Dear Colleagues,

This week’s short reflection comes from Shakira Choonara (SA, EV 2014).

“Last week the IHP newsletter briefly mentioned World Cancer Day, celebrated on the 4th of February. It seems that for the majority of well-meaning ‘global citizens’, the ‘in-thing’ is to fight for a specific cause on the enlisted ‘international day or week’ to raise awareness around global health issues such as cancer, or another lofty cause worth fighting for, preferably including some fancy pictures on Instagram or some other Paris Hilton/Kim Kardashian-style “me-medium”. This week global (and other) citizens are already re-focusing their attention on Valentine (14th), (also a ‘good cause’, if you want). I do give credit to these sorts of campaigns, though the hype tends to have a short-lifespan and we risk to forget about the real fight needed, the many challenges and what it really means to be diagnosed, treated or (untreated) and (hopefully) survive a dreadful disease like cancer (and in Low-and Middle Income countries even more so than in High-income countries).

So I was particularly inspired this week by X-Men sensation, Wolverine aka Hugh Jackman (for the less movie savvy ones amongst you) who continued raising cancer awareness, when World Cancer Day is for most people already yesterday’s news. Instagram – yes, Instagram! - was recently abuzz with Wolverine posting pictures of his recent skin cancer surgery.

Perhaps, capitalizing on his supernatural powers, Wolverine can even help realize WHO’s lofty vision for ‘Smoke free movies: from evidence to action’ which aims to curb tobacco use and ultimately defeat diseases such as lung cancer? Strange though that the vision to transform Nollywood, Bollywood and Hollywood makes little mention of curbing alcohol - typically, a cigar or cigarette goes hand in hand with a glass of whisky in most movies. WHO’s film recommendations are thus a step in the right direction, but don’t go far enough. Tobacco taxation, also a WHO recommendation, is perhaps a more effective way to reduce tobacco use (and thus curb cancer), and who knows besides solving health issues it might also solve our (nowadays abundant) economic woes? Check out an interesting take by Patricio V Marquez (World Bank) on how increased tobacco taxes could help us in times of economic slowdowns and financial shocks. He calls them an example of “corrective taxation, which can generate positive social benefits while raising much-needed fiscal revenue.”

To add my own penny, in another example of “corrective taxation”, I hereby call for a ‘Global Valentine tax’: all (happy and unhappy) couples celebrating Valentine would be taxed, and with the money all single people (or at least the ones who absolutely hate Valentine) in the world would get a blind date. Call it a solidarity tax. What do you think? Might even boost the global economy!☺.”

In this week’s Featured Article, Stephanie Topp comes back on an extremely important issue: Human Resources for Health & Community Health Workers. In the newsletter, Zika wonks among you will get everything their grey matter (and hair) desires, but there’s also plenty of other news. But we humbly admit: nothing beats the gravitational waves this week ...
Enjoy your reading.

The editorial team

Featured Article

Working with what we’ve got – an(other) reflection on human resources for health

Stephanie M Topp (EV 2013); Senior Lecturer in Global Health and Development, James Cook University, QLD, Australia – Twitter: @globalstopp

As the Reachout consortium reminded us in a series of well tweeted-about presentations at Prince Mahidol Award Conference (PMAC) 10 days ago, community health workers (CHW) need to be a centerpiece of human resource for health (HRH) policies targeting health equity, effectiveness and efficiency via universal health coverage (UHC). Their work is a timely reminder of a point I made in my last IHP blog which is that the expansion of CHWs or cadres of ‘close-to-community’ health workers will be critical for overcoming the chronic insufficiency and maldistribution of human resources for health in many low- and middle-income, as well as a number of high-income, countries.

Why have I returned to this issue? In part to draw attention (again) to the need for deep engagement by global health advocates, practitioners, researchers, and policy makers (i.e. us), with the complexity of designing and making operational HRH and CHW policies. I look at the extraordinarily high level and the sustained nature of engagement by international and national policy makers on the issue of national health insurance design & implementation, and I find it curious that the same level debate has not emerged in relation to enhancing HRH or scaling-up CHWs schemes. These health workers, will, after all, be the mainstay of actually delivering services that any national health insurance scheme pays for. And the service coverage and quality components of UHC will be directly associated with the sophistication and contextual fit of the HRH policies in play.

Perhaps we need a Lancet Commission with Horton-style advocacy to make this issue sexier and drive the sort of ‘glamour-engagement’ that ensures a spot on the mainstream (rather than semi-peripheral) global health agenda.

I wanted to take a moment to draw out the comparison between the ‘dialogue’ on national health financing versus HRH and CHWs, spurred in part by Michael Reich and colleagues’ analysis of 11 countries’ progress towards UHC. In re-reading this article, it struck me how across a raft of countries, progress towards UHC-oriented national insurance schemes was typically achieved via incremental steps in a kind of a ‘work-with-what we’ve-got’ approach. That is, national health insurance schemes evolved (either via expansion, or consolidation of more targeted schemes) from existing, less comprehensive health insurance policies. The article also neatly summarises the deep and broad analysis (predominantly domestically-led) that has underpinned this progress – as countries grapple with the questions of who should be covered, where the money will come from,
how it will be collected and re-distributed and the implications that different combinations of each of these have for the goal of UHC.

Sounds sensible? It is. This process also speaks to a key feature of policy design in complex systems – namely the need to understand, and work with, historical decisions and processes while accounting for various dynamic interactions between current political, social and economic features that influence the efficacy of any given reform. Moreover, in the cut-and-thrust of such analysis and debate we see facilitation between potentially conflicting interest groups and the adjustment and reform of appropriate governance mechanisms to boot.

We in global health need to up our game when it comes to the chronic emergency of HRH. And while far from flawless, the simultaneously high-level and broad and deep nature of the UHC-inspired national health financing dialogue does provide one example. It is no longer sufficient or even helpful to consider HRH policies in terms of their ‘recruitment’ or ‘retention’ siloes. Nor, as the health financing example shows us, does it seem particularly useful to rely on well-meaning but ultimately high-flown global strategies in the absence of more robust and contextualized domestic debates that will account for the reality on the ground. We do need a broad-ranging conversation – and one with sustained high-level sponsorship such as that provided by Global Health Workforce Alliance – but that conversation must welcome, not avoid, the messy and heterogeneous reality of existing policies, structures, institutions and norms that frame different countries’ approach to health worker recruitment and retention, organizational culture and quality improvement, and formal and informal regulatory and incentive mechanisms. Like the health financing dialogue, moreover, these elements must be considered concurrently in order to design (country-by-country) HRH policies that not only work with what we’ve got but that also make the best of it.

### Highlights of the week

**Guardian - Ban Ki-moon: ‘Close the gap between the world that is and the world that should be’**


Ban Ki Moon goes Gorik Ooms. The ‘powers that be’ in my own institution might want to pay attention. “…In a report setting out his vision for the world humanitarian summit in May, Ban outlines five core responsibilities for the international community. As well as better political leadership, he demands protection for civilians, respect for humanitarian law, inclusive policies to make sure no one is left out, and more flexibility and joined-up thinking from the aid community.”


In related news, read also ‘Outdated and resistant to change: how can we fix the humanitarian system?’ (Guardian Global Development Professionals)
(you might also want to read a (not very positive) review (by Robin Davies, on ‘Development Policy) of the SG’s High-Level panel on Humanitarian Financing, Too important to fail – addressing the humanitarian financial gap (Dec 2015)) - “Too important to flail: a strategic financing mechanism for humanitarian assistance”

Third World Quarterly - The true extent of global poverty and hunger: Questioning the good news narrative of the Millennium Development Goals

Jason Hickel;

Must-read. “The final report on the Millennium Development Goals (MDGs) concludes that the project has been ‘the most successful anti-poverty movement in history’. Two key claims underpin this narrative: that global poverty has been cut in half, and global hunger nearly in half, since 1990. This good-news narrative has been touted by the United Nations and has been widely repeated by the media. But closer inspection reveals that the UN’s claims about poverty and hunger are misleading, and even intentionally inaccurate. The MDGs have used targeted statistical manipulation to make it seem as though the poverty and hunger trends have been improving when in fact they have worsened. In addition, the MDGs use definitions of poverty and hunger that dramatically underestimate the scale likely of these problems. In reality, around four billion people remain in poverty today, and around two billion remain hungry – more than ever before in history, and between two and four times what the UN would have us believe. The implications of this reality are profound. Worsening poverty and hunger trends indicate that our present model of development is not working and needs to be fundamentally rethought.”

Read together with Robert Reich’s very short blog post, What The Wins Of Bernie Sanders And Donald Trump In New Hampshire Tell Us.

Together, they imply that the global health community would be wise to reconsider its main (Gates & co inspired) ‘showing a great return on investment’ strategy. Arguably, it worked to a reasonable extent in the MDG era (global health was actually one of the few MDG success areas). But this is the SDG era, and a change of tack is thus needed. (well, just my humble opinion – it probably won’t happen, but then, I’m afraid, we’ll have to brace for a Trump & Le Pen area, and then we’re even further from home …)

For some great suggestions, read again The rise of neoliberalism: how bad economics imperils health and what to do about it (by Labonté & Stuckler, now in full print in JECH)
IJHPM - Advancing Global Health – The Need for (Better) Social Science; Comment on “Navigating Between Stealth Advocacy and Unconscious Dogmatism: The Challenge of Researching the Norms, Politics and Power of Global Health”

J Hanefeld; [http://www.ijhpm.com/article_3156_0.html](http://www.ijhpm.com/article_3156_0.html)

Nice piece - it gets really interesting towards the end, when she asks the question: “Why Does the Gates Foundation not Have a Programme on the Political Economy of Global Health?...” (The horror...)

Zika

Like last week, there’s so much Zika related news that we have a special section on Zika – see below. Last year, we all got our share of Ebola pieces. Looks like this year we’ll all have to become Zika wonks. Won’t attempt to summarize the key Zika news here.

Health Affairs – February issue on Vaccines

The Health Affairs [blog](http://content.healthaffairs.org/content/35/2/199.full) on the content of the February issue gives a good overview.

For the purpose of this newsletter, must-reads are certainly:

Return On Investment From Childhood Immunization In Low- And Middle-Income Countries, 2011–20

S Ozawa (Johns Hopkins school) et al; [http://content.healthaffairs.org/content/35/2/199.full](http://content.healthaffairs.org/content/35/2/199.full)

“An analysis of return on investment can help policy makers support, optimize, and advocate for the expansion of immunization programs in the world’s poorest countries. We assessed the return on investment associated with achieving projected coverage levels for vaccinations to prevent diseases related to ten antigens in ninety-four low- and middle-income countries during 2011–20, the Decade of Vaccines. We derived these estimates by using costs of vaccines, supply chains, and service delivery and their associated economic benefits. Based on the costs of illnesses averted, we estimated that projected immunizations will yield a net return about 16 times greater than costs over the decade (uncertainty range: 10–25). Using a full-income approach, which quantifies the value that people place on living longer and healthier lives, we found that net returns amounted to 44 times the costs (uncertainty range: 27–67). Across all antigens, net returns were greater than costs. But to realize the substantial positive return on investment from immunization programs, it is essential that governments and donors provide the requisite investments.”

A pretty impressive “return on investment (ROI)” is likely, in other words, over the period 2011-2020, dubbed the “Decade of Vaccines.” Economic benefits far exceed the costs.
Vaccine Assistance To Low- And Middle-Income Countries Increased To $3.6 Billion In 2014

J Dieleman et al; http://content.healthaffairs.org/content/35/2/242.abstract

“In the 2012 Global Vaccine Action Plan, development assistance partners committed to providing sustainable financing for vaccines and expanding vaccination coverage to all children in low- and middle-income countries by 2020. To assess progress toward these goals, the Institute for Health Metrics and Evaluation produced estimates of development assistance for vaccinations. These estimates reveal major increases in the assistance provided since 2000. In 2014, $3.6 billion in development assistance for vaccinations was provided for low- and middle-income countries, up from $822 million in 2000. The funding increase was driven predominantly by the establishment of Gavi, the Vaccine Alliance, supported by the Bill & Melinda Gates Foundation and the governments of the United States and United Kingdom. Despite stagnation in total development assistance for health from donors from 2010 onward, development assistance for vaccination has continued to grow.”

Health Affairs – Gavi’s Transition Policy: Moving From Development Assistance To Domestic Financing Of Immunization Programs

J Kallenberg et al; http://content.healthaffairs.org/content/35/2/250.abstract

“Gavi, the Vaccine Alliance, was created in 2000 to accelerate the introduction of new and underused vaccines in lower-income countries. The period 2000–15 was marked by the rapid uptake of new vaccines in more than seventy countries eligible for Gavi support. To stay focused on the poorest countries, Gavi’s support phases out after countries’ gross national income per capita surpasses a set threshold, which requires governments to assume responsibility for the continued financing of vaccines introduced with Gavi support. Gavi’s funding will end in the period 2016–20 for nineteen countries that have exceeded the eligibility threshold. To avoid disrupting lifesaving immunization programs and to ensure the long-term sustainable impact of Gavi’s investments, it is vital that governments succeed in transitioning from development assistance to domestic financing of immunization programs. This article discusses some of the challenges facing countries currently transitioning out of Gavi support, how Gavi’s policies have evolved to help manage the risks involved in this process, and the lessons learned from this experience.”

But there’s a lot more in this ‘Health Affairs’ issue. Read for example:

* the interview with Seth Berkley (Gavi);

* Current Global Pricing For Human Papillomavirus Vaccines Brings The Greatest Economic Benefits To Rich Countries

* The Global Polio Eradication Initiative: Progress, Lessons Learned, And Polio Legacy Transition Planning

* Combining Global Elimination Of Measles And Rubella With Strengthening Of Health Systems In Developing Countries
Brief (by ‘Equity & Health’ research unit ITM) - Towards universal coverage in the majority world Transversal findings & lessons learnt, a summary


With this brief, the research unit Equity & Health of the Institute of Tropical Medicine (i.e. with a number of my colleagues) aims to provide the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD) a synthesis of lessons learnt on progress towards UHC, in particular with regard to challenges, necessary conditions and best practices as faced by national policymakers in the majority world.

At the launch of the report, this week, Joe Kutzin was the critical commenter. He broadly agreed with the brief’s transversal lessons.

O’Neill institute (blog) – Beyond cost-effectiveness: why we need a HR approach to UHC


CGD - The International Decision Support Initiative Is Scaling Up—That Means Better Decisions and Better Health

Amanda Glassman; http://www.cgdev.org/blog/international-decision-support-initiative-scaling-up-means-better-decisions-better-health

“...The International Decision Support Initiative, initially launched as the result of a CGD working group, is scaling up, ...” “... iDSI’s scale-up will help governments and other payers make these critical decisions. The initiative is led by the UK National Institute for Health and Care Excellence (NICE) International and the Thai Health Intervention and Technology Assessment Program (HITAP) and funded by the UK Department for International Development (DfID), the Bill & Melinda Gates Foundation, and, earlier, the Rockefeller Foundation. iDSI was initially launched as the result of a 2012 Center for Global Development working group on building institutions for smarter health spending. ...HITAP and NICE are leading a new generation of agencies whose goal is to influence the allocation of scarce public resources in favor of more health for the money. ....... Now NICE and HITAP are going global.”
See also this podcast with Amanda, Better Value in Health Spending Is a Four-Letter Word.

Presentation Agnes Soucat – at WB meeting 4 Feb: Efficiency in the SDG world: the UHC shift

Check out Agnes Soucat’s presentation at the recent WB event on ‘Improving Efficiency in health’ (4 Feb), “Efficiency in the SDG world: the UHC shift”. Quite some interesting stats in there… Check out what she reckons to be the annual UHC gap, among others, for LMICs.

Agnes Soucat is now Director Health Systems, Financing and Governance (WHO).


This report is the latest in a series of reviews by global health experts which have been sharply critical of the WHO’s response to the devastating Ebola epidemic in West Africa. This High-Level panel was set up by Ban Ki Moon in April 2015.

Coverage of the report, among others, in Reuters, and the Guardian (Sarah Boseley). Millions could die as world unprepared for pandemics, says UN.

Some key messages: “... The panel says surveillance and response to outbreaks must be led by the WHO, but the key role should be played by a centre for emergency preparedness and response. The centre “must have real command and control capacity”, says the report, and it should have the best technology available to identify, track and respond to an emerging threat. The report also says countries must report on their state of compliance to WHO every year and must be regularly reviewed. All countries must give the WHO more money, says the report – an increase of at least 10% in their funding (i.e. assessed contributions). In addition, they must put $300m for a contingency fund for emergencies, not $100m as recently set up. A further fund worth $1bn must be set up for the development of vaccines, drugs and testing equipment. ...”

They also suggest a High-Level Council on Global Public Health crises (at UN GA), and a summit on Global Public health crises is proposed for 2018. (Whether that’s still in time in case of a Trump presidency, is anybody’s guess)
Mosquitoes, Zika and gene-editing

As the issue of gene-editing, obviously a potential public health game changer, goes beyond just Zika (even if Zika has made it far more ‘salient’ in recent days & weeks), we include some reads here.

Guardian – Should we wipe mosquitoes off the face of the Earth?
http://www.theguardian.com/global/2016/feb/10/should-we-wipe-mosquitoes-off-the-face-of-the-earth

Nice long read, even if it sounds like an average Trump quote. “Even before the Zika virus, mosquitoes were the deadliest creatures on the planet. But gene modification means these blood suckers’ days might be numbered. Is it dangerous to talk about ‘editing nature’, or should we consider eradicating them for good?” Includes some ethical/philosophical questions.

An excerpt: “…All the same, there is a certain bitter irony that in an attempt to beat a disease whose impact will be felt most keenly by women and their unborn children, and which has been exacerbated by a shortage of funding for studies that would focus on the wellbeing of women in developing countries, we are contemplating a macho solution that entails sending male mosquitoes to impregnate as many females as possible, with the ultimate ambition of wiping the enemy off the face of the Earth. …”

Guardian – Gene drives need global policing

Gene editing systems that could fight malaria and other diseases are too powerful to leave in the hands of scientists and startups, Cobb argues.

See also ‘We have the technology to destroy all Zika mosquitoes’ (MIT Technology Review)

FT – O’Neill ‘superbug’ review promotes wider use of vaccines
http://www.ft.com/intl/cms/s/0/aa52a020-cff4-11e5-831d-09f7778e7377.html#axzz3zqwMTjBA

Vaccines should be used more widely in healthcare and agriculture as an alternative to antibiotics, according to a UK-led review into the problem of drug-resistant “superbugs”.

You find the new O’Neill (interim) report here. “This report provides an overview of the markets and the pipelines for vaccines and other alternative approaches to tackling drug-resistant infections, by reducing the need for, and the use of antimicrobials. It makes three recommendations: First, available vaccines should be more widely used; both in humans and animals, and that this may require financial support. Second, there needs to be a renewed push for research into new vaccines and alternatives, through the Review recommended Global Innovation Fund and long-term sustained
funding from philanthropic, public and private sources. Lastly, it recommends strengthening the market for new vaccines and alternatives through interventions such as market entry rewards and Advance Market Commitments (AMCs). “ (See also O’Neill himself in a Project Syndicate op-ed)

Meanwhile, at an AMR conference in Amsterdam, “...Speaking to European ministers of health and agriculture at a conference on antimicrobial resistance in Amsterdam, FAO Deputy Director-General Helena Semedo emphasized that antimicrobial agents foster increasing resistance among the very microbes that cause the infections and disease they were designed to quell, thereby threatening to reverse a century of progress in human and animal health....”

SDGs

SDG (indicator briefing) (New York, informal briefing, as of 28 January)


Pretty good overview of where the process stands, now, and steps still ahead. See also here.

Later this month, the UN Statistical Commission will discuss the SDG indicators as proposed by the Inter-Agency and Expert Group.

Deliver 2030 - SDGs indicators: more about politics than statistics

Jan Vandemoortele; http://deliver2030.org/?p=6738

Meanwhile, Jan Vandemoortele, an SDG ‘critical friend’, wrote this nice blog on Deliver 2030 on the current – suggested – SDG indicators. His final assessment feels a bit harsh, though, even if there is clearly some truth to it: “...political and corporate leaders in many member states do not want to measure what is really important, and leadership in international institutions does not dare to challenge them. So they focus on something else – such as ‘data revolution’ and ‘no one left behind’.
Do we measure what we want, or do we want what we measure? That is the question.”

IISD - Five Ways the SDGs Are Changing International Development

Delia Paul; http://sd.iisd.org/policy-updates/five-ways-the-sdgs-are-changing-international-development/

Recommended. Among others, (3): “Poor countries are increasingly recognized as stewards of planetary resources for all humanity. The stewardship role of countries that are poor in gross domestic product (GDP) but rich in natural resources provides a different kind of rationale for development assistance, based on recognition that the adoption of sustainable approaches may have short-term costs for those countries, and that fair compensation may be in order.”
Quick overview of the key global health funding proposals from the Obama FT17 budget request (recommended!).

More detail in the [KFF budget summary](http://kff.org/health-atlas/102373). 

“...In the FY 2017 budget request, funding for global health programs at USAID and the State Department (through the Global Health Programs account) would total $8,577 million, which is $73 million above the FY 2016 enacted level. Malaria, maternal and child health (MCH), and family planning and reproductive health (FP/RH) funding increased in the FY 2017 request compared to FY16, while funding for global health security, bilateral HIV, and the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria remained flat. Funding for tuberculosis, neglected tropical diseases (NTDs), nutrition, and vulnerable children, however, all declined compared to FY 2016. The U.S. contribution to Gavi, the Vaccine Alliance, which is included as part of MCH funding, also increased in the FY 2017 request and accounts for nearly two thirds of the total increase in MCH funding. In addition to increased funding for malaria provided through the GHP account, the FY 2017 request proposes a transfer of $129 million from the emergency Ebola funding to malaria. If approved by Congress, this would bring total malaria funding to $874 million in FY 2017.”

You might also want to read [Devex](http://devex.com/), Top takeaways from Obama's 2017 budget request.

As for the [Obama administration & Zika funding](http://cspinet.org/new/201602091.html), see below (Zika section).

*Center for Science in the public interest (report) - Soda Companies Turning to Low- and Middle-Income Countries to Replace Sagging U.S. Soda Sales*

“...With soda sales in a tailspin in the United States, Coca-Cola and PepsiCo are borrowing a page from the tobacco industry playbook and investing heavily to boost consumption in low- and middle-income countries. A report released [today] by the nonprofit Center for Science in the Public Interest finds that companies are spending billions of dollars a year in such countries as Brazil, China, India, and Mexico to build bottling plants, create distribution networks, and advertise their products. And with that investment, the companies are promoting diabetes, obesity, tooth decay, heart disease, and other soda-related diseases to countries already struggling to provide health care to their growing populations. The report, “Carbonating the World”, documents how Coke, Pepsi, and other national and regional soda companies are expanding their reach around the world....”

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Lancet Psychiatry - Estimating the true global burden of mental illness

D Vigo, R Atun et al; http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00505-2/fulltext

“We argue that the global burden of mental illness is underestimated and examine the reasons for under-estimation to identify five main causes: overlap between psychiatric and neurological disorders; the grouping of suicide and self-harm as a separate category; conflation of all chronic pain syndromes with musculoskeletal disorders; exclusion of personality disorders from disease burden calculations; and inadequate consideration of the contribution of severe mental illness to mortality from associated causes. Using published data, we estimate the disease burden for mental illness to show that the global burden of mental illness accounts for 32.4% of years lived with disability (YLDs) and 13.0% of disability-adjusted life-years (DALYs), instead of the earlier estimates suggesting 21.2% of YLDs and 7.1% of DALYs. Currently used approaches underestimate the burden of mental illness by more than a third. Our estimates place mental illness a distant first in global burden of disease in terms of YLDs, and level with cardiovascular and circulatory diseases in terms of DALYs. The unacceptable apathy of governments and funders of global health must be overcome to mitigate the human, social, and economic costs of mental illness.”

For some more interpretation, see also Global burden of mental illness underestimated: “The disability and mortality that results from mental illness around the world is underestimated by more than a third, according to researchers from Harvard T.H. Chan School of Public Health and King’s College London.”

TTI think tanks engaged in new health initiative

http://www.thinktankinitiative.org/blog/tti-think-tanks-engaged-new-health-initiative

“Representatives from over 60 think tanks and academic institutions, ..., met in Geneva in November 2015. Participants explored how think tanks can help accelerate progress towards the SDGs, ... specifically in relation to public health. Canada’s International Development Research Centre (IDRC) participated due to its extensive experience supporting think tanks, especially through the Think Tank Initiative and the Southern Voice on Post-2015 SDGs. Building on momentum from the initial Geneva meeting, IDRC and the Graduate Institute in Geneva have agreed to frame and outline a program of support to enable Southern-based think tanks to contribute effectively to public health policy processes at national, regional and global levels. The goal is to help increase the collective capacity of think tanks, especially those located in the Global South, to make progress towards achieving the health SDGs. The British Medical Journal (BMJ) has also agreed to partner in this initiative ....”

Zika

A wealth of news on Zika, and most of it rather important.
WHO – 1st Zika situation report (5 Feb)


“WHO released its first situation report for the public health emergency that it announced on 1 February, after a spike in cases of microcephaly and Guillain-Barré syndrome in the Americas.”

Lancet – Zika virus and microcephaly: why is this situation a PHEIC?

David Heymann et al ; http://www.lancet.com/journals/lancet/article/PIIS0140-6736(16)00320-2/fulltext

(Must-read!!) The rationale behind the PHEIC – from the WHO Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations.

A few excerpts:

“...Our advice to declare a PHEIC was not made on the basis of what is currently known about Zika virus infection. During our discussions it became clear that infection with the Zika virus, unlike other arbovirus infections including dengue and chikungunya, causes a fairly mild disease with fever, malaise, and at times a maculopapular rash, conjunctivitis, or both. Additional information from previous outbreaks suggested that about 20% of people infected with Zika virus develop these symptoms, and that the rest are asymptomatic. Fatality from Zika virus infection is thought to be rare. Our advice to declare a PHEIC was rather made on the basis of what is not known about the clusters of microcephaly, Guillain-Barré syndrome, and possibly other neurological defects reported by country representatives from Brazil and retrospectively from French Polynesia that are associated in time and place with outbreaks of Zika infection. ...

“...Since the Director-General declared the PHEIC on microcephaly and neurological disorders, many of us have had questions about how our recommendation relates to the PHEIC called by the Director-General for the 2014 Ebola outbreaks in west Africa based on the recommendation of a different Emergency Committee. The answer to us is clear. The Director-General declared the Ebola outbreaks a PHEIC because of what science knew about the Ebola virus from many years of research during outbreaks in the past, whereas she declared the current PHEIC because of what is not known about the current increase in reported clusters of microcephaly and other disorders, and how this might relate to concurrent Zika outbreaks. ... We were told by the Director-General that she would convene us again within 3 months to reassess the situation, as required under the International Health Regulations. We are confident that virtual meetings will allow us to review global collective action and to learn from WHO about progress in understanding the present situation of microcephaly and neurological disorders and progress in implementation of the precautionary and preparatory measures related to Zika.”

Wellcome – Global scientific community commits to sharing data on Zika

http://www.wellcome.ac.uk/News/Media-office/Press-releases/2016/WTP060169.htm

Great news on data sharing during this emergency. “...Leading global health bodies including academic journals, NGOs, research funders and institutes, have committed to sharing data and
results relevant to the current Zika crisis and future public health emergencies as rapidly and openly as possible. Organisations including the Bill and Melinda Gates Foundation, Médecins Sans Frontières, the US National Institute of Health and the Wellcome Trust, along with leading academic journals including Nature, Science and the New England Journal of Medicine, have signed a joint declaration and hope that other bodies will come on board in the coming weeks.”

For an excellent assessment of this great news, read also in Speaking of Medicine, Zika Emergency Puts Open Data Policies to the Test. So far so good, it appears. “The Zika outbreak comes at a time of ongoing advances in data sharing policy, including a new call by the Wellcome Trust for journals and research funders to support open sharing of Zika research. PLOS Medicine Chief Editor Larry Peiperl and PLOS NTDs co-Editor-in-Chief Peter Hotez call on researchers to make full use of these opportunities.”

See also Science, for example.

 Reuters (investigative report) – The World Health Organization’s critical challenge: healing itself


“Heal Thyself”. Sounds biblical. Unfortunately, it isn’t just in WHO’s hands. The Member States also play a key role in the healing process. (must-read, also on the PAHO-WHO relationship in the Zika outbreak so far).

A few excerpts:

“...Some experts inside and outside the organisation say those flaws mean the WHO's lead role in global health is now at risk. Nils Daulaire, who was until recently the U.S. representative on the WHO’s executive board, told Reuters the WHO "is not functioning well" and cannot “survive in its present form for another decade." He said global officials who engage with the WHO regard it as bogged down by internal processes and often forced by its members to take on more than its resources can manage. “I’ve heard from a lot of former colleagues representing other countries that are major contributors to WHO, and other institutions that contribute financially, that either (the WHO) has to get fixed in a relatively short period – five to 10 years – or they’re going to take their marbles and go elsewhere,” said Daulaire.”

On PAHO-WHO: “…Some health officials fear the current scramble over the Zika virus is another example of the WHO’s lack of coordination. As members of the executive board met in Geneva, the health body’s regional office in the Americas issued an alarming statement. The little-known Zika virus was spreading fast, it said, and threatened to infect millions. The regional office’s statement caught WHO’s headquarters by surprise: No one had bothered to tell it the statement was going to appear. The contents of the Zika warning were accurate, WHO staffers say, but as one Geneva-based WHO insider said: “They put it out without telling us.” A spokesperson for the regional office, the Pan American Health Organization, said that it shares information with WHO headquarters but sometimes acts independently so that it can respond swiftly. In the case of Zika, it issued a statement at the request of a country office to counter misleading local media reports about sexual transmission of the virus, the spokesperson said. The effect, though, went wider... …One reason for the lack of streamlined communications was that the regional office PAHO "sees itself as semi-
autonomous," according to the WHO insider. This is partly because PAHO was founded in 1902, more than 40 years before the WHO itself was created. A spokesperson for PAHO said: “While PAHO has its own constitution, PAHO always coordinates with and informs WHO HQ ... While Zika was not an emergency in other regions of WHO, it is for PAHO because most of the member states affected are in the Americas.” PAHO had treated Zika as an emergency since May 2015, said the spokesperson. WHO headquarters declared Zika a public health emergency only this month...."

On the bright side, WHO is clearly in the midst of the spider web of global communication on the Zika crisis, see @WHO is talking about #Zika virus and #microcephaly, everyone else is listening (as it should be, many argue)

**Devex - World Bank ramps up discussions on Zika response**


What has “Darth Vader” been up to, so far, in the Zika response? “Zika-affected countries have requested assistance from the World Bank to respond to the outbreak and the global financial institution is in close communication with the World Health Organization, the Pan American Health Organization and affected countries to determine what its response will look like. ...” The WB has a major role to play, according to Larry Gostin, for example. So far, the Pandemic Emergency Facility is not yet operational, though.

**Time – Gates Foundation: Fear must not dictate Zika Policy**

[Time](http://www.time.com/5136435/gates-foundation-zika/)

Over to the Global Health “Emperor” then. Gates & co (here Chris Elias, president of the Global Development Program, and Trevor Mundel, president of the Global Health Division, both at the Bill & Melinda Gates Foundation) “…History teaches us that our response must also be rational and humane. The early years of the HIV/AIDS epidemic demonstrated the dangers of letting fear dictate policy. As families understandably struggle with the anxiety and uncertainty from this new threat, we must ensure we are guided by facts and science.” Wise words.

**Reuters – WHO seeks $25 million for six-month fight against Zika, official says**

[http://mobile.reuters.com/article/idUSKCN0VE1XS](http://mobile.reuters.com/article/idUSKCN0VE1XS)

Meanwhile, WHO is scrambling for money. (as the Pentagon wants to start a new arms race ... (sigh))

**CIDRAP - Obama seeks $1.8 billion for Zika response; CDC ups emergency level**

“The Obama administration announced ... that it will ask Congress for **$1.8 billion in emergency funding** to help prepare for and respond to the Zika virus threat”. He won’t use Ebola money, though, to combat Zika.

Amanda Glassman wondered, in a CGD blog: **Another Emergency Funding Request for Global Health. Can’t We Do Better?** Like many global health people, she’s in favour of strategic investment in public health systems, and against this sort of ad hoc crisis response funding.

But already, like with Ebola, American politics (including this time the presidential campaign), is interfering. Christie, governor of New Jersey, was one example – see Laurie Garrett in Foreign Policy, **A plea to presidential candidate Christie: please stop talking about Zika.** Fortunately, he’s done.

But don’t despair: there’s always some GOP men you can count on to fuck up things further. See Stat News, **Abortion politics threaten to derail zika funding in Congress.** “Two Republican lawmakers leading a congressional hearing on the Zika virus Wednesday said they hope pregnant women who become infected will not have abortions to avoid giving birth to children with a birth defect. By linking abortion politics to the Zika virus, Representatives Jeff Duncan of South Carolina and Christopher Smith of New Jersey raised a prospect that worries public health advocates: that President Barack Obama’s request for $1.8 billion in emergency funds to fight the virus could get derailed by battles over whether the money could be used for abortions.”

**FT – Zika virus: Catholic group urges Pope to allow contraception**


“...On the eve of his visit to Latin America, Pope Francis has been urged to relax the Catholic church’s stance on contraception and abortion so women living in the epicentre of the Zika virus can protect themselves from the disease. Catholics for Choice, a liberal Catholic advocacy group based in Washington, placed an advertisement in the International New York Times calling on the Pope to “be a Good Samaritan” and condone birth control because of a link between the mosquito-borne disease and devastating brain deformities in babies." The pope is heading for Mexico, and in general, pressure on the Catholic church is gaining momentum.

**Guardian – UN tells Latin American countries hit by Zika to allow women access to abortion**


“The **United Nations high commissioner for human rights** has called on Latin American countries hit by the Zika epidemic to allow women access to abortion and birth control, reigniting debate about reproductive rights in the predominantly Catholic region.” (See also Financial Times, “U.N. risks Zika clash with Latin America leaders” "...The mosquito-borne disease is sparking a debate in Latin America over the use of contraceptives and abortion. Countries such as Brazil have some of the toughest laws on abortion in the world thanks to a large evangelical faction in congress...")
Guardian - 'Everyone is catching it': Venezuelans fear the worst as Zika infections rise


Meanwhile, many Venezuelan people (and Laurie Garrett) are suspecting a cover-up in Venezuela, and thus non-compliance with the International Health Regulations. “...And, just as the authorities are accused of being overly secretive as to the real state of the economy (...), critics say a cover-up over the severity of Zika is under way too.” (time to fly in the American army, I’d say, Laurie 😊)

(To get in the mood, you might want to read An Application of Strategic Health Diplomacy in Latin America and the Caribbean: The U.S. Southern Command. (Harvard Kennedy School review) )

Washington Post - Brazil pushes back at Zika critics, finds new evidence of link to birth defect

Washington Post:

From late last week. “ Brazilian officials pushed back Thursday at claims that the country’s export controls are preventing international researchers from obtaining badly needed samples of the virus. Brazil’s Health Ministry said two-thirds of the Zika samples collected in the country during recent fieldwork performed with a team from the U.S. Centers for Disease Control and Prevention would be sent to the United States, after export of the samples was approved by a medical ethics review board. The comments came a day after frustrated scientists and international health officials speaking anonymously to the Associated Press said Brazil had not been sending Zika samples abroad because of the country’s tight controls on the export of genetic and biological materials.

Livescience – Zika Vaccines Are in the Works, But Still Years Away


A pretty good overview of where we are, in terms of vaccines. In US, India, ...

See also (Bloomberg Business), Sanofi’s Brandicourt Pushes for Speedy Zika Vaccine Development

Lancet (Comment) - Microcephaly in Brazil: how to interpret reported numbers?


Microcephaly figures in Brazil might have been overestimated.

Nature (news) –Proving Zika link to birth defects poses huge challenge

Obtaining conclusive evidence either way could take years, say researchers.

See also Cidrap News, **WHO lists Zika R&D priorities; groups probe microcephaly, GBS** & Reuters, “… **European Medicines Agency (EMA)** said it had established an expert task force on Zika to advise companies working on vaccines and medicines, mirroring similar action during Ebola and pandemic flu outbreak in 2009.”

**Reuters – WHO advises women on Zika protection but no travel advisories**  
http://www.reuters.com/article/health-zika-who-idUSKCN0VJ22A

“The World Health Organisation **advised** women on Wednesday on how to protect themselves from Zika, particularly if pregnant, but also reassured them that most women in areas affected by the mosquito-borne virus will give birth to "normal infants.”

Now that sounds reassuring.

Meanwhile, “… **The Centers for Disease Control** has identified the Zika virus in the tissue of two babies who died in Brazil from microcephaly — the strongest link yet between the virus and the birth defect that has stricken developing fetuses, the CDC director told a House panel Wednesday.”

See also NEJM, **Zika Virus Associated with Microcephaly**. And the accompanying NEJM Editorial, **Zika Virus and Microcephaly**.

**Lancet – A crucial time for public health preparedness: Zika virus and the 2016 Olympics, Umrah, and Hajj**

H Elachola et al;  
http://www.lancet.com/journals/lancet/article/PIIS0140-6736(16)00274-9/fulltext

Seldom has a Lancet Comment felt more timely.

**Foreign Policy – Uganda discovered the Zika virus; and the solution for it.**

Andrew Green;  

Uganda is a role model when it comes to disease surveillance. “… **The Ugandan system contrasts sharply with the short-term thinking of the World Health Organization.** On Feb. 1, the WHO declared Zika a “public health emergency of international concern,” triggering a flood of money and attention directed at those South American countries hardest hit by the crisis. But UVRI (= the Uganda Virus Research Institute) has shown that crisis management of this sort is a poor replacement for vigilantly monitoring for potential public health crises in the first place and aggressively containing them once they arise. … … **Ebola came; they react.** When Zika came, there was a reaction,” said Ernest Tambo, a lecturer at the Université des Montagnes in Cameroon and epidemiological specialist who has worked throughout Africa. “When should the global community become proactive?” … …. Another way of posing that question is: When will the world catch up with Uganda?…” And there are more things the world can learn from Uganda.
Nevertheless, the same is not true for most of Africa, see Why Africa Can’t Afford to Have an Outbreak of the Zika Virus (in the Conversation Africa).

Unfortunately, “Back to its roots: how Zika may threaten Africa” (Reuters) “… Zika, a mosquito-borne virus, was first identified by two Scots, virologist George Dick and entomologist Alexander Haddow, in a forest near Entebbe in Uganda in 1947. … And now, nearly 70 years after its discovery in mainland Africa, it is threatening to return to its roots - this time apparently in a changed form causing large-scale outbreaks.”

Boston Globe – Zika and the trouble with public health directives: The disease points out the tension between the government’s macro view of health and our micro one.


Interesting. “More than 1 million people in Brazil have been stricken with the mosquito-borne Zika virus, suspected of having caused brain damage in thousands of newborns. With Zika sweeping northward into Central America and the Caribbean, many governments are working as quickly as possible to thwart the further spread of illness and reduce the risk of birth defects. The US Centers for Disease Control has advised pregnant women to consider postponing travel to areas where Zika virus transmission is ongoing. Most dramatically, health officials in El Salvador are urging women not to get pregnant until 2018; women’s rights campaigners have decried such public health directives in a country where limited access to contraceptives and a high rate of sexual violence often lead to unplanned pregnancies and all abortions remain federally banned. … “ … At the same time, the case exemplifies the fear and confusion that result whenever there is a tug of war between overarching health directives and the people whose bodies they affect. The conflict generally boils down to this: Public health organizations are tasked with caring for the health of a large group of people, whereas we, as individuals, tend to think about health only on a personal level. “

Lancet Global health (blog) – What the solution isn’t: the parallel of the Zika and HIV viruses for women


“Sudden outbreaks of uncommon diseases do not lend themselves to easy solutions. However, there is one solution we know will not work: resting the responsibility for slowing the Zika virus in the wombs of women. Unfortunately, this seems already to have become the clarion call of departments of health grasping for a remedy.”

Read also A Feminist Approach in Responding to the Zika Virus (Women’s Global Network for Reproductive Rights).

And certainly, in Dame magazine (apparently, a magazine for “women who know better”), The Three Letter Word Missing From the Zika Virus Warnings. “….Here is the problem: All of these warnings to women about getting pregnant have managed to avoid a particular word. That word is “men.” “
Read also about the brave work by a Dutch non-profit organization, This Group Is Bringing Safe Abortions To Women In Zika-Affected Countries. “In the wake of Zika virus outbreaks in South and Central America, a Dutch nonprofit is providing free, safe medical abortions for women in affected regions. Women on Web, a group dedicated to helping women obtain safe abortions, announced in a press release on Tuesday that women less than 9 weeks pregnant in Zika zones can contact them and receive an online consultation. Pending doctor approval, the group will send medical abortion pills -- the drugs mifepristone and misoprostol -- via mail. ...”

Vox – All the ways Zika can spread, ranked by scientific certainty


Nice one. Mosquitoes still on the number one spot.

PHM – The Zika needs a global response

Amit Sengupta;


“Global concerns about a new viral pandemic have started making headlines barely weeks after resolution of the Ebola epidemic in West Africa. The virus responsible for panic buttons being pressed, with the WHO declaring a ‘public health emergency of international concern’, is the Zika virus. Threats to health at a global scale in the form of epidemics caused by viruses are now too frequent to view these threats as one-off events. There are structural reasons why we need to be prepared for more such challenges to global health.”

“... The globe’s responses to viral epidemics and pandemics show a mirror to the inequity embedded in the system of global governance today. We cannot anymore fight this battle virus by virus. A global response will need to address the structural failures of globalization – where it unleashes new challenges at a global scale but forces a response that is not truly international in character.”

On Zika, you might also want to read:

Study in Brazil Links Zika Virus to Eye Damage in Babies (NYT)

UN agriculture agency provides expertise to help curb spread of virus (UN News – on assistance by FAO)

The Zika Virus won't be 'Ebola 2.0' (by A Attwill)

“...[T]he world is fixated on Zika, wondering if it will be 'Ebola 2.0.' But it won't be, partly because of its mode of transmission, partly because Zika is unfolding in a post-Ebola world, but mainly because Latin America is not West Africa. Health systems are largely stronger and governments better able to deal with public health emergencies ... Also, PAHO is not WHO-AFRO ... and the WHO is much better
prepared, cautious, and eager to show the world that it can be what we need it to be: a true leader in global health. The international community's thorough and swift handling of Zika suggests that governments and the WHO learned from the devastation caused by Ebola" ...

Yet, *Zika virus: survey shows many Latin Americans lack faith in handling of crisis* (Guardian) ...

**The economic Cost of Zika virus** (Bloomberg View). So far, rough estimates, clearly, based on a comparison with dengue cost figures.

**How a Medical Mystery in Brazil led doctors to Zika** (NYT (long read) – on the origins of this Zika outbreak).

“A sudden, sharp increase in babies with “no foreheads and very strange heads” was baffling doctors in Brazil. That set off a search for answers that led to a little-known pathogen, the Zika virus.”

**In Central America, gangs an obstacle in battle against Zika**

**Climate change may have helped spread Zika virus according to WHO scientists** (Guardian)

Do check out also this alternative hypothesis - *Argentine and Brazilian doctors suspect mosquito insecticide as cause of microcephaly*.

**Global health events of the week**

**Heart - What is the role of gender and ethics in building stronger health systems?**


“Research in gender and ethics: Building stronger health systems (RinGs) recently conducted a seminar at DFID with the goal of answering the question, “What is the role of gender and ethics in building stronger health systems? ...”
Coming up – Ministerial conference on immunization in Africa (24-25 Feb)

http://immunizationinafrica2016.org/

In Addis, pretty much the place to be now. “The Ministerial Conference on Immunization in Africa will take place on February 24-25 in Addis Ababa, Ethiopia. African leaders—including health and finance ministers—will come together in Addis Ababa, making the conference a powerful platform for governments to demonstrate their commitment to expanding access to vaccines across the continent. The event will also bring together advocates, technical experts, policymakers, donors and journalists to examine how best to drive forward immunization across Africa, ensuring every child has access to the vaccines they need....”

You might also want to read the Storify round-up of an event (on 9 February) in London, “The Future of People Powered Health” - Putting digital and social innovation at the heart of the future health and care system

Global governance of health

GFO – new issue

http://www.aidspan.org/node/3601

The new issue contains an interesting piece related to former inspector general John Parsons’ dismissal from a few years ago, among others. ILO Administrative Tribunal upholds appeal by former Inspector General John Parsons. “ The Administrative Tribunal of the International Labour Organization has upheld an appeal by John Parsons of his dismissal as Inspector General by The Global Fund in November 2012. The tribunal said the termination process was “fundamentally flawed” and “procedurally unfair.” It ruled that the decision to terminate Mr Parsons’ employment be “set aside.” The tribunal also said that The Global Fund’s actions in publishing the termination of Mr Parsons’ employment and the reason for the termination, along with the refusal by the Fund to remove the “offending information” from its website caused “serious and irreparable harm to [Mr Parsons’] reputation and dignity and were a breach of his right to privacy.” The tribunal ruled that The Global Fund must pay Mr Parsons material damages in an amount equal to the salary, benefits, and other compensation to which he would have been entitled from 28 February 2013 (the date Mr Parsons’ dismissal took effect) to the date of his anticipated retirement in June 2016 had he remained in service – less Mr Parsons’ net earnings from other sources in that period – together with 5% interest from 28 February 2013 to the date of payment....”
Science Speaks – PEPFAR releases technical considerations for country, regional HIV responses

From 4 February. “With a focus on both scaled up goals and limited funding, PEPFAR released its Technical Considerations for COP/ROP 2016 [this week], outlining strategies necessary to provide access to testing and effective treatment to more people immediately, while maintaining efforts to confront tuberculosis and deliver other essential prevention and health services.”

Deliver 2030 – Trickle-down is dead: the world wants fair taxes

Liliane Ploumen (Minister for Foreign Affairs & Development cooperation, the Netherlands) http://deliver2030.org/?p=6749

If even the Dutch start saying this, the world is truly entering a new paradigm. “... We need nothing less than a paradigm shift. To the two busloads of billionaires I say: ‘trickle-down’ is dead. To the elites and the kleptocrats in impoverished countries I say: there’s a limit to how high you can build the walls around your gated communities. The time has come to pay. Make sure the payment is in taxes. Fair taxes: that’s all the world is asking.”

You might also want to read Fran Baum’s “Three best buys” for health equity (memo to G20 leaders) (see Crikey blog) (Institute fair taxation & fair trade is one of them).

Development Policy (blog) – Can developing countries afford the SDGs?

Chris Hoy; http://devpolicy.org/can-developing-countries-afford-the-sdgs-20160209/

“2016 marks the beginning of the SDGs and national governments are grappling with how to implement them. Aid donors are also considering how they can best partner with national governments to see the goals achieved by 2030. This raises a number of important and largely unanswered questions, chief among them: how much will the ambitious SDG agenda cost, and can countries afford it? This post addresses these questions by summarising the findings of a recent Overseas Development Institute (ODI) report that calculates the cost and affordability of achieving three key SDG targets – ending extreme poverty, attaining universal primary health care, and attaining universal secondary school completion by 2030 – on a country by country basis.”
GHTC (blog) WHO Board addresses health R&D, sets March meeting to discuss CEWG resolution

https://blog.ghtcoalition.org/2016/02/05/who-board-addresses-health-rd-sets-march-meeting-to-discuss-cewg-resolution/

Worth reading – on WHO’s last executive board meeting.

MSF Access – MSF Open Letter to ASEAN Governments: Don’t trade away health

https://www.msfaccess.org/content/msf-open-letter-asean-governments-dont-trade-away-health

“MSF’s analysis of the TPP text reveals that it contains new protections for pharmaceutical companies that will raise drug prices for millions of people as well as treatment providers like MSF and Ministries of Health. MSF urges all ASEAN member states to lead an effort to reject the ratification and implementation of the TPP and the expansion of its negative consequences for public health in the whole region.”

On the signing of the Pacific Trade deal (last week, in Auckland), see for example FT or Washington Post.

KEI - Implications of the TPP and RCEP on Universal Health Coverage

http://keionline.org/node/2413

You find the presentations (of a session at PMAC – 26 January) here.

Lancet (World Report) – NIH hopes funding increases will continue

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00319-6/fulltext

“The US National Institutes of Health welcomed a record budget boost that might be the start of more sustained support. The Lancet’s Washington correspondent, Susan Jaffe, reports.”

“The US Congress recently approved the largest single increase in funding for the National Institutes of Health (NIH) in 12 years—a US$2 billion raise that was twice as much as President Barack Obama
requested. But almost as soon as NIH supporters stopped cheering, they began to worry about next year’s budget, and the challenge of a new public health threat, Zika virus....”

Journal of Public Health – The global reach of public health

Ted Schrecker et al; http://jpubhealth.oxfordjournals.org/content/38/1/1.short?rss=1

“One of us (T.S.) has just returned from the International Centre for Trade and Sustainable Development’s recent Trade and Development Symposium (TDS) in Nairobi. The meeting was held in parallel with the 10th Ministerial Conference (MC) of the World Trade Organization (WTO). It is striking that only one of more than 50 sessions at the TDS dealt specifically with health issues, although trade policy is without question a key influence on public health. ...”

IMF news

No other candidate than Christine Lagarde - See IMF statement on managing director’s selection process (here).

UHC

Oxfam Global health check – Private sector heterogeneity & UHC

A Kapilashrami; http://www.globalhealthcheck.org/?p=1851

“Universal Health Coverage has risen quickly to the top of the global health policy agenda, yet debates around how best to deliver healthcare to achieve UHC – and the role of the private sector - are often unhelpfully polarised. This blog attempts at ‘setting the scene’ as discussed in a joint session by Oxfam and the Global Public Health Unit of the University of Edinburgh last year in the International Conference on Public Policy in Milan. The blog introduces key concept of Public Private Partnerships (PPP), its rising salience and the basic premise it rests on, and discusses the nature of private sector and issues relevant to achieving the UHC goals.”
Guardian – Which country has the world's best healthcare system?

http://www.theguardian.com/society/2016/feb/09/which-country-has-worlds-best-healthcare-system-this-is-the-nhs

Focus on richer countries, though. Meanwhile, at the latest Democratic debate, “UHC” was a big issue.

Planetary health

Guardian – Finally, pornography is doing its bit to save the whales

http://www.theguardian.com/commentisfree/2016/feb/10/pornography-save-the-whales-sex-industry-philanthropist-conservation

On the pornography-philanthropy nexus. Looks like Big Porn has also discovered ‘innovative financing’ for a good cause, who would have thought? (time for “PPPP”...?)

Guardian – Supreme court to block Obama's sweeping climate change plan


Setback for Obama’s climate plans, and thus for the entire world as well. (See also some international reactions, US clean power plan setback ‘will not affect Paris climate change deal’ (Guardian).)

Infectious diseases & NTDs

NEJM (Perspective) – A World Free of Polio — The Final Steps


In other polio news, you might also want to read, in the Lancet Global Health, Inactivated polio vaccine introduction in south Asia—1 year on.
Reuters – Sierra Leone discharges last known Ebola patient

Reuters;

The countdown can start again ...

For some other Ebola news items, see:

Ebola quarantine of healthy travelers brings class action suit in Connecticut (Humanosphere)

Ebola Still Takes Mental Toll on West Africa’s ‘Burial Boys’ (WSJ) – “Few services are available for people who worked on front lines and are now ravaged by addiction and depression”.

Letter to the Editor (NYT) - by R Dhillon : “...You report that Bruce Aylward of the World Health Organization says rapid tests capable of diagnosis within minutes with just a few drops of blood have not been used because they are prone to false positives. ... (Dhillon basically says that’s not sufficient reason for not using them, and explains why). “... Rapid tests would have been a game-changer during the peak of the epidemic and should now be used to screen patients.

Nature - A good precedent: Jimmy Carter’s efforts to eradicate Guinea worm should be applauded.


Yet, “...The Guinea-worm and polio campaigns have been decidedly old-school in approach.” More is to come... among others, gene-drive technology.

Lancet Infectious Diseases – The global burden of dengue: an analysis from the Global Burden of Disease Study 2013

By Christopher Murray’s team: http://www.lancet.com/journals/laninf/article/PIIS1473-3099(16)00026-8/fulltext

They estimated dengue mortality, incidence, and burden for the Global Burden of Disease Study 2013. Among their findings: “...We estimated an average of 9221 dengue deaths per year between 1990 and 2013, increasing from a low of 8277 (...) in 1992, to a peak of 11 302 (...) in 2010. This yielded a total of 576 900 (...) years of life lost to premature mortality attributable to dengue in 2013. The incidence of dengue increased greatly between 1990 and 2013, with the number of cases more than doubling every decade, from 8·3 million (3·3 million–17·2 million) apparent cases in 1990, to 58·4 million (23·6 million–121·9 million) apparent cases in 2013....”
Lancet Global Health (Comment) – Reducing the population requiring interventions against lymphatic filariasis in Africa


« The slow progress in endemicity mapping of neglected tropical diseases (NTDs) in Africa and scaling up of mass drug administration (MDA) in all endemic countries has hampered efforts to meet the London Declaration's 2020 elimination and control targets. Lymphatic filariasis is targeted to be eliminated by 2020; but by the end of 2012, 11 of the 73 countries currently endemic for the disease had not completed the endemicity mapping to define the true number of people requiring interventions. Ten of the 11 partly mapped or unmapped countries were in Africa, where 35 countries are known to be endemic for this disease. »

Finally, in India, Prime Minister Modi launched India’s Malaria Elimination Framework.

NCDs

At the UN, there was a thematic session on NCDs & law (9 Feb). “Thematic session on Law and the Prevention and Control of NCDs” (no news yet).

Final report of the Commission on Ending Childhood Obesity: Asia most affected by global epidemic


From a few weeks ago (Jan 25), this report. But it seems Asia is most affected. “The study which was commissioned by WHO, found that the number of children who are overweight or obese has risen to 41 million, from 31 million in 1990. As of 2014, 48% of the overweight and obese children lived in Asia.”

Lancet (Editorial) – Smouldering progress in tobacco control

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00315-9/fulltext

“...In the Tobacco-free world Series published in The Lancet last year, Robert Beaglehole and colleagues called for “a turbo-charged approach” to reduce tobacco consumption to less than 5% of the world’s adult population by 2040, complementing FCTC actions with strengthened UN leadership, full engagement of all sectors, and increased investment in tobacco control, but the world is a long way away from achieving even the bare minimum when it comes to reduction of tobacco..."
consumption.” (with some examples in this editorial) “... It is time all Parties to the FCTC protected their citizens by implementing the measures they signed up to more than a decade ago.”

World Bank (blog) Economic slowdown and financial shocks: Can tobacco tax increases help?


See Shakira’s intro. A blog well worth reading. “...Over the past decade, a “call to arms” to accelerate the implementation of the Framework Convention on Tobacco Control, including tobacco taxation, has consistently being made by WHO, former New York City Mayor Michael Bloomberg, Bill and Melinda Gates, and yes, the World Bank Group. The international community has now a window of opportunity to advance the tobacco tax policy agenda within the broader framework offered by the Financing for Development Addis Ababa Action Agenda adopted in 2015. Indeed, as stated in clause 32 of this agenda, price and tax measures on tobacco should be seen as effective and important means to reduce tobacco consumption and health care costs, and as a revenue stream for financing for development in many countries. Under the World Bank Group’s Tobacco Control Program, a multisectoral initiative funded with the support of the Bill & Melinda Gates Foundation and the Bloomberg Philanthropies, work is under way in several countries across regions combining public health, macroeconomics, tax policy, and tax administration expertise, as well as know-how on reforming the customs systems, to assist in the design and implementation of tobacco tax policy and administration reforms.”

BMJ blog – Big Tobacco, Child Labour and the ILO

M Hefler; http://blogs.bmj.com/tc/2016/02/08/big-tobacco-child-labour-and-the-international-labour-organization/

Not very good propaganda for the ILO, this story...

Sexual & Reproductive / maternal, neonatal & child health

Announcement of Every Woman Every Child’s Independent Accountability Panel

http://www.everywomaneverychild.org/accountability/independent-advisory-panel
Sania Nishtar chairs the panel. “The UN Secretary-General appointed nine members to Every Woman Every Child’s Independent Accountability Panel (IAP). The Panel will produce its first, albeit preliminary, report before the end of 2016, ideally by the UN General Assembly in September.”

UNFPA (report) – Universal Access to Reproductive Health: Progress and Challenges


“Universal access to reproductive health affects and is affected by many aspects of life. It involves individuals’ most intimate relationships, including negotiation and decision-making within these relationships, and interactions with health providers regarding contraceptive methods and options. This report seeks to identify areas where reproductive health has advanced or not according to four main indicators: Adolescent birth rate, contraceptive prevalence rate, unmet need for family planning rate, proportion of demand for contraception satisfied.”

Reproductive Health Matters (RHM) call for papers – RHM 48
Sexuality, sexual and reproductive health in later life

http://www.rhmjournal.org.uk/journal/call-papers/

“...With a growing number of older people in the world, it is time for Reproductive Health Matters to look more closely at the sexual and reproductive health of people in this different stage of life. This issue of the journal will shine a spotlight on people over 50, inviting research, policy analysis and examples of practical actions that address the effects of ageing on sexuality and sexual and reproductive health. We also welcome contributions that highlight the often ignored health and social challenges faced by older people in meeting their sexual and reproductive health needs and rights, and best practices for overcoming these barriers.”

Guardian – Disruption to women's lives caused by periods needs more research


“Millions of girls and women avoid school and work while they are menstruating because of stigma and inadequate hygiene, yet too little research has been done to assess the effectiveness of programmes designed to address the problem, says an Oxford University study. Programmes to support menstruating women vary wildly, with no comprehensive review of what works best or why. As a result, governments, international organisations and local charities may be investing funds and
resources in programmes that could be more efficient, according to the paper published on Wednesday in the journal *Plos One*.”

**NYT – Leveraging Ebola to tackle FGM**


“The outbreak of Ebola that started just over two years ago in Guinea killed more than 11,000, mostly in West Africa, and spurred fears of a deadly global pandemic. It also seems to have led to surprising progress in the movement to curb female genital mutilation in the poor West African country.” (one of the few uplifting stories on the Ebola outbreak – and published on Female Genital Mutilation Awareness day, last Saturday)

**Guardian – Ban Ki-moon calls on men across the world to campaign to end FGM**


Also from last Saturday. “The UN secretary general, Ban Ki-moon, has called on men worldwide to join the fight to end female genital mutilation. Speaking to the Guardian, which has been running a campaign against the practice for almost two years, he said: “Now is the time for men all over the world to take up the fight to end FGM with real dedication.”

He also called for replacing female genital mutilation with new, unharmful rites of passage.

**Devex – Family planning only part of 'all-of-society' SDG approach — UNFPA chief**


“Family planning is crucial to the post-2015 Sustainable Development Goals, as a crosscutting issue that impacts targets on health, gender, youth and more. In short, it cannot be isolated as a stand-alone problem simply because it encompasses all sectors of society, according to United Nations Undersecretary-General and U.N. Population Fund Executive Director Dr. Babatunde Osotimehin.” Interview in Bali. He also discusses how UNFPA’s work is affected by the refugee crisis.
Guardian – Where are we now? The global outlook for LGBTI rights


See also Six countries making progress on LGBT rights (also in the Guardian).

New Internationalist – Former Danish PM didn’t save the children


“The new head of Save the Children, former Danish Prime Minister Helle Thorning-Schmidt, is best known abroad for having taken a selfie of herself, US President Barack Obama and British Prime Minister David Cameron. In her native Denmark, she will be remembered as a hard-line on immigration, writes Peter Kenworthy. “Former Danish Prime Minister Helle Thorning-Schmidt’s appointment as chief executive of Save the Children has made headlines in Denmark because of her anti-immigration position and for her party’s support of a new immigration bill. Many have criticized her policies, including the Danish branch of Save the Children. …”

Access to medicines

CFR (blog) – Off-Label Use of Drugs and Access to Medicines for All: A Thailand Example

Yanzhong Huang: http://blogs.cfr.org/asia/2016/02/09/off-label-use-of-drugs-and-access-to-medicines-for-all-a-thailand-example/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+AsiaUnbound%2FYanzhongHuang+%28Asia+Unbound+%C2%BB+Yanzhong+Huang%29

“Inclusion of off-label drugs in the UHC benefit package, as shown in the use of bevacizumab in Thailand, serves as an example of how to offer high-cost NCD treatment in a safe and effective way. “
Science Speaks – Data mapping highlights realities of global hepatitis C impacts, resources


“Across 18 countries the price for a complete package of diagnostic tests for hepatitis C ranges from $67 to nearly ten times that amount, with many of the highest prices in the poorest countries. Of 23 countries contributing information on hepatitis C treatment access, only eight have access to new, safer, more effective treatments. Among them prices also vary widely, from about $15,000 to about $150,000 for a 12-week course of treatment. Worldwide, only an estimated 2.2 percent of people with chronic hepatitis C are treated each year, with treatment uptake ranging from less than 0.02 percent in Malaysia to 6.15 percent in the United States. These are some of the findings from mapCrowd, a project launched by Médecins du Monde and Treatment Action Group with input from 23 countries, so far. Designed to connect implementers and policymakers with information, and affected populations with advocacy, the project led to an interactive site showing epidemiological data, treatment and diagnostic access and pricing information, policies responding to hepatitis C, and localized links to advocacy and government sources....”

Plos – The Case for Reforming Drug Naming: Should Brand Name Trademark Protections Expire upon Generic Entry?

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001955

Ameet Sarpatwari and Aaron Kesselheim explore whether stripping branded drugs of trademark protection would improve the efficiency and fairness of health care.

Scidev.net – African nations poor at withdrawing unsafe drugs


« Regulators worldwide take several years to withdraw medicines after adverse effects are spotted, and African countries are more likely than those in other regions to keep harmful drugs on the market, a study (in BMC medicine) reveals.”

Stat news – Keep India on list of bad patent players, pharma urges Obama administration

http://www.statnews.com/pharmalot/2016/02/11/pharma-wants-us-trade-rep-to-keep-india-on-its-bad-behavior-
“The battle between global drug makers and the Indian government shows no sign of abating as an industry trade group is urging the Obama administration to keep India on its annual list of countries that fail to protect and enforce patent rights. Specifically, the pharmaceutical industry wants India to remain on what is known as the priority watch list of countries singled out for practices that are both favorable and unfavorable to American companies.”

Social determinants of health

For some info on the new Centre for Research Excellence in the Social Determinants of Health Equity, see here.

IHP – India and the issue of open defecation: An ongoing battle


An Italian researcher’s take on India’s open defecation problem. “The issue of open defecation persists in India leaving millions vulnerable to disease. Is India’s Swacch Bharat Abhiyan (SBA) or Clean India Mission the solution to this deeply entrenched social and structural issue?”

Miscellaneous

BMJ & qualitative research policy – Open Letter

Trisha Greenhalgh et al; http://www.bmj.com/content/352/bmj.i563

“Seventy six senior academics from 11 countries invite The BMJ’s editors to reconsider their policy of rejecting qualitative research on the grounds of low priority. They challenge the journal to develop a proactive, scholarly, and pluralist approach to research that aligns with its stated mission.” PS: “…As pointed out by its editors in response to an earlier draft of this letter, The BMJ is by no means an outlier in its current policy on qualitative research. Many leading US journals (including JAMA and the New England Journal of Medicine) also consider such research low priority. We believe all such journals would benefit from revisiting their policies.”
For a (not very welcoming) response by the BMJ editors, see this week’s Editorial, *Qualitative research and The BMJ*.

**BMJ (Editorial) – Research to Publication e-learning**

T Groves; [http://www.bmj.com/content/352/bmj.i796](http://www.bmj.com/content/352/bmj.i796)

On BMJ’s Research to Publication program, developed together with UCSF (https://rtop.bmj.com/). It’s “a comprehensive e-learning programme on developing skills in clinical and public health research and getting studies published quickly, transparently, and ethically. It’s aimed at early career researchers and their institutions worldwide, with a special focus on building research capabilities and supporting research integrity in low and middle income countries (LMICs).”

**Globalization & Health – new series: Health Partnerships: an effective response to the global health agenda**

[http://www.biomedcentral.com/collections/Healthpartnerships](http://www.biomedcentral.com/collections/Healthpartnerships)

“What role can ‘Health partnerships’ play in addressing the disparities that exist in the availability of trained health personnel globally? Often operating under the radar, a vast network of partnerships exist between healthcare delivery or training institutions in high-income countries, and their low- or middle-income counterparts. These peer-to-peer collaborations draw on a multitude of training approaches to build the capacity and expertise of the health workforce within a particular institution and can also broaden into more integrated support for health systems such as national and institutional health strategies, standards and protocols. This new series published in Globalization and Health, looks at the concept of international twinning relationships and seeks to engage critically with their experiences; assessing the choices, influences, and relationships that determine their success, or otherwise, in strengthening human resources for health, and ultimately improving health services globally…”

**The Atlantic – The Research Pirates of the Dark Web**


Very interesting stuff. “After getting shut down late last year, a website that allows free access to paywalled academic papers has sprung back up in a shadowy corner of the Internet.”
Research

Health Policy & Planning (March issue)

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

Lots of interesting articles, as usual.

SS&M – Effect of corruption on healthcare satisfaction in post-soviet nations: A cross-country instrumental variable analysis of twelve countries


« There is a lack of consensus about the effect of corruption on healthcare satisfaction in transitional countries. Interpreting the burgeoning literature on this topic has proven difficult due to reverse causality and omitted variable bias. In this study, the effect of corruption on healthcare satisfaction is investigated in a set of 12 Post-Socialist countries using instrumental variable regression on the sample of 2010 Life in Transition survey (N = 8655). The results indicate that experiencing corruption significantly reduces healthcare satisfaction. » (no kidding)

IJHPM – Power and Agenda-Setting in Tanzanian Health Policy: An Analysis of Stakeholder Perspectives

S E Fischer et al; http://www.ijhpm.com/article_3157_0.html

“...In Tanzania, the agenda-setting process operates within a complex network of factors that interact until a “policy window” opens and a decision is made. Power in this process often lies not with the Tanzanian government but with the donors, and the contrast between latent presence and deliberate use of this power seems to be based on the donor ideology behind giving aid (defined here by funding modality). Donors who used pooled funding (PF) modalities were less likely to exploit their inherent power, whereas those who preferred to maintain maximum control over the aid they provided (ie, non-pooled funders) more readily wielded their intrinsic power to push their own priorities.”

Health Policy – Government, politics and health policy: A quantitative analysis of 30 European countries

Public health policies are often dependent on political decision-making, but little is known of the impact of different forms of government on countries’ health policies. In this exploratory study we studied the association between a wide range of process and outcome indicators of health policy and four groups of political factors (levels of democracy, e.g. voice and accountability; political representation, e.g. voter turnout; distribution of power, e.g. constraints on the executive; and quality of government, e.g. absence of corruption) in contemporary Europe.”