provided the basis for intense exchange within the Unit; while intellectual sparring usually takes up a small proportion of our time, it is always particularly invigorating, challenging and affirming when it occurs. Many chapters were carefully reviewed by outside peer reviewers as well as by the editors, Kelley Lee, Kent Buse and Suzanne Fustukian, who have worked to ensure that we clarify our thoughts and concepts, sharpen our arguments and seek linkages with literature we normally neglect. They, with the support of the Unit but with a great deal of personal commitment and energy, have ensured that this project has been tackled as effectively as it has, and that we have a product to show for it.

We owe a note of thanks to the Department of Health and Development (formerly the Department of Health in Sustainable Development) of the World Health Organisation that had the foresight and commitment to back our initiative. WHO provided arm's-length support to the production of this book, collaborating on two chapters, providing an important contribution from Dr Brundtland, the Director General, and assisting in the distribution of the book to resource-poor settings.

Through the process of producing this book, we have each examined our work in a different way from usual. We have come to believe that

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health policy-makers and researchers who ignore the dynamics of globalisation will severely undermine their understanding of health policy and, thereby, their influence over the current and future policy formulation and implementation. We present to you our book, a reflection of collective hard work and thought, which we hope will be of interest in opening out a crucial area for health policy debate and development.

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## Acknowledgements

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# Abbreviations

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AB	Appellate Body
ACTUP	AIDS Coalition to Unleash Power
AGP	Agreement on Government Procurement
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
BCG	Bacille Calmette–Guérin
BI	Bamako Initiative
CBA	cost–benefit analyses
CEA	cost-effectiveness analysis
CEO	Corporate Europe Observatory
CL	compulsory licensing
CPEs	complex political emergencies
CPT	Consumer Project on Technology
CSW	Commission on the Status of Women
CUA	cost-utility analysis
DALE	disability-adjusted life expectancy
DALY	disability-adjusted life-year
ddI	didanosine
DFID	Department for International Development
DOTS	directly observed therapy, short course
DSB	Dispute Settlement Body
DSU	dispute settlement understanding
ECOSOC	UN Economic and Social Council
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunisation
EPZs	export processing zones
EQC	Choosing Interventions: Costs, Effectiveness, Quality and Ethics
FAO	Food and Agriculture Organisation
GATS	General Agreement on Trade in Services
GATT	General Agreement on Tariffs and Trade
GAVI	Global Alliance for Vaccines and Immunization

xxviii      Abbreviations

GDP	gross domestic product
GNP	gross national product
GOBI-FFF	Growth monitoring, Oral rehydration, Breast-feeding, Immunisation, Food supplements, Family spacing and Female literacy
GP	General Practitioner
GPPPs	global public–private partnerships
GSDF	Global sustainable development facility
HAI	Health Action International
HCF	health care financing
HEFP	Health Economics and Financing Programme
HFS	Health Financing and Sustainability Program
HIV	human immunodeficiency virus
HMOs	health care maintenance organisations
HPU	Health Policy Unit
HUMCs	health unit management committees
IAVI	International AIDS Vaccine Initiative
ICC	International Chamber of Commerce
ICFTU	International Confederation of Free Trade Unions
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
IDB	InterAmerican Development Bank
IFBWW	International Federation of Building and Wood Workers
IFPMA	International Federation of Pharmaceutical Manufacturers Associations
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
IMF	International Monetary Fund
IMO	International Maritime Organisation
INGO	international nongovernmental organisation
IPPC	International Plant Protection Convention
IPPF	International Planned Parenthood Federation
IPRP	intellectual property rights protection
ISO	International Standards Organisation
ITS	International Trade Secretariats
ITTO	International Timber Treaty Organisation
ITU	International Telecommunications Union
IUATLD	International Union against Tuberculosis and Lung Disease
LATAG	Latin American Trade Advisory Group



Abbreviations

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LDC	least-developed country
LICs	low-income countries
LMICs	low- and middle-income countries
LSE	London School of Economics
LSHTM	London School of Hygiene and Tropical Medicine
MDRTB	multi-drug resistant tuberculosis
MEC	Mectizan® Expert Committee
MFN	most-favoured-nation
MSF	Médecins sans Frontières
MTAs	multilateral trade agreements
NATO	North Atlantic Treaty Organisation
NGO	non-governmental organisation
NHS	UK National Health Service
NRC	National Resistance Council
NTB	non-tariff barrier
ODA	UK Overseas Development Administration
OECD	Organisation for Economic Co-operation and Development
OSHA	American Occupational Safety and Health Administration
PAHO	Pan-American Health Organisation
PAMI	Integrated Programme of Medical Attention (Argentina)
PATH	Program for Appropriate Technology
PHC	primary health care
PHN	Population, Health and Nutrition Division
PhRMA	American Pharmaceutical Manufacturers Association
PI	parallel importing
PPMs	production and processing methods
PSPs	private sector providers
PYLL	potential years of life lost
QALY	quality-adjusted life-year
R & D	research and development
RDFs	revolving drug funds
SAC	Strategic Advisory Council
SADC	Southern African Development Council
SAPs	structural adjustment policies
SHS	Strengthening Health Systems
SMP	Safety Monitoring Programme
SPS	Sanitary and Phytosanitary Measures
STDs	sexually transmitted diseases
STIs	sexually transmitted infections

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TB	tuberculosis
TBT	Technical Barriers to Trade
TFCSD	Task Force on Child Survival and Development
TNCs	transnational corporations
TRIPS	Trade-Related Aspects of Intellectual Property Rights
TUAC	Trade Union Advisory Committee
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNRISD	United Nations Research Institute for Social Development
US	United States
USAID	United States Agency for International Development
USTR	United States trade representative
VAW	violence against women
WBCSD	World Business Council on Sustainable Development
WDR	<i>World Development Report</i>
WHO	World Health Organisation
WTO	World Trade Organisation