IHP news : A sombre week

(15 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,

This has clearly been a bit of a rough week. Fighting broke out in South Sudan, as the country prepared to commemorate five years of independence, leaving almost 300 dead and tens of thousands fleeing. While the WHO steps up its crisis response, limited funding is affecting humanitarian response and the need to mobilize additional resources – financial and human – is becoming critical. This past weekend also brought news of further shootings and tensions between civilians and the police in the United States. On the other side of the world the media threw up devastating images of young children injured, potentially for life by pellet guns used during violent protests in Indian-administered Kashmir. The guns, apparently termed “non-lethal” left over a 100 people, including many young children caught in the line of fire, with injuries in one or both eyes. And as we wrapped up this edition of IHP last night, news of a truck ploughing into crowds and killing at least 84 people in Nice, France poured in. What should have been a celebratory, pleasant summer evening, on the occasion of Bastille Day, ended in a tragedy that killed many, and left many injured or missing, including very young children.

For some of us who try to keep track of events around the world, the tragedies of the past few weeks, and the media response to each one, further highlighted the vast inequities in the coverage disasters in different part of the world receive in the media. As the news of one disaster eclipses that of the other, we wonder if it’s so easy to forget those killed in Iraq two weeks ago and move on to the next. As Friends’ star Jenifer Aniston rightly pointed out in her “trending” story, so much has happened this week that focusing on her weight is a waste of media resources, though we appreciate the stories on Philip May’s suit as Theresa May was sworn in as UK’s new Prime Minister. We did also appreciate the heart-warming short video of a little Portugal football fan comforting, a grown-up, crying after France lost the UEFA final. It is indeed only a game.

In other updates, in what is a first for a sitting President, Obama published an article in an academic journal (see highlights). Durban, South Africa is getting ready for a weekend of meetings and pre-conference activities before the International AIDS Conference begins early last week. And perhaps, to end this rather sombre update on a more amusing note, the world also woke up to a fresh lot of smartphone zombies, infected by Pokémon Go – which left the police, public health professionals and even the game developers sending out warnings against the game’s unintended side effect – injuries!
In this week’s feature article, Fabienne Richard responds to the Economist article, ‘Female Genital Mutilation: an agonising choice’ and calls for a complete end to FGM. Hoping for a more cheerful week ahead, Kristof Decoster will be back at IHP in a couple of weeks!

Enjoy your reading.

The editorial team

(you find the pdf-version of the newsletter here: IHPn376)

Featured Article

Why we should be against the medicalisation of Female Genital Mutilation

On Saturday 18th June 2016, the Economist published an article entitled ‘Female Genital Mutilation: an agonising choice’. In the article, the author (anonymous, in the Economist style) claimed that since efforts by campaigners against FGM, in the last three decades have not resulted in eliminating the practice, it is time for ‘a new approach’. The author suggests that governments should ban the ‘worst forms’ of female genital mutilation (FGM) and instead ‘try to persuade parents to choose the least nasty version’, concluding that ‘it is better to have a symbolic nick from a trained health worker than to be butchered in a back room by a village elder.’

This is not the first time an attempt has been made to promote the medicalisation of FGM. In 2010 the American Academy of Paediatrics supported the idea of a symbolic nick (entaille in French) as an alternative. Earlier this year, two gynaecologists wrote a paper in the Journal of Medical Ethics arguing that some types of cutting do not harm physical functioning and should not be described as “mutilation”.

As a midwife and executive director of GAMS Belgium, (a community-based organisation working towards the abolition of FGM), with several years of experience in Africa (Somalia, Kenya, Burkina Faso, Mali and Liberia, among others) and as someone who sees patients every week in a FGM Clinic, I would like to explain why I am against medicalisation of FGM:

- Performing these ‘symbolic nicks’ would mean denying that FGM is a violation of human and children’s rights and that it is a recognised form of gender-based violence, irrespective of the degree of harm caused or the medical qualifications of the person performing it. All forms of FGM are a violation of human rights and the right to physical, mental and psychological integrity.
- When one compares a program for the exchange of needles for drug users, with medicalisation of FGM, I argue that this is not the same. The majority of drug users are adults or at an age when they are capable of taking a decision; usually they have, besides needle-exchange programs, access to programs to help them stop using drugs, and both choices are reversible. Girls who are cut are babies or infants, cannot escape. They have no choice and they can’t reverse their statute. They are cut forever; even if reconstructive surgery of the clitoris is now available in some countries, it will never be the same. FGM is not an addiction that they can stop. It is an act that mutilates the bodies of women, at an age when they have no say. It is an abuse of power of parents and communities on their bodies.
Symbolic pricks do not prevent extensive cutting in the future. Therefore, such policy will fail in communities that are not convinced of the abandoning of the practice. For example, at the FGM clinic, I attend, I see women from Guinea Conakry who have been cut twice: because the first time was not well done “ce n’était pas propre” (it was not clean). In Guinea Conakry, more than 30% of the FGM in girls (0-14y) are performed by health professionals (most of them are midwives). They cut less than the traditional circumcisers but the girls are then “re-excised” a second time in the village when checked by aunties or grandmothers, leading to double suffering. Where is the benefit here? To replace one practice by another without convincing the communities of the harm of the practice will not stop it.

“Minor types” of FGM as some pro-medicalisation people call them, does not automatically mean minor impact. The health consequences of FGM depend not only on the type of FGM performed, but on the expertise of the circumciser, the hygienic conditions under which it is conducted, the age at which it is undertaken and the degree of resistance of the girl at the time of the operation. However, any type of FGM can have serious physical and psychological consequences. It is therefore important to listen to an individual woman’s concerns and symptoms without making assumptions based on the type of FGM she has experienced. Some women with FGM Type-I can have PTSD linked to the brutality and the pain of the contention during the act: four of five women are holding the child on the floor while the excisor cuts the girl without any explanation. This can be even more traumatic than the cut itself.

UN agencies and the WHO have taken a stand against medicalisation at various occasions, but without great success. They have not succeeded in stopping pro-medicalisation and here is why:

- Neither the UN agencies, nor the WHO dare to take a stand on baby and infant male circumcision. So all their arguments against pricking or medicalisation of less invasive forms of FGM are not credible. Because cutting, albeit male or female, is the same violation of corporal integrity and abuse of authority by the parents: it is done on babies and children without their consent, they cannot escape; they cannot refuse. In the US alone, between 200 and 500 boys die every year due to male circumcision done without a medical reason. HIV prevention through male circumcision (another controversial debate which we will not start here) does not apply to babies and infants who haven’t started their sexual lives.

- One cannot be against pricking of the clitoris on baby girls and at the same time be pro circumcision on baby boys. This makes no sense. Pricking of the clitoris could be less harmful than circumcision of the whole prepuce (with the ablation of the frenulum) of a baby boy (the prepuce being the most innerved part of the male penis, and therefore affecting the sexuality of the man he will become). I am against pricking/nicking of the clitoris and any medicalisation of “minor types” of FGM because I am also against male circumcision and any attempt to the physical integrity of children.

- It is also hypocritical to be against the pricking or nicking of the clitoris while allowing other surgery on the genitalia. Reduction of the labia minora is becoming more common, without medical justification. Why is the WHO silent about this? Why should it be acceptable for white women, and be considered a mutilation for black women? The specific law against FGM in Belgium (article 409 of the penal code) says that even with the consent of women, the cutting of the external genitalia is considered a mutilation. Consequently they should also condemn any surgery on the genitalia without medical reason. It is a business for a lot of aesthetic doctors in our Western countries: instead of taking time to explain to adolescents the variety of anatomy of external genitalia and reassure them about their appearance, they cut their genitalia and sometimes are even reimbursed by the social security system, because there is no regulation and norm about what is considered as an abnormal vulva or hypertrophy of the labia minora (the main official reason of performing nymphoplasty). The work of McCartney with his Great
**Wall of the Vagina** (a sculpture made from plaster casts of 400 women’s vulvas) is an example of education and acknowledgment of the diversity and differences in human bodies.

My conclusion is that **we should be against any cutting or transformation of the genitalia of babies and infants who are in no position to defend themselves**. It is clearly an abuse by adults on children’s rights. This applies to any type of surgery/intervention done without medical reason: female cutting of the external genitalia, but also male circumcision and surgery of intersex babies (before the child has reached an age to say what he or she wants). The Council of Europe made a courageous attempt in 2013 (**resolution 1952**), but as soon as the resolution was out, Jewish and Muslims organisations joined together to ask the council of Europe to review their text about circumcision (**resolution 2076**). Few organisations, like **Droit au corps** in France, have moved away from a single focus on only FGM, towards a more holistic approach and fight against all forms of sexual mutilation (male circumcision, female genital cutting and intersex surgery before age of consent).

A way forward?

**Definition and Classification of FGM (2007)**

**Definition:** Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997).

**Typology:**

**Type I:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

**Type II:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

**Type III:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

**Type IV:** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

**Highlights of the week**

**First High-Level Political Forum on sustainable development**


The first meeting of the United Nations High-level Political Forum on Sustainable Development since the adoption of the UN 2030 Agenda, opened early this week on the 11th of July. The objective of the forum is to provide a central platform for the follow-up and review of the 2030 agenda for the SDGs. This year, the theme of the forum is ‘Ensuring No One is Left Behind’; the sessions included voluntary reviews of 22 countries and thematic reviews of progress on the SDGs. These were also supported by reviews by the United Nations Economic and Social Council functional commissions and other inter-governmental bodies and forums.
Global Sustainable Development Report 2016


The Global Sustainable Development Report produced by the UN Department of Economic and Social Affairs draws on the technical expertise of 245 scientists and experts and presents an assessment on the landscape of information available on issues relevant to the SDGs, “the Report concluded that ‘if no one is to be left behind in 2030, the notion of inclusiveness cannot be treated as an afterthought. Rather, it should be an integral part of institution design and functioning; of research and development, and of infrastructure planning and development, to mention only topics covered in this report.’”

Also see report Leaving no one behind by the Overseas Development Institute
https://www.odi.org/sites/odi.org.uk/files/resource-documents/10692.pdf and also the NCD Alliance

End Violence against Children: The Global Partnership


This week saw the launch of the UN-backed partnership and fund to work towards SDG#16. The partnership brings together the UN, Governments, foundations, civil society, academic, the private sector, as well as the youth towards achieving targets to end violence by 2030. The CDC estimates that globally almost one in four children have suffered physical abuse, with one child dying every five minutes as a result of violence.

Also see here The CDC and WHO are teaming up to end the ‘contagious disease’ of child violence

JAMA [Special Communication] – United States Health Care Reform: Progress to Date and Next Steps


It’s not often that a sitting president publishes in an academic journal, certain a first for the Journal of the American Medical Association. In a special communication article published in the online edition of JAMA, U.S. President Obama, reviews the path towards the Affordable Care Act, reviewing the justification towards it, as well as the impact on insurance coverage and access to health services. The article reviews the decisions towards pushing for the health reform, its impact as well as lesson for public policy, emphasizing the rationale and recommendations towards building on these health reforms. A must read!
Also see Obama Renews Call For A 'Public Option' In Federal Health Law

World Health Organization steps up response to rising health needs of internally displaced persons in Juba City, South Sudan


A short update on the efforts by the WHO to provide access to essential health services and respond to an escalating humanitarian crisis, including coping with health workers.

Also see Soldiers restrict movement of World Health Organization staff in Juba


Reuters – Mozambique certified polio free: health ministry

http://af.reuters.com/article/commoditiesNews/idAFL8N19X50S

In some much needed good news this week, Mozambique has been certified polio free.

Rwanda: President Kagame Sacks Health Minister Over Corruption

http://allafrica.com/stories/201607120700.html

Rwanda’s Health Minister, Dr. Agnès Binagwaho was dismissed from her position over allegations of corruption. Her term, marked with scandals, ended at a time when there has been an increase in malaria cases, as well as mismanagement of health facilities. The rise in malaria has been attributed to the procurement of 3 million substandard mosquito nets at a cost of $15 million to the government in 2013.
Brexit fall out on UK (development aid), globalization (discourse) & much more

Foreign Policy [Voice] – Brexit Is a Global Health Risk

Laurie Garrett [http://foreignpolicy.com/2016/07/13/brexit-is-a-global-health-risk-globalization-britain/]

Garrett on the global shift towards nationalism and its impact on the financing of development programs across the world, “Before Brexit, 15 million pounds equaled $22.2 million; today, it’s only worth $19.5 million. So while the same amount of money is leaving London, its value in dollars has so plummeted that UNAIDS will be forced to tighten its belt, possibly laying off personnel, to accommodate a $2.7 million loss.”

CGD – Brexit Breakdown: What Now for Global Development? Podcast with Owen Barder

[http://www.cgdev.org/brexit-breakdown-what-now-global-development-podcast-owen-barder?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31664377&_hsenc=p2ANqtz-8864zcdcjHIOWeUpRw_MnrYi1mpxSrYhLXVpw7UpHftqA241ND5hUnlADAhn5j1on8g-n-RphPs_3k9JIGJixY3VHx3Q&_hsmi=31664377]

Listen to this podcast on the implications of the Brexit on the impact on the development cooperation in a chat between Rajesh Mirchandani and Owen Barder, from CGD.

Guardian - Brexit: 'Finally! UK aid workers will understand what political instability really feels like


A view from the other side – the amusing perspective on “When your country is going through an unprecedented level of political turmoil, it’s not always fun to listen to foreigners making jokes about it... In many ways, the UK has become a lot more like the field.”

Nature – Brexit watch: Scientists Grapple with the fallout


This link presents a summary of clips and news on the impact of the Brexit on scientists and cross-border collaborations, including collaborations on proposals for research funding.
And more on the financial implications of Brexit on aid money here Devex - The best Brexit for aid and Humanosphere – Developing countries take $3.8 billion loss thanks to Brexit

Zika

These four countries face a high risk of Zika spreading because of Rio Olympics: CDC


In an analysis by presented by the CDC this week, the risk of Zika spreading globally is low. The CDC estimates that 19 countries which do not have Zika present conditions for a potential outbreak if the virus spreads; but four of these are considered more at risk than the others: Yemen, Chad, Djibouti and Eritrea.

Also see WSJ - Global Zika Risk Is Low for Rio Olympics, CDC Says

AMR

The Lancet [Commentary] - UN High-Level Meeting on antimicrobials—what do we need?

Ramanan Laxminarayan: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31079-0/fulltext

A call to highlight the need for greater advocacy, monitoring and evaluation, mobilization of resources and greater multisectoral domestic cooperation towards addressing antimicrobial resistance. The commentary, ahead of the UN General Assembly High-Level Meeting of Heads of State (discuss sustainable access to effective antimicrobials) scheduled to be held in September, 2016, calls upon the high-level meeting to establish a UN High-Level Coordinating Mechanism on Antimicrobial Resistance (HLCM) with four core functions mentioned above.

Global Cooperation as a Life-and-Death Issue

Jim O’Neill: https://www.project-syndicate.org/commentary/antimicrobial-resistance-global-cooperation-by-jim-o-neilll-2016-07?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31615956&_hsenc=p2ANqtz-b6JLyn72ffuCTWGSaKmPbfCNaBbOcMTsqY-vWJY8lqwRnyTp-MKW3xznVKKPMTrfWxQakHVDX0I0pMm3vxDuLbi2yw&_hsmi=31615956
The author of the report for the Review on Antimicrobial Resistance (see below) emphasis the need for political and economic commitment towards addressing the issues of AMR, “But hope is one thing; action is another. While high-level meetings and speeches about AMR send the right message, they will mean nothing if we do not manage to translate the current momentum into concrete action, beginning at the G20 and UN meetings this September. And while my most recent discussions suggest that agreements are likely to be reached at both of these meetings, it is far from certain that they will match the scale of the problem.”

Also see Tackling Drug-Resistant Infections globally: Final Report and Recommendations – The Review on Antimicrobial Resistance

The Lancet –Offline: The urgent need to rehumanise science

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31072-8/fulltext

“The two-by-two table was a wonderful creation, but it may not be well adapted to understanding the hypothetical causes and associative consequences of poverty, war, or climate change... But the science of health and wellbeing has evolved into an often arid, brutalising, and inhuman force (notwithstanding my friend’s efforts), devoid of understanding about the experiences of communities and lacking sensitivity to explain the predicaments of individuals.”

Future Health Systems


World Population Day

This week the world commemorated World Population Day. The 11th of July is designated as World Population Day by the United Nations Development Program; the focus this year on improving the lives of teenage girls.

U.N. News – Stand up for and invest in teenage girls, UN says on World Population Day


“While a boy’s options and opportunities tend to expand when he becomes an adolescent, those of a girl too often shrink. Recalling that ‘leaving no one behind’ is a central objective of the 2030 Agenda,
which also includes a specific goal to achieve gender equality and empower all women and girls, the Secretary General urged all Governments, businesses and civil society to support and invest in teenage girls.”

Devex - How to improve the futures of teenage girls

A short video on how governments engage with youth, NGOs offer comprehensive services and initiatives by the private sector to invest in enabling young women to make better decisions about their bodies and lives.

The media commemorated the day with a quiz on CNN and photo essays
http://www.ibtimes.co.uk/world-population-day-2016-amazing-photos-huge-gatherings-overcrowding-can-we-cope-1569664 and
http://www.npr.org/sections/goatsandsoda/2016/07/11/485274671/photos-for-worldpopulationday-how-earths-7-billion-live

Zika

KHN NIH’s Fauci on Combating Zika: ‘You Have To Have The Resources To Act Quickly’
http://khn.org/news/nihs-fauci-on-combating-zika-you-have-to-have-the-resources-to-act-quickly/

And interview by the Kaiser Health News with Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. Fauci oversees federal Zika vaccine research and development activities. His role also includes finding resources within the NIH to support vaccine development. The interview delves into the safety considerations needed to be taken into consideration while developing a vaccine and of course, the struggling for adequate funding.

Colombia offers the possibility that the Zika epidemic may not be as bad as feared
“The fact that Colombia has seen a relatively modest — not massive — increase in birth defects raises hopes that the threat of microcephaly from Zika is not as high as was feared when the images first surfaced.”

Global health events

AIDS2016

Watch this space for the forthcoming 21st International AIDS Conference (AIDS 2016). Official pre-conference activities begin over the weekend of the 16th with the conference taking place between the 18th and 22nd in Durban, South Africa.

Details on the pre-conference programme can be found here
http://www.aids2016.org/Programme/Pre-conference-programme

http://www.globalhealthnow.org/news/keyword/ghn%20exclusive

Chris Beyrer, President of the International AIDS Society discusses his views on the current state of the global fight against HIV/AIDS and what the future holds in a 4-part interview with GHN editor-in-chief, Brian W. Simpson.

9th International AIDS Economics Network (IAEN) pre-conference

The 9th International AIDS Economics Network (IAEN) pre-conference will take place this week (15-16 July 2016 in Durban, South Africa. the event precedes the International AIDS Conference. The event aims to bring together economic researchers and stakeholders, including the Ministers of Finance and Health, activists, practitioners and academia to discuss key issues and challenges, and develop real options for sustainable financing for AIDS.

United Nations Conference on Trade and Development


The 14th session of the UNCTAD will take place in Nairobi, Kenya between the 17-22 July 2016. The session will bring together heads of states, ministers, business persons, civil society and academia to
address global trade and economic development issues. The conference will also provide a platform to discuss the UNCTAD’s frame of action towards the post-2015 development agenda.

Launch of the Spotlight Report 2016 at UNCTAD 14

https://www.globalpolicywatch.org/blog/2016/07/13/launch-spotlight-report-unctad/

The Civil Society Reflection Group launches its Spotlight Report comprising of independent monitoring and review of the implementation of the 2030 agenda, and its challenges. The report is developed by a global alliance of civil society organizations which include the Arab NGO Network for Development (ANND), Development Alternatives with Women for a New Era (DAWN), Social Watch, Third World Network (TWN), Global Policy Forum (GPF) with the support of the Friedrich-Ebert-Stiftung (FES).

Global governance of health

WHO FCTC – International tribunal upholds states’ rights to protect health through tobacco control


“An international tribunal has upheld the sovereign authority of states to protect health through tobacco control. The World Bank's International Centre for Settlement of Investment Disputes (ICSID) has confirmed that tobacco control measures applied by the Government of Uruguay did not violate the terms of an investment agreement between Uruguay and Switzerland, under which the dispute was initiated.”

BMJ Blogs Andy Haines: Why health partnerships are good for global health

http://blogs.bmj.com/bmj/2016/07/11/andy-haines-why-health-partnerships-are-good-for-global-health/?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31555907&_hsenc=p2ANqtz-UXHYEF3CjbDK360K5gONHy_Ym8n1s2PbGFUsCVOoH3rlj_8F34VEyQUFKBVF9R4f5iwA6KxxToU_ERR8NLYYBZvkQw&_hsmi=31555907
With the ambitious SDGs ahead of us, achieving targets will require collaborations and partnerships between stakeholders. This blog presents the experience of the charity THET as illustration of a health partnership.

**UHC**

Devex – Universal health coverage movement, alliance or partnership?


“While it’s also important to clarify boundaries and not just put everything under the basket of UHC, or define what counts and what doesn’t when it comes to tracking aid for UHC... The focus at this point is creating a movement to move toward achieving UHC.”

**Planetary health**

Thomson Reuters Foundation - El Nino, La Nina could lead to spike in new HIV infections in Africa: UNICEF

[http://news.trust.org/item/20160712161900-pm7k7](http://news.trust.org/item/20160712161900-pm7k7)

The impact of climate change can have a direct, indirect or even distal impact on the health of individuals and societies. This article illustrates the impact of droughts linked to the El Nino on food shortages, and reluctance to take ARVs on an empty stomach, as well as prioritizing expenditure on food over trips to a health center.
Infectious diseases & NTDs

BioMed Blogs – The health and economic impact of the Global Programme to Eliminate Lymphatic Filariasis


In the year 2000, the WHO established the Global Programme to Eliminate Lymphatic Filariasis (GPELF), with the goal of eliminating the disease by 2020. Between the years 2000 and 2014 the GPELF provided 5.6 billion treatments to over 763 million people; over the same period researchers (across institutions) collaborated to study the health and economics of GPELF between 2000 and 2014. “Individuals treated through the GPELF are estimated to save a combined total of US$96.9 billion (an average of US$2,095 per person) over their lifetime, income that would have otherwise been lost due to inability to work and medical expenses.”

Guardian – HIV infecting 2m more people every year, warns UN

https://www.theguardian.com/society/2016/jul/12/hiv-infecting-2m-more-people-every-year-warns-un?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31615956&_hsenc=p2ANqtz-VrWqtmFLhOmd-sAnaKMTZ-xJvWcZ8JR5wBeTqb7HZ1DHtEiuKGNw5h4HTzpPcfasY90KK0khIrYqQ_J5jXYdA4cBX6A&_hsml=31615956

less than a week before the International AIDS Conference, a report by UNAIDS indicates that nearly 2 million people have been newly infected with HIV every year for the last five years, making it impossible to meet the UN goal of eradicating AIDS by 2030 at this rate.

Nature – How a Phone Call Can Save People from a Dengue Outbreak


Researchers at the New York University analyzed the calling behavior of citizens to a public-health hotline and developed a disease-surveillance system that can forecast an outbreak of dengue two to three weeks ahead of time – particularly useful in low-resources settings.
FP – Ebola Lives On in Survivors’ Eyeballs and Testicles

http://foreignpolicy.com/2016/07/12/ebola-lives-on-in-survivors-eyeballs-and-testicles/?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31615956&_hsenc=p2ANqtz-8aSDP2Y0kdpl8UUwOQygFP1yfVeoGbtxJKdVUCk4zQSs5k6C_qAYwgnjPcaT-0PS6KtC4TGsEOCDipEBJ81avYYn4A&_hsmi=31615956

There might be some truth to old wives tales it turns out. “Researchers have discovered live virus in the cerebrospinal fluid of a survivor who had previously been declared Ebola-free. Unless a survivor is operated on, Ebola is unlikely to escape these immune-privileged pockets and make it to the outside world. But there are more accessible areas of the body where the virus can live on undetected. Complications in Ebola survivors’ pregnancies and their newborns have prompted some experts to postulate that the virus can survive in breast milk and the placenta. Researchers are now debating whether asymptomatic Ebola survivors could also be carrying the”

The Conversation – Malaria: should we abandon insecticide-treated bednets?


There is only one type of insecticide which can be safely used to treat bed nets; the issue with the widespread use of insecticide-treated bed nets is that many mosquitoes have developed resistance to the chemicals intended to kill them, thereby potentially leading to a situation where one of the basic protections against mosquito bites, therefore reducing the risk of malaria might be lost. Unravelling the public health gains achieved so far.

STAT – HIV drugs protect against transmission, even in unprotected sex

https://www.statnews.com/2016/07/12/hiv-drugs-unprotected-sex/?_hsenc=p2ANqtz--F7yOh_yzY1gbknBbSWBZtN_GDHtOvw6VhitXClf0MoXnxnM2x3bf7tvVT2_TN19Zr1pUgU2mxKrCMZg_3DPBwVhw&_hsmi=31603492

“In a landmark study, which mostly enrolled heterosexual couples, found that ART taken by infected individuals reduced the risk of HIV transmission by 96 percent.”
Boston Globe (editorial) - State Dept. should demand UN take responsibility in Haiti


efforts to hold the UN accountable for the cholera epidemic in Haiti have been going on for a while, with 158 members of the US House of Representatives sending a letter to Secretary of State John F. Kerry urging the State Department to “exercise its leadership to ensure that the United Nations . . . take concrete steps to eliminate the cholera epidemic introduced to Haiti in 2010 by waste from a UN peacekeeper camp, and to comply with its legal and moral obligations to provide cholera victims with access to an effective remedy.” A response is awaited.

Also see Foreign Affairs – No Immunity from Cholera: How to Hold the United Nations to Account

Guardian - Give HPV vaccine to boys to protect against cancers, experts say


Researchers are advocating to include adolescent boys in the current vaccine programme that immunizes girls aged 12 and 13 against HPV before they become sexually active. This is being done within the context of a rise in the rates of HPV, as a major cause of later-in life throat cancers. “The vaccine, if extended to boys, would protect them in later life against HPV-related head and neck cancers.”

NCDs

Goats and Soda [Opinion] – When I Was Diagnosed With Bipolar Disorder, People Thought I Was Cursed

http://www.npr.org/sections/goatsandsoda/2016/07/05/477928132/when-i-was-diagnosed-with-bipolar-disorder-people-thought-i-was-cursed
A personal account of coping with mental health situated within the context of a low-resource setting, Kenya in this case. Lessons would be relevant for other LMICs, indeed towards improving the perception and focus on mental health across the world.

**PLoS Medicine [Perspectives] – Population Approaches to Prevention of Type 2 Diabetes**

[http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002080](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002080)

The article acknowledges the variable effectiveness of individually targeted behavioural interventions towards the prevention of Type-2 diabetes, and elaborates on different population level interventions can be delivered via a range of modalities.

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

**On World Population Day Let’s Do More for the World**


Family planning and its relevance not just in controlling population, but towards economic growth and development; The article reiterates the importance and need for family planning, especially within the context of enabling women to have greater control over the reproductive health, and access contraception at a time when over 200 million women still have an unmet need for contraception.

Also see the section on **World Population Day**

**Access to medicines**

**STAT – Billionaire businessman Mark Cuban has something to say about drug prices**

[https://www.statnews.com/2016/07/13/mark-cuban-drug-prices-interview/?_hsenc=p2ANqtz-iLSZuv9POD_h7x1YOwfevQeZNX_jL8LDAs28LZQ4Jn--37BCKQSLIDF0LjpvX-CTvTlaJ97xFPtIE1cbj9ur9aqlg&_hsml=31657299](https://www.statnews.com/2016/07/13/mark-cuban-drug-prices-interview/?_hsenc=p2ANqtz-iLSZuv9POD_h7x1YOwfevQeZNX_jL8LDAs28LZQ4Jn--37BCKQSLIDF0LjpvX-CTvTlaJ97xFPtIE1cbj9ur9aqlg&_hsml=31657299)
Mark Cuban on price-gouging by some drug companies, particularly with treatments for rare diseases, and on “humane Capitalism.”

Also see Price Gouging and the Dangerous New Breed of Pharma Companies

Human resources for health

The Lancet – Human resources for health: time to move out of crisis mode

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30952-7/fulltext

“...we call for an end to this cataclysmic framing of the health workforce agenda. Instead, the discourse needs to move towards promotion of long-term local responses aligned with available evidence and resources. Moving out of crisis mode will have three key benefits for the global health workforce.”

Miscellaneous

STAT - History credits this man with discovering Ebola on his own. History is wrong

https://www.statnews.com/2016/07/14/history-ebola-peter-piot/?_hsenc=p2ANqtz-_AlFuTL9A4Kg6E02WrG8DTUct8Rfa8bm8xjPBYge8V5-xk3ZzQVho_cvKly86Qbkg9wGDv3sjAWdS9Vtie_EixwdUxew&_hsmi=31664377

An interview with Dr. Peter Piot, director of the London School of Hygiene and Tropical Medicine towards establishing Piot’s role as part of a team in the discovery of the Ebola virus.

The Lancet Public Health: a new journal and a call for papers

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31071-6/fulltext
The Lancet announces a new, open access, online-only journal – The Lancet Public Health. A call for submissions of original research for the new journal is out.

**Research**

**Case Study – Opioid substitution therapy in Nepal: Learnings from building a national programme**


An estimated 52,000 people in Nepal abuse injectable drugs leaving them vulnerable to a number of health problems including blood-borne infections and HIV/AIDS. Publicly-funded, government supported rehabilitation and treatment services are limited and privately-run ones of variable quality and unaffordable for many. This article presents a case study demonstrating lessons from The Nepal’s national opioid substitution therapy (OST) programme - by the government of Nepal and Nepalese civil society organizations with support from German Development Cooperation and other international development partners.

Also see [http://health.bmz.de/events/In_focus/Out_of_harms_way/index.html](http://health.bmz.de/events/In_focus/Out_of_harms_way/index.html)

**Breast cancer policy in Latin America: account of achievements and challenges in five countries**


“Only in recent years breast cancer has been considered a priority in some Latin American countries and resources have been mobilized to confront the problem at the institutional level. The article analyzes the efforts made in five Latin American countries (Argentina, Brazil, Colombia, Mexico and Venezuela) in the last 15 years to design and implement policies to address the growing incidence of breast cancer.” The study was conducted using primary (including semi-structured interviews) and secondary data sources.