IHP news 367: Lancet Commission on Adolescent health & wellbeing

(13 May 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,

It’s Eurovision week here in Europe – in its 61st year running, the Eurovision song contest owns the distinctive position as being the longest-running international TV song competition. The party mood feels a bit weird this year, given Europe’s current status as (an almost) “failed continent”. Still, the very sparkly show must go on, even if its popularity and fanatic following baffles me. Justin Timberlake opens this year - a far sexier man than the average global health bloke, as some of you know. He dances way better too.

Moving on to the newsletter, it’s week-II on IHP and the joys and pains of producing a newsletter are just dawning on me. This brings back memories of tight production schedules as a writer for a magazine six years ago. Of course, as a public health researcher, you’re never too far away from an impending deadline, and the subsequent, last-minute flow of creative juices. Nothing like a deadline to open up the creative chakras.

Meanwhile, wildfires rage in Alberta, Canada and in parts of the Himalayas in India – not sure you heard of the latter. Blatant reminders of the threat of climate change – a threat to the environment, and also for the health of populations. The first anti-corruption summit, hosted by David Cameron (yeah, I know, sounds funny) got quite some attention this week, and raised eyebrows for not inviting Fifa, Panama or the British Virgin Islands. Closer to home are some major health events coming up next week, with Women Deliver, opening in Copenhagen on the 16th of this month (Perhaps Justin should hop across to open the conference too). Meanwhile, in Geneva and elsewhere, preparations for the forthcoming (69th) World Health Assembly are in full swing now. We hear Jamie Oliver, celebrity chef, will attend this year’s Assembly to promote nutrition. Maybe he’ll go for some WHO reform in the Geneva kitchen as well.

This week, the Lancet commission on adolescent health and wellbeing reiterated the need for improved mental health services, injury prevention mechanisms, HIV/AIDS services and support to prevent and tackle substance abuse - for healthy youth. Banking on the demographic dividend needs substantial, urgent investments. Anyway, it’s clear that adolescent health is moving up further on the global health agenda.

Media on the International Day of Nurses feel more muted than Mother’s day, with the International Day of Midwives having passed by almost silently last week. Perhaps Hallmark can help celebrate these indispensable categories of health workers?

Last but not least, if the wildfires and tinsel weren’t enough, this week brought news of a PwC receptionist being sent home for not wearing high heels; we have a long way to go before equality of the sexes is even close to being reality (Next time we just ask Justin to dance barefoot or bare chested 😊).
Is profit controlling science? Or is this yet another core feature of neoliberalism?

Jeroen De Man (ITM)

This editorial addresses two of my current frustrations: the relentless addiction to profit-making and science’s dependence on it. There is nothing wrong in earning an income, but my sense of unease starts when profit-making becomes an end in itself. I have a hard time understanding our faith in the religion of brazen profit making which can have huge repercussions on equity and social cohesion. In this piece I will explore my unease with irrational profit making within the context of access to information – focusing specifically the business of scientific publishing.

Research is often funded by taxpayers. Scientists dedicate time and huge effort to conduct research and generate knowledge. This knowledge is usually published in academic, peer reviewed journals. Many of which, painfully enough, are run by often exploitative commercial publishers.

Publishing in academic journals is a business. An academic journal employs people, develops and sells a product, much like any other business. However, profit margins of commercial scientific publishers reach on average 35% and are fairly stable. The issue arises when company shareholders are prioritized instead of those who have carried out the research or invested in it or even want to read the research. And among all these, my big frustration is that for-profit publishers not only reap the benefits of scientists’ work and taxpayers’ money, but they also put their work behind paywalls thereby limiting their readers to those who can afford to purchase articles, or have institutional access to these journals.

So what is the benefit of trading a unique commodity? In the case of academic writing, published articles are usually unique in their content – giving publishers a monopoly over their content. Do such monopolies increase efficiency? In the case of publishing, the opposite seems to be the case. The “true cost” of publishing (profit not included) is significantly lower for open access compared to subscription journals.

Indeed it can limit access to information and knowledge for a wider audience; this has tremendous consequences for the progress of science and global equity. Is it fair to make knowledge only available for the ones who are able and willing to pay a high price for it? Rising costs of such journals mean even the most prestigious universities in the West are not able to keep up, increasingly.

I believe equal access to information is one of the cornerstones to enhance global equity. Is access to up-to-date evidence not critical from a right to health perspective? Many scientists are aware of the problem, but count on the mobilization of more influential actors to take action against the rising costs of accessing scientific publications. Some even hope publishers change their fee structures – but both avenues have been met with limited results.

So what will it take to bring about change in how scientific papers are published and accessed in the future? As consumers and producers, scientists have an underutilized voice and authority to
influence the nature of academic publishing – especially in the interest of access to information. However, for many scientists such a move might be in conflict with the desire for the status and recognition that comes from having publications in journals ranked by their impact factor.

Currently, we are witnessing an important change in the way in which people access and share information and more is to come. The open science movement is flourishing. Open access journals are gaining popularity, and even the trend of open data is successfully emerging. I believe, in the near future, modern science will not appear in the form of finished products developed by and accessible to mainly western scientists, but rather, it will change into a global open source dynamic and interactive system.

There are, of course, valid concerns on the quality and reliability of open source publications and data, but if managed well, examples show that open access can often produce very positive and effective results. For example, \( R \) – a software for statistical computing and graphics – is now a powerful and reliable statistical software. Wikipedia reached a similar or better accuracy than any traditional encyclopedia.

Of course, not everything about open access is positive; take for instance the problematic activities of predatory open access journals which make money from fees for publication while delivering an extremely poor quality of publications.

Coming back to the role of scientists in the way in which the academic publishing industry functions, we notice some scientists challenge the rising costs of journals by scientists. Recently, 2600 scientists signed a petition, at a collective “cost of knowledge movement” to not publish in Elsevier’s journals, nor undertake any refere or editing work for the company. In a more unconventional step, Alexandra Elbakyan, a 27 year old neuroscientist from Kazakhstan, made her point on the need for open access clear with her (by now notorious) site, Sci-hub. Through her ‘disruptive’ website, Alexandra is making millions of papers accessible to millions of people. This is of course an ethically gray area and has the legal implications of copyright infringement among other issues. She is also risking financial ruin, extradition, and imprisonment, especially after she got sued by Elsevier. Unlawful or not, her site is now quickly growing in popularity and has a fair shot at changing the methodology of ‘global science’.

For the moment though, one can imagine the impact Western scientists could have if they would unite to make science more accessible. Such a movement would strongly contribute to progress in science and global equity. A collective movement of scientists can have an impact on the high costs of access to information, and create an environment where information is accessible to all. Are we as global scientists proactive enough to fight for such a global cause or does this issue go to the very core of neoliberalism, more specifically in 21st century academic environments?
Highlights of the week

IJHPM – Of Politicians and Technocrats, and Why Global Health Scholars Are Inevitably a Bit of Both: A Response to Recent Commentaries

Gorik Ooms: http://www.ijhpm.com/article_3201_0.html

We miss him over here. Gorik Ooms’ latest contribution to the field, a response to recent commentaries on “Navigating Between Stealth Advocacy and Unconscious Dogmatism: The Challenge of Researching the Norms, Politics and Power of Global Health”. Warmly recommended!

(PS: Gorik, as much as we love this particular journal, we think it’s time you now spread the word also on Project Syndicate & similar global mass media!)

Lancet – Our future: a Lancet commission on adolescent health and wellbeing


“The largest generation of adolescents and young people in human history (1.8 billion) demands more attention and action. Adolescents and young adults face unprecedented social, economic, and cultural change. This new Lancet Commission argues that there are both current threats, if inaction continues, but also tremendous unrealised opportunities not only for the health and wellbeing of young people themselves but also for the future of society and future generations. The most powerful actions for adolescent health and wellbeing are intersectoral, multilevel, and multicomponent and engage and empower young people themselves to be part of change and accountability mechanisms. In addition to this groundbreaking Commission, The Lancet is also launching a campaign to continue dialogue around this critical topic. …”

Many great Comments besides the commission itself.

Make sure to read “Adolescent health and wellbeing: a key to a sustainable future” first (by S Kleinert & R Horton). Some great info on the rise of adolescent health on the global health agenda & key messages of the Commission. “…The Lancet Commission on adolescent health and wellbeing highlights this triple dividend. The Commission's central argument is that we have a unique opportunity to focus on this previously neglected age group in a way that is beneficial for adolescents, for society, and perhaps even for the health of our planet.” “…The biggest opportunity during the next 15 years and beyond is to make adolescents the human face of the SDGs…”
Or as Ban Ki Moon says in another Comment, “Young people are the world’s greatest untapped resource. Adolescents can be a key driving force in building a future of dignity for all. If we can make a positive difference in the lives of 10-year-old girls and boys today, and expand their opportunities and capabilities over the next 15 years, we can ensure the success of the SDGs. For me, the acronym “SDG” also stands for “Sustainable Development Generation”, and sustainability means engaging future generations today. The UN is strongly committed to working with all partners so that we can realise the full promise of the 2030 Agenda—and so that all adolescents can realise their full potential.”

You might also want to read, Anthony Costello (WHO)'s Commentary, “The time is right to invest in adolescents”. As he emphasizes, adolescents are now central to the 2015-2030 “Global Strategy for Women’s, Children’s and Adolescents’ Health”.

**Women Deliver – Coming up in Copenhagen (16-19 May)**

http://wd2016.org/programs/

The Fourth Global Conference Women Deliver is coming up in less than a week. One of the biggies on the rights and health of women and girls (over 5,000 attendees), the action packed program dives straight into the issue of implementation of the SDGs. Make sure to follow the conversation using #WD2016 on Twitter and watch this space for related news!

**FT – Progress on maternal mortality hindered by ‘funding mismatch’**

Andrew Jack; https://next.ft.com/content/d2da0442-15c8-11e6-b197-a4af20d5575e

From earlier this week, looking ahead to Copenhagen, this is an easily digestible piece reminding us of the mismatched priorities and funding to facilitate improvements in maternal and child health; time now to look beyond the traditional pathways to improve MCH?

**CFR – Why the Women Deliver Conference Matters**

D Ligiero; http://blogs.cfr.org/women-around-the-world/2016/05/10/why-the-women-deliver-conference-matters/

A blog on the relevance of large conferences such as the forthcoming Women Deliver conference. Reminds us why such large gatherings of academia, civil society and policy makers are still relevant and needed to achieve health and development goals. Among others for this reason: “Women Deliver is not a conference about Goal Five (the stand-alone gender equality goal). Like the SDGs, it is dedicated to putting people at the center—in this case girls and women—to drive progress across all the goals. A key lesson from implementing the eight MDGs is the need to move beyond operating in silos, or focusing exclusively on a single goal, while ignoring the relationships across goals. Implementing seventeen different agendas at once will be much more challenging and inefficient than doing so for eight. Women Deliver started as a conference focused on maternal health, but has smartly evolved. This year, in addition to sexual and reproductive health issues, there will also be a focus on economic empowerment, violence, education, and climate—and how all of these connect.”
CGD notes - Can Access to Contraception Deliver for Women’s Economic Empowerment? What We Know – and What We Must Learn

R Silverman et al; http://www.cgdev.org/publication/can-access-contraception-deliver-women%E2%80%99s-economic-empowerment-what-we-know

One example: A must-read note elaborating on the relationship or connection between women’s reproductive rights and their economic power, and ability to make more informed, strategic decisions on their labor marker participation. The impact of this extends to a wider, longer term social impact.

Journal of Social Aspects of HIV/AIDS - Public enemy no. 1’: Tobacco industry funding for the AIDS response


“This article analyzes the history of tobacco industry funding for the AIDS response – a largely ignored aspect of private donor involvement. ....Two examples illustrate how tobacco companies initially tried to use the AIDS response to counter tobacco control measures: (1) During the 1990s, Philip Morris, one of the largest corporate donors of the AIDS response in the USA, used its connections with AIDS organizations to create competition for health resources, improve its reputation, and market tobacco products to the LGBT community; (2) In both Latin America and sub-Saharan Africa, Philip Morris and British American Tobacco championed the AIDS response in order to delegitimize efforts to develop the World Health Organization’s Framework Convention on Tobacco Control. However, from the late 1990s onwards, AIDS organizations began to refuse tobacco funding and partnerships – though these policies have been not comprehensive, as many tobacco companies still fund programs in sub-Saharan Africa. The article concludes that tobacco companies aimed to exploit competition between health issues, and use the high-profile AIDS response to improve their reputation and market access. However, AIDS organizations, adhering to broader health goals and drawing on extensive resources and networks, were able to shut the tobacco industry out of much of the response, though pockets of influence still exist. ....” (Coverage in Scidev.net)

Lancet – Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends

G Sedgh et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract

This new research got a lot of attention this week in worldwide media. Could the lack of access to safe, affordable and available contraception be the reason behind the stark decline in abortion rates in developed countries, but not in the abortion rates in developing countries since 1990? As the authors interpret their findings, “Abortion rates have declined significantly since 1990 in the developed world but not in the developing world. Ensuring access to sexual and reproductive health care could help millions of women avoid unintended pregnancies and ensure access to safe abortion.”
Read also the related Lancet Comment by D G Foster, *Unmet need for abortion and woman-centered contraceptive care*.

Coverage for example in *The Washington Post*.

**Lancet – Offline: The future for women's and children's health**


Must-read! “The opportunity is extraordinary. In 2013, Dean Jamison launched our Commission on Investing in Health. He concluded that the present state of knowledge enabled us to claim that it was now possible to end preventable mortality among women and children within a generation. ….”

Horton goes on to describe some more MCH global agenda highlights of the last few years, but then elaborates on the big “but”: “An uncomfortable truth is that the much vaunted Global Strategy for Women’s, Children’s, and Adolescents’ Health is failing (and will continue to fail) unless the humanitarian predicament faced by women and children is made an over-riding priority. Women and children are dying needlessly because the institutions of global health refuse to speak out about, let alone address, weak governance, political instability, and violence. … “the approach taken by the global community'WHO, UNICEF, the World Bank, and even the specific initiatives dedicated to women’s and children’s (and now adolescent) health’ has utterly failed to address this one critical weakness in their work. It is a fact largely ignored that 60% of preventable maternal deaths and 53% of newborn and under-5 deaths now take place in zones of conflict and displacement. …”

Very timely viewpoint, just before the World Humanitarian Summit.

**Zika**

We have a separate Zika section below. Here we already flag:


This piece got global attention too – for obvious reasons. Recommended reading. “Simply put, Zika infection is more dangerous, and Brazil’s outbreak more extensive, than scientists reckoned a short
time ago. Which leads to a bitter truth: the 2016 Olympic and Paralympic Games must be postponed, moved, or both, as a precautionary concession. There are five reasons: ...

In related news, read also:

Olympics 2016: IOC insists Games will go ahead despite Zika (BBC news)

W.H.O.’s Zika Guidelines Don’t Include Delaying Olympics (NYT): “The World Health Organization on Thursday urged athletes and travelers planning to attend the Olympics in Brazil, the epicenter of the Zika epidemic, to take a series of steps to guard against infection, but the agency made it clear that it was not calling for the Summer Games in August to be canceled or postponed....”

Lancet Infectious Diseases (Editorial) - Zika virus at the games: is it safe?
http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(16)30069-X/fulltext

Recommended. The piece concludes: “...unless new data emerge before August, we can say that compared with the risks usually associated with travel, such as gastrointestinal infections (...), traffic accidents, and falls, Zika virus represents a minimal threat to games visitors.”

UN News Centre - U.N. launches multi-partner trust fund for Zika virus response

News from late last week already. Ban Ki-moon announced “the establishment of the UN Zika Response Multi-Partner Trust Fund (MPTF) to finance critical unfunded priorities in the response to the Zika outbreak. The Fund, which aims to provide a rapid, flexible and accountable platform to support a coordinated response from the UN system and partners, will directly support the Zika Strategic Response Framework, developed by the World Health Organization (WHO) in consultation with UN agencies, partners and international epidemiological experts....” For more info on the Trust fund, see here.

Global Fund update

GF news – Canada to Host Global Fund Replenishment

Clearly the main GF related news of the week. “The Prime Minister of Canada, Justin Trudeau, announced today that Canada will host the Fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Montréal, Québec, on 16 September 2016. The Prime Minister also announced that Canada is pledging CAD785 million to the Global Fund for the next
three years, a 20 per cent increase from its previous pledge three years ago. ….” See also The Global Fund Observer on this news.

New GFO issue

http://www.aidspan.org/gfo_article/oig-audit-identifies-major-deficiencies-implementation-grants-nigeria

A lot of interesting reads in the new issue. Among others we recommend:

**New Strategy calls for increased resources and a broadening of the donor base**

If we want to end HIV, TB, and malaria, we need to do more to reduce human rights barriers A commentary by Ralf Jürgens.

**Social Science & Medicine – Understanding global health and development partnerships: Perspectives from African and global health system professionals**


Must-read. “Partnership is a key idea in current debates about global health and development assistance, yet little is known about what partnership means to those who are responsible for operationalising it or how it is experienced in practice. This is particularly the case in the context of African health systems. This paper explores how health professionals working in global health hubs and the health systems of South Africa, Tanzania and Zambia understand and experience partnership. … the paper makes four key arguments. First, partnership has a legitimating function in global health policy processes for international development institutions, government agencies and civil society organisations alike. Second, the practice of partnership generates idiosyncratic and complicated relationships that health professionals have to manage and navigate, often informally. Third, partnership is shaped by historical legacies, critical events, and independent consultants. Fourth, despite being an accepted part of global health policy, there is little shared understanding of what good partnership is meant to include or resemble in practice. Knowing more about the specific socio-cultural and political dynamics of partnership in different health system contexts is critical to equip health professionals with the skills to build the informal relations that are essential to effective partnership engagement.”

**SG General report – On the fast-track to ending the AIDS epidemic – report of the UN SG for the High-Level Meeting on ending AIDS**

http://sgreport.unaids.org/
(from late last week) - Ban Ki Moon’s report for the High-level meeting on ending AIDS. From 8 to 10 June, United Nations Member States will convene at a High-Level Meeting on Ending AIDS in New York to agree on a new Political Declaration on Ending AIDS to accelerate action and end the AIDS epidemic as a public health threat by 2030. Check out UN News Centre for some quick info on the report. “A new report released by United Nations Secretary-General Ban Ki-moon warns that the AIDS epidemic could be prolonged indefinitely if urgent action is not implemented within the next five years. On the Fast-Track to end the AIDS epidemic reveals that the extraordinary acceleration of progress made over the past 15 years could be lost and urges all partners to concentrate their efforts to increase and front-load investments to ensure that the global AIDS epidemic is ended as a public health threat by 2030. “The AIDS response has delivered more than results. It has delivered the aspiration and the practical foundation to end the epidemic by 2030,” said Mr. Ban in the report. “But if we accept the status quo unchanged, the epidemic will rebound in several low- and middle-income countries. Our tremendous investment, and the world’s most inspiring movement for the right to health, will have been in vain. ....”

See Reuters for coverage.

Breastfeeding & formula

WHO/UNICEF/IBFAN (report) – Laws to protect breastfeeding inadequate in most countries


This recent report analyzed laws on breastfeeding in a 194 countries.

“135 have some legal measures on the International Code of Marketing of Breast-Milk Substitutes and subsequent resolutions (adopted by the WHA). This is up from 103 countries in 2011, when the last WHO analysis was done. Only 39 countries have laws that enact all provisions of the Code, however, a slight increase from 37 in 2011.”

As a reminder, “The Code calls on countries to protect breastfeeding by stopping the inappropriate marketing of breast-milk substitutes (including infant formula), feeding bottles and teats. It also aims to and ensure breast-milk substitutes are used safely when they are necessary. It bans all forms of promotion of substitutes, including advertising, gifts to health workers and distribution of free samples. In addition, labels cannot make nutritional and health claims or include images that idealize infant formula. They must include clear instructions on how to use the product and carry messages about the superiority of breastfeeding over formula and the risks of not breastfeeding.”

Also see: http://www.babymilkaction.org/archives/9488

PLOS Blogs: Is an unprecedented infant feeding transition underway?

Phil Baker: http://blogs.plos.org/globalhealth/2016/05/is-an-unprecedented-infant-feeding-transition-underway/

A summary on the key findings and implications of research on the global trends and patterns in
“commercial milk-based formula sales” by Dr Phil Baker of the Australian National University. His team’s research, published in Public Health Nutrition, shows that global milk-based formula sales are booming: … Feeding choices, he argues, are shaped by transformations to wider social, economic and political systems associated with commercial globalization and capitalism.

International Nurses Day – 12 May


“International Nurses Day is celebrated around the world every May 12, the anniversary of Florence Nightingale’s birth. The International Council of Nurses commemorates this important day each year with the production and distribution of the International Nurses’ Day (IND) Kit. The IND Kit 2016 contains educational and public information materials, for use by nurses everywhere. The IND theme for 2016 is: Nurses: A Force for Change: Improving health systems’ resilience.

(As for me, I have a very simple suggestion. It’s time to invite nurses (many!) to all these fancy High-Level Breakfasts at global health meetings & fora. Every panel should have (beyond the obligatory Tim Evans & other fixtures) two nurses. It’s more than time that nurses’ concerns and workload get the priority they deserve. Their ‘resilience’ also has limits.)

Anti-corruption summit in London

As Simon Jenkins remarked in his piece Fantastically crony-capitalist: that’ll be Cameron-land, “A British world corruption conference is a bit like the selection of Libya in 2003 to chair the UN Commission on Human Rights.” Still, the summit took place. Ahead of the meeting, hundreds of economists called for the end of tax havens. And there were some interesting reads both before and (analyses) after the summit. Check out:

Before the summit:

Corruption can no longer be dismissed as a developing world problem (Guardian – A Chakraborrty - recommended)

Charles Kenny & Owen Barder (CGD): What We’d Like to Happen at the UK Government’s Anti-Corruption Summit (must-read)

In related news, Duncan Green (Oxfam) reviewed Charles Kenny’s book, see Should aid fight corruption? New book questions logic behind this week’s anti-corruption summit.

J Sachs (Guardian) To end corruption, start with the US and UK. They allow it in broad daylight
After the summit:

Tax Justice Network: recommended analysis: Anti-corruption summit: UK climbdown, but momentum grows. “The UK government has failed to deliver a decisive blow against financial secrecy at its Anti-Corruption Summit. David Cameron failed to convince or compel leaders of British overseas territories and crown dependencies to end their hidden ownership vehicles, despite having called for such a move for more than a year. But despite this climbdown, it’s clear that momentum is growing for the key transparency measures that will ultimately curtail global corruption. About that climbdown though, let’s be crystal clear what happened: the UK has decided, explicitly, in an Anti-Corruption Summit in the wake of the extraordinary Panama Papers revelations, not to hold its Overseas Territories and Crown Dependencies to a standard that Afghanistan, Kenya and Nigeria just met. Let’s hear no more about corruption as a developing country problem. …”

World Humanitarian Summit – coming up soon (23-24 May)

The debate around the World Humanitarian Summit (Istanbul) doesn’t stop. If you read one piece around the WHS’s use, let it be this one:

Social Europe - The World Humanitarian Summit: A Fig Leaf That Covers State Crimes In Turkey And Beyond


Stunning piece (and a must-read). With two main criticisms: “Humanitarian Crises Framed With A Corporate Rhetoric” & “A Humanitarian Summit Hosted By Turkey Is An Oxymoron”.

But we also recommend:

Marc Du Bois (ex-MSF) in the Guardian - Don’t blur the lines between development and humanitarian work “This month’s World Humanitarian Summit presents an opportunity to reform the humanitarian system, but the idea of merging with development is flawed”.

Devex - Is there a leadership gap in humanitarian relief? (with quotes from David Miliband & Izumi Nakamitsu ).

Denis Fitzgerald (UN Tribune) - UN & MSF at odds over future of humanitarian work.

As for a reminder of WHO’s agenda at the WHS, see http://who.int/hac/events/worldhumanitariansummit/en/
And oh yes, Putin is one of the many leaders who declined a WHS invitation (See Irin news)

Other humanitarian news

The Guardian on a new report: “...The figures from the Norwegian Refugee Council’s Internal Displacement Monitoring Centre (IDMC) show that, by 2015, the number of people internally displaced by conflict – 40.8 million – was double the total number of refugees.”

Humanosphere: Kenya’s abrupt closure of refugee camps could leave hundreds of thousands at risk
Earlier this week, “Kenya announced that closing the world’s largest refugee camp is the best way to deal with the nearly half a million refugees living in the country. Many of the people who have lived in the country for more than a decade – including tens of thousands of children who have only known the camp as home – will suddenly be homeless. Human rights groups and the U.N. immediately criticized the plan and urged the Kenyan government to reverse its decision....”

UNHCR called on the Government of Kenya “to reconsider its decision and to avoid taking any action that might be at odds with its international obligations towards people needing sanctuary from danger and persecution”.

UN SG report

“The UN General Assembly requested Secretary-General Ban Ki-moon to prepare a report with recommendations on addressing large movements of refugees and migrants. The Secretary-General issued his report 'In Safety and Dignity: Addressing Large Movements of Refugees and Migrants' on 9 May 2016. The report focuses on three interdependent pillars. It calls for a new comprehensive framework and makes recommendations to address issues of common concern, including the causes of such movements, protecting those who are compelled to undertake such journeys and preventing discrimination and xenophobia frequently encountered.”

The Hindu - Gilead gets patent for Hepatitis C drug Solvadi

http://www.thehindu.com/news/national/article8577060.ece
In a major blow to the access to medicines movement in India, the Controller General of Patents, Designs and Trademark granted American pharmaceutical company Gilead Sciences the patent for the blockbuster Hepatitis C drug Sofosbuvir (brand name Sovaldi) in India. An application for the same was rejected a year ago in January 2015; the decision is seen as a recent example of the decreasing autonomy of the patent office, with future repercussions for the Indian generic medicine industry, as well as access to generic medicines for people in many countries which rely on affordable Indian generics.
WHO – Air pollution levels rising in many of the world’s poorest cities


Based on a new WHO report. “More than 80% of people living in urban areas that monitor air pollution are exposed to air quality levels that exceed WHO limits. While all regions of the world are affected, populations in low-income cities are the most impacted. According to the latest urban air quality database, 98% of cities in low- and middle-income countries with more than 100 000 inhabitants do not meet WHO air quality guidelines. However, in high-income countries, that percentage decreases to 56%…”

Excellent coverage in The Guardian (by John Vidal) see:

Air pollution rising at an ‘alarming rate’ in world’s cities
Air pollution health timebomb poses a major threat to development

69th World Health Assembly coming up in Geneva

http://www.who.int/mediacentre/events/2016/wha69/en/

You find all documents (including some new ones like ‘WHO response in severe, large scale emergencies. Secretariat report’, provisional agenda, …) here.

As for the PHM’s comments on WHA agenda items, see here.

For all WHO info & documentation on the Election Process for the (next) WHO Director-General (April 2016–May 2017), including a fancy election timeline, see here.

On the latter issue, we also recommend a nice piece on the Monkey Cage (by Joshua Bushby, Karen Grepin et al): “the WHO is electing a new leader: here is what you need to know”. “We recently edited a Global Health Governance special issue on the Ebola crisis — and believe 2017 will be pivotal for the WHO and global health governance.” Features also some other possible names (than the ones already known in the contest): “… and Awa Coll Seck, former Senegalese minister of health and executive director of the Roll Back Malaria Partnership. Others with both expertise and credibility include Agnes Binagwaho, Rwanda’s minister of health; and Graça Machel, chair of the Partnership for Maternal, Newborn and Child Health, and a past chair of the GAVI Alliance Board.”

Yellow fever

JAMA –A Yellow Fever Epidemic: A New Global Health Emergency?
A key paragraph: “The WHO has responded much more quickly to this yellow fever epidemic than with either the Ebola virus or even the Zika virus. The WHO's director-general traveled to Angola in early April, working with international partners to roll out a mass yellow fever vaccination campaign—expressing the concern that “the whole world could be at risk” of a yellow fever epidemic. Global health advocates should not have to call for convening an emergency committee for each new international health threat. Instead, the WHO should establish a standing emergency committee to meet regularly to advise the director-general whether to declare an emergency, take necessary steps to avert a crisis, or both. The complexities and apparent increased frequency of emerging infectious disease threats, and the catastrophic consequences of delays in the international response, make it no longer tenable to place the sole responsibility and authority with the WHO’s director-general to convene currently ad hoc emergency committees. As the WHO begins the election campaign for a new director-general, it is an opportune moment to strengthen its capacity and leadership in global health security.”


This week, The Economist also pays attention the worrying Yellow Fever outbreak. See also Yellow plague, An outbreak of yellow fever in Angola could go global.

Meanwhile, WHO said on Tuesday that “A major yellow fever outbreak in Angola and two smaller flare-ups in Uganda and Congo are largely under control but countries were warned to be vigilant in case the disease pops up elsewhere” (see Reuters).

And (see Euractiv) EU sends its new medical corps team to the Angola yellow fever outbreak.

WHO - Rapid diagnostic test and shorter, cheaper treatment signal new hope for multidrug-resistant tuberculosis patients


“New WHO recommendations aim to speed up detection and improve treatment outcomes for multidrug resistant tuberculosis (MDR-TB) through use of a novel rapid diagnostic test and a shorter, cheaper treatment regimen.” With ITM involvement!

Good coverage in the Guardian (by Sarah Boseley), “WHO recommends shorter drug regimen for multi-drug resistant TB” “A new diagnostic test and nine-month course of treatment may help save thousands of lives, WHO says”.
Zika

Jama (Viewpoint) - The Emerging Zika Virus Epidemic in the Americas: Research priorities

The title is informative enough.

BMJ (Feature) – Mosquitoes and Zika: time to harness genetic modification?
http://www.bmj.com/content/353/bmj.i2548

Same same. “With vaccines years from being developed, will the threat of Zika virus push bodies such as WHO to embrace a new solution? Michael Brooks reports.”

Some other bits & piece on Zika research & ongoing political (Congress) battles in the US.

Governors urge Congress to act on Zika funding. Or Nicholas Kristof in a NYT op-ed, Congress to America: Drop Dead. By now, only Kim Kardashian hasn’t urged Congress to act on Zika funding, I think.

Not sure we already mentioned this in a previous newsletter. On April 13, “To stop the spread of Zika and prevent other infectious disease outbreaks, USAID launched Combating Zika and Future Threats: A Grand Challenge for Development. The challenge calls upon the global innovator community to generate cutting-edge approaches to fight the current Zika outbreak and to help strengthen the world’s response to infectious diseases in the future. With $30 million involved.

Deadline is May 20.

Zika virus 'shrinks brains' in tests (BBC news – “Zika virus can enter the brains of mice in the womb to stunt development, the first animal tests show.”).

Data shows Zika virus stays longer in urine than blood-U.S. CDC (Reuters)

This piece of paper can diagnose Zika incredibly fast.
Global health events of the week

UNAIDS – African ministers call for global effort to end paediatric AIDS

http://www.unaids.org/en/resources/presscentre/featurestories/2016/may/20160510_Abidjan

“African ministers of health, deputy ministers and senior HIV programme officials called on the international community to make ending the paediatric AIDS epidemic a global political priority. Meeting in Abidjan, Côte d’Ivoire, on 10 May, dignitaries called for the Political Declaration on Ending AIDS, to be agreed upon at the upcoming United Nations General Assembly High-Level Meeting on Ending AIDS, to include targets to scale up prevention of mother-to-child transmission of HIV services and paediatric HIV testing and treatment…”

Check out also the related MSF press release: HIV in children is a symptom of the failures of the AIDS response. “Leaders from West and Central Africa urged to mobilize national and international political commitment for an ambitious catch up plan to intensify the HIV response in the region.” (includes a quote from Mit Philips)

Global governance of health

Co-facilitators draft resolution on the follow-up and review of the 2030 Agenda at the global level (6 May )


Have a look. In somewhat nicer prose, as mentioned elsewhere, “This summer, political leaders from across the globe will meet in New York to share strategies on how to put the Global Goals on sustainable development into practice and ensure “no one is left behind”. They will not be alone. With music, movie and business celebs also bound to be circling the corridors at Manhattan’s UN Plaza, the High-level Political Forum this July is shaping up to be the Davos of Development. The meeting will establish ground rules for how countries plan, implement and monitor progress on the Global Goals. This is what SDG hacks refer to as “Follow-up and Review”.”

The Asahi Shimbun – 2030 Creating future: Japan can lead the world in ending infectious diseases

Bill Gates’ message to G7 leaders, who will meet in Japan (May 26-27). Especially on what Japan can do (in terms of global health leadership).

In related news, Gates Foundation backs a Takeda polio vaccine with a $38 million grant (Reuters).


L Gostin et al; http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12186/abstract?systemMessage=Wiley+Online+Library+will+be+unavailable+on+Saturday+14h+May+11%3A00-14%3A00+BST+%2F+06%3A00-09%3A00+EDT+%2F+18%3A00-21%3A00+SGT+for+essential+maintenance.Apologies+for+the+inconvenience.

Even when he’s asleep, Larry Gostin is probably still writing manuscripts.

The authors conducted a review of the historical origins of the IHR and their performance over the past 10 years and analyzed all of the ongoing reform panel efforts to provide a series of politically feasible recommendations for fundamental reform. They “propose a series of recommendations with realistic pathways for change. These recommendations focus on the development and strengthening of IHR core capacities; independently assessed metrics; new financing mechanisms; harmonization with the Global Health Security Agenda, Performance of Veterinary Services (PVS) Pathways, the Pandemic Influenza Preparedness Framework, and One Health strategies; public health and clinical workforce development; Emergency Committee transparency and governance; tiered public health emergency of international concern (PHEIC) processes; enhanced compliance mechanisms; and an enhanced role for civil society.”

Global Public health - Political determinants of progress in the MDGs in Sub-Saharan Africa

Emma Atti et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2016.1177567

« Sub-Saharan Africa (SSA) lagged furthest behind in achieving targets for the MDGs. We investigate the hypothesis that its slow progress is influenced by political factors. Longitudinal data on three health MDG indicators: under-five mortality, maternal mortality and HIV prevalence rates were collated from 1990 to 2012 in 48 countries. Countries were grouped into geo-political and eco-political groups. Groupings were based on conflict trends in geographical regions and the International Monetary Fund’s classification of SSA countries based on gross national income and development assistance respectively. …. Our results suggest a significant main effect of eco-political and geo-political groups on some of the health variables. … Our findings highlight the need for further research on political determinants of mortality in SSA. Cohesive effort should focus on strengthening countries’ political, economic and social capacities in order to achieve sustainable goals beyond 2015. »
Finally, the African Union CDC governing board also got together. Kesete Admasu (MoH of Ethiopia) was elected to serve as the Chair of the AU CDC governing board for the next 3 years.

**UHC**

NYT – Hillary Clinton Takes a Step to the Left on Health Care


Read how.

Pope Francis: health care is a ‘universal right,’ not a ‘consumer good’


Not sure Rob Yates is a catholic, but this quote from pope Francis he much enjoyed.

WHO - Recovery toolkit: Supporting countries to achieve health service resilience


“The recovery toolkit is a library of guidance resources in a single place which can be quickly and easily accessed, to guide action. A key purpose of the Recovery Toolkit is to support countries in the reactivation of health services which may have suffered as a result of the emergency. These services include ongoing programmes such as immunization and vaccinations, maternal and child health services, and noncommunicable diseases. But in addition, and because the Toolkit contains core information needed to achieve functioning national health systems, it also supports countries to implement their national health plans during the recovery phase of a public health emergency.”

IJHPM – Defining Pathways and Trade-offs Toward Universal Health Coverage; Comment on “Ethical Perspective: Five Unacceptable Trade-offs on the Path to Universal Health Coverage

Stéphane Verguet; [http://www.ijhpm.com/article_3200_0.html](http://www.ijhpm.com/article_3200_0.html)
The World Health Organization’s (WHO’s) World Health Report 2010, “Health systems financing, the path to universal coverage,” promoted UHC as an aspirational objective for country health systems. Yet, in addition to the dimensions of services and coverage, distribution of coverage in the population, and financial risk protection highlighted by the report, the consideration of the budget constraint should be further strengthened in the ensuing debate on resource allocation toward UHC. Beyond the substantial financial constraints faced by low- and middle-income countries, additional considerations, such as the geographical context, the underlying country infrastructure, and the architecture of health systems, determine the feasibility, effectiveness, quality and cost of healthcare delivery. Therefore, increased production and use of local evidence tied to the criteria of health benefits, equity, financial risk protection, and costs accompanying health delivery are needed so that to highlight pathways and acceptable trade-offs toward UHC.

Planetary health

Global Policy watch – Environmental Performance Index greenwashes the rich

Roberto Bissio: [https://www.globalpolicywatch.org/blog/2016/05/09/environmental-performance-index-greenwashes-the-rich/](https://www.globalpolicywatch.org/blog/2016/05/09/environmental-performance-index-greenwashes-the-rich/)

“An “Environmental Performance Index” [to be launched on May 9] at the UN claims to align itself with the Sustainable Development Goals (SDGs) but actually hides the impact of unsustainable consumption and production patterns in the North as well as the contributions of the Global South to achieving the internationally agreed targets.”

Guardian – Bill and Melinda Gates Foundation divests entire holding in BP


Nice. But, as Mike McGinn, who as mayor of Seattle in 2013 was the first mayor to commit a city to divestment, said: “They’re moving their financial capital - now it’s time to use their moral capital and publicly commit to divestment. “By taking a public stand, Bill and Melinda Gates could help change the debate and speed up the international response to global warming.”
Infectious diseases & NTDs

Nigeria Govt Sets Up Committee to Investigate Misappropriation of Grants

http://allafrica.com/stories/201605100038.html

News from a ‘fantastically corrupt’ country, if we can believe David “my hands are clean” Cameron.

Plos One - What Is Required to End the AIDS Epidemic as a Public Health Threat by 2030? The Cost and Impact of the Fast-Track Approach

J Stover et al; http://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0154893

“This paper describes the analysis that produced these [Fast-Track] targets and the estimated resources needed to achieve them in low- and middle-income countries. It indicates that it is possible to achieve these goals with a significant push to achieve rapid scale-up of key interventions between now and 2020. The annual resources required from all sources would rise to US$7.4Bn in low-income countries, US$8.2Bn in lower middle-income countries and US$10.5Bn in upper-middle-income-countries by 2020 before declining approximately 9% by 2030.’’

ARVs now for anyone with HIV - Motsoaledi


South Africa’s health minister, Aaron Motsoaledi announced access to antiretroviral medication for all HIV positive persons, irrespective of their CD4 count. An additional 1 billion Rand has been allocated towards this, though this has not led to any increase in the budget allocation to the National Health Insurance.

Some other ‘Infectious diseases & NTD’ news:

Diagnosing malaria may soon be as easy taking a simple breath test, according to researchers. (Reuters)

A Malaria Vaccine Has Some Success in Testing (NYT)
Fourth Progress Report on The London Declaration on Neglected Tropical Diseases Released (from late last week already). Many deadlines have been missed, the report finds. For the report itself, see here.

Questions hover over Asia’s first dengue vaccination program in Philippines (Humanosphere) “Asia’s first dengue vaccine has been distributed in a mass school-based immunization program in the Philippines. So far, the program appears to be running without difficulties, but some health professionals are concerned that the vaccine was released before researchers could ensure its long-term safety.”

NCDs

Lancet (Editorial) – Live and let dialyse

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30515-3/fulltext

“Dialysis saves lives, but not without cost. As currently practised, dialysis is a highly imperfect treatment—because of the way it is done; because it can only partially compensate for the loss of kidney function; and because in many parts of the world dialysis is only available to very few people. ... ... There are many crucial ethical issues surrounding dialysis throughout the world, of which equity of access is just one. These questions need to be debated openly by all those involved in delivering kidney care. It is time to focus research and debate on the areas it is most urgently needed—on improving the lives of those on dialysis, and on expanding access to dialysis to those in need.”

NCD Alliance (blog) – Is it “the worst of times” or is it “the best of times” for NCD financing?


Excellent blog & must-read. Still, very little donor money for NCDs....

NCD Alliance Advocacy briefing for 69th World Health Assembly, May 2016

https://ncdalliance.org/sites/default/files/NCD%20Alliance%20Advocacy%20Briefing%2069%20WHA_FINAL.pdf
This briefing note provides background and key advocacy messages on the NCD Alliance’s main priorities for the 69th World Health Assembly (WHA).


David Stuckler et al; http://www.who.int/bulletin/online_first/BLT.15.165852.pdf?ua=1

Stuckler et al determined “whether sugar industry-related organizations influenced textual changes between the draft and final versions of the WHO’s 2015 guideline on sugars intake for adults and children”. The authors conclude: “There was little change between draft and final versions of WHO’s 2015 sugars guideline following industry consultation. The main change was linked to emphasizing the low quality of the evidence on sugar’s adverse effects. Guideline development appeared relatively resistant to industry influence at the stakeholder consultation stage.”

BMJ – Finally the US regulates e-cigarettes as tobacco

http://www.bmj.com/content/353/bmj.i2596

See also Vox, FDA tobacco czar explains the agency’s new clampdown on e-cigarettes.

Sexual & Reproductive / maternal, neonatal & child health

WB (‘Investing in health’ blog) – The economic rationale for investing in family planning in Sub-Saharan Africa


Peter Glick reiterates the critical link between a woman’s health and participation in economic activities with that of access to contraception, highlighting Sub-Saharan Africa’s high fertility rate and low contraception uptake. The benefit of access to family planning extends to the individual, household and larger societal benefits, however, men must be part of the dialogue.

(as you know, ‘dialogue’ is men’s strong point 😊)

NPR: What Kenya Can Teach The U.S. About Menstrual Pads

http://www.npr.org/sections/goatsandsoda/2016/05/10/476741805/what-kenya-can-teach-the-u-s-about-menstrual-pads

As if paying more for razors, clothes shoes, whilst earning an average of 20% less than their male
counterparts wasn’t bad enough, women pay sales taxes on pads and tampons – products which aren’t really optional for menstruating women. A lesson to be learnt here perhaps from Kenya which removed value added tax on pads and tampons more than a decade ago in 2004 and allocates $3 million per year on free sanitary pads for girls in schools in low-income communities.

Could be a nice example of ‘reverse innovation’, if Americans followed this example. Whether it’s going to happen under a Donald Trump administration, is a different matter. Ask Megyn Kelly.

Investing in Health – Putting an end to childhood malnutrition


“Every year, almost half of child deaths under age five are attributable to undernutrition. One quarter of all children around the world – 159 million - are stunted. This means that their bodies and brains have not grown to their full potential. This puts them at a major disadvantage in learning and acquiring life skills before they even set foot in school. This unequal start compromises their future earnings, contributing to a life of insurmountable inequality.” The blog reaffirms the Bank’s commitment towards scaling-up and supporting initiatives in nutrition – an issue not just for poor countries, but also LMICs – and critical towards developing a healthy, productive workforce.

Among others, “The World Bank has committed to convening Finance Ministers at our Annual Meetings in October to discuss these issues and agree on how to scale-up action....”

New York Times: Should Prostitution be a Crime?


Criminalising prostitution will not eliminate it, nor will it provide mechanisms to safeguard sex workers from exploitation and abuse. A detailed feature on decriminalizing prostitution in the United States and around the world.

Lancet Global Health (Comment) – Tracking perioperative mortality and maternal mortality: challenges and opportunities


“Access to surgery remains inequitable worldwide, with 5 billion people lacking safe and affordable surgical and anaesthesia care when needed. The Lancet Commission on Global Surgery was convened in 2013 to assess the state of surgery around the world, provide recommendations for improving access, and propose indicators for assessing national surgical systems. A key safety indicator is the perioperative mortality rate (POMR). This is defined by the Commission as the
number of all-cause deaths before discharge in patients who have undergone a procedure in an operating theatre, divided by the total number of procedures, and presented as a percentage. While the surgical literature is replete with mortality data at a health facility level, the collection of nationally representative data is more challenging and is less frequently reported. However, recent work has shown that many countries already collect national data on deaths after surgery, including several middle-income countries. Whereas POMR is just emerging, the maternal mortality ratio (MMR) is an established population health indicator. Both are ratio indicators with numerators and denominators that are commonly recorded, making them seemingly straightforward to monitor. Yet MMR has faced numerous challenges through its evolution, creating a cautionary tale and revealing what is needed for POMR to succeed….”

**Lancet Global Health (Comment) – Health of female sex workers and their children: a call for action**


“Two very critical health and human rights issues related to sex work have been neglected globally: maternal morbidity and mortality among female sex workers and the health and wellbeing of their children. It is time to recognise the need for, and right to, maternal and child health services for female sex workers and their children….”

**Lancet Global Health – Postnatal care: increasing coverage, equity, and quality**


“…We are in the midst of a paradigm shift for antenatal and intrapartum care: from focusing mainly on coverage to also considering **quality** as an essential component of improving health systems, as stated in the WHO vision on quality of care and other efforts. …”

**Access to medicines**

**Lancet (Editorial) – Hepatitis C: global ambition, national realities**

“Last week, new surveillance data released by CDC report that US hepatitis C virus (HCV)-associated deaths reached a record high... The cost of direct-acting antivirals (DAAs), the curative drug class of choice in new WHO guidelines, is prohibitive, with some US insurers covering only severe cases. WHO has added most new DAAs to its model list of essential medicines. With an estimated 130–150 million people worldwide infected with HCV, the global treatment gap is urgent and reminiscent of the early AIDS crisis, with most countries lacking access to curative medicines. The WHO global strategy on hepatitis will be deliberated at the World Health Assembly later this month. The goal to eliminate hepatitis as a major public health threat by 2030 is only achievable through planning urgent and affordable access to essential medicines—in all countries.”

The Lancet (World Report) – Can open-source drug development deliver?

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30518-9/fulltext

“Open-source drug development involves open data sharing, collaboration, and results sharing. The aim is to produce new drugs for neglected diseases. But can it work? Tatum Anderson reports.”

You might also want to read, on IP-Watch:

Public Health Advocates Urge WHO Action On Alternative R&D Financing

As Patients Wait, WHO Members Chip Away At Decision On Medical R&D Funding

Human resources for health

JAMA (Viewpoint) – Hepatitis C Treatment Delivery Mandates Optimizing Available Health Care Human Resources A Case for Task Shifting


Health worker shortages hamper the delivery of antivirals for chronic hepatitis. A case to expand treatment for chronic hepatitis C by task shifting from specialists to community based physicians for tasks such as monitoring liver disease, treatment and other activities. Benefits presented are not just towards ensuring better utilization of available resources and quality of care, but also reducing costs.
**Miscellaneous**

**MIT Technology Review – In Global Shift, Poorer Countries Are Increasingly the Early Tech Adopters**


Seth Berkley gives some examples.

**Vox – Canada's Justin Trudeau may legalize marijuana. That could impact US drug policy.**


Justin can’t do much wrong, for the time being.

**Emerging Voices**

**IJHPM - Private Practitioners’ Perspectives on Their Involvement With the Tuberculosis Control Programme in a Southern Indian State**

S Salve et al: [http://www.ijhpm.com/article_3197_0.html](http://www.ijhpm.com/article_3197_0.html)

Check out EV2014 Solomon Salve’s paper on a study on the experiences of private medical practitioners towards their involvement in the TB control programme in India. “Public and private health sectors both play a crucial role in the health systems of LMICs. The tuberculosis (TB) control strategy in India encourages the public sector to actively partner with private practitioners (PPs) to improve the quality of front line service delivery. However, ensuring effective and sustainable involvement of PPs constitutes a major challenge. This paper reports the findings from an empirical study focusing on the perspectives and experiences of PPs towards their involvement in TB control programme in India.”
IJHPM - An Implementation Research Approach to Evaluating Health Insurance Programs: Insights from India


A short communication on “a recent implementation research effort in India, in which researchers worked together with program implementers from one of the longest serving government funded insurance schemes in India, the Rajiv Aarogyasri Scheme” and its relevance.

**Research**

**Systematic reviews - International law’s effects on health and its social determinants: protocol for a systematic review, meta-analysis, and meta-regression analysis**


An effort to synthesise information from multiple databases and understand better the benefits and challenges of using international law to address development issues, including global health. “...The findings of this review will contribute to a better understanding of the expected benefits and possible harms of using international law to address different kinds of problems, thereby providing important evidence-informed guidance on when and how it can be effectively introduced and implemented by countries and global institutions.”

**Global Health Action- Strategies for Improving Health Care Seeking Maternal and Newborn Illness in Low-and Middle-Income Countries: A Systematic Review and Meta-Analysis**


A “Systematic review and meta-analysis of experimental studies to assess the impact of different strategies to improve maternal and neonatal health care seeking in low- and middle-income countries.” The authors conclude that community-based interventions, especially those which integrate strategies such as home visits can reduce fetal and neonatal mortality in LMICs.