



Virtual Library: Public Health
What's New, November/December 2011

- ❖ Authors: Ole Raaschou-Nielsen, Helle Bak, Mette Sørensen, Steen Solvang Jensen, Matthias Ketzel, Martin Hvidberg, Peter Schnohr, Anne Tjønneland, Kim Overvad and Steffen Loft

Title: [Air pollution from traffic and risk for lung cancer in three Danish cohorts](#)

Publisher: *Cancer Epidemiol Biomarkers Prev*; 19(5); 1284–91, 2010

Category: [Denmark](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Air pollution is suspected to cause lung cancer. The purpose was to investigate whether the concentration of nitrogen oxides (NO_x) at the residence, used as an indicator of air pollution from traffic, is associated with risk for lung cancer. Methods: We identified 679 lung cancer cases in the Danish Cancer Registry from the members of three prospective cohorts and selected a comparison group of 3,481 persons from the same cohorts in a case-cohort design. Residential addresses from January 1, 1971, were traced in the Central Population Registry. The NO_x concentration at each address was calculated by dispersion models, and the time-weighted average concentration for all addresses was calculated for each person. We used Cox models to estimate incidence rate ratios after adjustment for smoking (status, duration, and intensity), educational level, body mass index, and alcohol consumption. Results: The incidence rate ratios for lung cancer were 1.30 [95% confidence interval (95% CI), 1.07-1.57] and 1.45 (95% CI, 1.12-1.88) for NO_x concentrations of 30 to 72 and >72 µg/m³, respectively, when compared with <30 µg/m³. This corresponds to a 37% (95% CI, 6-76%) increase in incidence rate ratio per 100 µg/m³ NO_x. The results showed no significant heterogeneity in the incidence rate ratio for lung cancer between cohorts or between strata defined by gender, educational level, or smoking status. Conclusion: The study showed a modest association between air pollution from traffic and the risk for lung cancer. Impact: This study points at traffic as a source of carcinogenic air pollution and stresses the importance of strategies for reduction of population exposure to traffic-related air pollution. [author abstract]

- ❖ Title: [Case studies on social determinants of health](#)

Publisher: Background papers: WHO - World Conference on Social Determinants of Health, 19-21 October 2011, Rio de Janeiro, Brazil

Category: [Inequalities and health](#)

Category Topic: Reports, guidelines and projects

Abstract: The case studies present successful examples of policy action aiming to reduce health inequities, covering a wide range of issues, including conditional cash transfers, gender-based violence, tuberculosis programmes and maternal and child health. The case studies were written by individual experts and are being circulated as draft background papers to inform discussions at the conference: Brazil: The Brazilian experience with conditional cash transfers: a successful way to reduce inequity and to improve health; United States of America: How can we get the 'social determinants of health' message on the public policy and public health agenda?; Solomon Islands: Gender-based violence in Solomon Islands: Translating research into action on the social determinants of health; Republic of Kiribati: Measuring and responding to gender-based violence in the Pacific: Action on gender inequality as a social determinant of health; Viet Nam: Gender-based violence in Viet Nam:



Virtual Library: Public Health
What's New, November/December 2011

Strengthening the response by measuring and acting on social determinants of health; Australia: Health in All Policies: South Australia's country case study on action on the social determinants of health; WHO Western Pacific region: Addressing social determinants of health through tuberculosis control programmes in Western Pacific Region; Malaysia: Health in All Policies: The Primary Health Care Approach in Malaysia. 50 years experience in addressing social determinants of health through Intersectoral Action for Health; India: India's country experience in addressing social exclusion in maternal and child health; India: Effective social determinants of health approach in India through community mobilization; Thailand: Health systems, public health programmes and social determinants of health; Egypt: Social participation in Egypt: Civil society's former experience and new opportunities; Morocco: Social determinants and health equity in Morocco; United States of America: A national partnership for action to end health disparities in the United States of America; Australia: Supporting public policy and action on the social determinants of health by providing evidence through the Social Health Atlases of Australia; Cambodia: Gender as a social determinant of health: Gender analysis of the health sector in Cambodia; WHO Western Pacific region: Gender mainstreaming in emerging disease surveillance and response; Iran: School Pupil Policy Officer (Hamyare Police) - A national initiative based on social participation to improve road safety; Jordan: National commitment to action on social determinants of health in Jordan: Addressing obesity; Namibia: Report on country experience: A multi-sectoral response to combat the polio outbreak in Namibia; Rwanda: Community performance-based financing in health: Incentivizing mothers and community health workers to improve maternal health outcomes; Uganda: Social determinants of health: Food fortification to reduce micronutrient deficiency - Strengthening the National Food Fortification Programme; Kenya: The national deworming programme: Kenya's experience; Zimbabwe: Intersectoral actions in response to cholera in Zimbabwe: From emergency response to institution building; Brazil: The Green Area of Morro da Policia: Health practitioners working with communities to tackle the social determinants of health; Chile: Steps towards the health equity agenda in Chile; and Pakistan: Heartfile Health Financing: Striving to achieve health equity in Pakistan.

❖ Title: [Closing the gap: policy into practice on social determinants of health – discussion paper](#)

Publisher: World Health Organization, 2011

Category: [Health policy and advocacy](#)

Category Topic: Reports, guidelines and projects

Abstract: “Evidence from countries that have made progress in addressing social determinants and reducing health inequities shows that action is required across all of five key building blocks, which have been selected as the five World conference themes: 1. Governance to tackle the root causes of health inequities: implementing action on social determinants of health; 2. Promoting participation: community leadership for action on social determinants; 3. The role of the health sector, including public health programmes, in reducing health inequities; 4. Global action on social determinants: aligning priorities and stakeholders; [and] 5. Monitoring progress: measurement and analysis to inform policies and build accountability on social determinants... The rationale for action on social determinants of health rests on three broad themes. First, it is a moral imperative to reduce health inequities. Second, it is essential to



Virtual Library: Public Health What's New, November/December 2011

improve health and well-being, promote development, and reach health targets in general. Third, it is necessary to act on a range of societal priorities – beyond health itself – that rely on better health equity. Poor progress in the implementation of a social determinants approach reflects in part the inadequacy of governance at the local, national, and global levels to address the key problems of the 21st century. Health inequities challenge the traditional division of societies and their governments into sectors for organizational purposes. Rather than such divisions, the reduction of these inequities demands coherent policy responses across sectors and across countries, with firm political commitment by all parties. General principles, which must be adapted to each country's needs and context, can be identified for overcoming the political and technical obstacles to action on social determinants. First, action on social determinants to reduce health inequities requires long-term, sustained implementation. Benefits can become apparent in the short term, however, and the sooner countries start to implement a social determinants approach, the better. Second, the initial step is to build public understanding of health inequities and social determinants of health. Third, equitable health and well-being need to be placed as a priority goal for government and broader society. Fourth, ensuring coordination and coherence of action on social determinants is essential. Fifth, a social determinants approach cannot be a 'programme' that is rolled out, but rather requires a holistic approach incorporating all of the five building blocks applied across society."

❖ Authors: Taavi Lai, Jarno Habicht, Marge Reinap, Dan Chisholm and Rob Baltussen
Title: [Costs, health effects and cost-effectiveness of alcohol and tobacco control strategies in Estonia](#)

Publisher: *Health Policy*, 84 (2007): 75–88

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: Objective: To assess the population-level costs, effects and cost-effectiveness of different alcohol and tobacco control strategies in Estonia. Design: A WHO cost-effectiveness modelling framework was used to estimate the total costs and effects of interventions. Costs were assessed in Estonian Kroon (EEK) for the year 2000, while effects were expressed in disability-adjusted life years (DALYs) averted. Regional cost-effectiveness estimates for Eastern Europe, were used as baseline and were contextualised by including country-specific input data. Results: Increased excise taxes are the most cost-effective intervention to reduce both hazardous alcohol consumption and smoking: 759 EEK (€49) and 218 EEK (€14) per DALY averted, respectively. Imposing additional advertising bans would cost 1331 EEK (€85) per DALY averted to reduce hazardous alcohol consumption and 304 EEK (€19) to reduce smoking. Compared to WHO-CHOICE regional estimates, interventions were less costly and thereby more cost-effective in Estonia. Conclusions: Interventions in alcohol and tobacco control are cost-effective, and broad implementation of these interventions to upgrade current situation is warranted from the economic point of view. First priority is an increase in taxation, followed by advertising bans and other interventions. The differences between WHO-CHOICE regional cost-effectiveness estimates and contextualised results underline the importance of the country level analysis. [author abstract]



Virtual Library: Public Health
What's New, November/December 2011

❖ Title: [Environment and health performance review: Estonia](#)

Publisher: WHO Europe, 2009

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: "This report describes and evaluates the current environment and health situation in Estonia. It evaluates the strong and weak points of the national environment and health status and presents recommendations from independent experts. The conclusions and recommendations are based on a detailed environment and health performance review carried out in the country. The review identified the most important environment and health problems, evaluated the public health impact of environmental exposure and reviewed the policy and institutional framework taking into account the institutional set-up, the policy setting and legal framework, the degree and structural functioning of intersectoral collaboration and the tools available for action." [excerpt from publication abstract]

❖ Authors: Jarno Habicht and Ewout van Ginneken

Title: [Estonia's health system in 2010: improving performance while recovering from a financial crisis](#)

Publisher: *Eurohealth*, vol 16, no 2, pp.29-32, 2010

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: Estonia was struck by the worst financial crisis since regaining independence in 1991. High unemployment rates combined with shrinking revenues in both the public and private sector have had an impact on the available funding for Estonia's health system. Several austerity measures were taken. These include changes in valued added tax and excise taxes, as well as health sector specific measures such as changes in the benefit basket and a reduction of prices. However, the crisis has also provided opportunities. It enabled implementing necessary but unpopular reforms and significant stimulus money was directed to health infrastructure. [publication summary]

❖ Authors: Anneli Uusküla, Don C Des Jarlais, Mart Kals, Kristi Rüütel, Katri Abel-Ollo, Ave Talu and Igor Sobolev

Title: [Expanded syringe exchange programs and reduced HIV infection among new injection drug users in Tallinn, Estonia](#)

Publisher: *BMC Public Health* 2011, 11: 517

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Estonia has experienced an HIV epidemic among intravenous drug users (IDUs) with the highest per capita HIV prevalence in Eastern Europe. We assessed the effects of expanded syringe exchange programs (SEP) in the capital city, Tallinn, which has an estimated 10,000 IDUs. Methods: SEP implementation was monitored with data from the Estonian National Institute for Health Development. Respondent driven sampling (RDS) interview surveys with HIV testing were conducted in Tallinn in 2005, 2007 and 2009 (involving 350, 350 and 327 IDUs respectively). HIV incidence among new injectors (those injecting for ≤ 3 years) was estimated by assuming (1) new injectors were HIV seronegative



Virtual Library: Public Health
What's New, November/December 2011

when they began injecting, and (2) HIV infection occurred at the midpoint between first injection and time of interview. Results: SEP increased from 230,000 syringes exchanged in 2005 to 440,000 in 2007 and 770,000 in 2009. In all three surveys, IDUs were predominantly male (80%), ethnic Russians (>80%), and young adults (mean ages 24 to 27 years). The proportion of new injectors decreased significantly over the years (from 21% in 2005 to 12% in 2009, $p = 0.005$). HIV prevalence among all respondents stabilized at slightly over 50% (54% in 2005, 55% in 2007, 51% in 2009), and decreased among new injectors (34% in 2005, 16% in 2009, $p = 0.046$). Estimated HIV incidence among new injectors decreased significantly from 18/100 person-years in 2005 and 21/100 person-years in 2007 to 9/100 person-years in 2009 ($p = 0.026$). Conclusions: In Estonia, a transitional country, a decrease in the HIV prevalence among new injectors and in the numbers of people initiating injection drug use coincided with implementation of large-scale SEPs. Further reductions in HIV transmission among IDUs are still required. Provision of 70 or more syringes per IDU per year may be needed before significant reductions in HIV incidence occur. [author abstract]

❖ Title: [From burden to “best buys”: reducing the economic impact of non-communicable diseases in low- and middle-income countries](#)

Publisher: World Economic Forum and World Health Organization, 2011

Category: [Non-communicable diseases](#); [Health economics](#)

Category Topic: Reports, guidelines and projects

Abstract: “The content of this report stems from the work published in two separate reports, one led by the World Economic Forum and the Harvard School of Public Health, and the other developed by the World Health Organization... There is growing awareness and concern about the large and escalating burden of chronic, non-communicable diseases (NCDs) not just from the public health perspective but also from the economic one. The social burdens associated with the four diseases that are the focus of the UN High-Level Meeting on NCDs – cardiovascular disease, diabetes, cancer and chronic respiratory diseases – include prolonged disability, diminished resources within families and reduced productivity, in addition to tremendous demands on health systems. This report addresses current information gaps in our understanding of how to mitigate these challenges by highlighting recent findings about the social costs of NCDs and the resource needs for managing these conditions... Policy-makers, members of civil society and business leaders all face the issue of how best to respond to the challenges posed by NCDs. This overview of two recent reports supplements existing knowledge by demonstrating not only the economic harm done by NCDs but also the costs and benefits related to addressing them.”

❖ Editors: Shanthi Mendis, Pekka Puska and Bo Norrving

Title: [Global atlas on cardiovascular disease prevention and control](#)

Publisher: World Health Organization, in collaboration with the World Heart Federation and the World Stroke Organization, 2011

Category: [Non-communicable diseases](#); [International/global health](#); [Prevention](#)

Category Topic: Global policies and related documents

Abstract: As the magnitude of cardiovascular diseases (CVDs) continue to accelerate globally, the pressing need for increased awareness and for stronger and more focused



Virtual Library: Public Health
What's New, November/December 2011

international and country responses is increasingly recognized. This atlas on cardiovascular disease prevention and control is part of the response to this need. It documents the magnitude of the problem, using global cardiovascular mortality and morbidity data. It demonstrates the inequities in access to protection, exposure to risk, and access to care as the cause of major inequalities between countries and populations in the occurrence and outcome of CVDs. The report has graphs showing mortality rates of CVDs by age, by country/region, and is divided into three main sections: Section A: Cardiovascular diseases due to atherosclerosis; Section B: Other cardiovascular diseases; [and] Section C: Prevention and control of CVDs: Policies, strategies and interventions. [publication overview]

❖ Title: [Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe](#)

Publisher: World Health Organization Regional Office for Europe, August 2011

Category: [Health sector development](#); [Health services management](#)

Category Topic: Reports, guidelines and projects

Abstract: “Mind-sets on how we view and address health and its determinants have shifted. Two challenges go hand in hand: (1) the governance of the health system and health systems strengthening, which are what we refer to as ‘health governance’; and (2) the joint action of health and non-health sectors, of the public and private sectors and of citizens for a common interest in what we call ‘governance for health’. The latter is the subject of this study. Living in a ‘knowledge society’ means that power and authority are no longer concentrated in government. Informed citizens, conscientious businesses, independent agencies and expert bodies increasingly have a role to play. Nevertheless, governments and health ministries continue to be important in managing governance for health, setting norms, providing evidence and ‘making the healthier choice the easier choice’. We define governance for health and well-being as ‘the attempts of governments and other actors to steer communities, whole countries or even groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches’. The entire society must be understood as being responsible for its health.” (Zsuzsanna Jakab, WHO Regional Director for Europe)

❖ Author: Maris Jesse

Title: [Governance of the health system, health insurance fund and hospitals in Estonia: opportunities to improve performance](#)

Publisher: World Health Organization, 2008

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: “The report aims to give an overview of Estonia’s health system governance and its current challenges in three sections. The first section gives an overview of Estonia’s health system, focusing on institutions involved in regulating, providing or funding health services. This case study does not describe pharmaceuticals and public health, although they are part of the health system. The second section describes in more detail governance arrangements in Estonia’s health insurance system and highlights mechanisms for setting objectives and monitoring their attainment. The third section describes governance arrangements in



Virtual Library: Public Health
What's New, November/December 2011

Estonia's hospital sector, focusing on the role and performance of supervisory boards of public autonomous hospitals.”

❖ Title: [Guidelines for drinking-water quality \(fourth edition\)](#)

Publisher: World Health Organization, 2011

Category: [Water and sanitation](#)

Category Topic: Reports, guidelines and projects

Abstract: This fourth edition of the World Health Organization's Guidelines for Drinking-water Quality builds on over 50 years of guidance by WHO on drinking-water quality, which has formed an authoritative basis for the setting of national regulations and standards for water safety in support of public health. [publication overview]

❖ Title: [Health expectancy in Estonia](#)

Publisher: European Health Expectancy Monitoring Unit, EHEMU Country Reports, Issue 3 – March 2010

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: “Key points: (i) Estonian life expectancy (LE) at age 65 has increased by 1.7 years for women and 0.7 years for men over the 1997-2007 period: LE for both sexes between 1995-2001 was below the EU15 average and remained below the EU25 average in 2007; (ii) Because Estonia joined the European Union in 2004, health expectancy based on activity limitation (HLY) over the 1995-2001 period is not available; [and] (iii) The new HLY series, initiated in 2005 with the SILC data, shows that in 2007 women and men at age 65 can expect to spend 22% and 27% of their life without *self-reported long-term activity limitations* respectively. In 2007 the HLY values for Estonia are 4.6 and 5.1 years below the EU25 average for women and men respectively. Between 2006 and 2007 HLY slightly increased for women and decreased for men in Estonia.”

❖ Authors: Kevin Buckett, Carmel Williams and Deb Wildgoose

Title: [Health in All Policies: South Australia's country case study on action on the social determinants of health](#)

Publisher: Background paper: WHO - World Conference on Social Determinants of Health, 19-21 October 2011, Rio de Janeiro, Brazil

Category: [Australia](#)

Category Topic: Reports, guidelines and projects

Abstract: “The successful adoption and implementation of Health in All Policies (HiAP) in South Australia (SA) has been influenced by the following four essential factors: a high level mandate from central government, an overarching policy framework which can accommodate health lens application to diverse program areas, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. This represents a practical and applied inter-sectoral approach to complex policy issues. As is the case for many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of



Virtual Library: Public Health
What's New, November/December 2011

chronic disease. At the same time the evidence base has been clearly documenting that the best opportunities to change the dynamics that influence health lay outside the direct control of the health sector. The social determinants of health provide the social, economic and environmental levers to influence population health outcomes. It was within this context that Professor Iona Kickbusch proposed that South Australia adopt a HiAP approach and that this approach be applied to targets contained within South Australia's Strategic Plan (SASP); the Government's overarching vision for its State. The unique advantage of this proposal was the significant and strategic importance of SASP to all South Australian government agencies. SASP contains 98 targets under 6 objectives and there is comfortable alignment between the SASP objectives and the social determinants of health. Oversight for HiAP was placed under the auspices of the high level committee (the Executive Committee of Cabinet) responsible for overseeing the implementation of SASP, reflecting the strategic importance of the work. Investing in building strong inter-sectoral relationships provides an opportunity to explore some of the interconnections between the SASP targets, and to identify joint areas of work to achieve a win-win solution; that is to work towards the achievement of partner agencies' targets as well as improve the health of the population. HiAP provides a mechanism for agencies to jointly reflect on a particular policy issue, and work in a collaborative and deliberative way to determine issues and take timely and proper policy decisions."

❖ Title: [Health situation analysis in the African region: atlas of health statistics - 2011](#)

Publisher: World Health Organization, Regional Office for Africa, 2011

Category: [Africa](#)

Abstract: "This statistical atlas describes the health status and trends in the countries of the African Region, the various components of their health systems, coverage and access levels for specific programmes and services, and the key determinants of health in the Region, and the progress made on reaching the United Nations' Millennium Development Goals (MDGs). Each indicator is described, as appropriate, by place (WHO Regions and countries in the African Region), person (age and sex) and time (various years) using maps and graphs. The aim is to give a comprehensive overview of the health situation in the African Region and its 46 Member States."

❖ Author: Astrid Saava

Title: [History of public health research in Estonia: a review](#)

Publisher: *European Journal of Public Health*, vol. 10, no. 3, pp.164-167, 2000

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: The University of Tartu (which was founded in 1632) and its Department of Public Health (Hygiene) have been the centre of public health research in Estonia. Environmental factors such as living conditions, water, soil, air and food have been the traditional topics. The study on blind people and people suffering from eye diseases among the rural population of Livonia conducted by Professor Himmelstiem in 1856-1859 proved to be the first epidemiological study in Russia. Professor Korber, a supporter of a statistical approach in research, founded the local school of demographers in 1890s. Professor Khlopin's stay in Tartu (1895-1903) was a very fruitful period. He and his students paid much attention to



Virtual Library: Public Health
What's New, November/December 2011

communal hygiene. Professor Rammul, the head of the department in 1920-1940, initiated and supervised an extensive medicogeographical study of overall Estonia. The Second World War and post-war years caused a standstill in research. A revival occurred in the end of 1950s when Professor Kask returned to the department. After his death (1968), Associate Professor Ulbo and Professor Jannus continued his work. Their main study areas were concerned with public health aspects of the water supply, nutrition of pre-school children and their provision with vitamins, work conditions and health risks of some occupations. During recent years the area of research has enlarged to comprise health risks due to lifestyle factors, health economics and health care management topics. After the war special medical research institutes were established. They have made a considerable contribution to public health research in Estonia. [author abstract]

❖ Authors: Anya Sarang and Martin Donoghoe

Title: [HIV/AIDS interventions for injecting drug users in Estonia: evaluation and recommendations](#)

Publisher: United Nations Office on Drugs and Crime (UNODC) and World Health Organization Regional Office for Europe (WHO), January 2008

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: "The overall HIV and drugs situation has changed little in the last 5 years, with an HIV epidemic that remains primarily concentrated among IDUs (and to a lesser extent in their sexual partners) in specific geographic areas. As in 2002 targeted (harm reduction) interventions for injecting drug users, including opioid substitution therapy, still offer the best solution to the ongoing HIV crisis in Estonia."

❖ Title: [Implementation of social health insurance in Estonia – a case study](#)

Publisher: World Bank Flagship Course in Health Reform and Sustainable Financing, Washington D.C., 12-30 October 2009

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: "The health system in Estonia has transformed concurrently with the national economy and state governance. After the more radical reforms established the broad principles of the new system, changes were made to facilitate a better alignment between the system structure and its intended functions."

❖ Title: [Innovating for every woman, every child: thematic report – the global campaign for the Health Millennium Development Goals 2011](#)

Publisher: The United Nations Non-Governmental Liaison Service (UN-NGLS), September 2011

Category: [Population and family health](#); [Health sector development](#)

Category Topic: Reports, guidelines and projects

Abstract: "The Global Campaign for the Health Millennium Development Goals was launched at the Clinton Global Initiative by Prime Minister Jens Stoltenberg of Norway and a



Virtual Library: Public Health
What's New, November/December 2011

group of world leaders in September 2007. The campaign brings together actions and initiatives with the common aim of fulfilling the promises for development – the eight Millennium Development Goals – made by world leaders 11 years ago. This thematic report, *Innovating for Every Woman, Every Child*, is published in support of the Every Woman, Every Child joint effort initiated by United Nations Secretary-General Ban Ki-moon. It is the first thematic report in a series from the Global Campaign that is intended to be both practical and inspirational.” The report demonstrates that there is a new narrative in the social and economic development of countries – one that does no longer rely solely on the supply of wealthy donor assistance, but more on ‘generating demand amongst people in developing countries.’ It is only by generating demand that goods and services to raise people’s living standards can be developed cost-effectively. In many low- and middle-income countries, the health care sector continues to fall short when it comes to safeguarding women and children’s health... Although providers of health services try to bring the right people with the right skills and the right resources together in the right place to deliver essential interventions, the report finds that these providers are often obstructed by social and economic barriers excluding women and children from receiving life-saving support. The Global Strategy for Women’s and Children’s Health aims to close the gaps behind these high mortality rates as it sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. The report notes that the most effective initiatives to improve women’s and children’s health are those that are adjusted to local and country specific conditions and follow a clearly defined business models that are based on the identification of an intervention or product’s added value, beneficiaries/buyers, distribution channels; resource needs; organizational format and long-term viability. Moreover, it is about innovation... The report portrays (for-profit, non-profit or hybrid) ‘business models that innovators have used with success, as well as case studies of some of the most powerful and ingenious innovations in women’s and children’s health,’ including business models serving households, government health systems, and private companies. [publication overview]

❖ Authors: Morten Grønbaek, Majken K Jensen, Ditte Johansen, Thorkild I A Sørensen and Ulrik Becker

Title: [Intake of beer, wine and spirits and risk of heavy drinking and alcoholic cirrhosis](#)

Publisher: *Biol Res* 37: 195-200, 2004

Category: [Denmark](#); [Drugs, alcohol and tobacco](#)

Category Topic: Reports, guidelines and projects

Abstract: Studies have suggested that wine drinkers are at lower risk of death than beer or spirit drinkers. The aim of this study is to examine whether the risk of becoming a heavy drinker or developing alcoholic cirrhosis differs among individuals who prefer different types of alcoholic beverages. In a longitudinal setting [involving two comprehensive Danish population studies] we found that both the risk of becoming a heavy or excessive drinker (above 14 and 21 drinks per week for women and above 21 and 35 drinks per week for men) and the risk of developing alcoholic cirrhosis depended on the individuals preference of wine, beer or spirits. We conclude that moderate wine drinkers appear to be at lower risk of becoming heavy and excessive drinkers and that this may add to the explanation of the reported beverage-specific differences in morbidity and mortality. [author abstract]



Virtual Library: Public Health
What's New, November/December 2011

❖ Authors: T. Lai, J. Habicht and R.-A. Kiivet

Title: [Measuring burden of disease in Estonia to support public health policy](#)

Publisher: *The European Journal of Public Health*, 28 April 2009

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Many countries have an overview on mortality and morbidity but few have performed contextualized national burden of disease studies. The objective of the present study is to provide a first set of national and sub-national burden of disease estimates for Estonia. Further, we present the causes and age-gender distribution of the burden. We conclude with the description of result uptake and impact of the study in Estonian public health policy arena. Methods: A burden of disease estimation procedure modified for best fit to country situation was used. That included disease classification reflecting Estonian disease profile, national disease severity assessments, mortality and morbidity prevalence data. Calculations were performed on national and sub-national levels. Results: Estonian population lost 446 361 (327/1000 persons) disability adjusted life-years in 2002. Premature mortality caused majority of the burden and cardiovascular diseases, external causes (e.g. suicide and injuries) and cancers were main sources of burden. Working age population (16–64 years) shouldered 60% of the burden. Sub-national levels of burden range from 114 to 725 disability adjusted life-years per 1000 persons and are correlated to regional socioeconomic development. Conclusion: Cardiovascular disease and injuries, premature mortality, working age population, male and people from economically less developed regions should be the priority targets for public health interventions. Estonian main public health strategies now address burden of disease concerns highlighted by our study. [author abstract]

❖ Title: [Migrants in an irregular situation: access to healthcare in 10 European Union member states](#)

Publisher: European Union Agency for Fundamental Rights (FRA) - 11 October, 2011

Category: [Europe](#); [Migration](#)

Category Topic: Reports, guidelines and projects

Abstract: “This report looks at the law and practice concerning access to healthcare for migrants in an irregular situation in 10 EU Member States, namely Belgium, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Spain and Sweden. European healthcare systems are struggling to balance considerations relating to costs and public health in a manner which adequately implements existing human rights standards. While all those residing in a country should have access to certain basic forms of healthcare – such as emergency healthcare and the possibility to see a doctor in case of serious illness or a gynaecologist in case of pregnancy – in practice such access is not always guaranteed... The report also looks at four specific issues — namely maternal healthcare, child healthcare, in particular immunisations, mental healthcare and care for chronic diseases — providing an overview for the 10 EU Member States covered. The situation is diverse with, at times, obstacles in accessing the most basic services, such as immunisation for children or antenatal care for pregnant women. Access to mental healthcare is limited for migrants in an irregular situation.”



Virtual Library: Public Health
What's New, November/December 2011

❖ Title: [Noncommunicable diseases: country profiles, 2011](#)

Publisher: World Health Organization 2011

Category: [Non-communicable diseases](#)

Category Topic: Global policies and related documents

Abstract: "In April 2011 the World Health Organization (WHO) released the first *Global status report on noncommunicable diseases* outlining the statistics, evidence and experiences needed for a more forceful response to the growing threat posed by noncommunicable diseases (NCDs).

Building on this earlier publication, this report provides an overview of the NCD situation in each WHO Member State. Each country profile provides the number, rates and causes of deaths from NCDs; the prevalence of selected risk factors; trends in metabolic risk factors in each country; and information describing current prevention and control of NCDs."

❖ Author: Carin Björngren Cuadra

Title: [Policies on health care for undocumented migrants in EU27: country report – Estonia](#)

Publisher: Work package 4, Policy Compilation and EU Landscape , Deliverabel No.6, MIM/Health and Society Malmö University, April 2010

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: "Estimates, of the number of undocumented migrants, range from between 5 000 to 10 000. This equals a medium level in relation to the total population, 0.6%. Because of the geographical location, the vicinity of the Scandinavian welfare states and the number of illegal immigrants living in the Russian Federation, Estonia is believed to be a potential transit country for refugees coming from the south and east. In 2006, the Estonian Border Guard discovered 63 cases of illegal immigration and 109 illegal immigrants. The countries of origin of the undocumented migrants were Moldova (32), Kazakhstan (16), The Russian Federation (14), Ukraine (10), Byelorussia (4), stateless persons (28) and in addition, some individuals from African countries, Romania, Israel and Turkey... The European Health Insurance Card is required in the case of EU member state nationals. As regards migrants, they are insured if they have permanent residency or are living in Estonia by virtue of a temporary residence permit or in terms of a right to permanent residency, pay their own social taxes or are required to pay social tax. Asylum seekers' entitlement to care is regulated by the Act on Granting International Protection to Aliens. In paragraph 12 (1[3]), emergency care and medical examinations are listed as services which the initial reception centre and subsequent reception centres are required to arrange... According to the Health Services Organisation Act, by virtue of being inside Estonian territory, undocumented migrants may access emergency care free of charge. Access to primary care and anything beyond emergency care is available only for insured persons and if the full costs are paid."

❖ Editors: Pedro Ordúñez García and Carlos Campillo Artero

Title: [Priorities for cardiovascular health in the Americas: key messages for policymakers](#)

Publisher: Pan American Health Organization (PAHO), Washington, D.C., 2011

Category: [Non-communicable diseases](#); [Health policy and advocacy](#)

Category Topic: Reports, guidelines and projects



Virtual Library: Public Health
What's New, November/December 2011

Abstract: “In 2007, 1.5 million people died of cardiovascular disease in this Region (30% of deaths from all causes), 662,011 people had ischemic heart disease (299,415 women and 362,596 men), and 336,809 had cerebrovascular disease (183,689 women and 153,120 men). This is a highly complex issue in Latin America and the Caribbean, where approximately 40% of the deaths occur prematurely at the most productive stage of life when the economic and social impact is considerably higher, and the resulting disability rate imposes an inordinately heavy burden on individuals, families, and health systems... Cardiovascular disease is unevenly distributed, is found more often among the poor, and has a catastrophic impact on government and household economies due to treatment costs and the loss of potential years of life and productivity caused by premature death and disability. These diseases undercut poverty reduction efforts and contribute to widening health disparities.”

❖ Authors: Kaja Põlluste, Georg Männik and Runo Axelsson

Title: [Public health reforms in Estonia: impact on the health of the population](#)

Publisher: *BMJ* 2005; 331: 210–213

Category: [Estonia](#)

Category Topic: Reports, guidelines and projects

Abstract: “We describe public health reforms in Estonia, focusing on the institutional structure, the reform rationale, the specific proposals and reform processes, the achievements and limitations, and the wider impact of the reforms.1 To describe trends in the health of the population, we use life expectancy, infant mortality, rate of abortions per 100 live births, morbidity rates (tuberculosis, HIV, sexually transmitted diseases), and the level of individual risk factors (smoking, diet, alcohol consumption). The study is based mainly on an analysis of previously published reports and official statistics.”

❖ Authors: Thomas A. LaVeist, Darrell Gaskin and Antonio J. Trujillo

Title: [Segregated spaces, risky places: the effects of racial segregation on health inequalities](#)

Publisher: Joint Center for Political and Economic Studies – September 2011

Category: [Inequalities and health](#); [United States of America](#)

Category Topic: Reports, guidelines and projects

Abstract: “This report is based upon two studies with distinct sets of data analyses. Both studies are designed to test whether geographic location – or “*place*” – plays a significant role in determining racial and ethnic health inequalities. The first study updates previously published findings, which document the relationship between residential segregation and racial disparities in infant mortality rates across U.S. cities. This study sought to determine whether a slight decline in residential segregation by race between 2000 and 2010 coincided with a corresponding reduction in racial health inequalities... The second study tested whether the correlation between segregation and health disparities varies more in accordance with the racial composition of neighborhoods or the concentration of neighborhood poverty. Data from the 2006 Medical Expenditure Panel Study (MEPS) along with zip code level data from the 2000 US Census were used to examine the relationships between segregation, concentrated poverty and racial and ethnic health inequalities. The study revealed that for certain health conditions, *place does matter*. When controlling for the variable of living in a high-poverty zip code, racial health disparities were diminished. In other words, living in a



Virtual Library: Public Health
What's New, November/December 2011

high poverty zip code is most likely to have negative effects on health status and outcomes. *Place matters* for minority communities not because they are predominantly black or Hispanic but rather due to higher rates of poverty... Racial and ethnic segregation has previously been documented as a predictor of health disparities. Segregated communities in the U.S. tend to be environments which produce poor health outcomes. The research literature documents that “*places*” which are racially segregated with high concentrations of blacks or Hispanics tend to be places with limited opportunities and failing infrastructure, resulting from a lack of investment in social and economic development. The result is a community that produces bad health outcomes. So, racial inequalities in health status and outcomes are predominantly the result of *place*. Race helps to determine *place*, and in turn, *place* influences health.”

❖ Title: [The challenge ahead: progress and setbacks in breast and cervical cancer](#)

Publisher: The Institute for Health Metrics and Evaluation (IHME), 2011

Category: [Non-communicable diseases](#)

Category Topic: Reports, guidelines and projects

Abstract: The IHME policy report *The Challenge Ahead: Progress and Setbacks in Breast and Cervical Cancer* outlines global, regional, and country trends in cancer cases, deaths, and risks over the past three decades. This is the first global assessment of country-specific trends in breast and cervical cancer for all countries by age, and the findings were simultaneously published in *The Lancet* on September 14, 2011. The research shows the number of cases and deaths from breast and cervical cancer are rising in most countries, especially in the developing world where more women are dying at younger ages. For breast cancer, cases more than doubled around the world in just three decades, a pace that far exceeds global population growth. During the same period, breast cancer deaths increased at a slower rate than cases, reducing the risk of death for women in developed countries, and indicating that screening and treatment programs are having an impact. On the other hand, cervical cancer cases and deaths increased overall at nearly the same pace, with 76% of new cases occurring in developing regions. If current trends continue, within the next two decades women under 50 will die as often from breast and cervical cancer as from maternal causes in developing countries. Given these trends, the report lays out recommendations for policymakers, including gathering more data through expanded cancer registries, implementing new techniques in verbal autopsy where countries lack vital registration systems, conducting further studies on health policies to understand why the progress in some countries is not shared by others, and implementing further cancer control strategies. [publication overview]

❖ Authors: Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettnner, K., Rosenberg, L., Seligman, B., Stein, A., and Weinstein, C.

Title: [The global economic burden of non-communicable diseases](#)

Publisher: World Economic Forum and the Harvard School of Public Health, September 2011

Category: [Non-communicable diseases](#); [Health economics](#)

Category Topic: Reports, guidelines and projects



Virtual Library: Public Health
What's New, November/December 2011

Abstract: “In this report, the World Economic Forum and the Harvard School of Public Health try to inform and stimulate further debate by developing new estimates of the global economic burden of NCDs in 2010, and projecting the size of the burden through 2030. Three distinct approaches are used to compute the economic burden: (1) the standard cost of illness method; (2) macroeconomic simulation and (3) the value of a statistical life. This report includes not only the four major NCDs (the focus of the UN meeting), but also mental illness, which is a major contributor to the burden of disease worldwide. This evaluation takes place in the context of enormous global health spending, serious concerns about already strained public finances and worries about lacklustre economic growth. The report also tries to capture the thinking of the business community about the impact of NCDs on their enterprises.”

❖ Title: [The growing danger of non-communicable diseases: acting now to reverse course](#)
Publisher: The World Bank, Human Development Network, Conference Edition, September 2011

Category: [Non-communicable diseases](#); [Health policy and advocacy](#)

Category Topic: Reports, guidelines and projects

Abstract: “The aim of this note is to support policy makers in lower- and middle-income countries, as well as the development community, in taking action across sectors to effectively address the growing crisis of NCDs amongst other national and global priorities. The World Bank’s support to policy makers in addressing the NCD challenge builds on its work in strengthening development and improving health outcomes in middle- and lower-income countries. This work complements the World Bank’s strong commitment to supporting the MDG agenda. The Bank stands ready to help countries, particularly those dealing with a ‘double burden’ of disease, to shape strategies to achieve their MDG targets, and build the evidence, for both middle and lower income countries, to effectively respond to the NCD challenge, while resolving the inevitable tradeoffs that policymakers will face in allocating national health budgets.”

❖ Author: Ville Helasoja

Title: [The Social Patterning of Health, Smoking and Drinking in Estonia, Latvia, Lithuania and Finland in 1994–2004](#)

Publisher: National Public Health Institute (Finland), October 2008 (KTL A10) on behalf of the Department Health Promotion and Chronic Disease Prevention, National Public Health Institute, Helsinki, Finland and the Department of Public Health, University of Helsinki, Finland (Thesis within the Faculty of Medicine of the University of Helsinki)

Category: [Estonia](#); [Latvia](#); [Lithuania](#); [Finland](#)

Category Topic: Reports, guidelines and projects

Abstract: The Baltic countries share public health problems typical of most Eastern European transition economies: morbidity and mortality from non-communicable diseases is higher than in Western European countries. This situation has many similarities compared to a neighbouring country, Finland during the late 1960s. There are reasons to expect that health disadvantage may be increasing among the less advantaged population groups in the Baltic countries. The evidence on social differences in health in the Baltic countries is, however, scattered to studies using different methodologies making comparisons difficult. This study



Virtual Library: Public Health
What's New, November/December 2011

aims to bridge the evidence gap by providing comparable standardized cross-sectional and time trend analyses to the social patterning of variation in health and two key health behaviours i.e. smoking and drinking in Estonia, Latvia, Lithuania and Finland in 1994-2004 representing Eastern European transition countries and a stable Western European country. [excerpt from thesis abstract]

❖ Authors: Gabriel Gulis, Jarmila Korcova, Peter Letanovsky and Daniela Marcinkova

Title: [Transition and public health in the Slovak Republic](#)

Publisher: *BMJ* 2005; 331: 213–215

Category: [Slovakia](#)

Category Topic: Reports, guidelines and projects

Abstract: The socioeconomic and environmental changes arising from transition have affected public health. Improvement has started but there is still a long way to go.

[publication overview]

❖ Title: [WHO mental health atlas 2011](#)

Publisher: World Health Organization 2011

Category: [Mental health](#); [International/global health](#)

Category Topic: Global policies and related documents

Abstract: Key messages: 1. Resources to treat and prevent mental disorders remain insufficient; 2. Resources for mental health are inequitably distributed; 3. Resources for mental health are inefficiently utilized; [and] 4. Institutional care for mental disorders may be slowly decreasing worldwide.

❖ Title: [World development report 2012: gender equality and development](#)

Publisher: The World Bank, September 2011

Category: [Sustainable development](#); [General](#)

Category Topic: Reports, guidelines and projects

Abstract: The lives of girls and women have changed dramatically over the past quarter century. The pace of change has been astonishing in some areas, but in others, progress toward gender equality has been limited—even in developed countries. This year's World Development Report: Gender Equality and Development argues that gender equality is a core development objective in its own right. It is also smart economics. Greater gender equality can enhance productivity, improve development outcomes for the next generation, and make institutions more representative. The Report also focuses on four priority areas for policy going forward: (i) reducing excess female mortality and closing education gaps where they remain, (ii) improving access to economic opportunities for women (iii) increasing women's voice and agency in the household and in society and (iv) limiting the reproduction of gender inequality across generations. [publication overview]