IHP news 378 : A relatively quiet week in global health (but not in the world)

(29 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 week was relatively quiet in global health terms; for the world it’s a different matter, as you know. But hey, we have to learn to ‘dance with the unknown’, according to some! Not even Donald Rumsfeld could’ve come up with that.

We’ll make use of the relative global health lull to cover some of the headlines and articles you might have missed in recent weeks, as many of you probably also come back from holidays, and need to get back in the groove. For the ones catching up, do also read the IHP newsletters of the previous (far more hectic) global health weeks (that paid quite some attention to the HLPF meeting on SDG implementation in New York and the AIDS conference in Durban respectively).

In this week’s Featured article, Shakira Choonara (lead of the EV4GH communications taskforce) gives an update on the EV2016 venture, linked to the next symposium in Vancouver. Among others, the 41 winners have been announced!

Enjoy your reading.

The editorial team

Featured Article

Young, Hip and Ready to take #HSR2016 by Storm! Introducing EV2016!

By Shakira Choonara

Time really flies! It’s already the fifth edition of the Emerging Voices for Global Health (EV4GH) programme – initiated by the Institute of Tropical Medicine Antwerp (ITM) in 2010. And while ITM remains a critical partner, the EV initiative has evolved into a multi-partner venture, steered by the
Institute of Public Health (IPH) Bangalore, supported by a new governance structure in which EV alumni also play a key role. **The objective of the venture is** to train and enable the next generation of change-makers and action-enthusiasts in the Global South to be critical, argue till the death and offer solutions to pressing health system challenges. The EV programme now has an established governance structure; it is also listed as a [Thematic Working Group (TWG) of Health Systems Global (HSG)](https://www.healthsystemsglobal.org) with EV alumni from all regions playing a key role in the venture and network! And while we’re at it, this might also be a good time to encourage you to vote for some of our prolific EV alumni nominated to serve on the board of HSG ([Nana Yaa Boadu, Dorcus Kiwanuka Henriksson, Aku Kwamie, Francisco Oviedo-Gomez](https:))!

Coming back to the current edition of the EV program, this year, we received a whopping 200+ applications from all corners of the globe which definitely gave selectors a few migraines and areas of contention! After much debate and too many tough choices, the EV team is excited to announce **41 outstanding candidates**. The world will have to watch closely, perhaps even more closely than for the (s)election of the next [United Nations (UN) Secretary General](https://www.un.org) and next US president because just as in previous editions, EVs usually storm [HSG conferences](https://www.healthsystemsglobal.org), and the world in general! This year’s selection of EVs includes young health systems researchers, complemented by decision-makers and practitioners who are also considered to be activists in the field of health policy and systems research, and are passionate about health equity. It seems our selections for 2016 were also spot on: by way of example, EV2016 [Dr Isabel Kazanga](https://www.healthsystemsglobal.org) is already creating those resilient, responsive waves, including in national newspapers! Others will no doubt follow suit in the coming months.

**So, what makes the EV programme stand apart from other capacity building initiatives?**

Together with several partners, IPH and ITM train and build capacity and foster a network of young- and-upcoming researchers from the Global South. The programme is structured into two phases: an online distance learning phase, and face-to-face interaction conducted ahead of the biennial Global Symposium on Health Systems Research (which takes place this year in Vancouver). Linking the programme to the Symposium has been beneficial in enabling EVs to be part of the broader HPSR network and participate in HSG structures including the EV TWG. This year most of the EV action will take place between August and November, and of course at the symposium itself! But also beyond the symposium, you’ll continue to hear from EVs, history teaches us. Some can’t even shut up😊!

**Nothing’s ever perfect!**

While the EV programme has made significant strides in bringing together young researchers from every corner of the globe, be it Cambodia, the Middle-East or Uganda, and although we’ve had quite some French and Spanish speaking participants in the past, we did not see a high number of applications from these contexts. The same is true for the post-Soviet Union countries. The challenge remains as to how we can expand the programme to further engage these speakers and tailor the training to their needs as well as bridge the language barrier in our programme and the broader research world! Also, of course, just as with any good cause, funding constraints have proven to be a challenge in ensuring that the programme itself takes place! Although finances have not, and never will restrain us (EV4GH are, by definition, “resilient”), we are solution-driven – post the programme after all! Keep an eye out for all our EV action, including our emerged voices, EV2016 candidates and our exciting line-up before, during HSR2016 and beyond!
p.s. if you are in Vancouver on the 12th of November 2016, do attend our EV pre-conference in partnership with the Global Health Students and Young Professionals Summit (GHSYP), Simon Fraser University! More details to follow soon!

Highlights of the week

(2nd) Lancet series on physical activity


“In 2012, The Lancet published its first Series on physical activity, which concluded that physical inactivity is as important a modifiable risk factor for chronic diseases as obesity and tobacco. Four years later, the second Series presents an update of the field, including progress in epidemiological research, global surveillance, intervention strategies, and policy actions. The papers will also feature the largest harmonised meta-analysis on the joint health effects of sedentary behaviour and physical activity, and the first global estimate of the economic burden of physical inactivity. The Series encourages policy makers to take physical activity more seriously and to provide sufficient capacity and funding to implement national policies. Without a rapid increase in action, the WHO target of a 10% reduction in physical inactivity by 2025 will not be reached. We must continue to strive towards the longer term goal: the integration of physical activity into our daily lives.”

As a start, go through:

• The Comment by Pam Das & Richard Horton: Physical activity—time to take it seriously and regularly (wonder what sort of ‘physical activity’ Horton is into 😊 - for some reason, I have trouble picturing him jogging, swimming, singing karaoke or something else that is remotely related to sports )

A few excerpts from the Comment that give you a hunch about the new series:

“The urgency for global action is strengthened by new evidence in this 2016 Series about the effect of physical inactivity on dementia, the large health-care costs of inactivity, the additional health risks from excessive sitting, and, most importantly, the observation that physical activity is not improving worldwide, despite an increased number of countries having a national physical activity policy or plan. …”

“The staggering INT$67·5 billion economic cost of physical inactivity worldwide to the health-care system through health-care expenditure and productivity losses, as shown by Ding Ding and colleagues, should be a wake-up call for Ministries of Health. …” As in: 67.5 billion a year...

• Comment by L B Anderson et al: Update on the global pandemic of physical inactivity
This Comment gives an overview of the key messages in the four series papers.

**Do go through the series this weekend, but not after you have diligently performed your own physical activity!**

**The Lancet (Editorial) – Halting the Olympics-Zika virus bandwagon**

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31204-1/fulltext

As Rio is about to begin, The Lancet’s stance is clear: “The best available evidence indicates that, with appropriate precautions, Zika virus poses no serious public health danger to those taking part in or attending the Olympics.” The Lancet gives the backdrop of this stance (Amir Attaran et al are just wrong in this case, The Lancet argues), and even links Rio now with their second series on the global pandemic of inactivity. “This Series describes a global pandemic of inactivity and rightly views the global shop window of the Olympics as an opportunity (not a threat) for public health. Consequently, now is the time to halt the misguided Olympics-Zika virus bandwagon, and to get behind Rio 2016, and Brazil.”

**HS Global update**

**HSG Board elections coming up (1-10 August)**

HS Global is organizing Board elections (for a number of candidates that need to be replaced). The election will take place 1-10 August. The line-up of potential candidates looks impressive, certainly compared to the line-up in the US elections. You find all info about the election [here](http://www.healthsystemsglobal.org/blog/125/Health-Systems-Global-seeks-views-on-its-next-five-years.html). Make sure about your HS Global membership (if you want to be able to vote!!)

You find statements and profiles of the 22 candidates [here](http://www.healthsystemsglobal.org/blog/125/Health-Systems-Global-seeks-views-on-its-next-five-years.html).

Many also published blogs (or are about to publish blogs) presenting their view on how they would like HS Global to go forward. Blogs were already published, among others, by Dorcus Kiwanuka Henriksson; Karen Daniels; Adnan Hyder; … (Stay tuned for more in the coming days, and don’t forget to vote!!)

**HSG strategic consultation took place (on HSG’s priorities for the next 5 years)**

http://www.healthsystemsglobal.org/blog/125/Health-Systems-Global-seeks-views-on-its-next-five-years.html

No news yet on this, but no doubt HSG will soon communicate about the outcomes of this consultation that took place over the last month.
We were on holidays during the online consultation (19-21 July). So for once, we make use of this newsletter to come up with our own suggestion for HS Global in the coming 5 years. Would be great if HSG could think of a mentorship scheme for young health systems researchers (at least for the ones who are not sufficiently mentored yet, especially in the Global South), for example via matching seniors with young researchers, ...? It remains a huge bottleneck.

Another suggestion – not really for HSG, but more in general: whenever elections come up in your country, do allow young health systems researchers three months’ leave to campaign for the candidates who will most probably take UHC (and health in general) forward, as compared to backwards. (I think Bill Gates should come up with some money to finance this in LMICs, now that he’s a HSS & UHC convert; as for the US, I’m sure the money is there somewhere; as for the ones living in authoritarian regimes, we’ll have to think of something else ...).

Update on the ‘International Health Partnership for UHC 2030’

You can of course read it all in the latest (just released) (July) IHP+ newsletter, dedicated to the transformation into the International Health Partnership for UHC 2030.

Or you could have a quick look below at some of the key IHP+ news items:

International Health Partnership for UHC 2030 (online) consultation (till 15 September 2016)

http://www.internationalhealthpartnership.net/en/international-health-partnership-for-uhc-2030-consultation/

“As part of the transformation of IHP+ to the International Health Partnership for UHC2030, consultations with key stakeholders including civil society are being undertaken towards outlining effective pathways to achieve the objectives of UHC2030 (see link). As part of this consultation, IHP+ invites the views of the wider civil society via an online survey. Do log in and send in your comments! Survey open until 15 September 2016. …”

IHP+ SDG indicator 3.8.2 : a call for change

http://www.internationalhealthpartnership.net/en/news-videos/article/sdg-indicator-3-8-2-343074/

Put differently, let’s make UHC indicator 3.8.2 “great” again! (recommended article !!)

“...The finalization of the SDG indicators is still in process. The IAEG has met three times since 2015 and its 4th meeting is scheduled in Addis Ababa on 18-21 October 2016. The indicator refinement process including 3.8.2 indicator will happen by the 48th UN Statistical Commission in March 2017. Health experts and UHC supporters are encouraged to discuss this issue with statisticians and IAEG-SDG members to contribute the forthcoming indicator refinement process.”
IHP+ Steering Committee Meeting (22 June) – note for the record now available

The note for the record of the 7th SC meeting (that took place on 22 June) is now online.

You find some other content related to IHP+ (and the transformation) on the website:

- UHC and the new partnership: stakeholder voices (with views by Simon Wright, Srinath Reddy and many others)
- Health Policy action fund
- IHP+ and financial management

AIDS 2016 conference in Durban - a few more reads

The AIDS conference in Durban was extensively covered in last week’s newsletter. Here we just offer a few more reads (Science Speaks also had a lot of coverage on the Durban AIDS conference, and the accompanying one on TB, including on the science).

For more (especially on AIDS funding), see also below, under the heading ‘Global Fund Replenishment’. But already, one of the key messages is clear (see Devex) - AIDS funding is in crisis. Who will step up?

Some other reads:

- UN News Centre - UN-backed AIDS conference closes with calls to end discrimination, bolster HIV care, support
- Devex - Funding shortfall threatens ‘test and treat’ for HIV and AIDS (recommended)
- Meanwhile, Science reported that a Large study spotlights the limits of HIV treatment as prevention. The study took place in South-Africa.
- Mead Over (CGD blog) - Will AIDS Treatment Conquer the AIDS Epidemic? (if you know Mead, you probably already know the answer!)
- Vice News - Indigenous communities worldwide are fighting to deal with the threat of HIV
- Do read also Bolanle Banigbe’s nice reflection on IHP - Good news, bad news and patient centered care
World Hepatitis Day – 28 July

WHO (press release, ahead of WH Day) - WHO encourages countries to act now to reduce deaths from viral hepatitis


“Ahead of World Hepatitis Day, 28 July 2016, WHO is urging countries to take rapid action to improve knowledge about the disease, and to increase access to testing and treatment services. Today, only 1 in 20 people with viral hepatitis know they have it. And just 1 in 100 with the disease is being treated. “The world has ignored hepatitis at its peril,” said Dr Margaret Chan, WHO Director-General. “It is time to mobilize a global response to hepatitis on the scale similar to that generated to fight other communicable diseases like HIV/AIDS and tuberculosis.” Around the world 400 million people are infected with hepatitis B and C, more than 10 times the number of people living with HIV. An estimated 1.45 million people died of the disease in 2013 – up from less than a million in 1990. …”


The theme of this year’s World Hepatitis Day is Know Hepatitis; Act Now.

UN News – UN health agency to launch new hepatitis testing guidelines ahead of World Day

UN News;

“Ahead of World Hepatitis Day – observed annually on 28 July – the United Nations health agency has said it plans to release new testing guidelines for hepatitis B and C, among other action, in an attempt to encourage testing and reach the 95 per cent of people who are not aware they are infected with the disease. Together with its partner, Social Entrepreneurship for Sexual Health, the World Health Organization (WHO) said it recently launched #HepTestContest, a global contest to show how the testing guidelines could translate into real action on the ground. …”

See also IPS news, 400 Million People Live with Hepatitis But They Do Not Know

Biomed Central (blog) – Creating a world with “NOhep” by 2030


“Today, on World Hepatitis Day, we are launching NOhep, a global movement to eliminate viral hepatitis by 2030. The movement is calling on people across the world to unite and take action to make the elimination of viral hepatitis a reality. Indeed, with vaccines and effective treatments for hepatitis B and a cure for hepatitis C now available, we can eliminate these cancer-causing diseases
“in our lifetime but this will require increased awareness and most importantly, political prioritization....”

Lancet Global Health (Editorial) – The hidden threat of hepatitis B
http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2816%2930144-9/fulltext

From the new Lancet Global Health (August) issue:

“July 28 is World Hepatitis Day—a time to “join together to make the elimination of viral hepatitis our next greatest achievement”. Hepatitis is, belatedly, beginning to nudge its way into the global awareness. Having been neglected entirely in the Millennium Development Goals, it gets a name-check alongside AIDS, tuberculosis, and malaria within Sustainable Development Goal target 3.3, and—at the World Health Assembly in May this year—the first Global Health Sector Strategy on Viral Hepatitis was endorsed. This much-anticipated strategy has a goal of eliminating viral hepatitis as a major public health threat by 2030, and particularly focuses on hepatitis B and C viruses, which cause the greatest burden worldwide....”

“...WHO’s new strategy calls for 90% of people with chronic hepatitis B to know their status and for treatment coverage to reach 80% of eligible patients by 2030. One could be forgiven for feeling sceptical. But by emulating the HIV story, not least in terms of education, political lobbying, and determined action on drug and diagnostic costs, and by taking advantage of the extensive infrastructure and systems already set up for HIV screening, elimination ought not to be seen as utopian. Hepatitis B is a hidden threat both to public health and to patients themselves, but the tools exist to prevent and treat it. It’s time to put them to use.”

Last but not least, do also read the (as always well informed) Inis Communication blog related to World Hepatitis Day, World Hepatitis Day: #NoHep = #KnowHep

BMJ (analysis) – Betting on hepatitis C: how financial speculation in drug development influences access to medicines
http://www.bmj.com/content/354/bmj.i3718

Less encouraging: “Victor Roy and Lawrence King argue that the acquisition strategies of drug companies magnify development costs and leave the public paying twice—for research and high priced medicines”. The authors “use the case of hepatitis C to highlight another dynamic missing from the debate: the financial model driving large companies and their shareholders. To maximise growth in earnings, large companies like Gilead often enter expensive bidding contests to acquire companies with promising compounds. Subsequent profits are then directed back to shareholders rather than invested in early stage research. This speculative cycle propels the prices of medicines and impedes affordable access for both current and future patients....”
Details of the upcoming United Nations General Assembly High-Level Meeting on Antimicrobial Resistance (AMR) are coming clear after the preparation of a text laying out the specifics.

Antibiotics researchers are set to receive hundreds of millions of dollars from a new funding stream — but not everyone thinks the cash is being directed to the right place. The money is to come from CARB-X, a public–private partnership announced on 28 July. It is backed mainly by the US government, the London-based biomedical charity the Wellcome Trust and the UK R&D Centre for Antimicrobial Resistance (AMR Centre) in Alderley Park, a consortium that includes public universities and private firms. Over the next 5 years, the partnership hopes to mobilize at least US$350 million to look for ways to overcome bacteria that are resistant to many common antibiotics. 

Scientists from around the world attending the EuroScience Open Forum (ESOF) conference in Manchester today heard that 2016 marks the year a 'long overdue' scientific fightback against the threat of antibiotic resistance finally gets underway.

The issue of antibiotic resistance was highlighted at the EuroScience Open Forum conference in Manchester this week with Peter Jackson, project leader behind the AMR Centre (a new PPP initiative which will both conduct and fund research into new drugs and diagnostics) stressing the need to address the issue of AMR. Scientists from around the world attending the EuroScience Open Forum (ESOF) conference in Manchester today heard that 2016 marks the year a 'long overdue' scientific fightback against the threat of antibiotic resistance finally gets underway.
You might also want to watch a Youtube video on AMR and international relations. (With expert comments from participants in a workshop held at the University of Sheffield in February 2016)

Finally, you might also want to read, in the Atlantic, Scientists Sniff Out a New Antibiotic In Nose Microbes; and in JAMA, Infectious Disease Expert Sees Threat From Colistin-Resistant Superbug.

Globalization backlash

Dani Rodrik – The surprising thing about the backlash against globalization


Must read from mid-July. “...As the world reels from the Brexit shock, it is dawning on economists and policymakers that they severely underestimated the political fragility of the current form of globalization. The popular revolt that appears to be underway is taking diverse, overlapping forms: reassertion of local and national identities, demand for greater democratic control and accountability, rejection of centrist political parties, and distrust of elites and experts.... The backlash was predictable... The bigger surprise is the decidedly right-wing tilt the political reaction has taken. ...”

FT - US-led globalism is dying with the TPP

http://www.ft.com/cms/s/0/91b726e2-540d-11e6-befd-2fc0c26b3c60.html#axzz4FgKeVo3B

“A U-turn on the trade deal she once backed would only confirm prejudices about Hillary Clinton.” And is thus very unlikely (unlike for her husband with NAFTA, a few decades ago). In the case that Trump wins the election, US led globalism is even more unlikely, as you know.

The Economist – The new political divide


“Farewell, left versus right. The contest that matters now is open against closed”. (yes, you’d expect the Economist to say that) I wish it were that simple. Key battleground according to the Economist: the US elections, of course – see also below.

SDGs

The IHP newsletter from two weeks ago covered the 1st High-Level Political Forum in New York on the SDGs (11-20 July) (with the theme, ‘Leave no One behind’). The HLPF ended with a Ministerial Declaration, with the usual blabla.
But in case you missed that, due to holidays, here’s a brief recap of some of the key reports & messages.

UN - The Sustainable Development Goals report 2016
http://unstats.un.org/sdgs/report/2016/?utm_campaign=KFF-2016-Daily-GHP-Report&utm_source=hs_email&utm_medium=email&utm_content=31892710&_hsenc=p2ANqtz-2XRF_q64C73ZMwPxEj3p3k5JgSmRbLbNqISKxBIm_fm8b5Z6mxZHsflr3mXpbKj0ER84RAHFs4LCKkHgy_TRkOBg&_hsmi=31892710

The first SDG (update) report, presented by Ban Ki Moon.

SDG index & dashboards- Global Report (Bertelsmann Stiftung & Sustainable Development Solutions Network)
http://www.sdgindex.org/assets/files/sdg_index_and_dashboards_compact.pdf

By the likes of Jeff Sachs et al. “The purpose of this report is to assist countries in getting started with implementing the new SDGs.”

For coverage, see for example Thomson Reuters Foundation, Ranking shows rich nations not leading way to end poverty, inequality: “Most of the world’s richest countries failed to earn top marks on their progress toward reaching the United Nations’ goals to end poverty and inequality, with only Germany and the United Kingdom in the top ten, according to a list published on Thursday. The United States ranked 25th on the index of 149 countries, scoring poorly on promoting clean energy and fighting inequality and climate change, said the ranking by the U.N. Sustainable Development Solutions Network and Bertelsmann Stiftung, a German social responsibility foundation....”

Don’t know how the UK ended up in the top ten, and how Belgium got a (very nice) 12th position. As for the US, let’s hope Trump doesn’t make America great again in the coming years!

NCD Alliance – High Level Political Forum update
NCD Alliance;

Recommended. The NCD Alliance’s summary of the HLPF (reports presented, side events, ...).

The article concludes: “Next year, the HLPF will commence its review of the SDGs, beginning with Goals 1, 2, 3, 5, 9, 14, and 17, under the overarching theme Eradicating poverty and promoting prosperity in a changing world. As Goal 3 on health will be reviewed, the HLPF will provide an important opportunity to highlight NCDs within the broader context of sustainable development, and to illustrate how NCDs are integrated throughout the agenda, necessitating an integrated approach....”
Devex – Why this Nobel Prize-winning economist believes the data behind the SDGs ‘doesn’t add up’

Devex:

Angus Deaton, that is.

International Council for Science - A draft framework for understanding SDG interactions


Well worth going through (from June). And just imagine what possible SDG “interactions” might look like in a Trump era!

JHPM (Editorial) - Health Promotion in an Age of Normative Equity and Rampant Inequality

Ronald Labonté; http://www.ijhpm.com/article_3243_9cfe55f382f6c9876bd955b41b2c9007.pdf

Must-read.

“The world was different when the Ottawa Charter for Health Promotion was released 30 years ago. Concerns over the environment and what we now call the ‘social determinants of health’ were prominent in 1986. But the acceleration of ecological crises and economic inequalities since then, in a more complex and multi-polar world, pose dramatically new challenges for those committed to the original vision of the Charter. Can the 2015 Sustainable Development Goals (SDGs), agreed to by all the world’s governments, offer a new advocacy and programmatic platform for a renewal of health promotion’s founding ethos? Critiqued from both the right and the left for, respectively, their aspirational idealism and lack of political analysis, the SDGs are an imperfect but still compelling normative statement of how much of the world thinks the world should look like. Many of the goals and targets provide signals for what we need to achieve, even if there remains a critical lacuna in articulating how this is to be done. The fundamental flaw in the SDGs is the implicit assumption that the same economic system, and its still-present neoliberal governing rules, that have created or accelerated our present era of rampaging inequality and environmental peril can somehow be harnessed to engineer the reverse. This flaw is not irrevocable, however, if health promoters – practitioners, researchers, advocates – focus their efforts on a few key SDGs that, with some additional critique, form a basic blueprint for a system of national and global regulation of capitalism (or even its transformation) that is desperately needed for social and ecological survival into the 22nd century. Whether or not these efforts succeed is a future unknown; but that the efforts are made is a present urgency”.

Ronald was at his neoliberal best this month, with also another publication, in ‘Studies in Political Economy: A Socialist Review’, Media and neoliberal hegemony: Canadian newspaper coverage of the Trans-Pacific Partnership agreement
**IJHPM – From Almost Empty to Half Full? A Response to Recent Commentaries**

Lisa Forman, Gorik Ooms & Clare Brolan;
http://www.ijhpm.com/article_3242_c06b014a323ce58aebff7bac75defb42.pdf

The authors of this short piece respond to three responses to their analysis of the SDG agenda from a while ago, in the article “Rights Language in the Sustainable Development Agenda: Has Right to Health Discourse and Norms Shaped Health Goals?” Well worth reading.

**New York Times – WHO Weighs Dropping Transgender Identity From List of Mental Disorders**

NYT:

A decades old classification of classifying transgender identity as a mental disorder might be declassified by the WHO in the near future (by May 2018, when it’s going to revise its list of mental disorders). (by then, of course, in a joint IS/Putin/Trump era, there might many others)

See also The Lancet Psychiatry, [Removing transgender identity from the classification of mental disorders: a Mexican field study for ICD-11](http://www.thelancet.com/journals/ldtj/article/PIIS2352-3985(18)30001-2/fulltext) From the press release - “New evidence suggests that it would be appropriate to remove the diagnosis of transgender from its current classification as a mental disorder, according to a study conducted in Mexico City. The study is the first field trial to evaluate a proposed change to the place of the diagnosis within the WHO International Classification of Diseases (ICD).…” The study is currently being replicated in other contexts.

**BMC health services (supplement) - Health policy dialogue: lessons from Africa**


“The papers in this supplement review present recent experiences from some countries in the World Health Organization Africa Region from a programme to expand and support policy dialogue in the health sector. The experience has been illuminating with regard to the factors relating to the political players and processes, and the subjective elements that fuel policy debates. The themes of the papers were generated based on the critical questions on how policy dialogue would work in the various contexts found in a set of low income countries that receive substantial external aid inputs and therefore see significant influence in policy development and decision-making processes.”
BMJ Global Health – Terrorist attack of 15 January 2016 in Ouagadougou: how resilient was Burkina Faso’s health system?

V Ridde et al; [http://gh.bmj.com/content/1/1/e000056](http://gh.bmj.com/content/1/1/e000056)

“In Africa, health systems are often not very responsive. Their resilience is often tested by health or geopolitical crises. The Ebola epidemic, for instance, exposed the fragility of health systems, and recent terrorist attacks have required countries to respond to urgent situations. Up until 2014, Burkina Faso’s health system strongly resisted these pressures and reforms had always been minor. However, since late 2014, Burkina Faso has had to contend with several unprecedented crises. In October 2014, there was a popular insurrection. Then, in September 2015, the Security Regiment of the deposed president attempted a coup d’état. Finally, on 15 January 2016, a terrorist attack occurred in the capital, Ouagadougou. These events involved significant human injury and casualties. In these crises, the Burkinabè health system was sorely tried, testing its responsiveness, resiliency and adaptability. We describe the management of the recent terrorist attack from the standpoint of health system resilience. …”

The Lancet Global Health (August issue)


In addition to the editorial on the hidden threat of hepatitis B (see above), there are a wealth of other articles, including:

- Early child development programmes: further evidence for action
- Surveillance in Africa’s meningitis belt: time for new targets?
- Africa’s demographic future: why Africa should take the lead
- Fixed-dose combination antibiotics in India: global perspectives

Global Fund replenishment update

As you know, Canada prepares to host the Fifth Replenishment Conference of the Global Fund in September (in Montreal).

See the Global and Mail: “Canada hopes its plan to “proactively increase” its contributions to fighting the world’s three most deadly infectious diseases – tuberculosis, AIDS and malaria – will inspire others to do the same, the federal Health Minister says. “We’re hiking our financial commitment and hopefully other countries will do the same,” Jane Philpott said in an interview. On Sept. 16, Canada will host the triennial “replenishment conference” of the Global Fund to Fight AIDS, Tuberculosis
and Malaria, with a goal to secure commitments of $13-billion (U.S.) for 2017-19. The Global Fund is the world’s main funding body for activities related to the prevention and treatment of the big three infectious diseases. Canada has already announced its contribution – $785-million (Canadian) over three years – which is a 20-per-cent increase over its previous donation of $650-million. “

BMJ News – Replenishing $13bn Global Fund is “not a given”
http://www.bmj.com/content/354/bmj.i4102

But it won’t be easy, as Mark Dybul also admitted in Durban.

See also IP-Watch: Officials Discuss Meeting Global Fund Target Of US$13B (in Durban)

“As the fund to help the world’s most suffering prepares for a conference hosted by Prime Minister Justin Trudeau and the government of Canada in September to raise US$13 billion for its 2017-2019 period, the prospect of failing to meet the target is unsettling for the civil society and the health community.” “… Backing calls for more funding, two reports on consequences of underfunding the response to diseases were launched at the Durban AIDS conference by the Global Fund Advocates Network, a partnership of more than 440 members from 76 countries. The first report, Key Populations and the Global Fund: Delivering Key Results, focuses on groups in society often excluded for support in AIDS fight. The second report, Global Fund Replenishment 2016: The Cost of Inaction, demonstrates that inadequate investment in the Global Fund will threaten millions of lives and result in billions of dollars in additional costs…”

You might also want to read a Lancet Global Health blog (by S O’Mallie (ONE)) The Global Fund replenishment 2016: a chance to tip the balance with a focus on the need for substantial UK contribution. That will interesting to watch, for sure, in the post-Brexit UK. “The UK Government has been asked to commit £1.2 billion – a 20% increase on its previous donation.” (PS: ONE might want to go for a fluctuating target, given the pound’s troubles…)

But on the bright side, Theresa May confirmed (in a phone conversation with Ban Ki Moon), the 0.7% of GNI commitment to spend on aid.

American party conventions

I tell no secrets when I say that the outcome of this year’s US elections will be extremely important for global health, global development, as well as the world in general. Last week the Republican convention took place, this week it’s the Democrats’ turn. I’m sure you all get your share of coverage of crazy Americans. By now, you also know how Hilary delivered her own nomination speech at the democratic Convention (pretty impressive, apparently). Still, she would do well not to underestimate the (to some extent justified) anger in the US. It’s not just the Republican party’s “track record” in recent decades that has made a disaster-in-the-making like Trump possible, some sorry decisions by Bill Clinton & Obama clearly also helped…

A few reads, perhaps:
CGD (blog) – Party Foul? The Democrat and Republican Party Platforms on Global Development


By B Schwanke.

The Lancet (World Report) – US presidential candidates far apart on environmental health

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31208-9/fulltext

“The Republican and Democratic campaigns have polar opposite policies on environmental issues important to health. Susan Jaffe, The Lancet’s Washington correspondent, reports.” (on Trump & Clinton’s energy & climate change stances)

(So no matter how much I sympathize with Jill Stein, I know how I’d vote for…)

Robert Reich - Does Hillary Get It?
https://www.socialeurope.eu/2016/07/does-hillary-get-it/

I hope with Robert Reich that Hillary indeed gets it (soon). Her vice-pick wasn’t very reassuring, to say the least. “Does Hillary Clinton understand that the biggest divide in American politics is no longer between the right and the left, but between the anti-establishment and the establishment? I worry she doesn’t – at least not yet. …”

But I have this silly theory that female leaders tend to be more pragmatic and flexible (in terms of their views) than men (who are often more rigid). Their views can evolve (or so I hope). Of course, that doesn’t go for Margaret Thatcher ☹. And for some other female leaders…. But Hillary is not only extremely ‘resilient’, as Obama said in his speech, she’s also ultra-smart. So let’s hope she indeed listens to the base, and the left-wing turn of the Democratic platform, and building upon the Sanders movement. If she doesn’t, this will be Trump’s election.

(PS: final suggestion for Hillary: please don’t shout “We’ll win in November!!!”. If I agree on one thing with the Donald, it’s that Hillary sounds a bit ‘witchy’ when going for the high tones ☹. I don’t want to turn this election into a contest between a narcissist fascist/nihilist and the Blair Witch. )

The Lancet (Comment) – The need for global R&D coordination for infectious diseases with epidemic potential

Marie Paule Kieny; John-Arne Rottingen, Jeremy Farrar on behalf of the WHO R&D Blueprint team the R&D Blueprint Scientific Advisory Group

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31152-7/fulltext
“... The timely establishment of the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) network (May 28, p 2197) of research funding organisations in 2013 is an exciting development and fits neatly with the research and development (R&D) Blueprint Initiative of WHO...” In the rest of the short comment, the authors give some more background & info on this WHO R&D Blueprint initiative.

Guardian – Critical moment for family planning as funds come under pressure


“Countries with the lowest take-up of contraception will need to increase spending on family planning to meet international targets. At the halfway point of Family Planning 2020 (FP2020), an ambitious initiative to increase access to modern contraception for 120 million more women and girls in 69 target countries, organisers said national governments need to allocate more money in their health budgets for contraceptives amid concerns that donor funding could begin to fall....”

World Breastfeeding week is about to begin (1-7 August)

http://worldbreastfeedingweek.org/

“This year's WBW theme is Breastfeeding: a key to Sustainable Development.”

See UNICEF - 77 million newborns globally not breastfed within first hour of life - UNICEF “Some 77 million newborns – or 1 in 2 – are not put to the breast within an hour of birth, depriving them of the essential nutrients, antibodies and skin-to-skin contact with their mother that protect them from disease and death, UNICEF said....”

The Lancet (Letter) – A call for transparency in the evaluation of global maternal health projects

Z Mumtaz et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31153-9/fulltext

You won’t regret reading this Lancet Correspondence.
WHO (Comment) – Sitting on the FENSA: WHO engagement with industry

Kent Buse & Sarah Hawkes; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31141-2/fulltext

The lovely title is a good enough reason to read this article, the content even more. Buse & Hawkes’ take on FENSA (framework of engagement with non-State actors), and how WHO now has to go further. They conclude: “...WHO and its governing body have taken an important step in democratising the invite list to the policy table and establishing the dining etiquette. Now WHO needs to jump decisively off the right side of the fence and take more impactful measures, globally and nationally, to protect the health of the public by supporting governments and their partners to govern the health impact of industry. This approach will entail a shift from treating this issue as a technocratic and managerial project to the political one that it patently is....”

The Lancet (Offline) – Offline: A physician's response to religious conflict

Richard Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31149-7/fulltext

Horton goes back to John Locke (a physician, apparently, nobody ever told me that when I studied political science!) while trying to make up his mind about how we, in this era, should deal with religious conflict.

FT – Africans a shadow of their former selves

https://next.ft.com/content/0a03d330-5403-11e6-9664-e0bdc13c3bef

“Average height falls for 30 years amid poor nutrition, rising population and structural change”.

“A widely reported study of height published this week was largely seen as sign of humanity’s progress over the past century. ... ... Amid the upbeat picture there was a darker story, though. Not only have African nations failed to keep up with the growth surge; in most of the world’s poorest continent, average heights have actually started to fall....” “...This raises the perhaps uncomfortable possibility that levels of childhood nutrition, the prime determinant of height, have fallen since the end of Africa’s colonial era, even as they have risen virtually everywhere else in the world....”. Let’s hope this trend can be reversed now.
Lancet (Comment) – End-of-life care across the world: a global moral failing


“The Economist Intelligence Unit (EIU) and its funder, the Lien Foundation, have served humanity well by creating a thoughtful way to grade the availability and quality of care for patients near the end of life across the world; their results expose a dismal situation. ... In light of the 2014 World Health Assembly Resolution stating that “palliative care is an ethical responsibility of health systems”, the situation partly exposed by the [EIU’s 2015] ‘Quality of Death Index’ is a global moral failing of vast proportion....”.

It’s time to do something about it. On the day my own dad died, 5 years ago, I can only share that sentiment.

Zika

A number of recent Zika related reads:

The Lancet (World Report) – The Zika virus public health emergency: 6 months on

John Maurice; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31207-7/fulltext

“This year, the global health community has given top priority ranking on many research and public health fronts to its battle against the spreading Zika virus epidemic. John Maurice reports.” (must-read – read for example the last section, on the funding shortfall)

The Guardian – Zika epidemic has peaked and may run its course within 18 months, say experts

Guardian;

Researchers expect the Zika virus to run its course over the next 18 months with the epidemic having already peaked. Researchers also expect the virus to become endemic in the region. “Writing in the journal Science, researchers from Imperial College, London and the Johns Hopkins Bloomberg School of Public Health in Baltimore, describe how they have created a model of the disease to explore how the epidemic will play out....”
Nature news – Brazil asks whether Zika acts alone to cause birth defects


“Government researchers in Brazil are set to explore the country’s peculiar distribution of Zika-linked microcephaly — babies born with abnormally small heads. Zika virus has spread throughout Brazil, but extremely high rates of microcephaly have been reported only in the country's northeast. Although evidence suggests that Zika can cause microcephaly, the clustering pattern hints that other environmental, socio-economic or biological factors could be at play. ...”

Guardian - Zika virus risk at Rio Olympics 'negligible', says Yale report


Sarah Boseley reports on a new Yale report.

Meanwhile in the US, CDC director Tom Frieden says We’re Fighting Zika 'With One Hand Tied Behind Our Backs' (in Time), and of course this has to do with the fact that Congress has taken a vacation without doing anything about Zika (see a NYT Editorial).

Some other Zika related links:

NYT - Woman with Zika Virus in Spain gives birth to baby with microcephaly (first case in Europe)

Washington Post - Lifelong care, heartaches ahead for babies born with Zika in the U.S. “...public health and pediatric specialists are scrambling as they have rarely done to prepare for the lifelong implications of each case. ... The White House and Centers for Disease Control and Prevention are holding regular talks with experts and nonprofits about the array of services the infants and their families will need well into the future....”

Stat News - Colombia declares end of Zika epidemic, as other experts urge caution, Michael Osterholm for example. (see also the Guardian, Colombia declares end to Zika epidemic as spread of virus levels off)

US News & World Report asks a pertinent question - Where Are the Private Donations for Zika? “When Ebola was drawing international headlines and alarming global health officials, several of the most famous U.S. billionaires came forward to offer financial support. Facebook founder and CEO Mark Zuckerberg and his wife, Dr. Priscilla Chan, donated $25 million to the Centers for Disease Control and Prevention-affiliated nonprofit CDC Foundation, Paul Allen, the co-founder of Microsoft, gave $100 million to government entities like the State Department and to the World Health Organization, and the Bill and Melinda Gates Foundation donated $50 million to various groups,
including the United Nations and UNICEF. But that same outpouring of cash isn't happening with Zika. ...

Reuters - U.S. health officials update Zika transmission and testing guidance: “U.S. health officials issued updated recommendations for preventing and testing for Zika infection on Monday, warning that the virus can be transmitted through unprotected sex with an infected female partner. Previously, the U.S. Centers for Disease Control and Prevention, and other experts, believed that the virus could only be sexually transmitted by males because it can reside in semen potentially for several months. ...”

Reuters – Up to 1.65 million women of childbearing age at risk for Zika (based on new research) “As many as 1.65 million women of childbearing age in Central and Latin America are at risk of being infected with Zika, resulting in tens of thousands of pregnancies that could be affected by the mosquito-borne virus that is linked with severe birth defects. The projections, published on Monday in Nature Microbiology, are based on an enhanced model of the Zika outbreak. ...”

Global health events

WHO – Global conference sets health action agenda for the implementation of the Paris Agreement (7-8 July, Paris)

WHO:

“Participants attending the Second Global Conference on Health and Climate, hosted by the Government of France, COP21 presidency, proposed key actions for the implementation of the Paris agreement to reduce health risks linked to climate change. The action agenda is a contribution to COP22, under the Presidency of the Government of Morocco, in Marrakech in November 2016.”

Nice (and short) overview of the key action & outcomes at the conference in France from early July.

In related news, read also ‘Breathing Life into Paris Agreement: Health Can Drive Action’ (by Kim Knowlton et al). “…The Conference launched the BreatheLife Campaign to raise awareness about the single biggest environmental health crisis—air pollution, which is responsible for about 7 million premature deaths annually and contributes to global warming. The BreatheLife Campaign, a joint effort of the World Health Organization (WHO) and Climate and Clean Air Coalition, aims to raise awareness about the dangerous climate and health impacts from air pollution....”

http://jlnglobalmeeting.org/home/index

The JLN network held its flagship meeting on Building Strong Health Care Systems to Achieve Universal Health Coverage in Putrajaya, Malaysia from July 20-22, 2016. The meeting aimed to bring together policymakers and practitioners from 27 countries.

For more info on the aims of this global JLN meeting, see also JLN. More to come probably on the JLN website.

Cracking the Nut Health Conference: The Role of Communities in Building Resilient Health Systems

http://www.crackingthenuthealth.com/

This two-day conference which took place on the 18th and 19th of July in Washington DC aimed at bringing together pharmaceutical companies, major health suppliers, financial institutions, investors, donors, governments, and development practitioners to discuss how best to co-invest in health systems to discuss best practices, more cost-effective, and responsive investments in health that promote resilience and create synergies among people, communities, technologies and health systems.

Also see Inis Communication’s blog on this event, Cracking the nut for health systems resilience

White House Summit on Global Development (20 July)

This week, Obama (and his wife) were at the democratic convention, as you know. But last week, Obama’s held some of sort of victory “development summit” at the White House.

Read:

Devex - President Obama takes 'victory lap' at global development summit (see also AP - Obama: Development must remain top foreign policy plank)

CGD (blog) (C Huang – recommended !) - My Three Takeaways on the White House Summit on Global Development

For Oxfam America’s take (G Kripke) on Obama’s development legacy, see “President Barack Obama will leave a legacy on global development, but it was a long slog”.
Coming up - Boyer Lectures 2016: Michael Marmot on the social determinants of ill health (on 1 September, Sydney)


“Health inequalities arise from the conditions in which people are born, grow, live, work and age—the social determinants of health.” In the 2016 Boyer Lecture, Sir Michael Marmot, professor of epidemiology will address the issue of social determinants and its impact on health and well-being of people. The lectures are available as podcasts.

Coming up: Global Health Film Festival (11-12 November 2016, London)

[https://filmfreeway.com/festival/GlobalHealthFilmFestival](https://filmfreeway.com/festival/GlobalHealthFilmFestival)

This is a film festival organized by the Global Health Film initiative (GHFi) – a partnership between The Royal Society of Medicine, Bill & Melinda Gates Foundation and the London School of Hygiene and Tropical Medicine. Submissions on global health topics are invited. The festival takes place between 11-12 November 2016 at the Barbican in Central London.

Global governance of health

The Verge – This Bill Gates-backed fund wants to 'disrupt' vaccine delivery in poor countries


The GAVI alliance turns to start-ups and new technology to boost immunization. “... Last week, GAVI took its first steps into the world of health start)ups, with the launch of its INFUSE workshop — a two-day event held down the street from its Geneva headquarters. ... “.... "We are trying to disrupt,” Berkley says. "GAVI is a disruption instrument, and by bringing together all the partners we think we can make a difference.... "

(somebody should tell all these innovative types that the world feels 'disrupted' enough, for the moment – but who am I? 😊)

Other GAVI news: Sudan: first to introduce life-saving meningitis A vaccine into routine immunization
For some reason, whenever I check the IMAXI blog, I have to hum “I Maschi” (from Gianna Nannini, 1987). That’s a good enough reason to check out the website, I reckon, but they have great content too – check out for example this article on WHO 4 All, “a participatory tool towards making the WHO more inclusive, democratic and open, while building bridges across many sectors of civil society engaged in advancing the different elements of the Right to Health. Specifically, WHO4ALL is a series of online events that connect WHO policy-making meetings with the public to provide both a bottom-up amplifier of community voices and a small step towards a future of accountability up at the top. It’s not the ‘meaningful participation’ that we demand, but it’s a loud knock on the doors of the Ivory Tower. …”

In other civil society & global health (policy) related news, if you haven’t done so yet, do read Mark Rowson’s nice review (on IHP) of the Commentary by Julia Smith, Kent Buse et al in Globalization & Health, Civil society: the catalyst for ensuring health in the age of sustainable development (see also last week’s IHP newsletter)

CFR (podcast) – The Next Director-General of the World Health Organization


In this first podcast of a three-part series on electing the next director-general of the WHO, Yanzhong Huang discusses the implications of this new election process with his colleague Laurie Garrett, senior fellow for global health at the Council on Foreign Relations, and Michael Myers, managing director at the Rockefeller Foundation.

The Pump Handle – Disease outbreak guarantees: a proposal to build public health capacity in developing nations


Blog related to a recent article in the Journal of health care finance, by R Katz et al, Global Infectious Disease Outbreaks and The Private Sector: Can Investment Guarantees Lead to Enhanced Public Health Capacity? “The relationship between public health capacity to fight infectious diseases and foreign direct investment is circular. Foreign companies may be wary of investing in a location that lacks the capacity to mitigate the consequences of disease or exposes workers to dangerous pathogens. Yet, many nations lack the resources to build sufficient capacity to prevent, detect and respond to disease without sufficient investments and improve economic status. Here, we explore how to incentivize and offer some assurances to potential investors contemplating investment in a developing country considered a hotspot for future infectious disease outbreaks, as well as means
to encourage development of national capacities to prevent, detect and respond to biological threats. We suggest that the Multilateral Investment Guarantee Agency (MIGA), part of the World Bank Group, could guarantee private investment against infectious disease events, based on a formula that rewards countries for making improvements in public health capacity.”

CGD – Insurance to Fix Broken Emergency Aid: New CGD Paper & Working Group

T Talbot; http://www.cgdev.org/blog/insurance-fix-broken-emergency-aid-new-cgd-paper-working-group-0

“Aid for countries after a disaster is rooted in our best impulses, but the way we provide it can cost lives. A new CGD framing paper and working group are focused on reforming emergency aid using insurance financing models to save lives, time, and money. In a recent paper, Payouts for Perils: Why Disaster Aid is Broken, and How Catastrophe Insurance Can Help to Fix It, my colleague Owen Barder and I find that: We spend too little on reducing the costs of future disasters; Aid shows up too late; Calls for reform are met with replies of “too bad” because the poorest people bear the greatest costs; This is a problem that we can fix. Planning for disasters and leveraging insurance financing models will save lives, money, and time. …”

Guardian – On debt and taxation, rich and poor countries are worlds apart


“At last week’s UN trade conference (UNCTAD) in Kenya, hopes for progressive action on debt crises and global tax standards foundered.” Check out how exactly.

Guardian – If companies profit by doing good, why aren't they all doing it?


Good question, and very pertinent in the new SDG era. “Doing the right thing can make money. But often cutting corners makes a profit, too, so development must approach the private sector with caution”.

(Last week, the OECD also launched its annual development cooperation report. The subject, as Glennie said, was the importance of private finance to achieve global SDGs.)
Global Public health – Polio, terror and the immunological worldview

R Peckham; http://www.tandfonline.com/doi/abs/10.1080/17441692.2016.1211164

“This paper adopts a socio-historical perspective to explore when, how and why the eradication of poliomyelitis has become politicised to the extent that health workers and security personnel are targeted in drive-by shootings. Discussions of the polio crisis in Afghanistan and Pakistan have tended to focus on Taliban suspicions of a US-led public health intervention and the denunciation of ‘modernity’ by Islamic ‘extremists’. In contrast, this paper considers a broader history of indigenous hostility and resistance to colonial immunisation on the subcontinent, suggesting how interconnected public health and political crises today have reactivated the past and created a continuity between events. The paper explores how the biomedical threat posed by polio has become intertwined with military and governmental discourses premised on the ‘preemptive strike’. Here, the paper tracks the connections between biological immunity and a postcolonial politics that posits an immunological rationale for politico-military interventions. The paper concludes by reflecting on the consequences for global public health of this entanglement of infectious disease with terror.”

Health Research policy and systems – Developing the African national health research systems barometer


“A functional national health research system (NHRS) is crucial in strengthening a country’s health system to promote, restore and maintain the health status of its population. Progress towards the goal of universal health coverage in the post-2015 sustainable development agenda will be difficult for African countries without strengthening of their NHRS to yield the required evidence for decision-making. This study aims to develop a barometer to facilitate monitoring of the development and performance of NHRSs in the African Region of WHO....”

HS Global (blog) – Medicines and health systems – a new global health security dimension to consider?


“...On 9 June 2016 a workshop took place on Medicines and Markets: the Role of Pharmaceuticals in Global Health Policy, co-hosted by the Institute of Hygiene and Tropical Medicine of Lisbon and the Centre for Global Health Policy of the University of Sussex....”
Development and Change – Pragmatism, Structural Reform and the Politics of Inequality in Global Public Health


“Despite broad international agreement on the importance of addressing global health inequalities on grounds of both social justice and health security, there is little accord on how this should be done. The Debate that follows interrogates the role that capital and corporate institutions have assumed in defining and implementing global healthcare reforms. The contributors to the Debate do not agree on the legitimacy of the classic oppositions in design of healthcare — state vs market or public vs private. Nor do they concur on the (in)compatibility between pragmatic collaboration with corporate institutions and realization of norms of social justice in health. Yet all do agree that unequal access to healthcare is only one of the structural determinants of inequalities in global health. Global capital is implicated in structural patterns of investment that have made jobs, wages and land-based livelihoods insecure and unhealthy, fouled air and water and profited from spiralling costs of drugs and treatment. On such an economically and politically conflictual terrain, it is unlikely that collaboration with corporate institutions is consistent with structural assault on the social determinants of global inequalities in health.”

Reuters – Health remains priority for work of Gates foundation in Africa

Reuters;

“Bill Gates said health would remain a priority for the work of his foundation in Africa and it faced a struggle to bring down the rate of new HIV infections in the world’s poorest continent. Speaking to Reuters in the Ethiopian capital Addis Ababa, Gates said the foundation planned to spend $5 billion in Africa in the next five years. The Horn of Africa country is one of the biggest recipients of funds from the foundation. “Our big priority is health and there is still a lot to be done. ...”

(Now let’s hope the money doesn’t come from the Foundation’s Coca Cola stocks.)

AMA Journal of Ethics - Building Ethical Global Health Care Systems


We once saw Amma (aka ‘the hugging mother’) from pretty close, but there’s also an AMA journal of Ethics, apparently: “…Two of the biggest questions confronting the global health community are these: Who should be leading the charge to build or rebuild health care systems in resource-poor countries? Given the diversity of populations and plurality of needs, what’s the “right” way—in terms of policy and infrastructure design, for example—for a system to meet unmet health needs? In this issue of the AMA Journal of Ethics we explore these fundamental questions.” With an overview of some of the articles in this issue dedicated to these questions.
Duncan Green – The World Bank is having a big internal debate about Power and Governance. Here’s why it matters.


Must-read. Duncan Green (Oxfam GB) has been reading an early draft (or at least bits & pieces) of the next World Bank annual World Development Report, on Governance and Law. He’s quite pleased with what he read, even if he saw some flaws as well. But he starts with the strengths: “…Coming from the Bank, it’s a major step forward, capturing, consolidating and mainstreaming elements of systems thinking, Thinking and Working Politically, Doing Development Differently etc. Examples: context specificity, path dependence, evolution, critical junctures, feedback mechanisms, the need for constant adaptation, how multiple actors interact to produce both intended and unintended consequences. The conclusion is that reformers should focus on strengthening the enabling environment, rather than pushing specific reforms. …”

Speaking of the World Bank, you might also want to read this IJHPM Comment by Justin Parkhurst, Mitigating Evidentiary Bias in Planning and Policy-Making; Comment on “Reflective Practice: How the World Bank Explored Its Own Biases?”

IJHPM – District Health Officer Perceptions of PEPFAR’s Influence on the Health System in Uganda, 2005-2011

N Lohman et al;
http://www.ijhpm.com/article_3246_0.html?utm_source=dlvr.it&utm_medium=twitter

“As part of a larger evaluation of PEPFAR’s effects on the health system between 2005-2011, we collected qualitative and quantitative data through semi-structured interviews with District Health Officers (DHOs) from all 112 districts in Uganda. We asked DHOs to share their perceptions about the ways in which HIV programs (largely PEPFAR in the Ugandan context) had helped and harmed the health system. …… Ugandan DHOs said PEPFAR had generally helped the health system by improving training, integrating HIV and non-HIV care, and directly providing resources. To a lesser extent, DHOs said PEPFAR caused the health system to focus too narrowly on HIV/AIDS, increased workload for already overburdened staff, and encouraged doctors to leave public sector jobs for higher-paid positions with HIV/AIDS program …”

ODI (Briefing paper) – Health, migration and the 2030 agenda for sustainable development


“This briefing presents an overview of how international migration can have an impact on the sustainable development goal for health and wellbeing. It describes the health needs and health service delivery for migrants and refugees in different settings and highlights the ways they may be
excluded in national policies relating to health and from specific policies that work towards achieving the Agenda 2030 on sustainable development.”

Meanwhile, yesterday, Angela Merkel went for a ‘Wir Schaffen Das’ bis. Now let’s hope – I never thought I’d say that – she (or her line of thinking, at least with respect to migration (minus the deal with Erdogan)) can win the next elections in Germany.

GFO – new issue (20 July)

http://www.aidspan.org/node/3833

Lots of content from the Global Fund Observer, as usual.

ECOSOC Dialogue on the longer-term positioning of the UN development system in the context of the post-2015 development agenda


A Summary/Update of the Second Phase (December 2015 – July 2016) of the ECOSOC dialogue, by the vice-president of the ECOSOC. (Recommended)

“In ECOSOC resolution 2014/14, the Council decided to convene a transparent and inclusive dialogue on the longer-term positioning of the United Nations development system in the context of the post-2015 development agenda, including the interlinkages between the alignment of functions, funding practices, governance structures, organizational arrangements, capacity and impact and partnership approaches. The first phase of the ECOSOC Dialogue took place between December 2014 and May 2015 and focused on building a solid understanding among Member States of the opportunities and challenges facing the UN development system in anticipation of the adoption of the 2030 Agenda. … The purpose of the second phase, which began with a Briefing Session on 17 December 2015 and culminated in a formal Meeting of the Council on 7 July 2016, was to discuss concrete ideas, options and proposals for strengthening the UN development system....”

The Washington Post – What do Africans actually think about public health interventions from afar?


“...Two new books make a strong case for why we should wonder how international interventions are received locally. .... ... In “The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940-2014,” Melissa Graboyes writes a beautiful ethnographic history of medical experiments
in East Africa from the colonial period to the present. … … Lydia Boyd’s book, “Preaching Prevention: Born-Again Christianity and the Moral Politics of AIDS in Uganda,” is the second one.

Rosa Luxemburg Stiftung - Reinventing development - Reforming the UN for People and Planet

Barbara Adams & Karen Judd; http://www.rosalux-nyc.org/reinventing-development/

In this study, Barbara Adams and Karen Judd take a close look at the UN development policies.

« …Transformational changes are needed to make the UN into a body that advances the public interest through democratic governance and commitment to its founding values. These changes will not be easy to bring about, but Adams and Judd give us the guideposts we need to set off on this path in the field of development. For one thing is clear: A piecemeal approach won’t get us the UN we need. A reform agenda that’s worth pursuing will recognize the entrenched interests that support the status quo and take on critical issues of financing, adopting a values-based framework, integrating the three UN pillars—human rights, sustainable development, peace and security—into that framework, and developing a culture of accountability. »

CGD (dev) - The New Leader in Cash on Delivery is... India!

W Savedoff et al; http://www.cgdev.org/blog/new-leader-cash-delivery-is-india

« Last year, our colleague, Jonah Busch revealed that India surpassed Norway as the largest results-based funder of forest conservation. Now, India has become the single largest payer for outcomes in a nationwide sanitation initiative….”

Washington Post – The tricky thing about studying the politics of philanthropy


“Social scientists should absolutely be studying the politics of philanthropy. But that’s easier to say than do.” Drezner refers in this article to the latest issue of PS: Political Science & Politics, with a special symposium on the politics of organized philanthropy.

Theda Skocpol (Harvard) wrote the (rather critical) intro of the symposium. (PS: the symposium doesn’t just pertain to global health philanthropy, of course, but there might be interesting implications for global health philanthropy as well).

For example this remark by Drezner: “…There’s an awkward elephant in the room that pervades this discussion, however. It’s something so obvious that saying it out loud seems rude. Nonetheless, it’s
worth pointing out: The trouble with social scientists studying philanthropic foundations is that social scientists are also funded and will continue to seek funding by such philanthropies.

He then suggests what I’d call “the Trump solution” to this tricky problem, “A social scientist could strive to be independently wealthy enough to abstain from seeking any outside support.” But admits, immediately, “… And any social scientist who earns that kind of coin is probably not going to be a social scientist for much longer.”

UHC

The Hindu – Bogeys on the Universal Health Coverage train


Recommended.

UHC – Universal healthcare coverage - what have we learnt so far?


From a few weeks ago, but well worth a read, if you haven’t done so yet. Messages from the 17th Board of Healthcare Funders Conference (Cape Town, 17-20 July)

CGD (blog) – Setting Universal Health Coverage Priorities: India and Dialysis


Interesting post (and not just for Rob Yates).

WB (Investing in Health blog) – Resilience: More than a quick fix

Short article - see it as preparation for the Vancouver symposium.

JLN – USAID Launches Innovative Tool to Benchmark Health Systems


Earlier this month, “Dr. Pablos-Mendez, Assistant Administrator, Bureau of Global Health, launched USAID’s Health Systems Benchmarking Tool. This innovative tool compares low-, middle-, and upper middle-income countries on health system functions, outcomes and impact indicators.”

Critical public health – Nurses’ perceptions of universal health coverage and its implications for the Kenyan health sector

Adam Koon et al; http://www.tandfonline.com/doi/full/10.1080/09581596.2016.1208362

“UHC, comprehensive access to affordable and quality health services, is a key component of the newly adopted 2015 Sustainable Development Goals. Prior to the UN resolution, several countries began incorporating elements of universal health coverage into their domestic policy arenas. In 2013, the newly elected President of Kenya announced initiatives aimed at moving towards universal health coverage, which have proven to be controversial. Little is known about how frontline workers, increasingly politically active and responsible for executing these mandates, view these changes. To understand more about how actors make sense of universal health coverage policies, we conducted an interpretive policy analysis using well-established methods from critical policy studies. This study utilized in-depth semi-structured interviews from a cross section of 60 nurses in three health facilities (public and private) in Kenya. Nurses were found to be largely unfamiliar with universal health coverage and interpreted it in myriad ways. One policy in particular, free maternal health care, was interpreted positively in theory and negatively in practice. Nurses often relied on symbolic language to express powerlessness in the wake of significant health systems reform. Study participants linked many of these frustrations to disorganization in the health sector as well as the changing political landscape in Kenya. These interpretations provide insight into charged policy positions held by frontline workers that threaten to interrupt service delivery and undermine the movement towards universal health coverage in Kenya.”

Revamped website HS Hub

http://healthsystemshub.org/

Check it out.
Bloomberg – World Bank Urges China Health-Care Reform to Save 3% of GDP


From ten days ago: “A series of structural changes to China’s current health-care system could save Asia’s largest economy up to 3 percent of GDP, according to a study released Friday. Conducted jointly by the World Bank Group, the World Health Organization and Chinese government agencies, the report suggests China take ten years to fully implement changes, including bolstering its primary care system and allowing private sector players fair competition with the public sector. Without such measures, the World Bank projects that health expenditure in China will increase in real terms from 3.5 trillion yuan ($529 billion) last year to 15.8 trillion yuan in 2035, and from 5.6 percent of GDP to 9.1 percent in the same time frame, according to the report....”


Planetary health

Guardian – World's largest carbon producers face landmark human rights case


“The world’s largest oil, coal, cement and mining companies have been given 45 days to respond to a complaint that their greenhouse gas emissions have violated the human rights of millions of people living in the Philippines. In a potential landmark legal case, the Commission on Human Rights of the Philippines (CHR), a constitutional body with the power to investigate human rights violations, has sent 47 “carbon majors” including Shell, BP, Chevron, BHP Billiton and Anglo American, a 60-page document accusing them of breaching people’s fundamental rights to “life, food, water, sanitation, adequate housing, and to self-determination”. The move is the first step in what is expected to be an official investigation of the companies by the CHR, and the first of its kind in the world to be launched by a government body. ...”

The Guardian – Southern Africa appeals for billions to cope with El Niño devastation

Guardian;
Fifteen southern African countries have appealed for $2.8 billion to help feed over 40 million people affected by one of the worst droughts in over three decades attributed to the el Niño effect.

**Humanosphere - Climate change may be good for one thing – killing mosquitoes**


Climate change certainly isn’t something to celebrate, as you know, but reduced rainfall in parts of West Africa implies less ideal conditions for mosquito breeding, thereby overturning previous assumptions on malaria worsening due to climate change. (Well, at least in West Africa.)

**Infectious diseases & NTDs**

**The Conversation – GMOs lead the fight against Zika, Ebola and the next unknown pandemic**


Who would have thought?

**WHO Afro – WHO and Ministry of Health expand cholera response to minimize future risk**

**WHO Afro:**

“In a move to prevent a cholera outbreak from spreading, the Ministry of Health of South Sudan with support from WHO and health partners are ramping up disease surveillance and treatment efforts. Across the country, 271 cholera cases have been reported, including 14 deaths since 12 July 2016....” See also UN News centre, [UN rushes to ramp up support for South Sudan's battle against cholera outbreak](http://www.un.org/apps/news/story.asp?NewsID=61871).

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

“Given that we have a highly effective yellow fever vaccine that confers lifelong immunity with one dose, why is yellow fever still a problem? Much of the answer comes down to vaccine supply and demand.” Barrett explains.

The Atlantic – Was Tuberculosis Born Out Of Fire?


An interesting article looking back at the origin (or possible origin) of tuberculosis. “Caused by a bacterium called Mycobacterium tuberculosis, the disease formerly known as consumption has been plaguing people for tens of thousands of years. The scars of its infection still linger on 9,000-year-old Israeli skeletons and 2,000-year-old Egyptian mummies. Today, it still kills around 1.5 million people each year—more than any other infectious disease. And all of this, say Chisholm and Tanaka, began in fire.”

SciDev – Ebola response crippled by low stocks of vital items

Scidev.net:

“Glass vials, coolers and chicken eggs needed for vaccine manufacture are the first things lacking when a global pandemic breaks, so governments should stockpile them or be ready to rapidly increase their supply, a UK conference has heard. With the ongoing Zika epidemic and several dangerous flu strains on the rise, global logistics must be urgently improved to beat future mass outbreaks, said a panel at the EuroScience Open Forum yesterday. This means having stocks of the things researchers and health workers need to tackle a dangerous virus, including the equipment to develop and distribute vaccines, the conference heard. “With quotes by Andrew Witty, Paul Stoffels, and others.

Stat (special report) – History credits this man with discovering Ebola on his own. History is wrong

https://www.statnews.com/2016/07/14/history-ebola-peter-piot/?

Interesting “whodunit” article from a few weeks ago. Who discovered Ebola? Was it Peter Piot? …

“…Earlier this month, several of the scientists who were involved in the discovery of Ebola and the investigation of the first outbreak described the full history of the effort in a paper in the Journal of Infectious Diseases. Piot was one of the authors.” But not the first one.

Duncan Green & Mogha Kamal-Yanni - Deworming Delusions and the flimsiness of ‘evidence-based policy’

http://oxfamblogs.org/fp2p/deworming-delusions-and-the-search-for-scientific-certainty/
“Tim Allen, along with Melissa Parker and Katja Polman have edited an issue of the Journal of Biosocial Science on ‘Biosocial Approaches to the Control of Neglected Tropical Diseases’. It’s open access and worth a skim, because even though it’s health-techie, it contains some pretty explosive stuff. In particular Tim and Melissa lob another can of petrol on the ‘Worm Wars’ fire with ‘Deworming Delusions’ a damming account of the way routine deworming has become an iconic development intervention in East Africa on the basis of highly questionable evidence and dodgy ethics….

Well worth a read.

Global Dengue Lab – Break Dengue Community Action Prize

https://globaldenguelab.tghn.org/community/groups/group/vaccines/topics/1010/?utm_source=update_dengue&utm_medium=email&utm_campaign=comp_12072016

How can we make the most of available technologies to combat dengue? The call invites pilot initiatives, and ideas to “identify, understand and address community-level drivers and barriers for dengue vaccine integration, its sustained uptake and/or compliance.” Visit the link for more details!

NCDs

The Lancet (Comment) – Evidence-based policy for salt reduction is needed

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31205-3/fulltext

“The paper by Andrew Mente and colleagues in today’s Lancet [ps: already published online in May] provides reasonable evidence that current dietary levels of salt in most populations are associated with the lowest incidence of cardiovascular events. More importantly, they show the proposed reductions to below 3 g of sodium intake daily are likely to result in harm in both hypertensive and normotensive people….”

See also the Lancet Comment by E O’Brien (also already published online in May).

The Guardian – Who really won the legal battle between Philip Morris and Uruguay?

The tobacco giant has to pay $7m to the small South American nation in a dispute over cigarette adverts. But the case could still set a worrying precedent.


http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002097

In an Editorial accompanying PLOS Medicine’s Special Issue on Diabetes Prevention, Guest Editors Nicholas Wareham and William Herman discuss challenges for researchers and policy makers in developing effective and equitable solutions to the worldwide problem of type 2 diabetes.

Devex - What's your logo's global health story?


“A white symbol against a blue background made many appearances last week in New York during the launch of the WHO’s global campaign around noncommunicable diseases.” More info on this logo (and how to interpret it) in this article.

As for the WHO’s global campaign around NCDs, see also here.

See also last week’s newsletter on a recent WHO (NCD related) report - Countries start to act on noncommunicable diseases but need to speed up efforts to meet global commitments

As Kent Buse tweeted, “@WHO finds only 1/3 of countries have operational multisectoral governance mech for #NCDs http://bit.ly/2a5Iwx8 “

Lancet (Comment) – Stroke is largely preventable across the globe: where to next?

V Feign & R Krishnamurti; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30679-1/fulltext

Nice to have a Krishnamurti in global health. Feign & Krishnamurti comment on a recent study in the Lancet (INTERSTROKE). You find the Lancet study here. From the press release: “Stroke is largely preventable, with hypertension confirmed as biggest risk factor, according to global study. Ten potentially modifiable risk factors account for 90% of strokes worldwide, but regional variation should be considered, says study.”

(As for the other Krishnamurti (Jiddu), our sorry times justify a reincarnation. Urgently. And then let him work with The Donald, Boris & Nigel, Orban, Putin, and all other so called “leaders” of this era.)
Bhekisisa - Obesity weighs heavily on Africa's meagre resources

David Sanders et al; http://bhekisisa.org/article/2016-04-05-00-obesity-weighs-heavily-on-africas-meagre-resources

From April 2016.

BMJ (blog) – Why does prevention always come behind treatment of disease?


“...Why does prevention always come behind treatment of disease? Derek Yach, the chief health officer of Vitality, put this question to many people, and these are the answers he got from Don Berwick ... : prevention, answered Berwick, in contrast to healthcare lacks “a corporate voice”; and the science behind prevention is undeveloped. ... ... But prevention may be about to get a louder “corporate voice” as some of the biggest companies in the world spot the increasing demand for wellbeing. Google, Apple, Microsoft, food companies, Fitbit, Samsung, Qualcomm, BT, and multiple start-ups have all entered the health market, concentrating on wellbeing rather than the treatment of sick people. Health insurers and the NHS are also trying to promote prevention. ...”

(Now that sounds reassuring...)

Lancet Global Health (Comment) – Infection-related cancers: prioritising an important and eliminable contributor to the global cancer burden

C Casper et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30169-3/fulltext

The authors comment on a new Lancet Global Health study by Martyn Plummer and colleagues, who update an analysis of the global burden of infection-related cancers using data from GLOBOCAN 2012.
Sexual & Reproductive / maternal, neonatal & child health

CGD (blog) – In Burkina Faso, an Anti-FGM/C Law May Have Prevented over 200,000 Girls from Being Cut

C Kenny et al; http://www.cgdev.org/blog/burkina-faso-anti-fgmc-law-may-have-prevented-over-200000-girls-being-cut

“Despite a global ban on female genital mutilation/cutting (FGM/C), and extensive advocacy campaigns and grassroots efforts to eradicate the practice, more than 200 million girls and women alive today have been cut, and in a few countries, FGM/C rates are on the rise. In others, however, rates have fallen dramatically—and worldwide the trend is towards less cutting. What’s to account for the decreases in FGM/C? In a new paper with Sarah Dykstra and Ben Crisman we look at one of the success stories, Burkina Faso, and what it tells us about the role of legal reform in the process…."

Lancet Global Health - Chronic disease outcomes after severe acute malnutrition in Malawian children (ChroSAM): a cohort study

N Lelijveld et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30133-4/abstract

“Severe acute malnutrition has long-term adverse effects. Survivors show patterns of so-called thrifty growth, which is associated with future cardiovascular and metabolic disease. …."

USAID – Better health for poor women and children will strengthen global security


USAID’s third annual Acting on the Call report dwells on the progress made to improve maternal and child health in 24 priority countries. “For the first time, this year’s report focuses on the poorest 40 percent of the world’s population. USAID asserts that investment in better care for people with the least can save the lives of 8 million women and children by 2020.”
Newswise – Gates Institute Announces ‘The Challenge Initiative’


“The Bill & Melinda Gates Institute for Population and Reproductive Health, based at the Johns Hopkins Bloomberg School of Public Health, is launching The Challenge Initiative (TCI), a global urban reproductive health program supported by a three-year, $42 million grant from the Bill & Melinda Gates Foundation.”

The Atlantic – Why America is a Global Outlier on Abortion

The Atlantic

‘American exceptionalism’, also when it comes to abortion, apparently. “Just like Bahrain and Belarus, the U.S. rarely funds abortions for poor women.” So not entirely ‘exceptional’, then.

The Lancet (Editorial) – HPV vaccination: a decade on

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31206-5/fulltext

 “…The HPV vaccine has proven efficacy. But a decade on, its uptake has been poor, with a worldwide coverage of only 1.4% of women. Vaccines are one of the strongest levers to improve public health; their study, licensing, and implementation require more urgency than China and the USA have so far displayed.”

Access to medicines

Book - Public Health Perspective on Intellectual Property and Access to Medicines: A compilation of studies prepared for WHO | by the South Centre


By Carlos M Correa;
IP-Watch – Infojustice: NGO And Academics Letter To US Secretary Of State On Access To Medicines


A letter from 56 Non-profit Organizations and Academic Experts to US Secretary Kerry Regarding State Department Pressure Against Access to Medicines Efforts: (1) on Colombia & cancer treatments; (2) on the UN High-Level panel on Access to Medicines; and (3) versus India.

On the latter topic, see also BMJ News, India is urged to resist US pressure to rein in its affordable medicines policies: “...India must not bow to pressure from the US government and drug companies to curb the development of quality affordable generic medicines, global leaders attending the International Aids Conference in Durban, South Africa, have warned....”

IP-Watch – MSF report: Lifesaving New AIDS Drugs Remain Costly; Older Versions Get Cheaper


Also news from Durban. “MSF has found that prices of older HIV drugs continue to decline, but newer drugs largely remain expensive. The results were released on 21 July in Untangling the Web, the 18th edition of MSF’s report on HIV drug pricing and access, at the International AIDS Conference in Durban.”

For related news, see also IP-Watch - Civil Society Calls On India To Backtrack On Policy Threatening Global HIV Response “The International AIDS Society made a statement today at the International AIDS Conference in Durban, South Africa, voicing concerns about India’s recent policy which, according to the group, is threatening access to HIV treatment in India and around the world.”

IP-Watch – Commitment On Investment In Access To Essential Medicines Signed At UNCTAD14


“A commitment signed this week to facilitate investment in Africa’s pharmaceutical industry is expected to boost the sector’s production and make available essential medicines for millions of needy people. UNAIDS and the UN Conference on Trade and Development (UNCTAD), the African Union (AU), and the Kenyan and South African governments signed the pledge on 21 July, on the sidelines of the fourteen session of UNCTAD (UNCTAD-14), which is convening in Nairobi from July 17-22. The commitment named Nairobi Statement on Investment in Access to Medicines aims at spurring, particularly, the manufacture of antiretroviral medicines in the continent worst affected by
HIV and AIDS. It comes against a backdrop of decreasing donor funding in the sector, despite reports of new infections in adults in the continent. …

The WB (blog) – Market impacts of patent reforms in developing countries


Blog based on two recent papers in the American Economic Review.

Human resources for Health

Starting a Reader on Human Resources for Health Research

Asha George, Kerry Scott et al; http://www.chesai.org/index.php/blog/59-starting-a-reader-on-human-resources-for-health-research

“...A core team of researchers with varied disciplinary backgrounds, regional experiences and familiarity with HRH research approaches will steer the development of this reader [on HRH research]. The core team is led by Asha George and Uta Lehmann at the University of the Western Cape, South Africa and Kerry Scott, independent researcher, India; with inputs from Ligia Paina, Johns Hopkins University, USA; Raeda F. Abu AlRub, University of Science and Technology, Jordan; and Luis Huicho, Universidad Peruana Cayetano Heredia, Peru. The work of the core team will be informed by inputs from a larger reference group representing HRH research expertise from across the globe. Please join us in this endeavor. If you would like to do so, please send us your details and desired level of engagement through this survey.”

Human Resources for Health – A political economy analysis of human resources for health (HRH) in Africa


“Despite a global recognition from all stakeholders of the gravity and urgency of health worker shortage in Africa, little progress has been achieved to improve health worker coverage in many of the African human resources for health (HRH) crisis countries. The problem consists in how policy is made, how leaders are accountable, how the WHO and foreign donors encourage (or distort) health
policy, and how development objectives are prioritized in these countries. This paper uses political economy analysis, which stems from a recognition that the solution to the shortage of health workers across Africa involves more than a technical response. A number of institutional arrangements dampen investments in HRH, including a mismatch between officials’ tenure in office and program results, the vertical nature of health programming, the modalities of Overseas Development Assistance (ODA) in health, the structures of the global health community, and the weak capacity in HRH units within Ministries of Health. A major change in policymaking would only occur with a disruption to the political or institutional order....”  The case study is Ethiopia. 

“...Ethiopia demonstrates that political will coupled with strong state capacity and adequate resource mobilization can overcome the institutional hurdles above. Donors will follow the lead of a country with long-term political commitment to HRH, as they did in Ethiopia.”

IJHPM – A New Generation of Physicians in Sub-Saharan Africa?; Comment on “Non-physician Clinicians in Sub-Saharan Africa and the Evolving Role of Physicians”

Gilles Dussault et al; [http://www.ijhpm.com/article_3244.html](http://www.ijhpm.com/article_3244.html)

“This commentary follows up on an editorial by Eyal and colleagues in which these authors discuss the implications of the emergence of non-physician clinicians (NPCs) on the health labour market for the education of medical doctors. We generally agree with those authors and we want to stress the importance of clarifying the terminology to describe these practitioners and of defining more formally their scope of practice as prerequisites to identifying the new competencies which physicians need to acquire. We add one new competencies domain, the utilization of new communication technologies, to those listed in the editorial. Finally, we identify policy issues which decision-makers will need to address to make medical education reform work.”

Social Science & Medicine – Limits and opportunities to community health worker empowerment: A multi-country comparative study


“In LMICs, Community Health Workers (CHW) increasingly play health promotion related roles involving ‘Empowerment of communities’. To be able to empower the communities they serve, we argue, it is essential that CHWs themselves be, and feel, empowered. We present here a critique of how diverse national CHW programs affect CHW’s empowerment experience. We present an analysis of findings from a systematic review of literature on CHW programs in LMICs and 6 country case studies (Bangladesh, Ethiopia, Indonesia, Kenya, Malawi, Mozambique). Lee & Koh’s analytical framework (4 dimensions of empowerment: meaningfulness, competence, self-determination and impact), is used. …”
Miscellaneous

SciDev – Data visualization - Data visualisation: Contributions to evidence-based decision-making


A report on the visual representation of data which covers the growth of data visualization and its potential; use in research communications as well as overall uses, challenges and opportunities towards more effective use in the area of research communications.

Drones, balloons, satellites...What’s the next big thing in global health?

Nicolas de Borman; https://www.linkedin.com/pulse/drones-balloons-satellites-whats-next-big-thing-global-de-borman?trk=hb_ntf_MEGAPHONE_ARTICLE_POST

“Universal access to Internet will fundamentally reshape the health sector — and aid sector — in ways that are difficult to anticipate now.” A succinct round up on the relevance of technologies, especially internet, mobile and low-cost technologies for health with focus on low resource settings.

For a related story, see also the Guardian, From killing machines to agents of hope: the future of drones in Africa (with focus on Rwanda – on Zipline, a robotics company that designed drones to deliver medical essentials to rural health facilities).

Vox – The 7 biggest problems facing science, according to 270 scientists

http://www.vox.com/2016/7/14/12016710/science-challenges-research-funding-peer-review-process

On number 1: Academia has a huge money problem (ahum). Check out the other 6.
Research

Palgrave Studies in Public Health Policy Research - Looking for contributions

Series editors: P Fafard & E De Leeuw; http://www.springer.com/series/15414

“... The broad new public health agenda, with its multitude of competing issues, professions, and perspectives requires a much more sophisticated understanding of government and the policy process. In effect, there is a growing recognition of the extent to which the public health community writ large needs to better understand government and move beyond what has traditionally been a certain naiveté about politics and the process of policy making. Public health scholars and practitioners have embraced this need to understand, and influence, how governments at all levels make policy choices and decisions. Political scientists and international relations scholars and practitioners are engaging in the growing public health agenda as it forms an interesting expanse of glocal policy development and implementation. Broader, more detailed, and more profound scholarship is required at the interface between health and political science. This series will thus be a powerful tool to build bridges between political science, international relations and public health. It will showcase the potential of rigorous political and international relations science for better understanding public health issues. It will also support the public health professional with a new theoretical and methodological toolbox. ...”

Health Systems & Reform – new issue

http://www.tandfonline.com/toc/khsr20/2/2

For an overview of the new issue, check out the introduction by Joseph Antoun & Michael R. Reich.

International Journal of health services (July issue)

http://joh.sagepub.com/content/current

Check it out.

Health Research Policy & Systems – Health systems research in fragile and conflict-affected states: a research agenda-setting exercise


“There is increasing interest amongst donors in investing in the health sectors of fragile and conflict-affected states, although there is limited research evidence and research funding to support this.
Agreeing priority areas is therefore critical. This paper describes an 18-month process to develop a consultative research agenda and questions for health systems research, providing reflections on the process as well as its output.

Social Science & Medicine – Challenges in researching violence affecting health service delivery in complex security environments


“Complex security environments are characterized by violence (including, but not limited to “armed conflict” in the legal sense), poverty, environmental disasters and poor governance. Violence directly affecting health service delivery in complex security environments includes attacks on individuals (e.g. doctors, nurses, administrators, security guards, ambulance drivers and translators), obstructions (e.g. ambulances being stopped at checkpoints), discrimination (e.g. staff being pressured to treat one patient instead of another), attacks on and misappropriation of health facilities and property (e.g. vandalism, theft and ambulance theft by armed groups), and the criminalization of health workers. This paper examines the challenges associated with researching the context, scope and nature of violence directly affecting health service delivery in these environments. With a focus on data collection, it considers how these challenges affect researchers’ ability to analyze the drivers of violence and impact of violence. This paper presents key findings from two research workshops organized in 2014 and 2015 which convened researchers and practitioners in the fields of health and humanitarian aid delivery and policy, and draws upon an analysis of organizational efforts to address violence affecting healthcare delivery and eleven in-depth interviews with representatives of organizations working in complex security environments. ...”