IHP news : The Brexit faultline and fallout

(8 July 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,

Nothing is sure anymore in our times. Even Gary Lineker needs to revise his notorious quote, “Football is a simple game. Twenty-two men chase a ball for 90 minutes and at the end, the Germans always win.” We’re all Gary Lineker now (without his good looks, sadly), and have to adapt to a very fast changing world where certainties of before are no longer valid. For better and for worse.

People from all over the world know how ‘the global economic game’ typically ends, though – the poor don’t necessarily get poorer, but the very rich end even richer, as if it’s nature’s law. Sure, the game has always been rigged, or at least as long as humanity exists, but in the 21st century things are getting very transparent (including the nasty stuff and enormous disparities) or leaked/livestreamed if all the rest doesn’t work. What’s more, big chunks of people in the North now also realize the game is rigged, whereas in previous decades Western hypocrisy and double standards in the global economy (& geopolitical game) were typically interpreted and perceived as such in other parts of the world, but far less in Europe & North-America. Meanwhile, the Brexit disaster is inspiring some deep reflection on “globalization as it is” versus “as it should be” (including by some very powerful people). Progress!

On a much sadder note, this year’s Ramadan was severely disrupted by horrific terror attacks in different parts of the world. Some people wonder why “the West” stayed so indifferent, as compared to the attacks in Paris & Brussels, and see again double standards at work. There might be some truth to that, but there’s also an increasing desperation and feeling of powerlessness among many ordinary citizens in the face of these (seemingly unstoppable) attacks. The resilience of most people has limits. As my (much wiser) colleague Remco van de Pas said earlier this week, commenting on the terror attacks, “it’s blatantly obvious now that we live in a global world, with multiple transnational threats and challenges. So why do we still fall back on nations to cope with them?” (including in the health systems debate, you might add, where ‘Grand Global (transfer) Schemes/Funds’ seem too farfetched for the current realist discourse around global health security & resilient health systems; for the time being, ‘the powers that be’ stop at some ‘Grand Financing/Insurance Facilities’). I’m afraid that won’t be enough to get us to a ‘Grand Convergence’, instead, we still seem to be heading for a ‘Royal Mess’ in the coming years.

Speaking of a ‘mess’, I can’t look into women’s minds (I’m not Mel Gibson – lucky me!), but I have a hunch quite a few of them cheered when the Guardian published “May, Sturgeon, Merkel: women rising from the political ashes of men” on Wednesday; or as the subtitle suggested: “There is an increasingly widespread sense that strong female leaders are needed to ‘clean up the mess created by men’” This is probably music to the ears of Ilona Kickbusch and others, but sorry, ladies, it’s a
rather sexist view as well. It’s actually a certain type of men that end up as ‘national (and in some cases global) security threats’ and do dumb/silly/(feel free to add)... things for a living. I’m also not sure female leaders like Lagarde, Merkel, May (or, in a few months, Hillary Clinton) will leave behind the legacy of ‘transformative and radical change’ that this era clearly needs. Just like most male decision makers, by the way.

The power of global finance and economocracy both need to be substantially decreased in the coming years (most “Remainers” would also agree with that, I guess). But the very core of the economic system (which is based on ruthless competition) has to go for that to happen. From that angle, an 18th SDG – on spirituality, in a broad sense, and thinking holistically – is still sorely lacking (although I agree spirituality is not really stuff for ‘goals, targets & indicators’ 😅). Whether men or women will lead us there, is less important. Hopefully a healthy mix of both (and some transgenders too)!

In the coming weeks, Radhika Arora will take over from me. Global health never goes on a holiday, so stay tuned for IHP coverage of the High-Level Political Forum on Sustainable Development, AIDS 2016 (again in Durban), perhaps the UN High-Level Panel on Access to Medicines report, and more!

Early August I should be back.

In this week’s Featured Article, Werner Soors reports from Bangalore, on the (third) Evidence into Public Health Policy conference, organized by IPH Bengaluru. The theme this time is: ‘Equitable India: All for Health and Wellbeing. To follow the action on Twitter, see #EPHP2016.

(PS: A Lancet editorial actually asks similar questions, today, for the world - Indigenous health: a worldwide focus)

Enjoy your reading.

The editorial team

Featured Article

Health for all in a land of persistent inequities

Werner Soors (ITM)

In India, a 1.2 billion people, 29 states and 7 union territories South Asian giant, infant mortality finally came down to 40 deaths per 1000 live births. Behind this national average hide both a comforting 12/1000 in the southern state of Kerala and an unacceptable 54/1000 in the northeastern state of Assam. Out of 100 kids India-wide, 5 die before age 5. But among India’s tribal population, this figure rises to 9, almost double.

There is little doubt that these health disparities should be considered inequitable: social health inequities’ ‘textbook definition’ of being ‘systematic, socially produced, and unfair’ clearly applies to them. All the same, health inequities in India (as elsewhere in the world) are widening. Clearly,
there is a need for better understanding of the causal mechanisms of health inequities, and for effective policies to reduce them.

The Institute of Public Health (IPH, Bangalore), in collaboration with the Institute of Tropical Medicine (ITM, Antwerp), has made health equity the central theme of its 3rd EPHP Conference (Bringing Evidence into Public Health Policy, Bangalore, 7-9 July 2016). In a pre-conference workshop (7 July) cutting-edge concepts and methods for health equity research were presented and discussed. The conference itself (8-9 July), under the banner ‘Equitable India: All for Health and Wellbeing’ makes the point that the road to equity needs a joint effort. As the organizers state in the editorial of the EPHP abstract book, published in BMJ Global Health: “Health cannot be separated from overall wellbeing. If we want to bring health closer to the people, to all of them according to their needs, the policy will have to embrace intersectoral action”.

The two-day Conference will bring together over 300 delegates, including researchers, academics and policy makers, from across the world. Sessions will address a wide range of topics on inequities in maternal care to urban health, and health systems and policy interventions to address inequities.

**Highlights of the week**

**Women & global health**

Financing health in Africa (blog) – Peer-to-peer learning in global health: where are all the women?

Allison G Kelley; [http://www.healthfinancingafrica.org/home/peer-to-peer-learning-in-global-health-where-are-all-the-women](http://www.healthfinancingafrica.org/home/peer-to-peer-learning-in-global-health-where-are-all-the-women)

There is some irony in the largely subtle and occasionally explicit gender discrimination within a sector advocating for improvements in society. Gender imbalance, whether in physical representation at leadership levels or in the difference in salaries, within the development sector itself, seems to finally be getting some attention. In her blog, Allison Gamble Kelley reflects on the often assumed role and position of women in the workplace – one not just in the physical office, but also in virtual CoPs. Perhaps time to steer clear of turning an entire cohort of well-educated young women into minute maids, as the accompanying cartoon splendidly depicts? “The HHA CoPs are launching an ambitious new working group to tackle a nagging problem – too few women participating actively in peer-to-peer learning.”


**BMJ Global Health – EPHP 2016, Bangalore, 8–9 July 2016, Third national conference on bringing Evidence into Public Health Policy Equitable India: All for Health and Wellbeing**

[http://gh.bmj.com/content/1/Suppl_1](http://gh.bmj.com/content/1/Suppl_1)
See also this week’s Featured article. BMJ Global Health just published a supplement of HPSR studies from India.


32nd session UN Human rights council & global health


The 32nd session of the Human Rights Council took place from 13 June – 1 July. As the website says, “The Human Rights Council is an inter-governmental body within the United Nations system responsible for strengthening the promotion and protection of human rights around the globe and for addressing situations of human rights violations and make recommendations on them. It has the ability to discuss all thematic human rights issues and situations that require its attention throughout the year. It meets at the UN Office at Geneva.” (we already referred before to the global update by the High Commissioner for Human Rights - "Hate is being mainstreamed" (13 June).

Below you find some info on the global health related items on the agenda:

TWN – Access to medicines fundamental to achieving right to health


“The United Nations Human Rights Council, in a resolution adopted on Friday (1 July), has recognised that access to medicines is "one of the fundamental elements in achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. ..."

See also IP-Watch, Access To Medicines Resolution Adopted By UN Human Rights Council “A resolution on access to medicines proposed by a number of developing countries was adopted today by the United Nations Human Rights Council, as well as a resolution on enhancing capacity-building in public health. This marks yet another United Nations fora in which developing countries seek to raise the issue of access to medicines, particularly with regard to high prices.” Check out also the position of the UK, Switzerland, and others ...
#HRC32 also adopted a text on elimination of female genital mutilation #FGM (the Economist might want to pay attention!)

NYT – An L.G.B.T. Watchdog at the United Nations

NYT:

“The United Nations took a bold step this week toward recognizing that gay, lesbian, bisexual and transgender people fighting for equality are pursuing fundamental human rights. Members of the United Nations Human Rights Council narrowly approved a resolution on Thursday to establish a new watchdog for discrimination and violence against L.G.B.T. people. The initiative was championed by Latin American nations, which were backed by European countries. After a protracted debate, they overcame opposition from African and predominantly Muslim countries that sought to block and water down the measure....” Check out the role of this new independent monitor.

WHO in collaboration with COP 21 Presidency – 2nd Global conference on Health & Climate change (7-8 July, Paris) – “Building healthier societies through implementation of the Paris agreement”

http://www.who.int/globalchange/mediacentre/events/climate-health-conference/en/

You find some information on the scope & program on the website. The conference is expected to “define a post COP21 action agenda for the implementation of the Paris agreement for healthier and more sustainable societies, to be supported by the creation of a Global Platform on Health and Climate.” Includes 5 expected outputs, & the themes that will be covered at the conference.

Read also a related blog by the Inis Communication team, Climate and health, country by country.

“At this conference, a highly relevant and fascinating project will be presented: WHO’s Climate and Health country profiles. These documents provide a sweeping look at the specific health challenges and opportunities facing countries as they adapt to and mitigate climate change....”

The conference is still ongoing. Check out the press release afterwards.

Brexit fall out on UK (development aid), globalization (discourse) & much more

It’s obvious that the Brexit is having ripple effects, not just on UK development aid & global stock markets (let’s see how the Italian banks keep up in the coming weeks), but on globalization (discourse) as a whole. That, at least, is one nice side-effect of the Brexit. Many people (including people with power) are finally asking some hard questions about globalization (and the winners & losers). The term ‘post-Brexit world’ has even been coined. No doubt, global health will also be
affected (via many pathways). (already, in the UK, science as a whole is affected – see for example this World Report in the Lancet, UK researchers digest the fallout from Brexit)

Some reads:


Must-read. “The economy features prominently in the public debate, even though the jargon and decision-making behind it is completely inaccessible to much of the public. As a result, and to articulate their economic grievances, many use the language of nationalism and immigration – something that was particularly evident in the Brexit debate. The way we use economics must therefore be made more democratic and open, explain Cahal Moran, Zach Ward-Perkins, and Joe Earle.”

Guardian Global Development – Less aid money, less influence: Brexit’s likely hit to the UK’s development role


Insightful overview of the likely implications.

CGD - Brexit is a Wake-Up Call for Development Economists

V Ramachandran et al; http://www.cgdev.org/blog/brexit-wake-call-development-economists

“…Voters in rich countries seem to be sending a different message: if we want open migration and trade policies, we need to focus on domestic job losses, especially in traditional sectors such as manufacturing, shipbuilding, coal mining, and steel.” Or as Larry Summers puts it, ‘make room for responsible nationalism’. Ahum. Wonder where Larry was all those years of ‘happy-go-merry-globlization’…

You might also want to read Nouriel Roubini’s "The backlash against globalization is real and growing." (on WEF). This conclusion: “…The backlash against globalization is real and growing. But it can be contained and managed through policies that compensate workers for its collateral damage and costs. Only by enacting such policies will globalization’s losers begin to think that they may eventually join the ranks of its winners.”

I’m having my doubts (but not on the backlash against globalization).
Early signs of a post-Brexit EU? JC Juncker backtracked on CETA & his stance on national parliamentary approval. Though not completely, it seems, ...

Foreign Policy – The IMF confronts its N-word

Rick Rowden; http://foreignpolicy.com/2016/07/06/the-imf-confronts-its-n-word-neoliberalism/

A viewpoint from Rick Rowden, so you know this is a must-read. Includes the ‘official’ reaction from IMF on its own short report “Neoliberalism: oversold?” from a few weeks ago.

“...But the significance of the article — at least in the long term — is that it might signal a deeper reckoning, both within the IMF and more broadly across Western capitals, about the failure of 30 years of neoliberal policies to bring about financial stability or lessen widening economic divides. ... In the meantime, unsurprisingly, the IMF leadership was quick to distance itself from the piece, making clear that it had no intention of abandoning neoliberalism. The organization’s chief economist, Maury Obstfeld, conceded that the shock of the 2008 global financial crisis has “led to a broad rethink of macroeconomic and financial policy in the global academic and policy community,” including within the fund, but argued that the troublesome article “has been widely misinterpreted” and “does not signify a major change in the fund’s approach....”

Put more diplomatically (as reported in a Bretton Woods project article), it’s “Evolution, not Revolution”. “A June F&D interview with the head of the IMF’s Research Department, Maurice Obstfeld, clarified that the original article’s discussion of policy represented “evolution not revolution”, affirming that the IMF has “not fundamentally changed the core of our approach and that the article’s criticism of austerity policies had “been widely misinterpreted”.

But Rowden rightly argues that “the political center, which has favored neoliberal policies for the last 30 years, is no longer holding”.

The Lancet (Editorial) – Air pollution—crossing borders

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31019-4/fulltext

“A silent killer responsible for more deaths than the number from HIV/AIDS, tuberculosis, and road injuries combined. A killer indifferent to political agendas and that cannot be contained by borders. Air pollution is associated with around 6-5 million deaths each year globally. While premature deaths from household air pollution are projected to decline from 3·5 million today to 3 million by 2040, premature deaths from outdoor pollution are set to rise from 3 million to 4·5 million in the same period. Transformative action is needed to mitigate this death toll....”
... The Lancet, the Global Alliance on Health and Pollution (GAHP), and the Icahn School of Medicine at Mount Sinai, with coordination from the UN Environment Programme and the World Bank, have united to produce a Commission on Pollution, Health, and Development. The aim of the Commission is to inform key decision makers globally of pollution’s severe and under-reported contribution to the global burden of disease and to present available pollution control strategies and solutions, dispelling the myth of pollution’s inevitability and combating apathy...

NCDs

Plos – First-Year Evaluation of Mexico’s Tax on Nonessential Energy-Dense Foods: An Observational Study

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002057

“Lindsey Taillie and colleagues report a reduction in the consumption of nonessential high-energy foods following implementation of an 8% tax on these foods in Mexico.”

Plos – Diabetes: A Cinderella Subject We Can’t Afford to Ignore

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002068

“In a Perspective, Juliana Chan and Andrea Luk discuss the impact of diabetes in countries around the world, setting the scene for a special issue on diabetes prevention comprising discussion pieces and research reports.”

For more info on this special issue, see also Plos Speaking of Medicine, Week 1 of the Diabetes Prevention Special Issue. “PLOS Medicine Senior Research Editor Clare Garvey previews the first week of the Special Issue on Preventing Diabetes, which includes research and commentary on the global burden of diabetes, taxes on energy-dense foods, the benefits of home-cooked meals, and downstream risk of heart disease.” And what they have in mind for the coming weeks.

HS Global: Who are the HSG Board candidates?


Check out the 22 names of people standing for the 2016 HS Global Board elections. As Kate Hawkins noted on Twitter, it’s great to have an election where no matter the winner(s), the results will be good!
AMR

BMJ (letter) – The threat of poor quality antibiotics in increasing antimicrobial resistance
R Ravinetto et al; http://www.bmj.com/content/354/bmj.i3618?etoc=

Must-read! (ultra-short but good)

And for our weekly horror story in this area, see ‘Super bacteria’ discovered in Rio’s waters as Olympics near.

Lancet (Comment) – The global burden of viral hepatitis: better estimates to guide hepatitis elimination efforts
SZ Wilktor et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31018-2/fulltext

« A recurring question about viral hepatitis is why it receives so little funding and attention from global health policy makers and donors. For example, the SDGs have a goal to “end the epidemics of” HIV, tuberculosis, and malaria by 2030 while only “combating” hepatitis, despite the fact that hepatitis accounts for more deaths than each of those infections individually. One reason for this is the difficulty in accurately quantifying and explaining the morbidity and mortality related to viral hepatitis. This difficulty stems from the fact that hepatitis deaths are caused by five distinct viruses (hepatitis A–E) with different routes of transmission, that death occurs decades after infection, and that when people die with hepatitis-related liver cancer and cirrhosis, these deaths are not always linked to the underlying infection. In The Lancet, Jeffrey Stanaway and colleagues have made a major advance in addressing these challenges. Using the Global Burden of Disease (GBD) Study approach, which estimates the causes of mortality and morbidity and their relative importance, they have assessed the burden of disease caused by viral hepatitis from 1990 to 2013 at the country, regional, and global levels....”

Friends of the Global Fight against AIDS, TB & malaria - ‘AIDS 2016 Primer’ – What you need to know ahead of July’s International AIDS conference


Nice introduction to what you can expect at Durban 2016.
The Lancet (Review) – The global response to HIV in men who have sex with men

C Beyrer et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30781-4/fulltext

“Gay, bisexual, and other men who have sex with men (MSM) continue to have disproportionately high burdens of HIV infection in countries of low, middle, and high income in 2016. 4 years after publication of a Lancet Series on MSM and HIV, progress on reducing HIV incidence, expanding sustained access to treatment, and realising human rights gains for MSM remains markedly uneven and fraught with challenges…. The global epidemic of HIV in MSM is ongoing, and global efforts to address it remain insufficient. This must change if we are ever to truly achieve an AIDS-free generation. ”

Erik Solheim (blog) – Reforming the international aid system

“The OECD’s Development Assistance Committee (DAC) has decided to set up a High Level Panel that will propose options for a transformation and reformation of decision making on global development assistance.” “…The panel will be chaired by Mary Robinson, president of the Mary Robinson Foundation – Climate Justice, and former President of Ireland (1990-1997) as well as UN High Commissioner for Human Rights (1997-2002). She is joined by 16 panel members with a diverse background who will all serve in a personal capacity. ”

JRSM – Medical intelligence, security and global health: the foundations of a new health agenda

C Bowsher et al; http://jrs.sagepub.com/content/109/7/269.full

« Medical intelligence, security and global health are distinct fields that often overlap, especially as the drive towards a global health security agenda gathers pace. Here, we outline some of the ways in which this has happened in the recent past during the recent Ebola epidemic in West Africa and in the killing of Osama Bin Laden by US intelligence services. We evaluate medical intelligence and the role it can play in global health security; we also attempt to define a framework that illustrates how medical intelligence can be incorporated into foreign policy action in order delineate the boundaries and scope of this growing field. » (must-read, clearly)

The Royal Society of Medicine (Editorial) – Turning Virchow upside down: medicine is politics on a smaller scale

R Meili et al; http://jrs.sagepub.com/content/109/7/256.full.pdf?ijkey=YyYoIocwDJqbiZ&keytype=finte
Very interesting. A (new?) generation of physicians starts “to question their practice and think differently about the best ways to improve their patients’ health. If politics is medicine on a larger scale, than perhaps the inverse is true. Perhaps medicine is politics on a smaller scale.” Learn all about ‘Upstreamists’ and the like!

**The Lancet – Offline: Iraq—the prelude to a global war**


After the release of the Chilcot report, Horton reflects on what the global health community did well and conversely, failed to do, before and after the western military intervention in Iraq. Failure outweighed success, he says.

**Zika**

**Bloomberg – The World can’t even find pocket change to fight Zika**


The title says it all. “Inertia reigns in the face of an epidemic, and not just in Washington”. *(from late last week)*

By way of example, late last week Anthony Fauci said “The development of a vaccine to fight Zika could be halted in the coming months if Congress fails to provide funding for the effort”. *(especially for a Phase II trial)*

Still, public-private partnerships are set up to speed up Zika vaccine development. Read for example [France’s Sanofi partners U.S. Army to speed up Zika vaccine](http://www.reuters.com/) *(Reuters)*. *(see also the WSJ on this collaboration with the Pentagon)*

**Washington Post - Brazil says there is ‘almost zero’ risk of Zika during Olympics. Really?**

Over to Rio & Brazil then. Brazil’s new health minister, Ricardo Barros, sounds reassuring. “…He and other officials note that there are far fewer mosquitoes active in August, when the Games are being held, because it’s winter in the Southern Hemisphere. Already, reports of new cases have plunged in Rio state — from 3,000 to 3,500 a week earlier in the year to just 30 cases a week in June, officials say. Meanwhile, 80 percent of the city’s buildings have been inspected for mosquito breeding sites, authorities maintain. Doctors and scientists agree that the Zika threat is declining. They caution, however, that there may be more risk than the government is acknowledging. And some Brazilians are skeptical of the official progress reports at a time when the country’s government and economy are in crisis.”

WHO Bulletin (early online) - Detecting Guillain-Barré syndrome caused by Zika virus using systems developed for polio surveillance

N Kandel et al; [http://www.who.int/entity/bulletin/online_first/BLT.16.171504.pdf?ua=1](http://www.who.int/entity/bulletin/online_first/BLT.16.171504.pdf?ua=1)

This article got quite some attention this week, among others in a Reuters article, [WHO urges use of polio detection systems to screen for Zika-linked disorder](http://www.who.int/entity/bulletin/online_first/BLT.16.171504.pdf?ua=1).

Other Zika related links and reads from this week:

**UN health agency confirms 3 Zika cases in Guinea Bissau** Not clear yet whether it’s the same strain as in Brazil.

**NEJM (Perspective) - Zika and the Risk of Microcephaly** (by M Johansson et al (7 July))

**U.S. to fund Zika virus study of U.S. Olympic team** (Reuters)

(NYT) [Sex May Spread Zika Virus More Often Than Researchers Suspected](http://www.nytimes.com/2016/07/06/health/zika-virus.html)

Nature (editorial) - [Use Zika to renew focus on birth-defect research](http://www.nature.com/news/zika-virus-is-a-renewed-call-to-action-for-research-1.22610)

**Global health events**

UNAIDS Board Underlines the Need for Accelerated Action and Increased Investment to End the AIDS Epidemic by 2030

A round up of the main messages from the 38th meeting of the UNAIDS Programme Coordinating Board (which took place last week). The need for accelerated action, increased investment, intensified partnerships and innovation in community-led service delivery to end the AIDS epidemic by 2030, was highlighted at the meeting. “The Board also approved a revised Unified Budget, Results and Accountability Framework (UBRAF) for 2016–2021 and emphasized the importance of the Joint Programme in translating the UNAIDS 2016–2021 Strategy into action at the national, regional and global levels.”

**Toward a health information system (HIS) helping decentralized actors in decision-making**


« From 16-18 December 2015, the Health Service Delivery Community of Practice (CoP HSD) organized a regional workshop in Cotonou (Benin) on the theme “From Health information system to collective intelligence: refocusing the health district on the population using ICTs”. We share here the key messages that came out of the workshop. »

**IDS – States, Markets and Society - IDS 50th Conference**


The Institute of Development Studies celebrates its 50th year – with a conference bringing together over 200 development experts from across the world. The two-day conference on the 5-6th of July, was on ‘States, markets and society in a reconfigured world: Defining a new era for development’.

**Columbia – Global Nursing and Midwifery Clinical Research Development Initiative (July)**


This month, the Columbia Global Centers, Amman will host the Global Nursing and Midwifery Clinical Research Development Initiative. The event will bring together experts from eight countries in the region to discuss the gaps in knowledge and priorities towards the recommendation and implementation plan towards nursing and midwifery. “The initiative is a President’s Global Innovation Fund project led by Elaine Larson, Anna C. Maxwell Professor of Nursing Research, and Jennifer Dohrn, Assistant Professor of Nursing at Columbia University Medical Center and Director of the Office of Global Initiatives and it’s WHO Collaborating Center for Advanced Practice Nursing.”
Coming up – 1st High-Level Political Forum on sustainable development (HLPF) (11-20 July, NY)

https://sustainabledevelopment.un.org/hlpf

“The High-level Political Forum on Sustainable Development is United Nations central platform for the follow-up and review of the 2030 Agenda for Sustainable Development and the SDGs, adopted at the United Nations Sustainable Development Summit on 25 September 2015. The Forum, which adopts a Ministerial Declaration, is expected to provide political leadership, guidance and recommendations on the 2030 Agenda’s implementation and follow-up; keep track of progress of the SDGs; spur coherent policies informed by evidence, science and country experiences; as well as address new and emerging issues. What will happen in NY? HLPF in 2016 is the first since the adoption of the 2030 Agenda and the SDGs. The session will include voluntary reviews of 22 countries and thematic reviews of progress on the Sustainable Development Goals, including cross-cutting issues, supported by reviews by the ECOSOC functional commissions and other inter-governmental bodies and forums....”

Coming up: Launch of The Lancet Physical Activity Series 2 (Thursday 28 July, London)


“When the eyes of the world turn to Rio de Janeiro for the 2016 Summer Olympics, the Lancet will launch a new major series on physical activity. This new physical activity series will present an update of the field in the last 4 years, since the publication of the first series, including progress in epidemiological research, global surveillance, intervention strategies and policy actions. The series will feature the first global estimate of the economic burden of physical inactivity, and the largest harmonised meta-analysis on the joint health effects of sedentary behaviour and physical activity. The series will also address the issue of scaling up population interventions in the global setting, by providing guidance towards larger and smarter approaches to get more people active. Overall, the new series will present the latest science in physical activity and health, with a strong focus on low and middle income countries....”

Global governance of health

CDC (MMWR) supplement– CDC’s Response to the 2014–2016 Ebola Epidemic — West Africa and United States

http://www.cdc.gov/mmwr/volumes/65/su/pdfs/su6503.pdf

“This MMWR supplement presents reports that chronicle major aspects of CDC’s unprecedented response to the Ebola epidemic. Written by CDC staff who played key roles, these reports summarize
the agency’s work, primarily during the first year and a half of the epidemic.” With Foreword by Thomas Frieden.

PH Movement - Planning for the Global Health Watch 5

http://www.phmovement.org/en/node/10384

Interesting to see how Global Health Watch 5 is shaping up. For a summary of a GHW5 related discussion in Geneva (22 May), see here (must-read!!)

Among others, they seem to agree that more timely material is needed (including via the strategic use of social media), and as for the content: “There was agreement that the contents of GHW 5 would continue to be structured around five sections: 1) Economic and Political Architecture of the Globe’ 2) Contemporary issues and debates on Health Systems; 3) Beyond Health Care – the Social Determinants of Health; 4) Watching of important institutions and processes; 5) Stories of Actions, Struggles and Change. There was consensus that GHW5 would be structured around the broad theme of ‘Global Governance for Health in the context of SDGs’. …”

Blog - Priorities for progressives

David Legge: http://www.davidglegge.me/blog/prioritiesforprogressives

David already puts theory into practice here. Recommended blog post, and not just for the ones who like some good old Marxist analysis of the (contemporary) world (challenges & battle ahead).

Nature – Find the time to discuss new bioweapons


“The Biological Weapons Convention needs to take the assessment of emerging scientific dangers more seriously, argues Malcolm Dando.” “In Geneva next month, officials will discuss updates to the global treaty that outlaws the use of biological weapons. … As scientific work advances — the CRISPR gene-editing system has been flagged as the latest example of possible dual-use technology — this treaty needs to be regularly updated.”
Plos Medicine – Setting a new standard for how we measure global health

C Murray; 

http://blogs.plos.org/speakingofmedicine/2016/07/05/setting-a-new-standard-for-how-we-measure-global-health/

From David Legge to Chris Murray is just a small step 😊. “Christopher Murray, Director of the Institute for Health Metrics and Evaluation, discusses the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) statement and the importance of ensuring accurate and transparent reporting of public health research.” (see last week for more on GATHER)

The Medical Independent – The WHO, What, where and how

http://www.medicalindependent.ie/92510/the_who_what_where_and_how

Includes Devi Sridhar’s take.

Critical Public Health (Commentary) – Of neoliberalism and global health: human capital, market failure and sin/social taxes

D Reubi et al; 


“This article tells a different but equally important story about neoliberalism and global health than the narrative on structural adjustment policies usually found in the literature. Rather than focus on macroeconomic structural adjustment policies, this story draws our attention to microeconomic taxation policies on tobacco, alcohol and sugar now widely recognised as the best strategy to control the global non-communicable disease epidemic. Structural adjustment policies are the product of the shift from statist to market-based development models, which was brought about by neoliberal thinkers like Peter Blau and Deepak Lal. In contrast, taxation policies are the result of a different epistemological rupture in international development: the move from economies and physical capital to people and human capital, advocated by Gary Becker and others. This move was part of wider change, which saw Chicago School economists, under the influence of rational choice theory, redefine the object of their discipline, from the study of markets to individual choices. It was this concern with people and their choices that made it possible for Becker and others to identify the importance of price for the demand for tobacco, alcohol and sugar. The same concern also made it easier for them to recognise that there were inefficiencies in the tobacco, alcohol and sugar markets that required government intervention. This story, I suggest, shows that structural adjustment policies and pro-market ideology do not exhaust the relationship between neoliberalism and global health and should not monopolise how we, as political and social scientists, conceive it.”
Globalization & Health – That’s not how the learning works – the paradox of Reverse Innovation: a qualitative study


“There are significant differences in the meaning and use of the term ‘Reverse Innovation’ between industry circles, where the term originated, and health policy circles where the term has gained traction. It is often conflated with other popularized terms such as Frugal Innovation, Co-development and Trickle-up Innovation. Compared to its use in the industrial sector, this conceptualization of Reverse Innovation describes a more complex, fragmented process, and one with no particular institution in charge. It follows that the way in which the term ‘Reverse Innovation’, specifically, is understood and used in the healthcare space is worthy of examination.”

Hence this (qualitative) research. Check out the results.

IP-Watch - PIP Framework Review Ongoing; Last Call For Country Submissions

http://www.ip-watch.org/2016/07/06/pip-framework-review-ongoing-last-call-for-country-submissions/

“World Health Organization member states have until 15 July to submit views on a five-year-old mechanism allowing for swifter sharing of pandemic influenza viruses and benefit-sharing measures, according to the group tasked with providing a report on the review. The WHO Pandemic Influenza Preparedness (PIP) Framework is currently being reviewed by an expert group as mandated by WHO member governments. ...”

Lancet (Global Health) – Global risks and consilience: mapping a way forward


We learnt a new word from this blog: “Consilience”! I’m afraid it won’t become a buzzword like ‘resilience’, though.

GFO newsletter – new issue

Check out the latest GFO issue. Read for example New co-financing requirements do away with the old counterpart financing thresholds.

Inside philanthropy – Cause of death: what’s the deal with Bloomberg’s ambitious Health Data Push?


Short overview of Bloomberg’s Health Data initiative, but also some other Bloomberg global health initiatives & efforts.

WHO (Feature) – Kenya takes steps to save mothers’ lives, showing why better data matters


“Kenya, the first country in Africa to officially launch the Health Data Collaborative at country level, has used tools such as household surveys, health management information systems, and vital statistics to identify access barriers to healthcare. The Health Data Collaborative is a partnership between WHO and other development agencies, countries, donors and academics, and aims engage with between 5 and 8 countries in 2016–2017. …”

Global health @Geneva – monthly newsletter

[http://view.exacttarget.com/?j=fe912717362017f7c17&m=fec71578746d007c&ls=fdb815747765017a711c78726c&l=fe841579766c0d7570&s=fe2d1c777461047c711478&b=ffce15&ju=fe371175065047c741575&r=0](http://view.exacttarget.com/?j=fe912717362017f7c17&m=fec71578746d007c&ls=fdb815747765017a711c78726c&l=fe841579766c0d7570&s=fe2d1c777461047c711478&b=ffce15&ju=fe371175065047c741575&r=0)

Worth checking out, this monthly newsletter. The latest issue has quite some focus on the WHA.

Thomson Reuters foundation - To achieve the SDGs we need to change five things


Recommended. “From creating more equity to preventing conflict, the 17 goals and 169 targets can be boiled down to a few transformations.” Five in particular. Norton links the progressive global 2015
agenda (with all its flaws) with all the troubles in 2016 which might jeopardize the SDG agenda. And he sketches a way forward.

**UHC**

Health Affairs – Private Sector An Important But Not Dominant Provider Of Key Health Services In Low- And Middle-Income Countries

Karen Grepin; [http://content.healthaffairs.org/content/35/7/1214.abstract](http://content.healthaffairs.org/content/35/7/1214.abstract)

“There is debate about the role of the private sector in providing services in the health systems of low- and middle-income countries and about how the private sector could help achieve the goal of universal health coverage. Yet the role that the private sector plays in the delivery of health services is poorly understood. Using data for the period 1990–2013 from 205 Demographic and Health Surveys in seventy low- and middle-income countries, I analyzed the use of the private sector for the treatment of diarrhea and of fever or cough in children, for antenatal care, for institutional deliveries, and as a source of modern contraception for women. I found that private providers were the dominant source of treatment for childhood illnesses but not for the other services. I also found no evidence of increased use of the private sector over time. There is tremendous variation in use of the private sector across countries and health services. Urban and wealthier women disproportionately use the private sector, compared to rural and poorer women. The private sector plays an important role in providing coverage, but strategies to further engage the sector, if they are to be effective, will need to take into consideration the variation in its use.”

You might also want to read a short blog on the Third Advanced Course on Health Financing for Universal Coverage in Barcelona (which took place 13-17 June in Barcelona).

A second Francophone UHC course took place in Rabat (end of June).

Finally, you might also want to check out What’s next for Japanese aid in UHC push (Devex).

**Planetary health**

International Journal of Environmental research and public health - Sounding the Alarm: Health in the Anthropocene

For some reason, entries in this section always sound quite disturbing. Guess why. (Must-read before Vancouver & any talk about HS ‘resilience’, if you ask me).

In the same category, Global fish production approaching sustainable limit, UN warns (Guardian). “Around 90% of the world’s stocks are now fully or overfished and production is set to increase further by 2025, according to report from UN’s food body.”

WP - Richest nations fail to agree on deadline to phase out fossil fuel subsidies

https://www.washingtonpost.com/world/richest-nations-fail-to-agree-on-deadline-to-phase-out-fossil-fuel-subsidies/2016/07/01/7db563fb-42f0-46c8-bea4-2fcfc0f48c69_story.html

But the G20 is still in no hurry.

Vox - The developing world is awash in pesticides. There may be a better way.

http://www.vox.com/2016/7/3/12085368/developing-world-pesticides

“In the developing world, where swelling populations, increased urbanization, and growing economies create a demand for ever more food — produced quickly and inexpensively — pesticide application rates are rising.” “… To improve pesticide management and avoid serious poisonings, the FAO is calling on countries to adhere to an "International Code of Conduct on Pesticide Management," a voluntary framework that promotes best practices to prevent and reduce exposure to pesticides during handling, storage, transport, use, and disposal...." But far more encouraging is “the growing evidence that farmers can lower their dependence on pesticides while maintaining agricultural production, sometimes by employing techniques that date back thousands of years.” Sustainable agriculture practices (such as integrated pest management (IPM) can help reduce pesticide use in a variety of farming systems. “If enough farmers in enough developing countries can become convinced of the benefits of sustainable farming practices like IPM, the world’s reliance on pesticides can be lowered.”
Infectious diseases & NTDs

AMA Journal of Ethics – Changing Donor Funding and the Challenges of Integrated HIV Treatment


“Donor financing for HIV prevention and treatment has shifted from supporting disease-specific ("vertical") programs to health systems strengthening ("horizontal") programs intended to integrate all aspects of care. We examine the consequences of shifting resources from three perspectives: first, through a broad analysis of the changing policy context of health care financing; second, through an account of changing priorities for HIV treatment in South Africa; and third, through a description of some clinical consequences that the authors observed in a research study examining adherence to antiretroviral therapy (ART) and sexual health among adolescents. We note that AIDS responses are neither completely vertical nor horizontal but rather increasingly diagonal, as disease-specific protocols operate alongside integrated supply chain management, human resource development, and preventive screening. We conclude that health care programs are better conceived of as networks of policies requiring different degrees of integration into communities.”

World Bank (Voices) - The newest weapon against HIV/AIDS in Africa? MTV


Can television actually be good for young people? Contrary to the “vi-idiot” warning, evaluations on the MTV Shuga (viewership at 750million, worldwide), an infotainment initiative by the MTV Staying Alive Foundation, demonstrate that the show led to reduced concurrent sexual partnerships, reduced new infections of chlamydia among female viewers (1.3% versus 3.1% in the control group) along with a substantial reduction rarely seen in the HIV behavior change literature. The evaluation was undertaken by the World Bank’s Development Impact Evaluation (DIME) unit, along with the MTV Staying Alive Foundation, the Bill & Melinda Gates Foundation, and academics affiliated with the Abdul Latif Jameel Poverty Action Lab. Emerging Voices 2013 will surely remember Shuga!

The Atlantic – After Ebola: The disease has left a terrible legacy—and another outbreak is likely.

“But the virus keeps resurfacing. Ten flare-ups have been recorded in West Africa since Liberia was first declared Ebola-free, in May 2015,” these are words which can send a chill up your spine. An exploration into the post-Ebola life in Liberia. Sobering.

STAT – As Yellow Fever crisis spreads, health officials prepare a major vaccination campaign

https://www.statnews.com/2016/07/05/yellow-fever-vaccination-campaign-congo/

Preparations are ongoing to begin a yellow fever vaccination campaign in the Congo later this month. See next piece on challenges – including syringe and global vaccine shortages.

Also see Reuters: WHO to launch emergency yellow fever vaccination in Angola, Congo

And in Angola, the Red Cross launched a yellow fever emergency appeal.

Reuters - Shortage of syringes hampers Congo's fight against yellow fever

http://www.reuters.com/article/us-health-yellowfever-congo-idUSKCN0ZL1MW

One million doses are available to vaccinate people against yellow fever in the DRC – and yet a shortage of syringes is hampering the vaccination process. There is hesitation to offer vaccination in some parts and not the others – in the interest of public safety and order. “The global stockpile of yellow fever vaccine stands at about 6 million doses after having been depleted twice this year to immunize people in Angola, Uganda and Congo. The current method for making vaccines, using chicken eggs, takes a year.”

New York Times (Editorial) – The Cholera Epidemic the U.N. Left Behind in Haiti

http://www.nytimes.com/2016/07/06/opinion/the-cholera-epidemic-the-un-left-behind-in-haiti.html?_r=1

The NYT makes the same case as Richard Horton a while ago. “Last week, a bipartisan group of 158 members of Congress urged Secretary of State John Kerry to put pressure on the United Nations to mount an effective response against cholera and to compensate people who have been affected. “Each day that passes without an appropriate U.N. response is a tragedy for Haitian cholera victims and a stain on the U.N.’s reputation,” the lawmakers wrote. Unless there is a dramatic change in approach, the epidemic will damage the legacy of Secretary General Ban Ki-moon, who will leave his post at the end of the year....”
U.N. News Centre: Interview: UN health official discusses unprecedented vaccination campaign to tackle cholera in Haiti


Acknowledging the limits of the weak health system in Haiti, the WHO representative for Haiti, Jean-Luc Poncelet indicated their efforts to tackle the cholera in Haiti with a combination of vaccination, along with water chlorination programmes. On the agenda is also to improve the quality of water, as well as health system strengthening. The WHO aims to embark on a large-scale vaccination programme in 2016 and 2017 – aiming to reach 750,000 people in the administrative area known as Department Centre.

PLOS NTDs (Editorial) – Southern Europe’s Coming Plagues: Vector-Borne Neglected Tropical Diseases

P Hotez; http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0004243

An editorial on the emergence of neglected tropical diseases in Southern Europe (Spain, Italy, Southern France, etc.), attributed to climate change, migration, as well as growing poverty.

Also see What’s with these Vector-borne Neglected Tropical Diseases? Peter Hotez and Serap Aksoy, co-Editors in Chief of PLOS Neglected Tropical Diseases’ contemplations on the rise of vector-borne NTDs around the world. (in Plos Speaking of Medicine)

NCDs

Scidev.net - Flying solo weakens chronic disease fight


Recommended. NCDs now almost account for the majority of the disease burden; this article addresses the limitations in the current response to NCD – including research, strategies; and introduces the WHO Global Coordination Mechanism (GCM) – a small, international team devoted to strengthening the global NCD response by promoting alignment.

Includes the lovely paragraph: “...Such a mechanism had not previously arisen organically because every player has their own unique agenda. Bill Gates is trying to build a legacy, Novartis wants to sell insulin, DFID has to demonstrate benefit to Britons, the World Bank must uphold market liberalisation principles, USAID would be scolded for harming Coke sales and Médecins Sans
Frontières wants to demonstrate speedy results. These are crude caricatures, but they illustrate the ubiquity of competing interests...

Also see a rather important NCD related side event coming up, Side event on NCDs on the occasion of the ECOSOC High-level Political Forum on the SDGs 18th July
http://www.who.int/nmh/events/2016/ecosoc/en/index.html and
http://www.who.int/entity/nmh/events/2016/18-july-2016-side-event-on-NCDs.pdf?ua=1

Sexual & Reproductive / maternal, neonatal & child health

Euractiv - UNICEF denounces lack of aid for refugee children


UNICEF draws attention to the lives of the one in nine children worldwide who are a victim of violence or armed conflict. The article also highlights the organization’s critique of the EU’s response to the refugee crisis.

Huffington Post - One Step Closer to Repealing Helms

John Seager; http://www.huffingtonpost.com/john-seager/one-step-closer-to-repeal_b_10819834.html

A call to repeal the Helms amendment first enacted in 1973 towards restricting the use of U.S. foreign assistance funds to supporting programs on family planning or abortion. The author also celebrates the Democrats’ decision to include the repeal of Helms in the Platform draft.

Bloomberg – Why Drug Companies Want to Sell Vaccines to Pregnant Women


Next up, selling vaccines – baby protecting vaccines – to expectant mothers is on the radar of companies, including some bigwigs like GSK, Pfizer and others. (Clearly the ethics of vaccine trials in developing countries goes unnoticed in the article. Sigh.)
Access to medicines

Intellectual Property Watch – US Industry Airs Hopes, Frustrations On IP Rights In India

http://www.ip-watch.org/2016/07/05/us-industry-hopes-frustrations-on-ip-rights-in-india/

Piece on a discussion on “India’s National IPR Strategy: A View from Global Innovators”. The article is for subscribers only.

IP-Watch – Generic Manufacturing Deals For HIV And Hepatitis C Treatments Signed At Medicines Patent Pool


“...the Medicines Patent Pool announced the signing of nine new sub-licensing agreements for the generic manufacturing of key HIV and hepatitis C treatments. According to the MPP press release, it signed licences with Aurobindo (India), Desano (China), Emcure (India), Hetero Labs (India), Laurus Labs (India), Lupin (India) and a new partner, Zydus Cadila (India)....”

Bloomberg – Decoding Big Pharma’s Secret Drug Pricing Practices


This is an engaging, highly visual piece on understanding drug pricing in the United States based on a Bloomberg analysis of 39 medicines with annual global sales of over US$1 billion.

Human resources for health

Guardian - We need to fight sexism to get more female surgeons in developing countries


The debate on the gender divide in health and medicine isn’t restricted to leadership positions only; read this article for the surprising first paragraph, and the issues which inhibit more women as
surgeons, especially in LMICs where there are an estimated 3 female surgeons for every 1 million people.

**BioMed Central Human Resources for Health**

As we already reported last week, health worker migration is the flavour of the month with BioMed Central’s Human with its **special supplement** presenting articles which focus on “**The WHO global code of practice: early evidence of its relevance and effectiveness.**” Last week we referred to James Campbell’s introductory **Editorial**, this week we zoom in on a contribution by our colleague, Remco van de Pas.


The authors present case studies from the European and eastern and southern African regions to describe success, failures and challenges in the implementation of the WHO Code of Practice.

**WHO - Surgical Workforce in India: What the state of Kerala tells us about the production, stock and migration of the health workforce**


In a separate publication, linked to the Code, the authors present a case study on the production, stock and migration of the surgical workforce from the state of Kerala, India.

**Miscellaneous**

**Humanosphere – US Congress passes global food security act**


“In a rare act of bipartisanship, the U.S. House of Representatives passed the Global Food Security Act (S. 1252). It bolsters efforts by the U.S. to eliminate hunger and malnutrition globally by providing backing to existing programs, including the Obama administration’s Feed the Future program....”

“...Upon its final passage, the Global Food Security Act will require the White House to develop a whole-of-government strategy for addressing global food insecurity, hunger and malnutrition. ...”
“...The cornerstone initiative is Feed the Future, a program touted by the Obama Administration and a potential legacy that extends beyond Obama’s term in office. Obama pledged at the 2009 G8 summit that the U.S. would spend $3.5 billion in three years to improve food security in sub-Saharan Africa and Southeast Asia. ...”

In other news from the US, US Congress approved the long-sought Foreign Aid Transparency and Accountability Act (Devex). “The legislation will require U.S. government agencies to closely monitor and evaluate all foreign aid programs based on their outcomes and improve transparency by publicly sharing the data about what’s working and what’s not, in large part through the foreignassistance.gov portal.”

Security Council (research) report - Appointing the UN Secretary-General: The Challenge for the Security Council

http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/appointing_unsg_2016.pdf

Pretty in-depth... “On 16 October 2015, Security Council Report published a report on “Appointing the UN Secretary-General”. It provided background on the history of the process and procedure, and on proposals for change. It also described developments since the selection of Secretary-General Ban Kimoon in 2006 and relevant Security Council discussion up to early October. In this report, we examine the major developments that have occurred since October 2015 in both the General Assembly and the Security Council. ...”

PS: Christiana Figueres just joined the list of candidates.

The Economist – Help from above

Economist;

On medical drones in Africa (Rwanda).

The conversation – Pressure to publish is choking the academic profession

P Vale et al; The conversation;

A view from South-Africa on this (rather important) issue.
CGD (Testimony) – Development Finance is the Future of US Economic Assistance


“On July 7, CGD chief operating officer and senior fellow Todd Moss testified before the Senate Foreign Relations Committee at a hearing titled “An Assessment of US Economic Assistance.” Moss’s remarks emphasized the role development finance in promoting market solutions to poverty and insecurity.” (rather than aid, development finance is the future, he said)

**Research**

**Global Health Promotion - A comprehensive capacity assessment tool for non-communicable diseases in low- to middle-income countries: development and results of pilot testing**

IG de Quevedo et al; [http://ped.sagepub.com/content/early/2016/06/30/1757975916647008.abstract](http://ped.sagepub.com/content/early/2016/06/30/1757975916647008.abstract)

« Non-communicable diseases (NCDs) are the leading causes of death worldwide, with higher rates of premature mortality in low- and middle-income countries (LMICs). This places a high economic burden on these countries, which usually have limited capacity to address this public health problem. We developed a guided self-assessment tool for describing national capacity for NCD prevention and control. The purpose of this tool was to assist countries in identifying key opportunities and gaps in NCD capacity. …”

**Health Policy & Planning – Does addressing gender inequalities and empowering women and girls improve health and development programme outcomes?**

H FT Taukaubong, GL Darmstadt et al ; [http://heapol.oxfordjournals.org/content/early/2016/06/29/heapol.czw074.abstract](http://heapol.oxfordjournals.org/content/early/2016/06/29/heapol.czw074.abstract)

“This article presents evidence supporting the hypothesis that promoting gender equality and women’s and girls’ empowerment (GEWE) leads to better health and development outcomes. …”

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Global Policy - Networks and Power: Why Networks are Hierarchical Not Flat and What Can Be Done About It


From December 2015. “Many scholars, policy makers and practitioners associate new, networked forms of collaboration and governance with positive attributes such as speed, flexibility, adaptability and ‘flatness’. This article contrasts the assumptions that networks essentially moderate external asymmetries of power with the network theoretical view that networks may amplify existing hierarchies. The case study network explored supports the network theoretical view that existing power relations may be increased when a multistakeholder partnership network is established. The use of Social Network Analysis facilitates the comparison of the structures and relationships into which global policy actors are organised (the formal network) with the relationships and relational structures into which they choose to organise themselves (informal network). In the conclusions, I introduce the practice of network rewiring that could overcome the network mechanisms that amplify existing power relations. Further research is required that adds more case study evidence in order to raise (and begin to answer) questions that will give a wider view of the social structuring of power in partnership networks in international development, such as those referred to in the recently-adopted SDGs.”

HP&P – Health provider responsiveness to social accountability initiatives in low- and middle-income countries: a realist review

E Lodenstein et al; http://heapol.oxfordjournals.org/content/early/2016/07/03/heapol.czw089.short?rss=1

“Social accountability in the health sector has been promoted as a strategy to improve the quality and performance of health providers in low- and middle-income countries. Whether improvements occur, however, depends on the willingness and ability of health providers to respond to societal pressure for better care. This article uses a realist approach to review cases of collective citizen action and advocacy with the aim to identify key mechanisms of provider responsiveness. …”

WHO Bulletin – Essential medicines for cancer: WHO recommendations and national priorities

J Robertson; http://www.who.int/entity/bulletin/online_first/BLT.15.163398.pdf?ua=1

The aim of this article is « to examine, for essential anti-cancer medicines, the alignment of national lists of essential medicines and national reimbursable medicines lists with the WHO’s Model Lists”.

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Science Speaks – Research identifies barriers, answers to reaching families with proven measures for preventing mother to child HIV transmission
