IHP news : Men’s health & “a bold new political declaration on ending AIDS”

(10 June 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,

‘Leave No Woman Behind’, ‘No Child Left Behind’, ‘Leave No One behind’… these sorts of slogans sound no doubt familiar to readers of this newsletter. Although we obviously agree with these messages, we’re generally not too fond of these mantras, as we tend to agree with Saskia Sassen that our age (of neoliberal globalization) is actually an age of ruthless exploitation and increasing “expulsions”: “Expulsions from professional livelihood, from living space, even from the very biosphere that makes life possible”.

The European Commission and many other global/regional institutions and governments showcase such an expulsion logic on a near weekly basis, usually “packaging” their harsh policies with terms that sound almost harmless (like ‘compacts’, ‘partnership frameworks’, ‘a mix of positive and negative incentives’…). Against that backdrop, though, the “Leave No … Behind” slogans sound a bit out of place. Especially European bureaucrats, US Republicans and Tories (from both the ‘Remain’ & ‘Leave’ camp) should refrain from using them.

Thankfully, not all is gloomy in this world. International Men’s Health week is coming up (13-19 June)! This year, timing is just great, as the European Football championship is also about to kick off in France. The many men of a certain age who feel like rusty cars on a bad day (and most days are bad days once you reach a certain age 😒), will all of a sudden feel a whole lot better.

This week’s Featured article by Peter Baker (Global Action on Men’s health) discusses men’s health (and the lack of global & national attention for it) more seriously. Do have a look!

Enjoy your reading.

The editorial team
Featured Article

Leave No Man Behind

Peter Baker
Director, Global Action on Men’s Health (www.gamh.org)

Many health outcomes indicators are worse for men than women but men’s health is often overlooked by global and national health organizations. In this blog, I argue that there is a strong ethical, economic and social case for new approaches that address the needs of men and justify their inclusion in the dialogue about the implementation of the new Sustainable Development Goals.

Men’s health is a global health issue that few organizations and activists seem ready to discuss. This is despite a mass of readily-available evidence showing the health burden borne by men. Recent WHO data shows that, globally, there is a five-year life expectancy gap between the sexes (69 years for men, 74 for women) and there is not one country in the world where men outlive women. The gap between the sexes has actually widened since 1970 and is expected to increase further by 2030 – by then, male life expectancy could well be seven years shorter than female life expectancy. Africa is the WHO region with the lowest male life expectancy at 58 years. Sierra Leone has the poorest life expectancy for men in the world at 49 years. There are 27 countries in the world with male life expectancy below 60; 26 of these are in Africa (the only non-African country is Afghanistan).

Men fare poorly on a wide range of health measures. The global age-standardised cancer incidence rate for men is 205 per 100,000 and the male mortality rate is 126; the respective figures for females are 165 and 83. The global suicide rate in men is almost twice that in women; the European region has the biggest male: female ratio (4:0). Male smoking rates are higher than female with the biggest sex gaps in low- and middle-income countries. In Indonesia, 76% of men smoke compared to 4% of women. Men make up about 90% of road traffic fatalities in urban areas in Bangladesh, a country with one of the highest road death rates in the world. There are similar figures in other low- or middle-income countries, although, of course, in some societies this reflects restrictions on the ability of women to leave their homes.

But the problems facing men have not been addressed by most national governments or international health organisations. Only Australia, Brazil and Ireland have introduced national men’s health policies. Most other governments have been largely silent on the issue and, as Sarah Hawkes and Kent Buse have shown, ‘global health policies and programmes focused on prevention of and care for the health needs of men are notably absent.’ The UN’s new Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) has been criticized for overlooking boys – ‘boys matter too and are in danger of being left behind’, said a Lancet editorial – and at the recent G7 Summit in Japan world leaders made important commitments to improving women’s health but did not mention men.

This approach has been evident in the global response to the HIV epidemic. Although about 50% of those living with HIV and 60% of AIDS-related deaths are male, insufficient action has been taken to tackle men’s later presentation to HIV services, their lower rates of HIV testing and their poorer compliance with antiretroviral treatment.
There are several reasons for the neglect of men’s health. Since it is clear that women face many significant health problems, along with other, multiple social disadvantages, they have understandably been seen as a global health priority. I believe that men may also have forfeited sympathy because of the role of many in perpetrating gender-based violence and other forms of discrimination against women, including often denying them access to healthcare.

But there is not a simple binary choice to be made between addressing men’s and women’s health. This need not be a zero sum game. In any event, improving men’s health would also be good for women’s health. In lower-income households and countries in particular, the loss or incapacity of the primary breadwinner, usually a man, can have a hugely detrimental effect on partners and children. They may have to take on caring responsibilities, limiting employment and educational opportunities and reducing current and future income.

The Sustainable Development Goals concerning health – which include smoking, road traffic accidents and substance misuse – are unlikely to be achieved without taking men into account. Men’s premature mortality and morbidity costs the United States economy some GBP £335 billion annually while the economic burden associated with smoking, excess weight, alcohol and physical inactivity in Canadian men has been estimated at about GBP £18 billion a year. Tackling men’s health therefore makes good economic sense too. Overlooking men’s health burden is, moreover, a contravention of the basic human rights set out in the WHO Constitution.

These arguments are now being made by men’s health organizations working in Europe, North America, Southern Africa and Australasia. Many of these are now members of the Global Action on Men’s Health, a new NGO which seeks to raise the profile of men’s health with both national governments and international health organizations. These groups have highlighted the increasingly robust evidence-base for gender-sensitive interventions that can reduce men’s risk-taking, improve their use of health services, enhance their mental health and wellbeing, and encourage them to be more actively involved in the health of their partners and children.

The case for action on men’s health at a global level will be highlighted during International Men’s Health Week (13-19 June 2016). Men’s health organizations and activists will be hoping that WHO and other global health agencies will soon decide to pay due attention to a problem that has for too long been hiding in plain sight.

**Highlights of the week**

**BMJ Global Health – Boundary-spanning: reflections on the practices and principles of Global Health**

Kabir Sheikh, Helen Schneider, Lucy Gilson et al;
[http://gh.bmj.com/content/bmjgh/1/1/e000058.full.pdf](http://gh.bmj.com/content/bmjgh/1/1/e000058.full.pdf)

Must-read. "As Global Health evolves, not merely as a metaphor for international collaboration, but as a distinct field of practice, it warrants greater consideration of how it is practiced, by whom, and for what goals. We believe that, to become more relevant for the health systems and communities..."
that are their intended beneficiaries, Global Health practices must actively span and disrupt boundaries of geography, geopolitics and constituency, some of which are rooted in imbalances of power and resources. In this process, fostering cross-country learning networks and communities of practice, and building local and national institutions with a global outlook in low and middle-income countries, are critically important. Crucially, boundary-spanning practices in Global Health require a mindset of inclusiveness, awareness of and respect for different coexisting realities.”

**Men’s health week (13-19 June)**


See also the Featured article of this week (by Peter Baker). Tackle Men’s health problems in every country, said the global men’s health organisation ‘Global Action on Men’s Health’ (GAMH) on the eve of men’s health week. It’s vital to add men & boys to the (global health) gender agenda. Check out what GAMH would like to see happen.

**The last days of Guinea worm?**

**NPR Goats & Soda - Jimmy Carter May Soon Get His 90th Birthday Wish: No More Guinea Worm**


Let’s hope this happens before Jimmy himself kicks the bucket. “Former President Jimmy Carter may be on the brink of celebrating the birthday wish he made last year: the global eradication of Guinea worm disease. **This year, there are only two confirmed cases**, compared to 3.5 million a year in the 1980s. It’s a medical milestone that took a nearly 30-year effort by the Carter Center and its partners. Carter spoke to NPR’s Robert Siegel about the fight against Guinea worm. An edited version of the interview follows.”

As much as we like Jimmy Carter, we also sort of agree with Adia Benton’s tweet: - “I like jimmy carter. yet i struggle with how to read and process his being centered in the ‘big man’ narrative on guinea worm eradication.”

**2016 (UNGA) High-Level Meeting on ending AIDS (New York, 8-10 June)**


As mentioned ahead of the meeting, **the aim** of the 2016 High-Level Meeting on Ending AIDS was “to focus the world’s attention on the importance of a Fast-Track approach to the AIDS response over the
next five years. The UNAIDS Fast-Track approach aims to achieve ambitious targets by 2020, including: Fewer than 500 000 people newly infected with HIV. Fewer than 500 000 people dying from AIDS-related causes. Elimination of HIV-related discrimination.”

I: Reports, analyses, statements, advocacy…. AHEAD of the UN High-Level meeting

UN News – UN urges collective action ahead of forum to fast-track AIDS response over next five years


The general backdrop and some overall information on the three-day event. “While much has been done over the past few years to halt and reverse the AIDS epidemic, the international community is set to gather for a three-day meeting at UN Headquarters in New York later this week in order to propel the global response on a fast-track approach and chart the way towards ending AIDS as a public health threat by 2030 as part of the SDGs. “Ending the AIDS epidemic is a crucial part of achieving the SDGs,” said UN Secretary-General Ban Ki-moon ahead of the 2016 High-Level Meeting on Ending AIDS, which will take place from 8 to 10 June in the UN General Assembly....”

Report of the UN Secretary-General for the High-Level meeting on Ending AIDS

http://sgreport.unaids.org/

As a reminder.

UNAIDS – “Calling on innovators, implementors, investors, activists and leaders to Fast-Track ending the AIDS epidemic by 2030

Michel Sidibé ;

Sidibé’s statement just ahead of the high-level meeting. He stressed the importance of a people-centred approach at the High-Level Meeting on Ending AIDS.

MSF said on Tuesday that “Governments need to improve access to HIV treatment in West and Central Africa, where critical medicines reach less than one-third of those in need”.

Open Democracy – Ending HIV: ideology vs evidence at the UN

Susana T Fried; https://opendemocracy.net/ending-HIV-ideology-vs-evidence-at-UN
“This week’s negotiations over the UN’s Political Declaration Ending AIDS are rife with circular debates, and sex, gender and sexuality are flashpoints of polarization.” “…In the current negotiations three disputes have reached new heights of absurdity: first, whether we can “name” the communities that are most affected by HIV globally - “key populations”- composed of men who have sex with men [MSM], transgender women, drug users and sex workers; second, whether evidence supports the claim that gender-based violence increases women’s and key populations’ vulnerability to HIV; and third, whether we can name “comprehensive sexuality education” as one important strategy to reduce vulnerability to HIV and increase access to services. The debates illustrate a toxic combination of cowardice, misogyny, homo- and trans-phobia, religious fundamentalism, and a closing of space for realistic discussion of how to solve pressing global challenges by governments and civil society together….”

UNAIDS Reference Group on HIV and Human Rights (Statement) - Action on human rights is essential to achieving “the end of AIDS.”


16 pages (that are hard to argue with). See also AIDS epidemic still driven by human rights violations, UN experts warn. “Ahead of next week’s high-level meeting on ending AIDS by 2030, United Nations independent experts are warning that the epidemic is still being driven by human rights violations, urging all Governments to remove punitive laws, policies and practices. “Such laws and practices impede, and sometimes altogether bar, certain populations from accessing information, as well as health goods and services that are critical to the prevention, treatment, and care of HIV,” said a joint statement by Special Rapporteurs on the right to health Dainius Pūras; on extreme poverty, Philip Alston; and on violence against women Dubravka Šimonovic; and the Chairperson of the UN Working Group on Discrimination against women, Frances Raday….”

Other recommended analyses & viewpoints (on state of affairs in HIV/AIDS fight & remaining gaps)

D Puras, P Hunt & A Grover (Huffington Post) End AIDS by 2030? Not Without Harm Reduction: The view from the current UN Special Rapporteur on the right to health (Puras), the former one (A Grover) & Paul Hunt. “Last year, world leaders adopted the SDGs, which include a bold global target to end AIDS by 2030. While ambitious, this target is achievable, but only if governments redouble their efforts to prevent the transmission of HIV infection among those at risk, and their commitment to provide treatment to those living with the virus. In short, it requires governments to stand up against the stigma, discrimination and criminalisation that have driven the spread of HIV for decades, and embrace instead evidence- and rights-based responses….”

Liliane Ploumen (Dutch minister) - It isn't lack of drugs preventing us eradicating Aids, but inequality “To tackle HIV rates we must give a voice to people prevented from accessing treatment due to social stigma”. (Guardian op-ed)

Antigone Barton (Science Speaks): Men who have sex with men, sex workers groups ask: Will next UN political declaration on HIV and AIDS exclude most affected, least reached populations? “As world representatives meet this week to set next course on HIV, deletions of key populations raise
questions on commitment to ambitious 90-90-90 goals. Sexual minorities, people who inject drugs and the barriers they face ignored on the ground, and now obscured in revised political declaration, advocates find.”

MSMGF (the Global Forum on MSM and HIV) and NSWP (the Global Network of Sex Work Projects) summed up their concerns here (4 June).

Jamie Uhrig (on the latest UNAIDS AIDS global update report) - HIV prevention has stalled “…It is short. There is very little good news except for the growth of antiretroviral treatment. There are still over a million HIV-related deaths a year. And then there is the bad news. Prevention has stalled. There were no changes in new HIV infection rates or incidence in most parts of the world.”

Alanna Shaikh - The Two Main Reasons HIV is Still Around After All These Years “inequity and discrimination”.

II: the High-Level meeting
(the High-Level meeting is still ongoing, as this newsletter is sent out – here some coverage of the first two days)

UNAIDS – Bold new Political Declaration on Ending AIDS adopted in New York


“United Nations Member States agree to reach ambitious new targets by 2020, pledging to leave no one behind (ahum) and end the AIDS epidemic as a public health threat by 2030.”

Check out also another UNAIDS press release - UN political declaration on AIDS sets the world on the fast-track to end the epidemic by 2030. (with some more detail on the elements of the political declaration).

You find the political declaration here.

Some tweets to sense the mood:

“Inclusion of #HarmReduction in #HLM2016AIDS @UN Declaration on #EndingAIDS - major step in right direction! A huge CONGRATS on ur leadership”

“Got #harmreduction. Didn't get named #keypopulations or comprehensive sexuality education. #HLM2016AIDS”

“Leaders pledge full use of TRIPS flexibilities to ensure access to safe & affordable medicines #HLMAIDS2016”
“Leaders commit to #UHC & integrated service delivery at #HLM2016AIDS”

And a first (rather scathing) analysis:

Guardian – UN pledges to end Aids epidemic but plan barely mentions those most at risk

http://www.theguardian.com/society/2016/jun/08/un-hiv-aids-summit-gay-transgender-groups-excluded

“UN member states have pledged to end the Aids epidemic by 2030, but campaigners say the strategy adopted by the 193-nation general assembly on Wednesday barely mentions those most at risk of contracting HIV/AIDS: men who have sex with men, sex workers, transgender people and intravenous drug users. Activists walked out in protest after the resolution was adopted on the first day of the three-day summit, which had already been the subject of intense criticism for excluding gay and transgender organizations. More than 50 countries, including Russia, Saudi Arabia and Iran, blocked 22 groups from attending the conference. ...”

See also AP - Cultural sensitivities obstacle at UN AIDS conference. “No one at the high-level United Nations conference devoted to ending the AIDS epidemic by 2030 denies serious scientific and financial challenges remain, but cultural sensitivities may prove the toughest stumbling block on the way to achieving that goal....”

But on the bright side, a new study (in South Africa) - published in the Annals of Internal Medicine - found that the UNAIDS 90-90-90 strategy is cost-effective, and will save millions of lives.

And UNAIDS & PEPFAR announced dramatic reductions in new HIV infections among children in the 21 countries most affected by HIV in SSA. “Concerted global efforts have led to a 60% drop in new infections among children, which has averted 1.2 million new HIV infections among children in 21 priority countries since 2009”.

Also, PEPFAR Announced a New $100 Million Investment Fund to Expand Access to Proven HIV Prevention and Treatment Services for Key Populations.

WHO (statement) – WHO validates countries’ elimination of mother-to-child transmission of HIV and syphilis


“The World Health Organization congratulates Thailand and Belarus for eliminating mother-to-child transmission of both HIV and syphilis. WHO also applauds Armenia and the Republic of Moldova for eliminating mother-to-child transmission of HIV, and syphilis, respectively. “To ensure children are born healthy is to give them the best possible start in life. It is immensely encouraging to see countries succeed in eliminating mother-to-child transmission of these 2 infections,” said WHO
Director-General Dr Margaret Chan. “This is a tremendous achievement – a clear signal that the world is on the way to an AIDS-free generation.” Eliminating mother-to-child transmission of HIV and syphilis is key to the global effort to combat sexually transmitted infections and to end AIDS by the year 2030....” Thailand is the first country in Asia to reach that goal.

Read also the related comment in the Lancet (by M Sidibé et al) - Thailand eliminates mother-to-child transmission of HIV


“For the first time, air pollution emerges as a leading risk factor for stroke worldwide. Three quarters of strokes worldwide could be prevented by addressing behavioural risk factors such as smoking, poor diet and low physical activity....”

Recode – Melinda Gates is going 'all in' on contraception in her philanthropy efforts

http://www.recode.net/2016/6/1/11832986/melinda-gates-contraception-philanthropy

“Melinda Gates is on a mission to help women around the world decide when and if they have children. “What I’m trying to do is bend the curve,” the co-chair of the Bill & Melinda Gates Foundation said in an interview with Walt Mossberg at the Code Conference on Wednesday morning, joined by her husband, Bill Gates. That curve represents the pace of getting 110 million more women around the world access to birth control, which given current trends would take until 2035. Melinda Gates says the foundation is trying to shorten that to 2020. ...”


http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002034

“Using survey data from 35 low- and middle-income countries, Dana McCoy and colleagues estimate the prevalence of children who are reported by their caregivers to show low cognitive and/or socioemotional development.”
ODI (report) – Resilience: the big picture – Top themes & trends


(Must-read!!) The latest ODI ‘Quarterly Resilience Scan’. “Our quarterly Resilience Scans offer a review of articles, reports, debates, blogs and social media relating to resilience in international development. This graphical meta-analysis picks out the key themes and emerging trends in resilience thinking and practice, drawing on Resilience Scans in 2014 and 2015.”

Clearly, excellent preparation for Vancouver.

In other resilience news, read (Rockefeller Foundation CEO) Judith Rodin’s piece in the Guardian, What can 100 cities teach us about the future of this vulnerable world? The last sentence is the best one: “...the kind of impact we’re noticing gives me a strong sense of satisfaction. I really think we’ve touched a chord. But it’s tinged with fear, too – because what the application process also showed us is just how vulnerable many cities around the world now feel.”

Politico – Africa eyes WHO opening

http://www.politico.eu/pro/world-health-organization-next-leader-is-it-africa-turn/

Gossipy piece on the (unpredictable) race to lead WHO from 2017 on (and you know we’re slightly biased towards global health policy gossiping 😇). Focusing on the three main candidates in the field so far. (See also AFK - Next Head Of World Health Organization Could Be Ethiopian. Not Everyone Is Happy About It )

Global humanitarian crisis, EU migration “compact”, ...

Commission announces New Migration Partnership Framework: reinforced cooperation with third countries to better manage migration


On 7 June, the European Commission set out “plans for a new results-oriented Partnership Framework to mobilise and focus EU action and resources in our external work on managing migration”.

Earlier in the week, the UN said more than 10,000 people have died crossing the Mediterranean to Europe since 2014.
Some analysis & criticism, among others, in Euractiv of the new EU migration framework, ‘New partnership framework with third countries’: The Commission’s three basic mistakes; & Commission asks member states for €3.6 billion to tackle refugee crisis.

Guardian – Conflict and terrorism cost the world trillions, says peace index

“The world’s expensive slide into violence and unrest continued last year, with conflict, terrorism and political instability costing the global economy $13.6tn, according to the annual global peace index. The 2016 index, which analysed 163 countries and territories, rates Syria the least peaceful country, followed by South Sudan, Iraq, Afghanistan and Somalia. The world’s most peaceful countries are Iceland, Denmark, Austria, New Zealand and Portugal....”

IPI (report) - Governance and Health in Post-Conflict Countries: The Ebola Outbreak in Liberia and Sierra Leone
https://www.ipinst.org/2016/06/ebola-outbreak-liberia-sierra-leone

“The outbreak of the Ebola virus disease in West Africa from 2014 to 2015 underscored the fragility of public health services in countries emerging from protracted conflict, as well as the link between governance and health. In both Sierra Leone and Liberia, war had seriously undermined the health sector. Ebola arrived as the large-scale postwar international presence was downsizing and the responsibility for healthcare was shifting to the governments. Both governments had developed comprehensive health policies and plans, including devolution of health service delivery, but these were not fully implemented in practice. As a result, they were unprepared to address the Ebola crisis. In this report, authors Edward Mulbah and Charles Silver explore the response to the Ebola crisis in Sierra Leone and Liberia, respectively. They both begin by examining the state of healthcare governance prior to the outbreak, then look into how health service providers, policymakers, communities, and volunteers grappled with the challenges the outbreak posed. Based on their analysis, the authors identify a number of lessons emerging from the response to the crisis in both countries: (1) Local engagement is critical: In both countries, the involvement of local actors who understood the local context and were trusted by their communities was crucial to eventually containing the outbreak. (2) Emergency measures can be effective but can also have negative consequences: The bold containment measures that both governments adopted helped contain Ebola but could have been better implemented. (3) Top-down approaches are insufficient, and inclusivity is necessary: The shift from a top-down approach to greater involvement of state and non-state actors, including civil society groups and traditional leaders, facilitated prevention, control, and containment.”

Meanwhile, WHO declared the end of the most recent Ebola virus disease outbreak in Liberia (9 June).
Yellow Fever

Stat News – Running low on yellow fever vaccine, WHO ready to propose smaller doses

https://www.statnews.com/2016/06/09/yellow-fever-vaccine-who/

“With dangerous yellow fever outbreaks smoldering in a number of African countries and elsewhere, the World Health Organization is set to propose the use of smaller doses of a vaccine to stretch the limited global supply. Experts at the global health agency are working on a plan that would advise member states to use one-fifth of the normal dose per person, if the current outbreaks cannot be brought under control, a top WHO official told STAT. The proposal comes amid a debate over whether a lower dose would be sufficient to provide protection to children....”

Meanwhile, the International Federation of Red Cross and Red Crescent Societies (IFRC) is calling for an immediate scale-up in response.

NEJM (Perspective) - Yellow Fever in Angola and Beyond — The Problem of Vaccine Supply and Demand


The author sees, like many others, a need to increase the yellow fever vaccine supply, but also says that a number of approaches could improve the situation in the future. He presents a few of these.

As for the latest WHO yellow fever situation report (2 June), see here.

Earlier this week, WHO also reported a massive yellow fever vaccination campaign in DRC.

BMJ Global Health – No right to food and nutrition in the SDGs: mistake or success?

Jose Luis Vivero Pol, Claudio Schuftan; http://gh.bmj.com/content/1/1/e000040

“Although the recently approved SDGs explicitly mention access to water, health and education as universally guaranteed human rights, access to affordable and sufficient food is not given such recognition. The SDGs road map assumes that market mechanisms will suffice to secure nutritious and safe food for all. We question how and why the right to food has disappeared from such an international agreement and we will provide insights on the likely causes of this and the options to make good on such a regrettable omission. Analysis of political stances of relevant western stakeholders, such as the US and the EU is also included....”
AMR

IP-Watch - Antibiotic Resistance Is “Already Here” And Pipeline Is Dry, UK Health Minister Tells UN


“An estimated one million people may already die each year because they are resistant to all known antibiotics, and the number could reach 10 million per year and devastate the world economy by 2050 unless key steps are taken, experts from the United Kingdom and South Africa told a press briefing on antimicrobial resistance at United Nations headquarters [today]. “It’s already here. This is not a problem for the future,” said Prof. Dame Sally Davies, chief medical officer for England. “This is a real worry.” …"

You can also re-watch a CGD public event, ‘Tackling Antimicrobial Resistance in Developing Countries: The Role of Aid and International Agencies ‘ (from Wednesday 8 June). With among others, the official launch of the O’Neill final report on AMR. Among others, the event focused on the following question: “How will the global community deliver on this (O’Neill) plan? And how can multilateral and bilateral aid best support low- and middle-income countries—especially their health systems—to take significant steps towards the plan?”

As you know, a UN High-Level Meeting on Antimicrobial Resistance is scheduled for September, in NY. Only the third health issue at such a high level (after AIDS & NCDs).

BMJ (Editorial) – What to do about antimicrobial resistance

David Heymann; http://www.bmj.com/content/353/bmj.i3087

Successful eradication of smallpox and the treaty to reduce smoking may suggest the way, Heymann suggests.

In a blog post from a few weeks ago, Gerry Bloom et al (IDS) emphasize that the needs of the poorest must be central to tackling antibiotic resistance.

Lancet (Editorial) – Hearing loss: an important global health concern

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30777-2/fulltext

“...In 2012, WHO estimated that 360 million people (5-3% of the world’s population) were living with disabling hearing loss, while around 15% of the world’s adult population had some degree of hearing loss. Disabling hearing loss is unequally distributed across the world, with the greatest burden in the Asia-Pacific area, southern Asia, and sub-Saharan Africa. Despite the fact that hearing loss can be prevented and treated, many people with hearing loss in both resource-poor and high-income
settings do not seek or receive hearing health care, and the current production of hearing aids meets less than 10% of the global need.” “… Recognising the high unmet need of hearing health care in the USA, on June 2, the American National Academies of Sciences, Engineering, and Medicine issued a new report—Hearing Health Care for Adults: Priorities for Improving Access and Affordability.” This report, although with a focus on the US, also “has global implications in terms of prevention and treatment, particularly when addressing hearing loss as an important global health challenge....”

Lancet (Editorial) – Dear Mr Ban Ki-moon

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30778-4/fulltext

I have to admit it’s effective, a letter directly addressed to a World Leader. Not sure it would work with Vladimir Putin, but I bet Ban Ki Moon’s coffee won’t taste the same this morning.

“We have greatly admired your leadership as Secretary-General of the UN. Over your 10 years heading the world's most important international organisation, you have played an exemplary part in strengthening the global health agenda—championing awareness of women’s and children’s health, global warming, and humanitarianism. But there is one issue that concerns us deeply. In 2010, UN soldiers from Nepal were deployed to help after Haiti’s devastating earthquake and cholera contaminated sewage was discarded from their camp into the country’s major river. This triggered the largest cholera outbreak in the world, leaving more than 30 000 Haitians dead and more than 2 million affected. 6 years later a cholera epidemic still rages—14 000 new cases and 150 deaths are reported this year alone. The UN has yet to accept responsibility for introducing cholera into Haiti, despite two investigations establishing these facts. ...”

Lancet (Comment ) – Acting in the Anthropocene: the EAT–Lancet Commission

J Rockström, R Horton et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30681-X/fulltext

“No universal and comprehensive synthesis exists to elucidate how to implement sustainable healthy eating patterns at scale for both consumption and production. This is why The Lancet and EAT—an independent, international consortium of research institutions, philanthropic foundations, non-government organisations, and companies—are launching a new Commission. The EAT–LancetCommission will unravel the complex mechanics of the food system, and investigate the connections between diet, human health, and the state of the planet to provide a basis for new, evidence-based integrated policies. The new Commission will, for the first time, scientifically assess whether a global transformation to a food system delivering healthy diets from sustainable food systems to a growing world population is possible, and what implications it might have for attaining the SDGs and the Paris Climate Agreement. The EAT–Lancet Commission will explore synergies and trade-offs between food-related human and planetary health.”

The global assessment is due for completion in 2017.
Zika

For some of the latest Zika headlines & news, see for example the CIDRAP news resource page.

WHO & Zika

The Olympics in Rio are clearly on the world media’s (and many sportspeople’s) minds now, and no matter how much WHO sends out reassuring statements, panic is almost unavoidable. That’s how the human brain is wired, even if you’re a very healthy man, apparently.

So: “The World Health Organization will convene experts next week – on June 14 - to discuss the Zika outbreak, including its impact on the Rio Olympics, as new research suggests only a slight risk that more tourists will be infected at the Games. The emergency meeting set for June 14 will be the WHO’s third regarding the Zika virus outbreak.” See also Reuters, WHO’s Zika panel to meet next week, review Olympics guidance.

(Meanwhile, among others, brave sportsmen are preparing by freezing sperm and other ‘innovative’ means of protection 😊. Whether that will also protect against oral sex transmission, God knows )

You might want to read Peter Singer’s view on this issue (in Project Syndicate): Should the world go to Rio?

BMJ (news) – Olympic Games are likely to be free of Zika cases, say officials

http://www.bmj.com/content/353/bmj.i3233?etoc=

Meanwhile, ‘Organisers of the Rio 2016 Olympic Games have said that the chances of anyone becoming infected with the Zika virus during the competition, held in Brazil in August and September, are almost zero. The numbers of Zika cases in Rio de Janeiro have dropped sharply in recent weeks and will fall to almost nothing during the dry winter months of the Olympic and Paralympic Games, said officials.”

So much ado about nothing (at least when it comes to the Olympics & Zika?)

For WHO’s Zika & complications related page, see http://www.who.int/emergencies/zika-virus/en/

Among others, there’s new (interim) guidance on prevention of sexual transmission of Zika virus (7 June).

Last week, in a WHO Bulletin editorial (by A Costello et al), WHO experts announced that the collective effects of maternal Zika virus infections represent a new congenital syndrome.
NYT – Delay Pregnancy in Areas With Zika, W.H.O. Suggests


But this is certainly not much about nothing...: “...People living in areas where the Zika virus is circulating should consider delaying pregnancy to avoid having babies with birth defects, the World Health Organization has concluded. The advice affects millions of couples in 46 countries across Latin America and the Caribbean where Zika transmission is occurring or expected. According to a recent study, more than five million babies are born each year in parts of the Western Hemisphere where the mosquitoes known to spread the virus are found...”

... The W.H.O. says men and women of reproductive age “should be correctly informed and oriented to consider delaying pregnancy.” The guidance was originally issued last week but did not garner wide notice among experts until Thursday, when the W.H.O. issued a clarification, distinguishing between people who visit Zika-affected countries and those who live in them. People living in those countries are not advised to delay for any specific amount of time, but that guidance “means delaying until we have more answers, more evidence, more science,” said Nyka Alexander, a W.H.O. spokeswoman. “But it’s important to understand that this is not the W.H.O. saying, ‘Hey everybody, don’t get pregnant.’ It’s that they should be advised about this, so they themselves can make the final decision.” ....

Stat News – The world is alarmed by the Zika outbreak: no one is paying to deal with it


Must-read. “Health officials trying to raise money to respond to the Zika outbreak say that their appeals are largely falling flat — and that the effort is shaping up as one of the most challenging hat-passing exercises they have ever seen. Congress, which has been in a protracted partisan fight over Zika funding, seems certain to give the Obama administration far less than it requested. The World Health Organization has received a measly 13 percent of the nearly $18 million it requested from donors. And other United Nations agencies — seeking money to help with mosquito control or promote access to condoms in affected countries — aren’t seeing fat checks ripping out of checkbooks.” Dr. Bruce ‘Near Almighty if only he was a bit better funded’ Aylward, “the WHO’s assistant director general responsible for outbreaks and health emergencies, pointed to what he called a Bermuda Triangle-like confluence of issues hampering the fundraising efforts. Although the Zika virus causes devastating birth defects for some newborns, the vast majority of those infected experience either no symptoms or mild illness. There are only limited ways to respond to the outbreak. And it is occurring mainly in Latin America, where some countries are not eligible for development financing. ....”

As for all the science on Zika, you’ll have to do your own search – there’s just too much in the pipeline, including a few letters in the Lancet for example.
One recent report struck our attention, though (in the Guardian): **Too soon to release genetically-modified mosquitoes to fight Zika** “Releasing genetically-modified mosquitoes into the wild to fight malaria, Zika or other insect-borne diseases is premature and could have unintended consequences, researchers said in a new report. “Our committee urges caution — a lot more research is needed to understand the scientific, ethical, regulatory and social consequences of releasing such organisms,” said Arizona State University professor James Collins, who was co-chair of a National Academies of Sciences, Engineering and Medicine committee....”

### Global health events

**WHO - High level international experts conference on health workforce ends in Sierra Leone (2-3 June, Freetown)**


A **two-day summit on human resources for health in Sierra Leone** was held a few days ago. The event brought together technical and policy experts to discuss the issue of HRH for the country; previous efforts to address HRH such as through the Human Resources Strategic Health (2012-16) were hampered by the Ebola outbreak. Post-Ebola, efforts to implement a 10-24 month Recovery Plan with focus on increasing workforce capacity through production, mentoring, retention and distribution are being made.

**WHO - A conversation with the special rapporteurs (6 June, Geneva)**


“A conversation” with the UN Special Rapporteurs for Health, Water and Sanitation, and for Food was organized early this week by the Gender, Equity and Human rights team and departments for Public Health the Environment and Social Determinants of health and the Department for Nutrition. Special Rapporteurs – many of whom participate as independent experts on WHO-led or joint working groups, also play a key role in, and engage directly with member states to draw attention to gaps in global policy.” This session aimed to provide an opportunity to interact with the experiences on their work, mandate and progress towards the SDG agenda.

*(don’t know how that “conversation” went given the current (dire) state of the world...)*
Some more 69th WHA (or WHA session/side event) related blogs

End of May, the 69th WHA was over. Yet, discussions are still ongoing online. Some more links to blogs related to the past WHA, either general assessments, or more specifically focused on some agenda items.

BMJ (blog) - Funding, trust, and the 69th World Health Assembly


Jha and Woskie present a brief summary of the WHA, and highlight the issues of funding which might hamper the ambitious plans, as well as the future needs for resources for the WHO.

“...Resolutions to do a better job are an important first step, but they only go so far. For WHO to be able to execute the goals set at the WHA—from having an effective operational response center to strengthening nations’ abilities to meet IHR requirements—it will require resources. Herein lies the rub: each of these initiatives is woefully underfunded. Laurie Garrett expertly delineates the issue: there is a yawning gap between what the world claims it wants from WHO and what the world will pay for....” For that to happen (=appropriate funding), trust needs to be restored, they say, which in turn should begin with WHO reform.

Huffington Post - Hooray for the New Health Emergencies Programme! Shame About the WHO’s Legitimacy Problem

Sophie Harman: http://www.huffingtonpost.co.uk/sophie-harman/hooray-for-the-new-health_b_10218252.html

Recommended. “The WHO’s epic cluster!$%* over Ebola and fears over Zika meant the Organisation had to do something to reassert its legitimacy as the go-to institution for health emergency response,” Harman’s take on the WHO’s role in strengthening emergency response and the issues of funding. She concludes: “A lack of belief in the legitimacy of the WHO is a big problem for the success of the Health Emergencies Programme and the future of the institution. Unless member states such as the UK believe that the WHO has the legitimacy and ability to act in response to health emergencies, funding for ambitious life-saving programmes will not be forthcoming and the WHO will remain an institution of must-dos without action.”

IHP(blog) - Crash, boom, bang: time for a road safety paradigm shift

Blog on Road Safety and the need to focus on this issue particularly in LMICs. This blog introduces in brief the challenges towards road safety initiatives by the UN discussed at the 69th WHA. How can public health draw attention to the need for improved road safety – an inherently multi-sectoral area of work – to reduce death and disability from road traffic accidents? Radhika argues a paradigm shift is needed.

IHP (blog) - No global health security without a decent work force


They conclude: “After being exposed to the wheeling and dealing in Geneva, one’s question remains pertinent, though: even though the new Resolutions adopted are titled ‘global strategies’, when it comes to health security we still face a very common dilemma: do we only care about protecting ‘us’, or do we actually care about ‘all of us’? Only time will tell whether the world has learnt an important lesson in the past two years. As you might recall, the Ebola crisis should have taught us that our own protection increasingly requires caring about “all of us”… And yes, a decent health work force all over the world comes in handy then.”

Huffington Post: A to Z at the World Health Assembly: Discussions Range from Antimicrobial Resistance to the Zika Virus

John E. Lange: [http://www.huffingtonpost.com/john-e-lange/a-to-z-at-the-world-health_b_10285070.html?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=30302466&_hsenc=p2ANqtz-8E2yNVLIQFaWjfopfjk0CGNdy_DWD-DSXej1NSU4xExTn_1ZC8vb1h6UsQ_SPcgsdpPWJT47MNzCDdd79BQOiv1Ulg&_hsmsi=30302466](http://www.huffingtonpost.com/john-e-lange/a-to-z-at-the-world-health_b_10285070.html?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=30302466&_hsenc=p2ANqtz-8E2yNVLIQFaWjfopfjk0CGNdy_DWD-DSXej1NSU4xExTn_1ZC8vb1h6UsQ_SPcgsdpPWJT47MNzCDdd79BQOiv1Ulg&_hsmsi=30302466)

"The 69th WHA in Geneva demonstrated once again the central role of the World Health Organization in global health." A summary of the key items for discussion at the recent WHA. The blog covers the WHO’s focus on antimicrobial resistance, international response to health emergencies, … and introduces the readers also to the other “unofficial” discussions.

Medium - “Reaching a tipping point”: Climate a key issue at World Health Assembly

Josh Karliner [https://medium.com/@HCWH/reaching-a-tipping-point-climate-a-key-issue-at-annual-world-health-assembly-9255542f9021#.43hgplp0z](https://medium.com/@HCWH/reaching-a-tipping-point-climate-a-key-issue-at-annual-world-health-assembly-9255542f9021#.43hgplp0z)

(Recommended!!) “Josh Karliner discusses how climate change — widely considered to be the greatest health threat of the century — broke through in a big way this year at the World Health Assembly in Geneva”. “ …Almost six months after she helped broker a unanimous agreement among 195 governments in Paris, Christiana Figueres, head of the United Nations Framework Convention on Climate Change, came to the WHA to urge ministers of health to prioritize climate
change. Figueres eloquently argued that “working on climate change is [our] best prevention strategy” and that ministers need to use “the health microphone...[to] translate what climate change actually means for real people.” Read in full Christiana Figueres’ address to the WHA, and more on discussions between Karliner, Figueres and Chan in this blog.

Huffington Post – A Win for Children’s Health: Report from the World Health Assembly

Fran Roberts et al; http://www.huffingtonpost.com/fran-roberts/a-win-for-childrens-health_b_10281670.html?platform=hootsuite

Childhood nutrition got a boost with the WHO member states officially adopting the WHO’s Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. “The resolution, adopted by all 194 countries, enshrines the guidance as a recommendation and urges member states to develop stronger national policies to protect children under-three from marketing practices that are detrimental to their health.”

Global governance of health

GFO newsletter – new issue


The latest GFO newsletter has, among others, updates on the GF replenishment & an article on an Advocacy brief for the UN High Level Meeting saying the The Global Fund and key populations are delivering results.

Lancet (Letter) – Uncivil and skewed language on civil society?

E G Sarriot et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30731-0/fulltext

Reaction from some angry (NGO and related) spokespersons on a Horton Offline contribution from a while ago: “In his Offline, Richard Horton (March 12, p 1041)1 summarised comments from a forum on the role of non-governmental organisations (NGOs) in global health. The Offline echoed a prevalent systematic bias in the treatment of NGOs. NGOs are diverse and dynamic entities that are responsive to social, cultural, and political trends, with varying missions, foci, technical acumen, religious affiliation, experience, and quality assurance standards. The one-size-fits-all label of NGO is
outdated. To tackle serious problems, we need to evolve our language, and be both more specific and more systemic. Horton questioned the appropriateness of “uncritical acceptance of NGO participation” in global health on the basis of broadly assigned dysfunctions and with a passing acknowledgment that these dysfunctions also apply to other actors....”

Lancet – Profile: Johns Hopkins Bloomberg School of Public Health at 100

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30786-3/fulltext

“The accomplishments of its faculty and alumni read like a greatest hits list for public health. Perhaps that’s not surprising, since, the Johns Hopkins Bloomberg School of Public Health, MD, USA, whose 100th anniversary is on June 13, is the oldest and largest public health school in the USA....” Interesting read, among others, on the very good link with Michael Bloomberg.

UNDP & WHO joint programme on NCD Governance

http://www.who.int/nmh/events/2015/ncd-multisector.pdf?ua=1

“Catalyzing Multisectoral Action for NCDs. A proposal for a WHO-UNDP Global Joint Programme to support country action to develop ambitious national multi-stakeholder responses to the NCD-related targets in the SDGs.” Check it out.

ILO (report) – Decent work and the 2030 agenda for sustainable development


Decent work should be a pillar of the 2030 SDG agenda. It’s not just a goal, it’s a ‘driver of sustainable development’. We totally agree.

IHP (blog) – Overcoming obstacles on the path to the SDGs – why a depleted treasury does not make for good social progress

Over to another international institution, the OECD. Whereas we would (like to) go these days to France to watch some football, last week my colleague Rachel Hammonds went to the OECD’s Forum 2016 ‘Productive Economies, Inclusive Societies’, in Paris. Among others, she learnt more about BEPS (Base Erosion and Profit Shifting) and emphasizes this is something to closely follow – also for the global health community.

**Global Health Work Force Alliance - Legacy report**


It’s not just US presidents and WHO DGs that have ‘legacies’. “At the end of its ten-year mandate, a review of the legacy of GHWA was commissioned. The review highlights the impact of GHWA’s achievements and provides recommendations for GHWA’s successor, a global Network, in guiding the evolution of HRH. According to the review, GHWA’s two greatest legacies include first, the wide-scale introduction of thinking and planning in terms of complex adaptive systems to HRH issues and second, the development of network learning and competencies that will serve as the foundation for the next iteration of global HRH efforts.”

**BMC International Health & Human rights – Understanding the futility of countries’ obligations for health rights: realising justice for the global poor**


“The futility of countries’ obligations for the health rights of the global poor as is the case with global distributive injustice is because of lack of political will to specify and enforce such obligations. Minimum obligations should be specified and enforced with a “thin system” which is consistent with principles of national sovereignty and autonomy.”

**Globalization & Health (Commentary) – The Trans-Pacific Partnership Agreement and health: few gains, some losses, many risks**


Ronald Labonté et al’s weekly TPP contribution.

Last but not least, you might also want to know that Kevin Watkins is the new CEO of Save the Children UK. And the new president and CEO of R4D (Results for Development), as of September 1, 2016, will be Gina Lagomarsino.
Lancet Global Health (blog) – Co-payments and user fees: are they compatible with universal health care?


Tenneti, a doctor based in Australia, enrolled in a program on economics and development, writes on current debates on public spending in Australia, with focus on the implications of the freeze on public coverage for GP consultation (from 2014, now extended until 2018) and its implications for the consumer in the context of UHC.

IJHPM – Universal Health Coverage – The Critical Importance of Global Solidarity and Good Governance; Comment on “Ethical Perspective: Five Unacceptable Trade-offs on the Path to Universal Health Coverage”

Andreas A. Reis; [http://ijhpm.com/article_3216_0.html](http://ijhpm.com/article_3216_0.html)

A commentary on Ole Norheim’s 2015 editorial entitled *Ethical perspective: Five unacceptable trade-offs on the path to universal health coverage*. The author Reis “reinforces its message that an inclusive, participatory process is essential for ethical decision-making and underlines the crucial importance of good governance in setting fair priorities in healthcare.”

WB – Universal Health Coverage, reaching the extreme poor and big data– lessons from Ghana


The authors describe Ghana’s experiences with data collection and management; the use of the proxy means test (PMT) which works with a cloud-based web service for data collection called, *Survey Management and Analytic System* (SMAS). Check out how useful SMAS is for solving some UHC challenges.
Oxfam paper – The Right Choices: Achieving universal health coverage in Malawi


“Malawi has a proud history of delivering free healthcare for its citizens, but this is now seriously under threat. Bypass fees for hospitals are already causing major hardship by excluding poor people from accessing the healthcare they need. The Government of Malawi must reject the fees system completely and instead use tax financing and development aid. Development partners must support the health sector with adequate financing to fulfil world leaders’ commitment to ensuring that no one is left behind. Malawi cannot be the first country in a generation to introduce these dangerous fees while the world watches.”

(We know at least one person who is carefully watching)


[http://www.lshtm.ac.uk/newsevents/events/2016/06/universal-health-coverage-markets-profit-the-public-good](http://www.lshtm.ac.uk/newsevents/events/2016/06/universal-health-coverage-markets-profit-the-public-good)

“There is a highly diverse set of providers of health care especially in low and middle income countries where a choice between spiritual and other traditional forms of healing; unqualified but cheap and accessible drug sellers and highly technical specialist hospitals are often simultaneously available, all operating privately and for-profit. The not-for-profit sector is often also an important actor in the market place. Public providers are often dwarfed by this diverse private sector in terms of the volume of services they deliver, the number of facilities they operate, and the level of finance that is channelled through them. This Lancet series: Universal Health Coverage: markets, profit and the public good, edited by Kara Hanson and Barbara McPake, discusses the implications of this scenario for the ability of low and middle income countries to achieve UHC; and where public policy can intervene to promote UHC in this context.”

Planetary health

CGD (blog) – Oxfam America: Poor Countries Should Get to Sell the Remaining Fossil Fuels

On a new Oxfam America Research Backgrounder: Research backgrounder: Climate change, equity, and stranded assets proposing prioritizing the poorest countries/people to extract and sell fossil fuels for use or export, especially in the context of those who have benefitted the least from the use/sale of fossil fuels.

Link to the backgrounder: https://www.oxfamamerica.org/explore/research-publications/climate-change-equity-and-stranded-assets/

Foreign Policy – India, One of the World’s Biggest Polluters, Will Join Climate Change Accord


India aims to formally join the Paris climate agreement this year; the article outlines discussions on steps to tackle climate change, including eliminating the use of pollutants such as hydrofluorocarbons. More on the three-day visit to the White House by the Indian Prime Minister in the article.

IPS – Q&A : Crisis and Climate Change Driving Unprecedented Migration


An interview by development journalist Manipadma Jena, with the Director General of the International Organization for Migration, William Lacy Swing at the second UN Environmental Assembly (May 23-27). The IOM predicts 200 million environmental migrants moving within countries or outside by the year 2050.

What The U.S. Can Learn From China’s New Diet Restrictions

https://www.good.is/articles/less-meat-in-china

Implications of the recent dietary recommendations which suggest a reduction of red meat intake by half, by the Ministry of Health of the People’s Republic of China on the environment. The new guidelines were developed by the Chinese Nutrition Society; dietary recommendations beneficial for the health of the individual, as well as the planet – lessons for other meat consuming societies perhaps?
Guardian – CO2 turned into stone in Iceland in climate change breakthrough


News from this morning. “Carbon dioxide has been pumped underground and turned rapidly into stone, demonstrating a radical new way to tackle climate change. The unique project promises a cheaper and more secure way of burying CO2 from fossil fuel burning underground, where it cannot warm the planet. Such carbon capture and storage (CCS) is thought to be essential to halting global warming, but existing projects store the CO2 as a gas and concerns about costs and potential leakage have halted some plans....”

Infectious diseases & NTDs

Thomson Reuters Foundation: In the lab: six innovations scientists hope will end malaria

Reuters;

"After being abandoned as too ambitious in 1969, global plans to eliminate malaria are back on the agenda, with financial backing from the world's richest couple, Bill and Melinda Gates, and U.S. President Barack Obama. The Gateses aim to eradicate malaria by 2040 by doubling funding over the next decade to support the roll out of new products to tackle rising drug resistance against the disease. ... They are also supporting a push to create the world's first vaccine against a parasite..." A scientific update of things in the pipeline.

For other malaria related research, see also a new Lancet Global Health Comment, Evidence for optimal allocation of malaria interventions in Africa (by F Tediosi et al).

Reuters – Botswana gets GSK's modern HIV drug in largest ever Africa deal

Reuters ;

From late last week. “An HIV drug first approved less than three years ago is being rolled out in Botswana as a core medicine for newly diagnosed patients, following the largest ever tender secured by GlaxoSmithKline's HIV business in Africa. ViiV Healthcare, which is majority-owned by GSK, said it was the first time that Tivicay, or dolutegravir, was being made available as a first-line treatment as part of a national health program in sub-Saharan Africa.” (see also here for more info on the news from last week that “GlaxoSmithKline’s ViiV Healthcare business will provide its hit HIV treatment dolutegravir to millions of Africans who suffer from the virus, after securing its largest ever tender deal in sub-Saharan Africa”.)
The Lancet (World Report) – Concerns raised over poor blood safety systems in India

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30785-1/fulltext

“New data showing that thousands of people might have been infected with HIV through contaminated blood have highlighted failings in India’s donation system. Dinesh C Sharma reports.”

NCDs

The DATA Blog (WB) – The global state of smoking in 5 charts


Drawing upon tobacco estimates from the WHO’s Global Health Observatory, Tariq Khokhar presents graphics on where the smokers are, smoking rates and their change over time, as well as variations in smoking between men and women. Pretty impressive (or is it devastating?) figures & graphs.

Coca-Cola crashes out of world’s top 10 brands

http://www.campaignlive.co.uk/article/coca-cola-crashes-worlds-top-10-brands/1397902?bulletin=campaign_breakfast_briefing&utm_medium=EMAIL&utm_campaign=eNews%20Bulletin&utm_source=20160608&utm_content=www_campaignlive_co_uk_article#Coca-

Once a regular on the BrandZ ranking of the top 10 global brands, the 130-year old soft drink brand drops out of the top 10 for the first time in the survey’s history to a lowly 13th position. Too much sugar maybe? (see also Gruesome adverts capture our attention, but do they have any effect? (an op-ed in the Guardian on the pros and cons of new Thai adverts on the dangers of sugar)

Guardian - Celebrities 'mainly plug nutrient-poor, high-sugar products'

Research into endorsements in the US food industry highlight 65 celebrities who have directly endorsed 57 brands of food and drinks, none of which, excluding pistachios, were fruit, grains, vegetables. 71% of the items endorsed were sugary drinks. Let’s see what the European Championship football brings in the coming weeks in this respect.

**CDC (Fact sheet)- $7 trillion in projected economic losses are estimated from NCDs in low- and middle-income countries over next 15 years**


Factsheet on non-communicable diseases by the CDC’s Division of Global Health Protection (from earlier this year) estimates a loss of USD$7 trillion from NCDs in LMICs; the factsheet also estimates that 68% of all deaths worldwide are caused by NCDs with 16million lives lost prematurely every year.

**Lancet (World Report) – IARC celebrates 50 years of cancer research**

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30784-X/fulltext

“The International Agency for Research on Cancer (IARC) held its 50th anniversary conference in Lyon, France, this week. John Maurice spoke to cancer experts about the agency’s achievements.”

**BBC Health - Women are nearly twice as likely to experience anxiety as men, a global review reveals.**


Mental health makes it to the news with this BBC article, based on a review of 48 published works on mental health published in the journal Brain and Behavior. Over 60million people in the EU are believed to suffer from anxiety disorders with women twice as likely to experience symptoms as men.

**Stat News – Is being transgender a mental illness? WHO classification system suggests it is**

H Branswell; https://www.statnews.com/2016/06/03/who-transgender-mental-illness-classification/
Critics call for a revision of the WHO’s compendium of medical conditions and diseases (used for research and health-care billing), in which being transgender is categorized under the umbrella of mental illness. The classifications were last revised in the 1980s – time for an update maybe?

**Sexual & Reproductive / maternal, neonatal & child health**

**International Journal for Equity in Health - Managing menstruation in the workplace: an overlooked issue in low- and middle-income countries**


There has been limited research, interventions and policy around menstruation, particularly on the barriers towards menstrual hygiene management in the workplace in LMICs. Such barriers range from water, sanitation issues, to poor occupational safety regulations and standards, social barriers and others. This paper highlights the issues, implications and recommendations towards identifying opportunities and solutions.

**Thomson Reuters Foundation - INTERVIEW-Internet providers urged to tackle live-streaming of child sex in the Philippines**

[http://news.trust.org/item/20160606230431-fpqnr/?source=hpOtherNews2](http://news.trust.org/item/20160606230431-fpqnr/?source=hpOtherNews2)

As one of the foremost sources of ongoing child pornography, a UNICEF report describes the Philippines as the "epicentre of the live-stream sexual abuse trade." Lotta Sylwander, head of the U.N. children's agency UNICEF in the Philippines, comments on the billion dollar industry and calls for internet providers to be part of the system to combat online paedophilia and cybercrime - their biggest hurdle towards this is getting the corporation of internet providers.
Access to medicines

GHIT Fund partners with 10 new global cos to expand investment in R&D for neglected diseases worldwide


Ten new partnerships, including with major global pharma and biotech companies were announced by the Global Health Innovative Technology Fund (GHIT Fund). The collaboration will expand investment into R&D for neglected diseases globally; the announcement also marks its third year in R&D – one which has already seen US$60 million invested in over 60 collaborative efforts towards product development and 18 potential drug candidates.

CNBC - Cancer drugs less affordable in poor nations than U.S.


In a study presented at the American Society of Clinical Oncology conference in Chicago by Dr. Daniel A. Goldstein, of Rabin Medical Center in Petah Tikva, Israel indicated that cancer drugs cost much more in the United States as compared to other wealthy nations and LMICs (i.e. in terms of affordability). The researchers studied 8 drugs covered by patents and 15 generic drugs for which retail prices were available in 7 countries (standard monthly dose) and used the GDP (adjusted for living standards) to estimate patient affordability.

See also the Economist’s take on this new research.

My view: U.N. drug panel squanders a global-healthy opportunity

A Spiegel; http://www.deseretnews.com/article/865655645/My-view-UN-drug-panel-squanders-a-global-healthy-opportunity.html?pg=all

An opinion piece on the forthcoming UN report on essential medicines for the world’s poorest. In the context of the lack access to basic medicines for one-third of the world’s people, the report perhaps fails to take into consideration the full spectrum of issues around access to medicines, focusing largely on the issue of intellectual property rights, according to the author. The piece highlights the role of the health system in its entirety in ensuring access to medicines, instead of focusing just on IP rights.
At a time of much debate on intellectual property, drug development and access to medicines, India’s new national intellectual property rights (IPR) policy focus on creativity and innovation and emphasise compliance with TRIPS. Patralekha Chatterjee’s article looks at policy and issues from the perspectives of different stakeholders. “India’s new intellectual property rights (IPR) policy attempts to address concerns of developed countries regarding India’s patent regime, while also protecting public interest, especially that of generic drug producers. However, through this effort of a balancing act, India might have landed up pleasing neither the USTR or U.S. business and disappointing many in India’s domestic industry and civil society.”

**Miscellaneous**

**NYT – Species-wide Gene Editing, Applauded and Feared, Gets a Push**


On gene drive technology: “On Wednesday, the (US) National Academies of Sciences, Engineering and Medicine, the premier advisory group for the federal government on scientific matters, endorsed continued research on the technology, concluding after nearly a yearlong study that while it poses risks, its possible benefits make it crucial to pursue. The group also set out a path to conducting what it called “carefully controlled field trials,” despite what some scientists say is the substantial risk of inadvertent release into the environment.”

**Economist – Foreign aid is a shambles in almost every way**


“Development aid is best spent in poor, well-governed countries. That isn’t where it goes.” But at least there have been advances in aid transparency, the Economist reckons.

**BBC (News) – Bill Gates launches chicken plan to help Africa poor**

“Microsoft founder Bill Gates has launched a campaign to help extremely poor families in sub-Saharan Africa to raise chickens.”

And Devex reports Why the Gates Foundation is flooding a new rice variety with funding – “scuba rice”.

Social Europe – The Worldwide March To Basic Income: Thank You Switzerland!

https://www.socialeurope.eu/2016/06/worldwide-march-basic-income-thank-switzerland/

The first national vote on a basic income (in Switzerland) wasn’t a big success, but Philippe Van Parijs rightly says the fight has only begun, and 5 June 2016 will in the future be remembered as an important landmark.

Not everybody is convinced, though, as you know – see for example Universal Basic Income: A Disarmingly Simple Idea – And Fad (by Robin Wilson, on Social Europe)

Meanwhile, the secretive annual Bilderberg event is ongoing in Dresden. Wonder whether they’re in favour for a basic income.

Guardian – European parliament slams G7 food project in Africa


“For a large majority of Euro-MPs, the G7’s decision to base its programme for food security in Africa on intensive agriculture is a mistake. The European parliament took its first official stance on the subject with the adoption of a report on the New Alliance for Food Security and Nutrition (NAFSN) on Tuesday.”

From Poverty to Power (blog): Where have we got to on adaptive learning, thinking and working politically, doing development differently etc? Getting beyond the People’s Front of Judea

“Dave Algoso & Alan Hudson compare and contrast 9 different initiatives that are all heading in roughly the right direction in reforming aid.” “Aid, development, and governance practitioners increasingly recognize that change happens through iterative processes (trying, learning, adapting the approach taken, and trying again) as opposed to the linear assumptions that underpin much of the sector (do more X, get more Y). Pre-planned, linear, blueprint approaches to change fail in the face of contextual variations and shifting political interests. Progress occurs when efforts are more adaptive....”

Duncan Green - The 2016 Multidimensional Poverty Index was launched yesterday. What does it say?

https://oxfamblogs.org/fp2p/the-2016-multidimensional-poverty-index-was-launched-yesterday-what-does-it-say/?utm_content=bufferaaec8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

This year’s MPI focuses on Africa.

Global health announcements

Phd Defense of Christine Kirunga Tashobya (Uganda) - Developing an appropriate district health system performance assessment framework for Uganda

Christine Kirunga Tashobya (Uganda) defended her PhD thesis on Fri. 27-May 2016 in Université Catholique de Louvain. The thesis subject was: “Developing an appropriate district health system performance assessment framework for Uganda”. Promotor was Jean Macq (UCL), co-promotor: Bart Criel (ITM).

A short summary (via co-promotor Bart Criel): “The health district is the functional backbone of most health systems in low- and middle-income countries. It is therefore crucial to design appropriate frameworks and methods to appreciate their performance (or lack of performance). Performance assessment of health systems is a sub-discipline in the field of health policy that is in full development, especially in high-income countries. Little work has been done in that domain so far in the ‘developing’ world. Christine Tashobya’s PhD thesis sets a landmark in that respect, with her in-depth analysis of the innovative District League Table in Uganda. She was herself involved in the design and implementation of that performance tool in her former position at the Ministry of Health. In her current life as an academic, she engaged into an in-depth analysis of the District League Table; critically analyzing its rationale, historical development, and strengths and weaknesses. She proposes a number of adaptations to improve the tool and make it more suitable for decision-making and change at district level, and pave the way to more accountability from districts both upward and downward.”
Research

Two new articles from JP Unger’s team

In: Journal of Family Medicine and Disease Prevention: Family Therapy in Developing Countries
Primary Care

How can GPs Best Handle Social Determinants in Practice? Application in the Brussels Environment

JP Unger on these publications: “Worldwide, psychosocial problems entail largely unmet care needs. However, from our experience with family doctors in Belgium, we know the importance of integrating biological and psychosocial care for the satisfaction of peoples’ demand for accessing good quality health care. Besides, delivering bio-psychosocial care, especially in small teams, is also a great motivator of health professionals. Our team recently published 2 papers for GPs and paramedics in charge of delivering “family medicine-like” care. They aim at advising on how to improve the clinical management of patient’s psychological and social suffering e.g. with family therapy and a more standardised approach to managing patients’ social problems during medical consultations.”

Global Policy – special issue: Looming Disasters


Too Big to Handle - Interdisciplinary Perspectives on the Question of Why Societies Ignore Looming Disasters: “Systemic risks such as climate change and pandemics, and natural disasters such as hurricanes, earthquakes and asteroids, are often too big to handle physically, but they are no longer ‘Acts of God’ and beyond human understanding and the possibility of prevention and disaster relief preparation. Indeed, in many of these areas there is much talk, less action and only paltry gains. This special issue of Global Policy explores the question of when and why societies are unable to handle these looming disasters. It stems from a conference held on 9th and 10th October 2014, at the Wissenschaftskolleg in Berlin (Institute for Advanced Study, also popularly and internationally known as the WIKO), well known for its encouragement of cross-disciplinary interactions.”

Actually, nowadays our societies seem to invite ‘looming disasters’ (see Trump), wholeheartedly.
Journal of Perinatology (Systematic review) - When do newborns die? A systematic review of timing of overall and cause-specific neonatal deaths in developing countries.


“About 99% of neonatal deaths occur in low- and middle-income countries. There is a paucity of information on the exact timing of neonatal deaths in these settings. The objective of this review was to determine the timing of overall and cause-specific neonatal deaths in developing country settings. .... Pooled results indicate that about 62% of the total neonatal deaths occurred during the first 3 days of life; the first day alone accounted for two-thirds. Almost all asphyxia-related and the majority of prematurity- and malformation-related deaths occurred in the first week of life (98%, 83% and 78%, respectively). Only one-half of sepsis-related deaths occurred in the first week while one-quarter occurred in each of the second and third to fourth weeks of life. The distribution of both overall and cause-specific mortality did not differ greatly between Asia and Africa. The first 3 days after birth account for about 30% of under-five child deaths. The first week of life accounts for most of asphyxia-, prematurity- and malformation-related mortality and one-half of sepsis-related deaths.”

Journal of Public Health – The lack of a non-communicable disease curriculum threatens the relevance of global public health education

H Greenberg et al; [http://jpubhealth.oxfordjournals.org/content/38/2/e1.short?rss=1](http://jpubhealth.oxfordjournals.org/content/38/2/e1.short?rss=1)

“Non-communicable diseases (NCDs) such as cardiovascular diseases (CVDs), cancer, lung disease and diabetes are major public health challenges for emerging economies. However, Masters of Public Health (MPH) curricula in the USA do not provide germane coursework...."