Dear Colleagues,

*This week's IHP issue has an Indian focus – with articles by **Mridula Shankar**, **Upendra Bhojani**, and **Pietro Dionisio**. This week's Featured article, also part of the series, comes from **Krishna D Rao**. The Indian series was compiled by **Radhika Arora** (EV 2012), thanks Radhika! She starts this week's IHP issue with a short reflection on some of the key health related issues in India from the last few months. It's titled 'A papaya problem'.*

A papaya problem

As someone who works from home, I have the opportunity to indulge my post prandial stupor with a nap. Unfortunately, my afternoon siesta has, recently, been interrupted by some furious rustling of leaves and frantic muttering.

As you probably know, Delhi has been in the middle of an outbreak of dengue fever since August this year. By September, official figures quoted in the BBC estimated 25,000 people were infected. Real figures are expected to be higher. The city's health services struggled to cope. Papaya leaves are commonly believed to increase blood platelet counts. So people have been scaling our backyard walls to try and tear papaya leaves from our trees. There is much debate about this.

Its mid-October now, the daily dengue count has – fortunately – abated. A few cases of swine flu have been reported. In the meantime, we leave a stack of ready-cut papaya leaves for believers to juice up.

The ongoing festive season in the north has another cause for (public health) celebration. India [almost] eliminated maternal and neonatal tetanus, now at less than one case per 1 000 live births across the country. And yet, the dengue outbreak highlighted the enormous gaps in the country's health systems, as pundits were quick to point out. Changes have been proposed to India's publicly funded health insurance, the RSBY, with the proposed changes to include extending services to citizens above the poverty line and free preventive health check-ups for those vulnerable to cardiac diseases and diabetes. Simultaneously, worrying changes in funding of the National Health Mission have been reported; yes, polio was eradicated and tetanus (almost) eliminated, but what about future (public health) successes, in areas like TB, maternal health, diabetes…? Blood transfusion received some attention recently when the National Blood Transfusion Council introduced two initiatives in the area, to permit and regulate the transfer of blood from one bank to another. In other news, women's safety is back in the news, just as horrific as always. Thirty five Indian writers returned their awards received from one of the country's highest literary institutions, the Sahitya Akademi (National Academy of Letters) in protest against the murder of M.M. Kalburgi, a 77-year old academic and literary figure; and last, but not least, the humble cow has it's day in the spotlight.

*In this week's Featured article, **Krishna D Rao** points out that health systems research in India has evolved and changed over the last few years. Yet areas like health financing, human resources and governance are inadequately addressed. What is the future of health systems research within the context of ongoing health reforms?*

Further in the newsletter, you find the usual global health policy news – starting with the section 'Highlights of the week'.

Enjoy your reading.

The editorial team

Featured Article

Health Systems Research in India - why the way forward is important

Krishna D. Rao, PhD; Assistant Professor, Health Systems Program, Department of International Health, Johns Hopkins University

Sometimes, the more things change, the more they remain the same. This is particularly true of India's health sector where in the past decade important public investments have been made, yet, it seems like little has changed. Two major developments have characterized India's health system in the past ten years, which in many ways marked a new era for the health sector. The first was the launch of the National Rural Health Mission (NRHM) in 2005, renewed now as the National Health Mission, to strengthen the public sector health system, particularly for primary care. Through the NRHM large investments were made in strengthening service delivery in the public sector, a national conditional cash transfer program for institutional deliveries was established, as well as a community health worker program which saw the introduction of over 9,07,918 community workers across the country. The second development was the spread of government sponsored insurance schemes covering hospital care for the poor. These schemes have rapidly expanded; the national health insurance scheme, the Rashtriya Swasthya Bima Yojana (RSBY), now covers most of India and several states have their own schemes. It is estimated that, by 2015, half of India's population will be covered by government insurance schemes. Many believe that these new initiatives can move India closer to Universal Health Coverage. Yet, as recent news reports tell us, India's health system continues to grapple with the delivery of basic preventive and curative health services. The repeated outbreaks of dengue in the national capital and elsewhere, for example, and the inability of the health system to prevent and respond to it are symptoms. Moreover, public health spending on health remains low at 1% of GDP; national surveys continue to report on the high levels of out-of-pocket payments and the related fall into poverty that often goes with it.

In the context of these health system reforms, it is important to ask: what has been the response of the health systems research community, and in what ways can health systems research contribute to strengthening the reforms currently underway in India? All signs indicate that there is a growing Indian interest in health systems research. At the institutional level, the National Health Systems Resource Centers, and its affiliate State Health Resource Centers, were established under NRHM to provide research and technical assistance to the Ministry of Health and Family Welfare, and the NRHM. In 2007, two years after the start of the NRHM, the Department of Health Research was established with a mandate to improve research both in the public and clinical aspects of health care. The government sponsored insurance schemes also put emphasis on research. For instance, the Aarogyasri Health Care Trust, which implements the Rajiv Aarogyasri health insurance scheme in Andhra Pradesh, has an embedded research unit.

Research on health systems in India has broadly followed the shifting patterns of both national and global health policies. For instance, in the decades following Independence, various committee reports and national health policies, as well as research on health systems, mirrored the government's preoccupation with expanding coverage of health services, including human resources. A recent review on health systems research in India during the reform period of 2005-2013 is revealing about the current state of health systems research. The study found that the number of publications on health systems progressively increased every year from 92 in 2006 to 314 in 2012. The majority of papers were on service delivery (40%), with fewer on information (16%), medical technology and vaccines (15%), human resources (11%), governance (5%), and financing (8%). The lack of research on issues like health care financing, human resources, and governance is remarkable given the nature of health reforms in India - in the context of low public spending on health, scarce human resources, and weak systems of governance. The review also found that around 70% of articles were lead by an author based in India, which shows the strength of the domestic research capacity. However, the majority of authors were located in only four states. Indeed, several states, particularly in eastern and north-eastern India, did not have a single paper published by a lead author located in a local institution. Moreover, many of these states were not the subject of a single published paper. It is important, therefore, that health systems research in the future also focuses on strengthening health systems research capacity in states and institutions that have a scarcity of researchers, as well as states that have been the focus of little research. While more funding for health systems research is required, this funding needs to be targeted at deficient health systems domains, geographical areas, and institutions.

Strengthening public accountability is another function of health systems research that requires emphasis in the road ahead. Health systems researchers have the important function of being observers, perhaps even watchdogs, of India's health system reform efforts. Research on program implementation and policy has the important function of creating a culture of public accountability, in addition to increasing our knowledge of program performance. The accountability function of health systems research is surprisingly understated. Whenever a researcher studies a program, collects data, analyzes and disseminates it, he or she is acting as an independent observer and reporter of the program's functioning. Asking questions about the state of a program's functioning, if it has had an impact on its objectives, and if it served the poor or not – are all profoundly powerful acts of promoting accountability. The more such research is produced, the greater will be the pressure of public accountability on public functionaries to improve performance. In the era of health systems reforms, health system researchers in India have the additional responsibility of strengthening public accountability through their research.

Indian Focus

IHP – Decriminalising sex work: Will India lead the way?

Mridula Shankar; http://www.internationalhealthpolicies.org/why-decriminalisation-of-sex-work-is-the-way-to-go-an-indian-perspective/

Amnesty International's recent decision to support policy advocating for decriminalisation of sex work has stirred public debate on this divisive topic. Drawing from a human rights and public health perspective, and exploring evidence and experiences from India, this blogpost attempts to answer why such a policy is the right way to go forward.

IHP – Manipulation by association: tobacco, food and public health in India

Upendra Bhojani (IPH Bangalore); http://www.internationalhealthpolicies.org/manipulation-by-association-tobacco-food-and-public-health-in-india/

Upendra Bhojani, discussing NCD conflicts of interest (and worse) in India, emphasizes there is "*a need to devise a comprehensive policy framework preventing conflicts of interest within government/development agencies and prohibiting the Corporate Social Responsibility (CSR) activities by industries producing products known to be harmful to health. We need to actively keep such partnerships in check and denormalize them through timely actions*. …" He hopes that "*the government led by Mr. Narendra Modi with its stated ambition of 'Minimum Government and Maximum Governance' recognizes this problem as one of inadequate governance where economic interests are not managed in the broader ambition of human wellbeing*".

IHP – India's march towards UHC: Where is the "political will"?

Pietro Dionisio; http://www.internationalhealthpolicies.org/indias-march-towards-uhc-where-is-the-political-will/

Pietro, a recent graduate in International Relations from the University of Florence, Italy, had the opportunity (as part of his Masters') to intern with WHO in Geneva where he was introduced to the subject of UHC in India. Check out his Italian take on the rather difficult journey towards UHC in India. "*The path to UHC is difficult for any country, but especially so for one such as India – a country struggling to provide even basic, essential care to its people; a country where, even as UHC is exhibited as being a top priority, it risks being just a mirage*."

Highlights of the week

Flying less campaign - Call on Universities and Professional Associations to Greatly Reduce Flying

https://www.change.org/p/universities-and-professional-associations-call-on-universities-and-professional-associations-to-greatly-reduce-flying

As you know, this is an issue dear to my heart. Hence this **petition** by a number of academics and other professionals working in an academic environment, calling upon universities and academic professional associations to greatly reduce their flying-related footprint as part of an effort to cut greenhouse gas emissions. For all the ones in global health so fond on being or becoming "leaders", (and especially for the "planetary health" leaders, Richard), it is rightly said: " Universities and academic professional associations should be leaders on this issue."

(*having said that, I was pretty happy I could fly home last week from Berlin, with my nasty cold – instead of having to take the train…*)

WHO – Despite progress, road traffic deaths remain too high

http://www.who.int/mediacentre/news/releases/2015/road-safety-report/en/

Unfortunately, it turns out the roads are still not safe either.

"*Some 1.25 million people die each year as a result of road traffic crashes, according to the WHO's* ***Global status report on road safety 2015****, despite improvements in road safety. "Road traffic fatalities take an unacceptable toll – particularly on poor people in poor countries," says Margaret Chan. However, the number of road traffic deaths is stabilizing even though the number of motor vehicles worldwide has increased rapidly, as has the global population. … 17 countries have aligned at least one of their laws with best practice on seat-belts, drink–driving, speed, motorcycle helmets or child restraints (*and they had the most success in reducing the number of road traffic deaths*). "We're* ***moving in the right direction****," adds Dr Chan. "The report shows that road safety strategies are saving lives. But it also tells us that the* ***pace of change is too slow****." …The biggest challenge is extending traffic safety gains from wealthy countries to low- and middle-income ones, where 90% of the traffic deaths occur*."

As you know, Michael Bloomberg is quite involved in road safety. "The Global status report (funded by **Bloomberg Philantropies**) on road safety 2015, reflecting information from 180 countries, indicates that worldwide the total number of road traffic deaths has plateaued at 1.25 million per year. … Urgent action is needed to achieve the ambitious SDG **target for road safety**: halving the global number of deaths and injuries from road traffic crashes by 2020. "

SDGs & health

In the words of Chris Elias (Gates Foundation), the SDGs are now in their "neonatal" period. I'm not a doctor, but that sounds like a pretty fragile period in one's life. Below some key news related to SDGs & health.

Guardian – Poverty goals? No, it's extreme wealth we should be targeting

Zoë Williams; http://www.theguardian.com/commentisfree/2015/oct/19/un-poor-wealth-sustainable-development-goals

A no-brainer. For all the ones in global health who just love targeting (yes, WB, Bill, …), and enjoy talking about billions, this one is for you guys. "*If we had focused on the real causes of poverty over the past 30 years we probably wouldn't need the UN's SDGs now*".

The **cartoon version** is even better, see Swedish Band 'The Knife' Nail Central Flaw of The UN's Sustainable Development Goals: a brilliant satirical comic imagines what policy would look like if the UN focused on eliminating extreme wealth.

An interesting quote by Williams, pointing towards the still problematic language on poverty (something like "a disease that can be eradicated", in the words of one activist), growth, corporations, … in the SDG agenda: "…*These basic assumptions – poverty is the problem, growth is the answer, climate change can be tackled separately to consumption, and corporate behaviour is neither here nor there – extend far beyond the UN, into political cultures everywhere*."

(*But as this is still the SDG's neonatal period, there's still some time to address this*.)

CGD (blog) Are the Global Goals Famous Yet?

Charles Kenny; http://www.cgdev.org/blog/are-global-goals-famous-yet

No, not yet (based on some Google search trends). "*Has the effort to make the goals famous laid the foundation for a global movement? The initial evidence suggests 'not yet.' And in defense of the Global Goals organizers, that isn't for lack of trying. Perhaps the problem is with the goals, not the coalition*."

(If we add an extra SDG goal, 'target extreme wealth', I bet the SDGs will become soon enough famous all over the world. We could even consider some Chinese-style indicators☺.)

SDG Indicators – Dog fight coming up?

Over to the (more mundane) SDG indicators. Civil Society lists a number of '**red flags**', in an **open letter** to the co-chairs of the IAEG-SDGs.
https://www.amnesty.org/en/documents/act30/2716/2015/en/

The **second meeting** of the indicator work group **takes place next week in Bangkok**. See here. The meeting (26-28 October) will be broadcast online. Check out also the provisional agenda & documents on the website, including a Summary of comments received (corrected version - 19 October 2015) and list of indicator proposals (11 August 2015) (PDF). (*warning: not for colour blind and myopic people*)

Guardian – Senior UN official castigates World Bank over its approach to human rights

http://www.theguardian.com/global-development/2015/oct/22/world-bank-human-rights-un-special-rapporteur-philip-alston

Ouch. The **UN special rapporteur on extreme poverty and human rights, Philip Alston**, accuses the bank of leading a '**race to the bottom' on human rights**, and says the organisation pays lip service to issues without tackling them. "*The World Bank's approach to human rights is disingenuous, outdated and "deeply troubling"…" Alston… said that after 40 years of inconclusive internal discussions, the Washington-based organisation and its 188 member countries had to realise they could no longer separate human rights from development financing*." (based on a recent report).

A key paragraph: "*The special rapporteur, a law professor at New York University, rejects the bank's argument that a "political prohibition" clause prevents it from becoming involved in the "political affairs of any member" and that its decisions can be governed only by economic considerations. "I see that legal analysis as bankrupt," he said. "It is not in line with anything else the bank does. They have singled out human rights as almost the only issue that they would see as political [yet] they engage in the full range of environmental issues, which are deeply political. They engage in governance, which is entirely political, they engage in anti-corruption campaigns. None of these is characterised as political. But suddenly they draw the line at human rights and I think this is very artificial.""*

Climate change & (planetary) health

Guardian –France launches global drive for climate deal

http://www.theguardian.com/world/2015/oct/19/france-launches-global-drive-for-climate-deal

This week, **governments gather in Bonn** for the last chance before the Paris conference to amend the text of the potential climate (COP21) agreement, technically announced as: "*The eleventh part of the second session of the Ad Hoc Working Group on the Durban Platform for Enhanced Action (ADP) will take place from 19 - 23 October 2015*." See the UNFCCC website for the agenda, all docs, etc. (including the so-called "non-paper", the current draft of the Paris protocol). (*The non-lawyers among you are encouraged to read that before they go to bed. As for the ones married to a lawyer, though, we advise the opposite)*

Meanwhile, French diplomats mobilized for a massive **PR push** this week. Knowing the French, they'll do a nice job in this respect. Check out also how the four partners of the "Lima-Paris Action Agenda" – Peru, France, the UN Secretary General's Climate Change Support Team and the UNFCCC secretariat – briefed delegates at the Bonn Climate Change Conference on their plans to amplify the wealth of global climate action already underway.

For some of the insider information (on what went on in Bonn), see for example Third World Network updates. (by I Bose & others)

For all the **latest news related to COP 21**, we refer to the excellent **UNFCCC newsroom** or the Guardian's climate change section.

A few COP 21 related news items we want to flag:

WB – Leaders Unite in Calling for a Price on Carbon Ahead of Paris Climate Talks

http://www.worldbank.org/en/news/press-release/2015/10/19/leaders-unite-in-calling-for-a-price-on-carbon-ahead-of-paris-climate-talks

"*For the first time, an unprecedented alliance of Heads of State, city and state leaders, with the support of heads of leading companies, have joined forces to urge countries and companies around the globe to* ***put a price on carbon****. The call to price carbon comes from the* ***Carbon Pricing Panel*** *– a group convened by World Bank Group President* ***Jim Yong Kim*** *and IMF Managing Director* ***Christine Lagarde*** *- to spur further, faster action ahead of the Paris climate talks. They are joined in this effort by OECD Secretary General Angel Gurria*." (see also Project Syndicate)

UNFCCC newsroom - Overview of Announced Climate Finance Pledges Ahead of Paris

http://newsroom.unfccc.int/financial-flows/climate-finance-building-ahead-of-paris-overview-of-recent-announcements/

"*A number of Parties and multilateral development banks have made recent announcements on their climate finance contributions in the context of the goal of jointly mobilizing USD 100 billion per year by 2020. The table (in this article) shows what has been publicly announced, many either newly announced or restated at the latest (annual) IMF/World Bank meeting in Lima*." Check them out.

Speaking of this meeting in Lima (9-11 October), you find a **2-page write-up of the IMF/WB meeting in Lima** on IISD.

WHO – New report identifies four ways to reduce health risks from climate pollutants

http://www.who.int/mediacentre/news/releases/2015/reducing-climate-pollutants/en/

"*A new WHO report highlights the urgent need to reduce emissions of black carbon, ozone and methane - as well as carbon dioxide – which all contribute to climate change. Black carbon, ozone and methane – frequently described as short-lived climate pollutants (SLCPs) - not only produce a strong global warming effect, they contribute significantly to the more than 7 million premature deaths annually linked to air pollution. The report, Reducing global health risks through mitigation of short-lived climate pollutants, produced in collaboration with the Climate and Clean Air Coalition to Reduce Short-Lived Climate Pollutants, reveals that interventions to cut SLCPs can reduce disease and death and contribute to food security, improve diets and increase physical activity*."

Access to Medicine

Lancet (Comment) –Essential medicines are still essential

A L Gray et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00514-0/fulltext

Excerpts: "**On Oct 21, WHO published the full report of the 20th Expert Committee on the Selection and Use of Essential Medicines, with its new WHO Model List of Essential Medicines (EML).** The new list includes recently developed medicines for drug-resistant tuberculosis (…), a number of new cancer treatments (…), and, perhaps most controversially, new direct-acting antiviral drugs (DAA) for the treatment of hepatitis C (…). Several of these medicines are very expensive. … It is not the first time that WHO has added expensive medicines to the Model List. … The **recent inclusion of new expensive medicines has raised many questions**. … For many years, the WHO Model List has been viewed by some as applicable only to resource-constrained settings, and was assumed to include only the most basic medicines. This is a profound misunderstanding. … **The idea of selecting a limited list of essential medicines applies in all countries and in a variety of settings**. … The new essential medicines reflect treatment advances of such high public health relevance that WHO decided that these products should be available to all people who need them in all countries. The EML is only a first step in the policy process towards assuring access to these medicines, as part of broader global health and sustainable development goals. … The **2016 report of the Lancet Commission on Essential Medicines Policies** will show how such policies remain essential and will recommend ways of implementing them through concrete actions at the national and global levels."

Journal of Pharmacology and Pharmacotherapeutics - Are we moving towards a new definition of essential medicines?

S Manikandan; http://apps.who.int/medicinedocs/documents/s22063en/s22063en.pdf

Related & very interesting article – from a few months ago already. "*WHO came out with its 19th Model List of Essential Medicines (EML) and 5th Model List of Essential Medicines for Children in **April 2015**. Thirty-six medicines have been added to the adult list and 16 to the children's list. The policy of WHO seems to be shifting ever so slightly to encompass the difficulties facing health care, especially in developed countries. The current list shows quite a few differences from the previous list*."

PLOS Blogs six-part series continues, Talking about Drug Prices & Access to Medicines

Last week, we reported on the 1st blog in the series (by Els Torreele).

This week, the series continued, with:

*(Jessica Warper) This Blog Post Will Cost You (2))

*(A Kukaswadia) If you play with scorpions, don't be surprised when you get stung (3)

*(**James Love- KEI**) Drug pricing is out of control, what should be done? (4)

See also a short piece (by J Love), on KEI: **What's wrong with current system of funding R&D, and what are ideas for reforms?**

His conclusion: "*If the United States and other countries want to control high drug prices, they can, by implementing policies that eliminate monopolies when prices are excessive, by increasing more efficient global markets for quality assured generic medicines, and by changing and transforming*

trade policy, so the emphasis is on funding R&D rather than raising drug prices. To implement both the short term incremental reforms or the more transformative delinkage approaches, policymakers need to talk openly about budget constraints, and find realistic and practical ways to make access more universal, rationale and optimal for patients. Ultimately, society needs to transition to a system that funds medical R&D as a public good. The movement to delink R&D costs from product prices embraces the most transformative and rationale approaches for reform. The flaws in the current system should be obvious enough, and the potential benefits of the reform also, to induce policy makers to begin the responsible and forward-looking tasks of proposing, evaluating and then implementing the policies that eliminate high prices as the primary mechanism to fund medical R&D."

* (**Manica Balasegaram, MSF Access to Medicines**) Double-billed: Why we're paying high prices for drugs – and why we shouldn't need to (5)

Foreign Affairs - A Bitter Pill: Can the Access to Medicines Movement Score Another Victory?

Fran Quigley; https://www.foreignaffairs.com/articles/south-africa/2015-10-18/bitter-pill

Recommended. Among others, on the '**Fix the Patent Laws' campaign**, a joint effort in South Africa by TAC and MSF. "Legal protection for patented drugs has been a sticking point for international trade agreements and is even an issue in the 2016 U.S. presidential campaign. But it is **South Africa** that is reliably described as "**ground zero**" in the struggle between the drug companies and access to medicines activists. …" In the new campaign, they want to mimic (at least to some extent) the HIV drugs fight. "*… Yet it is clear that this broader coalition cannot simply mimic TAC's successful struggle for access to AIDS medicines. The messaging in that fight benefitted from a remarkably straightforward equation: HIV-positive patients with access to antiretrovirals lived long, healthy lives; those without the medicine died. In contrast, the current struggle, in South Africa and beyond, encompasses a dizzying array of medicines and diseases. Privately, organizers worry that it will be hard to recreate the clear moral consensus around all medicines. And there is this: although sharply discounting the price of AIDS medicines was not welcomed by the pharmaceutical industry, their eventual concessions amounted to a small slice of their profit margins.* ***The Fix the Patent Laws' broader challenge to the drug patent system is a frontal attack on the industry's entire business model.*** *"They know we are not going to be quiet now," Greeff says. "And they have megabucks to fight us with*."

Lancet (Comment) – Universal access to medicines

L W Niessen et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00552-8/fulltext

Niessen et al comment on the new PURE study on access to cardiovascular medicine, "***Availability and affordability of cardiovascular disease medicines and their effect on use in high-income, middle-income, and low-income countries: an analysis of the PURE study data***". "*The new research shows that the use of vital life-saving generic (and supposedly inexpensive) medicines for prevention in people with existing heart disease is poor worldwide. In low-income and middle-income countries these medicines are not widely available and, when available, can often be unaffordable. In rich countries, although such medicines are both available and affordable, 35% to 50% of patients who have heart disease or a previous stroke still do not receive them*."

"…**Strategies to make medicines more available and affordable** are therefore crucial in increasing their use in low-income and middle-income countries, in which the burden of non-communicable diseases, in addition to awareness of the benefits of prevention and treatment, are increasing. Reported in The Lancet, Rasha Khatib and colleagues' study on the availability and costs of cardiovascular medicines is part of PURE, a prospective epidemiological survey across 18 countries on five continents. It is a landmark benchmarking study on the empirical costs of medicines, with comparisons across both high-income and low-income settings. Presentation of these rich and unique empirical data on the availability and pricing of four medications in cardiovascular prevention shows that secondary cardiovascular prevention is unavailable and unaffordable in many communities worldwide. … **The implications of the findings go beyond cardiovascular health and are important in the formulation of policies for universal health coverage and the mobilisation of health-care resources.**"

Third World Network – Poor countries press for extension of exemption from drug

A Gulland; http://www.twn.my/title2/health.info/2015/hi151013.htm

"Developing countries are still waiting to hear whether they will be granted a permanent exemption from rules on intellectual property that enables them to have access to generic drugs. **No agreement was reached after two days of talks at the World Trade Organization on 15 and 16 October**, and the decision on the exemption will be deferred to next month."

First World Antibiotic Awareness Week coming up

http://www.who.int/mediacentre/events/2015/world-antibiotic-awareness-week/en/

The **first World Antibiotic Awareness Week** will be **held from 16 to 22 November 2015**. The campaign aims to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers, policy-makers and the agriculture sector to avoid the further emergence and spread of antibiotic resistance.

World Statistics Day & World's Women report 2015

World Statistics Day was also celebrated this week. We have a hunch that day will become ever more important in the SDG era. "Now more than ever, we need data."

Speaking of data, the **World's Women 2015 report** was released on Tuesday by the U.N. Statistics Division to mark World Statistics Day.

See **the Guardian** for some coverage: Two-thirds of world's illiterate adults are women, report finds. "The report, published every five years, follows the adoption in September of the SDGs, which state that gender equality and women's empowerment need to be front and centre of efforts to combat poverty and tackle inequality and climate change by 2030**. The World's Women report**, … **pulled together all the available data related to women and girls**. It **covers eight key areas** – education,

health, violence, population and families, work, power and decision-making, environment and poverty." *There is progress, but it's a very slow process*….

Global Maternal and Newborn Health Conference 2015 in Mexico – 18-21 October

http://www.globalmnh2015.org/

The conference in Mexico was the first "technical" conference after the adoption of the SDGs. The conference focused on quality care, integration and equity. In line with pretty much the whole SDG agenda, "the maternal and newborn health communities now face a **critical moment for action**".

*__Videos__ of the opening (with **Melinda Gates** & **Ana Langer**, among others), closing and plenary sessions are available online now. (Videos and presentations from concurrent sessions will be added soon.- For **daily coverage** of the conference, see http://crowd360.org/globalmnh/ . Includes daily newsletters & recaps, here).

*The "**Countdown to 2015**: **A Decade of Tracking Progress for Maternal, Newborn and Child Survival**" report was officially launched in Mexico. Check out the **headlines**, if you're short of time.

*Many participants blogged during the conference, see for example **MHTF blog**. Some recommended ones:

(**Sarah Blake** – excellent short **overview of the program, listing six tracks**) Welcome to the Global Maternal and Newborn Health Conference 2015!)

(Sarah Blake (again) - Opening the GMNHC2015: Seizing the Moment for Maternal and Newborn Health) – with the key messages of the opening plenary, by Melinda Gates, Ana Langer, Babatunde Osotimehin and Mercedes Juan Lopez. (short must-read))

(**Peter Waiswa**: an insightful Ugandan perspective, just before the conference) Achieving SDG targets for maternal, newborn and stillbirth: Does the world know what it takes?

Huffington Post- PM Modi Has Failed India On Health: Lancet Study

http://www.huffingtonpost.in/2015/10/22/pm-modi-has-failed-india-_n_8354084.html

On the sidelines of the conference in Mexico, this news also became big – via an exclusive **interview with Richard Horton** in the Times of India.

"**Leading medical journal, The Lancet, is set to publish a severe attack on Prime Minister Narendra Modi** for sidelining health since he came into power in May, 2014, while warning of a "collapse" if the country fails to invest in combating non-communicable diseases like diabetes and heart problems. Written by global health experts, the **study, which will be published on Dec. 11**, will also question Modi for not delivering on his poll promise of universal health coverage. … In an interview

with The Times Of India, Richard Horton, editor-in- chief of The Lancet, said that "health is an issue of national security" for India, but Modi isn't taking it seriously." And much more …

(*we have a hunch "sweeping under the carpet" might get an entirely new connotation in India. So much for a branch of The Lancet in India, it seems ☺.*)

See also Public expenditure on health at a dismal low (Indian express): "Public expenditure on health in India in terms of percentage of GDP has not increased in the last few years and the share of the central government has been steadily declining over the years." (**based on findings of the newly introduced section on health financing in the National Health Profile 2015**, compiled by India's Central Bureau of Health Intelligence.)

Ebola & global health security

Reuters – States could be sanctioned for public health failings: WHO boss

Reuters;

Yet again a tough talking Chan this week (does she have other weeks?). A U.N. panel is considering ways to **hold governments to account for failing to stick to global health rules** (=IHR), Margaret Chan said on Tuesday. "*Countries must "walk the talk", she said, noting that health ministers in several states had signed up to the Framework Convention on Tobacco Control, a landmark anti-smoking treaty, only to have their trade ministers launch legal action to prevent other countries putting it into law. "So the **policy incoherence** and the lack of understanding of governments to their obligation and duty to the convention is truly a big challenge to the world." … Chan **suggested reform of drug pricing was on the table**. "Now I'm beginning to hear some discussion about delinking the cost of investment in innovation and the price of medicines and vaccines*."

FENSA meeting in Geneva

Lancet Global health (blog) - WHO decision is critical to the fight against obesity and non-communicable diseases

R Perl; http://globalhealth.thelancet.com/2015/10/21/who-decision-critical-fight-against-obesity-and-non-communicable-diseases

Must-read blog related to a FENSA meeting in Geneva this week. "…What's needed is public policy: regulation and taxation of unhealthy products; labelling to encourage healthy choices; curbs on industry advertising that shapes the public's understanding of and desire for consumer products; and media campaigns to inform about the health consequences of unhealthy choices. These interventions, when applied to tobacco, are proven to reduce consumption; the same is likely to be true of other products that are harmful to health, including unhealthy food and beverage products. That's why **an intergovernmental meeting in Geneva** this week—being held in advance of the next World Health Assembly in 2016—**could have huge implications for our ability to reduce the global burden of non-communicable diseases (NCDs**). …. At this meeting, the **revised text of WHO's**

Framework for Engagement with Non-State Actors (FENSA)—ie, how the world's leading health agency will engage with multinational corporations, among others—will be discussed and agreed by member countries in advance of its adoption at the WHA in May. This is important because some of the actors in question—like so-called Big Food and Big Soda—are corporations whose business interests are at odds with public health. … **In its current state, the FENSA document states that "WHO does not engage with the tobacco or arms industries**"—effectively prohibiting these industries from having a role in the creation of international health policy. **I would argue that this week's meeting is an opportunity to support the expansion of the FENSA document to include guidance on the food and beverage industry's role in health policy and research as well**."

Third World Network - WHO: Informal meeting to negotiate text on engagement with non-State actors

K M Gopakumar; here

On the same three-day (FENSA) meeting in Geneva (19-21 October). (the article was written on Monday, so just ahead of the meeting)

And check out also WHO: Secretariat "scare mongering" on FENSA . *"There are concerns that the World Health Organization Secretariat is scare mongering on the Framework of Engagement with Non-State Actors (FENSA) by providing a list of intended and unintended consequences of FENSA implementation through a 'non-paper'. The paper dated 14 October 2015 states that FENSA could have "detrimental consequences on the work of WHO" without giving any clear examples to back up many of the risks listed in the paper. The paper is prepared by the Secretariat for the consideration of an informal meeting of Member States on FENSA taking place on 19-23 October at the WHO Headquarters in Geneva. …"*

WHO - Reforms for improving the efficiency of health systems: lessons from 10 country cases - Synthesis report

Winnie Yip et al; http://www.who.int/health_financing/topics/efficiency-cost-effectiveness/synthesis_report/en/

"The report applies a causal framework to synthesize lessons from ten case studies of various health system reforms which aimed to improve the efficiency in health systems of Burundi, Chile, China, the Democratic Republic of the Congo, El Salvador, Ethiopia Mexico, the Republic of Korea, South Africa and Uruguay. The report summarizes the main forms of inefficiency, policy reforms undertaken to address these, and the results in each country. The authors derive key lessons learnt from these experiences and suggest promising future directions for improving efficiency in health systems."

See also WHO for some background. "The World health report (WHR) 2010 estimated that about 20-40% of all health sector resources are wasted and highlighted leading sources of inefficiency. As a follow-up, WHO commissioned 10 case studies of specific efforts to improve efficiency through various health system reforms in Asian, African and Latin American countries…." You also find the country case studies there.

Ebola

The Science Times – Two New Ebola Cases Found In Guinea, Dashing Hopes

http://www.sciencetimes.com/articles/7529/20151019/two-new-ebola-cases-found-guinea-dashing-hopes.htm

We thought only the mummy returns, but no, Ebola does so as well, unfortunately. By now, it's already 3 new cases, all in Guinea (see WHO's Ebola situation report (as of 21 October)).

In other Ebola related news, the nurse's condition in Scotland improved (and see the link with meningitis). Read also the NYT on this: "New Clues Into Ebola as Ill Nurse Improves".

Reuters – Mystery deaths in Sierra Leone spread fear of Ebola relapses

http://www.reuters.com/article/2015/10/21/us-health-ebola-survivors-idUSKCN0SF1YI20151021

"*…Throughout the two-year Ebola epidemic, thousands of West African survivors have been shunned by their communities, prompting governments to sponsor messages stressing their complete recovery in a bid to counter fear and paranoia. … But the* ***case of Scottish nurse Pauline Cafferkey*** *– the first known Ebola survivor to have an apparently life-threatening relapse –* ***has revived concerns*** *about the health of some 17,000 survivors in Sierra Leone, neighboring Guinea and Liberia. … Doctors and health officials in Sierra Leone told Reuters that a handful of mystery deaths among discharged patients may also be types of Ebola relapses, stirring fear that the deadly virus may last far longer than previously thought in the body, causing other potentially lethal complications. … There are* ***signs that stigmatization is increasing*** *amid evidence survivors can harbor the virus in semen for at least nine months. … The World Health Organization is working with governments of the three countries to develop a* ***survivor care plan***."

Nature (news) – What first case of sexually transmitted Ebola means for public health

Declan Butler; http://www.nature.com/news/what-first-case-of-sexually-transmitted-ebola-means-for-public-health-1.18584

Nice analysis of last week's news. "The risk of transmission is low, but could become a focus once West Africa is declared Ebola-free."

BMJ (news) – Lack of coordination during Ebola outbreak was a "lost opportunity" to test therapies

http://www.bmj.com/content/351/bmj.h5644

A coordinated **scientific** response to the Ebola epidemic was lacking, global health experts have told MPs in the UK.

"In evidence given to the science and technology select committee a group of academic, commercial, and government scientists said that research capacity and the will to respond to the epidemic in west Africa were plentiful but that coordination was not."

Lancet (Editorial) –Ebola: forgotten but not gone?

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00671-6/fulltext

The Lancet also weighs in on recent developments (…) which "illustrate the continuing health risks for those who have been infected." "Salutary lessons are still being learned from the west African Ebola outbreak—opportunities for and benefits of research will be greatest in the communities most affected."

ODI (HP Working paper)- The Ebola response in West Africa Exposing the politics and culture of international aid

M DuBois et al; http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9903.pdf

(Recommended) "*Though often described as unprecedented, the Ebola response reflects long-standing strengths and weaknesses with how aid works. Aid organisations proved dedicated and resourceful but also ill-prepared and insufficiently engaged with local communities. Although well-used to danger, aid organisations struggled to overcome their fear of the virus and determine how to protect their staff in such an uncertain environment. This paper looks at a range of problems encountered in West Africa, from weak health systems to a lack of trust, in order to illustrate broader conclusions about the global humanitarian and outbreak response systems. Ultimately, to avoid repeating mistakes made during the Ebola response, reforms must be implemented with an understanding of the politics and culture of international aid.* »

CSIS (report) – How did Ebola impact maternal and child health in Liberia and Sierra Leone?

C Streifel; http://csis.org/files/publication/151019_Streifel_EbolaLiberiaSierraLeone_Web.pdf

With a more variable picture than one sometimes thinks.

Fortune –How the "polio surge" in Nigeria helped stop Ebola

http://fortune.com/2015/10/14/polio-surge-ebola-gates-foundation/

A familiar story by now, and obviously capitalized on by some stakeholders. The CEO of the Bill and Melinda Gates Foundation on how the polio eradication effort was an important tool in fighting the outbreak.

Global health initiatives

Guardian – Cambodia's battle against malaria put at risk as expenses row holds up funds

http://www.theguardian.com/global-development/2015/oct/20/cambodia-battle-against-malaria-at-risk-global-fund-government-expenses-row

Amid rising malaria cases, the Cambodian government refuses to sign an agreement for a Global Fund grant over requirements to account for travel and hotel costs. For the **GF statement**, see here.

CSIS –Data for Decisionmaking and the Global Fund

C Streifel & T Summers ;
https://csis.org/files/publication/151021_Summers_DataDecisionmaking_Web.pdf

"…On July 28, the Center for Strategic and International Studies hosted a discussion among a small group of data experts to develop specific recommendations to the U.S. government representatives on the Global Fund board of directors as they participate in the development of the next multiyear strategy. The discussion focused on opportunities to strengthen country capacities to obtain and use data more effectively to drive smart programming of health resources. This will include how those data should be used to track results, and how methodologies for that measurement can be aligned between countries, the U.S. government's bilateral efforts, as well as those of the Global Fund, and other major donors. The (9) ***recommendations*** *contained here reflect this discussion and input of representatives from a wide range of U.S. government, civil society, and international organizations…."*

GFO new issue – issue 273

http://www.aidspan.org/node/3431?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-273

Check all the latest news on the GF. We especially want to draw your attention to the following article, "**Civil society calls on the Global Fund to aim higher for the 2017-2019 replenishment**".

Check out also Global Fund Board and committees will be evaluated annually.

Global health events

Gastein Forum – outcomes 2015

http://www.ehfg.org/fileadmin/ehfg/Programm/2015/EHFG_Gastein_Health_Outcomes_2015.pdf

"*The 18th edition of the European Health Forum Gastein (EHFG) was held in the Gastein Valley, Austria, from **30th September to 2nd October 2015**. Entitled "Securing Health in Europe - Balancing priorities, sharing responsibilities", the conference sessions explored how to respond in an age when "crisis is the new normal". In an ever-changing political and social environment for health, how can we safeguard past gains to our health systems while responding to new threats and opportunities*?"

Nice five pager with some of the key outcomes & discussions. Starting with: "*This is not a refugee crisis, this is a reception crisis. Human mobility is the new norm in our increasingly globalised world*".

UHC, post-2015 and global governance for health

UHC

The Conversation - Universal health care is a tall order given southern Africa's poor finances

E Penfold; https://theconversation.com/universal-health-care-is-a-tall-order-given-southern-africas-poor-finances-48949

Focusing on SA & Zambia. (*Rob Yates didn't exactly agree on Twitter: "Disagree, RSA can easily afford UHC with GDPpc of $5800. Many poorer countries have it. Needs political commitment*.")

Lancet (Editorial) –The great balancing act of the Affordable Care Act

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00670-4/fulltext

"With just little more than a year until the November, 2016 US presidential election, **the Affordable Care Act (ACA) is destined to once again become the focus of media attention, policy analysis, and political rhetoric.** …" "As Susan Jaffe writes in a World Report, "USA gears up for next round of enrolment under the ACA" (*the next wave is focusing on the 'hard to reach', it seems*), in today's issue, the ACA has weathered some major legal challenges since it was passed into law in 2010.

At this early stage in campaigning, as Richard Horton notes in this week's Offline, candidates have only begun to articulate where they stand philosophically in relation to health reform. …

Medicaid and Medicare, the health-care coverage programmes for lower-income and older Americans, respectively, are likely to come under close scrutiny in the next year. …

… At the outset of the election cycle, it is exceedingly clear that ***health-care reform in the USA is not nearly as simple as "ACA or no ACA"****. The interconnection between the vast, complex American health-care system, federal and state bureaucracies, economic factors, and political leadership tension will require shrewd balance and protection of stakeholders' interests—patients, physicians, providers, and politicians*."

Lancet (Offline) –Offline: The X factor in the 2016 US election

Richard Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00556-5/fulltext

"In all the extensive analysis about last week's first Democratic debate in Las Vegas, one critical fact was surprisingly overlooked: health, and the broader determinants of health, were the central issues in the list of Democratic priorities offered to American voters."

IJHPM - Ethical Perspective: Five Unacceptable Trade-offs on the Path to Universal Health Coverage

O F Norheim; http://www.ijhpm.com/article_3112_616.html

"This article discusses what ethicists have called "unacceptable trade-offs" in health policy choices related to universal health coverage (UHC). Since the fiscal space is constrained, trade-offs need to be made. But some trade-offs are unacceptable on the path to universal coverage. Unacceptable choices include, among other examples from low-income countries, to expand coverage for services with lower priority such as coronary bypass surgery before securing universal coverage for high-priority services such as skilled birth attendance and services for easily preventable or treatable fatal childhood diseases. Services of the latter kind include oral rehydration therapy for children with diarrhea and antibiotics for children with pneumonia. The article explains why such trade-offs are unfair and unacceptable even if political considerations may push in the opposite direction."

From the November issue of this journal.

Thomson Reuters Zawya - The Economist Events holds Conference on achieving world-class health care system in Middle East and North Africa

https://www.zawya.com/story/The_Economist_Events_holds_Conference_on_achieving_worldclass_health_care_system_in_Middle_East_and_North_Africa-ZAWYA20151018082825/

"*National and international leaders gathered in Dubai on October 13th to contribute to the positive growth and development of the health care system in the Middle East and North Africa. The conference, entitled 'Health Care in the Middle East and North Africa' debated the region's ambitious goals concerning the health care sector*."

SDGs, climate change & health

How will the SDGs differ from the MDGs?

T Yamada; http://oxfamblogs.org/fp2p/how-will-the-sdgs-differ-from-the-mdgs/

Nice post, focusing on implementation and mechanisms for reporting and following up on SDG commitments.

You might also want to read (on CGD**) Lant Pritchett**'s The New Global Goals Spell the End of Kinky Development – fyi - he reckons the SDGs are better than the MDGs.

Guardian – Nine things we learned about the global goals

E Anyangwe et al; http://www.theguardian.com/global-development-professionals-network/2015/oct/22/nine-things-we-learned-about-the-global-goals

Among others: Unicef's Anthony Lake calls on agencies to end artificial divide between humanitarianism and development; the UK's department for international development will be pushing business partnerships; Sweden incentivises broader national engagement on global goals.

ODI – Five myths about poverty, growth and inequality

C Hoy; http://www.odi.org/comment/9996-economic-growth-pro-poor-poverty-absolute-inequality

(*Recommended*). The myths: Myth 1: in poor countries, GDP growth translates into improvements in household living standards. Myth 2: countries that gained middle-income status over the last decade have higher levels of inequality. Myth 3: growth benefits the poor just as much as everyone else. Myth 4: pro-poor growth will reduce the income gap between rich and poor. Myth 5: we should focus on ending extreme poverty before addressing climate change.

WSJ – This child doesn't need a solar panel

Bjørn Lomborg; Wall Street Journal;
(*not recommended, but good to know about it –and it does raise an important point, but only because of the behavior of (donor) countries*). "*In the run-up to the climate conference in Paris,* ***rich countries and development organizations are scrambling to join the fashionable ranks of "climate aid" donors.*** *This effectively means telling the world's worst-off people suffering from TB, malaria or malnutrition that what they need isn't medicine, mosquito nets or micronutrients but a solar panel*." *"…Aid is being diverted to climate-related matters at the expense of improved public health, education, and economic development."*

As I said: if climate aid were 'additional', Lomborg wouldn't have a case… and if we managed to properly tax the 0.01 %, he would have even less of a case.

Euractiv - France to use 50% of FTT revenue on overseas aid

http://www.euractiv.com/sections/development-policy/france-use-50-ftt-revenue-overseas-aid-318689

That is encouraging.

Foreign Policy – How Canada's election will decide the fate of the world

http://foreignpolicy.com/2015/10/15/canada-election-decide-fate-of-the-world-climate-change-paris-australia/?utm_content=buffer7f9b8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

The implications of the Canadian elections on the climate agreement in Paris look suddenly a bit less gloomy (than before the elections).

Anyhow, the "West" already managed to oust two rogue leaders (Abbott & Harper) in recent months, one to go (Cameron). And let's hope the US, always an exceptional country, don't elect another "super-rogue" leader next year.

Infectious Diseases

NEJM (Editorial) –Vaccine-Resistant Malaria

C V Plowe; http://www.nejm.org/doi/full/10.1056/NEJMe1511955

Comment on the just published NEJM article, "**Genetic Diversity and Protective Efficacy of the RTS,S/AS01 Malaria Vaccine**". The study examines the relationship between an experimental malaria vaccine's efficacy and the parasite genotypes it uses.

See Nature for coverage and more interpretation. "*A malaria vaccine that has disappointed in clinical trials stumbled in part because it mimics a strain of parasite that is not commonly found in Africa, according to a study published on 21 October in the New England Journal of Medicine (NEJM).* ***The finding appears in the week that an advisory committee for WHO will say whether they recommend the malaria vaccine, known as RTS,S, for use, despite its modest performance****. That pivotal decision is being closely watched by the London-based drug firm GlaxoSmithKline (GSK) and the Bill & Melinda Gates Foundation in Seattle, Washington, who have together ploughed US$565 million into the vaccine's development over 28 years*."

End malaria by 2040 – From aspiration to action: what will it take to end malaria?

http://endmalaria2040.org/

A nicely crafted blog (also visually - infographics), related to the report (by Gates F & Chambers) from a few weeks ago.

In other malaria (research) news, check out also Drug-resistant malaria can infect African mosquitoes. "*A drug-resistant malaria parasite found in South East Asia can also infect mosquito species in Africa, a study shows. The transmission experiments were carried out in a laboratory, but they suggest the spread of this deadly strain into the continent is possible. The scientists say the consequences of this would be dire, putting millions of lives at risk. The study is published in the journal Nature Communications*."

World Polio Day coming up

http://www.endpolio.org/

Celebrated on **24 October**, so tomorrow. You won't be surprised that the mood is a bit bullish, these days, for instance at the Gates Foundation.

Project Syndicate – Militant Islamism and Vaccine Skepticism

J Kennedy & D Michailidou; http://www.project-syndicate.org/commentary/islamist-polio-vaccination-opposition-by-jonathan-kennedy-and-domna-michailidou-2015-10

"What is standing in the way of the (polio) virus's eradication is not medical or technical constraints, but political resistance to the vaccination effort. Indeed, the few areas where the virus continues to hold out share worrying similarities. Since 2012, 95% of polio cases have occurred in five countries – Afghanistan, Pakistan, Nigeria, Somalia, and Syria – all of which are affected by Islamist insurgencies. In order to eradicate polio, we must understand this linkage. … … The stance Islamist insurgents take toward polio vaccination campaigns has **less to do with anti-Western zealotry than with the specific dynamics of the conflict in which they are involved**. This has important implications for public-health policy."

NCDs

Guardian – Mexico's congress accused of caving to soda pop industry in tax cut plan

http://www.theguardian.com/global-development/2015/oct/19/mexico-soda-tax-cut-pop-fizzy-drinks

Bad news from Mexico.

Lancet Global Health (Comment) - Regional roadmaps for reducing premature deaths from NCDs

S Reddy; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00212-0/fulltext

Srinath Reddy comments on a new study in the Lancet Global Health, by V Kontis et al: "Regional contributions of six preventable risk factors to achieving the 25 × 25 non-communicable disease mortality reduction target: a modelling study"
The news study concludes: "*No WHO region will meet the 25 × 25 premature mortality target if current mortality trends continue. Achieving the agreed targets for the six risk factors will allow some regions to meet the 25 × 25 target and others to approach it. Meeting the 25 × 25 target in Africa needs other interventions, including those addressing infection-related cancers and cardiovascular disease.*"

FT – Pharma groups join UK in $100m dementia fund

Andrew Jack; Financial Times

"*A $100m dementia research fund has been launched with backing from the British government and several of the world's biggest pharmaceuticals groups to hunt for new ways to diagnose and treat the disease. The **Dementia Discovery Fund** is one of the most concrete steps to come out of efforts by David Cameron, U.K. prime minister, to lead what he has described as a 'global fightback' against Alzheimer's disease and similar conditions*."

NTDs

Reuters – Dengue fever sweeps Asia, hospitals struggle to cope

http://in.reuters.com/article/2015/10/21/health-dengue-asia-idINKCN0SF27R20151021

"Thousands of people in Asia have been struck by dengue fever in recent months, putting medical services under strain and highlighting the need for a long-term strategy to fight the potentially lethal disease. … **Dengue is the world's fastest-spreading tropical disease**, according to the World Health Organization (WHO). … **Outbreaks like the current dengue cases can have significant impacts on health systems**," said Martin Hibberd, professor of emerging infectious diseases at the London School of Hygiene and Tropical Medicine. … Health experts said that while much attention had focused on eradicating malaria, which has higher mortality rates**, the fight against dengue lacked a long-term plan and focused on controlling outbreaks instead**. "It requires a shift in approach from responding to isolated outbreaks to investment in strategies that cover effective vector control, access to health services and early clinical management," said Xavier Castellanos, Asia Pacific regional director of the International Federation of the Red Cross."

The Guardian – Is it fair to accuse the pharma industry of neglecting tropical diseases?

T Smedley ; http://www.theguardian.com/sustainable-business/2015/oct/15/pharma-industry-neglecting-tropical-diseases-snake-bite

"From snake bites to TB, big pharma is pulling out of investment into diseases affecting the poorest, but many argue non-profit medicines aren't their job."

Reproductive, maternal, neonatal & child health

WHO – WHO issues statements on use of reversible hormonal contraception

http://www.who.int/reproductivehealth/topics/family_planning/statements-reversible-hc/en/#.VikMW-TXaMI.twitter

WHO has issued two statements which address concerns about the use of two different hormonal contraceptives: Progestogen-only implants and depot-medroxyprogesterone acetate (DMPA).

Reuters - Gates, Slim target maternal, newborn health in Central America

http://www.reuters.com/article/2015/10/21/us-mexico-gates-idUSKCN0SF2JY20151021

"The foundations of the two of the world's richest men are stepping up efforts to use innovative data and mobile technology to end easily preventable deaths of mothers and newborns in the poorest pockets of Mexico and Central America. The Bill and Melinda Gates Foundation together with the Carlos Slim Foundation are **preparing to launch next year a second phase of Salud Mesoamerica**, a program hailed by experts as a success story. The $170 million program, also backed by Spain, the Inter-American Development Bank and local governments, is part of a trend in aid financing that uses independently collected data to measure results achieved by government programs and conditions financing on meeting targets."

BMJ – Backlash against "pinkwashing" of breast cancer awareness campaigns

http://www.bmj.com/content/351/bmj.h5399

"Big business is keen to jump on the breast cancer awareness bandwagon but do its messages around screening do more harm than good? **Meg Carter** reports".

Health Policy & Financing

Roux Prize winner 2015 – Agnes Binagwaho

http://features.healthdata.org/roux-prize-2015-winner

Agnes Binagwaho is this year's "La Roux", for her vital work in Rwanda. (*David and Barbara Roux established the Roux Prize in 2013 to award innovation in the application of Global Burden of Disease (GBD) research. The prize recognizes the person who has used burden of disease data in bold ways to make people healthier.*)

NYT - Rwanda Aid Shows Reach and Limits of Clinton Foundation

K Sack et al; http://www.nytimes.com/2015/10/19/us/politics/rwanda-bill-hillary-clinton-foundation.html?smid=tw-nytimesworld&smtyp=cur&_r=0

In addition to doing good deeds, the foundation enhances the Clinton brand, never more so than while Hillary Rodham Clinton is running for president. (*and as you know, it's been a decent couple of weeks for Hillary already*)

The perils of 'philanthrocapitalism'

https://www.timeshighereducation.com/features/the-perils-of-philanthrocapitalism

Are corporations profiting from philanthropy? Do mega-donors acquire too much influence? Linsey McGoey on 'saint' Bill Gates and the downsides of giving away $16 billion. (related to McGoey's new book, which sounds like a must-have for Christmas: "***No Such Thing as a Free Gift: The Gates Foundation and the Price of Philanthropy***.")

*The people in charge of the Chinese Confucius peace prize probably **feel** the same, as they gave this year's award to Mugabe (instead of Bill, who only came in second).*

Healthy policies – The TPP's intellectual property provisions: a blow for global health and access to medicines

http://www.healthypolicies.com/2015/10/the-tpps-intellectual-property-provisions-a-blow-for-global-health-and-access-to-medicines/

In this post, Dr. Deborah Gleeson discusses the final negotiations of the recently agreed trade accord, the Trans-Pacific Partnership, and resulting implications for access to medicines.

JAMA – The Trans-Pacific Partnership Agreement and Implications for Access to Essential Medicines

J Luo et al; http://jama.jamanetwork.com/article.aspx?articleid=2430590

This Viewpoint discusses the importance of patent protection and its role in the Trans-Pacific Partnership (TPP) Agreement.

Meanwhile, The Hill reports, "**Pharma flap imperils president's trade deal**". *"The most important trade deal of Barack Obama's presidency could hinge on a single provision that's reigniting a years-old debate on monopoly rights for drugmakers. The exact details of the pharmaceutical provision, which involves a class of drugs called biologics, won't be made public until later this month. Still, it's already threatening to drag out — and possibly derail — the approval process for a deal reached by a dozen nations that together make up 40 percent of the world's gross domestic product*." (Big Pharma is still not happy, believe it or not)

Pharma's next frontier? New threats to public health in the Regional Comprehensive Economic Partnership agreement

B Townsend et al; http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12453/abstract

And another one.

The Economist Intelligence Unit (report) –Driving value in healthcare spending in low- and middle-income countries

http://pages.eiu.com/DrivingValueinHealthcareSpending2015.html

"As healthcare aid flows stagnate, resource allocation decisions are becoming more difficult. Attention is increasingly turning to improving aid effectiveness to ensure that every dollar of aid goes as far as possible. Allocation decisions are made both by international donors and by individual country governments, yet decision-making processes at both levels are not always optimal. This

report outlines an index methodology to score the enabling environment for health aid effectiveness in low- and middle-income countries. It is based on social, economic, political, institutional, operational and infrastructural determinants of improvement in the healthcare sector broadly. The aim of this initiative is to help donors understand the country-specific contexts in which their healthcare funding is directed, and assist recipients in identifying best practices to improve the impact of healthcare spending."

Knowledge Ecology International - Contrast in privilege: US officials working to block WTO LDC drug patent waiver, and people affected by policy

http://keionline.org/node/2345

Very graphic and thus very effective.

Supprimer les paiements directs des soins en Afrique subsaharienne : débat international, défis de mise en œuvre et revue réaliste du recours aux soins

Emilie Robert;
https://papyrus.bib.umontreal.ca/xmlui/bitstream/handle/1866/12308/Robert_Emilie_2015_these.pdf?sequence=8

Emilie Robert's Phd thesis (in French) (Montreal). "The cost of health care is a significant expense for populations in sub-Saharan Africa, and one which many cannot afford. That is why several countries eliminate health user fees for certain population groups, or for basic health care for all, through user fee exemption policies (UFEP). This thesis examines three critical issues raised by these policies in sub-Saharan Africa. The first article analyzes global health actors' positions on health user fees in low- and middle-income countries. This documentary study shows that the majority of actors is no longer in favor of user fees, and they justify their stance by pointing out the inequitable impacts of user fees on access to health care. The second article highlights the disruptive effects of UFEP on health systems of low- and middle-income countries. This scoping study indicates that removing user fees disrupts health systems in many ways: immediate increase in service utilization; unavailability of drugs; unpredictable and insufficient funding; multiplicity of actors involved in the implementation process; and deficiencies in planning and communication. The third article explores how UFEP influence health care seeking practices. This realist review supported the development of a theory to illuminate this process. According to this theory, free care at the point of service is a resource that empowers users of health services. Empowerment of users is also influenced by several structural, local, and individual factors that affect their capabilities to take advantage of this opportunity, and to choose to seek free care. Primary studies were searched to test the theory. The revised theory incorporates three mechanisms that come into play in users' choice to seek health care: trust, acceptability, and acknowledgement of risk. This thesis provided new empirical evidence on a major health system reform in sub-Saharan Africa. It also led to methodological developments for doing realist review, and contributed to building the emerging field of health policy and systems research."

Lancet – The Institute of Medicine: ensuring integrity and independence in scientific advice on health

V Dzau ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00468-7/fulltext

Includes a couple of paragraphs on the IOM's global health activities.

Health Research Policy & systems - SDH-NET: a South–North-South collaboration to build sustainable research capacities on social determinants of health in low- and middle-income countries

http://www.health-policy-systems.com/content/13/1/45

TDR -Plans to expand and enhance evidence-to-policy support in Africa

L Cash-Gibson et al; http://www.who.int/tdr/news/2015/evipnet-support-africa/en/

This article describes how a collaborative project (SDH-Net), funded by the European Commission, has successfully designed a study protocol and a S-N-S collaborative network to effectively support research capacity building in LMICs, specifically in the area of social determinants of health (SDH); this project seeks to elaborate on the vital role of global collaborative networks in strengthening this practice.

AP – APNewsBreak: US analysts knew Afghan site was hospital

http://bigstory.ap.org/article/5e20fcd92aee49e699149aef93595e49/apnewsbreak-us-spec-ops-knew-afghan-site-was-hospital

US officials knew they were bombing an MSF hospital, an AP investigation discovered. "*American special operations analysts were gathering intelligence on an Afghan hospital days before it was destroyed by a U.S. military attack because they believed it was being used by a Pakistani operative to coordinate Taliban activity, The Associated Press has learned*."

Medical news –Sanofi Pasteur, IDRI establish Global Health Vaccine Center of Innovation

http://www.news-medical.net/news/20151016/Sanofi-Pasteur-IDRI-establish-Global-Health-Vaccine-Center-of-Innovation.aspx

"In an effort to accelerate timelines and decrease development costs of life-saving vaccines, the Infectious Disease Research Institute (IDRI) and Sanofi Pasteur [today] announce the establishment of the Global Health Vaccine Center of Innovation (GHVCI), to be headquartered at IDRI in Seattle. This project is funded in part by a grant from the Bill & Melinda Gates Foundation. The GHVCI represents an alliance among the three organizations, focused on accelerating the development of vaccines and associated technologies to fight a wide range of global infectious diseases, and ensuring that these critical vaccines are accessible globally, especially to people in need within developing countries."

BBC - UN attempt to decriminalise drugs foiled

http://www.bbc.com/news/uk-34571609

Murky story. "An attempt by UN officials to get countries to decriminalise the possession and use of all drugs has been foiled, the BBC revealed".

UNAIDS (news) – Towards a people-centered approach to the world drug problem

http://www.unaids.org/en/resources/presscentre/featurestories/2015/october/20151022_drugs

"Ahead of the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem that will take place in New York in April 2016, **senior representatives of several United Nations agencies have taken part in a high-level multi-stakeholder perspective in Geneva**, Switzerland. The aim of the event was to explore ways to transform the current drug control system into a measurable response that is people-centered and grounded in respect for public health concerns and human rights. The meeting, co-hosted and co-chaired by Switzerland and Colombia, covered several key themes that will be further debated during preparatory consultations by the Commission on Narcotic Drugs in Vienna in the run-up to the UNGASS."

Nature (news) – Why biomedical superstars are signing on with Google

http://www.nature.com/news/why-biomedical-superstars-are-signing-on-with-google-1.18600?WT.mc_id=TWT_NatureNews

This one's for Gerry Bloom and Pierre Massat. The tech firm's ambitious goals and abundant resources attract more and more life scientists.

Emerging Voices

Patient Education and Counseling - 'Some patients are more equal than others': Patient-centred care differential in two-tier inpatient ward hospitals in Ghana

Roger Atinga (EV 2014) et al; http://www.pec-journal.com/article/S0738-3991(15)30078-1/abstract

The authors examined differences in patient-centred care among private and public inpatients in public hospitals (in Ghana) and whether satisfaction with patient-centred care differed between the patient groups.

Global Health Action – Women's perceptions of antenatal, delivery, and postpartum services in rural Tanzania

Gladys R Mahiti (EV 2014) et al;
http://www.globalhealthaction.net/index.php/gha/article/view/28567

« *Maternal health care provision remains a major challenge in developing countries. There is agreement that the provision of quality clinical services is essential if high rates of maternal death are to be reduced. However, despite efforts to improve access to these services, a high number of women in Tanzania do not access them. The aim of this study is to explore women's views about the maternal health services (pregnancy, delivery, and postpartum period) that they received at health facilities in order to identify gaps in service provision that may lead to low-quality maternal care and increased risks associated with maternal morbidity and mortality in rural Tanzania*. »

Research

Health Policy & Planning – November issue

http://heapol.oxfordjournals.org/content/current

Check out the Thai article on global health diplomacy in particular. A must-read for our times.

Storify - Discussing Resilient and Responsive health systems in Hanoi

https://storify.com/RESYSTresearch/getting-started?awesm=sfy.co_b0nbV&utm_medium=sfy.co-twitter&utm_content=storify-pingback&utm_campaign=&utm_source=t.co

On a recent (and timely) (Resyst) workshop discussion in Hanoi.

Miscellaneous

Foreign Policy – Why Angus Deaton deserved the nobel prize in economics

C Blattman; https://foreignpolicy.com/2015/10/12/why-angus-deaton-deserved-the-nobel-prize-in-economics/

For development economists like **Chris Blattman**, Deaton was a revolutionary and a visionary. (very nice article)

Devex – Can The Giving Pledge help philanthropy go global?

https://www.devex.com/news/can-the-giving-pledge-help-philanthropy-go-global-87116

"Championed by Bill Gates and Warren Buffett, The Giving Pledge encourages the ultra-rich to donate their money towards development goals. Why haven't more developing country billionaires signed on?"

Impatient Optimists – The road to sustainable development runs through Istanbul and the Humanitarian Summit

M Klosson; http://www.impatientoptimists.org/Posts/2015/10/The-road-to-sustainable-development-runs-through-Istanbul-and-the-Humanitarian-Summit#.Vil_l34rLIU

The lofty SDG goals "*will fail unless world leaders, including U.S. President Barack Obama, also take concrete action now to address the world's mushrooming number of vulnerable and desperate people trying to manage in fragile and conflict-ridden countries and ongoing crises. The first step? Leverage the upcoming World Humanitarian Summit next May in Istanbul, Turkey to begin making significant changes in how the world deals with this distress, especially for future generations who will have to finish the job*."