Dear Colleagues,

In this week’s newsletter we pay quite some attention to last week’s Cohred conference in Manila, with a Featured Article on the New Leaders for Health Pre-Forum (by Renzo Guinto and Mai Valera, both EV alumni 2014) and another joint article by a number of EV alumni involved in the conference & pre-conference, sharing some lessons with “still to emerge” young voices.

Other key news includes the first World Hepatitis Summit in Glasgow, dementia care as a growing global health concern, a workshop in London on Global Governance for Health, and of course a number of reflections and analyses published in the run-up to the big UN SDG “happening” in New York, scheduled for later this month. Yet, Europe’s refugee crisis probably received the most attention in media worldwide, and for good reason, as it’s perhaps the first real test to prove that “no one will be left behind”, at least in this part of the world. So far it doesn’t look good, with the exception of Merkel’s (somewhat surprising?) leadership perhaps.

Funny world.

Enjoy your reading.

The editorial team

Featured Article

New leadership for global health begins at home

By Renzo Guinto and Mai Valera

Last August 22-24, 2015, nearly 500 new leaders in health research and innovation gathered at the New Leaders for Health (NL4H) Pre-Forum, which was held at the Philippine International Convention Center in Manila, Philippines. This event served as a prelude to the Global Forum on Research and Innovation for Health (also called Forum 2015), which was held last August 24-27, 2015 also at the PICC, organized by the Geneva-based Council on Health Research for Development (COHRED) and hosted by the Philippine Departments of Science and Technology (DOST) and Health (DOH). Below is a short reflection by Pre-Forum organizers Renzo Guinto and Mai Valera, who are alumni of the Emerging Voices for Global Health (EV4GH) program in 2014. This video also captures the highlights of as well as the beautiful faces behind the NL4H Pre-Forum.
On one summer day in Cape Town, on the last day of the Third Global Symposium on Health Systems Research, two Emerging Voices from the Philippines, ignited with a burning desire to share new knowledge and skills with others, made a commitment to do something similar when they return home.

Just a few months after, a rare opportunity for the Philippines’ Emerging Voices then emerged. Renzo was invited to join the Scientific Committee of Forum 2015, and was appointed chair of the subcommittee for the “Health in Megacities” thematic track.

However, during the first meeting of the committee, Renzo noticed that something was missing in the program – a venue for young leaders in research and innovation for health to let their voice be heard in a global conference expecting nearly 4,000 delegates from around the world.

Fresh from the EV4GH program and having understood the importance of meaningful engagement of emerging voices in such fora, Renzo immediately called Mai for a mission. They also recruited other colleagues from various networks, professions, and disciplines to comprise the ‘dream team’ that would organize this gathering for new leaders (yes, it was decided to not call it ‘young leaders’ to transcend age boundaries, and definitely not ‘emerging leaders’ due to other similarly-named programs).

And so, the New Leaders for Health (NL4H) Pre-Forum was born.

Indeed, we were both inspired by our EV4GH experience, and while we cannot replicate yet this intensive two-week program, the three-day program that gathered nearly 500 new leaders was already a great start to generate momentum and drive inspiration within the youthful yet growing health research and innovation community in the Philippines.

We are already more than a week from the NL4H Pre-Forum, and we still can’t get over with the fever – surely a positive one – that it has caused. Some of the participants even posted in Facebook that it was the “most meaningful weekend I had so far,” and that it “was an inspiring experience to meet colleagues who are also up to the challenge to take on global health issues.” During that weekend, the hashtag “#NewLeaders4Health” even trended in social media. As organizers, we certainly feel elated and touched.

The NL4H Pre-Forum served as a beautiful opportunity to retool new leaders and reimagine global health. This is very timely especially for our country, at a crossroads on the journey towards universal health coverage, yet is now confronted with new challenges such as climate change, increasing natural disasters, rapid urbanization, food insecurity, among others.

Many have expressed that they did not just enjoy the sessions, but that they also made them rethink the way they view health today. They were triggered by ideas coming from our amazing selection of panelists, like Dr. Mojgan Sami of University of California
Irvine, who, in a session on “Health in Megacities,” exhorted everyone to “decolonize the way we design our cities,” and Dr. Anurag Mairal of Stanford University, who, in his closing talk entitled “The Future of Health,” reminded young innovators about the value of empathy – making designs, whether of a device or a procedure, with the end user in mind.

The Pre-Forum also served as a moment for reflection for new leaders. Professors from our alma mater, the University of the Philippines (UP), provided emerging leaders with nuggets of wisdom. Health social scientist Prof. Nina Carandang reminded the audience that “Social accountability begins with personal accountability.” One of the Philippine’s national scientists, hepatologist and universal health care advocate Dr. Ernesto Domingo, reiterated the words of German physician Rudolf Virchow: “Medicine is a social science.” UP Manila’s chancellor, leading geneticist Dr. Carmencita Padilla, advised new leaders to “Do not work alone” to achieve one’s goals in health research and innovation.

The most compelling remark came from another national scientist, the 87-year old rural sociologist Dr. Gelia Castillo, who was the deputy chair of the 1990 Commission on Health Research for Development, the origin of COHRED and the Global Forum. The Commission popularized the ‘10/90 gap,’ which means that 10% of the world’s funding for health research occurs in countries having 90% of the world’s disease burden. Referring to the “brain drain” that has confronted the Philippines for decades, Dr. Castillo told young Filipino health researchers and innovators: “I have only one plea – please stay.”

Through a total of 36 interactive parallel sessions, the Pre-Forum also showcased a wide range of topics, from emerging fields such as digital health care and implementation science, to neglected issues such as the role of nurses in global health, to novel approaches such as design thinking and social network analysis, to pressing health challenges such as Ebola and trade agreements, to more practical skills such as translating evidence into policy and publishing in journals for the first time. Together with Renzo, the Emerging Voices alumni present at the Pre-Forum, Nasreen Jessani, Baskhar Purohit, and Beverly Ho, even had their own panel introducing the EV4GH program and discussing the future of health systems research. The participants found the session “very inspiring” and said that it “encouraged them to pursue health systems research.”

The attendees of the Pre-Forum, from the speakers to the participants, came from a diverse array of disciplines and sectors – public sector researchers and policymakers, medical professionals, students, members of the academe, as well as representatives from civil society organization and the private sector. This presents an exciting opportunity for reechoing and forging potential collaborations across multiple sectors. In fact, according to the recent evaluation of the Pre-Forum, 90% were motivated to take action and bring back their learnings to their respective organizations/institutions, while 80% intend to contact the people they met at the Pre-forum to follow-up on ideas discussed.

Of course, we wanted to seal everyone’s commitment before leaving the mammoth PICC, and so the highlight of the Pre-Forum was the reading aloud of the New Leaders
for Health Statement, which captured the ideas and recommendations raised during the three-day convening. In the statement, we New Leaders for Health embraced “reimagining global health in the 21st century” as our collective imperative, and called for greater investments, upholding social accountability, and developing domestic capacity for health research and innovation.

Now the challenge is to turn the statement into reality. There is enormous enthusiasm to turn the Facebook group of Pre-Forum participants into a real, long-term movement that will make a dent in Philippine and global health research. Already we feel that we are gaining momentum, with a resounding 97% of participants expressing interest to join the New Leaders for Health network or movement should it be officially formed, and 80% already volunteering to be part of the organizing committee for future NL4H Fora.

There is also clamor for the NL4H Pre-Forum to be held at more local levels as well as in other countries. Ninety four percent of participants even hope that it becomes an annual event. In this regard, we are optimistic, now that some organizations have expressed commitment to support our gathering next year. We are glad that the Philippine’s Department of Science and Technology, particularly its Council for Health Research for Health and Development, provided the venue and food for the Pre-Forum, and is showing signs that they might be keen to support this in the long run, as this forum is essential in building a new cadre of health leaders, researchers and innovators for the Philippines and the world entire. Finally, through the new community we have formed as a result of the Pre-Forum, we will be able to check upon each other on how we as individuals and as a community are translating the inspiration generated into real action.

After the NL4H Pre-Forum and the Forum 2015 that followed, we both felt relieved, but also we realized, it is a great time to be a Filipino health researcher and innovator. Forum 2015 has put the Philippines firmly in the global health scene, and the NL4H Pre-Forum has kindled the passion of new leaders who will sustain the positive momentum that was built. Indeed, new leadership for global health begins not just in Geneva or in another country, but at home. The future of global health is exciting indeed!

About the Authors

Renzo Guinto (EV 2014) is the Campaigner of the Healthy Energy Initiative of Health Care Without Harm-Asia and director and co-founder of #Reimagine Global Health.

Mai Valera (EV 2014) is a Health Economist and a Monitoring & Evaluation Practitioner based in the Philippines.
**Highlights of the week**

**WHO** - Population movement is a challenge for refugees and migrants as well as for the receiving population - Statement by Dr Zsuzsanna Jakab, WHO Regional Director for Europe


Not much comment needed here, sadly. As was the case with the picture we all know by now.

**Cohred conference - The Global Forum on Research and Innovation for Health 2015 in Manila**

As already mentioned last week, on 24-27 August, “People at the Center of Research and Innovation for Health, The Global Forum on Research and Innovation for Health 2015 (“formerly known” as the Global Forum for Health Research) took place in the Philippines. The Forum aims to identify solutions to the world’s unmet health needs through research and innovation. *(Nestlé “involvement” was a bit an issue, we heard. By the way, we’re looking forward to analyses comparing this conference with HS Global symposia, including their complementarity)*

**IHP – ‘Emerged voices’ speak to the emerging: Ten takeaways from the ‘Manila conversation’**


In last week’s New Leaders for Health (NL4H) Pre-Forum in Manila, 4 Emerging Voices alumni – three from Class 2014 (Renzo Guinto, Nasreen Jessani, Bhaskar Purohit) and one from Class 2012 (Beverly Ho) – participated in a panel entitled “Emerging Voices for Global Health: The Future of Health Systems Research.” The panel aimed to not only introduce the Emerging Voices for Global Health (EV4GH) program to young health researchers and innovators, but also to showcase the experiences of Emerging Voices (EV) alumni post-training and their visions for the future of health systems research across the world. In this blog post, the alumni summarize in ten points the key messages that arose from their exciting ‘Manila conversation’.

**Scidev.net – Health innovations need much more than research**

N I Perkins; [http://www.scidev.net/global/innovation/editorials/health-innovations-research-global-forum.html](http://www.scidev.net/global/innovation/editorials/health-innovations-research-global-forum.html)
The challenges of developing and scaling up health innovations go beyond research. They need careful consideration. Last week’s Cohred Forum indeed recognised that healthcare innovations take more than research, but the challenges of ‘scaling up’ and efficient collaboration were largely missed, Perkins argues. We need to focus more on the development process following academic studies, he says.

HHR - SDG Series: What Might the SDGs Mean for Health and Human Rights? An Introduction to the Series


A new HHRJ series: SDGs, Human Rights and the Right to Health will explore what the SDGs might mean for health and human rights in the coming weeks and months. Read some info on it in this blog.

The series already started with a perspective (and must-read) essay by Paul Hunt & Flavia Bustreo on how the health sector might lead the way with a robust, effective and independent process of SDG accountability. (read about their ideas for a High Level Political Forum for Health, a formal independent review of the HLPF for Health, and the fact that the “web of accountability” should also extend to civil society and all stakeholders, among others)

And yesterday, Audrey Chapman evaluated UHC as a Sustainable Development Goal. (recommended short piece). She concludes: “Importantly, not all potential paths to a universal health system are consistent with human rights requirements, even ones that result in some expansion of health coverage. For that reason it is important that health and human rights advocates and scholars identify the essential features of UHC and policies for advancing toward this goal from a human rights perspective. There will be a special section of the December 2016 issue of the Health and Human Rights Journal which will address this issue.” (To be continued....)

1st ever World Hepatitis summit in Glasgow

WHO - World Hepatitis Summit harnesses global momentum to eliminate viral hepatitis


In Glasgow, Scotland (2-4 September), participants at the first-ever World Hepatitis Summit urged countries to develop national programmes that can ultimately eliminate viral hepatitis as a problem of public health concern. The inaugural summit addressed the overwhelming global burden of viral hepatitis – known also as the ‘silent killer’ in global health circles. The World Hepatitis Summit, a joint WHO and World Hepatitis Alliance (WHA) event, was hosted by the Scottish Government and supported by Glasgow Caledonian University and Health Protection Scotland. The three-day Summit discussed, among others, the draft WHO Global Health Sector Strategy on Viral Hepatitis with its targets for 2030 that paves the way for the elimination of viral hepatitis as a problem of public health concern and on the national action required to reach those targets.
Check out also the World Hepatitis Summit press release. (*new data shows relentless rise in hepatitis deaths*)

**BMC – The World Hepatitis Summit 2015: an unprecedented global health event**


Jeffrey Lazarus reflects on the inaugural conference, while watching the opening ceremony and having a feeling of ‘history being made’. In this article, he emphasizes particularly the involvement of patient groups.

**HP&P – A framework on the emergence and effectiveness of global health networks**


Jeremy has spoken (again). And if Jeremy Shiffman speaks, you better pay attention. Jeremy doesn’t do waffle. “Since 1990 mortality and morbidity decline has been more extensive for some conditions prevalent in low- and middle-income countries than for others. One reason may be differences in the effectiveness of global health networks, which have proliferated in recent years. Some may be more capable than others in attracting attention to a condition, in generating funding, in developing interventions and in convincing national governments to adopt policies. **This article introduces a supplement on the emergence and effectiveness of global health networks.** The supplement examines networks concerned with six global health problems: tuberculosis (TB), pneumonia, tobacco use, alcohol harm, maternal mortality and newborn deaths. **The article presents a conceptual framework** delineating factors that may shape why networks crystallize more easily surrounding some issues than others, and once formed, why some are better able than others to shape policy and public health outcomes. ...”

**Third World Resurgence – World Health Corporation? Resisting corporate influence in WHO**


Some great articles in here. We thoroughly enjoyed David Legge’s WHO shackle; [Donor control of the World Health Organisation](http://www.twn.my/title2/resurgence/2015/298-299.htm) (focusing on the last WHA), and Judith Richter’s [WHO reform: opening the floodgates to the private sector?](http://www.twn.my/title2/resurgence/2015/298-299.htm). In a truly bewitching analysis, she stresses that it is in the name of ‘reform’, against a backdrop of a funding crisis, that a greater collaboration between WHO and big business is being justified. She provides a historical overview of the process which began in 1992 with the drive for UN ‘reforms’, a euphemism for the neoliberal restructuring of the world body. (Learn all about “Bluewashing”, how it would feel if the arms industry were a key stakeholder at a Global Security Forum, and the like.) But do read also KM Gopakumar on the continuing [saga of FENSA](http://www.twn.my/title2/resurgence/2015/298-299.htm), and more.
Launch of BMJ Global Health

Inaugural editorial by editor-in-chief Seye Abimbola – The information problem in global health


Must-read. Seye Abimbola (EV alumnus 2010 and the editor-in-chief of the new journal) explains what he means by the ‘information problem in global health’, and how BMJ Global Health seeks to address it. Many congratulations, Seye! You can find all info related to this new journal here. Looking forward to the first issue.

SDGs

Most analysis & articles related to the SDGs we leave for one of the next sections. Check out the official website of the UN Sustainable Development Summit. Scheduled for 25-27 September, in NY, as you know. You find a number of documents already on this page, including 6 background papers. But let us flag here already that the UN General Assembly approved a resolution on Tuesday, sending the SDG draft agenda to member states for adoption later this month. Ban Ki Moon didn’t shy away from the lofty rhetoric expected at these sorts of occasions. “…bringing the international community ‘to the cusp of decisions that can help realize the dream of a world of peace and dignity for all ‘…”; “Today is the start of a new era. …” etc. Ban also encouraged parliaments around the world to help drive forward the SDG agenda, at a conference of parliamentary speakers at UN headquarters in NY.
Meanwhile, the world has reached ‘Peak Plutocracy’, according to a very apt IPS analysis by Soren Ambrose. (Whether we already reached the ‘peak’, I’m afraid not, but it’s more than time to do something about it, I’d say. Let’s see what side ‘global health’ will be on…)

Lancet (Editorial) – A global assessment of dementia, now and in the future

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)00117-8/fulltext

“...Last week, Alzheimer’s Disease International (ADI) released its 2015 World Alzheimer Report, which this year focuses on the global effect of dementia, and provides projected estimates of the prevalence, incidence, and societal and economic consequences of dementia up to 2050.” Especially for LMICs, the projection is grim. This Lancet editorial comments on the report and also announces the launch of the Lancet Commission on Dementia Care, led by Gill Livingston, professor of psychiatry of older people, University College London, UK. The Commission will bring together an international group of leading experts to determine the most important and urgent aspects to be addressed within dementia care and research, and to develop recommendations to best inform researchers, physicians, and policy makers alike. See the related Lancet Comment:
“…The Lancet has partnered with leading academic and charitable institutions (University College London, Alzheimer's Society, and Alzheimer’s Research UK) to establish a Commission on Dementia Care. The Commission will review the current evidence and generate evidence-based recommendations and a campaign to implement priority actions for the provision of effective and equitable dementia care, which will help prevent dementia and decrease symptoms and burden for people with dementia and their families so that they can live well. ... The Commission will begin by identifying the most important topics to address and will publish a peer-reviewed report with recommendations to inform future health provision for people with dementia, one of the most important health problems of the 21st century.”

As for a viewpoint in the Lancet, ‘Can we model a cognitive footprint of interventions and policies to help to meet the global challenge of dementia?’, published online earlier, see here.

African Traditional Medicine Day


On 31 August 2015, the African Region commemorated the 13th African Traditional Medicine Day under the theme: Regulation of Traditional Health Practitioners in the WHO African Region. This theme highlights the need to establish and strengthen regulatory systems in countries by identifying and supporting qualified practitioners and protecting the public against potentially harmful practices.

Ebola

For recent Ebola numbers (3 Sept), see WHO. There was good news on Liberia, which the WHO declared free for the second time (in May, it did so a first time, but then a case emerged again). Liberia now enters a 90-day period of heightened surveillance. As for Sierra Leone, in a temporary setback, another death was reported (see NYT & Humanosphere). On the investigation of the new Ebola case, see here. Meanwhile, Politico reported that the SL government has launched its own post-Ebola recovery plan.

WHO Afro – Guinea Ring Vaccination trial extended to Sierra Leone to vaccinate contacts of new Ebola case


The reports of the new Ebola death in SL led to the extension of Guinea’s experimental vaccination trial to SL.
WHO – WHO Director-General addresses Institute of Medicine Ebola workshop

http://www.who.int/dg/speeches/2015/18months-after-ebola-outbreak/en/
This transcript presents a speech made on September 1 by Margaret Chan at the Institute of Medicine workshop on global governance for health in London. She gives WHO’s view 18 months after the Ebola outbreak was reported, including weaknesses of the International Health Regulations and challenges WHO faced in responding to the epidemic.


http://www.who.int/ihr/review-committee-2016/IHRReviewCommittee_FirstMeetingReport.pdf?ua=1
The report of the meeting on 24-25 August, the first meeting of the Review Committee that will try to make the IHR ‘fit for purpose for future global health threats’.

Global health initiatives

CSIS – Catalyzing Sustainable Global Immunization Programs - Phased Transitions

Katherine Bliss; http://csis.org/publication/catalyzing-sustainable-global-immunization-programs

“Earlier this summer, the Board of GAVI, the Vaccine Alliance, took several steps to bolster the sustainability of the immunization programs it supports in the world’s 49 lowest-income countries. One important Board action was to refine the process by which countries that have been receiving Gavi assistance are weaned from international support and increase their allocation of domestic resources to fund immunization programs. There is a lot riding on the success of Gavi’s transition program. In January 2015 Gavi underwent a historic and successful replenishment, securing pledges of US$7.54 billion for the 2016–2020 period, with the promise that in Gavi’s subsequent phase (2021–2025), the organization’s financial requirements will likely decrease, as more countries are transitioned from support. Donor countries are assured that the proportion of Gavi program expenses they fund is going down and are anxious to see implementing countries allocate even greater domestic resources to immunization programs. The new Global Financing Facility (GFF), along with enhanced bilateral support for strengthening the capacity of lower- and lower-middle-income countries to mobilize domestic resources for purchasing and distributing vaccines, may offer additional help for countries soon to enter the Gavi transition period.”
Global health events

“Delhi Declaration” signed at the end of Global Call to Action Summit 2015: ending preventable maternal and child deaths

http://pib.nic.in/newsite/PrintRelease.aspx?relid=126431
One of the outcomes of the Global Call to action summit in Delhi. See also the Joint Learning Network on this summit. “Union Health Minister J P Nadda urged nations to work together and carve out mechanisms of partnerships to reach SDGs even as 22 countries including India pledged to speed up their efforts to end preventable child and maternal deaths. Through the ‘Delhi Declaration’, which was signed at the end of a two day ‘Global Call to Action Summit 2015’ by health ministers and heads of country delegations from 22 countries, the nations committed to hold themselves accountable to this commitment through a joint platform monitoring.”

In other news from India, there was good news on the elimination of tetanus, but Reuters also reported on uproar related to the death of 61 infants at an Indian hospital in two weeks, showcasing the challenges faced in India’s underfunded public health system.

USAID (press release) – Maternal and child survival initiative saves millions of lives

usaid;
On 26 August, USAID released a new report showing that its maternal and child survival efforts have resulted in nearly two-and-a-half million more children surviving and 200,000 maternal deaths averted since 2008 in USAID’s 24 priority countries. In addition, the USAID report details how to reach 38 million of the most vulnerable women around the world with increased access to health care during delivery by 2020. “Acting on the Call: ending preventable child and maternal deaths” documents progress in 24 priority countries to improve access to quality and respectful care during delivery, neonatal resuscitation, vaccinations, breastfeeding, diarrhea treatment, hand-washing, and other life-saving interventions in areas with a disproportionate share of the world’s maternal, newborn, and child deaths. The report release coincided with the ‘Call to Action Summit’ for ending preventable child and maternal deaths hosted by the Government of India along with Ethiopia’s Ministry of Health, USAID, the United Nations Children’s Fund, The Bill & Melinda Gates Foundation, Tata Trusts, and the World Health Organization in New Delhi.

Global Health Risk Framework Task Force: Governance for Global Health – A Workshop

http://iom.nationalacademies.org/Activities/PublicHealth/MicrobialThreats/2015-SEP-01.aspx
Find out here about the objectives of this second workshop (1-2 September) on Governance for Global health, in London. (we already mentioned the speech from
Margaret Chan, above; Robert Marten has also been tweeting extensively during the workshop)
See also the related hashtag on Twitter (#GHRF).

WHO – Developing Global Norms for Sharing Data and Results during Public Health Emergencies

WHO held a consultation in Geneva, Switzerland, on 1-2 September 2015 to advance the development of global norms on data and results sharing in public health emergencies. Find out here what was discussed & agreed. Among others: “...It was unequivocally agreed by representatives from leading biomedical journals that public disclosure of important information of potential relevance to public health emergencies should not be delayed by publication timelines, and that pre-publication disclosure must not and will not prejudice journal publication. It was agreed that pre-publication information sharing should become the global norm in the context of public health emergencies.”

UHC, post-2015 and global governance for health

WHO Bulletin (Editorial) – Maximizing the impact of community-based practitioners in the quest for universal health coverage

J Campbell et al; http://www.who.int/bulletin/volumes/93/9/15-162198/en/
From the new (September) Bulletin issue. The editorial refers, among others, to the new analysis by Barbara McPake et al in the same issue – they report that investment in Community-based practitioners can be a cost-effective approach, in certain contexts and under certain circumstances. The editorial then goes on and gives the broader picture, including the relation with the draft of WHO’s Global strategy on human resources for health: workforce 2030.


A R Hosseinpoor et al; http://www.who.int/bulletin/volumes/93/9/15-162081/en/
On the importance of health inequality monitoring in the post-2015 era.
Huffington Post- Not Only Is Good Health for All Achievable -- It's Affordable

http://www.huffingtonpost.com/martin-mckee/not-only-is-good-health-for-all-achievable-its-affordable_b_8050036.html?1441287171
Martin McKee's take on SDG 3 and the likelihood of achieving it.

The Guardian – Sustainable development goals could signal a sea change for disabled people

In pledging to leave no one behind, the sustainable development agenda hints at equality and empowerment for disabled people – now the world must deliver, P Meeks & R Tardi argue.

Development Policy – I’m in love with the SDGs, but they won’t break my heart

Liked this one, and not just for the catchy title.

Christian Science monitor – In new UN goals, an evolving vision of how to change the world

H Lafranchi; http://www.csmonitor.com/USA/Foreign-Policy/2015/0901/In-new-UN-goals-an-evolving-vision-of-how-to-change-the-world
A new set of United Nations goals for sustainable global development point to an emerging shift in views about development and how it works. “Out is the view of development as a technical enterprise largely funded by the world’s wealthy powers and other outsiders. In is seeing development as a political process involving a wide range of actors – well beyond technocrats and politicians – in which foreign aid and global development institutions take a back seat. The priority is on leveraging local communities and investment. “The political inclusivity of this process and the breadth of the goals decided on together say that governments alone can’t achieve this, that it really requires all hands on deck,” says Anthony Pipa, the US State Department’s special coordinator for the post-2015 development agenda. “This is development as a political enterprise,” he adds, “it requires the participation of business and civil society [as well as] the political commitment of the leadership of countries. It also reflects a nod to the “integrated” nature of development goals. In other words, it makes no sense to go full bore on reducing extreme poverty, supporters say, while ignoring the role the environment and accountable
governance play in building prosperity.” (if you want to hear more about Pipa’s insights, see also a podcast with him on CGD).

A new era for development – the future or already reality?

A Pellini; http://buildingstatecapability.com/2015/08/27/a-new-era-for-development-the-future-or-already-reality/

On Development 2.0 according to Michael Woolcock (WB). Nice article, even if the label “2.0” is already considered ‘old school’ by some (including Duncan Green).

Public Health - Governance for health in a changing world: special issue


Published in July already. “The papers selected for this special issue, and accompanying invited commentaries, originate in all but one case in a Health Summit organised by the Centre for Public Policy and Health and held at Durham University on 10–11th November 2014.1 The Summit took place against a backdrop of health threats, notably Ebola, an increasing burden of non-communicable disease, the contribution of austerity measures to widening health inequalities, and considerable ferment in global governance processes outside as well as inside the health sector.”

Check out the issue.

Read also the Imaxi Comment on one paper from the series, ‘the Normative authority of the WHO’.

It’s worth repeating some paragraphs in full: “...There has been previous calls to reform the WHO over the last decade or two. They mostly come from various ‘experts’ with notable academic or medical backgrounds. Even the World Health Organization recognizes a need to change, and it began its own 'WHO Reform' process some five years ago. Sadly, it seems to have not made any real progress. The 'political will' to reform the organization, of both the Member States (Governments) which control the institution and of the WHO executives, is not evident. What we haven’t heard at all is a demand to reform the WHO from those on the 'bottom' — the people that could benefit most from a 'new & improved', or at least seriously reformed, World Health Organization. The reasons for this are rooted in the exclusive systems of governance of global health institutions, particularly the WHO. We think it is time to begin a broad discussion: Why should, and how can people in the communities participate in the reform of WHO? How can the 'political will' for change be increased? How can awareness be raised and activism enabled? In short, how can a bottom-up movement come together to advance the reform of the WHO?”
The Post-2015 Corporate Development Agenda - Expanding Corporate Power in the Name of Sustainable Development

Even if you don't agree, a must-read.

“This paper attempts to contribute to that (critical examination) by analyzing the reports and briefs from the business sector related to the Post-2015 development agenda, particularly those published by the UN Global Compact. The following discussion explains how corporations are staking a claim to the post-2015 agenda at three levels: 1. First, by setting goals that would suit their priorities for expansion. 2. Second, by claiming a primary role in mobilizing the means for implementing these goals. 3. Third, by shaping the governance framework that would be set-up to ensure progress in this agenda.”

Social watch – Narrative power and the UN Business and human rights treaty

D Renfrey; http://www.socialwatch.org/node/17024
Some encouraging news from recent July meetings in Geneva of the new UN Intergovernmental Working Group (IGWG) on transnational corporations and other business enterprises, which kicked off negotiations towards a treaty on this topic.

Euractiv - French development aid reform to generate 'substantial' new funds

France hopes to boost funding for development and climate action by linking the French Development Agency with the country's public financing body. Might set a trend in the SDG era.

BMJ (Editorial) – Learning from soft power

D Mozaffarian et al; http://www.bmj.com/content/351/bmj.h4645?etoc
On the need for 'soft healing' in the 21st century. The viewpoint bridges the gap between international relations people and the global health community (and does so with the New Age community as well in the process 😊, if you ask me ). "...Like soft power, soft healing prioritises proactive prevention rather than reactive treatment and uses a range of strategies, not only the healthcare system, to promote wellbeing. A shift in focus
towards soft strategies will create “smart” healing—a thoughtful, coordinated, and highly effective blend of both soft and hard tactics.”
(PS: We’re getting dangerously close to a famous Marvin Gaye song here.)

Rockefeller foundation (blog) - Creating Partnerships for Resilience

S Bridgett-Jones; https://www.rockefellerfoundation.org/blog/creating-partnerships-for-resilience/
With some info on the Global Resilience Partnership... “Today (i.e.last week) at World Water Week, we welcomed Zurich Insurance Group (Zurich) as the first private sector partner to join the Global Resilience Partnership.”
(includes quotes such as “Zurich's generous $10 million commitment”: looks like this Bridget(t) Jones has found her Hugh Grant ... let's hope he won’t betray her!).

NPR - How Are U.N. Climate Talks Like A Middle School? Cliques Rule

npr; (Recommended). “People constantly form groups, in all kinds of situations, and high-stakes negotiations on climate change are no exception. Ever heard of the Umbrella Group? Or the Like-Minded Developing Countries? How about the Group of 77? (Here’s a hint — it doesn't actually have 77 countries.) Delegates from nearly 200 countries are meeting in Bonn, Germany, this week to resume negotiations on a new global agreement to cut greenhouse gas emissions — it’s part of the runup to a major summit in Paris later this year. And the countries negotiate in groups, some of which are a little puzzling. ...”
In other climate change related news, Obama made some remarkable statements at a summit in Alaska (see the NYT). He made an urgent appeal for climate change action, among others, and even used some nearly apocalyptic language. Yet, the summit also showed that the Arctic region is now very much an ‘economic region’ as well.

International Panel on Social Progress (IPSP) starts its work

http://www.ip-socialprogress.org/IPSP.pdf
Some key info on the International Panel on Social Progress, which hopes to become as famous (and notorious?) as the IPCC (Intergovernmental Panel on Climate Change).

Guardian – Bill Gates calls for more funds to help world's poorest farmers

http://www.theguardian.com/environment/2015/sep/01/bill-gates-calls-for-more-funds-to-help-worlds-poorest-farmers
“Bill Gates called for more funds to help the world’s poorest farmers deal with climate change on Tuesday, in an appeal that could help pry open the coffers of industrialised countries. The call from the tech billionaire and world’s biggest philanthropist to focus on the poor could spur more finance from industrialised countries to small-scale farmers during negotiations for a global deal to fight climate change in Paris at the end of the year.”

See also Bill himself on Project Syndicate (‘Who will suffer most from climate change?’) on the same issue.

As an insightful Devex article explained, “With the adoption of the sustainable development goals on the horizon, Gates is sure to be more vocal, despite the controversy, on climate change adaptation through biofortification.”

**Infectious Diseases**

WHO - WHO statement on the tenth meeting of the IHR Emergency Committee regarding MERS


“The tenth meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (2005) (IHR 2005) regarding the Middle East respiratory syndrome was held by teleconference on 2 September. During the meeting the WHO Secretariat provided an update to the Committee on epidemiological and scientific developments, including recent cases and transmission patterns in the Kingdom of Saudi Arabia (KSA), Jordan and the United Arab Emirates. The Secretariat also provided current risk assessments with regard to these events, and information on control and prevention measures. ... Members of the EC agreed that the situation still does not constitute a Public Health Emergency of International Concern (PHEIC). At the same time, they emphasized that they have a heightened sense of concern about the overall MERS situation. “

International Health – Disease Elimination special issue

http://inthealth.oxfordjournals.org/content/7/5.toc

Check out for example ‘Eradication and elimination: facing the challenges, tempering expectations’ (the Editorial by David Molyneux) and the Commentary ‘Political, social and technical risks in the last stages of disease eradication campaigns’ (by C Whitty). (both freely available)
Gesine Meyer-Rath and colleagues assess whether workplace ART provision can be cost-saving for mining companies in high HIV prevalence settings.

Vaccine news - WHO credits Roll Back Malaria partnership with worldwide progress

As already reported last week: WHO recently commended the contributions of the Roll Back Malaria (RBM) partnership, but recommended disbanding its secretariat based at the WHO’s offices in Geneva, Switzerland.

Guardian – Man found to have been shedding virulent strain of polio for 30 years

Pretty bad polio week. This article from last week already made clear that polio eradication will be more complicated than foreseen (see also NPR Goats & Soda). And as if the week in Europe wasn’t bad enough, the Guardian reported a few days ago that polio is back in Europe, more in particular in the Ukraine. More encouragingly, some news from Asia-Pacific: “Parliamentarians from the United Kingdom and countries in Asia and the Pacific gathered this week in Sydney, Australia, to create a unified voice for the region’s fight against tuberculosis. ... The Asia-Pacific TB Parliamentary Caucus is the first regional meeting to come out of the Global TB Caucus, which was established in October 2014” (see Devex).

The Lancet (World Report) – Measles outbreak in DR Congo an “epidemic emergency”

In high-income countries, measles is generally seen as a mild ailment. An epidemic raging in equatorial Africa proves that the measles virus has not lost its power to kill. John Maurice reports.
NCDs

Lancet Correspondence – E-cigarettes: the need for clear communication on relative risks

A McNeill et al; http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)00079-3/fulltext
A rather swift answer to the Lancet Editorial of last week – as somebody mentioned on Twitter, “the more money is involved, the faster the reactions”). Nevertheless, the reaction includes some strong and hard-hitting language, including: “We would encourage people to read our full report before criticising it.” (they seem to forget we now live, officially, in the ‘Donald Trump era’).

Tobacco control –The tobacco endgame: a qualitative review and synthesis

P McDaniel et al; http://tobaccocontrol.bmj.com/content/early/2015/08/28/tobaccocontrol-2015-052356.long
Recommended. “The tobacco endgame concept reorients discussion away from the persistent control of tobacco toward plans for ending the tobacco epidemic, and envisions a tobacco-free future. A variety of policy approaches have been proposed, with many offered prior to the introduction of the unifying term ‘endgame’. We conducted a qualitative synthesis of the literature on tobacco control endgames, and drew on media accounts and discussion of analogous ideas for illustrative purposes. We identified proposals focused on the product, user, market/supply or larger institutional structures. Research on public support for these proposals was limited, but suggestive of some public appetite for endgame ideas. Advocates should be encouraged to explore new policy options and consider the goal of a tobacco-free future.”

Critical Public health –The incursion of ‘Big Food’ in middle-income countries: a qualitative documentary case study analysis of the soft drinks industry in China and India

S Williams; http://www.tandfonline.com/doi/full/10.1080/09581596.2015.1005056#abstract
From a while ago already.
PAHO/WHO report – Ultra-processed foods are driving the obesity epidemic in Latin-America


“Industrially processed food products, sugary drinks and fast foods are displacing more nutritious traditional diets, with alarming health results. Experts say market regulation is needed to reverse the trend in Latin America and worldwide. Sales of industrially processed food products—including fast food and sugary beverages—have been rising steadily in Latin America and are fueling increased obesity rates throughout the region, according to a report published this week by the Pan American Health Organization/World Health Organization (PAHO/WHO).” The new report is called "Ultra-processed food and drink products in Latin America: Trends, impact on obesity, policy implications".

Lancet (Editorial) – Diabetes: an ounce of prevention is worth a pound of cure

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)00119-1/fulltext

“Type 2 diabetes is on the rise. Total deaths from diabetes are projected to rise by more than 50% in the next 10 years. In a Comment in The Lancet today, Dimitri Pournaras and Carel le Roux warn that “Type 2 diabetes is becoming the plague of the 21st century” that “threatens to reduce life expectancy for future generations globally”. These are grave warnings indeed, but the application of good science and strong advocacy can mitigate these dangers.”

Reproductive, maternal, neonatal & child health

Devex - UNFPA chief: New development architecture will mean adaptation, more cooperation


The view of the UN Population Fund boss (B Osotimehin) on the SDGs and what it will entail for ‘partnerships & innovative financing to continue to promote reproductive health & family planning’.
Global Health Science & Practice - What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices

V Chandra-Mouli et al; http://www.ghspjournal.org/content/early/2015/08/31/GHSP-D-15-00126.full.pdf+

« Youth centers, peer education, and one-off public meetings have generally been ineffective in facilitating young people’s access to sexual and reproductive health (SRH) services, changing their behaviors, or influencing social norms around adolescent SRH. Approaches that have been found to be effective when well implemented, such as comprehensive sexuality education and youth-friendly services, have tended to flounder as they have considerable implementation requirements that are seldom met. For adolescent SRH programs to be effective, we need substantial effort through coordinated and complementary approaches. Unproductive approaches should be abandoned, proven approaches should be implemented with adequate fidelity to those factors that ensure effectiveness, and new approaches should be explored, to include greater attention to prevention science, engagement of the private sector, and expanding access to a wider range of contraceptive methods that respond to adolescents’ needs. »

Guardian – Why the menstruation and sanitation revolutions need to talk


Careful planning and more research are needed to make sure the menstrual hygiene and sustainable sanitation agendas are mutually supportive.

UN News Centre - Security Council condemns use of sexual violence as ‘tactic of war’ in Iraq and Syria


On 28 August, “The United Nations Security Council condemned the use of sexual violence, in particular sexual enslavement and sexual violence ‘related to or resulting from forced marriage, committee, including as a tactic of war, in Syria and Iraq,’ and urged all parties to armed conflict to take all feasible steps to protect civilians from such ‘abhorrent’ acts…”.

Lancet (World Report) – Anti-abortion groups target funding of Planned Parenthood

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)00113-0/fulltext
Anti-abortion groups are continuing their campaign against government funding of Planned Parenthood—a major provider of reproductive health care in America. Sharmila Devi reports.

**Human resources for health**

**Human Resources for Health (Series) – Supporting and strengthening the role of close-to-community (CTC) providers for health system development**


“Close-to-community (CTC) providers are health workers who carry out promotional, preventive and/or curative health services and who are often the first point of contact at community level in countries in the global south. CTC providers usually have at least a minimum level of training in the context of the intervention that they carry out and include a broad variety of health workers, including community health workers (CHWs) and auxiliary health workers. CTC providers are strategically placed as the interface between health systems and the communities they serve. National and international decision-makers are once again turning to (CTC) services in order to strengthen health systems in the context of the momentum generated by strategies to support universal access, delivery of the MDGs and the post-MDG agenda. However there are a number of flaws in current systems that need to be better understood. We are at a critical stage in the development of CTC programming and policy which requires the creation and communication of new knowledge to ensure the safety, sustainability, quality and accessibility of services, and their links with both the broader health system and the communities that CTC’s serve. This series covers a range of topics on close to community providers for health systems development.

**HRH - Health sector employment: a tracer indicator for universal health coverage in national Social Protection Floors**

X Scheil-Adlung; [http://www.human-resources-health.com/content/13/1/66](http://www.human-resources-health.com/content/13/1/66)

“Health sector employment is a prerequisite for availability, accessibility, acceptability and quality (AAAQ) of health services. Thus, in this article health worker shortages are used as a tracer indicator estimating the proportion of the population lacking access to such services: The SAD (ILO Staff Access Deficit Indicator) estimates gaps towards UHC in the context of Social Protection Floors (SPFs). Further, it highlights the impact of investments in health sector employment equity and sustainable development.”
IJHPM - Accelerate Implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel: Experiences From the South East Asia Region; Comment on “Relevance and Effectiveness of the WHO Global Code Practice on the International Recruitment of Health Personnel – Ethical and Systems Perspectives”

Viroj T et al; http://www.ijhpm.com/article_3088_0.html
“...This commentary argues that the WHO Global Code of Practice on International Recruitment of Health Personnel is relevant to the countries in the South East Asia Region (SEAR) as there is a significant outflow of health workers from several countries and a significant inflow in a few, increased demand for health workforce in high- and middle-income countries, and slow progress in addressing the “push factors.””

Health Policy & Financing

Globalization & Health –Introducing payment for performance in the health sector of Tanzania- the policy process

V Chimhutu et al; http://www.globalizationandhealth.com/content/11/1/38
Remarkable piece. “Prompted by the need to achieve progress in health outcomes, payment for performance (P4P) schemes are becoming popular policy options in the health systems in many low income countries. This paper describes the policy process behind the introduction of a payment for performance scheme in the health sector of Tanzania illuminating in particular the interests of and roles played by the Government of Norway, the Government of Tanzania and the other development partners.”

Global Health Action –How Thailand’s greater convergence created sustainable funding for emerging health priorities caused by globalization

N Charoenca; http://www.globalhealthaction.net/index.php/gha/article/view/28630
“Global health is shifting gradually from a limited focus on individual communicable disease goals to the formulation of broader sustainable health development goals. A major impediment to this shift is that most LMICs have not established adequate sustainable funding for health promotion and health infrastructure. In this article, we analyze how Thailand, a middle-income country, created a mechanism for sustainable funding for health. We analyzed the progression of tobacco control and health promotion policies over the past three decades within the wider political-economic and sociocultural context. We constructed a parallel longitudinal analysis of statistical data on one emerging priority – road accidents – to determine whether policy shifts resulted in reduced injuries, hospitalizations and deaths. In Thailand, the
convergence of priorities among national interest groups for sustainable health development created an opportunity to use domestic tax policy and to create a semi-autonomous foundation (ThaiHealth) to address a range of pressing health priorities, including programs that substantially reduced road accidents. Thailand’s strategic process to develop a domestic mechanism for sustainable funding for health may provide LMICs with a roadmap to address emerging health priorities, especially those caused by modernization and globalization.

Rockefeller Foundation – Development in the 21st Century is About Financing, Not Giving


“...African Risk Capacity (ARC)—a specialized agency of the African Union—is charging ahead with a solution that does not rely on humanitarian appeals or executive decisions from international development organizations to contain future disease outbreaks in Africa. ARC is targeting a 2017 launch for the first-ever sovereign insurance product for outbreaks and epidemics, which would enable African countries to tap into the $100+ trillion available in the global capital markets.” ...” The ARC Outbreak and Epidemic Insurance effort is emblematic of three major shifts that are changing the dynamics of global development today: the ‘Friendly Capitalist’ (💬); Shifting Capital Centers; Local Intellectual Hubs’”

Journal of Public Health – Warning: TTIP could be hazardous to your health

M Weiss, J Middleton & T Schrecker;
http://jpubhealth.oxfordjournals.org/content/37/3/367.long

In case you still needed a reminder. Includes sections on regulatory harmonization, the NHS, access to essential medicines, economic and health inequalities, ISDS provisions & Health in all policies’ and free trade and investment agreements.

HHR (blog) –No News is Good News: An Update on the Trans-Pacific Partnership Agreement

Fran Quigley; http://www.hhrjournal.org/2015/08/31/no-news-is-good-news-an-update-on-the-trans-pacific-partnership-agreement/

Over to TPP(A). “The most important update on the Trans-Pacific Partnership Agreement (TPPA) is that there is no Trans-Pacific Partnership Agreement. At least not yet.” Quigley explains what happened after the granting of fast-track authority to president Obama. And concludes with words of wisdom: “For everyone concerned about the human right to
the highest attainable standard of health, *every day without a TPPA is a good day.*” (I think that would be a good line for a new Pharrell Williams song)

**Scidev.net – Focus on private sector : India’s generic drug wars**


Familiar story by now: “**India makes lifesaving medicine that Africa can afford — and US pressure mustn’t cripple that, says Maha Rafi Atal.**”

**Fast Company – Meet the non-MD’s solving systemic health care problems**


“**Global Health Corps just sent its latest cohort of fellows to their yearlong posts developing health and social justice solutions in places like Zambia, Malawi, and Rwanda. And while the GHC fellows—all aged 30 and under—will help develop new systems for dealing with endemic issues like maternal death rates and the spread of airborne disease, perhaps the most intriguing thing about them isn’t where they’re going. It’s where they come from. Of the 134 fellows in this year’s GHC class, only three are medically trained doctors. Most come from other backgrounds like architecture, design, communications, and corporate logistics. And that’s not by mistake—GHC cofounder and CEO Barbara Bush says her team deliberately chooses students and professionals from different backgrounds to help struggling communities get ahead of systemic problems....**”

**Scidev.net – Disadvantages of drug production in Africa**


Account of an interesting discussion at a recent conference held by the Society for the Advancement of Science in Africa in Toronto, Canada.

**Project syndicate - Using Antibiotics Wisely**


In this piece, “**Mr AMR” – Jim O’Neill – argues for behavior change and a global effort to raise awareness of the threat of antimicrobial resistance, drawing upon examples from the fight against HIV & tobacco control, among others. He will, however, no doubt argue, that this can only be part of the toolbox to tackle AMR.**
“Many health improving interventions in low-income countries are extremely good value for money. So why has it often proven difficult to obtain political backing for highly cost-effective interventions such as vaccinations, treatments against diarrhoeal disease in children, and preventive policies such as improved access to clean water, or policies curtailing tobacco consumption? We use economic models of public choice, supported by examples, to explain how powerful interests groups, politicians or bureaucrats who pursue their own objectives, or voting and institutional arrangements in countries have shaped health priority setting. We show that it may be perfectly rational for policy makers to accommodate these constraints in their decisions, even if it implies departing from welfare maximizing solutions.”

“Humanosphere – Oil-rich Nigeria still suffers from massive health inequities

The new Nigerian president "Buhari will be challenged by persistent health inequalities between Nigeria's oil-rich south and the impoverished north according to a new study by the Institute for Health Metrics and Evaluation (IHME). You can explore the study results through the Nigeria Health Map visualization tool."

“Devex – Not so fast: Legal battle over largest-ever USAID award takes another turn

“Startup activities on the largest-ever U.S. Agency for International Development award are locked in a holding pattern. The Partnership for Supply Chain Management has filed a lawsuit in the U.S. Court of Federal Claims in further objection to decisions surrounding a USAID award worth almost $10 billion. The Global Health Supply Chain — Procurement and Supply Management project will coordinate the supply and distribution of commodities like antiretroviral medicines for HIV and AIDS, insecticide-treated bed nets to combat malaria, condoms, contraceptives, and vaccines.”

“Huffington Post – Betting on better data

Orin Levine; http://www.huffingtonpost.com/dr-orin-levine/betting-on-better-data_b_8000868.html
“It’s a new kind of low-tech innovation that is promising to help health workers, stretch donor dollars and save lives. The Better Immunization Data (BID) Initiative, a partnership led by Seattle-based organization PATH, is revolutionizing the way vaccine data is tracked from the lab to the last mile.”

The Chronicle of Philanthropy – Gates digs in

https://philanthropy.com/article/The-Gates-Foundation-Digs-In/232687/?key=Hj10dFViMntJbCsybzgQMj4E0yFvZkwhYn9LPS8obl9cEQ==
Gated... “With a new CEO and last year’s Ebola crisis behind it, America’s largest foundation is taking a more disciplined approach to health care, education, and other causes.”

WHO Bulletin (news) – Prevention is better than treatment

http://www.who.int/bulletin/volumes/93/9/15-020915.pdf
On oral health. Developing countries face a growing toll of tooth decay and gum disease that can be prevented. Apiradee Treerutkuarkul and Karl Gruber report

WHO Bulletin (early online) – Counterterrorism policies and practices: health and values at stake

L Eckenwiler et al; http://www.who.int/bulletin/online_first/BLT.14.144816.pdf?ua=1
Coming back on the notorious case of the use by the CIA of a fake vaccination programme to obtain DNA samples in the search for Osama Bin Laden, which caused distrust and hampered polio eradication and other public health efforts in Pakistan.

Health & Communications – social media: who’s engaging and who’s engaged

Rick Lesaar; http://www.healthandcommunications.com/blog/2015/8/31/8utx8sait2y475x5wv11omlk6fsf9p
“A look at how global health organizations use social media reveals some interesting patterns and some unexpected practices. First we see who’s using what and then try to gauge how effective that use is.”
Corporate Europe - Policy prescriptions: the firepower of the EU pharmaceutical lobby and implications for public health

Ah, the wonders of European democracy... “A new report released today reveals the dramatic extent of the pharmaceutical industry’s lobbying efforts towards EU decision-makers, with the industry spending an estimated 15 times more than civil society actors working on public health or access to medicines.”

Global health announcements

WHO, WIPO and WTO to reflect on lessons of 20 years of TRIPS and public health

https://www.wto.org/english/news_e/news15_e/trip_31aug15_e.htm#.VehymeXxMCI

Five years after they launched a stepped-up programme of trilateral cooperation, the World Health Organization (WHO), World Intellectual Property Organization (WIPO) and the WTO will hold a technical symposium on “Public Health, Intellectual Property and TRIPS at 20: Innovation and Access to Medicines; Learning from the Past, Illuminating the Future” on 28 October 2015 at the WTO in Geneva.

IDS –Launch of the Global Sex Work Law Map

http://www.ids.ac.uk/events/launch-of-the-global-sex-work-law-map

Upcoming. The interaction of law and poverty is a focus of the work on sex work of the Sexuality, Poverty and Law Programme of the Institute of Development Studies (IDS). As part of that work it has produced an online map of brief, accurate summaries of the laws and regulations that address female sex work across the world. The launch of this Global Sex Work Law Map takes place on September 15.
Emerging Voices

HRH – Motivations for entering and remaining in volunteer service: findings from a mixed-method survey among HIV caregivers in Zambia

Steph Topp et al; http://www.human-resources-health.com/content/13/1/72
Mixed-methods survey on the “mixed motives’ of volunteers, by EV 2013 Stephanie Topp.

HP&P – The path dependence of district manager decision-space in Ghana

Aku Kwamie;
http://heapol.oxfordjournals.org/content/early/2015/08/25/heapol.czv069.full?keytype=ref&ijkey=a6uD5L8FoAUzdK7
New article by one of the more prolific EV alumni (EV 2012), Aku Kwamie. “The district health system in Ghana today is characterized by high resource-uncertainty and narrow decision-space. This article builds a theory-driven historical case study to describe the influence of path-dependent administrative, fiscal and political decentralization processes on development of the district health system and district manager decision-space. ...”

IHP – Animal Farm Musings on UHC

Shakira Choonara; http://www.internationalhealthpolicies.org/animal-farm-musings-on-uhc/
“All animals (patients) are equal, it’s just that some are more equal than others”. After a visit to the Kenyatta National Hospital in Kenya, and seeing the stark contrast between the public and private wings of the hospital, Shakira Choonara (EV 2014) wonders: “Is UHC in our present day context really about ‘health for all’? Or is it about providing health for “all animals (patients), under the assumption that some will always be more equal than others, especially if they have money”?”
Human vaccines & immunotherapeutics - Local infiltration of rabies immunoglobulins without systemic intramuscular administration: An alternative cost effective approach for passive immunization against rabies

Omesh Bharti (EV 2010)
http://www.tandfonline.com/doi/full/10.1080/21645515.2015.1085142#.VeRq4_ntm kp
New publication from EV alumnus & rabies expert, Omesh Bharti.

Research

Health Policy & Planning – October issue online

http://heapol.oxfordjournals.org/content/current
Check it out.

Global Health Promotion (September issue)

http://ped.sagepub.com/content/current
Includes the editorial 'What does Global Health promotion look like?' (by S Jackson).

Journal of Global health - Setting research priorities to improve global newborn health and prevent stillbirths by 2025


Not much comment needed here.

HRH – Snap shots from a photo competition: what does it reveal about close-to-community providers, gender and power in health systems?

Asha George et al; http://www.human-resources-health.com/content/13/1/57

Already caused quite some commotion on Twitter: “In this commentary, we discuss a photography competition, launched during the summer of 2014, to explore the everyday stories of how gender plays out within health systems around the world. While no submission fees were charged nor financial awards involved, the winning entries were exhibited at the Global
Journal of Global health - Structure, function and five basic needs of the global health research system


“Two major initiatives that were set up to support and co–ordinate global health research efforts have been largely discontinued in recent years: the Global Forum for Health Research and World Health Organization’s Department for Research Policy and Cooperation. These developments provide an interesting case study into the factors that contribute to the sustainability of initiatives to support and co–ordinate global health research in the 21st century. We reviewed the history of attempts to govern, support or co–ordinate research in global health. Moreover, we studied the changes and shifts in funding flows attributed to global health research. This allowed us to map the structure of the global health research system, as it has evolved under the increased funding contributions of the past decade. Bearing in mind its structure, core functions and dynamic nature, we proposed a framework on how to effectively support the system to increase its efficiency. Based on our framework, which charted the structure and function of the global health research system and exposed places and roles for many stakeholders within the system, five basic needs emerged: (i) to co–ordinate funding among donors more effectively; (ii) to prioritize among many research ideas; (iii) to quickly recognize results of successful research; (iv) to ensure broad and rapid dissemination of results and their accessibility; and (v) to evaluate return on investments in health research. ...”

HP&P –Taking knowledge users’ knowledge needs into account in health: an evidence synthesis framework

D Wickremasinghe et al; [http://heapol.oxfordjournals.org/content/early/2015/08/31/heapol.czv079.abstract](http://heapol.oxfordjournals.org/content/early/2015/08/31/heapol.czv079.abstract)

“The increased demand for evidence-based practice in health policy in recent years has provoked a parallel increase in diverse evidence-based outputs designed to translate knowledge from researchers to policy makers and practitioners. Such knowledge translation ideally creates user-friendly outputs, tailored to meet information needs in a particular context for a particular audience. Yet matching users’ knowledge needs to the most suitable output can be challenging. We have developed an evidence synthesis framework to help knowledge users, brokers, commissioners and producers decide which type of output offers the best ‘fit’ between ‘need’ and ‘response’...”
Evidence & Policy – Policy-relevant systematic reviews to strengthen health systems: models and mechanisms to support their production

S Oliver et al; http://www.ingentaconnect.com/content/tpp/ep/pre-prints/content-EvP_058

“Support for producing systematic reviews about health systems is less well developed than for those about clinical practice. From interviewing policy makers and systematic reviewers we identified institutional mechanisms which bring systematic reviews and policy priorities closer by harnessing organisational and individual motivations, emphasising engagement between policy and research, embedding efforts in conducive structures and supporting them with formalised procedures. Four models combine mechanisms appropriately to suit the initial degree of clarity and consensus of key issues underpinning the policy problem or research question, and whether the review is for a specific decision or widespread use.”

Systematic reviews - Time to rethink the systematic review catechism? Moving from ‘what works’ to ‘what happens’

M Petticrew; http://www.systematicreviewsjournal.com/content/4/1/36

From March already. “Systematic review methods are developing rapidly, and most researchers would recognise their key methodological aspects, such as a closely focussed question, a comprehensive search, and a focus on synthesising ‘stronger’ rather than ‘weaker’ evidence. However, it may be helpful to question some of these underlying principles, because while they work well for simpler review questions, they may result in overly narrow approaches to more complex questions and interventions. This commentary discusses some core principles of systematic reviews, and how they may require further rethinking, particularly as reviewers turn their attention to increasingly complex issues, where a Bayesian perspective on evidence synthesis, which would aim to assemble evidence - of different types, if necessary - in order to inform decisions’, may be more productive than the ‘traditional’ systematic review model.”

Miscellaneous

Oxfam – A data revolution is underway. Will NGOs miss the boat?


“We live in a world where more data is being generated than ever before. For NGOs in international development increased data offers opportunities and poses risks, but ignoring it is not an option. Oxfam Research Assistant, Sophia Ayele, looks at how data can be used responsibly to improve lives through more effective development programmes.” “… As we navigate the complexities of informed consent and de-identification, one thing is clear - the
Data revolution is here and it’s here to stay. The question isn’t whether NGOs should engage with it. It’s when and how.”

New Internationalist – Calling time on the MDGs

http://newint.org/features/2015/09/01/millenium-development-goals-failure/

Illusion continues to trump reality in the murky business of international development, writes Maggie Black.