

IHP news : Women Deliver

(20 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,

*While waiting for the World Humanitarian Summit (Istanbul), the 69th World Health Assembly (Geneva) & the G7 summit (Japan), the 'Women Deliver' conference in Copenhagen obviously got most of the attention this week from the global health community. This IHP newsletter will do the same, including with a Featured article by **Shakira Choonara**, one of the globetrotting EV alumni. So without much further ado, let's get to it!*

(PS: But before doing that, I just want to flag the ongoing [MSF Scientific Days](#) (20-21 May) – everything will be livestreamed, from London. As usual, MSF will showcase research and innovation from its humanitarian operations around the world. The event is nicely timed this year, just before the World Humanitarian Summit kicks off 😊; see also a just published Lancet Global Health [blog](#) by Sarah Venis for some more background on the MSF scientific days).

Enjoy your reading.

The editorial team

Featured Article

Youth! Cinema! Lectures! Women Deliver 2016 – a roller coaster ride to the health and wellbeing of women and children in the era of the SDGs!

Shakira Choonara (EV 2014)

Going through information on the [previous editions of Women Deliver](#), I recall being awestruck by the list of speakers, number of female participants and the types of issues discussed; I must say the #WD2016 conference has lived up to my expectations. Women Deliver began in 2007 as a global conference to address maternal mortality. This fourth edition of the Women Deliver global conference was one of the largest yet with over 5000 participants from over a 150 countries.

It's always exciting to attend large global gatherings such as #WD2016, particularly so this time, with the focus on the Sustainable Development Goals (perhaps *Sustainable Development Goals* – judging by the number of female participants in the images online! where are the men?). SDG#5 (Gender Equality) was the focus of the conference, but the intersectional nature of the SDGs allowed for the conference to touch upon the others as well. Such gatherings always provide an invaluable space for meeting a range of very diverse individuals. You get to learn about different countries, work and projects at first hand – invaluable for global health, and much more effective than reading about these online! What I definitely enjoyed was having the opportunity for quick effective learning – learning about new and creative innovations which I could take back home for immediate use or find ways of using such innovations in the future.

Innovative Conference Formats

Multimedia was given its due at #WD2016 which boasted an Arts and Cinema corner – a place where films were screened throughout the day. Films from across the world, particularly the global South were screened. They were riveting; in fact I would go as far as saying is that I absorbed much information through watching these films. In the short space of two hours I witnessed the unacceptable mass sterilization of migrants in the United States, an unfair judicial system in Mexico especially around the abuse of women, and the heartbreaking needs of many children in Uganda affected by the [nodding syndrome](#). If it were up to me, I would have the films screened in an IMAX theatre with pop-corn during the conference! You never know, we might see a rise of health-systems directors, actors and actresses who finally bridge the researcher-policy gap.

A giant turd sure is a good way to draw attention to the critical role of water in our lives! I first spotted WaterAid International by their [#Pooselfies](#) with a walking blob of poo in the exhibition hall. Their session provocatively posed questions around imagining giving birth without #hygiene #sanitation – and let's face it, water is the most basic component of human life and our health system. It is now given substantial attention under #SDG 6 (Water & Sanitation). They also screened a list of [great films](#) with powerful messages.

If the poo wasn't exciting enough, the Menstruation Tent in the exhibition hall provided training in a tent, illustrating how a few pillows could provide a safe environment to discuss menstruation challenges! It felt different, it *was* different and facilitated an excellent flow of communication around menstruation issues, e.g. the sort of sanitary pads women in rural Malawi wear (with even blankets shaped as nappies), how in India, and indeed in many poor parts of the world, women make use of anything absorbent e.g. hair, leaves or sand to manage menstruation, and of course the “never talked about” issue #menopause. We were taken through the menstruation wheel tool & pledged our support to the cause! I quite like the tent idea for youth engagement and possibly just about anything else! I also think the [menstrual cup chandelier](#) or [#shechandelier](#) would be an apt addition to the tent!

Critical Discussions at #WD2016

Sessions and plenaries were held throughout the day on sexual and reproductive issues ranging from abortion, UHC, the SDGs and even financing particularly meant for Women and Girls ([enter the Global Financing Facility- GFF](#)). Stakeholders and people present were all very enthusiastic about SDG 5. Not sure “the world out there” is on the same page (yet)...

But the data revolution aware of ‘gender’ made waves during the conference when [Melinda Gates](#) announced that there would be \$80 million committed to improving data collection! While I agree with the need for data, particularly from a demographer's point of view, one thing I would like to see is perhaps not a complete overhaul but an attempt to address significant gaps especially around

vulnerable populations e.g. women with disabilities whose reproductive health rights are severely overlooked.

I must say though, that the world seems to be suffering from MDG amnesia. Our discussions seem to have started anew. A clean slate with little discussion around what was achieved under the MDGs, our mistakes, lessons learnt and how to build from there. Acknowledging and addressing the gap between the MDGs and SDGs is somewhat already set in motion, but I think we need to possibly take a step back to take a step forward. In fact, I felt the youth may be more conscious of this – #WD2016 youth scholars [Anshul Kastor](#) and [Shanza Ali](#) were discussing failures of the MDGs, such as how achieving quantitative statistics in Bangladesh hasn't translated to reality! Catch the [Youth For Change Video](#) interview on #SDGS. This amnesia extended to the Zika virus, which could also be tackled drawing in lessons from malaria, but it seems that even high-level panelists wanted to start on a clean slate and forget the not-so distant past!

Again, while commitments were made, there was a sense of trying to find solutions, but how concrete they are is yet to be seen! The GFF, which promises improved accountability and financing of the under-resourced global South, is thought of as a magic-bullet to address financing issues especially around women and girls, but its promises are a far cry from the reality I've seen during my doctoral research around financial management. We've learnt, at least in the South African context, bureaucracy, lack of necessary equipment, and skills or even decision-making power are some of the important considerations, which I'm not sure the GFF alone will resolve. Again moral leadership is probably needed more in our countries; perhaps if I may suggest, 'Dear GFF' please help us tackle corruption before sending any more funds our way!

But we have to start somewhere and I think with the mix of attendees to #WD2016 we might actually achieve our goals! Perhaps you could all start by committing to the [Deliver for Good Initiative](#) ! Other highlights of the week included the launch of the [UHC Initiative by the Elders](#) and the Cultural Evening at the beautiful [Tivoli Gardens](#) on Wednesday 18th May, one of the best social events I've ever seen – from watching a beautiful Danish show, strolling through the gardens and letting our hair down! In addition to having compulsory cinema corners at every conference, from now on all social events should be held at amusement parks (#Young Dictator)!

Lastly and the most important update of all, I posed that I be offered the job of the Director General of the World Health Organization on social media (*no response has been received as yet, but let's not be pessimistic! No news is good news! And someone will eventually notice*). It's time for a 'Sustainable Development Girl' such as myself to be at the very top of the Global Health Architecture! ☺

Highlights of the week

Women Deliver (Copenhagen – 16-19 May)

<http://wd2016.org/>

As already mentioned in the intro & Feat article, Women Deliver's 4th Global Conference took place 16-19 May in Copenhagen, Denmark. It was the largest gathering on girls' and women's health and rights in the last decade and one of the first major global conferences following the launch of the

SDGs. Copenhagen built further on the successes of Women Deliver’s three previous global gatherings—in London in 2007, in Washington in 2010, and in Kuala Lumpur in 2013. The “**focus of the conference was on how to implement the SDGs so they matter most for girls and women, with a specific focus on health** – in particular maternal, sexual, and reproductive health and rights – and on gender equality, education, environment, and economic empowerment.”

Below you find a number of highlights & related news/reports.

*Excellent **WD2016 blogging** you also find – on the various days:*

** on the **RESYST** blog : (including an account of the **opening ceremony**: “**Katja Iversen** (CEO of Women Deliver) clarified the **focus of the conference: solutions**. “For me this is about putting girls and women at the centre of development, not as a disease, not as an issue, not as an incident, not vulnerable, but as a driver of development as a powerhouse, as a change maker” “.*

** on **IHP** blog (see Shakira Choonara’s blogs : [Women Deliver Kicks off with a Bang!](#) & [Networking Your Way to Change the World #WD2016 \(+ Best practices to get a decision maker’s attention\)](#))*

The Guardian - 'We can't keep looking at women as body parts or diseases', says Women Deliver CEO

<http://www.theguardian.com/global-development/2016/may/17/deliver-for-good-conference-diseases-women-deliver-copenhagen-gender-equality>

“On the opening day of Women Deliver, a **new global campaign** that makes the case for investing in women and girls was launched. The **Deliver for Good** campaign highlights **12 critical areas** that, with greater investment, could improve the lives of women and girls and speed up efforts to achieve gender equality.” (check out the 12 [policy briefs](#) as well).

“...Monday also saw the launch of [new World Health Organisation guidelines for improving healthcare for those who have undergone female genital mutilation \(FGM\)](#) .”

PS: Last week, ahead of the conference, Katja Iversen already had a piece in **the Economist**, “[Well-being is about more than a healthy body...it involves a holistic approach](#)”. “We are in the midst of shift in the global conversation about how we approach health—expanding the focus beyond treatment and surviving to a broader discussion about thriving and well-being. Investing in women’s gender equality is at the center of this....” “At Women Deliver, we are thrilled with the **enhanced focus on women’s well-being**”.

UNFPA funding crisis

Ahead of the conference, **UNFPA**, the [UN agency responsible for ending deaths in childbirth said it faces “a \\$140m shortfall in its budget this year, putting the lives of tens of thousands of women at risk”](#).

Read also **Amanda Glassman’s take on the UNFPA funding crisis (and Women Deliver’s remarkable “silence” on it – due to the Scandinavian location?)** (CGD blog) - [Failing to Deliver on Family Planning? Funding in Crisis](#) “Denmark, the country playing host to the conference, has actually cut its funding to UNFPA in half since last year.... ...So what’s going on? Aid budgets are under pressure to respond to the European refugee crisis, as in Sweden. UN contributions are increasingly scrutinized, as in Finland. Norway bet its money on the Global Financing Facility at the World Bank. Together, it’s a perfect storm for UNFPA Supplies; the agency now estimates a US\$750 million funding gap for 2016-2020 just to maintain current activities. And on the current trajectory, achieving the FP2020 or SDG goals looks entirely off the table. What is Women Deliver—an advocacy conference—doing to help raise money for the cause? Where is Family Planning 2020 on this topic? Here is a do-or-die moment for the so-named accountability mechanisms to create accountability; can they rise to the occasion?”

Guardian – Gates Foundation commits \$80m to plugging gender equality data gap

<http://www.theguardian.com/global-development/2016/may/17/gates-foundation-commits-80m-to-plugging-gender-equality-data-gap-women-deliver>

*“The **Bill and Melinda Gates Foundation is committing \$80m to help plug the gaps in data on women and girls** that is needed to meet the UN target of achieving gender equality by 2030. The money, announced on Tuesday and to be distributed over the next three years, will support national statistics offices to collect and refine reliable information on the contribution women and girls make to society and the barriers they face in fulfilling their potential. Specific areas that need more data include the amount of unpaid work women carry out in the home and gender-based violence, often regarded as too difficult to collect. The information will be used to shape programmes and policies that will help meet the SDGs. Goal five calls for an end to gender inequality and the empowerment of women and girls and includes targets on eliminating violence against women, and recognising the value of unpaid care and domestic work....”*

Melinda Gates (not a ‘sustainable development girl’ anymore, I’m afraid ☺) announced this in her keynote speech.

Save the Children (report) –A Common Cause: Reaching every woman and child through Universal Health Coverage

<http://www.savethechildren.org.uk/resources/online-library/common-cause>

*“Countries around the world have committed to a historic ambition: to end preventable child and maternal deaths within a generation. **A Common Cause shows why two key movements in global health – maternal and child health, and Universal Health Coverage – need to join forces** to make that ambition a reality. The report argues for universal access to an integrated continuum of care for women’s, children’s and adolescents’ health, provided through strengthened primary healthcare and referral systems. Country ‘spotlights’ on Ethiopia, Indonesia and Nigeria set out the challenge, highlighting disparities in access to essential healthcare and in maternal and child health outcomes. The report goes on to make the case for UHC as the framework for countries to build a health system capable of providing essential services for all their people. Finally, A Common Cause makes recommendations to all stakeholders in health – including governments and donors – urging them to unite around a common cause in order to make their shared ambition a reality.”* (for a related blog by **Simon Wright**, see [here](#)).

The Elders launch new initiative on Universal Health Coverage at Women Deliver

<http://createsend.com/t/y-BE57FFFB18A220EA>

The Elders launched a new initiative to promote UHC at the Women Deliver conference as part of the organisation's mission to support equality, social justice and sustainable development.

"The Elders' UHC initiative has **four key messages**: UHC is the best way to achieve the health Sustainable Development Goal; UHC delivers substantial health, economic and political benefits across populations; Women, children and adolescents must be covered as a priority; Public financing is the key to UHC."

You find their **position paper** [here](#).

We-News – Abortion is on the Agenda at Women Deliver: 'Elephant in the Room'

<http://womensenews.org/2016/05/abortion-is-on-the-agenda-at-women-deliver-elephant-in-the-room/>

*"The **"Women Deliver" conference**, a major recurring global gathering on reproductive and sexual health, has been **criticized in the past for tip-toeing around the issue of abortion. Not so this year.** At the conference taking place here, organizers are including a session called "The Elephant in the Room: What About Abortion?" during the May 16 – May 19 meeting. "It's impossible to holistically address the health, rights and wellbeing of girls and women without discussing abortion and women's right to choose," Katja Iversen, CEO of Women Deliver, told Women's eNews in an email interview ahead of the conference. "In countries with restrictive abortion laws, unsafe abortion is a public health challenge that must be addressed." ..."*

*"...Another highlight of the conference... " was **"the launch of Maverick Collective**, a philanthropic initiative, co-chaired by Melinda Gates and Mette-Marit, crown princess of Norway. Its members (currently all " (posh?) "women) have each committed to at least \$1 million, as well as time and effort, to help solve critical challenges facing girls and women in the global south." (In trademark philanthropic bragging jargon, "Maverick Collective takes a new approach to philanthropy— embracing risk, measuring impact, putting the full extent of a philanthropist's resources to work, and closing the gap between private and government donors to fast track the best health solutions for girls and women." See www.maverickcollective.org for more information.)*

*The **McKinsey Global Institute** also presented a discussion paper that builds on its [global report](#) last year about the **rich rewards economies could reap by narrowing the gender pay gap.***

Reuters – How can the world improve the lives of women and girls by 2030?

[Reuters](#),

The view of P Mlambo-Ngcuka (UN Women), M Chan, B Osotimehin (UNFPA), Helen Clark & many other UN bigwigs working in these areas.

Various organizations & stakeholders' sessions & other activities at WD2016

For some examples:

CGD: <http://www.cgdev.org/blog/cgd-women-deliver-2016>

WHO at Women Deliver <http://www.who.int/life-course/news/womendeliver2016/en/> Among others, “The *Women Deliver conference highlights health sector employment as a driver of women’s socio-economic empowerment*. “Creating more jobs for health workers holds the potential to bolster health and health security, spur inclusive economic growth, and empower women and youth”, said WHO Director-General Dr Margaret Chan at the first meeting of the UN High-Level Commission on Health Employment and Economic Growth in March. ...”

Global Fund at Women Deliver: <http://www.theglobalfund.org/en/news/2016-05-13-Media-Advisory-Global-Fund-at-Women-Deliver-Conference/>

Guardian – How do you protect women's rights on a shoestring?

http://www.theguardian.com/global-development/2016/may/17/protect-womens-rights-on-a-shoestring-grassroots-organisations?CMP=tw_t_a-global-development_b-gdndevelopment

“The UK prioritised **tackling violence against women** in its development work, a move that has helped shift the issue up the international agenda – eliminating all forms of violence is a target within the sustainable development goals. The Independent Commission for Aid Impact (Icai) has released a [report](#) examining the Department for International Development’s (DfID) efforts. Icai found that the government had demonstrated strong, global leadership and made significant contributions to preventing abuse. However, **Icai also found that funding women’s rights organisations is a “neglected” area of DfID’s work**. Women’s rights organisations are the backbone of rights movements and, without them thriving, the government, along with the international community, will struggle to achieve its vision of ending violence against women and girls. ...”

Finally, some other snippets on WD2016:

- The emperor of microfinance and women's empowerment Muhammad Yunus received the **#WD2016 award for innovation**
- And apparently, the **closing ceremony** (with a virtual Hillary Clinton), was also quite something!

Coming up (very) soon: World Humanitarian Summit (23-24 May, Istanbul)

<https://www.worldhumanitariansummit.org/>

From the website: “We are witnessing the greatest humanitarian crisis of our lifetime. The World Humanitarian Summit is our chance to end it.”

(don't hold your breath)

Guardian - Everything you need to know about the world humanitarian summit

<http://www.theguardian.com/global-development/2016/may/19/world-humanitarian-summit-istanbul-everything-you-need-to-know>

Must-read. On What, Why, Who's coming (and who's not), expectations, key focal areas, ...

Devex – The World Humanitarian Summit: What to expect

<https://www.devex.com/news/the-world-humanitarian-summit-what-to-expect-88173>

Idem. Among others: “**Emergency development**”: *“Protracted crises have led many humanitarian practitioners to turn to what U.N. Development Program Administrator Helen Clark has called “emergency development.” “Really the focus has shifted to developmental approaches to humanitarian work,” she told a panel discussion at the Center for Global Development on May 17, by video message. In other words, humanitarian crises are forcing a convergence between the humanitarian and development communities. Debate about synergies and tension between the two groups is expected to continue in Istanbul.”*

Plus: “Emergency development is drawing in at least one unexpected player, which many international NGOs see as a possible game changer: the **World Bank**. ...”

Some blogs, op-eds, news & reports you might want to read before the summit:

CGD - [Beyond Humanitarian Response: Why the Displaced Need Development Solutions](#) (C Huang et al)

Guardian - [Why is the cost of hosting refugees falling on the world's poorest states?](#) Good question. *“As long as rich nations pay lip service to meeting the needs of the world's displaced, they cannot blame Kenya for closing refugee camps like Dadaab.”*

Human Rights Watch - [Greece: Refugee “Hotspots” Unsafe, Unsanitary](#) *“Police are failing to protect people during frequent incidents of violence in closed centers on the Greek islands known as “hotspots,” Human Rights Watch said today. The centers were established for the reception, identification, and processing of asylum seekers and migrants. None of the three centers Human Rights Watch visited on Samos, Lesbos, and Chios in mid-May 2016, separate single women from unrelated adult men, and all three are unsanitary and severely overcrowded...”* It's a fuckin disgrace.

In the same category: Der Spiegel - [Questionable Deal: EU to Work with African Despot to Keep Refugees Out](#) *(with al-Bashir, that is – “Wir Schaffen Das, version 2016”)*

Some more CGD blogs: [Humanitarian Investment Fund for Refugees – How to Turn Ordeal into Opportunity for All](#) & [How Should Countries Distribute the “Burden” of Accepting Refugees Fleeing the Syrian Conflict?](#)

About to start as well: the 69th World Health Assembly (Geneva) (23-28 May)

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

“The Sixty-ninth session of the World Health Assembly (WHA) takes place in Geneva 23-28 May 2016. The Health Assembly is the supreme decision-making body of WHO. It is attended by delegations from all WHO Member States. Its main functions are to determine the policies of the Organization, supervise financial policies, and review and approve the proposed programme budget.” You find all documentation, provisional agenda, etc [here](#).

For example a just released document, [Voluntary contributions by fund and by contributor, 2015](#)
See also [Knowledge Ecology International - WHO donors in 2015 \(US, UK, Gates Foundation, GAVI Alliance, National Philanthropic Trust\): Setting the agenda for global public health?](#)

(why the question mark? ☺)

Some short key reads before the WHA:

IP-Watch (gated) – Biggest World health assembly ever kicks off next week with a loaded agenda

<http://www.ip-watch.org/2016/05/18/biggest-world-health-assembly-ever-kicks-off-next-week-with-a-loaded-agenda/> “Next week the annual assembly of World Health Organization member states will take place with a heavy agenda and its largest attendance ever. The lack of new antibiotics to address bacterial resistance, global shortages of vaccines and medicines, the fight against substandard drugs, and a framework to guard against undue influence of outside actors on the work of the WHO are part of a picture where there is an increasing blur between developed and developing countries in terms of access to medicines. And then there is the matter of electing a new WHO director general.”

Check out (also on IP-Watch), [WHO Seeks USD160m For Role Change To Coordinate Global Emergencies](#).

Read also [Devex - 5 WHO reforms at the 69th World Health Assembly](#) (also gated)

BMJ (Analysis) – Facing forward after Ebola: questions for the next director general of the World Health Organization

Devi Sridhar et al; <http://www.bmj.com/content/353/bmj.i2666?etoc=>

(must-read!!!!) “In light of heavy criticism of the WHO’s handling of the Ebola outbreak, the election process for the next director general will be under intense scrutiny. **Devi Sridhar and colleagues** outline the key questions on epidemic preparedness for prospective candidates.” Written **by members of three independent panels** that have met over the past year to review the responses to the Ebola crisis, especially the work of the WHO.

Plos Medicine – Toward a Common Secure Future: Four Global Commissions in the Wake of Ebola

Lawrence Gostin et al;

http://journals.plos.org/plosmedicine/article?id=10.1371%2Fjournal.pmed.1002042&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+%28PLOS+Medicine+-+New+Articles%29

“(1) Four global commissions reviewing the recent Ebola virus disease epidemic response consistently recommended strengthening national health systems, consolidating and strengthening World Health Organization (WHO) emergency and outbreak response activities, and enhancing research and development. (2) System-wide accountability is vital to effectively prevent, detect, and respond to future global health emergencies. (3) Global leaders (e.g., United Nations, World Health Assembly, G7, and G20) should maintain continuous oversight of global health preparedness, and ensure effective implementation of the Ebola commissions’ key recommendations, including sustainable and scalable financing.”

The Lancet (Editorial) – No health workforce, no global health security

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30598-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30598-0/fulltext)

“Since the recent epidemics of Ebola, MERS, and Zika viruses, the ever-present threat of pandemic influenza, and now the menace of a yellow fever crisis, **the notion of global health security has risen to the top of concerns facing the 194 member states attending next week’s 69th World Health Assembly (WHA) in Geneva, Switzerland.** Without global health security, the common goal of a more sustainable and resilient society for human health and wellbeing will be unattainable....” But there can be no health security without a skilled health workforce.

“... **Next week’s WHA is therefore crucially important**, as we set out in an Editorial last month. **Member states will discuss a new draft Global Strategy on Human Resources for Health: Workforce 2030.** This strategy has been a decade in the making—a decade, some critics might say, of failure. “

The Lancet sees see “**two opportunities** for advancing human security with the health workforce at its core, thereby turning aspirations into actions.” This month’s G7 meeting in Japan & second, the recently created Commission on Health Employment and Economic Growth.

TWN – The slow shipwreck of the World Health Organization?

G Velasquez et al; <http://www.twn.my/title2/health.info/2016/hi160503.htm>

More than worth reading.

We also recommend an “oldie but a goldie”, **David Fidler’s** (2007) short [viewpoint](#) in WHO Bulletin, “*Reflections on the revolution in health and foreign policy*”. Among others, for the fans of **Rousseau & Kant**.

WHO (World Health Statistics 2016)- Life expectancy increased by 5 years since 2000, but health inequalities persist

<http://www.who.int/mediacentre/news/releases/2016/health-inequalities-persist/en/>

“**Dramatic gains in life expectancy have been made globally since 2000**, but major inequalities persist within and among countries, according to this year’s “World Health Statistics: Monitoring Health for the SDGs”. Life expectancy increased by 5 years between 2000 and 2015, the fastest increase since the 1960s. Those gains reverse declines during the 1990s, when life expectancy fell in Africa because of the AIDS epidemic and in Eastern Europe following the collapse of the Soviet Union. The increase was greatest in the African Region of WHO where life expectancy increased by 9.4 years to 60 years, driven mainly by improvements in child survival, progress in malaria control and expanded access to antiretrovirals for treatment of HIV. ... This year’s “*World Health Statistics*” shows that **many countries are still far from universal health coverage** as measured by an index of access to 16 essential services, especially in the African and eastern Mediterranean regions. Furthermore, a significant number of people who use services face catastrophic health expenses, defined as out-of-pocket health costs that exceed 25% of total household spending”.

For the new World Health Statistics (2016) report, see [here](#). Coverage in the [Guardian global development](#).

Imaxi - Speak-Up at #WHO4ALL

<http://www.imaxi.org/content/speak-who4all>

“In parallel with the WHA, the IMAXI Cooperative is organising ‘WHO4ALL’, a series of online ‘Speak-Up’ sessions and discussions on key issues related to the high-level meetings in Geneva from 23 - 28 May. The WHA, the decision-making body of the World Health Organization (WHO), determines the policies that affect billions of people in communities around the world. However, only the delegates from Member States (governments) have a say in these decisions. As the mantra of the SDGs is “Leave no one behind”, we think that the WHO must be reminded of “**Nothing about us without us**”- that the participation of the community in the design and implementation of health policies is essential for achieving the global goals by 2030. **‘WHO4ALL’ is a step towards making the WHO more inclusive and open**, while building bridges across many sectors of civil society engaged in advancing elements of the Right to Health. **From the WHA in Geneva, real-time news and ‘bottom-up’ views will feed into a dozen 30 minute discussion sessions on Twitter and WhatsApp on topics from the WHO Agenda...** . The transcript of these WHO4ALL discussions will be delivered to Dr. Chan, DG of WHO, so that all our views can be heard at the ‘top’. The IMAXI Cooperative is a global collective of people living with life-threatening diseases and disabilities, striving for the realisation of everyone’s human rights, from the bottom-up. From 23 to 28 May, join us at **#WHO4ALL**.”

On the issue of the (s)election of the next WHO DG, see also a blog by **M Kamal-Yanni**, [The race has begun to select the new WHO DG](#).

A key excerpt: “The new DG will have to face huge challenges in terms of the impact of years of financial stringency on core functions and on moral and mandate as well the difficulties facing the role of the WHO in the complex global health field. Given the critical importance of the DG role and the challenges he/she will face, **we recommend that mechanisms be put in place to enable public scrutiny of the candidate’s vision for the WHO.** In order to enable this public engagement **we propose:** Each candidate publicly **presents his/her manifesto** including: Their vision for what WHO would look like at the end of his/her term; Their key priority reform issues; How they will secure WHO’s independence while enhancing its financing; How to prioritise work areas across the complexity of global health issues and the various requirements of member states; Their aspiring legacy; Open public debates with stakeholders to discuss the candidates’ manifestos. This can be done as a webcast to allow participants from all countries with a moderator to organise the debate”

Final O’Neill (UK review) report on AMR: Tackling drug-resistant infections globally

http://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf

The final O’Neill (AMR) report, supported by the Wellcome Trust & commissioned by the Cameron government, was published on Thursday.

“This report outlines the Review’s final recommendations. It first discusses the mounting problem of resistance and why action is needed to combat it and then provides an overview of the solutions that the Review thinks should be implemented to curtail unnecessary use and increase the supply of new antimicrobials. It then looks at the role of public awareness campaigns, the need to improve sanitation and hygiene, reduce pollution from agriculture and the environment, improve global surveillance, introduce rapid diagnostics and vaccines, the need to increase the number of people in this area, and use of market entry rewards and an innovation fund to generate more drugs. Finally the paper examines how these solutions can be funded and looks at ways to build political consensus around them.” (See also [EU business](#) for some key messages).

“The final report recommends measures in four vital areas: Measures to oblige responsible use of antimicrobials in people including improved surveillance, rapid diagnostic testing, alternatives; Much stricter surveillance and restrictions on antimicrobial use in agriculture; Incentives to develop new types of antimicrobials, including funds and rewards for innovation and a levy on pharmaceutical companies; Global public awareness raising campaigns.”

Excellent **coverage & key messages** in [The Guardian](#) (Sarah Boseley) & [FT](#) (Multibillion-dollar pharma levy proposed in superbugs battle) for example. Some excerpts:

“... Among Lord O’Neill’s proposals is a new way of repaying companies for their inventions, through a “market entry reward” – a payment of around \$1.3bn to the successful developer of a new antibiotic for an “unmet need”. **This, for the first time, would cut the link between research and development and the price of a drug,** which is a model that campaigners have advocated for other diseases where the price of drugs is unaffordably high.”

“Pharmaceutical companies may be charged a multibillion-dollar levy to pay for the development of antibiotics that can overcome drug-resistant superbugs under proposals from a UK review. Jim

O'Neill, the UK Treasury minister and former Goldman Sachs economist who led the review, said there was a “strong case” for drugmakers to pay for new anti-infective drugs that market forces have failed to deliver. He urged a **“play or pay” scheme** under which pharma companies would be offered a “market entry reward” of up to \$1.3bn for producing an effective new antibiotic, paid in large part by a surcharge on other drugmakers. “For those pharma companies prepared to embark on the very complex and challenging and sometimes costly process of developing new antibiotics, they would be either exempt or get their money back,” said Lord O'Neill. “The money could be found from a small surcharge on the rest of the industry that chooses not to play.”

“...Lord O'Neill said the **estimated \$40bn total cost of his proposals over 10 years** paled in comparison with the **cumulative \$100tn global cost — and 10m annual deaths** — that he forecast would result from drug-resistant infections by 2050 if no action were taken. Lord O'Neill said the **scheme could also be financed by general taxation or through international institutions but urged policymakers to give “serious consideration” to an industry levy....**”

Lancet: China-India Mental Health Alliance Series

<http://www.thelancet.com/series/china-india-mental-health>

“China and India, which together contain 37% of the world’s population, are both undergoing rapid social change. Because mental disorders account for a high proportion of morbidity, detailed knowledge of the mental health status of the populations in these two countries and the evidence-base regarding the treatment of those disorders are of paramount concern. The China-India Mental Health Alliance comprises experts from both countries and elsewhere who have worked to produce a collection of systematic reviews based on extensive literature searches of both international and national databases. It is hoped that this series will encourage further collaboration between Chinese and Indian mental health research communities to address shared concerns.” (The China-India Mental Health Alliance is jointly coordinated by the Shanghai Jiao Tong University and the Public Health Foundation of India).

Coverage in the Guardian, [Millions of people with mental illnesses in China and India going untreated, study finds](#).

Lancet Global Health (June issue)

<http://www.thelancet.com/journals/langlo/issue/current>

There are some must-reads in this month’s Lancet Global health issue.

[Universal health coverage: political courage to leave no one behind](#) (Michel Sidibé): **“Five bold actions are now required** to make UHC a reality for everyone worldwide. I urge attendees at the G7 Summit to muster the political courage to embrace UHC as a human rights enterprise. A **rights-based approach to UHC** means building systems for health, putting those being left behind at the very forefront, tackling the social determinants of health, fully financing UHC, and renewing our

health architecture. **Only if we muster the political courage to do so will we succeed in achieving UHC for everyone by 2030.**"

[Building health systems in fragile states: the instructive example of Afghanistan](#) (by P Salama et al)

[Peruvian lessons for the transition from MDGs to SDGs](#) (by D Cotlear & C Vermeersch)

International Day against Homophobia, Transphobia and Biphobia (IDAHOT) on 17 May

UNAIDS calls for full and complete access to quality health care, including mental health care, for lesbian, gay, bisexual, transgender and intersex people

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/may/20160517_IDAHOT

"UNAIDS stands with people and organizations around the world in commemorating the International Day against Homophobia, Transphobia and Biphobia (IDAHOT) on 17 May, **the day 26 years ago when the World Health Organization declassified homosexuality as a mental disorder.** The IDAHOT theme for 2016 is **mental health and well-being.**"

Devex – Inside the World Bank's 'strategic global research agenda' for LGBTI rights

<https://www.devex.com/news/inside-the-world-bank-s-strategic-global-research-agenda-for-lgbti-rights-88118>

"The World Bank Group is taking steps to bolster its capacity to protect lesbian, gay, bisexual, transgender and intersex rights through its development work by hiring a sexual orientation and gender identity advisor and working with the United Nations Development Program and others to develop a new "strategic global research agenda" for LGBTI rights. With **just over two months until the Global LGBTI Human Rights Conference in Montevideo, Uruguay**, LGBTI rights activists, donors and development professionals around the world are assembling new approaches, lessons and best practices linked with the protection of LGBTI rights. For the World Bank, the creation of an historic new post and an emerging research agenda are two of the latest developments in an ongoing global effort to advance LGBTI equality..."

Guardian –Muslim states block 11 LGBT groups from attending UN Aids meeting

http://www.theguardian.com/world/2016/may/17/muslim-states-united-nations-lgbt-groups-aids-meeting?CMP=share_btn_tw

"A group of 51 Muslim states has blocked 11 gay and transgender organizations from attending a high-level meeting at the United Nations next month on ending Aids, sparking a protest by the US, Canada and the EU..." See also [Euractiv](#) ; [LGBT groups' exclusion from Aids summit risks human](#)

[rights, west says](#) (Guardian) and an **UNAIDS statement** on this issue, [UNAIDS calls for inclusion and full participation of civil society organizations at the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS](#)

Economist (blog) – At the UN, new global fault-lines over moral matters are emerging

<http://www.economist.com/blogs/erasmus/2016/05/un-and-gay-rights>

Good summary.

IP-Watch – India Releases New Intellectual Property Policy; Reactions Building

<http://www.ip-watch.org/2016/05/13/india-releases-new-intellectual-property-policy-reactions-building/>

Earlier this week, the Indian government released its long-awaited new intellectual property policy "and preliminary reactions appear to be that it caters to international pressures while attempting to provide a national focus". For our purposes, mainly related to access to medicine.

Zika

For the latest **WHO Zika situation report (19 May)**, see [here](#).

Some of the key Zika related news you get here already, the rest you find in the Zika section below.

World Health Organisation 'increasingly worried about Zika'

<http://home.bt.com/news/world-news/world-health-organisation-increasingly-worried-about-zika-11364061544398>

Chan's comments on Zika, this week, ahead of the WHA (and replying to earlier requests to postpone the Olympics – see last week's IHP newsletter). "*The World Health Organisation is increasingly concerned about the Zika virus but does not recommend cancelling or postponing the Olympic Games in Brazil this summer.*" She argues for a targeted approach instead.

Reuters –House approves \$622 million to combat Zika virus

[Reuters](#);

Over to the land that is about to become “great again”. “The **U.S. House of Representatives passed a bill on Wednesday to provide \$622.1 million** to control the spread of the Zika virus, far below President Barack Obama’s request and lower than Senate legislation. The bill passed the Republican-controlled House 241 to 184, largely along party lines, and sets up a confrontation with both the Republican-majority Senate and the Democratic Obama administration. The **White House has threatened to veto the House bill**, saying it was “woefully inadequate.” The Obama administration has requested \$1.9 billion. **On Tuesday, the Senate cleared the way for expected approval by the chamber on Thursday of \$1.1 billion** to fight the mosquito-borne Zika virus, which has been linked to birth defects...”

WHO – Meeting of the Emergency Committee under the International Health Regulations (2005) concerning Yellow Fever

<http://www.who.int/mediacentre/news/statements/2016/ec-yellow-fever/en/>

An Emergency Committee (EC) regarding yellow fever was convened by the Director-General under the International Health Regulations (2005) (IHR 2005) by teleconference on **Thursday 19 May 2016**.

“After discussion and deliberation on the information provided, it was the decision of the Committee that the urban yellow fever outbreaks in Angola and the Democratic Republic of the Congo is a **serious public health event** which warrants intensified national action and enhanced international support. **The Committee decided that based on the information provided the event does NOT at this time constitute a Public Health Emergency of International Concern (PHEIC)**. While not considering the event currently to constitute a PHEIC, Members of the Committee strongly emphasized the serious national and international risks posed by urban yellow fever outbreaks and offered technical advice on immediate actions for the consideration of WHO and Member States in a number of areas: ...”

Globalization & Health – Discourse, ideas and power in global health policy networks: political attention for maternal and child health in the millennium development goal era

Lori McDougall; <http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0157-9>

« Maternal and child health issues have gained global political attention and resources in the past 10 years, due in part to their prominence on the MDG agenda and the use of evidence-based advocacy by policy networks. This paper identifies key factors for this achievement, and raises questions about prospective challenges for sustaining attention in the transition to the post-2015 SDGs, far broader in scope than the MDGs. ...»

Coming up: G7 summit in Japan (May 26-25, Ise-Shima Summit)

<http://www.japan.go.jp/g7/summit/agenda/index.html>

Lancet (Health Policy) – Protecting human security: proposals for the G7 Ise-Shima Summit in Japan

Japan Global Health Working Group; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30177-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30177-5/fulltext)

“In today's highly globalised world, protecting human security is a core challenge for political leaders who are simultaneously dealing with terrorism, refugee and migration crises, disease epidemics, and climate change. Promoting universal health coverage (UHC) will help prevent another disease outbreak similar to the recent Ebola outbreak in west Africa, and create robust health systems, capable of withstanding future shocks. Robust health systems, in turn, are the prerequisites for achieving UHC. **We propose three areas for global health action by the G7 countries at their meeting in Japan in May, 2016, to protect human security around the world:** restructuring of the global health architecture so that it enables preparedness and responses to health emergencies; development of platforms to share best practices and harness shared learning about the resilience and sustainability of health systems; and strengthening of coordination and financing for research and development and system innovations for global health security. Rather than creating new funding or organisations, global leaders should reorganise current financing structures and institutions so that they work more effectively and efficiently. By making smart investments, countries will improve their capacity to monitor, track, review, and assess health system performance and accountability, and thereby be better prepared for future global health shocks.”

G7 Japan - The Ise Shima Summit 2016: An official publication of the G7 Research Group

<http://www.g7g20.com/g7-japan>

“G7 Japan: The Ise Shima Summit 2016, edited by the **G7 Research Group**, brings together opinion on global issues from leading figures in government, academia, business and at international organisations.” Features among others analyses from **Jim Kim (A new tool to counter pandemics)** , **Iлона Kickbusch (Seize the moment to reform global health governance)** and many others.

Kickbusch discusses among others the following: ‘The United Nations Secretary-General’s High-Level Panel on the Global Response to Health Crises (HLP) published the Protecting Humanity from Future Health Crises report in January 2016. It proposed the creation of a political mechanism – a **High-Level Council on Global Public Health Crises** – that would monitor the implementation of the newly approved reforms relating to the governance of health crises. The HLP proposed that the High-Level Council on Global Public Health Crises be composed of political representatives from 45-50 member states, elected by the UN General Assembly and tasked with preparing a 2018 global health summit. The HLP reinforced the principle that the responsibility to reform global health governance lies in the sphere of heads of state and government. These two proposals should be looked at both by the G7 and the G20 – but from a broader perspective. ...”

You might also want to read the [Lancet Perspective](#) of Japan's progressive minister of Health. Yasuhisa Shiozaki. "Next week, Japan will host the G7 Ise-Shima Summit, a salient moment in the life of Japan's Minister for Health, Labour and Welfare, Yasuhisa Shiozaki. He is clear about the priorities for the way the G7 can shape the future landscape of global health. "Throughout our G7 presidency, we intend to promote health security for all towards the achievement of the SDGs", Shiozaki says. "We would like to ensure better preparedness for future public health emergencies drawing the lessons from Ebola. We will **take up three key issues**: strengthening the global health architecture to respond to public health emergencies; promoting universal health coverage (UHC) with better preparedness and prevention; and strengthening the global response to antimicrobial resistance." ..."

Containing diseases on G-7 agenda

<http://the-japan-news.com/news/article/0002947147>

"The leaders of Group of Seven major nations will call for measures to contain dangerous infectious diseases such as Ebola hemorrhagic fever at the **upcoming Ise-Shima summit meeting**, according to **a draft outline of health-related matters to be included in the leaders' declaration obtained by The Yomiuri Shimbun**. The outline is centered around G-7 support for strengthening the capabilities of the World Health Organization and raising the level of medical services in developing countries in normal times, so that outbreaks of such diseases can be contained quickly. Funding research and development of new drugs is also mentioned in the outline...."

Global health professionals call on G7 to speed up coal phase-out

<http://www.businessgreen.com/bg/news/2458488/global-health-professionals-call-on-g7-to-speed-up-coal-phase-out>

"Bodies representing more than 300,000 doctors, nurses and other health professionals around the world call on G7 leaders to accelerate transition away from coal-fired electricity. The world's nurses, doctors and allied health professionals have today called on the world's most powerful leaders to hasten the phase-out of coal-fired electricity generation to minimise the risk to human health from poor air quality. Some 82 healthcare organisations from 30 countries around the world - representing more than 300,000 doctors, nurses and public health professionals - have released a joint statement calling on G7 nations to "accelerate the global transition away from coal-fired electricity". ..."

See also **BMJ Blog** - [Why the global health community is calling on the G7 to pull the plug on coal](#) (Nick Watts)

The Blog, Huffington post: G7 Leaders Can Help Close the Global Healthcare Workforce Gap

Rob Lovelace; http://www.huffingtonpost.com/rob-lovelace/g7-leaders-can-help-close_b_9994210.html

"WHO projects the shortage of health workers to grow to 18 million by 2030—the same year as the SDGs deadline—rendering reaching SDG 3 inconceivable unless the trend is reversed. That is why the work of the new High-Level Commission on Health Employment and Economic Growth is so

important. It is also why the policy recommendations of civil society groups lobbying the G7 like the G7/G20 Advocacy Alliance, led by the U.S. NGO umbrella InterAction, are asking the G7 to support the Commission's work. G7 Leaders can and should lend their strong support for the Commission's work and even more importantly, to follow-up by providing the leadership, financial support, and political will to implement the Commission's recommendations. Addressing the global health care worker shortage is one of the most important steps the G7 can take immediately to improve future epidemic preparedness."

The Lancet (Viewpoint) – Assessment of economic vulnerability to infectious disease crises

P Sands et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30594-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30594-3/fulltext)

« **Infectious disease crises have substantial economic impact. Yet mainstream macroeconomic forecasting rarely takes account of the risk of potential pandemics.** This oversight contributes to persistent underestimation of infectious disease risk and consequent underinvestment in preparedness and response to infectious disease crises. One reason why economists fail to include economic vulnerability to infectious disease threats in their assessments is the absence of readily available and digestible input data to inform such analysis. In this Viewpoint we suggest an approach by which the global health community can help to generate such inputs, and a framework to use these inputs to assess the economic vulnerability to infectious disease crises of individual countries and regions. **We argue that incorporation of these risks in influential macroeconomic analyses such as the reports from the International Monetary Fund's Article IV consultations, rating agencies and risk consultancies would simultaneously improve the quality of economic risk forecasting and reinforce individual government and donor incentives to mitigate infectious disease risks.** »

Zika

Some more links on the US funding (battle) for Zika

Kaiser Health news: [A Primer: How The Fight Against Zika Might Be Funded](#) (with a breakdown)

The Hill - [Zika funding overcomes key Senate hurdle](#)

Stat News - [Saying Zika is not Ebola, House Republicans feel little urgency to act](#)

Guardian – Zika virus could spread to Europe in coming months, says WHO

Sarah Boseley; <http://www.theguardian.com/world/2016/may/18/zika-virus-spread-europe-coming-months-world-health-organisation>

WHO classified the Europe-wide risk of mosquito-borne virus as low to moderate. See also the new [WHO report](#).

Some other bits & pieces:

[Scientists clone Zika for vaccine race](#) (BBC News) “US scientists have cloned the Zika virus - an important step towards fast-tracking a vaccine against the disease.”

Lancet Global Health (Comment) – WHO interim guidance on pregnancy management in the context of Zika virus infection

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30098-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30098-5/fulltext)

Comment by the WHO Guideline Development Group on the interim guidance.

Global health events of the week

Migration and Global Health Diplomacy International Experts convened at Gaziantep University, Gaziantep, Turkey (May 17, 2016)

<http://maghd.org/>

<http://www.prweb.com/releases/2016/05/prweb13407697.htm>

Well-timed event, just before the WHS in the same country.

We recommend this short op-ed (co-authored by I Kickbusch), [Bringing migration to global health diplomacy](#). Among others, the authors (and organizers of the event) say: “...After 70 years, **the social determinants of health**, strongly emphasized in this 1946 definition, **are yet to firmly include migration as a core element**. Migration and displacement uproot persons and populations from their native habitats. It is a game-changer that redefines and tests the physical, social and psychological settings and limits of people, often without their own choice. Social determinants of health aim to understand such “causes-of-causes” that insidiously but forcefully impact human health. “

Global governance of health

Medico – Resilience: Fit for Disaster

Thomas Gebauer; <https://www.medico.de/en/fit-for-disaster-16434/>

*(warmly recommended!) ““Sustainable development”, at least, was driven by the idea to actively and politically shape the world. Conversely, the concept of **resilience** is only about making people fit for survival.”*

AP – Candidate for UN health chief eyes global tax to help WHO

<https://www.yahoo.com/news/candidate-un-health-chief-eyes-worldwide-tax-help-142739566--finance.html>

“A French diplomat competing to be the world's top health official says a tiny international tax can help fill the World Health Organization's coffers, a proposal aimed at bringing order to the U.N. agency's fragmented budget. Dr. **Philippe Douste-Blazy** told journalists at the Foreign Ministry in Paris that "micropayments" tacked on to as-yet-undetermined international business operations could support WHO's budget. ... Douste-Blazy, a cardiologist who once served as France's foreign minister, **declined to be drawn Wednesday as to what exactly would be taxed....”** (pffft)

FT – Responding to pandemics: new ways of raising finance, and fast

P Yadav et al; <http://blogs.ft.com/beyond-brics/2016/05/19/responding-to-pandemics-new-ways-of-raising-finance-and-fast/>

The authors propose a few innovative ways to encourage both pandemic financing and rapid disbursement of funds. One paragraph in particular struck our attention: “...The cost of borrowing in the global sovereign debt market as well as the level of FDI in a country depend on a country's risk profile. Rating agencies currently model risk based primarily on economic, governance, legal and financial system related factors. **The Ebola crisis has highlighted the need for incorporating health system effectiveness and preparedness as important risk adjustment factors.** Robust research that can demonstrate the impact of investment in health system preparedness on country risk would encourage **third-party rating agencies such as S&P, Moody's and FDI investment advisers to start incorporating such factors into their risk assessments and ratings.** This would **strengthen the investment case for finance ministries in developing countries to invest in health systems.** The returns from such investments would accrue not only from population health improvements over time but more directly from decreased cost of borrowing and greater FDI flows....”

CGD (blog) - SDG Indicators: Serious Gaps Abound in Data Availability

C Dunning et al; <http://www.cgdev.org/blog/sdg-indicators-serious-gaps-abound-data-availability>

(recommended!!) *"...As it turns out, the 230 individual indicators that make up the SDGs are not quite ready for primetime, and the decision not to consider data availability during goal and target selection may come back to haunt SDG implementation..."*

ILO (report) – Poverty goal of 2030 Agenda at risk without decent work

[ILO](#);

See also **the Guardian** for some key messages & coverage, [Worsening economies threaten to undo gains against poverty – ILO](#). *"Worsening economic conditions in Asia, Latin America and the Arab world threaten to undo decades of progress in reducing global poverty, according to a report by the International Labour Organization. The UN agency said a third of workers earn less than the "moderate poverty threshold" of \$3.10 a day and their prospects are deteriorating as global trade slows and low oil prices affect producers in developing countries. **It urged richer countries to focus on improving the quality of jobs in poorer nations, rather than just on aid, in order to create more sustainable and better paid employment.**"*

Check out also the ILO's High-Level Political Forum official submission (for July): [The growing inequality in the world is perhaps the single most imposing barrier to achieving the SDGs laid out by the 2030 Agenda. It may come as no surprise that the deepening of this inequality has been accompanied by an erosion of labour institutions. There are countless examples of the role that social dialogue can play in helping reverse this trend and tackle inequality.](#) See [here](#).

As you know by now, *"The **High Level Political Forum (HLPF) will take place from the 11th to the 20th of July 2016 in New York.** It is mandated to provide political leadership, guidance and recommendations on the 2030 Agenda's implementation and follow-up; keep track of progress; spur coherent policies informed by evidence, science and country experiences; as well as address new and emerging issues."*

Mail & Guardian Africa - The business of aid: there's big money being made fighting poverty, disease and hunger

M Kennard & C Provost; [M&GAfrica](#);

(recommended – elaborate piece) *"Aid agencies and NGOs are increasingly partnering with large corporations. New answer to global development —or just corporate welfare for the 1%?"*

HS Global (blog) – Two perspectives on Medicines and the SDGs

http://www.healthsystemsglobal.org/blog/117/Two-Perspectives-on-Medicines-and-the-Sustainable-Development-Goals.html?utm_content=buffera5741&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

*“Reaching the SDGs will require a collective action. This is no more so the case than for Goal 3: Health and Well-being, Target 3.8, 3b1 - which focuses on access to safe, effective high-quality and affordable essential medicines and vaccines. Achieving this target will require considerable input from both researchers working on health systems in general and those focusing medicines in health systems. But is the goal as formulated sufficient? In the short interview below, Dr. **Maryam Bigdeli** asked fellow senior researchers Dr **Anita Wagner** (AW) from the Medicines in Health Systems Thematic Working Group and Dr **Kabir Sheikh** (KS) from the HSG Board of Directors to give us their viewpoint on this question....”*

BMJ (Letter) – Migrants’ right to healthcare: accepting limits on what European healthcare systems can provide

David Hughes; professor, health policy <http://www.bmj.com/content/353/bmj.i2679?etoc>

Debatable but worth reading.

HHR blog - Who Pays to Fulfill Health Rights? Aid Eligibility, Accountability and Fiscal Space

Sara L M Davis; <http://www.hhrjournal.org/2016/05/who-pays-to-fulfill-health-rights-aid-eligibility-accountability-and-fiscal-space/?platform=hootsuite>

(recommended) « Now that members of the UN have adopted the ambitious SDGs, the next question is: how to pay for it all? The answers raise questions about aid eligibility, transparency and accountability. ...”

Resyst (blog) - Learning from struggles for social justice: launch of the Gender, Rights and Development (GRAND) network, 25th April, Edinburgh

<http://resyst.lshtm.ac.uk/news-and-blogs/learning-struggles-social-justice-launch-gender-rights-and-development-grand-network>

In this blog post, **Rachel Tolhurst** discusses the launch of the GRAND Network and how intersectionality can be used in research.

UHC

Technical report - The Sierra Leone Free Health Care Initiative (FHCI): process and effectiveness review

Sophie Witter et al;

<https://www.researchgate.net/publication/303234918> The Sierra Leone Free Health Care Initiative FHCI process and effectiveness review

*“The FHCI, launched in April 2010 in Sierra Leone, took an ambitious approach to reducing financial barriers by introducing **health systems strengthening across all pillars** (Governance, Communications, M&E, Drugs and Medical Supplies, Infrastructure, Health Workforce, and Financing). This note summarises the findings of a review conducted in 2014-16, using a theory-based evaluation approach with mixed methods. ...”* Among others, they “conclude that the FHCI was one important factor contributing to improvements in coverage and equity of coverage of essential services for mothers and children”. (recommended!!!)

You also find a **summary (ppt) presentation** here:

<https://www.researchgate.net/publication/303235976> Sierra Leone Free Health Care Initiative Findings of independent evaluation team

Lancet (Offline) – India—a great nation, marred

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30179-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30179-9/fulltext)

“The biggest conundrum in health today is understanding the paradox between China and India. ... “(in case you’re wondering, Horton is much more impressed by the Chinese government’s health policies & commitment than the Indian’s). Read why.

PCHPI (blog) - Closing the Primary Health Care Measurement Gap

<http://phcperformanceinitiative.org/blog/2016/05/11/closing-primary-health-care-measurement-gap?platform=hootsuite>

“...Hosted by the Ghana Health Service, representatives from 10 countries across Africa, Asia, and Latin America, as well as the Primary Health Care Performance Initiative (PHCPI) and Joint Learning Network for Universal Health Coverage (JLN) partner organizations including the World Bank Group, Bill & Melinda Gates Foundation, Results for Development, and Ariadne Labs, **met in Accra, Ghana in April 2016 to kick off a new learning collaborative on Primary Health Care Measurement for Improvement. ...**”

Meanwhile, in **Brazil**, “[New Brazil Health Minister Wants to Destroy Public Health Care](#)”.

Planetary health

The Atlantic – The White House launches the national microbiome initiative

<http://www.theatlantic.com/science/archive/2016/05/white-house-launches-the-national-microbiome-initiative/482598/>

“The White House is announcing the launch of the National Microbiome Initiative (NMI)—an ambitious plan to better understand the microbes that live in humans, other animals, crops, soils, oceans, and more....”

See also the White House [announcement](#). (*wonder what sort of microbes live in Trump’s mouth, but that’s a different story*)

Climate Change

On May 5, Harvard [launched](#) the **Initiative on Climate Change and Global Health** to examine costs and possible strategies for mitigating climate change (with some help from John Kerry).

Meanwhile, all over the world, the writing is on the wall. **Frightening feedback loops are kicking in, with humans unable to cope (or just too damned stupid to change their ways)**. Last week the intro already mentioned the devastating fires in Alberta, here are some headlines from this week:

[India to 'divert rivers' to tackle drought](#) (BBC News) – see also [India set to start massive project to divert Ganges and Brahmaputra rivers](#) (Guardian)

(Guardian) [Arctic oil drilling: outcry as Norway opens new areas to exploration](#).

[Great Barrier Reef: who's profiting from the destruction and devastation?](#)

As Anthony Costello said this week in Copenhagen, this issue should be sky-high on the agenda everywhere. (Last time I checked, though, the Donald said he wants to 're-negotiate' the Paris agreement ...)

Guardian – Global warming will hit poorer countries hardest, research finds

<https://www.theguardian.com/science/2016/may/17/global-warming-will-hit-poorer-countries-hardest-finds-research>

Just in case you needed further proof.

Guardian - Humans damaging the environment faster than it can recover, report finds

http://www.theguardian.com/environment/2016/may/19/humans-damaging-the-environment-faster-than-it-can-recover-report-finds?CMP=tw_t_a-global-development_b-gdndevelopment

*“Degradation of the world’s natural resources by humans is rapidly outpacing the planet’s ability to absorb the damage, meaning that the rate of deterioration is increasing globally, the **most comprehensive environmental study ever undertaken by the UN** has found. The study, which involved 1,203 scientists, hundreds of scientific institutions and more than 160 governments brought together by the **UN Environment Programme (UNEP)**, concludes that without radical action the level of prosperity that millions of people in the developed world count on will be impossible to maintain or extend to poorer countries. ...”*

Infectious diseases & NTDs

BMC Public Health – Critiquing the response to the Ebola epidemic through a Primary Health Care Approach

<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3071-4>

Co-authored by David Sanders.

Aidspan – New WHO recommendations for MDR-TB will lower the cost of treatment and improve outcomes

http://www.aidspan.org/gfo_article/new-who-recommendations-mdr-tb-will-lower-cost-treatment-and-improve-outcomes

Short Reflection by **David Garmaise** on last week’s news (with also implications for GF).

Lancet (Comment) – Polio vaccination: preparing for a change of routine

E P K Parker et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30593-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30593-1/fulltext)

“The Global Polio Eradication Initiative is on the brink of a major milestone. As of April, 2016, the serotype 2 component of oral poliovirus vaccine (OPV) will be removed from all immunisation activities worldwide. ...”

NCDs

Guardian – Court condemns tobacco giant Philip Morris over secret bid to sue Australia

<https://www.theguardian.com/business/2016/may/17/court-condemns-tobacco-giant-philip-morris-over-secret-bid-to-sue-australia>

“An international tribunal has unveiled a secret ruling confirming it rejected a bid by tobacco giant Philip Morris to sue Australia over its plain packaging laws, calling the attempt “an abuse of rights”. In its heavily redacted 186-page ruling dating from 17 December 2015, the permanent court of arbitration said it had no jurisdiction over the case brought by Philip Morris.”

You might also want to read an **IP-Watch** article on **plain packaging in Africa**, [Amid Global Push For Tobacco Plain Packaging, IP And Health Rights Bog Down Africa](#).

“...Governments worldwide are increasingly embracing plain packaging as a tool in the fight against tobacco use, despite pressure from the tobacco industry. As the World Health Organization marks ‘World No Tobacco Day’ to highlight the health risks associated with tobacco use on **31 May**, this year’s theme is ‘**Get Ready for Plain Packaging**.’ But at the backdrop of this global push for plain tobacco packaging no African country has done so yet...”

Politico - WHO’s strategy to put Big Tobacco ‘out of business’

<http://www.politico.eu/article/the-whos-strategy-to-put-big-tobacco-out-of-business-margaret-chan-tax-cigarettes-labeling-rules-trade/>

“The embattled tobacco industry is struggling to fight off one of its fiercest and possibly most dangerous foes to date: the World Health Organization. The Hong Kong native who has run the U.N. body for the past decade, Margaret Chan, takes evident pride in being called Big Tobacco’s public enemy No. 1, saying that her goal is to “make sure that the tobacco industry goes out of business.” ...”

Sexual & Reproductive / maternal, neonatal & child health

Guardian – UK Campaign to end violence against women must be bolder, says aid watchdog

<http://www.theguardian.com/global-development/2016/may/17/uk-campaign-gender-violence-bolder-aid-watchdog-women>

Even with substantive efforts to tackle gender-based violence over the next few years, much more needs to be done at a larger scale. A piece Independent Commission for Aid Impact (Icai) report on the role of the DFID in tackling the issue.

Guardian – Anti-LGBT views still prevail, global survey finds

<http://www.theguardian.com/world/2016/may/17/global-lgbt-rights-new-survey-ilga>

No surprises here, a survey by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) in partnership with the survey technology company RIWI Corp found “deeply entrenched heteronormative concepts of sexual orientation and gender identity”. A separate report looks at laws on same-sex sexual acts worldwide – a punishable offense in many countries.

Lancet (Editorial) – No ifs, no buts, no follow-on milk

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30599-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30599-2/fulltext)

This Lancet editorial comments on the new report by WHO, UNICEF, and the International Baby Food Action Network summarizing the status of international implementation of the International Code of Marketing of Breast-Milk Substitutes (see last week’s IHP newsletter).

This week’s Lancet issue also has a number of **Letters on ‘Breastfeeding in the 21st century’**.

Lancet (Comment) – Late maternal deaths: a neglected responsibility

K Sliwa et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30391-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30391-9/fulltext)

“Most countries record maternal death only up to 42 days postpartum because of the assumption that avoidable death in pregnant women occurs during pregnancy or shortly thereafter. Although limited, the available data suggest otherwise. Globally, there are more post-partum and late

maternal deaths from direct and indirect obstetric causes than maternal deaths during pregnancy. Post-partum and late maternal deaths have not declined in the past decade, whereas deaths during pregnancy and the puerperium have....”

The authors also wonder what can be done to improve the recognition and reporting of late maternal death.

Reuters - Female genital mutilation is a men's issue, say African activists

<http://www.reuters.com/article/us-women-conference-fgm-men-idUSKCN0Y80HI>

Improving women’s health, including tackling female genital mutilation, will not be successful without the help of half the population, i.e. men. “But now a small number of men are joining their ranks. In Kenya, there is even a Maasai cricket team that campaigns against FGM. An estimated 200 million girls and women worldwide have undergone FGM, which is practiced in a swathe of African countries and pockets of the Middle East and Asia.”

Project Syndicate – The Right diet for Gender equality

<https://www.project-syndicate.org/commentary/gender-equality-and-diet-by-ngozi-okonjo-iweala-and-lawrence-haddad-2016-05>

By **Ngozi Okonjo-Iweala & Lawrence Haddad**. “...We can no longer treat gender discrimination and malnutrition as separate issues. The two are inextricably linked; they reinforce each other in a pattern that touches women at every stage of their lives. ...” On June 14, the 2016 Global Nutrition Report will launch globally.

Guttmacher Institute: In Developing Regions, 23 Million Adolescents at Risk of Unintended Pregnancy, Not Using Modern Contraceptives

[Guttmacher institute:](#)

In their report *Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents*, Jacqueline E. Darroch et al., highlight once again the unmet need for contraception among adolescents in developing countries. The report presents and highlights a comprehensive analysis for the need for improved sexual and reproductive health services for adolescents in developing countries.

BBC News – Charity Save the Children urges 'new deal' for child refugees

<http://www.bbc.com/news/world-europe-36299538>

Save the Children's latest report, *A New Deal for Refugees* stresses the need to prevent children from dropping out of school for more than a month. "Save the Children says only one in four refugee children is now enrolled in secondary school. The charity is calling on governments and aid agencies to adopt a new policy framework that will ensure no refugee child remains out of school for more than a month."

ITM – Syphilis almost eliminated everywhere, except in Africa

<http://www.itg.be/itg/GeneralSite/Default.aspx?L=E&WPID=688&MIID=637&IID=492>

In a new study, Prof. Chris Kenyon (ITM) describes the decline of syphilis around the world, attributed also to the discovery and use of penicillin. The exceptions though are for some African countries, including Liberia, Malawi and Somalia – countries where more than 5% of pregnant women have syphilis.

Access to medicines

MSF - Countries Must Reject Further Changes to the TPP That Would Worsen Access to Affordable Medicines

http://www.doctorswithoutborders.org/article/countries-must-reject-further-changes-tpp-would-worsen-access-affordable-medicines?utm_medium=social&utm_source=twitter&utm_campaign=social

"Altering the signed TPP agreement to further extend monopoly protections for pharmaceutical companies will delay price-lowering generic competition and keep medicines out of reach of patients and treatment providers like MSF," said Judit Rius Sanjuan, MSF's US Access Campaign manager and legal policy advisor. "Pharmaceutical companies already enjoy some of the longest monopoly protections of any industry, and governments should ensure that the TPP doesn't prioritize additional company profits at the expense of public health." (MSF statement ahead of the 2016 APEC meeting of Ministers Responsible for Trade in Peru on May 17-18)

AHPSR (Editorial) - Using health markets to improve access to medicines: three case studies

<http://www.who.int/alliance-hpsr/news/2016/editorialmedicines/en/>

An editorial which summarises the findings and lessons relevant to policy makers from the three case studies which served as the background for the Alliance's F2014 Report, *Medicines in Health systems: advancing access, availability and appropriate use*. The case studies served to illustrate the use of health market interventions to enhance access to medicines in LMICs.

I-MAK: Indian Health Advocates Appeal Patent Office Reversal On Gilead's Hepatitis C Drug

<http://www.i-mak.org/news-releases/2016/5/13/i-mak-indian-health-advocates-appeal-patent-office-reversal.html/>

The Initiative for Medicines, Access and Knowledge, along with the Delhi Network of Positive People (DNP+) filed an appeal to the Delhi High Court, appealing against the Indian patent office's decision to grant Gilead a patent for sofosbuvir, the base compound in its hepatitis C drug. "The health and wellbeing of millions in India, and around the globe, depends on the rejection of unmerited patents, which create barriers to treatment and block access to life-saving drugs," said Loon Gangte of the Delhi Network of Positive People and Regional Co-ordinator of ITPC-South Asia. "This latest decision by the Indian patent office will only deepen the public health crisis, and force millions of patients around the world to continue to pay exorbitantly high prices. Patients everywhere, including those countries with high HCV burden excluded by Gilead's licenses deserve affordable access to care, so that they can lead healthy lives."

Reuters - Deal still possible in Colombia-Novartis cancer drug talks : minister

<http://www.reuters.com/article/us-novartis-colombia-cancer-idUSKCN0Y9238>

"The door remains open for Swiss pharmaceutical company Novartis to reach a deal with Colombia to lower the cost of cancer drug imatinib and prevent the Andean country from allowing generic production of the medication, the health minister said. Colombia asked Novartis (NOVN.S) to lower the price of imatinib, which is used to treat leukemia and other cancers, in an effort to save costs for the country's beleaguered healthcare system but negotiations broke down and prompted the country to announce it may declare a compulsory license. ..."

Miscellaneous

Richard Smith (blog on BMJ) – Returning health to the people

http://blogs.bmj.com/bmj/2016/05/19/richard-smith-returning-health-to-the-people/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fblogs+%28Latest+BMJ+blogs%29&g=w_bmj-com

Richard Smith discusses the attempts by the ‘Creating Health Collaborative’ to hand health back to the people.

Check out the Collaborative’s **report** as well: [Eleven principles for creating health](#).

OECD –A new DAC in a changing world – setting out a path for the future- Terms of Reference High-Level Panel

<http://www.oecd.org/dac/A-new-DAC-in-a-changing-world.pdf>

“At the February 2016 High-Level Meeting, the Development Assistance Committee (DAC) agreed to make proposals and recommendations for enhancing its inclusiveness and representativeness, and maximising its relevance and impact so as to better support sustainable development efforts as set forth by the United Nations and its member states. To this end, DAC Members supported the establishment of a High-Level Panel. This Panel will elaborate proposals and recommendations for the Committee, on the following basis ...”

The Guardian: Venezuelans barter for leftover medicine as economic crisis deepens

<http://www.theguardian.com/world/2016/may/18/venezuelans-barter-for-leftover-medicine-as-economic-crisis-deepens>

“We found the heart disease drug Manidon, which my mum takes daily, using WhatsApp. We bartered the drug for four rolls of toilet paper,’ says Carlos Gonzalez, 35, an IT worker whose wife is expecting a baby next month.” A **public health emergency** follows close on the heels of Venezuela’s economic crisis. Medicines are in short supply and people are bartering medicines for other goods, relying on those travelling abroad or ordering medicines online.

The New York Times Magazine: Doctors With Enemies: Did Afghan Forces Target the M.S.F. Hospital?

http://www.nytimes.com/2016/05/22/magazine/doctors-with-enemies-did-afghan-forces-target-the-msf-hospital.html?_r=0

Was the bombing of the MSF hospital in Kunduz an accident or deliberate? The New York Times Magazine presents potential scenarios leading to the bombing of the MSF hospital bombing.

Emerging Voices

On May 19, **Aku Kwamie** (EV 2012) **defended her PhD thesis** in Wageningen, Holland. Do Watch “The Tree under which you sit: Realist approaches to district-level management and leadership in maternal and newborn health policy implementation in the greater Accra region, Ghana”:

<https://wurtv.wur.nl/p2gplayer/Player.aspx?id=d1NNaq>

Research

Health Policy & Planning – Financial sustainability versus access and quality in a challenged health system: an examination of the capitation policy debate in Ghana

K N Atuoye et al;

<http://heapol.oxfordjournals.org/content/early/2016/05/12/heapol.czw058.short?rss=1>

« Policy makers in low and middle-income countries are frequently confronted with challenges of increasing health access for poor populations in a sustainable manner. After several years of trying out different health financing mechanisms, health insurance has recently emerged as a pro-poor health financing policy. Capitation, a fixed fee periodically paid to health service providers for anticipated services, is one of the payment policies in health insurance. This article examines claims and counter-claims made by coalitions and individual stakeholders in a capitation payment policy debate within Ghana’s National Health Insurance Scheme. ...”

Health Policy & Planning –Barriers and facilitators to health information exchange in low- and middle-income country settings: a systematic review

A Akhlaq et al;

<http://heapol.oxfordjournals.org/content/early/2016/05/14/heapol.czw056.short?rss=1>

« *The exchange and use of health information can help healthcare professionals and policymakers make informed decisions on ways of improving patient and population health. Many low- and middle-income countries (LMICs) have however failed to embrace the approaches and technologies to facilitate health information exchange (HIE).* » The authors of this paper sought to understand the barriers and facilitators to the implementation and adoption of HIE in LMICs.

Social Science & Medicine – Is Development Assistance for Health fungible? Findings from a mixed methods case study in Tanzania

M M Alvarez et al; <http://www.sciencedirect.com/science/article/pii/S0277953616302167>

“The amount of Development Assistance for Health (DAH) available to low- and middle-income countries has increased exponentially over the past decade. However, there are concerns that DAH increases have not resulted in increased spending on health at the country level. This is because DAH may be fungible, resulting from the recipient government decreasing its contribution to the health sector as a result of external funding. The aim of this research is to assess whether DAH funds in Tanzania are fungible, by exploring government substitution of its own resources across sectors and within the health sector. We found some evidence of substitution of government funds at the health sector and sub-sector levels and two mechanisms through which it takes place: the resource allocation process and macro-economic factors. We found fungibility of external funds may not necessarily be detrimental to Tanzania’s development (as evidence suggests the funds displaced may be reallocated to education) and the mechanisms used by DPs to prevent substitution were largely ineffective. We recommend DPs engage more effectively in the priority-setting process, not just with the Ministry of Health and Social Welfare (MoHSW), but also with the Ministry of Finance, to agree on priorities and mutual funding responsibilities at a macroeconomic level. We also call for more qualitative research on fungibility.”