Dear Colleagues,

This week’s IHP issue starts with a Latin American focus, comprising the Featured Article (on social determination of health) as well as a short compilation of Latin American papers/blogs and reviews by IHP contributors. After the Latin-American focus, you find the usual newsletter content, starting with ‘Highlights of the week’. But before delving into this week’s IHP news, Shakira Choonara (from South Africa) first reflects on the importance of COP21 in Paris, in spite of everything that happened last week in the French capital. We fully agree with her, although this institute does have a plan B in case disastrous climate change cannot be avoided. The ‘Switching the Poles’ motto will then be replaced by the even more catchy ‘Melting the Poles’!

“It’s almost a week since deadly terror attacks hit Paris, France. The massacre obviously dampens preparations (and the mood) ahead of the 21st session of the Conference of the Parties (COP21), set to start in the French capital in about ten days from now. The conference expects over 50 000 experts, decision makers and other individuals. Unfortunately, mass mobilization by climate activists in the streets of Paris won’t be possible, at least not to the extent expected just a few weeks ago. The impact of the terror events on COP 21 and European countries’ decision making showcases a (vicious) political-societal feedback loop of climate processes (in addition to the ecological feedback loops/tipping points we already know). Climate change can result in conflicts, terror and societal and political chaos, which in turn often leads to (even) less political space for tackling climate change, by diverting all political focus to security issues and the “war on terror”. Yet, “now is not the time to stay silent” on climate change…

The implications of climate change combined with El Niño already hit home on an unimaginable scale. Southern Africa is described as having the worst drought in a decade. Incredibly warm waters continue to build across the equatorial Pacific, and the El Niño event of 2015 has just set a record for the warmest waters ever observed in the equatorial Pacific over a 1-week period.

South Africa, my own country, is not too far off from experiencing the disastrous effects of climate change either. The current drought has already left two hospitals in Johannesburg running dry. Non-emergency operations were put on hold and patients could not receive essential treatments such as dialysis. The problem goes beyond hospitals’ water supply and links to the notorious social determinants of health (SDH), which are not listed under the Sustainable Development health goal (3), as you know, but are rather to be found under other SDGs. SDG3 (Ensure healthy lives and promote wellbeing for all at all ages) has just one target with some link to water—substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination. The target fails to explicitly mention the importance of these resources or emphasize water for example as an important socioeconomic determinant for health. It is instead SDG 6 (“Ensure availability and sustainable management of water and sanitation for all”) which means so much more given the circumstances. While the SDGs are interlinked, their linkages are still unclear ‘on the ground’, which could lead to fragmented approaches for implementation. There will be dire consequences for health if essential resources are scarce, as we can already see now. Multi-sectoral approaches across SDGs that go beyond mere rhetorics are thus required post-2015. Let’s...
make a good start at COP21. Meanwhile, let’s raise a refreshing glass of water to that, on a Paris or Cape Town terrace or outdoor bar!”

(reflection by Shakira Choonara)

Enjoy your reading.

The editorial team

Featured Article

Social determination of the health-disease process: a new insertion to the lexicon

Juan Carlos Eslava¹, Elis Borde², Carolina Morales¹, Mauricio Torres-Tovar² (EV 2010)

¹ Associated professor and researcher at Universidad Nacional de Colombia, Bogotá

² Researcher at Escola Nacional de Saúde Pública (ENSP)/FIOCRUZ, Rio de Janeiro

Not long ago, in an article published on the IHP website by one of its collaborators, Werner Soors, ‘A lexicon and a question’, it was asked whether it really made sense to differentiate between the social determinants of health (SDH) and the social determination of health approach. The article was based on a critical analysis of our article from 2013, “Determinación social o determinantes sociales? Diferencias conceptuales e implicaciones praxiológicas” (Social determination or social determinants? Conceptual differences and praxiological implications). For Soors, establishing a distinction is inappropriate and unnecessary as he considers the social determinants approach already sufficiently explanatory and helpful. Confounding the issue with the notion of “determination” is considered a linguistic complication of Latin American authors, in his opinion.

While this position entails an important call for reflection and self-critique, it ignores the fact that approaches and theoretical models, including the social determinants of health approach, develop and unfold in concrete settings and are not necessarily relevant in all contexts.

This is why the conceptual distinction is necessary and the clarification and discussion of ostensibly subtle differences in theoretical approaches even constitutes a political action – not least because it is understood that epistemological proposals imply ontological notions and have practical implications, for example, policy measures.

In the last decades, international health agendas have tended to oscillate between two main approaches: (1) narrowly defined, technology-based medical and public health interventions; and (2) approaches that understand health as a social phenomenon and propose more complex forms of intersectoral policy action, sometimes linked to a broader social justice agenda. In recent years, the
latter found expression in the WHO Commission on Social Determinants of Health (CSDH) approach. The CSDH proposes a model which differentiates between two types of social determinants of health: structural determinants and intermediary determinants. Structural determinants (social determinants of health inequities) are those that generate or reinforce social stratification in the society and define individual socioeconomic position, shaping health opportunities of social groups based on their position within hierarchies of power, prestige and access to resources (economic status).

One of the limitations we identified in the SDH approach as proposed in the final report of the WHO Commission on Social Determinants of Health concerns its tendency to explore and act upon processes that produce and reinforce inequities in health, but limited to the premises of functionalist sociology, within the tenets of neoclassical economy and limited to (the) risk factor epidemiology (paradigm), that frames health problems in overly simplistic terms and hardly captures the complexity of health inequities.

While the SDH approach identifies social conditions in which people are born, live and work and claims that “social injustice is killing people on a grand scale”, the SDH approach concentrates on what society produces in terms of inequalities and reduces the scope of the critique to what is more than evident, particularly in the global South and increasingly also in the global North, failing to clarify the causes of the “causes of the causes”, that is, the processes that historically created and systematically reproduce inequities.

The social determinants of health approach is more often than not used to identify risk factors associated to the social gradient and to implement isolated interventions without addressing the “social determinants of health inequities”, tending towards “pragmatic” proposals focusing on behaviour change in individuals or rather vague measures to improve “governance”.

In this regard it should be noted that the social determinants of health approach has been used to legitimize all kinds of political measures in Latin America ranging from social democrat to the most aggressively neoliberal policy measures, which have promoted the concentration of capital on the basis of human suffering or dismantled conditions (e.g. health systems, environment) necessary to systematically address health inequities and promote health.

Along the same lines, it should be noted that the current momentum towards Universal Health Coverage (UHC) is by no means sufficient to tackle the inequities in health and may even reinforce the patterns of exclusion, oppression and conflict that spark social inequalities and inequities in health in Latin America as this universal health insurance coverage may pool risks to avoid catastrophic health-care spending and impoverishment but does not structurally grant the right to health. In this regard, the Lancet Editorial by Heredia et al (2014) argues that UHC schemes are usually limited to “basic packages” that translate into limited and unequal access to and use of necessary services, which due to their essentially restricted offer leads to private complementary health insurance or an additional fee reinforcing patterns of inequity. The WHO Commission on Social Determinants of Health made a clear case for universal health systems as a structural measure to address the Social Determinants of Health and yet, contradictory or not, several of the CSDH commissioners have been at the forefront of the universal health coverage (UHC) agenda (Marmot, 2013; Andrade et al., 2015) and the SDH approach has been invoked to theoretically underpin and legitimate UHC oriented health system reforms in Latin America. This contradiction may be interpreted as a pragmatic move in complex governance mechanisms or strategic linkage of agendas, yet it also seems to suggest that the SDH approach is compatible with a series of policy measures that restrict the right to health and undermine efforts structurally addressing the social
determinants of health inequities. In this regard it is revealing that the structurally fragmented and systematically unequal Colombian health system is considered a UHC model.

Another limitation we have detected is that the social determinants of health approach used in Latin America does not take up nor really engages with other approaches that have emerged in the region. Consequently, it not only misses a chance to theoretically advance the comprehension of the social processes defining health inequities in the region but also remains somewhat removed from the concrete realities. The contributions of critical perspectives from social sciences, political ecology, critical geography and decolonial thinking (that evolved in Latin America) should, for example, be considered to comprehensively address the historical and spatial health inequities in Latin America. Similarly, it is necessary to ask why the Latin American Social Medicine and Collective Health approaches around the social determination of the health-disease-care process that emerged in the 1970s are being systematically ignored – not only by European colleagues and certainly not simply as a result of language barriers.

Consequently, we advocate for the study and further development of our proposal on the social determination of health, recognizing its major contributions. Further, we recognize the need for approaches that comprehensively appraise the processes that shape our concrete social realities and rather than the result of a linear association between social factors and individual-level biology, understand the health-disease-care process as an integral part and expression of social processes in specific territories. It is in this regard that we speak of the “social determination” of the health-disease-care process, of life and of death.

In our times, this necessarily needs to translate into a systematic examination of capitalist economic and social development, moving beyond the almost mechanic recognition of “market forces” and an ambiguously defined “globalization” to display clearly the (harmful) impact of this development model on health and the environment and recognize the incompatibility of this model with healthy lives, a “healthy” planet and social equity. This probably constitutes one of the most important and fundamental differences between the Social Determinants of Health and Social Determination of Health approaches, in as far as the Social Determinants of Health approach identifies “risk factors” and tends to propose improvements within an inherently unjust system.

It is to be seen and should be further discussed whether the Social Determination of Health approach as proposed by the Latin American Social Medicine and Collective Health is just another interpretative variation of the social determinants of health, but meanwhile and while awaiting further clarification and development of the respective approaches, we do find it important to differentiate the social determinants from the notion of social determination, as a lexical possibility (this is why we claim its insertion to the lexicon), comprising an alternative epistemological proposal from the global South and certainly not simply “unnecessarily complicated vocabulary in search of a unique identity”, as Werner Soors suggests.

Latin American focus

The three documents below were reviewed by Pierre De Paepe (1), Elena Vargas Palacios (2 & 3) & Werner Soors (2)).
1. Assessing Latin America’s progress toward achieving Universal Health Coverage, Wagstaff Adam et al. Health Affairs October 2015, pg. 1704-1712

http://content.healthaffairs.org/content/34/10/1704 (review by Pierre De Paepe)

This is a paper written by a group of World Bank staff and 2 authors belonging to Sanigest International, unknown to me but according to all-knowing Google, Sanigest International is “a healthcare consulting and management company with offices in Miami, USA, Bratislava, Slovakia, Astana, Kazakhstan and San José”.

The aim of the paper is to assess progress of Latin American countries toward UHC. They conclude there is progress, although no country has achieved a perfect UHC score, but countries with integrated health systems fare better.

Interestingly, the authors describe the Colombian health system (with competing (mostly private) health insurance companies and competing public and private health services) as an integrated system. For us, the Colombian “system” is not only fragmented, we call it atomized. In our research (Equity-LA I and II, www.equity-la.eu) we found that there are very serious problems of access to services and of quality of care, for instance for diabetes patients. But Colombia is a World Bank experiment of privatization of health insurance and health services provision and is thus always presented as the example to follow. The same goes for Julio Frenk’s reform in Mexico, of which they write that it is the only country that improves both health services coverage and financial protection. A recent survey we performed in Mexico with 400 patients showed serious problems of financial access to medicines.

So this paper is interesting, but keep in mind that it’s written by a group of authors in favor of private health insurance and provision and with a clear tendency of interpreting health insurance as an automatic guarantee of access and protection against impoverishment by out-of-pocket payments.


http://jhppl.dukejournals.org/content/early/2014/12/05/03616878-2854795.abstract

(review by Elena Vargas Palacios & Werner Soors)

This rather disappointing essay explores different normative interpretations of universal health care in Latin America, with a focus on Costa Rica, Chile and Argentina. Costa Rica is presented as an example of ‘traditional universalism’, Chile’s Plan AUGE as ‘basic universalism’ and Argentina’s Plan Nacer as ‘minimal’ or ‘residual universalism’. A superficial discussion adds no new knowledge. The author concludes with a rather pretentious prediction: the growing challenge of NCDs would require ‘organizational upgrades’ of Latin American health systems beyond their capacities. One wonders if the author here refers to her own country context, that of the United States of America.


(review by Elena Vargas Palacios)

The article is divided in two parts. The first part offers an introduction to post-development thought, which for decades has been trying to deconstruct Western models of prosperity and growth. The second part introduces some of the many linkages between critiques of development and contemporary European critiques of growth – it analyses the various arguments and assesses their relevance for the European ‘degrowth’ movement.

In the first blog, it’s explained how authors from Asia, Africa and Latin America have deconstructed the development paradigm to question the term ‘development’ and the way ‘development’ is typically done, something that has been seldom analyzed. In the second part, there is an emphasis on the importance of social movements and their relation with ‘degrowth’ thinking. Concepts such as sufficiency, the commons (“The orientation towards community-based production and self-organization “beyond market and state”), etc... become relevant. These alternative models are “founded on understandings of human nature that are radically different from that of “homo economicus”, which underlies market-based organization”. “Commons”-based approaches combine economic needs with responsibility for ecosystems including humans, and with the human desire for community and communication. The idea of small-scale replicas of the development model imposed by developed countries is left behind; instead space is given to emerging alternative modernities (Escobar 2012), which are a mixture of local culture and transformation of conventional development ideas. Non-imperialist movements are emphasized in this line of thinking, as well as the measures adopted by developing countries that are trying to find their own development models. Although the article doesn’t include a deep analysis on the implications of ‘Buen Vivir’, it is mentioned as part of these movements.

Highlights of the week

AMR

Margaret Chan thundered earlier this week, not for the first time, that “the rise of antibiotic resistance is a global health crisis”. News and key articles from this week confirmed this.

WHO - World Antibiotic awareness week & survey

This week is **World Antibiotic Awareness week**. It’s clear that the world still has to make some progress there, as evidenced by a new WHO multi-country survey that revealed widespread public misunderstanding about antibiotic resistance (see [WHO news](https://www.who.int/news-room/detail/2023-09-01-world-antibiotic-awareness-week)). The survey findings coincided with the launch of a new WHO campaign ‘Antibiotics: Handle with care’—a global initiative to improve understanding of the problem and change the way antibiotics are used.

For the transcript of WHO’s Virtual Press Conference on antibiotic resistance, see [here](https://www.who.int/news-room/detail/2023-09-01-world-antibiotic-awareness-week).

**Lancet series - Antimicrobials: access and sustainable effectiveness**

http://www.lancet.com/series/antimicrobials-access-and-sustainable-effectiveness

“This Series examines the access and sustainable effectiveness of antimicrobials. The first two papers provide an insight into the mechanisms and drivers of antimicrobial resistance, its disease burden, and the potential effect of vaccines in restricting the need for antibiotics. The last three papers in the Series examine access and sustainability of antimicrobials at a more geographical level: reviewing access in low-income and middle-income countries; considering different policy domains and their effectiveness at national and regional levels to combat resistance; and identifying gaps in the current global effort to improve international collaboration and achieve key policy goals.”

The global fight against antimicrobial resistance could be under threat unless the evidence base for policies to control resistance is radically improved, according to the Series. The Series urges renewed focus on understanding which policies will work to combat antimicrobial resistance, but it also points out that globally, access to antimicrobial drugs remains a major issue.

For the purpose of this newsletter, we especially recommend:

* The Comment by Das & Horton, *Antibiotics: achieving the balance between access and excess*: “This Series aims to prove that the value of the antimicrobial coin is reflected in its two sides—effectiveness and access. The Series makes an urgent case for global collective action to achieve both goals.”

* The series article, *International cooperation to improve access to and sustain effectiveness of antimicrobials* (by JA Rottingen et al): “…Global collective action is necessary to improve access to life-saving antimicrobials, conserving them, and ensuring continued innovation. Access, conservation, and innovation are beneficial when achieved independently, but much more effective and sustainable if implemented in concert within and across countries. WHO alone will not be able to drive these actions. It will require a multisector response (including the health, agriculture, and veterinary sectors), global coordination, and financing mechanisms with sufficient mandates, authority, resources, and power…” (two leading options are a new UN-level coordinating body and an international treaty with strong implementation mechanisms.).
The Lancet infectious diseases - Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study

Yi-Yun Liu et al; http://www.lancet.com/journals/laninf/article/PIIS1473-3099(15)00424-7/fulltext

For the prophets of doom (myself included), perhaps the news of the week. “A new gene (mcr-1) that enables bacteria to be highly resistant to polymyxins, the last line of antibiotic defence we have left, is widespread in Enterobacteriaceae taken from pigs and patients in south China, including strains with epidemic potential, according to new research published in The Lancet Infectious Diseases.” In plain language: The last line of antibiotic defence against some serious infections is under threat, according to experts who have identified a gene that enables resistance to spread between bacteria in China. The gene is likely to spread worldwide.

For coverage of this rather worrying AMR news, see Sarah Boseley in the Guardian, Antibiotic defences against serious diseases under threat, experts warn.

So the call from global consumer organisations to fast food chains (like McDonalds, Subway, KFC, ...) asking them to stop using meat that has been treated with antibiotics doesn’t come one day too soon. The organisations are meeting in Brazil this week at an international congress.

Meanwhile, Roger Bate (American Enterprise institute) discusses new global substandard medicines -- caused by inferior ingredients or inadequate production techniques -- driving a new wave of antimicrobial resistance. See A ‘perfect storm’ for the emergence of drug-resistant bacteria.

Global Fund Board meeting (16-17 Nov)

On 16-17 November 2015, the Global Fund Board held its 34th meeting in Geneva, Switzerland.

GFO dedicated its new issue to the Board meeting (must-read!!!).

Check out, obviously, Main decisions made at Board meeting (by David Garmaise), but also Board adopts framework for new strategy (on this new strategic framework, see also a GF press release); Ending the epidemics is a greater challenge than achieving progress: Dybul; ... But we also enjoyed Alan Whiteside’s Losing my (Global Fund Board) virginity.

See also the GF webpage on the board meeting. Some more stuff related to the Board meeting:

GF – New Grant to Support Human Rights in 10 African Countries

“The United Nations Development Programme (UNDP) and the Global Fund have signed a US$10.5 million grant to address human rights barriers faced by vulnerable communities in Africa, and
facilitate access to lifesaving health care. The grant is the first of its kind and will cover 10 countries including Botswana, Côte d’Ivoire, Kenya, Malawi, Nigeria, Senegal, the Seychelles, Tanzania, Uganda and Zambia.”

Aidspan – New strategy will allow the Global Fund to play a more active role in shaping markets

http://www.aidspan.org/gfo_article/new-strategy-will-allow-global-fund-play-more-active-role-shaping-markets

“The Global Fund’s new market-shaping strategy is designed to allow the Fund to play a more active role in shaping market dynamics to increase access to health products. The new strategy, which was adopted by the Board at its meeting on 16-17 November, includes a section on preparing for when countries transition away from Fund support.”

COP21

"We already mentioned in the intro that COP 21, which was supposed to be one big green (as well as greenwashing) party, has been seriously disrupted by the terror attacks. If we didn’t know any better, we would think Exxon Mobil and other oil companies have excellent relations with IS."

New internationalist - 'This Changes Everything': What the Paris attacks mean for the climate protests

C Fauset; http://newint.org/blog/2015/11/17/what-the-paris-attacks-mean-for-the-climate-protests/

Must-read. Even after the Paris attacks, or is it ‘all the more so given what happened’, “now is not the time to be silent”. See also “Climate Justice Advocates Say COP21 Mobilization in Paris More Important Than Ever”.

WHO (statement) – WHO calls on countries to protect health from climate change


"Climate change is the defining issue for the 21st century. ... The upcoming United Nations Climate Change Conference (COP-21) in Paris offers the world an important opportunity to not only reach a strong international climate agreement, but also to protect the health of current and future generations. WHO considers the Paris treaty to be a significant public health treaty – one that has the potential to save lives worldwide. ... Not only are ways to combat climate change already known and well-documented, they can bring important health gains. As WHO’s new series of climate change and health country profiles illustrate, investments in low-carbon development, clean renewable energy, and strengthening climate resilience, are also investments in health. “ (for the climate and health country profiles 2015, see here )"
So this a last-ditch (but high-profile) attempt by WHO to get more attention for the profound health consequences in debates about climate change. “In preparation for COP-21, countries have made important commitments to cut greenhouse gas emissions and scale up adaptation to climate change, but more needs to be done. If countries take strong actions to address climate change, while protecting and promoting health, they will collectively bring about a planet that is not only more environmentally intact, but also has cleaner air, more abundant and safer freshwater and food, more effective and fairer health and social protection systems - and as a result, healthier people. The United Nations Climate Change Conference is the time for the health community to lend their voice to the international climate discussion and ask countries to come together and make bold commitments to protect our planet and the health of current and future generations.”


http://newsroom.unfccc.int/unfccc-newsroom/summary-for-policy-makers/

Some comforting messages in the run-up to COP 21. “A new report packed with best practice climate policies from across the world reveals a wealth of existing opportunities to immediately scale up reductions in greenhouse gas emissions while powering up ambition to keep the global average temperature rise below 2 degrees Celsius. “Climate Action Now – A Summary for Policymakers 2015” underlines how nations can deploy a wide range of proven policies and utilize existing initiatives to meet the common challenge of climate change and sustainable development.” The report, released by the secretariat of the UN Framework Convention on Climate Change (UNFCCC) at the request of governments, provides a straightforward, inspiring go-to-reference to assist ministers, advisors and policymakers pursuing climate actions now and over the years and decades to come. The findings spotlight how effective policies across six key thematic areas not only reduce emissions rapidly but also advance goals in 15 other critical economic, social and environmental areas.”

For a similar rather upbeat report, see a brand new Sitra report: “A new report by European think-tank Sitra, supported by a group of 11 world-leading institutions, has found that the world could cut annual greenhouse gas emissions by about 12 gigatonnes in 2030, using only established and proven climate solutions. No new inventions are required, nor vast amounts of capital.”

Guardian – How scientific miscalculations could crash the climate

For a far less comforting message, read this. “In the last month, experts have questioned the accuracy of current targets for both emissions reductions and the resources needed for climate action. So what does this mean for the planet?” (on Kevin Anderson’s latest publication etc)

World Prematurity day


World Prematurity Day is observed on 17 November. Around 15 million babies are born prematurely each year, that is 1 in 10 babies born worldwide. For a WHO factsheet, see here.

You might want to read a piece by Pablos-Mendez (USAID’s assistant administrator for global health) (in the Huffington Post), No Life Too Small: World Prematurity Day 2015. Among others, he mentions: “Today, USAID’s Every Preemie - SCALE project released its country profiles for 23 high-burden countries to provide data on the prevalence of risk factors for preterm birth and low birthweight. The figures are sobering. Three countries -- India, Pakistan, and Nigeria -- account for an estimated 5 million preterm births annually, one third of the global total, and half of the world’s deaths due to preterm complications.”

Devex – The missing LINC in the newborn survival agenda: Prevention


“...A large group of stakeholders led by the MDG Health Alliance, USAID’s Every Preemie — SCALE Program and the March of Dimes came together in 2014 to launch the Public Private Partnership to Prevent Preterm Birth. The partnership is charged with forging a prevention path in newborn survival to complement the current efforts to treat sick newborns. The partnership’s goal is simple. It aims to demonstrate that preterm birth rates can be significantly reduced by addressing four “LINC” risk factors — lifestyle, infection, nutrition and contraception among populations of women where preterm birth rates and deaths are extremely high.”

NYT – Guinea, Last Nation With Ebola, May Soon Be Declared Free of Virus


“The worst Ebola outbreak in history took a big step toward ending on Tuesday when Guinea, the only nation where the virus had been lingering, began its official countdown to being declared free of the disease. The countdown began after a 3-week-old girl, Nubia Soumah, the last known patient in active treatment in the world, tested negative for the virus twice in a row. Dozens of people in Guinea are still being monitored to see if they develop symptoms of the virus. But if no further cases emerge in Guinea over the next 42 days, the equivalent of two incubation periods for the
virus, the nation will be declared officially free of Ebola, nearly two years after the epidemic began in the country’s forest region.”

Fingers crossed.

Meanwhile, the UN Ebola chief says the priority is now helping the 15000 survivors who need medical & psychological support (see AP )

Refugee crisis, (civil) war & terrorism attacks

Humanitarian Health Ethics - The Rising Humanitarian Tide


We were very impressed by this critical reflection, examining the historical/economic context of the global refugee crisis. (must-read!) One paragraph to give you an idea: “...I was fortunate to attend the MSF OCA Café in Amsterdam (September 12, 2015) on behalf of MSF Canada. At the session, attendees struggled to make sense of the Global Refugee Crisis – the largest displacement of people since the Second World War – that is washing up on the shores of Europe. MSF has been deeply involved, from participating in maritime search and rescue operations to providing health care in reception centres. The challenge for MSF is in formulating a narrative for advocacy. We can implore governments to fulfill their legal commitments to asylum seekers and to accept refugees, but we should not overlook the ideological roots of political indifference. People are not drowning in the sea because the system is broken, but because the system is functioning according to its logic: providing safe harbour for capital, while washing away the dispossessed. And it relegates refugees, asylum-seekers, and migrants – the collateral damage of empire and globalization – to the domain of private charities like MSF.”

Foreign Policy – Syrian refugees are not the problem

Peter Bouckaert; https://foreignpolicy.com/2015/11/18/syrian-refugees-are-not-the-problem/

Peter Bouckaert, emergencies director at HR Watch, wrote this after the Paris attacks, which have set off a – unfortunately rather predictable – backlash among right-wing politicians both in Europe and the US.

Paris – Offline: 13/11—The flames of war


Horton’s reflection on the Paris attacks, which happened during Medact’s two-day meeting in London to discuss war, conflict, and militarisation as global health issues. “...As our French neighbours mourn their dead, and as our human family sees civilisations destroyed, from Syria to Somalia, we know that terrorism is designed with one objective only—to trigger epidemics of fear. That same fear encourages governments to manufacture consent among their peoples by creating ever more fear. Anxiety is contagious. Its sequelae catastrophic. Yet the dominant discourse in
global health today, as summed up in the Sustainable Development Goals, is unremittingly utopian. But consider the political context. …”

For another article on the Medact event, see BMJ blog (S Walpole). “Somehow, the “Health through Peace” conference organised by Medact, MSF, the Quakers, the Lancet, and the BMJ managed to face uncomfortable truths with a sense of optimism and purpose. Across the two days, plenaries and workshops addressed issues from the challenges of providing healthcare in conflict situations, to the intersection of gender, violence, and health, to the dangers of remote warfare. 1945 to 2045 is a century of two great transitions: the development of weapons of mass destruction, and major anthropogenic alteration of our environment. So said Paul Rodgers of the Bradford Institute for Peace studies in his opening keynote speech. …”

In sadly related news, check out the new report ‘Aleppo abandoned: a case study on Health care in Syria’ (by Physicians for Human Rights). See also NEJM on attacks on health care in Syria.

Lancet (World Report) – Agencies struggle with Europe’s complex refugee crisis

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)01032-6/fulltext

(must-read) “As the refugee exodus to Europe continues to escalate, humanitarian aid programmes are finding it hard to sustain their momentum. Jules Morgan reports on health concerns in the crisis.” (among others, flexibility is key)

Guardian – Refugee crisis must not deflect us from our long-term development aims


“Proposals in parts of Europe to cut aid budgets and use the money for taking in refugees pose a threat to the goals of eradicating poverty and reducing inequality.”

Irin – How the refugee crisis is hurting foreign aid


Overview of what’s happening in Sweden, Norway, the UK, … in terms of ODA money being “diverted” (at least in terms of scale)...

Devex – UK earmarks half of aid budget for fragile states

U.K. Prime Minister David Cameron announced that the U.K. will dedicate half of the Department for International Development’s aid budget to developing “fragile and failing” states, as part of a “full-spectrum response” to the threat posed by Islamic State group.

We know our readers, so if you want to “enjoy” Cameron’s speech in full, see here.

Guardian – Terrorist killings up by 80% in 2014, fuelling flow of refugees, report says


Some essential background. Attacks by Boko Haram in Nigeria and Isis in Syria and Iraq drive the increase in deaths, with civilians increasingly targeted, the 2015 Global Terrorism Index shows.

You might also want to read (in the Guardian), Without rule of law, conflict-affected areas will become poverty ghettos. “This week, the UN security council will discuss the links between development and conflict prevention. Their efforts to take a more active role in this realm deserve our full support. Some worry that talking about peace and conflict prevention in the context of development will put too much emphasis on security.”

G20 meeting in Antalya, Turkey

You find all documents here: the G20 Leaders’ communique (already prepared ahead of the meeting), a separate one related to the ‘Fight against terrorism’ (given the events in Paris).

See for example the analysis, At G-20 Summit, Economics Overshadowed by Paris Attacks.

As Kent Buse noted on Twitter, in spite of all the G20 rhetoric on ‘inclusive growth’, global health was ignored.

On Monday, Obama announced that the United States and 30 countries have made a commitment to work together to achieve the targets of the Global Health Security Agenda (GHSA) (see White House press release). So the GHSA has more and more ‘partner countries’, it appears.

Ahead of the G20 summit, the BRICS met separately, see Media Note on the Informal Meeting of the BRICS Leaders on the Margins of the G20 meeting.

A must-read short policy brief (by GW Brown): Leadership from below: a Strategic alignment of BRICS at the G20 or simply Business as Usual?

You find a bunch of nice short policy briefs on the G20 summit’s focal issues on the Global Leadership initiative’s website.
World toilet day

Guardian - World toilet day: from South Sudan to Russia, where not to get caught short

http://www.theguardian.com/global-development/2015/nov/19/world-toilet-day-south-sudan-global-sanitation-wateraid

In a report released on world toilet day, WaterAid ranked countries according to how difficult it was to find toilets meeting basic hygiene standards. See also Reuters: “Some 2.4 billion people around the world don’t have access to decent sanitation and more than a billion are forced to defecate in the open, risking disease and other dangers, according to the United Nations. Launching its World Toilet Day campaign for Nov 19, the UN said poor sanitation increases the risk of illness and malnutrition, especially for children, and called for women and girls in particular to be offered safe, clean facilities.”

Meanwhile, a 21-member U.N. Advisory Board on Water and Sanitation (UNSGAB), which has just completed its 11-year mandate, is calling for a complete overhaul of how the UN and the international community deals with two unresolved socio-economic issues on the post-2015 development agenda: scarcity of water and inadequate sanitation (see IPS)

BMJ (Editorial) – Merging alcohol giants threaten global health

J Collin et al; http://www.bmj.com/content/351/bmj.h6087

Belgium is not just the jihadi capital of the world, according to world media who discovered “Molenbeek” this week (soon French jets will be bombing this area of Brussels), it’s also the original base of AB-Inbev, another great threat to global health.

“The world’s two largest beer manufacturers, Anheuser-Busch InBev (AB InBev) and SABMiller, have agreed in principle to merge. AB InBev, the Belgium based producer of global brands such as Budweiser, Corona, and Stella Artois will acquire London based SABMiller, brewer of Peroni, Miller, and Grolsch. At £70bn (£100bn; $106bn) this would be the third largest deal in corporate history, establishing a dominant position in the global beer market. Its completion depends on navigating the regulatory demands of competition policy in multiple jurisdictions. Yet the real importance of the deal is what it symbolises for the future of the global alcohol industry. Here we focus on its implications for the growing epidemic of alcohol related harm across low and middle income countries.” (with a focus on Africa in particular)

Alliance – Report on Effective Leadership in Health: Call for Nominations

“In November 2016, the Alliance will be launching a report on Effective Leadership For Resilient Health Systems at the Fourth Global Symposium on Health Systems Research in Vancouver. In this report, the Alliance aims to explore how leadership manifests in diverse settings and suggest strategies to support its development. This report is primarily intended for policy and decision makers, as well as funders and researchers. In order to ensure a diverse set of voices and experiences is represented in the report, the Alliance invites your input on the following: Nominations on leaders who have brought about significant change in strengthening health systems within their own country. Invitation for ideas on topics related to leadership in health.”

Guardian – $1.4tn a year needed to reach global goals for world's poorest


(must-read) Based on a new SDSN (UN's Sustainable Development Solutions) report. Given the fact that ‘Global Disorder’ is intensifying, it all seems pretty urgent.

Lancet (Editorial) – Violence against women and girls: how far have we come?

http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)01029-6/fulltext

Not very far, I’d say, going through the daily news. The Lancet is a bit more upbeat, though. “A year ago, The Lancet published a Series on violence against women and girls ahead of the International Day for the Elimination of Violence against Women on Nov 25. The day marks the start of the 16 Days of Activism against Gender-Based Violence, which this year, for the first time, has prevention as its theme. ... Globally, in the past year, the inclusion of a goal on gender equality in the Sustainable Development Goals has been the biggest advance. ... the world is moving in the right direction in terms of laws to protect women and girls. ... WHO, meanwhile, is developing a global plan of action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and children, which will be presented to the Executive Board in January. It is crucial that they approve the plan and the World Health Assembly adopt it in May, 2016. ... One neglected issue has been government investment and engagement with civil society, especially women's groups.”

CSIS –Unsettled World Creates New Challenges for Polio Eradication—IMB

Nellie Bristol: http://www.smartglobalhealth.org/blog/entry/unsettled-world-creates-new-challenges-for-polio-eradication-imb/
Stopping all polio transmission by the end of 2016 will require enhanced security for immunization campaigns and devising ways to vaccinate children in increasingly complicated settings, the Independent Monitoring Board (IMB) of the Global Polio Eradication initiative argues in its October report. Fluctuating security situations along with growing displaced populations create a heightened risk of outbreaks, not just in the Middle East, but in parts of Europe as well since refugees sometimes skirt designated camps and avoid registration in attempts to resettle. In addition, once functioning health systems in places like Syria and Ukraine are faltering, creating other points of public health fragility, the board says. The IMB’s concerns reflect the potential for broader public health degradation in the Middle East and Europe as **global disorder intensifies**. Beyond the formidable challenges of global conflict and insecurity, the IMB also offered **specific recommendations to individual countries**.

---

**Global health events of the week**

### Second Global High-Level Conference on Road Safety - 18-19 November 2015, Brasilia, Brazil


The Second Global High-Level Conference on Road Safety, hosted by the Government of Brazil and supported by the WHO took place in Brazil this week. The Conference aimed to share knowledge and spur action on what works to prevent these tragedies and improve safety on the roads for all who use them. Scheduled for 18-19 November 2015 in Brasilia, Brazil, the Conference gathered around 1500 delegates, among them ministers of health, transport and interior from many countries; senior officials from United Nations agencies; representatives of civil society; and business leaders. Together they reviewed progress in the Decade of Action for Road Safety 2011-2020; defined next steps at global and national level to achieve the goal of the Decade of Action to save 5 million lives; and looked beyond 2020 to the urgent actions needed to implement the development goals related to road safety.

### Launch of the Women Leaders in Global Health Initiative (WLGHI)

Yesterday, on November 19, the **Women Leaders in Global Health Initiative (WLGHI)** was officially launched, on International Men’s Day. (Bet that wasn’t a coincidence) The Women in Global Health movement launched this joint initiative with Global Health Council. The launch was announced as part of the Global Health Council Landscape Symposium - Achieving Universality in Global Health: An Imperative for Change event. WLGHI focuses on the strategic priority areas of advocacy, networking, mentorship and capacity building to achieve greater gender equality in global health leadership.
*At the London school, a new Global health lab was organized, on the topic “are the SDGs good enough for global health?” (check hashtag #ghlab)

*On last week’s meeting on global health think tanks at the Graduate Institute in Geneva, you might want to read “Do not dumb down you audience –or rather, how should think tanks affect policy change?”. Among others, a new term was coined – “Simplicity” (presumably, simplifying our complex world for common people, without dumbing down).

(and some more background (in Critical Policy Studies): The view from nowhere? How think tanks work to shape health policy)

IP Watch – WHO Member State Mechanism On Fake Medicines Meeting This Week


“This week the World Health Organization member state mechanism on falsified medicines is meeting in Geneva with a long agenda. In particular, the meeting is expected to consider a process for the mechanism review, the participation of the WHO in a global committee on the quality of health products, and several proposals including tracking systems and awareness campaigns.”

Coming up on 23 November: Findings of the Independent Panel on the Global Response to Ebola – (see here). …. To prepare a bit, you can already read this:

CSIS (publication) – After the Ebola Catastrophe

J Stephen Morrison; http://csis.org/publication/after-ebola-catastrophe

Morrison served on the Independent Panel on the Global Response to Ebola and gives two recommendations on how the world can move forward post-Ebola. For much more, see Monday.

Global governance of health

The Hill – Obama’s trade deal is in trouble

http://thehill.com/policy/international/trade/260364-obamas-trade-deal-is-in-trouble

President Obama’s trade deal with 11 other Pacific Rim countries is in deep trouble with Congress.
ABS – Obama, Xi split on free trade initiatives at APEC

http://www.abs-cbnnews.com/focus/11/18/15/obama-xi-split-on-free-trade-initiatives-at-apec

“The world’s two biggest economies pushed for their respective free trade initiatives as Pacific Rim leaders began their meeting Wednesday in Manila. Topping the agenda is the overarching aim of establishing free trade and investment among members of the Asia-Pacific Economic Cooperation (APEC). But how they’ll get there exactly depends largely on the Free Trade Area of Asia-Pacific (FTAAP) initiative, which China, the second biggest economy, is pushing. US President Barack Obama, also in the country for the APEC meeting, was confident of the success of his Trans-Pacific Partnership (TPP) amid reservations from lawmakers back home.”

Social Watch – “Privatized justice” system for transnationals should be abolished

Roberto Bissio; http://www.socialwatch.org/node/17106

“The investor-state dispute settlement mechanisms are incompatible with the Charter of the United Nations and Human Rights, concluded the prominent Cuban-American lawyer Alfred-Maurice de Zayas, in his report to the General Assembly of the UN as Independent Expert on the Promotion of a Democratic and Equitable International Order, appointed by the Human Rights Council. This system, argues the expert, “should be abolished” because it is a “fundamentally flawed system having adverse human rights impacts and because its operation has upset the international order by debilitating States, encroaching on their regulatory space and aggravating inequality and inequity in the world.”

BMJ –Richer countries should help poorer ones plan for the next pandemic

A G Ross et al; http://www.bmj.com/content/351/bmj.h6156

Time is short, and it may be cheaper in the long run. “The global history of emerging or re-emerging infectious diseases shows that, on average, they have appeared about once a decade since 1940. Recently, however, the time between pandemics has become shorter, as evident from severe acute respiratory syndrome (SARS) in 2003, influenza A H5N1 (bird flu) in 2007, H1N1 (swine flu) in 2009, Middle East respiratory syndrome (MERS) in 2012, and Ebola virus in 2014. … Emerging infectious diseases are primarily zoonotic (60% of people) and viral, originating in wildlife populations from the tropics (HIV, SARS, Ebola, West Nile virus, Lyme disease). In sum, it seems likely that we should expect a viral organism to come from the tropics within the next five years that could potentially cause a global pandemic.”

We better be prepared – and richer countries have a key role to play, Ross argues. He offers some suggestions – “If funding from WHO and the World Bank can’t be used to strengthen national health systems in poorer countries to meet core capabilities required by international regulations, then how can this be achieved? A multibillion US dollar international health system fund has been proposed, but considerable funding from private and public sectors is needed. The G8 group of
industrialised nations, the European Union, and philanthropic organisations should contribute. And, ultimately, poorer nations themselves will need to allocate healthcare dollars to epidemic planning and prevention.”

**Roll back malaria – Q&A: a New era for the RBM Partnership – your questions answered**


Have a look to get an idea on all the changes that are being implemented since the RBM Board meeting in May.

**IJHPM – From the Myth of Level Playing Fields to the Reality of a Finite Planet; Comment on “A Global Social Support System: What the International Community Could Learn From the United States’ National Basketball Association’s Scheme for Redistribution of New Talent”**

R Labonté: [http://www.ijhpm.com/article_3130_0.html](http://www.ijhpm.com/article_3130_0.html)

The first reaction on the “NBA” article by Ooms et al.

**The Jacobin – The Philanthropy hustle**


Global North or South, private foundations are part of the problem, not the solution, argues Linsey McGoey.

**Guardian – Big NGOs prepare to move south, but will it make a difference?**


“With Amnesty International and Oxfam looking to join ActionAid in moving more of their operations to Africa, will these steps be enough to transform the international aid system?”
CFR (report) – Key Populations and the Next Global Fund Strategy: A Focus on Upper-Middle Income Countries

T Summers et al; http://csis.org/publication/key-populations-and-next-global-fund-strategy

“On October 28, the Center for Strategic and International Studies hosted a half-day discussion among diverse experts to develop specific recommendations to U.S. government representatives on the Global Fund board of directors to inform their positions in discussions of the organization’s next five-year strategy as well as potential changes to its allocations policies. (There is currently no active discussion of changing eligibility criteria.) The discussion focused on how the Global Fund can responsibly manage country transitions to ensure key populations are not left without access to services as the Global Fund reduces its financial support. Interconnected themes emerged: increasing political engagement; supporting local nongovernmental organizations; strengthening national strategies; and increasing access to proven technologies.”

IS Global – Mind the gap: health inequities and the SDGs


A summary of the seminar ‘Mind the Gap: Health Inequities and the Sustainable Development Goals’, that was held in Barcelona on October 13-14, 2015.

Finally, you might want to have a look at GAVI’s 2014 progress report.

UHC

WHO (Policy brief) – Raising revenues for health in support of UHC: strategic issues for policy makers: Health Financing Policy Brief Number Nº 1


“Governments should aim to move towards a predominant reliance on public funding for health, as evidence shows this increases access to health services and improves financial protection for the population. This is a key message in a new policy brief about raising revenues for health in support of Universal Health Coverage. What issues do policy makers face in decisions about raising revenue? How do decisions about raising revenue have an impact on UHC? The policy brief answers these questions in the context of growing political momentum for UHC, and the challenges that many countries face to increase levels of domestic public funding for health.”
Draft statement Bangkok (PMAC conference) on priority setting for UHC

You can share your comments on the draft Bangkok Statement on Priority-Setting for Universal Health Coverage till 27 November. (not everybody is happy with the current version... ask Thomas Schwarz (MMI))

World Bank (blog) - New Index Reveals Gap between Rhetoric and Reality on Universal Health Coverage

WB;

Current approaches to measuring health coverage fail to include many key aspects of the performance of healthcare systems. A new Universal Health Coverage Index (proposed by A Wagstaff) that measures both the extent of service coverage and financial protection provides a more complete picture and can track countries’ progress over time. Despite the rhetoric, no developing country has yet achieved universal health coverage... (see also previous IHP newsletter issues on this index)

Some of my colleagues are not entirely convinced by this index – we encourage them to blog about it!

CFR (podcast) – From MDGs to SDGs: Lessons Learned and Future Directions for Implementing UHC

CFR (podcast) – From MDGs to SDGs: Lessons Learned and Future Directions for Implementing UHC

“In this podcast, Tony Pipa, U.S. special coordinator for the post-2015 development agenda, and Sara Bennett, associate director and associate professor at the Johns Hopkins Bloomberg School of Public Health, discuss with Yanzhong Huang some lessons learned from the implementation of health-related MDGs and how those can facilitate a greater level of success in the SDG process. They also explore how the SDGs will facilitate future progress toward bringing health coverage to all people, particularly in low- and middle-income countries.”
On October 28, Health Systems Global (HSG)’s Translating Evidence into Action Working Group hosted a webinar on a regional initiative to empower public and private leaders in Francophone Africa with evidence and research related to UHC. In response to calls for UHC reforms in the region, the African Health Economics and Policy Association (AfHEA) has trained over 45 policymakers and other stakeholders from 16 countries across Francophone Africa to address their urgent need for relevant evidence and knowledge to advance their country’s progress towards UHC. The webinar focused on how AfHEA made the wealth of evidence on financing and structuring UHC in English, accessible in French. Check out some of the major takeaways from the webinar.

WB (blog) – The political economy of welfare schemes


Really nice blog.

Planetary health

Some key info related to COP 21 we already covered in the ‘Highlights of the week’ section. Some more stuff below:

FT – India slows progress on ambitious climate change accord

http://www.ft.com/intl/cms/s/0/de7a31b6-8c55-11e5-8be4-3506bf20cc2b.html#axzz3rfHzszzmC

Check out how. Meanwhile, the US republicans also try their utmost to block Obama’s room for manoeuver in Paris, but so far the Obama administration isn’t worried much.
The Guardian – Thomas Piketty and Tim Jackson: responsible investors must divest from fossils fuels now


A match made in heaven – Thomas Piketty & Tim Jackson. See also Duncan Green’s blog, Why being scooped by Piketty is no bad thing for Oxfam (but what will the government of India think?).

Guardian – There's a population crisis all right. But probably not the one you think

G Monbiot; http://www.theguardian.com/commentisfree/2015/nov/19/population-crisis-farm-animals-laying-waste-to-planet

A still somewhat neglected issue in the fight against climate change, although that is slowly changing. “While all eyes are on human numbers, it’s the rise in farm animals that is laying the planet waste”.

UN News Centre - El Niño on track to be among worst ever, but world better prepared for fallout – UN


The title of this piece summarizes the picture quite well.

Thomson Reuters foundation –Conflict makes countries more vulnerable to climate change - index

http://www.trust.org/item/20151117200208-lu75m/

“Syria, Libya and Yemen are among the countries whose ability to withstand climate change shocks and stresses has deteriorated most in the past five years, suggesting conflict makes people more vulnerable to climate impacts, researchers said. The University of Notre Dame Global Adaptation Index (ND-GAIN), released on Tuesday, uses 46 indicators to measure climate change risks to 180 countries and how ready they are to accept investment that could help them cope with more extreme weather and rising seas.”
Guardian – The planet’s future is in the balance. But a transformation is already under way

http://www.theguardian.com/environment/2015/nov/14/un-climate-change-summit-paris-planet-future-balance-science

Sometimes it’s good to read an upbeat piece. This one is by J Rockström (professor in environmental science at Stockholm University and executive director of Stockholm Resilience Centre). On the Earth Statement, published earlier this year, outlining the eight essential ingredients of a successful agreement in Paris, super wicked problems (common in our era, the Anthropocene), and much more.

Guardian – Gates Foundation would be $1.9bn better off if it had divested from fossil fuels


“Analysis of the Bill and Melinda Gates Foundation health charity, and 13 other major funds, reveals moving investments out of coal, oil and gas and into green companies would have generated billions in higher returns”.

Seattle Times - Gates Foundation cuts fossil fuel investments — but why?


As Gates is no fool, it appears the Foundation has already moved in this direction: “Tax documents posted Monday show that the foundation has significantly scaled back its holdings in some of the world’s biggest oil, coal and gas companies.” Doesn’t have much to do with the divestment movement, though.

CGD (working paper) – Comparing Emissions Mitigation Efforts across Countries


“A natural outcome of the emerging pledge and review approach to international climate change policy is the interest in comparing mitigation efforts among countries. Domestic publics and
stakeholders will have an interest in knowing if “comparable” or “peer” countries are undertaking (or planning to undertake) “comparable” effort in mitigating their greenhouse gas emissions. Moreover, if the aggregate effort is considered inadequate in addressing the risks posed by climate change, then this will likely prompt interest in identifying opportunities for greater effort by individual countries – an assessment that requires metrics of effort and comparisons among countries. We propose a framework for comparing mitigation effort, drawing from a set of principles for designing and implementing informative metrics. We present a template for organizing metrics on mitigation effort, for both ex ante and ex post review of effort. We also provide preliminary assessments of effort along emissions, price, and cost metrics for post-2020 climate policy contributions by China, the European Union, and the United States....”

UNU-Wider (WP) - Development Assistance and Climate Finance


(from March). “The distinction between development assistance and climate finance is driven by an optic of compensation largely derived from the ‘polluter pays’ principle. For practical as well as conceptual reasons, this principle provides a weak basis for climate finance. The distinction also cuts against the need to holistically consider developmental, adaptation, and mitigation policies and naturally focuses on government-to-government flows despite the manifest need to catalyse non-official sources of finance. Beyond the ‘polluter pays’ principle, ample justifications, such as the conceptions of justice set forth by Sen, for an international architecture that addresses integrated climate and development challenges.”

Guardian – Heat stress: the next global public health crisis?


The deaths of farm workers in Central America are being linked to extreme temperatures. Researchers warn that far worse is to come.

Guardian – Climate change could bring tropical disease epidemics to Britain, health expert warns


Even in a ‘Melting the poles’ era, this institute should not despair.
Infectious diseases & NTDs

Reuters – Global fight against tuberculosis hinges on India stepping up funding: WHO

http://www.trust.org/item/20151119091609-l2px0/?source=jtOtherNews1

“India is critical to the global fight to end an epidemic of tuberculosis by 2030 and must step up funding to control the disease, the World Health Organisation said, citing concerns over broader cutbacks in government health programmes.” Among others, M Raviglione (WHO) is concerned about the recent health funding cutbacks in India that may derail India’s TB program.

BBC (news) – Scientists find key to malaria growth


For the positive scientists among you. (the others might as well brush up on their Chinese)

In other malaria news, check out a RBM statement on Housing and Malaria. RBM wants to focus more on protective housing-intervention strategies in endemic countries, in addition to all other tools used.

And believe it or not, Swaziland could “eliminate malaria by the end of 2016 or in early 2017, likely making it the first mainland country in sub-Saharan Africa to get rid of the deadly disease” (according to R Feachem) (see AP). Namibia, Botswana & SA are also making great progress.

Plos – The First Use of the Global Oral Cholera Vaccine Emergency Stockpile: Lessons from South Sudan

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001901

Andrew Azman and colleagues describe their experience of deploying >250,000 doses of oral cholera vaccine in South Sudan in 2014.
NCDs

NCD alliance – Sharjah Declaration on NCDs - Civil Society United Towards 2030


These days you have to be a bit careful with grand declarations coming from the Middle East, but this one is a nice one.

Last week was also World Diabetes day (see WHO).

BMJ supplement - Continuing Challenges to Tobacco Control in China: Findings from the International Tobacco Control (ITC) China Project

http://tobaccocontrol.bmj.com/content/24/Suppl_4.toc

You bet tobacco control is a challenge in China. Find out more in this new supplement.

Plos Translational global health – Fair Game: Is sport gambling with the minds of our children?


“In news unlikely to surprise any parent, research this week confirmed children are influenced by junk food, alcohol and gambling sponsorships of their favourite sports teams.”
Sexual & Reproductive / maternal, neonatal & child health

Guardian - Pernicious work of World Congress of Families fuels anti-LGBTQ sentiment


Read all about the “World Congress of Families” (WCF), a controversial Christian coalition of which the global influence poses a serious threat to the rights of lesbian, gay, bisexual, transgender and queer people.

Lancet (Comment) – Why is suicide the leading killer of older adolescent girls?

S Petroni et al; http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)01019-3/fulltext

“In May and June, 2015, media outlets around the world reported a devastating new finding that shocked the public and public health researchers alike. The Telegraph, Guardian, and National Public Radio all published articles highlighting the fact that suicide had surpassed maternal mortality as the leading cause of death among girls aged 15–19 years globally. ... These findings, which had been somewhat buried within WHO’s 2014 Health for the World’s Adolescents report, surprised many experts in global health and development. Why? The statistics expose two blind spots in global health and development: mental health and adolescent health. Although global attention toward each field is growing, data at the intersection of the two are scarce and skewed heavily towards developed country contexts. ... Donor funding structures and the manner in which global health is currently addressed do not support the type of cross-cutting and multidisciplinary research that is needed to truly understand and stem the scourge of suicide among adolescent girls. “

Global Health Now – Men: a new global health challenge


It was International Men’s Day this week, but this piece explores why the state of men’s health around the world has been overlooked by most national governments and international health organisations for far too long. Policymakers talk about gender mainstreaming but, in reality, this rarely includes men. Baker says this has to change.
CGD – Family Planning Commitments: Much Achieved, But Short of Goal


“Last week, Family Planning 2020—the partnership established during the 2012 London Summit on Family Planning—issued its annual progress report. Since the start of FP2020’s endeavor to mobilize increased global effort on family planning as a means to empower women and improve health, about 24 million more women with reported unmet need are using contraception. In 14 countries, there has been an acceleration of the rate of adoption of modern contraception when compared to historical trends. Method choice and program quality has increased in a number of countries, assuring that women who want to space or limit their births are able to freely and voluntarily choose the method that is right for them. ... But much remains to be done; a comparison of commitments and baselines in 2012 to mid-2015 makes clear that the global effort must overcome several hurdles to meet its 2020 aspirations: ...”

VOA reported, meanwhile: “African birth registration officials meeting in Cameroon say more than half of births in Africa are not registered, which can make it hard for children to enroll in school or access health care”.

Science Speaks – On sexual minorities, development, and Uganda and more, Barney Frank notes: “You didn’t tell me to mind my own business when I was pushing for a billion dollars in debt relief...”

[Science Speaks;](http://www.cgdev.org/blog/family-planning-commitments-much-achieved-short-goal)

Worth reading.

World Pneumonia Day (12 Nov)

Johns Hopkins – Pneumonia & Diarrhea (progress report)


This report was released on World Pneumonia Day by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health - it documents the progress of the 15 countries experiencing the greatest burden of pneumonia and diarrhea.

See also [Humanosphere](http://www.cgdev.org/blog/family-planning-commitments-much-achieved-short-goal) – Progress against pneumonia lags behind other childhood killers (N Fullman- IHME)
Meanwhile, “the U.N. Commission on Life-Saving Commodities, together with the Bill & Melinda Gates Foundation, is supporting ‘Every Breath Counts,’ a new global pneumonia advocacy campaign’ spearheaded by UNICEF in partnership with Speak Up Africa. The campaign is being launched on World Pneumonia Day 2015 and aims to galvanize donor interest in pneumonia, raise popular awareness of pneumonia, and to increase appropriate care seeking by families”.

Access to medicines

South Centre (Policy brief) – Guidelines on Patentability and Access to Medicines


This policy brief discusses the guidelines for the examination of pharmaceutical patents developed by WHO that serve as a guide for the drafting of internal procedure manuals of national intellectual property offices for the examination of patentability of chemical-pharmaceutical inventions.

Reuters - Price looms as major hurdle in hepatitis C eradication


IP Watch – Strength In Unity: Mercosur Countries Join To Negotiate Lower Prices For Hepatitis C and HIV Drugs


“South American countries are negotiating with pharmaceutical companies to obtain common cheaper prices for high-cost medicines. The first target of initial negotiations delivered lower prices for hepatitis C and HIV. Further negotiations are expected to be geared to additional hepatitis C, HIV and oncology medicines.”
Reuters – Global drug spending to hit $1.4 trillion in 2020: IMS

http://www.reuters.com/article/2015/11/18/us-health-ims-drugspending-idskcn0t70gq20151118?utm_campaign=trueAnthem:+Trending+Content&utm_content=564c232704d301172dbe8c7d&utm_medium=trueAnthem&utm_source=twitter#QwoudxBmDEPmrqAO.97

“Global spending on medicines will reach $1.4 trillion in 2020, driven by increased healthcare access in emerging markets and high-priced new drugs for cancer and other diseases, according to a forecast by IMS Health released on Wednesday. That is up from about $1.07 trillion this year, representing a compound annual growth rate of 4 to 7 percent over the next five years, the "Global Medicines Use in 2020" report compiled by IMS Institute for Healthcare Informatics found.”

Human resources for health

WHO – Strategic directions for nursing and midwifery development 2016-2020: the way forward (zero draft for consultation)

http://www.who.int/hrh/news/2015/13_11_2015_SDNM_consultation_draft_zero.pdf?ua=1

Feel free to weigh in.

WHO Bulletin (early online) –Implications of dual practice for universal health coverage

B McPake et al; http://www.who.int/bulletin/online_first/BLT.14.151894.pdf?ua=1

“Making progress towards universal health coverage (UHC) requires that health workers are adequate in numbers, prepared for their jobs and motivated to perform. In establishing the best ways to develop the health workforce, relatively little attention has been paid to the trends and implications of dual practice – concurrent employment in public and private sectors. We review recent research on dual practice for its potential to guide staffing policies in relation to UHC....”

Miscellaneous

BMJ –Partnership with UK health bodies is to bring 11 new institutes to India

http://www.bmj.com/content/351/bmj.h6264
A strategic partnership with the United Kingdom worth a £1bn (€1.4bn; $1.5bn) investment to the Indian healthcare system is set to establish 11 institutes of health in India.

Caring Crowd

http://www.caringcrowd.org/informative-banners

Sponsored by J&J ...

Emerging Voices

Resyst (blog) - Fragmented Development Goals & Targets: Why did Ebola Fail to Influence the SDGs?


At the recent RESYST annual meeting participants discussed how research findings could be used to build resilient health systems as well as engaging in a critical assessment of the SDGs.

Research

Globalization & health – ‘They hear “Africa” and they think that there can’t be any good services’ – perceived context in cross-national learning: a qualitative study of the barriers to Reverse Innovation

http://www.globalizationandhealth.com/content/11/1/45

“Between September and December 2014, the authors of this article conducted eleven in-depth face-to-face or telephone interviews with key informants from innovation, health and social policy circles, experts in international comparative policy research and leaders in Reverse Innovation in the United States. Interviews were open-ended with guiding probes into the barriers and enablers to Reverse Innovation in the US context, specifically also to understand whether, in their experience translating or attempting to translate innovations from low-income contexts into the US, the source of the innovation matters in the adopter context.”... The findings of this research “show that innovations from low-income countries tend to be discounted early on because of prior assumptions
about the potential for these contexts to offer solutions to healthcare problems in the US. Judgments are made about the similarity of low-income contexts with the US, even though this is based oftentimes on flimsy perceptions only. Mixing levels of analysis, local and national, leads to country-level stereotyping and missed opportunities to learn from low-income countries.”

**International Journal of Health Services - Did Neoliberalizing West African Forests Produce a New Niche for Ebola?**

R G Wallace et al; [http://joh.sagepub.com/content/early/2015/11/17/0020731415611644.abstract](http://joh.sagepub.com/content/early/2015/11/17/0020731415611644.abstract)

“A recent study introduced a vaccine that controls Ebola Makona, the *Zaire ebolavirus* variant that has infected 28,000 people in West Africa. We propose that even such successful advances are insufficient for many emergent diseases. We review work hypothesizing that Makona, phenotypically similar to much smaller outbreaks, emerged out of shifts in land use brought about by neoliberal economics. The epidemiological consequences demand a new science that explicitly addresses the foundational processes underlying multispecies health, including the deep-time histories, cultural infrastructure, and global economic geographies driving disease emergence. The approach, for instance, reverses the standard public health practice of segregating emergency responses and the structural context from which outbreaks originate. In Ebola’s case, regional neoliberalism may affix the stochastic “friction” of ecological relationships imposed by the forest across populations, which, when above a threshold, keeps the virus from lining up transmission above replacement. Export-led logging, mining, and intensive agriculture may depress such functional noise, permitting novel spillovers larger forces of infection. Mature outbreaks, meanwhile, can continue to circulate even in the face of efficient vaccines. More research on these integral explanations is required, but the narrow albeit welcome success of the vaccine may be used to limit support of such a program.”

**HP&P - Fifteen years of sector-wide approach (SWAp) in Bangladesh health sector: an assessment of progress**


“The Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh embarked on a sector-wide approach (SWAp) modality for the health, nutrition and population (HNP) sector in 1998. This programmatic shift initiated a different set of planning disciplines and practices along with institutional changes in the MOHFW. Over the years, the SWAp modality has evolved in Bangladesh as the MOHFW has learnt from its implementation and refined the program design. This article explores the progress made, both in terms of achievement of health outcomes and systems strengthening results, since the implementation of the SWAp for Bangladesh’s health sector.”
Global Public Health – The socioeconomic impact of international aid: a qualitative study of healthcare recovery in post-earthquake Haiti and implications for future disaster relief

M Kligerman et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2015.1094111

The authors assessed healthcare provider perspectives of international aid four years after the Haiti Earthquake to better understand the impact of aid on the Haitian healthcare system and learn best practices for recovery in future disaster contexts.

Global Public health – Improving global health – is tourism's role in poverty elimination perpetuating poverty, powerlessness and ‘ill-being’?

I L Bauer; http://www.tandfonline.com/doi/full/10.1080/17441692.2015.1094109

The spectrum of challenges for public health in a global context is ever expanding. It is difficult for health professionals to keep informed about details of key issues affecting global health determinants such as poverty. Tourism is seen as one strategy to eliminate poverty in developing countries and to improve global health, but the industry struggles with keeping its promise. Apart from often negative impacts on the well-being of local communities, it also turns out not to be as altruistic as it appears at first sight. Discourses largely focus on power and control of the non-poor over the poor despite all the rhetoric to the contrary. Economic aspects still dictate the debate rather than local people’s understanding of well-being. Only with a major shift in the approach to local populations, acknowledging the communities’ right to self-determination and accepting them as equal partners with access to genuine benefits, will this disturbing imbalance be redressed and allow better health for more people possible. Public health professionals should question claims about the beneficial influence of tourism in poor regions and not lower their vigilance for poverty-related health problems, so that the poor are not overlooked when all other stakeholders are busy with their own agenda.

Global Public health – Crafting AIDS policy in Brazil and Russia: State–civil societal ties, institutionalised morals, and foreign policy aspiration

E J Gomez et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2015.1094112

“During the 1990s, Brazil and Russia diverged in their policy response to AIDS. This is puzzling considering that both nations were globally integrated emerging economies transitioning to democracy. This article examines to what extent international pressures and partnerships with multilateral donors motivated these governments to increase and sustain federal spending and policy reforms. Contrary to this literature, the cases of Brazil and Russia suggest that these external factors were not important in achieving these outcomes. Furthermore, it is argued that Brazil's
policy response was eventually stronger than Russia's and that it had more to do with domestic political and social factors: specifically, AIDS officials’ efforts to cultivate a strong partnership with NGOs, the absence of officials’ moral discriminatory outlook towards the AIDS community, and the government's interest in using policy reform as a means to bolster its international reputation in health.”