IHP news : Mental health out of the shadows

(15 April 2016)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

This week, during joint events in Washington DC, WHO & WB made a big effort to take mental health “out of the shadows”, as Jim Kim & Margaret Chan called it. Long overdue of course, so great news, even if some Twitterandi hope that some sort of “UNSane” (along the lines of UNAIDS) can still be avoided.

However, you can’t avoid the following question: what exactly does that entail, boosting mental health in a world and economic system that are still clearly insane? On average, every time I open the papers, I come across at least 5 articles on events (or framing of events) that are just ‘beyond belief’, if you share a bit of Richard Horton’s ‘planetary health’ spirit and Thich Nhat Hanh’s ideas on humanity. (True, on a rough day, I also feel more like Donald Trump than like Horton, but you get my point)

So, while I much applaud all mental health interventions and hope they’ll all be financed properly, in LMICs and elsewhere, let me suggest an idea of my own to boost the global mental health agenda. How about sending all G20 leaders on a two or three-week hiking trip to North-India or Nepal, to get properly in the mood for the upcoming ‘World Humanitarian Summit’ in May? No social media or internet allowed, no bodyguards or Sherpas either, nor family. Hell, not even backpackers with dreadlocks!

No, just the likes of Obama, Merkel, Putin et al on a ‘bonding’ trip so that they can hopefully later come up with some more “sane” decisions for the world’s citizens and the planet. Mr Modi could be the tour guide – he considers Nepal pretty much his own backyard anyway, and is no doubt also able to chat with the occasional guru-in-orange-robe that might pop up in in caves along the road. Putin will no doubt spot all the wildlife on the trail (sadly, no selfies allowed this time for Vlad), whereas Merkel, being German, is expected to lead the pack. Meanwhile, Justin Trudeau is clearly the man for the morning stretch, Juncker will take care of the booze (& other politically incorrect but indispensable NCD material for bonding), Xi Jinping of the “herbs” (having just cracked down on drugs and many other things in his country) and the old People’s Army songs for the cold evenings (while all world leaders will be enjoying apple pie). Ban Ki Moon might lead the chanting along the way, but we have some doubts about his lung volume – Erdogan could be an alternative (there’s nothing like the voice of a muezzin to egg world leaders on, early in the morning). I’m sure after a few weeks the world leaders will have turned into a ‘Band of Brothers’ (and some Sisters). Some of the leaders might still not be very cooperative after two weeks of pristine trekking in Nepal (David Cameron comes to mind, for some reason), but hey, there are always steep valleys and accidents do happen easily in that part of the world!
So consider it a perk of being a world leader, once a year you get to go on a long hike with other world leaders: paranoid, Machiavellian and other ones. I'm sure the vices (Joe Biden & co) can – like in the recent movie “London has fallen” - take care of the urgent business, such as shooting IS and Boko Haram to the moon, precision bombing of tax havens and the like. Without much doubt, the world leaders who didn’t end up in the valley will come back from their trekking with a fresh mindset, ready to turn our world into a better place with their newfound pals. Trust me, this High-Level ‘mental health intervention’ will be much better value for money, as preparation for the Istanbul summit, for Obama & co than going through endless preparatory reports and briefings by their staff!

In this week’s Featured article, Jean-Paul Dossou gives his take on what UHC really involves.

Enjoy your reading.

The editorial team

Featured Article

UHC is not single! It is married, polygamous and unfaithful! (and that’s great!)

Dossou Jean-Paul (MD, MPH, PhD Student); Institute of Tropical Medicine, Antwerp, Belgium & Centre de Recherche en Reproduction Humaine et en Démographie, Cotonou, Benin

A (by now, rather famous) quote from Margaret Chan supports the global branding of Universal Health Coverage (UHC). In the quote, the WHO Director-General states: “I regard universal health coverage as the single most powerful concept that public health has to offer.”

I argue in this short piece that this quote does not capture the very nature of UHC, is somewhat misleading and can lead to (possibly, massive) implementation failure. The quote is a key component in the packaging of UHC, though, globally and nationally. It occupies a prominent place in all key communication tools of WHO related to UHC. You find it for instance on the WHO UHC website.

Above, I highlighted some of the terms in the quote I find especially troublesome.

Let’s focus first on UHC as a ‘single concept’.

Dr Margaret, engages herself deeply in this quote (see ‘I regard…’). She gives the quote in this way all the symbolic value attached to her function as the Director-General of WHO, but also commits herself as an individual human being to UHC. This personal engagement is powerful and important. So far so good.

Admittedly, the phrase ‘the single … concept that …’ may be stressing more the overall powerfulness of the UHC idea, in the quote, rather than UHC being a ‘single concept’.

Still, the very term ‘the single concept that …’ is a bit misleading. It gives the overall impression that
UHC is a unique, clearly circumscribed concept that can be reached fully by Public Health (and once achieved, can be taken pretty much for granted). True, that is not WHO’s view. Elsewhere for instance WHO acknowledges: “Universal Health Coverage is a dynamic process. It is not about a fixed minimum package, it is about making progress on several fronts”. WHO also considers UHC as an “umbrella target” in the SDG health agenda, with the target 3.8.

If you have Joe Kutzin’s razor sharp intellectual abilities, then UHC is in fact a clearly defined concept – in a recent WHO Bulletin piece, he sets UHC (successfully) apart from Health Systems Strengthening (HSS), resilience of a health system & health security. In a previous one, he already convincingly argued that not anything goes under the umbrella of UHC.

Yet, for most people on the globe, not the least citizens, UHC will always be a bit fuzzier, and not that easily isolated from other objectives (or even means). And that is just fine! Indeed, the ongoing quest to set UHC “apart” (while at the same time seeing UHC as an umbrella target), while understandable, entails some risks as well. No doubt, the isolation attempt also has to do with other (good) reasons such as the need to have well-defined and measurable indicators, but there’s always a risk of branding UHC as yet another vertical program (which could then further jeopardize national health systems). This is one of the reasons why I find the quote a bit problematic.

The definition (as in target 3.8) – “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” - already tells a different story on the nature of UHC. As Joe, Adam Wagstaff & many others (including Chan) rightly argue, UHC in its very nature is composite. There are several key sub-dimensions such as equity and quality, it’s about more than (just) access and coverage (or the UHC ‘cube’). Those concepts of equity and quality are themselves hard to define, grasp, measure and achieve, and require very complex interventions that still need more clarification from the global community of researchers.

Lately, UHC is also increasingly being linked to global health security & resilient health systems, for obvious reasons - in the words of Marie-Paule Kieny for example, the “Post-Ebola realisation of the crucial importance of HSS, and the intimate connection between HSS, UHC and health security”. Those ways of looking at UHC are great, and deserve a more prominent place in the global branding effort.

I have a hunch that the original quote from Chan was inspired by the initial focus on the (still very relevant) “UHC cube”. Yet, by now, UHC has become a “benign” beast with many more heads and subdimensions - quality, equity, global and national health security concerns, ... are all becoming more important in the new SDG UHC era. So rather than UHC as a ‘single’ concept, I’d argue it’s ‘married, and even polygamous & unfaithful’! *(Which might, at least in the UHC case, not necessarily be a bad thing 😊)*.

Let’s go then to the second criticism: the quote states that UHC is a concept “that ...Public Health has to offer”.

In my opinion, public health in several low and middle-income countries has a rather limited clout and leverage in terms of boosting and providing of UHC. In several African countries, for example, public health is integrated in the ministry of health or the ministry of public health. Medical doctors usually lead this governmental body. While they do very important work, I strongly believe that UHC requires a double social transformation: the first one involves going from an individualistic...
perception of life to a society with more social cohesion and a new social contract; a second transformation is also required to reach a global and national “mutualization” of efforts and resources in order to achieve better social inclusion and protection. This double social transformation requires in many LMIC settings, among others, a key governance transformation, which would hopefully spark – very importantly – also more trust in (national, regional, ...) governance entities. The Ebola outbreak in West Africa just showed - again - the importance of the latter. Something similar is true for UHC – by way of example, why on earth would people in communities trust an (in their view unreliable and/or corrupt) government with collecting national health insurance premiums? Catalyzing and leading these sorts of broad societal & political transformation, taking also into account the unpredictable and complex nature of UHC reform, are far beyond the scope of capacities of a public health body dominated by medical doctors. So in the post-2015 era, among others, “governance” has become a key UHC concern, as parts of WHO themselves emphasize.

The focus on ‘public health’ in Chan’s quote can probably to a large extent be explained by the (initial) capture of the concept by the ministries of health, and the tacit or explicit exclusion of other key social bodies that have a key (and often more crucial) role to play in the process.

So with the current knowledge of the global health community, I feel the quote has to be adjusted. It has to recognize that ‘public health’, dominated as it tends to be by medical doctors, is limited in its capacity to help societies adopt and move faster to UHC. At the very least, the quote would have to use a term like ‘Public Health 2.0’. Also, Chan would do well to recognize that UHC is not particularly ‘single’ either.

For the ones who want to quote me on this: “I strongly believe that UHC is a polygamous, married and slightly unfaithful concept. The achievement of UHC requires the engagement of all the ‘driving forces’ in the country (as well as relevant global ones) under the leadership of - transparent and trusted - public governance.” This is the kind of UHC quote, I’d like Chan (or her successor) to come up with someday. (I admit, it feels a bit odd, having ‘unfaithful’ and ‘trusted’ in the very same quote. But health systems are complex!)

By the way, WHO and many other key global health actors in favour of UHC seem to understand this too, increasingly – see the idea to set up a UHC 2030 Alliance, as discussed at the latest IHP+ Steering Committee meeting in Geneva.

So who knows, maybe one day Chan will utter the magical words?

**Highlights of the week**

**HS Global (blog) – Critiquing the concept of resilience in health systems**

More than worth reading, while you’re preparing for the Vancouver symposium, and still resilient. Written by the Power in Health Systems (SHaPeS TWG) Thematic Leads.

IHP+ Steering Committee meeting (8 April)

http://www.internationalhealthpartnership.net/en/news-videos/article/ihp-steering-committee-meeting-334168/

Must-read. The sixth IHP+ Steering Committee Meeting took place in Geneva on 8 April, 2016. Check out the presentations (on the now more than likely switch to a “UHC Alliance 2030”) by MP Kieny & others.

“The IHP+ Steering Committee decided to recommend to the IHP+ Signatories to broaden the scope of IHP+ to include facilitating moving towards UHC and better coordinated HSS and offer participation of a broader range of partners.”

See the slides of the agreed final decision and 'next steps' in the coming months (to operationalize UHC 2030).

Coming up : UN General Assembly Special Session (UNGASS) on drugs (April 19–21, NY)

Lancet (Global Health) – HIV and drugs: a common, common-sense agenda for 2016

Kent Buse et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)00043-7/fulltext

“2016 is set to be a historic year for people living with and affected by HIV and people who use drugs. The UN General Assembly Special Session (UNGASS) on drugs (April 19–21, 2016; New York), provides a rare occasion to review critically the global drug-control system and to advance alternatives that are balanced, evidence-informed, fair, public health-oriented, and rooted in human rights. The UN Secretary-General Ban Ki-moon urged that the Special Session “considers all options”. The UN High-Level Meeting on AIDS (June 8–10, 2016; New York) offers an opportunity to commit to concrete steps to fast-track the response to ending the AIDS epidemic, including progressive approaches to drugs policy.”

“…In 2016, we call on the international community to join the AIDS and drug-law reform movements to advance a six-point agenda to ensure aligned policy on AIDS, drugs, human rights, public health, and criminal justice: …”  Apt title: HIV & drugs are indeed a common & common-sense agenda.

Check out also Open Letter to UN Chief Calls for Global Drug Policy Shift (signed by over 1000 celebs, politicians and other bigwigs).
Aidspan - The Global Fund submits position paper to U.N. special session on the world drug problem


“Current drug control policy undermines, rather than supports, the reach and impact of health programs for people who use drugs. Experience and evidence show that the international community could dramatically improve health and human rights outcomes. This was a central theme of a position paper submitted on 8 April 2016 by The Global Fund to the U.N. General Assembly Special Session on the World Drug Problem.” (you find the position paper at the bottom of the piece)

(in other GF news, New Zealand made an [early contribution](http://www.aidspan.org/gfo_article/new-zealand-makes-early-contribution-to-global-fund). Not exactly a whopping one, though)

IMF/WB Annual spring meetings (April 12-17, NY)


Plenty of news from the annual gathering of IMF/WB (and all side events). “Each spring, thousands of government officials, journalists, civil society organizations, and participants from the academia and private sectors, gather in Washington DC for the Spring Meetings of the International Monetary Fund and the World Bank Group. At the heart of the gathering are meetings of the IMF’s International Monetary and Financial Committee and the joint World Bank-IMF Development Committee, which discuss progress on the work of the IMF and the World Bank Group. Also featured are seminars, regional briefings, press conferences, and many other events focused on the global economy, international development, and the world’s financial markets.” This year, Bill Gates is also present, among others.

Devex – What to expect from the World Bank spring meetings


Published ahead of the meetings. Nice overview of the (likely) agenda. For global health, that mostly comprised: pandemic preparedness (including the Pandemic Emergency Financing Facility, set to launch later this spring), mental health, early childhood development & climate change.

Check out also the Bretton Woods project’s [World Bank-IMF spring meetings 2016](https://www.brettonwoodsproject.org/worldbank-imf-spring-meetings-2016) webpage (with the key issues on the table).

Mental health in NY
Out of the Shadows: Making Mental Health a Global Development Priority (13-14 April)


“A two-day series of events, co-hosted by the World Bank and WHO during the World Bank-International Monetary Fund Spring Meetings, aimed to move mental health from the margins to the mainstream of the global development agenda. The events to engage finance ministers, multilateral and bilateral organizations, the business community, technology innovators, and civil society emphasized the urgent investments needed in mental health services, and the expected returns in terms of health, social and economic benefits.

Check out the WHO news release - Investing in treatment for depression and anxiety leads to fourfold return. “Depression and anxiety disorders cost the global economy US$1 trillion each year. Every US$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US$ 4 in better health and ability to work, according to a new WHO-led study which estimates, for the first time, both the health and economic benefits of investing in treatment of the most common forms of mental illness globally. The study, published today in “The Lancet Psychiatry”, provides a strong argument for greater investment in mental health services in countries of all income levels....”

Coverage in the Guardian, 50 million years of work could be lost to anxiety and depression.

Disease Control Priorities, Third Edition : Volume 4. Mental, Neurological, and Substance Use Disorders


“Mental, neurological, and substance use disorders are common, highly disabling, and associated with significant premature mortality. The impact of these disorders on the social and economic well-being of individuals, families, and societies is large, growing, and underestimated. Despite this burden, these disorders have been systematically neglected, particularly in low- and middle-income countries, with pitifully small contributions to scaling up cost-effective prevention and treatment strategies. Systematically compiling the substantial existing knowledge to address this inequity is the central goal of this volume. This evidence-base can help policy makers in resource-constrained settings as they prioritize programs and interventions to address these disorders.” Volume four in the DCP series (third edition).

WB (blog) – We need to bring mental health illnesses out of the shadows


Must-read blog by Agnes Binagwaho, reflecting upon mental health along the lines of the fight against HIV, and linking it with the UHC drive.

“Today, it is a drastically different story. Progress against HIV/AIDS for the past 15 years tells us that no evidence-based, multisectoral, holistic, and rights-based approach is too sophisticated for LMICs. It demonstrates that specialized referral service systems are possible, even for one of the
most complicated and stigmatized of conditions. It illustrates that as bidirectional supply and demand is created, the much-needed link between patients’ needs and an effective global care response will grow stronger. ... I challenge global leaders to build upon these lessons learned from the HIV/AIDS response and apply it positively to the challenge of MNS disorders. We must no longer overlook the deleterious effects that the lack of quality MNS services has upon our communities. We should strive to build universal health care systems specifically recognizing MNS disorders’ genetic, biological, and cultural roots. And as a global community, I implore us to create enabling environments to address the social determinants of health affecting MNS disorders. ...

**CGD - A New Language for Global Mental Health: Economics**  

Another must-read blog. “... what does an economic perspective have to offer the field of mental health, and what can development economists learn by embracing mental health?”

*(you don’t want to know what I think about this happy news – it’s affecting my own mental health 🙂)*

For the related CGD brief, on which the blog is based, see [Making Room for Mental Health: Recommendations for Improving Mental Health Care in Low- and Middle-Income Countries](http://www.cgdev.org/blog/making-room-mental-health-recommendations-improving-mental-health-care-low-middle-income-countries) (with a set of recommendations).

**Critical Public Health – Global mental health and its critics: moving beyond the impasse**  

Some necessary background on Global Mental Health.

“The last decade has witnessed the emergence of a strong international movement with the ambitious goal to address mental health needs and reduce disparities worldwide, but particularly in low- and middle-income countries and amongst vulnerable populations within wealthy nations ... This movement, led by the international psychiatric community but engaging a wide assemblage of actors, has given rise to a new field of research and practice, now known as Global Mental Health (Patel, 2014). Aligning itself with the wider area of Global Health, the field has been vocal in highlighting the burden and impact of untreated mental disorders, and has made both a scientific and ethical argument for a global approach to redress the situation (Global Mental Health Group, 2007). At the core of this approach is the promotion of evidence-based interventions, human rights, and novel frameworks for scaling-up mental health services, such as ‘task sharing’. The field of Global Mental Health has very quickly engendered a new institutional and research landscape, having recently established a number of its own research centres and training programmes. Under the banner of this field, there has also been an explosion of international research programmes and interventions which have received significant financial backing from a range of international donors, development agencies, and governments. In sum, Global Mental Health has increasingly captured the imagination of a wide range of stakeholders and has made major strides in establishing mental
health as a priority within the global health arena. ... This increasingly powerful field has, however, also elicited a range of critical responses, with growing controversy over its conceptualisations, goals and imagined outcomes.” Cooper reflects upon a way forward.

World Bank Hosts Universal Health Coverage Annual Financing Forum (14-15 April)


As the JLN said before the Forum: “This Forum is envisioned as the first of a series of annual events that will bring together countries and partners to shape a joint agenda on sustainable financing for UHC and provide a platform to advance knowledge and its application in financing UHC. The 2016 Forum will focus specifically on the topic of Resource Mobilization including through domestic sources, with particular reference to improving revenue collection, prioritizing funds for health, strengthening the role of development assistance, and harnessing private sector financing.”

You find the concept note of the Forum here. The Forum continues today and is being webcast.

(Quite some ‘all-male’ panels, from what I hear. Ilona Kickbusch & others, including myself, think it’s time for women to leave the room (collectively) if they’re facing once again an ‘all-male’ panel. I’m sure Ilona will start a movement!)

Science daily – Global studies reveal health financing crisis facing developing countries

https://www.sciencedaily.com/releases/2016/04/160413131016.htm

As you probably know by now, the Lancet had some not very encouraging news in that respect this week, with a few major new IHME studies (by J Dieleman et al).

“Two major studies published in The Lancet reveal the health financing crisis facing developing countries as a result of low domestic investment and stagnating international aid, which could leave millions of people without access to even the most basic health services. Analysing national health spending and global health funding, two studies led by Dr Joseph Dieleman from the Institute for Health Metrics and Evaluation (IHME), Seattle, USA, should be a wake-up call to global leaders and governments to deliver greater investment in health. ...”

Do read the studies in the Lancet, as well as the accompanying Comment (by Tim Evans & Ariel-Pabloz Mendez), “Shaping of a new era for health financing”. They discuss how domestic and international funding for health can be sustained and increased as well as ensuring efficient use of available funding. They conclude: “While the challenge is daunting, attaining universal health coverage and its sustainable financing by 2030 is feasible for most countries. Success will depend on governments and partners aligning their objectives into a coordinated strategic effort.”

(if you really can’t get enough of Tim, there’s also a podcast on the Lancet with him – see here ). “Tim Evans from the World Bank discusses the need for a transformation in global health financing if universal health coverage in low-income and middle-income countries is to be achieved by 2030.”
But if you ask for my humble opinion, the ‘Grand Convergence’ Folk have their work cut out...

**Lancet - Development assistance for health: past trends, associations, and the future of international financial flows for health**

Joseph L Dieleman, Matthew T Schneider, Annie Haakenstad, Lavanya Singh, Nafis Sadat, Maxwell Birger, Alex Reynolds, Tara Templin, Hannah Hamavid, Abigail Chapin, Christopher J L Murray

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30168-4/fulltext

Must-read.

“...Our results provide evidence of two substantial shifts in DAH growth during the past 26 years. DAH disbursements increased faster in the first decade of the 2000s than in the 1990s, but DAH associated with the MDGs increased the most out of all focus areas. Since 2010, limited growth has characterised DAH and we expect this pattern to persist. Despite the fact that DAH is still growing, albeit minimally, DAH is shifting among the major health focus areas, with relatively little growth for HIV/AIDS, malaria, and tuberculosis. These changes in the growth and focus of DAH will have critical effects on health services in some low-income countries. Coordination and collaboration between donors and domestic governments is more important than ever because they have a great opportunity and responsibility to ensure robust health systems and service provision for those most in need.”

**Lancet - National spending on health by source for 184 countries between 2013 and 2040**

Joseph L Dieleman, Tara Templin, Nafis Sadat, Patrick Reidy, Abigail Chapin, Kyle Foreman, Annie Haakenstad, Tim Evans, Christopher J L Murray, Christoph Kurowski;

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30167-2/fulltext

Idem.

“...Global spending on health is expected to increase from US$7·83 trillion in 2013 to $18·28 (...) trillion in 2040 (in 2010 purchasing power parity-adjusted dollars). We expect per-capita health spending to increase annually by 2·7% (...) in high-income countries, 3·4% (...) in upper-middle-income countries, 3·0% (...) in lower-middle-income countries, and 2·4% (...) in low-income countries. Given the gaps in current health spending, these rates provide no evidence of increasing parity in health spending. In 1995 and 2015, low-income countries spent $0·03 for every dollar spent in high-income countries, even after adjusting for purchasing power, and the same is projected for 2040. Most importantly, health spending in many low-income countries is expected to remain low. Estimates suggest that, by 2040, only one (3%) of 34 low-income countries and 36 (37%) of 98 middle-income countries will reach the Chatham House goal of 5% of gross domestic product consisting of government health spending.” Interpretation: “Despite remarkable health gains, past health financing trends and relationships suggest that many low-income and lower-middle-income countries will not meet internationally set health spending targets and that spending gaps between low-income and high-income countries are unlikely to narrow unless substantive policy interventions occur. Although gains in health system efficiency can be used to make progress, current trends suggest that meaningful increases in health system resources will require concerted action.”

In short: “Existing trends suggest that by 2040 nearly half of developing countries still are unlikely to meet international health spending targets to make basic services universally available. International aid for health is stagnating and is unlikely to bridge the gap.”
Check out also a very nice visualization of Financing Global health in 2015. Made some observers remark that ‘Jim Kim is good for global health at the WB’… (well, financially, perhaps – not sure Richard “planetary health” Horton would fully agree – see below).

Other bits & pieces around the Spring meetings

**World Bank sets aside $2.5bn for female education** (FT)

**Poverty Beyond the Numbers** (Project Syndicate). “What is poverty? For decades, we have defined it with a number, which the World Bank currently puts at a personal income of less than $1.90 per day. But a single number fails to capture the complexity of poverty. Measuring more than just income is essential to understanding the needs of poor people and delivering optimal assistance. As the World Bank convenes its Spring Meetings in Washington, DC next week, we have an opportunity to set benchmarks that include social and environmental dimensions of poverty. The Bank has acknowledged that more than income should be considered, and recently established a Commission on Global Poverty to recommend additional metrics. …”

**Increasing Economic Growth in Fragile States Can Help Prevent Future Refugee Crises——World Bank President Jim Kim** – April 5 (Berlin speech, ahead of the Spring meetings) Among others, Kim called for three major shifts in how the World Bank would work.

**Financing & Innovation in Global Health (FIGH) 2016 event**: “a premier event that aims to spark the deployment of blended finance, creativity, entrepreneurship, and technology to drive effective and transformative global health investment. FIGH 2016 [will take] place April 14-15 at the US Institute of Peace in Washington, DC.” [http://www.globalhealthforum.com/](http://www.globalhealthforum.com/)

**Antimicrobial resistance a 'greater threat than cancer by 2050'** – George Osborne doesn’t just feel strongly about pounds, but also about AMR, and will inform the IMF of the (huge) threat. (Guardian)

**World Bank and IMF chiefs: tax dodging is grave concern for global economy** Hear, hear… “Jim Kim & Christine Lagarde (chuckle chuckle) have warned that the industrial scale of international tax avoidance revealed by the Panama Papers represents a “great concern” for the global economy and is having a “tremendously negative effect on our mission to end poverty”.

HP&P (supplement) - The Emergence and Effectiveness of Global Health Networks

Eds: J Shiffman & S Bennett; [http://heapol.oxfordjournals.org/content/31/suppl_1?etoc](http://heapol.oxfordjournals.org/content/31/suppl_1?etoc)

Splendid series, as you can tell from the names of the editors. Most articles already appeared online before. You find the introductory Editorial by Jeremy Shiffman here: “Networks and global health governance: Introductory editorial for Health Policy and Planning supplement on the Emergence and Effectiveness of Global Health Networks.”
Lancet (Editorial) – Human resources for health—investing in action

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30246-X/fulltext

“...In an attempt to address these challenges, WHO has developed a new global strategy for human resources for health for consideration by the 69th World Health Assembly in Geneva in May. The draft global strategy defines four core objectives around evidence-based policies, alignment of investments in human resources for health with current and future population needs, capacity of institutions for action, and accountability. The strategy provides general guidance and presents some of the evidence and arguments for investing in human resources at scale and over the long term, but the arguments have to be won country by country, government by government. Alongside this approach, partnerships with a wide range of government and non-government agencies across sectors will be vital and global initiatives, such as the Global Fund and GAVI, will equally need to increase their investment in human resources for health. Serious commitment across all sectors is now needed. It is time to translate the current global dialogue into global action.”

Panama papers

Guardian – 'A system of privilege and benefits': is a global tax body needed?


Euhm, yes? Necessary follow-up of the Panama papers, and a no-brainer for most sensible common citizens. Now let’s convince the Trumps, George’s and Hillary’s of this world.

Guardian – The Panama Papers: leaktivism’s coming of age

http://www.theguardian.com/news/commentisfree/2016/apr/05/panama-papers-leak-activism-leaktivism

Leaktivism is the way to go in the 21st century. “The theory that leaking information is an effective form of social protest is being put to the test like never before. It could give rise to capitalism’s greatest crisis yet.” Should also be part of the HPSR researcher’s toolkit? (might be a bit problematic, though, in terms of building trust with our preferred respondents...)

Guardian – US corporations have $1.4tn hidden in tax havens, claims Oxfam report

http://www.theguardian.com/world/2016/apr/14/us-corporations-14-trillion-hidden-tax-havens-oxfam
Another week, another trillion or so hidden in tax havens. New Oxfam report. In addition to the inevitable Apple, Microsoft is also quite ‘highly’ ranked – who said again the Gates foundation should be nominated for the Nobel Prize?

*Oxfam also slammed the World Bank over funding tax dodgers* “Global charity Oxfam criticised the World Bank’s private lending arm for financing multinationals who then channel funds through tax havens.”

*In short, a fairly “run-of-the-mill” week in our lovely neoliberal globalized world.*

Guardian – Global inequality may be worse than we think


*Jason Hickel* no doubt agrees. Must-read!

In related news, we are also fans of *The Rules - Connecting the dots.* “The Rules is a worldwide network of activists, artists, writers, farmers, peasants, students, workers, designers, hackers, spiritualists and dreamers, linking up, pushing the global narrative in a new direction.”

Do check out the website! A recent piece, for example, from *Thomas Pogge:* [Connecting the dots: human rights, inequality and poverty](http://www.theguardian.com/global-development-professionals-network/2016/apr/08/global-inequality-may-be-much-worse-than-we-think)

Coming up – World Humanitarian Summit (23-24 May, Istanbul)

[https://www.worldhumanitariansummit.org/](https://www.worldhumanitariansummit.org/)

Meanwhile, in the real world, where the dots are not yet connected, the WHS is coming up, a key event this year.

*ODI (report) – Time to let go: A three-point proposal to change the humanitarian system*


Recommended. “Despite a decade of system-wide reforms, the sector still falls short in the world’s most enduring crises. Perceptions of humanitarian work suggest that the formal, Western ‘system’ is not doing a good job in the eyes of the people it aims to help.” “...It is time for the humanitarian sector to let go of some of the fundamental – but outdated – assumptions, structures and behaviours that prevent it from adapting to meet the needs of people in crises. This is a proposal for radical change to create a humanitarian system that is fit to respond to the challenges of both today and tomorrow. It calls for: letting go of power and control; letting go of perverse incentives; and letting go of divisions to embrace differences.”
You might also want to read "The world needs a humanitarian fund to assist long-term crises" (R Davis – in the Guardian). Along the lines of the Global Fund. (but Ilona Kickbusch rightly pointed out on Twitter that perhaps it’s time for an entirely new financing model to tackle global bads (rather than coming up with a cascade of “Global Funds”))

WHO – WHO Director-General addresses a health consultation for the World Humanitarian Summit

Keynote address by Chan at the Health Consultation for the WHS (8 April, Geneva). (must-read)

The aim of the meeting was the following: “WHO and UNICEF have jointly organized this meeting to gather your advice on how best to profile health needs during the May summit in Istanbul. We also seek advice on how best to showcase the unique contribution that health can make when building a better architecture for international humanitarian assistance.”

As a reminder, check out also some of the other resources, like Placing health at the heart of humanitarian action.

Sexual & Reproductive / maternal, neonatal & child health

(Inaugural) International day for maternal health and rights (11 April)
K McDonald; https://www.mhtf.org/2014/04/11/international-day-for-maternal-health-and-rights-answering-the-call-to-action/

“Today, April 11, 2014 is the inaugural International Day for Maternal Health and Rights. Spearheaded by CHANGE, and co-sponsored by a consortium* of leading maternal health organizations, the event was launched with a tweetchat to discuss rights-based women’s health care, including respectful maternity care. The discussion served as a call to action for government, international institutions, and the global community to recognize the day and take action to keep maternal health on the post-2015 agenda.”

Lancet (Review) –Reproductive, maternal, newborn, and child health: key messages from Disease Control Priorities 3rd Edition
RE Black et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00738-8/fulltext

“As part of Disease Control Priorities 3rd Edition, the World Bank will publish a volume on Reproductive, Maternal, Newborn, and Child Health that identifies essential cost-effective health interventions that can be scaled up to reduce maternal, newborn, and child deaths, and stillbirths. This Review summarises the volume's key findings and estimates the effect and cost of expanded implementation of these interventions. ...”
For some coverage, see Quartz, *Expanding life-saving health care in poor nations would cost $5 per person, researchers say.* “New research, funded by the Bill & Melinda Gates Foundation, found that we could expand health care for mothers, infants, and children in low- and middle-income nations for less than $5 per person per year. And it would save millions of lives. In 2015, nearly 6 million children under the age of five died, while more than 300,000 women died from pregnancy-related causes around the world, the study said. A team led by researchers at Johns Hopkins found that more half of those deaths could have been prevented through basic reproductive, maternal, newborn, and child health-care services, such as birth control, pregnancy and delivery care, nutritional supplements, and treatments for serious diseases like pneumonia and malaria. The study, published on April 9 in the Lancet, said that bringing these services to 90% of those in need in 74 of the 75 neediest nations would drastically reduce maternal and child mortality rates in those countries. …The researchers estimated that the lives of 1.5 million newborns, 1.5 million children, and 149,000 mothers would have been saved had such services been available last year. …”

Guardian – Pope Francis urges compassion for all in landmark statement on family values

http://www.theguardian.com/world/2016/apr/08/pope-francis-urges-compassion-for-all-in-landmark-statement-on-family-values-catholic-church

From late last week. See also Pope Francis on the modern family: what we learned from Amoris Laetitia. “What does the pope’s statement say about divorce, gay marriage, abortion and sex education?”

Access to medicine

Devex - A new look for big pharma business in the developing world

Devex:

“Pharmaceutical giants Johnson & Johnson and GlaxoSmithKline PLC are changing the way they do business in the developing world. Over the past week, both drug firms have announced significant revamps to their strategies in developing countries that aim to increase access to their treatments through relaxed patent protections and expanded partnerships with local health care providers. …”

Not everybody is convinced. See for example View on Private Sector: Pharma shift won’t help poorest (MR Atal, on Scidev.net)

IP-Watch - Ideologies Fly In Discussion Of WIPO Pharma Report Calling For Less Ideology


“A study commissioned by the World Intellectual Property Organization (WIPO) to analyse which essential medicines on the 2013 World Health Organization Essential Medicines List were under
patent found that over 90 percent of medicines on the list were off patent, and advocated more transparency in patent information. The study’s release set off an outcry among public health advocates who viewed the report as biased toward pharmaceutical companies.” Good overview of the key messages of the study as well as the commotion & reaction (from KEI and many others).

On the landmark WIPO conference on IP & development (7-8 April), see also IP-Watch.

Development (aid)

Guardian - Hosting refugees now uses 9% of foreign aid budgets


“The amount of foreign aid money rich nations spend on dealing with the impact of the refugee crisis at home has almost doubled over the past year and now accounts for 9% of all development expenditure, according to the latest official figures. The preliminary statistics, from the Organisation for Economic Cooperation and Development (OECD), show that wealthy donor countries spent a net total of $131.6bn on aid in 2015, compared with $135.2bn the previous year. Of that, $12bn went on domestic spending – or “in-donor refugee costs”, up from $6.6bn in 2014….”

In related news, read also NGOs criticise accounting ‘loopholes’ behind apparent rise in foreign aid (Euractiv): “Campaigning groups have blamed ‘accounting loopholes’ behind an apparent increase in global development aid, saying much of the extra money ended up being spent at home by rich countries.”

But “OECD Secretary-General Angel Gurría said most donors had avoided diverting money from development programmes to cover the costs of the European refugee crisis” (Thomson Reuters).

Guardian – Big aid donors failing to lift the lid on how they spend their cash


Over to Aid Transparency then: “Only a quarter of aid meets transparency standards with most donors failing to honour commitments to open their books, preventing poorer countries from making the best use of the funds they receive, a study says. Publish What You Fund, a global campaign for aid transparency, analyzed funds from 46 donors and found that most had failed to uphold commitments made in 2011 in Busan, South Korea, to publish details of their development projects to a common open standard: the International Aid Transparency Initiative (IATI)….” UNDP comes out again on top. The GF is also doing quite well. But “only 10 donors, responsible for only a quarter of all aid, are hitting the mark”.

Read also Owen Barder, Are we nearly there? “…This year’s Aid Transparency Index, released today by Publish What You Fund*, brings good news and bad news.” He also lays out the transparency agenda for the coming years.
Meanwhile, “developing countries got $131 billion in official aid in 2015. And they got $431.6 billion in remittances — money sent home by migrants who are working abroad.” See the number in the World Bank’s new Migration and Development Brief.

Guardian – Payment by results in aid: hype or hope?


Summary of two blog posts on his blog. Duncan concludes: “...The PBR hype cycle seems to follow a well-established pattern in the aid business, which I call the microfinance syndrome: policy entrepreneur comes up with whizzy new idea → massive overselling to donors → disillusion when it fails to produce predicted miraculous results → reduced to niche product as we learn when the new snake oil might actually be worth applying. At best, it’s a painful, inefficient way to innovate and improve the impact on poor people’s lives. Why not try positive deviance or venture capitalist style multiple parallel experiments instead? I still think the hype curve is a useful construct for PBR and any other aid fad, but we seem to have all sections of the curve happening at once: the snake oil salesmen are out there over-selling and the bah humbug types like me are pouring cold water on it. But loads of experimentation and learning is already propelling us towards a more realistic grasp of where/when PBR might be useful and how it needs to evolve, much faster than the comparable curve for, say, microfinance.”

Infectious diseases & NTDs

Guardian – Polio cases could be wiped out within 12 months, says World Health Organisation


It’s not always doom & gloom in global health land. “The World Health Organisation is confident polio is in its dying days and could be eradicated within 12 months, despite challenges in Pakistan and Afghanistan, where the virus is still endemic and vaccination campaigns are sometimes targeted by extremists.” Interestingly, “… Joël Calmet (i.e. a doctor with Sanofi Pasteur) said the end of polio will be a “landmark for humankind” because it has created a public health model for vaccination even in the most difficult and challenging places.”

But we ain’t there yet. You might also want to read The end of polio is nearish (Tom Murphy, Humanosphere).

And Bill Gates’ take – at a meeting in Doha this week: “...“with any luck” polio will be eradicated by 2017 in the last two countries where it remains active, Pakistan and Afghanistan.”
NYT – For Polio Vaccines, a Worldwide Switch to New Version


From last weekend. “Starting on Sunday, more than 150 countries and territories will switch to a new oral polio vaccine. It will be the first worldwide vaccine change ever attempted....”

Lancet (Comment) – Yellow fever vaccine supply: a possible solution

TP Monath, David L Heyman; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30195-7/fulltext

Must-read. The authors suggest that “the most expedient approach to increase yellow fever vaccine supply would be to use a lower dose of vaccine to immunise those at risk”, invoking the Emergency Use Assessment and Listing (EUAL) procedure.

MSF Access Campaign – MSF Intervention at WHO Neglected Tropical Diseases Advisory Committee meeting

J Potet; http://www.msfaccess.org/content/msf-intervention-who-neglected-tropical-diseases-advisory-committee-meeting-0#overlay-context=content/terms-conditions

Intervention by J Potet at the WHO Neglected Tropical Diseases Advisory Committee meeting (Wednesday 13 April) : “Dear NTD experts, MSF is pleased that the scientific technical advisory group of the WHO NTD department is considering adopting additional neglected tropical diseases. The current list of 17 diseases needs updating. A few diseases in this list have garnered a lot of support in the recent past from both public institutions and private pharmaceutical companies, which is a great achievement of the global NTD community. However it may be time for some of these diseases to transition out from the status of neglected tropical disease and include them in other existing WHO programmes. Likewise, some of the most neglected diseases found in tropical settings are still excluded from the list of 17 NTDs, and there is a need to set objective criteria to evaluate whether they should be included in the WHO list. MSF believes that it is essential to take into consideration the true level of neglect for each disease ...”

So MSF recommends putting the ‘neglected’ back into NTDs.

Zika

Not exactly ‘neglected’, these days.

For the dedicated Zika section, see below. Here already some key Zika news from this week:

Colombia confirms first two cases of Zika-linked microcephaly (Guardian).

Monday (AP – on a White House Briefing) - US officials: The more we learn about Zika, scarier it is:
"The more researchers learn about the Zika virus, the scarier it appears, federal health officials said Monday as they urged more money for mosquito control and to develop vaccines and treatments. Scientists increasingly believe the Zika virus sweeping through Latin America and the Caribbean causes devastating defects in fetal brains if women become infected during pregnancy. "Everything we look at with this virus seems to be a bit scarier than we initially thought," Dr. Anne Schuchat of the Centers for Disease Control and Prevention said at a White House briefing. And while experts don’t expect widespread outbreaks in the continental U.S., "we absolutely need to be ready," she said. President Barack Obama has sought about $1.9 billion in emergency money to help fight the Zika epidemic internationally and to prepare in case the virus spreads here, but the request has stalled in the GOP-controlled Congress. Last week, the administration said it would use $589 million in funds left over from the Ebola outbreak for some of that work. But that "is not enough for us to get the job done," said Dr. Anthony Fauci of the National Institutes of Health, whose agency hopes to have a possible vaccine ready for first-stage safety testing in early fall. "It’s just a temporary stopgap. ... "

These days, everybody sounds like Laurie Garrett, it seems. But it’s indeed a horrific virus. Check out also Laurie’s own April (global health) newsletter, with plenty of attention on Zika (and the US’ lack of preparation so far). (she also pays some attention to presidential candidates’ global health plans, if any)

Zika Virus Causes Birth Defects, Health Officials Confirm (NYT – CDC officials settle the debate about the connection between Zika infection and microcephaly & other neurological abnormalities). See the NEJM special report.

(NYT) “…The finding is likely to increase pressure on Congress to allocate funds requested by the Obama Administration to combat the epidemic.” And sure enough, on the political front (in the US): “Republican, signaling a shift, says more money needed for Zika fight” (Reuters). Not sure the rest of the GOP’ers will follow, but hey, it’s a start!

Read also: Confirmation that Zika causes microcephaly shifts debate to prevention (Thomson Reuters Foundation news).

But read also this (must-read) political analysis by J S Morrison (CSIS) - The Delayed Battle with Zika, with Hands Tied (from 7 April). He concludes: “…But it is not at all clear how and when it will be possible for the administration to revisit successfully with Congress the need for appropriate and adequate funds that can reach beyond the $589 million in stopgap funds, which are expected to satisfy needs for only a few months. Sadly, given budgetary realities on Capitol Hill, it is likely that no consideration of any long-term Zika funding will be possible until after our national elections in early November.”

As for PAHO, “countries of the Americas urgently need to apply the lessons learned from Ebola, said the Director of the Pan American Health Organization (PAHO), Carissa F. Etienne, during an April 5 briefing for ambassadors and other representatives to the Organization of American States (OAS). Countries must invest the necessary financial and human resources to ensure strong and equitable health systems that can respond effectively to Zika and other future outbreaks.”

Some other excerpts: “I urge you to impress upon your governments that this situation is serious and that an effective response to this epidemic is not the sole responsibility of the national ministries of health alone,” said Etienne. "The whole of government must be involved, including
those ministries responsible for home affairs, water and sanitation, education, social
development, and finance, as well as provincial and local governments. This multi-sectoral
response must include the private sector, community groups, neighborhood associations, schools
and churches. Otherwise, we won't stop this runaway epidemic in its tracks." ... "Etienne also
announced that PAHO and the OAS are working together to create an alliance to coordinate
efforts to advance the new Sustainable Development Goals (SDGs) in the Americas. "A formal
launch is expected soon, as a high-level inter-agency working group has already produced a mapping
document to guide joint action and facilitate cooperation," Etienne noted. Other international
agencies will be invited to join this Inter-American initiative.”

AMR

FT – ‘Systemic’ antibiotics crisis troubles big investors

See also Reuters, Investor group launches campaign to curb antibiotic use in food: “Fifty four large
investors managing 1 trillion pounds ($1.41 trillion) in assets have launched a campaign to curb the
use of antibiotics in the meat and poultry used by ten large U.S. and British restaurant groups.
McDonalds and JD Wetherspoon were among those to receive a March 15 letter from institutions
including Aviva Investors asking them to set a timeline to stop the use of medically important
antibiotics in their supply chains. The other eight approached were Domino's Pizza Group, Brinker
International, Darden Restaurants, Mitchells & Butlers, Restaurant Brands International, Restaurant
Group, The Wendy's Company and Yum! Brands. …”

Coming up: Sixty-ninth World Health Assembly (23-28 May)

With some more added prep docs. Hashtag will be #WHA69.

Among others you already find:

- Report of the Executive Board on its 137th and 138th sessions
- Health in the 2030 Agenda for Sustainable development - report by the Secretariat (must-read!!)

But also documents on promoting the health of migrants, process of election of the next WHO DG
(to commence on 22 April), ...

Meanwhile, for the fans: a comparative chart of appointment procedures for executive heads of
select international organisations (see 1 for 7 billion,), such as WHO, ILO, FAO, UN...
Lancet Global Health (blog) – Getting to universal health coverage: the importance of deep politics

Edward Laws; http://globalhealth.thelancet.com/2016/04/14/getting-universal-health-coverage-importance-deep-politics

Based on a must-read ODI report (March), Political settlements and pathways to universal health coverage. “With the recent ratification of Sustainable Development Goal Target 3.8, universal health coverage (UHC) has consolidated its position atop the global public health agenda. However, as a growing body of technical and political analysis reveals, uncertainties remain over the ability of all countries to achieve UHC, and the pathways they should take to get there. This paper reviews some of the existing political economy analysis (PEA) of UHC, before presenting political settlements analysis (PSA) as an alternative, yet complementary, approach. It outlines a model that links political settlement type to UHC progress via political commitment, policy pathways, funding and governance arrangements, and provides some hypotheses about how fast progress to UHC will be under different political settlement types. It also argues that UHC champions should adapt their ways of working to fit the political settlement, distinguishing between ‘government-supporting’, ‘government-substituting’ and ‘government-connecting’ strategies. It then presents case study evidence from six low- and lower-middle-income countries to help assess these claims. It concludes that, while the evidence of a relationship between political settlement and UHC progress is quite strong, the hypothesis about political settlement type and ways of working requires further research.”

Planetary health

Lancet – Offline: Planetary health—where next?

R Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30196-9/fulltext

Horton differentiates Planetary health from global and public health.

Global health now - Horton to CUGH: Planetary Health is the Solution


There’s only one planet, and Richard Horton is clearly its most talented prophet. Richard in fine shape, in a keynote speech at the Consortium of Universities for Global Health (CUGH) conference in San Francisco.

“With cold logic and inspiring rhetoric, Lancet editor-in-chief Richard Horton warned Consortium of Universities for Global Health conference attendees Saturday that an exclusive focus on improving health will fail. Horton argued instead for “planetary health.” “We have to cross outside of health and think about the relationship between health and other dimensions being defined as sustainability,” Horton said, in a keynote address at the annual CUGH conference, which opened Saturday in San Francisco and attracted more than 1,800 attendees from around the world. In an extended litany, Horton said policymakers and others need to consider not just health, but education,
adolescence, gender, justice, environment, human-caused changes to climate and other dimensions....”

In addition to planetary health, the CUGH conference also focused on the SDGs & implications for academic global health. See for example Health SDGs: Achievable, or Fairy Tales? & Transforming Soul-Searching Into Action. “... In a world awash with violence, humanitarian crises, and public health emergencies, academia needs to be on the frontlines. However, during West Africa’s Ebola outbreak, many shied away from the risk, said Médecins Sans Frontières executive director Jason Cone. He urged universities to do some soul-searching over their response to Ebola. ...”

For more on the CUGH conference in San Francisco, see for example: The CUGHies: 8 Takeaways from CUGH

You might also want to read Bill Gates: Only Socialism Can Save the Climate, ‘The Private Sector is Inept’ - Gates goes Bernie!

Zika

Guardian global development – 'Extremely severe' brain damage found in babies with Zika-linked defect


“Scans have revealed “extremely severe” brain damage in babies born with a birth defect presumed to have been caused by the Zika virus. Doctors in Brazil examined babies born with microcephaly, which causes babies to suffer brain damage and unusually small heads, and found a range of abnormalities. Since last year, Brazil has reported thousands of babies born with the condition, which has been linked to an increasing number of Zika virus infections. The analysis, published in the British Medical Journal on Wednesday, involved 23 babies born in the Brazilian state of Pernambuco between July and December 2015, all but one of whom were born to mothers who had a rash during pregnancy, consistent with a Zika virus infection....”

See also Frightening images show the insidious way Zika appears to attack babies’ brains (Washington Post).

NEJM (Special report) – Zika Virus and Birth Defects — Reviewing the Evidence for Causality

“Zika virus has spread rapidly throughout the Americas over the past year. In this report, CDC authors determine that the evidence level has exceeded the threshold to assign causation between prenatal exposure and microcephaly and to declare Zika virus a teratogen.”

TWN – Genetic control is no answer to Zika (or dengue)


Recommended.

“...But what is more painful to entomologists like myself is the knee-jerk reaction by health authorities -- including the US Food and Drug Administration (FDA) and the Geneva-based World Health Organization (WHO) -- proclaiming genetic modification technologies as a magic wand to control the population of this mosquito species.”

Other bits & pieces:

“WHO has activated the new Contingency Fund for Emergencies and has released USD3.85m for #Zika resp #ReutersZika” (on Twitter)

**Zika virus tested in brain precursor cells:**
“Zika virus preferentially kills developing brain cells, a new study reports. The results offer evidence for how Zika virus may cause brain defects in babies - and specifically microcephaly, a rare birth defect in which the brain fails to grow properly.”

**Zika virus may cause broader range of brain disorders than previously believed**

**Zika virus may now be tied to another brain disease:** “The Zika virus may be associated with an autoimmune disorder that attacks the brain's myelin similar to multiple sclerosis, according to a small study that is being released today and [will] be presented at the American Academy of Neurology's 68th Annual Meeting in Vancouver, Canada, April 15 to 21, 2016.”

**USAID Challenges Innovators to Combat Zika**: “The United States Agency for International Development is calling for global innovators to "get creative" with ideas to combat the escalating threat of Zika virus. The initiative came as the Centers for Disease Control confirmed the virus causes severe brain defects in infants. The "Combatting Zika and Future Threats Grand Challenge," launched Wednesday with plans to invest as much as $30 million in development of successful ideas.”
Global health events

Coming up - the Financing for Development Forum (FfD Forum) (18-20 April)

Global Policy Watch – Mind the Gap – from CSW to FfD


“From 18-20 April, the Financing for Development Forum (FfD Forum) will provide an early test on the commitment and ability of Member States and the UN system to finance the 2030 Agenda for Sustainable Development and address structural obstacles to development. “

See this article for what this should entail for women’s empowerment and the link with the SDGs. Check out among other, five major gender gaps, referred to as the “Gender Lotto”.

Outcome document of the 2016 Ecosoc FfD follow-up – revised draft as of 7 April


Revised draft, which has incorporate comments from member states.

Coming up - Geneva Health Forum (April 19-21 April)

http://ghf2016.g2hp.net/

On innovation. Check out Thomas Schwarz’s tweets.

Global governance of health


From Larry Gostin’s academic assembly line.
Refugee crisis & global humanitarian crisis

AP – U2’s Bono testifies before Congress on the refugee crisis


Bono engaged in some trademark ‘big thinking’ this week. In testimony before a US Senate subcommittee, he urged lawmakers to think of foreign aid as national security instead of charity, and consider a Marshall plan for the Middle East. He also thought it’d be a great idea to use comedy to fight IS – and send comedians like Sacha Baron Cohen. (both aren’t bad ideas; my problem is more with the messenger, a notorious fan of tax havens in Holland & Ireland)

Johns Hopkins Public Health magazine – How can public health stop terrorism?


Pertinent question. No easy answers, though.

BMJ (Feature) – Stop denying migrants their fundamental right to healthcare

http://www.bmj.com/content/353/bmj.i1971

“Europe is experiencing the largest mass migration of people since the second world war, according to estimates from the UN High Commissioner for Refugees. Jonathan M Clarke says that Europe needs to stop making policies driven by fear and start providing care to the people in greatest need.”

WNPR – Medical Breakthroughs Pose Societal Challenges

H Jones; http://wnpr.org/post/medical-breakthroughs-cause-societal-challenges#stream/0

“Discovery in the biomedical sciences is running at a pace that challenges our ability to keep up, financially, ethically, and legally. And thinkers in the field are calling on policy makers to reconsider our response.”

By way of example, last week a Second Chinese team reported gene editing in human embryos (Nature news). The study used CRISPR technology to introduce HIV-resistance mutation into embryos.

In other CRISPR news, have a look at Laurie Garrett’s CFR Expert brief on the topic: “CRISPR: Transformative and Troubling,” about CRISPR-Cas9 and foreign policy.
The Hill – Public health groups call for Congress to reject TPP


“More than 50 public health groups on Tuesday called on Congress to reject a trade agreement between the United States and 11 other Pacific Rim nations because it will block access to affordable medicines. Led by Doctors Without Borders and Oxfam America, the groups wrote a letter to Congress arguing that the Trans-Pacific Partnership (TPP) agreement contains provisions that would undermine public health and in many cases make it more difficult to deliver lifesaving medicines to patients.”

Meanwhile there’s some nice stuff happening about CETA as well in Europa, with both the Walloon region & Roumania probably going to veto it.

The seven topics on Japan’s G7 agenda

John Kirton; http://www.g7g20.com/comment/john-kirton-the-seven-topics-on-japan-s-g7-agenda

“On 31 March 2016, Japan announced the formal agenda for the G7’s Ise-Shima Summit. It consisted of seven general topics: economy and trade, foreign policy, climate change and energy, development, quality infrastructure investment, health and women.”

On health, more specifically: “The specified health agenda consists of emergency response, full life-cycle services, MNCH, non-communicable diseases (NCDs) and ageing, all in support of the ideal of universal health care. This is the most impressive and innovative agenda overall. Emergency response is required in a world where Ebola is not yet dead and Zika is soaring and spreading fast. NCDs are a brand new, badly overdue addition to the agenda, given that cancer, heart and stroke, diabetes, and chronic respiratory disease are the number-one killers of human life – and of balanced budget prospects – in all G7 and all but one G20 members. Here the G7 will be acting in direct support of the UN’s SDG 3 and its dedicated summits on NCDs in 2011 and 2014. There should be space for other key health issues identified earlier by Japan, including anti-microbial resistance and neglected tropical diseases. Under the category of women, Japan innovatively identified the sole issue of improving female education in natural sciences and technology, an initiative where German chancellor Angela Merkel stands as the ultimate G7 role model. There should be space on the agenda to include the broader array of gender issues central to Japan and recent G7 summits, including women in the workplace, women in conflict and the gender dimension of climate change…..”

Meanwhile, on April 14 and 15, the Munich Security Conference (MSC) hosts its first event on the African continent as part of its MSC Core Group Meeting series. “The joint fight against violent extremism, crisis prevention and management in Northern and Eastern Africa, as well as the security risks posed by epidemics and climate change are among the central topics of the two-day event in Addis Ababa.”
CGD (blog) - Congressional Panel Looks to Learn from Ebola

E Collinson et al; http://www.cgdev.org/blog/congressional-panel-looks-learn-ebola

Reporting on the “constructive, bipartisan discussion featured in last week’s (US) Senate Foreign Relations Subcommittee hearing on the West Africa Ebola epidemic” featuring Amanda Glassman and others.

Open Democracy - Re-visioning global governance: constraining the power of MNCs

H Gleckmann; https://www.opendemocracy.net/harris-gleckman/re-visioning-global-governance-constraining-power-of-mncs

“Multinational corporations (MNCs) have eclipsed nation-states in their power and ability to set the international agenda. Four options for controlling corporate dominance over global governance. “

WHO – Discussion paper on how to promote the inclusion of the prevention and control of noncommunicable diseases within other programmatic areas

http://www.who.int/global-coordination-mechanism/working-groups/WHO_Background_paper_on_integration_of_NCDs_Peter_Lamptey_FOR_DISPATCH.pdf?ua=1

Check it out.

UHC

Plos – Building Learning Health Systems to Accelerate Research and Improve Outcomes of Clinical Care in Low- and Middle-Income Countries

M English et al; http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001991

“Mike English and colleagues argue that as efforts are made towards achieving universal health coverage it is also important to build capacity to develop regionally relevant evidence to improve healthcare.”
Resyst (blog) - 2014 National Health Act: Slow Implementation Delays Health Benefits to Nigerians


Over to Nigeria then. “There is no doubt that the 2014 National Health Act (NHAct) is one of the most innovative reforms within the Nigerian health sector; it provides a legal framework for the organization of primary health services and, more importantly, it guarantees every citizen the right to a minimum package of care. Amidst the excitement that heralded the new policy, some health advocates have expressed concerns about the government’s commitment towards its operationalization. Their fears are not unfounded considering the spate of poor implementation of key reforms over the years.”

Planetary health

Euractiv – UN climate chief: Paris Agreement could take effect ahead of schedule


“The UN’s soon-to-depart climate chief has said that the Paris climate change pact agreed last December could come into force two years earlier than the originally planned date of 2020.”

Guardian – World’s scientists to join forces on major 1.5C climate change report


“Scientists from around the world will contribute to a major UN report on how global temperatures can be held to a rise of 1.5C and what the impact might be on sea level rises, the bleaching of corals and biodiversity. The special report, from the Intergovernmental Panel on Climate Change (IPCC), will assess all the available peer-reviewed science along with other special reports on how land and oceans are being affected by climate change. These will look at the melting of ice in polar and mountain regions, as well as the impact of climate change on cities and food supplies. “We now have a roadmap for the next comprehensive assessment which will be published in 2022, in good time for the global stocktake by governments in 2023,” said Hoesung Lee, chair of the panel, in
Nairobi. The 1.5C report was requested by governments meeting at the Paris climate talks in December ...

Read also The UN’s climate science panel must adapt to stay relevant (Climate Home). “We have got used to vast IPCC reports, but in the coming years tailored studies focused on land, cities and the 1.5C warming ceiling may be more useful to policy makers.”

Inside story (Essay) – High pressure for low emissions: how civil society created the Paris climate agreement

http://insidestory.org.au/high-pressure-for-low-emissions-how-civil-society-created-the-paris-climate-agreement

“A coalition of organisations forced the hands of the world’s major polluters, writes Michael Jacobs, and forged a new politics of climate.” On the path towards the Paris Agreement, and civil society’s role in it (with a ‘quadruple alliance’). (recommended)

Infectious diseases & NTDs

Plos - The Future of the RTS,S/AS01 Malaria Vaccine: An Alternative Development Plan

R Gosling: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001994

Roly (not Ryan) Gosling and Lorenz von Seidlein consider a potential future development plan for the RTS,S/AS01 malaria vaccine. They conclude: “In summary, a new tool for malaria control, RTS,S/AS01, is now available. Although its performance is somewhat disappointing in sub-Saharan African children, the vaccine’s short-term efficacy could potentially be used in other regions and other age groups. Global efforts are currently underway to eliminate malaria, with a special focus in Southeast Asian areas with low malaria incidence and high antimalarial drug resistance. Integration of RTS,S/AS01 into elimination strategies may improve the chances of success.”

IPS – Plan for Poorer Countries to Fund HIV Response Raises Concerns

IPS.

“Calls for low and middle income countries to contribute an additional 6.1 billion dollars to the global HIV response by 2020 could see some vulnerable groups left behind, said HIV activists meeting at the United Nations last week. A report recently published by UNAIDS, the Joint United Nations Programme on HIV/AIDS, calls for low and middle income countries to increase their funding
for the global HIV response by 6.1 billion by 2020, versus only an additional 2.8 billion requested from wealthy countries. …”

Global civil society statement of concern on the UN High-Level meeting on ending AIDS

http://www.hops.org.mk/sites/default/files/sliki/global_civil_society_statement_of_concern_on_the_un_high_level_meeting_on_ending_aids_-_31mar2016_0.pdf

“The High Level Meeting on Ending AIDS, being held at the UN in New York in June (8-10 June), will bring UN member states together to agree to a new political declaration on HIV. This declaration must both reaffirm and drive forward the priorities for the future of the AIDS response. However, as civil society organisations and networks from across the globe, we are deeply concerned that the 2016 High Level Meeting is not on track for success to demonstrate the needed political and financial commitment to end AIDS as a public health threat by 2030. Too many governments seem content to deprioritize the global HIV response, despite AIDS remaining one of the world’s leading killers. While there are many important competing priorities outlined in the Sustainable Development Goals, it is critical that the world renews commitment to defeating the AIDS epidemic. If we fail to do so immediately, infection rates and death rates will increase, as will the funding needed to control the epidemic. …” They call on the world to judge the High Level Meeting to be a failure if the Political Declaration does not contain (7) unequivocal commitments by governments.

WHO - WHO issuing updated guidelines for treatment of hepatitis C infection


“In view of the continued rapid progress in the development of new treatments for hepatitis C infection, the World Health Organization (WHO) is issuing updated treatment guidelines. The guidelines promote the transition to newer, more effective medicines that have the potential to cure most persons living with hepatitis C infection.”

Plos Neglected Tropical Diseases - Neglected Tropical Diseases in the Anthropocene: The Cases of Zika, Ebola, and Other Infections

http://www.plos.org/plosntds/article?id=10.1371/journal.pntd.0004648

From Peter Hotez’s academic assembly line. Well worth reading.
Nature (News) – Fears rise over yellow fever’s next move


“Scientists warn vaccine stocks would be overwhelmed in the event of large urban outbreaks.”

Meanwhile, Reuters reported that a Yellow fever outbreak killed 21 already in Congo.

Guardian – UN could have prevented Haiti cholera epidemic with $2,000 health kit – study

http://www.theguardian.com/world/2016/apr/14/haiti-cholera-epidemic-un-prevention

“The devastating Haiti cholera epidemic that has claimed thousands of lives and will cost more than $2bn to eradicate could have been prevented if the United Nations had used a basic health kit for a total of less than $2,000, scientists have found. A team of Yale epidemiologists and lawyers has looked at how the cholera bacterium was introduced to Haiti by United Nations peacekeepers relocated there in the aftermath of its 2010 earthquake. Yale’s startling finding is that simple screening tests costing $2.54 each, combined with preventive antibiotics at less than $1 per peacekeeper, could have avoided one of the worst outbreaks of the deadly disease in modern history.”

NCDs

Economist (Briefing) – The rise of autism: Spectrum shift


“Children in the rich world are far more likely to be diagnosed with autism than in the past. Why is this and what can be done to help them lead fulfilling lives?”

See also the Leader in the Economist: Dealing with autism: Beautiful minds, wasted. How not to squander the potential of autistic people.”
Medium – Demand for mental health services surges in Liberia and Sierra Leone


“...Ebola also has deeply affected people’s mental health. When national statistics are available, the countries’ mental health experts expect that they will show that many, many thousands of people in Liberia and Sierra Leone need mental health treatment after surviving Ebola, losing relatives and friends to Ebola, helping the victims of Ebola, or simply living in the countries during this traumatic time....”

Global Health Promotion - The role of family in non-communicable disease prevention in Sub-Saharan Africa

R Belue: http://ped.sagepub.com/content/early/2016/03/31/1757975915614190.full

“Non-communicable diseases (NCDs), including cardiovascular disease risk factors such as diabetes (DM) and hypertension (HTN), are becoming an increasing burden in Sub-Saharan Africa (SSA); by 2030, NCDs are expected to eclipse communicable diseases as the leading causes of death. DM and HTN require daily management to prevent stroke, myocardial infarction, or other complications including kidney failure. In SSA, the concept of family is critical for DM and HTN management behaviors such as adhering to medications and possessing the ability to purchase related goods. Many management behaviors also serve as primary prevention for DM and HTN. For example, including family in primary and secondary prevention strategies for NCDs in SSA may enhance existing interventions by exposing the whole family to positive NCD management methods and reinforcing better NCD outcomes for family members with NCDs. Furthermore, family inclusion may encourage preventive behaviors and, as a result, increase primary prevention of NCDs among other family members.”

Plos Translational global health - Our Global Food Challenges: The Decade to Act


From Alessandro Demaio.
Lancet (Comment) – Acute kidney disease and the community


Comment on a new Lancet study.

Sexual & Reproductive / maternal, neonatal & child health

Guardian – Acute kidney disease and the community


A UK-led campaign against sexual violence in war risks collapsing without the personal leadership of the former foreign secretary William Hague, a parliamentary report has found.

Oxfam (report) - Women and the 1%: How extreme economic inequality and gender inequality must be tackled together


« Recent decades have seen a dramatic rise in extreme economic inequality. Those at the top of the income scale have received a disproportionate share of the gains of global growth. This risks further entrenching gender inequality and funneling the gains from women’s labour to those already at the top. Too often women are in low paid, insecure work, carrying out the majority of unpaid care work without access to public services, made worse by the same processes driving extreme economic inequality. This paper sets out why efforts to tackle economic and gender inequality must go hand in hand. Drawing on research from around the world and the experiences of women in developing countries, it presents recommendations for governments and corporations to address the obstacles to full economic equality women still face. »
NYT – U.N. Reports Growing Inequality Among Children in Rich Nations


“The wealthiest nations are failing the most disadvantaged of their children, the United Nations reported Wednesday in a study that showed widening disparities even between the middle and lowest household income levels. The study, published by the United Nations Children’s Fund, or Unicef, focused not on the gap between the richest and poorest segments of societies but rather on the widening disparities between children at the bottom and their peers in the middle.”

Access to medicines

IP-Watch – WIPO Scrutinised For Development Dimension, Involvement In UN Panel On Medicines


Worth reading.

TWN


“The Drugs for Neglected Diseases initiative (DNDi) and the Egyptian drug manufacturer Pharco Pharmaceuticals have signed agreements covering the clinical testing and scale-up of a hepatitis C treatment regimen at a price of just under $300.”

Miscellaneous

Dani Rodrik – A Progressive Logic of Trade

https://www.project-syndicate.org/commentary/progressive-trade-logic-by-dani-rodrik-2016-04
Always more than worth reading. “Progressives should not buy into a false and counter-productive narrative that sets the interests of the global poor against the interests of rich countries’ lower and middle classes. With sufficient institutional imagination, the global trade regime can be reformed to the benefit of both.”

Guardian – Africa's great opportunity for reform

Kevin Watkins (ODI); http://www.theguardian.com/business/economics-blog/2016/apr/10/africas-great-opportunity-for-reform-education-trade

“Fixing Africa’s failing education systems should be seen as a top economic policy priority.”

IMF – Demographic Upheaval

David Bloom; http://www.imf.org/external/pubs/ft/fandd/2016/03/bloom.htm

“The world will struggle with population growth, aging, migration, and urbanization.”

Functions and Impact of the UN Development System


ODI (report) – Women & power: Overcoming barriers to leadership and influence


Check it out.
Research

HP&P – Using systematized tacit knowledge to prioritize implementation challenges in existing maternal health programs: implications for the post MDG era

Victor Becerril-Montekio et al;
http://heapol.oxfordjournals.org/content/early/2016/04/09/heapol.czw033.short?rss=1

“Strategic priority setting and implementation of strategies to reduce maternal mortality are key to the post Millennium Development Goal (MDG) 2015 agenda. This article highlights the feasibility and the advantages of using a systematized tacit knowledge approach, using data from maternal health program personnel, to identify local challenges to implementing policies and programs to inform the post MDG era. Communities of practice, conceived as groups of people sharing professional interests, experiences and knowledge, were formed with diverse health personnel implementing maternal health programs in Mexico and Nicaragua....”

Health Research Policy & systems - Analysing key influences over actors’ use of evidence in developing policies and strategies in Nigeria: a retrospective study of the Integrated Maternal Newborn and Child Health strategy

Chinyere O. Mbachu, Obinna Onwujekwe, Ifeanyi Chikezie, Nkoli Ezumah, Mahua Das and Benjamin S. C. Uzochukwu;

“A retrospective study was carried out at the national level in Nigeria using a case-study approach to examine the Nigerian Integrated Maternal Newborn and Child Health (IMNCH) strategy. Two frameworks were used for conceptualization and data analysis, namely (1) to analyse the role of evidence in policymaking and (2) the policy triangle. They were used to explore the key contextual and participatory influences on choice of evidence in developing the IMNCH strategy. ...”

HPSR – Strengthening post-graduate educational capacity for health policy and systems research and analysis: the strategy of the Consortium for Health Policy and Systems Analysis in Africa

“The last 5–10 years have seen significant international momentum build around the field of health policy and systems research and analysis (HPSR + A). Strengthening post-graduate teaching is seen as central to the further development of this field in low- and middle-income countries. However, thus far, there has been little reflection on and documentation of what is taught in this field, how teaching is carried out, educators’ challenges and what future teaching might look like. Contributing to such reflection and documentation, this paper reports on a situation analysis and inventory of HPSR + A post-graduate teaching conducted among the 11 African and European partners of the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA), a capacity development collaboration. …”

**BMC Health Services research - Drivers of improved health sector performance in Rwanda: a qualitative view from within**


The conclusion of this study: “...It is the comprehensiveness and combination of interventions that drive performance in Rwanda, rather than a single health systems strengthening intervention or a set of interventions that target a specific disease. There is need for policy makers and scholars to acknowledge the complexity of health systems, and the fact that they are dynamic and influenced by society’s fabric, including the overall culture of performance management in the public sector. Rwanda’s robust model is difficult to replicate and fast-tracking elsewhere in the world of some of the interventions that form part of its success will require a holistic approach.”

**HHR – The Paradox of Happiness: Health and Human Rights in the Kingdom of Bhutan**


“The Kingdom of Bhutan is seeking to progressively realize the human right to health without addressing the cross-cutting human rights principles essential to a rights-based approach to health....”