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Neglected Global Diseases Initiative



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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NGDI Member News

NGDI's Olga Pena PhD Graduate Delivers Valedictory Address

For the first time in recent memory at the Fall graduation class NGDI student member and newly-minted PhD in Microbiology and Immunology, Dr. Olga Pena provided the Valedictory Address.

As a graduate student within Dr. Robert Hancock's lab at the Center for Microbial Diseases and Immunity Research, Olga has been recognized as an outstanding researcher and scholar during her tenure, receiving numerous awards and important scholarships including two of Canada's most prestigious graduate student awards – a Vanier Scholarship and a Killam Doctoral Fellowship. In celebration of Olga's achievement the achievement of all of our new PhDs we asked Olga to share with us her UBC graduate student experience and some of the knowledge she has gained along the way.



Olga has gone to Australia for a post-doctoral position and the NGDI wishes her the best of luck!

For Olga's work on the Accessible Science Initiative see: <http://accessible-science.org/accessible/>

For a Q&A with Olga see: <http://ngdi.ubc.ca/2013/12/03/ngdis-olga-pena-phd-graduate-delivers-valedictory-address/>

Oral Amphotericin B Project Receives Patent and other News

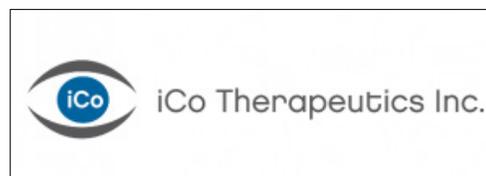
iCo Therapeutics Announces Program and Intellectual Property Advancements for Oral Amphotericin B

VANCOUVER, Dec. 12, 2013 – iCo Therapeutics (TSX-V: ICO), today announced that on November 26, 2013, U.S. patent 8,592,382 was issued for the Oral Amphotericin B platform (Oral AmpB) providing protection around oral delivery of the drug. With the recent receipt of ethics approval, the Oral AmpB technology is also moving into in vitro testing with study partners in Montreal, and will examine the role of this formulation in targeting latent HIV reservoirs which remain in individuals despite enormous therapeutic advances in the treatment of HIV/AIDS.

Recruitment of eight HIV-infected subjects successfully treated with highly active antiretroviral therapy (HAART) with detectable latent viral reservoir is expected to be complete in the first half of 2014.

“The current use of Amphotericin B has been limited due to its historical kidney toxicity and intravenous delivery and yet it is a potent anti-fungal and anti-parasitic drug with potentially much broader application if side adverse effects are tamed,” said Andrew Rae, President & CEO of iCo Therapeutics. “This Oral AmpB delivery platform and approach, developed by Dr. Kishor Wasan at the University of British Columbia, has the potential to reduce toxicity issues and move the drug beyond the acute care setting, as well as to additional indications.”

“These are important milestones for the Oral AmpB technology and we are very pleased by this development and potential new HIV indication,” stated Dr. Wasan, Professor and Associate Dean of Research and Graduate Studies for the Faculty of Pharmaceutical Sciences and Director, Neglected Global Diseases Initiative at The University of British Columbia.



For information about iCo Therapeutics and contact information:

<http://ngdi.ubc.ca/2013/12/12/oral-amphotericin-b-project-receives-patent/>

The Oral AmB project also received notice in UBC’s **University-Industry Liaison Office’s Annual Report**. To read:

<http://www.uilo.ubc.ca/annual-reports/ar2013/km7.html>

NGDI’s Dr. Brett Finlay’s PhD Student Eric Brown was highlighted as one of 10 projects in UBC’s Next Thing.

Gut check: more than food required

A simple new probiotic intervention may help babies fight off the harmful effects of malnutrition and preserve millions of lives.

The future in the fight against global malnutrition may lie in the engineering of a healthy gut. That’s how Eric Brown, a PhD candidate in microbiology and immunology at the University of British Columbia, sees it. “Malnutrition can’t be solved with a change in diet alone, or by simply feeding a starving child nutritious food,” says Brown. “Infusing their guts with better strains of bacteria, coupled with a good diet, is what is needed.”

The long and short of the probiotics pitch: In the near future, with the advancements made in genetic technology, newborns in developing countries could soon ingest specific strains of bacteria capable of reversing underlying

defects caused by malnutrition. The probiotics, specifically cultured in a lab for the individual child, would help foster a healthy gut, staving off malnutrition and preventing cognitive and gut defects.

It would be time-sensitive, though, with the microbe cocktail needing to be administered to children during the first few years of life when damage done to the gut is irreversible.

New approaches to addressing malnutrition cannot come fast enough as the condition affects millions of people worldwide. Recent figures by the United Nations Food and Agricultural Organization estimate one in eight

people of the world's 7.1 billion population are undernourished. People in areas most affected by malnutrition – sub-Saharan Africa, parts of Southeast Asia and India – die younger, experience stunted growth and become more prone to disease due to a weakened immune system. [<Read more>](#)

Related to this is Kish Wasan's Oral AmB project:
<http://news.ubc.ca/2013/11/04/122113/>

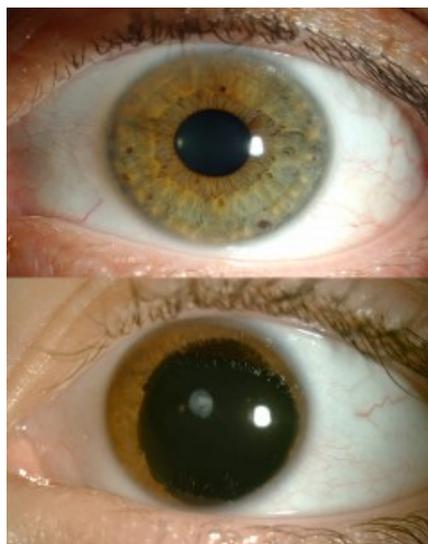
Dr. Kish Wasan part of UBC-VCH team to use drug to repair a rare birth defect

University of British Columbia and Vancouver Coastal Health scientists have developed a potential cure for a rare eye disease, showing for the first time that a drug can repair a birth defect. They formulated the drug Ataluren into eye drops, and found that it consistently restored normal vision in mice who had aniridia (ANN-uh-ridee-uh), a condition that severely limits the vision of about 5,000 people in North America.

A small clinical trial with children and teens is expected to begin next year in Vancouver, the U.S. and the U.K. Aniridia is caused by the presence of a "nonsense mutation" – an extra "stop sign" on the gene that interrupts production of a protein crucial for eye development. Aniridia patients don't have an iris (the coloured ring around the pupil), and suffer many other eye abnormalities. Ataluren is believed to have the power to override the extra stop sign, thus allowing the protein to be made. The UBC-VCH scientists initially thought the drug would work only *in utero* – giving it to a pregnant mother to prevent aniridia from ever arising in her fetus. But then they gave their specially formulated Ataluren eye drops, which they call START, to twoweek-old mice with aniridia, and found that it actually reversed the damage they had been born with.



"We were amazed to see how malleable the eye is after birth," said Cheryl Gregory-Evans, associate professor of ophthalmology and visual sciences and a neurobiologist at the Vancouver Coastal Health Research Institute. "This holds promise for treating other eye conditions caused by nonsense mutations, including some types of macular degeneration. And if it reverses damage in the eye, it raises the possibility of a cure for other congenital disorders. The challenge is getting it to the right place at the right time." [<Read more>](#)



An eye affected with aniridia on the bottom compared to an unaffected eye.

The Neglected Global Diseases Initiative at UBC Distinguished Lectureship Seminar Series Presents

GLOBAL HEALTH: Reconsidering its Meaning and Purpose to Everyone

Presented by **Dr. David Zakus**, Director, Global Health, University of Alberta

January 24, 2014—Noon to 1:00 PM, reception to follow

London Drugs Theatre, Pharmaceutical Sciences, 1st floor—2405 Wesbrook Mall at Agronomy



Please join us for our Tenth Distinguished Lectureship Seminar featuring Dr. David Zakus, BSc, MES, MSc, PhD.

Dr. Zakus is the Director, Global Health at the University of Alberta, and a Professor of Preventative Medicine. Prior to joining the University of Alberta, Dr. Zakus was the Director of the Centre for International Health and Associate Professor in the Departments of Health Policy, Management and Evaluation & Public Health Services, Faculty of Medicine, University of Toronto. He has knowledge and experience with both non-governmental organizations and institutions. He was previously the President and CEO of Canadian Physicians for Aid and Relief (CPAR), a medium size Toronto based NGO with field offices in three African countries. He has worked in some 20 countries in Latin America, Africa, Asia and Eastern Europe, both as an academic and as a consultant.

His previous work in Africa included: a review of primary health care in Tamale/Northern Regions, Ghana; leading a team of evaluators of a UNICEF sponsored and CIDA funded health education program in Uganda; a study of the role of the nurse in community participation and primary health care in Botswana; the implementation of nursing information systems in Swaziland and Lesotho; a three year stay in Ethiopia as a professor at Addis Ababa University and the director of the McGill-Ethiopia Community Health Project which helped establish a masters degree in public health at AAU, a six month training program for district health managers, and research programs (including HIV/AIDS); and directed various health projects as part of his role as the chief executive of CPAR.

From 1995 to 1999, Dr. Zakus was the director of International Health and director of the World Health Organization Collaborating Center for International Nursing Development at Mount Sinai Hospital, Toronto. Dr. Zakus has served as a member of the board of directors of USC Canada, a member of the International Programs Advisory Board and the President's Taskforce for Internationalization at the University of Toronto, and a founding member of the Canadian Network for International Surgery.

Dr. Zakus earned a BSc in biochemistry at the University of Saskatchewan (1975), a master's degree in environmental studies (MES) at York University (1978), and an MSc (1987) and PhD (1992) in community health/health services management at the University of Toronto.



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2014 Grand Challenges Canada Summer Student Program

Applications Now Open to January 15, 2014



Grand Challenges Canada™
Grands Défis Canada™

BOLD IDEAS FOR HUMANITY.™

Grand Challenges Canada is looking for passionate and driven individuals to engage in our exciting summer student opportunities. Our summer student program offers students a unique opportunity to gain meaningful work experience in one of the following areas:

- Targeted Challenges Programs (Saving Lives at Birth, Saving Brains, Global Mental Health)
- Stars in Global Health
- Communications
- Grant Administration – Finance
- Legal
- Business Analyst

All positions are located in Toronto, Ontario. For some advice and reflections from our 2013 summer students (pictured to the right), view a recent blog post, [Meet the Summer Students of 2013](#).



Summer Students of 2013

Students must apply before **January 15, 2014**, to be considered for the program. For more information and to apply online: [2014 Summer Student Program](#).

Saving Africa: A Critical Study of Advocacy and Outreach Initiatives by University Students

Shafik Dharamsi, Samson Nashon, Annabel Wong, Paul Bain, Kayleigh McElligott, Erin Baines

This exploratory qualitative study reports on the perspectives of students belonging to campus clubs at one Canadian university who conduct advocacy activities on issues that relate to Africa. Our study focuses on a particular social action (advocacy) that takes place in a particular social site (university campus), with the aim to critically examine how students think about their advocacy work, what they see as appropriate practices, and their sense of the ethical issues around

advocacy. Five themes emerged from our analysis of the interviews: 1) Knowledge about the issues; 2) Oversimplification; 3) Homogenisation; 4) Trade-offs and competition; and 5) Ethical engagement. Our findings indicate that the motivation for success and popularity became influential factors in the way that student-led advocacy initiatives were set out to be effective in the university setting. Advocacy activities thus became fraught with the oversimplification of

issues, resulting in work that reinforced prevailing stereotypes about Africa. Such approaches to advocacy can propagate paternalistic and totalising images of Africans as helpless and waiting to be 'saved'.

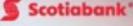
To view article: <http://journals.sfu.ca/igcee/index.php/igcee/article/viewArticle/81>

You are Invited to the February 19th Public Salon of Inspiring Ideas

Kish Wasan will speak to the Vancouver Public Salon on Feb 19th about the NGDI-UBC.

The Public Salons originated from dinner gatherings hosted by Sam Sullivan and Lynn Zanatta for over a decade. These dinners were attended by up to 10 people from very different walks of life who each spent 5 to 10 minutes speaking about something they were passionate about.



PRESENTED BY  Scotiabank

SAM SULLIVAN'S
PUBLIC SALON 2014
INSPIRING IDEAS

**WEDNESDAY
FEBRUARY 19th**
7:30PM – 9:00PM
THE VANCOUVER PLAYHOUSE
600 Hamilton Street, Vancouver B.C.
(Dunsmuir and Hamilton)
DOOR OPENS AT 6:30pm

TICKETS
ONLINE \$20
AT THE DOOR \$25
PRE SALON DINNER + PREMIERE
CIRCLE TICKET \$120

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www.globalcivic.org

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CHINESE MODERN ART CRITIC

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WWW.FACEBOOK.COM/globalcivic
WWW.TWITTER.COM/PublicSalon



One of the few regulars at these dinners was friend and mentor Prof. Abraham Rogatnick who was the first to recognize that these dinner gatherings were actually salons. Salons came from 18th-century France and featured a cross-section of French society that would gather to discuss ideas. The impact on society was literally revolutionary!

Prof. Rogatnick often encouraged Sam to bring the benefits and pleasures of the salon to a broader public. It wasn't until after Abraham passed away that Sam and Lynn committed to fulfilling the wish of their friend. And so was born the idea of the Public Salon.

Originally they were lunchtime events. Eventually they moved to evenings at the Vancouver Playhouse Theatre where they averaged audiences of 500. Shaw Television Channel 4 offered to broadcast a 1/2 hour Public Salon Television Show four times a week and this greatly increased the public awareness of the ideas of the speakers.

Tickets are \$20 online and \$25 at the door. For a pre-salon dinner and premiere circle tickets are \$120.

Purchase at www.ticketstonight.ca.

For more information about the salon: www.globalcivic.org.

Date: February 19th, 2014 from 6:30 – 10:00 pm.

Location: Vancouver Playhouse Theatre

Call for Papers and Conference Submissions

PEGASUS Conference

May 2-4, 2014, Sheraton Toronto Airport Hotel & Conference Centre, Toronto, Canada

We are inviting abstract submissions for the **PEGASUS** Conference being held May 2-4, 2014 in Toronto, Canada. Submissions related to research projects, best practice/evidence based reviews, health promotion, health education, leadership initiatives and quality improvements in projects, programmes and policy related to **Peace, Global Health and Sustainability** will be considered. Projects and reviews can be in progress at the time of abstract submission. Abstracts could be structured with the headings: objectives/aim, methods/approach, results/outcomes and conclusions.



Both oral and poster presentations are encouraged. Posters will be displayed during the conference with a designated times for poster viewing and explanation.

Abstracts including title, authors, and affiliations should be a maximum of 250 words.

All abstracts should be submitted online: <http://www.pegasusconference.ca/submit-abstract/>

The deadline for abstract submission is January 15, 2014.

Conference Theme/Subthemes:

Peace: Peace through Health, Peace & War Prevention, Peace Capacity Building, or Peace Education Knowledge Transfer-Successes & Challenges

Global Health-International: International Health & Ethics, Training & mentorship- Best practices, Humanitarian Assistance, or Approaches to development and collaboration

Global Health-Local: Marginalized Communities, Improving Health for All, Aboriginal Health, Social Justice, Equity & Empowerment, or Sustainable Partnership

Sustainability: Eco-Health, Effects of Conflict on Air, Land & Water Quality, Natural Resource Scarcity & Accessibility, Effect of Consumption & Energy choices on Health, Sustainable Ecological Solutions, Health Risks from Stress on Ecological Systems, or Environmental Peace

Student Awards: Best oral presentation: \$500, Runner-up for oral presentation: \$300, Best poster presentation: \$200, Runner-up for poster presentation: \$100.

All abstracts will be reviewed and successful candidates will be notified via email by February 3, 2014. Authors of accepted abstracts are required to register for the conference in order to have the presentation/poster on the program. For registration, visit our website at: <http://www.pegasusconference.ca/registration/>

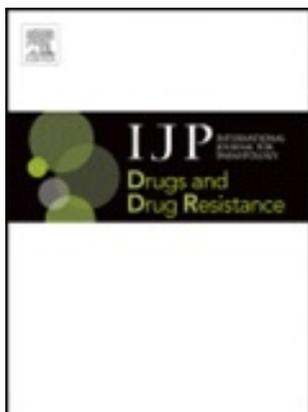
Deadline for early bird registration: **EXTENDED to February 4th, 2014**

To view the Conference Program, visit: <http://www.pegasusconference.ca/programme/>

To view the Keynote Speakers visit: <http://www.pegasusconference.ca/speaker/>

4th Zing Drug Discovery Conference

2nd International Conference on Global Challenges for New Drug Discovery Against Tropical Parasitic Diseases



In conjunction with the above conference, the [International Journal for Parasitology: Drugs and Drug Resistance \(IJP:DDR\)](#), an open access journal, will publish a special issue dedicated to research on drug discovery against parasitic diseases. Attendees are therefore encouraged to submit original scientific manuscripts in the subject area to the journal to be considered for publication in the special issue. All manuscripts will undergo peer-review and must meet the normal standards for publication in IJP:DDR.

The deadline for consideration of a submitted manuscript is **May 1st, 2014**, but authors are encouraged to submit earlier, so as to help speed the review process. It is anticipated that the special issue of IJP:DDR will be published in fall 2014. [Submit my manuscript](#)

Potential Speakers- Leading experts from academia, pharmaceutical companies, public-government agencies, non-profit agencies and private-public partnerships.

Target Audience- Researchers and students from Academic institutions, pharmaceutical companies with global health portfolio; Officials and policy makers from government agencies and non-profit organizations.

[Register Now](#)

Funding Opportunities

Stars in Global Health: Round 7

Request for Proposals Announcement

Deadline: Monday, March 10, 2014, at 3:00 p.m. ET.

Grand Challenges Canada, which is funded by the Government of Canada, announces the Round 7 Stars in Global Health – Request for Proposals. This unique program enables innovators in developing countries, as well as in Canada, to develop their **bold idea with big impact** to improve global health conditions.



In the Round 7 Request for Proposals, Grand Challenges Canada seeks bold ideas aligned with innovative social entrepreneurial approaches that could be easily implemented in developing countries to save and improve lives. These bold ideas could come from non-profit or for-profit organizations, as well as other recognized institutions. The ideas may encompass development/deployment of products and/or services in any spectrum of global health, including drug discovery, vaccine development, diagnostics, health and medical education,

maternal and child health, non-communicable diseases (including cancer and mental health), health-related water and sanitation, and health-related agriculture and nutrition.

Approximately 80–100 grants are funded in each Round. For examples of previously funded projects, view a recent blog post by Andrew Taylor and Ken Simiyu, [Stars in Global Health – Portfolio Review](#).

To view the full list of the ~300 Proof-of-Concept (Phase I) projects that we have supported in Rounds 1 through 5, visit [Our Grantees](#).

Learn more about the [Stars in Global Health – Request for Proposals](#).

UBC SPARC Office Information Sessions

CIHR Funding Reforms: January 2014 Information Sessions

Dr. Janice Eng, UBC's Health Research Coordinator and CIHR Delegate, will be hosting the following five information sessions at UBC Point Grey and the academic hospital campuses:

- Monday, **January 13, 2014** from 9 am to 12 pm @ UBC: Room 102 (Lecture Theatre), Michael Smith Labs, 2185 East Mall; **no registration required**
- Thursday, **January 16, 2014** from 1 to 4 pm @ VGH: Jim Pattison Pavilion; **to register, go to <http://vchri.ca/cihr-reforms-info-session-2014>**
- Wednesday, **January 22, 2014** from 1 to 4 pm @ CFRI: Room 2108, Child & Family Research Institute; **no registration required**
- Friday, **January 24, 2014** from 11:30 am to 2 pm @ SPH: St. Paul's Hospital, New Lecture Theatre, Conference Centre; **no registration required**
- Wednesday, **January 29, 2014** from 1 to 4 pm @ UBC: Room 102 (Lecture Theatre), Michael Smith Labs, 2185 East Mall; **no registration required**

Please review the information available on the [CIHR reforms webpage](#) and bring any unanswered questions to one of the sessions listed above.

2013/14 MSFHR Scholar Award Competition

For those unable to attend a [Michael Smith Foundation for Health Research \(MSFHR\) 2013/14 Scholar Award competition](#) information session before the holidays, a recording of and presentation slides from the December 3, 2013 UBC Point Grey session are available on SPARC's [Presentation Materials webpage](#) (CWL required).

SPARC also has 11 successful 2012 applications (at least one in each research pillar) available for viewing in our [Sample Grant Library](#) (CWL required). Please note that SPARC Internal Review is **not available** for this competition.

MSFHR LOI Deadline: **Tuesday, January 28, 2014**, MSFHR Full Application Deadline: **Friday, February 28, 2014**

NSERC Strategic Project Grant Workshop

SPARC is holding a workshop on the [NSERC Strategic Project Grant \(SPG\) program](#), on **Monday, January 27, 2014, from 11 am to 1 pm**. Frédéric Couty, Program Officer from the NSERC-Ottawa office will outline SPG funding, and will provide information for faculty researchers on how to produce more competitive and effective SPG applications. The [workshop](#) will also have an expert panel discussion to provide further tips and insight. To register for this workshop please go to the following [SPARC events webpage](#), select the "Register Now" button.

Upcoming Conferences

2nd International Conference on Global Challenges for New Drug Discovery Against Tropical Parasitic Diseases

17th – 20th February 2014

Parador de Nerja, Malaga, Spain



Photo Acknowledgement: Ray Nita

“This conference shall focus on multidisciplinary efforts directed against control, treatments and elimination of neglected parasitic diseases namely, (a) Socioeconomic and public awareness programs in neglected tropical infectious diseases; (b) Monitoring, containment and treatment of drug resistant cases; (c) Translational research to evaluate new drugs and drug combinations (d) Molecular targets-based and structure-based medicinal chemistry approach to maintain healthy drug-discovery pipelines and (e) Opportunities to develop multidisciplinary programs and current funding opportunities.”

Potential Speakers- Leading experts from academia, pharmaceutical companies, public-government agencies, non-profit agencies and private-public partnerships.

Chaired by Babu L Tekwani and Peter J Myler

Plenary speakers:

Larry Walker (University of Mississippi)

Rosemary Rochford (SUNY Upstate Medical University)

Simon Croft (London School of Hygiene and Tropical Medicine)

Steve A Ward (Liverpool School of Tropical Medicine)

R Luise Krauth-Siegel (University of Heidelberg)

For more information, a list of speakers and a full synopsis:

<http://www.zingconferences.com/conferences/4th-zing-drug-discovery-conference/>

Special Offer: Students can now save €201 on registration fees, now only: €999* (was €1200)

Reports of Interest

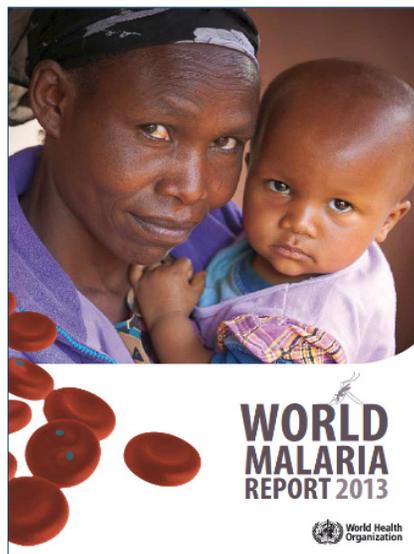
World Malaria Report, 2013

From Dr Margaret Chan, Director-General, World Health Organization introduction

This year's *World Malaria Report* documents remarkable progress in the global fight against malaria, and includes updated burden estimates for the 2000-2012 period. The report shows that increased political commitment and the expansion of global malaria investments since 2000 have led to major gains against this preventable disease, saving an estimated 3.3 million lives.

Each year we have a better understanding of global malaria trends and the burden of disease, as measured against the situation in 2000. According to the latest estimates, malaria mortality rates were reduced by about 45% globally and by 49% in the WHO African Region between 2000 and 2012. During the same period, malaria incidence rates declined by 29% around the world, and by 31% in the African Region. These substantial reductions occurred as a result of a major scale-up of vector control interventions, diagnostic testing, and treatment with artemisinin-based combination therapies, or ACTs.

This progress is no cause for complacency. The absolute numbers of malaria cases and deaths are not going down as fast as they could. The disease still took an estimated 627 000 lives in 2012, mostly those of children under five years of age in Africa. This means 1300 young lives lost to malaria every day – a strong reminder that victory over this ancient foe is still a long way off. The fact that so many people are dying from mosquito bites is one of the greatest tragedies of the 21st century.

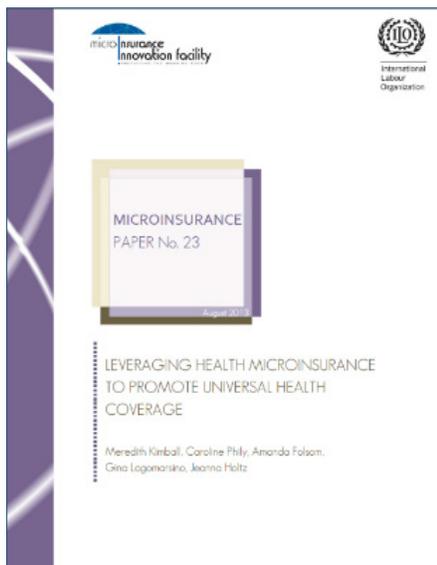


If political commitment wanes, the great progress that has been achieved could be undone in some places in a single transmission season. In the last few years, we have started seeing the first signs of a potential slow-down. In 2011 and 2012, the delivery of long-lasting insecticidal nets to endemic countries slowed down and indoor residual spraying programmes levelled off. During this period, malaria mortality rates continued to go down but at a slower pace. In 2013, bednet deliveries picked up again, and the pipeline for next year is even stronger. Nonetheless, even greater efforts will be needed to protect everyone at risk.

To download report:

http://www.who.int/malaria/publications/world_malaria_report_2013/en/

Leveraging Health Microinsurance to Promote Universal Health Coverage



Every member of society has the right to social security, including access to health care (United Nations, 1948). However, 75 per cent of the world's population is not adequately protected and approximately 40 per cent lacks even basic protection (Bachelet, 2011). The International Labour Organization (ILO) is calling for countries to define minimum social security benefits – including those for health – as soon as conditions allow (ILO, 2012). At the same time, momentum for universal health coverage (UHC), or “a system in which everyone in a society can get the health care services they need without financial hardship,” is building in countries as diverse as China, Ghana, Indonesia, Mexico and South Africa (Savedoff et al., 2012).

Many countries are pursuing government-sponsored health insurance as a primary path toward UHC. In these same countries, there are private health microinsurance (HMI)

schemes sponsored by community-based organizations, commercial insurance companies or others that share many of the same goals as government-sponsored health insurance schemes.

A major barrier to provide social health protection in many low and middle-income countries is reaching informal workers and their families. Governments struggle to identify individuals, enrol them and collect premiums. These are functions that HMI providers are well positioned to manage. However, HMI schemes have difficulties in achieving scale and accessing sufficient resources. Governments are better positioned in both respects. These complementary assets open opportunities for collaboration.

This paper reviews country experiences in Cambodia, Ghana, India, Kenya, Thailand, Tanzania and the Philippines. It examines the hypothesis that government-sponsored insurance initiatives should collaborate with private actors to accelerate the expansion of health insurance to informal workers and their families.

To download report:

<http://www.ilo.org/public/english/employment/mifacility/download/mpaper23.pdf>