IHP news  379:  Overwhelming times  

(5 August 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,

Many people feel overwhelmed by current times and globalization “as it is”. We are aware the IHP newsletter can also feel a bit overwhelming, so it’s perhaps good to again explain how we think you can best make use of it.

The section ‘Highlights of the week’ contains the content that is, in our (arguably, somewhat biased) opinion, essential to get a fairly good idea of the key global health policy news and publications of the week (with an HPSR bias, but also with a view on the larger development & global governance of health & GHG environment). You can consider this section as an “IHP lite”. So if you’re short of time (and most of you are), this is a section you should definitely scan (and obviously click further on the links and content you find interesting) to get a quick overview of the week in global health. Scanning of this section only takes 10 minutes.

Other sections (such as Zika, global health events, Ebola, planetary health, infectious diseases & NTDs, NCDs, UHC, … (the structure remains more or less the same every week)) are thematically organized and contain other rather important news, analysis & publications, but some sections are perhaps more relevant for some researchers (with a certain profile), whereas others will be more useful to other readers. Clearly, it can also happen that a read that you find for example under the sections ‘UHC’ or ‘Infectious diseases & NTDs’ would have been selected by some of you as a ‘Highlight of the week’, but that’s unavoidable. It’s clear that going through these sections takes a bit more time (even if you only scan them). Still, we think it’s worth it.

It’s impossible to be comprehensive in an ever expanding field like global health (especially in the new SDG era), and the opposite (a very selective list of, say, 10 items a week) would also not suit the many researchers among you who go through this weekly digest, we think. So with this structure we hope to strike a balance between an “IHP lite” and a more comprehensive global health policy digest. On our side, we will certainly try to be more selective, especially in the ‘Highlights of the week’ section. But that’s easier said than done in a complex world. Maybe Donald Trump should give us a crash course on “how to simplify the world”...

On another note, Esther Nakkazi, a science journalist from Uganda, has just joined us. She will be at ITM (including IHP) for a few months, and will work as a journalist in residence (for example covering the upcoming Ebola conference in Antwerp, in September). Do read her introductory blog here.
In this week’s Featured article, Vikash Keshri dwells on innovative internet platforms and their impact on accountability, based on a recent personal experience in India.

Enjoy your reading.

The editorial team

Featured Article

Doctor: Guess who is watching?

Innovative internet platforms and their impact on accountability

Vikash R Keshri (MD & ITM alumnus)

Over a year ago, I suffered from an unusual fever with severe weight loss. Fifteen days into the fever, desperately despondent and confused about the cause of my ailment, being a medical doctor myself I realized that this was not just any ordinary infection. I consulted a general physician in town and was recommended a thyroid profile test based on a provisional diagnosis of a possible thyroid infection. The test results clinched the diagnosis of a rare thyroid gland infection resulting in severe thyrotoxicosis, so I decided to consult an endocrinologist. Even though I live in a city with enough medical doctors, some of whom I know, I decided to use the internet to find an endocrinologist. In bed with a fever, I Googled “Endocrinologist in Patna” on my smartphone and found thousands of results pop up in seconds. After due consideration I picked one. Next morning, I visited a small but very organized clinic, attended by possibly one of the best doctors I could have come across. His diagnosis of thyrotoxicosis was accurate and substantiated by a thyroid scan as well. Following his advice and medication, I started recovering over the next few days.

This experience made me think of technology and its uses, especially in low resource settings. I wonder if it would have been possible for me to find an endocrinologist while in bed, if I hadn’t had access to online resources. Online I was able to locate a practitioner, view his credentials and read reviews – of course, one has to exercise reasonable caution while accessing information online. Not everything on the internet is true! Still, this experience made me wonder if this information sharing might, in some way, encourage a better standard of services and quality of care.

Another example along the same lines is that of Ryan, a young student whose mother had a severe headache for days. He looked online for a doctor; results threw up multiple suggestions in seconds – all apt – and selection was made based on filters based on public ratings to sort out the most popular one. He could also review qualifications and public reviews, and pick what he considered the best option.

Where am I coming from? Doctors in India traditionally command high respect in society; hence one would expect a certain responsibility to self-regulate. Yet, in recent years, this country witnessed a noticeable surge in the number of incidences of private medical practices held liable for misconduct, etc. as a result of increased public scrutiny.
The Medical Council of India is responsible for issuing a code of ethics of practice but not for its regulation. Medical services in India come under the purview of the Consumer Protection Act. Recently The Clinical Establishments (Registration and Regulation) Act, 2010 was enacted by the Government of India, making provisions for the registration and regulation of all clinical establishments in the country. The Act prescribes minimum standards for health facilities and services provided. The Act has taken effect in the four states – Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories except the NCT of DELHI since March, 2012. The states of Uttar Pradesh, Uttarakhand, Rajasthan, Bihar and Jharkhand have adopted the Act under clause (1) of article 252 of the Constitution. However, the implementation of such efforts of regulation has been met with resistance by the medical fraternity and relevant professional bodies.

I am afraid such continued denial of the fraternity, as to issues of quality of services delivered and accountability, as well as their inability to see the issues in a strictly dispassionate manner may have serious bearing on the delivery of quality healthcare services in general. It may even result in a feeling of indifference and apathy among people towards the medical professional.

Technological platforms and the resulting access to information have made the social audit of health services easier. The increase in cases of medical negligence and malpractice could be a result of increased civil society vigilance, or even the role of the media. Whatever the reason, today the medical profession in India is being increasingly looked upon with doubt and contempt; or so I feel. And as someone from the fraternity, I see opportunities embedded in technology for the medical community to respond to the need of times. To disregard the growing power of technology as a potential equalizer only threatens the profession and its leaders. Given that people today use the internet to find and locate shops or gyms, there is no reason why people won’t use the internet to shop around for medical services suitable to them, as in my case. I know there are certain dangers, but it’s a trend that can’t be stopped, so it’s better to embrace it and try to channel it, rather than wish it just goes away.

Today, technological innovations and public networking through technology can considerably improve social accountability of the medical profession and also act as a crucial element of extrinsic motivation. They can also, hopefully, motivate clinical establishments to comply to quality parameters and attract more patients. Mobile apps providing easy search and filter functions to select the best medical practitioners or clinics can dramatically change the way people decide about choosing a medical professional when in need.

As mentioned, everything, including technology (and certainly the internet) must be approached and viewed with caution. Access to such tools, particularly in poorer countries is (still) restricted to the better-off and the educated. Technology may also be manipulated and misused. But overall, technology offers us the potential to effect a change which has long been a distant dream for many, to achieve quality of care and address the health inequities through competition, social accountability and reduced information asymmetry. So, my dear doctor friends, be mindful of “who’s watching”!

Note: The author acknowledges the contributions by his colleague, Mr. Rajesh Narayan Singh.
Highlights of the week

Global Governance - The Bill and Melinda Gates Foundation and Legitimacy in Global Health Governance


“The Bill and Melinda Gates Foundation brings to light the legitimacy problem with global philanthropy. The legitimacy problem here is twofold: first, with regard to the criteria used to assess the presence or absence of legitimacy in global governance; and, second, how analysis of legitimacy does not fully account for how we understand the legitimate basis of rule drawn from private wealth. This article begins to address this lacuna by analyzing the legitimacy of an actor that wields considerable authority in the field of global health politics and has growing prominence in contemporary global governance, the Bill and Melinda Gates Foundation.”

Health Economics Review – Does performance-based financing increase value for money in low- and middle-income countries? A systematic review


“Governments of low- and middle-income countries (LMICs) are widely implementing performance-based financing (PBF) to improve healthcare services. However, it is unclear whether PBF provides good value for money compared to status quo or other interventions aimed at strengthening the healthcare system in LMICs. The objective of this systematic review is to identify and synthesize the existing literature that examines whether PBF represents an efficient manner of investing resources. ... ... We found the overall strength of the evidence to be weak. None of the articles were full economic evaluations; they did not make clear connections between the costs and effects of PBF. Only one study reported using a randomized controlled trial, but issues with the randomization procedure were reported. Important alternative interventions to strengthen the capacities of the healthcare system have not been considered. Few studies examined the costs and consequences of PBF in the long term. Important costs and consequences were omitted from the evaluations. Few LMICs are represented in the literature, despite wide implementation. Lastly, most articles had at least one author employed by an organization involved in the implementation of PBF, thereby resulting in potential conflicts of interest. Stronger empirical evidence on whether PBF represents good value for money in LMICs is needed.”
WHO – launch of the (first) e-Learning Course on Health Financing Policy for UHC

http://www.who.int/health_financing/training/e-learning-course-on-health-financing-policy-for-uhc/en/

“This e-learning course comprises six modules which cover the core functions of health financial policy as conceptualised by WHO....”

In other UHC news, a piece by M-P Kieny in Devex, Universal health coverage: Unique challenges, bold solutions also got quite some attention. In it, she focuses on the transformation of the health workforce that will be needed, and the price of medicines.

World Breastfeeding week (1-7 August): Breastfeeding: A key to Sustainable Development

http://worldbreastfeedingweek.org/

As we already mentioned last week, The World Breastfeeding Week’s 2016 theme was on raising awareness of the links between breastfeeding and the SDGs.

UN News Centre - Breastfeeding within hour of birth provides baby’s ‘first vaccine,’ says UNICEF
From late last week: “UNICEF warned today that some 77 million of the world’s newborns – or 1 in 2 – are not breastfed within the first hour of birth, depriving them of essential nutrients and antibodies and thus exposing them to an increased risk of death....”

Check out the WB’s ‘Investing in Health’ blog - Breastfeeding: A Smart Investment for Reaching the Sustainable Development Goals (by Leslie Elder) Explaining the link between breastfeeding and SDG 2 & 3, but also a couple of other SDGs.

You might also want to read again the Lancet series on Breastfeeding (January 2016).

Globalization backlash & SDG agenda

A few reads related to the globalization backlash and the broader SDG & development agenda (which might clearly also affect global health).

(PS: the Brexit has served its purpose (at the level of global discourse), as far as I am concerned: hard (and necessary) questions are now being asked by everybody on globalization as it is. Whether that will lead to a fairer world is of course an entirely different question...)
Britain to ‘leverage’ £11bn of foreign aid to build new trade deals after Brexit

Tu quoque, UK? "Britain will "leverage" its £11 billion foreign aid budget to build a series of new trade deals as it leaves the European Union ... ... Priti Patel, the new International Development Secretary, and her ministers will use meetings with foreign leaders from countries that receive foreign aid to "open the door" to new deals....” For some analysis, see Devex - New DfID head divides UK aid community over trade focus.

Guardian – Econocracy has split Britain into experts and ordinary people


“The ‘post-truth’ Brexit referendum campaign offered an alarming example of how the population has become alienated from economic discussion””. Based on a forthcoming book, The econocracy: the perils of leaving economics to the experts Relevant for lots of countries, not just the UK.

Open Democracy – What’s to be done with Oxfam?

M Edwards; https://opendemocracy.net/transformation/michael-edwards/what-s-to-be-done-with-oxfam

Must-read. “Too small to influence economics, too bureaucratic to be social movements, banned from politics and removed from the societies they’re trying to change, where do NGOs go next?” Insightful analysis & overview of discussions held at the 50th Anniversary of the Institute for Development Studies in Brighton in July 2016. Three different scenarios for NGOs (such as Oxfam) were discussed, the first involving a radical change of role. ...

Devex - OECD invites critiques as it prepares to track SDG funds

Devex:

“A three-person team within the OECD, Benn, Steensen and Halvorson-Quevedo are laying the groundwork for one of the foundational commitments of the Addis Ababa action agenda: building a framework to track development assistance, in its increasingly diverse forms, and incorporate incentives for donors and stakeholders to use the most proven and impactful instruments for sustainable development. They will present their framework for final approval to the United Nations General Assembly in mid-2017. But the OECD, also home to the Development Assistance Committee that sets the rules for what donors can count toward official development assistance, is in some ways an odd choice for the job. ...” (State of affairs on the total official support for sustainable development (TOSSD) )
World Bank

Draft of World bank World Development report on governance

The “Yellow Cover Draft,” dated June 24, 2016, is under review and still being revised within the Bank, but has been shared unofficially outside the Bank. You might already want to have a sneak preview. With three key messages.

WB – Review and Update of the World Bank Safeguard Policies

“On Wednesday, July 20, the Committee on Development Effectiveness – a committee of the World Bank’s Board of Executive Directors with oversight on policy issues – endorsed the third draft of the proposed Environmental and Social Framework (ESF) for full Board consideration. The document is scheduled for consideration on August 4, 2016.” It’s a bit controversial, to say the least.

4 August has passed now, and so it’s time for some analysis: see Doing More than Safeguarding the Safeguards at the World Bank (Scott Morris, CGD blog) “Depending on who you listen to, the World Bank has either just launched an unprecedented reach into the domestic political affairs of sovereign nations, or it has gutted the rules that have helped define its essential character as a global norm-setter. Both can’t be right, and most likely, neither is. ... ...” He looks at the arguments of critics on both sides, while generally seeing the new safeguards as a step forward, even if not without risks.

Guardian – Hope for 'end of Aids' is disappearing, experts warn


Insightful analysis of the Durban AIDS conference mood by Sarah Boseley (must-read). “Efforts to combat Aids in Africa are seriously faltering, with drugs beginning to lose their power, the number of infections rising and funding declining, raising the prospect of the epidemic once more spiralling out of control, experts have warned....”

Reuters – GSK and Google parent forge $715 million bioelectronic medicines firm

http://www.reuters.com/article/us-gsk-alphabet-idUSKCN10C1K8
You probably read this earlier this week – further evidence of the likes of Google & co getting into health (care). “GlaxoSmithKline and Google parent Alphabet’s life sciences unit are creating a new company focused on fighting diseases by targeting electrical signals in the body, jump-starting a novel field of medicine called bioelectronics.”

For some more analysis, see also FT - Bioelectronics offers a way to recharge medicine

HS Global & Vancouver symposium update

HS Global programme for Vancouver is online now

http://healthsystemsresearch.org/hsr2016/programme/symposium-programme/

Check it out. In other news, the HS Global Board elections are ongoing (till 10 August), and there’s a call for reporters for health systems global speaks.

Do have a look also at USAID’s brief on HS Global, Building the Organizational Capacity of Health Systems Global: From Start-Up to Performance (4-pager).

Planetary health

Guardian – Environmental records shattered as climate change 'plays out before us'


Over to planetary “health”: “The world is careening towards an environment never experienced before by humans, with the temperature of the air and oceans breaking records, sea levels reaching historic highs and carbon dioxide surpassing a key milestone, a major international report has found. The “state of the climate” report, led by the National Oceanic and Atmospheric Administration (Noaa) with input from hundreds of scientists from 62 countries, confirmed there was a “toppling of several symbolic mileposts” in heat, sea level rise and extreme weather in 2015....” “...The impacts of climate change are no longer subtle,” Michael Mann, a leading climatologist at Penn State, told the Guardian. “They are playing out before us, in real time. The 2015 numbers drive that home.”

For a Comment, see George Monbiot (especially focusing on the disastrous role of mainstream media). The climate crisis is already here – but no one’s telling us. Meanwhile, many in the global health community still fly for a living’ ... Yeah, I know the argument: it’s about ‘saving lives now’ vs in the future. I’m not convinced, certainly not for scholars.
Oxfam (blog) - Getting carbon inequality onto the political agenda: the lessons of Brexit


My favourite blog of the week. It’s very important to campaign on carbon inequality, but the issue is only at the start of the policy funnel, Kenner argues.

Global Fund update

We recommend the new GFO issue.

Certainly the state of affairs around the replenishment: Replenishment round-up: Advocacy efforts intensify; as well as some great analysis (by Anna Maalsen) on the impact of the Brexit on the GF - Brexit: What does it mean for development aid and the Global Fund? (both are must-reads)

There’s also a news & analysis article on The Global Fund releases a progress report on its gender equality and key population action plans, and much more.

Global humanitarian & refugee crisis

The Lancet (World report) – Syrian crisis: aid delivery becoming increasingly difficult

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31263-6/fulltext

You’ve probably also heard the heartbreaking news from Aleppo this week. “Aid officials are calling for greater international efforts to avert humanitarian catastrophe in Syria as diplomatic efforts fail to halt attacks on medical facilities. John Zarocostas reports.”

Euractiv – EU, US reject UN plan to resettle refugees


Meanwhile, this is “shared responsibility” in the new SDG era...: “The European Union and the United States among other heavy-weight countries have rejected a UN proposal to resettle 10% of the world’s refugees annually as part of a new global effort to tackle the worst refugee crisis since World War II.” See also the Guardian, UN members reject concrete refugee resettlement target.

(You can only imagine what “shared responsibility” would look like, if Trump came to power)
PS – last weekend, on 30 July, was **World Day against Trafficking in Persons**. Do check out Inis Communication’s blog on this, ![IGiveHope – World Day Against Trafficking in Persons](http://blog.inis.com/blog/2016/07/30/igivehope-world-day-against-trafficking-in-persons) with some key resources & info. Among others: “…After 65 years of advocacy and support for migrants and displaced persons, the International Organization for Migration (IOM) just became an official “Related Organization” of the UN....”

**Speaking of Medicine – Humanitarian Emergency in Northeast Nigeria**


“Jean-Hervé Bradol of Médecins Sans Frontières discusses the humanitarian emergency left in the wake of Boko Haram’s occupation of Borno State, Nigeria.” The needs are dire.

**World Lung Cancer Day (1 August)**

**Lancet Editorial - Lung cancer: despite advances, prevention is still best**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31260-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31260-0/fulltext)

Editorial linked to **World Lung Cancer Day, celebrated on August 1**. Lung cancer is still one of the most common cancers in the world, with 1·8 million people diagnosed each year. What’s the scientific state of affairs? “…Great advances have been made in the prevention, detection, and treatment of lung cancer, and so despite [these grim predictions], there is cause for optimism....” ... Yet, prevention remains clearly the best (also for financial reasons by the way).

**Health Systems and Reform (early online Commentary) – Leadership in Times of Crisis: A Personal Reflection from the Center of the Ebola Epidemic Response in Liberia**


« The 2014 Ebola Virus Disease (EVD) outbreak of 2014–15 was the largest epidemic of the disease in history, with over 28,000 people infected and 12,000 deaths West Africa, including over 8,000 cases in Liberia. In an accompanying paper in this series, we describe the leadership crisis tasks and approaches during the different stages of the EVD crisis. In the current phase—the long tail of the epidemic—the crisis has passed, and the important task is to learn lessons from the epidemic. What follows is a personal reflection on the lessons I’ve learned, from my perspective as the Incident Manager of the Incident Management System (IMS) in Liberia, a position where I led the national control response. ... »
Rio Olympics & health

Today the Rio Olympics begin, against the backdrop of a country with major problems. From a health angle, soda advertising (among many other forms of corporate advertising) will no doubt be massive again, as somebody pointed out in the PHM newsletter, “Stop carbonating the Olympics”, he said (and rightly so – even if I enjoy a coke once in a while).

Read also (in Forbes), Zika, Rio And The Rising Health Hazards Of Megacities. (recommended)

We also enjoyed the back and forth bickering in recent Lancet Letters, The olympically mismeasured risk of Zika virus in Rio de Janeiro – Authors' reply & The olympically mismeasured risk of Zika virus in Rio de Janeiro (by Amir Attaran et al) Have a look, you won’t regret it!

Last but not least, The Lancet also runs a Comment this week on The unfinished race: 30 years of gender verification in sport. See also a new JAMA viewpoint, The Olympic Games and Athletic Sex Assignment.

Zika

Zika in the US

As you probably know by now, late last week the First Outbreak of Locally Transmitted Zika Virus was Confirmed in Continental US (Florida). The sense of urgency (and inevitably, also the politics around it) have increased a lot since then, and it’s very well possible it will affect the US presidential elections to some extent. (PS: CDC even issued a Zika travel warning for an area north of Miami, a first )

A few reads:

Analysis by Laurie Garrett

Act One of ‘Zika Hits the USA' has begun (CNN)

Dear Washington, the time to prepare for Zika has come and gone (Foreign Policy)

Some US politicians call for lawmakers to stop their summer recess and return to Washington to pass legislation to fight the Zika virus

Marco Rubio (Republican) and Tim Kaine (Democrat & Hillary’s running mate) for example. Meanwhile, Reuters reported on the stopgap funding used so far (as long as Congress hasn’t approved of Zika funding). See also The Hill, White House: Zika money is half depleted.
Anthony Fauci said (again) that “A “global health reserve fund” is needed, for Zika, and outbreaks to come”.

NYT – Zika Cases in Puerto Rico Are Skyrocketing


Meanwhile, the picture in Puerto Rico is very very bleak...

A few more reads on Zika (as well as the science around it):

WHO situation report (4 August) Zika virus, Microcephaly and Guillain-Barré syndrome

Check it out.

Guardian – Scientists edge closer to creating effective Zika virus vaccine


“Successful short-term trials of three different vaccine formulations boost confidence that a viable human vaccine is on the horizon. Scientists have edged closer to an effective Zika virus vaccine after demonstrating that three different formulations can protect monkeys from the disease. The results suggest that the virus can be repelled by even low levels of immunity and have boosted confidence that a viable vaccine for humans is on the horizon....” Details in Science. (see also - Why a Zika Vaccine Will Come Much Faster Than the Ebola Vaccine Did )

Brazil now has doubts that Zika alone causes birth defects (see also last week’s IHP newsletter). Oliver Brady, an epidemiologist with the London School of Hygiene and Tropical Medicine, has been asked by Brazilian officials to help them sort out what’s causing the increase in microcephaly in Northeastern Brazil (but not elsewhere). It’s probably “Zika-plus something”, he says. But the journey is only beginning for Brady and others.

BMJ Global Health - Epidemiology of Zika virus, 1947–2007 (systematic review)
Global health events

VOA - African Innovators Aim to Improve Health Care for Mothers and Newborns (Saving Lives at Birth, Washington)


“Innovators from across the African continent were among 50 finalists in Washington showcasing solutions to maternal and newborn care challenges in the developing world recently. The African doctors, scientists and inventors took part in Saving Lives at Birth, an annual event sponsored by USAID, the Norwegian Ministry of Foreign Affairs, the Bill and Melinda Gates Foundation and other organizations.”

World Dementia Council sets ambitious action plan to tackle escalating global dementia crisis


“Dementia is one of the most urgent global health challenges and is not solvable by any one country, organisation or individual alone' Dr Yves Joanette, Chair of the World Dementia Council. At the first meeting of the independent World Dementia Council (WDC) in Toronto, an ambitious action plan was agreed by members to avert the global burden of dementia becoming unsustainable. The Council was unanimous in its decision to prioritise work in five key areas: …”

Coming up:

71th UNGA in New York - theme: “SDGs: a universal push to transform our world” (Opening on 13 September)

9th Global Conference on Health Promotion, Shanghai 2016 (21 – 24 November)

This conference takes place right after Vancouver. The WHO site has updated info.

Title of the conference: Health Promotion in the Sustainable Development Goals; Slogan: “Health for All and All for Health” (enter Bryan Adams)
Global governance of health

Equinet information Brief - Global emergency financing and health system strengthening


“...This report provides information on the new CFE and PEF financing mechanisms, to explore any stated or implied links with the IHR goals and health system strengthening in the response to emergencies.” CFE stands for “the WHO Contingency Fund for Emergencies (CFE), that aims to fill the gap from the beginning of a declared emergency”, whereas PEF represents the “World Bank Pandemic Emergency Facility (PEF), to support follow up measures after initial CFE funding”.

Project Syndicate – China’s Chance to Lead on Development

Justin Yifu Lin; https://www.project-syndicate.org/commentary/china-g20-summit-investment-framework-by-justin-yifu-lin-2016-08

“In September, China will host the G20 meeting of world leaders for the first time. It could not have chosen a more opportune moment to assume a leadership role. Chinese President Xi Jinping should seize the occasion to push China’s ambitious development agenda globally. Specifically, Xi should make the case that development done right benefits everyone, and he should launch discussions on a multilateral investment agreement to be developed in the next year.”

UNAIDS – Ensuring healthier outcomes for China and Africa


“The Executive Director of UNAIDS, Michel Sidibé, and the Director-General of the World Health Organization, Margaret Chan, held wide ranging discussions with Vice-Premier of China, Liu Yandong in Beijing on 28 July. The discussions touched on global and domestic health issues ...”

KFF (factsheet)– Key U.S. Government Agency Positions and Officials in Global Health Policy & Related Areas


Check out who’s who (and where).
Global Policy Watch - UNCTAD 14: Nairobi “Maafikiano” barely saves minimal finance and development mandates

https://www.globalpolicywatch.org/blog/2016/07/29/unctad-14-nairobi-maafikiano/

Account by Aldo Caliari on the UNCTAD conference, held from July 17 through 22, 2016 in Nairobi. Well worth a read. He’s not very positive about the outcomes.

Sustainable Development Solutions Network – Localizing the SDGs: From a Global Agenda to City Action


On an event that took place during the High-Level Political Forum for Sustainable development 2016. “On July 15th, 2016 the Sustainable Development Solutions Network (SDSN), with the Ford Foundation, Office of the Mayor of New York City, and 100 Resilient Cities, convened a 2.5-hour workshop on SDG localization. Ten months since its adoption by 193 UN Member States, the SDG agenda is now in full swing. Cities are poised to play a critical role in their implementation, and the time is ripe to elevate the level of attention being paid to local government action on the SDGs.....”

Global Policy Watch – 2030 Agenda demands UN reform

Sarah Dayringer; https://www.globalpolicywatch.org/blog/2016/08/02/from-mdgs-to-sdgs-the-un-needs-a-new-mindset/

“The United Nations, like many institutions, is buffeted by the challenges of globalization, inequalities and an unsustainable growth pathway for the planet. It has not been shaped to deliver the demands of the 2030 Agenda for Sustainable Development and its universal action plan, the 17 Sustainable Development Goals (SDGs). Member States have the opportunity to close the institutional gaps in the UN development system, in the upcoming Quadrennial Comprehensive Policy Review (QCPR) negotiations beginning in October 2016. The QCPR will have the benefit of deliberations of the Economic and Social Council (ECOSOC) and its Independent Team of Advisors (ITA), commissioned to bring new proposals for the longer-term positioning of the UN development system and how it can better implement the 2030 Agenda. Juan Somavia, co-Chair of the ITA, reporting to ECOSOC after four months of intensive work, said that what was needed was a thorough “change of mindset,” which would enable the system to move from the MDGs to the SDGs; from a sectorial approach to an integrated one; from judging development by growth to judging it by sustainability; and to universal applicability.... ” (short but good analysis)
Euractiv - Internal auditor hits out at IMF handling of Greece bailout


Another blow to the IMF’s reputation. The Greek story is pretty well known, by now. Still, this was remarkable (from late last week). Naturally, a near “deafening silence” followed in the corridors of power. Well, apart from Commission and IMF clash over influence of politics over bailout programmes (Euractiv)

Branko Milanovic (blog) – The forthcoming changes in capitalism?


Branko Milanovic imagines changes for capitalism in three areas (and as Duncan Green tweeted, it appears Theresa May is going to be the midwife).

FT – There is a solution to the aid dilemma

Angus Deaton; https://next.ft.com/content/89802828-588d-11e6-9f70-badea1b336d4

(recommended) Angus Deaton offers some solutions to the aid dilemma, among others “to work outside the recipient’s borders and provide global public goods”.

Devex – What would Hillary Clinton's US aid agenda look like?


Given the current state of affairs in the US presidential elections, let’s hope a Hillary administration indeed materializes in November. Devex explores what Hillary’s aid agenda might look like. (in-depth analysis)
Intrahealth - 5 Ideas that Crack the Nut of Resilient Health Systems

R Kohler; http://www.intrahealth.org/blog/5-ideas-crack-nut-resilient-health-systems#.V57D8_l97IV

A couple of key messages from the recent ‘Cracking the Nut health’ conference in Washington DC. Five principles are at the heart of resilient health systems, Kohler argues.

IJHPM – Policy Choices for Progressive Realization of Universal Health Coverage; Comment on “Ethical Perspective: Five Unacceptable Trade-offs on the Path to Universal Health Coverage”

http://www.ijhpm.com/article_3247_0.html

By Viroj Tangcharoensathien et al

PHCPI - The Community of Practice Health Service Delivery: Strengthening Health District Teams to Accelerate PHC Improvement in Africa


Very nice overview of what the HHA health service delivery CoP involves, and what they focus on. (recommended).

USAID - Annotated bibliography UHC

http://www.slideshare.net/HFGProject/universal-health-coverage-an-annotated-bibliography

Self-explanatory title.
Planetary health

New Internationalist - Post-Paris Climate Talks: implementation at any price


“Only half a year after the supposedly groundbreaking Paris Agreement on climate change was finalized by governments negotiating in the UN Framework Convention on Climate Change (UNFCCC), climate policy has come back down to earth. In May, the established UNFCCC subsidiary bodies and, the rookie of the year, the Ad Hoc Working Group on the Paris Agreement (APA) met in Bonn, Germany, to consider how to implement the agreement. However, it seems like parties who established the agreement in Paris cannot agree on how to move forward. This is the case for Article 6 in the agreement, which deals with co-operative-approaches and market mechanisms for instance. The voices that celebrated the Paris Agreement yesterday sound rather less confident today. …”

A few worrying climate related headlines (from the many) from this week: Anthrax sickens 13 in western Siberia, and a thawed-out reindeer corpse may be to blame; Greenland lost a staggering 1 trillion tons of ice in just four years (WP)

AMR

WHO Bulletin (August issue) – includes an editorial on AMR

http://www.who.int/bulletin/volumes/94/8/en/

Editorial: A time for action: antimicrobial resistance needs global response (by T Jinks, J Farrar et al)

“Given the magnitude and severity of the threat of antimicrobial resistance, it is a sign of progress that Member States of the WHO are now developing national action plans in response to WHO’s Global action plan on antimicrobial resistance. To accelerate these efforts, in April 2016 the Wellcome Trust held an interdisciplinary international summit, bringing together policy-makers and scientists from more than 30 countries to review and debate a set of 25 policy options…. ”

BMJ (Feature) Saving antibiotics for when they are really needed: the Dutch example

http://www.bmj.com/content/354/bmj.i4192
For once, the Dutch seem to be a role model! “Doctors have responded well to the call to reduce unnecessary antibiotic prescriptions. But what about farming? The Dutch have shown that antibiotic use can be slashed in agriculture too. So why isn’t everybody doing it? Tony Sheldon reports.”

HHR - Lessons from Jonathan Mann: The Ten Commandments on Multidrug-Resistant TB


Kirby is a member of the High–Level Panel on Access to Essential Medicines, so probably his Letter is worth a read.

Infectious diseases & NTDs

Out – Hillary Pledges 'An AIDS-Free Generation' With Plans to Back HIV-Preventative Drugs


“The Hillary Clinton campaign launched a comprehensive plan to tackle HIV/AIDS on its website today, laying the groundwork for extensive backing of Truvada in all its forms, as well as other strategies to help create the first AIDS-free generation since the epidemic began over 30 years ago. Specifically, Clinton is pledging to tackle transmissions among at-risk minority groups, with special attention paid to gay black men, transgender individuals, black women, and injection drug users. Clinton,... calls for the dramatic expansion of the President’s Emergency Plan For AIDS Relief as part of her new platform, which includes more widespread education about and access to pre-exposure prophylaxis (PrEP). The plan reads, “Clinton will increase the CDC’s investment to ensure populations at greatest risk of infection have access to preventive medicines.” ...

Lancet (Comment) – No more neglect of helminths and HIV


Comment accompanying the new study in the Lancet, Effect of Wuchereria bancrofti infection on HIV incidence in southwest Tanzania: a prospective cohort study.

As the press release stated, infections with the parasitic worm W bancrofti are associated with increased risk of HIV infection, according to a Tanzanian study.
Quartz – Scientists in South Africa have discovered a compound that could end malaria


A scientific malaria breakthrough? “Scientists at the University of Cape Town’s Drug Discovery and Development Centre (H3D) say they have found a new anti-malaria compound “with potential for both treatment and prevention of malaria.”

Vice – Is the Islamic World Facing Up to Its Rising HIV Problem?


Overview of the HIV situation in a number of Islamic countries. “Despite strict rules against promiscuity, homosexuality, drug use and sex work, the Islamic world is nevertheless – and perhaps as a result – facing up to a growing HIV problem.”

Plos NTDs – The World’s Great Religions and Their Neglected Tropical Diseases

Peter Hotez; Plos NTDs

Speaking of religions, “New information based on data released by the World Health Organization (WHO) indicates that practically everyone infected with a major neglected tropical disease (NTD) lives in a Christian-, Muslim-, or Hindu-majority nation. The finding has implications for engaging religious leaders in NTD control and elimination activities.”

You might also want to read a WHO Feature story on Yellow fever mobile labs (in the DRC).

CIDRAP – Contrary dengue vaccine response hints at possible problems with Zika


Worrying news from late last week. Scott B. Halstead, the leading figure in dengue research in the past 50 years, discusses (a potential ?) problem with CYD-TDV (Dengvaxia, Sanofi Pasteur), the first dengue vaccine approved by WHO in April, and now licensed for use in five countries. Halstead
points to a problem dengue researchers feared for years; the vaccine appears to cause ADE, or antibody-dependent enhancement. *(but don’t ask me what that means 😊)*

**NCDs**

**NCD Alliance - Consultation on update to Appendix 3 to WHO Global NCD Action Plan 2013-2020 commences**


**KFF – the US government and global NCD efforts**


Updated factsheet.

**Global Health Now – Pokémon GO!—Pandemic or Prescription? The Public Health Perspective**


Recommended – a [public health perspective on Pokémon Go](http://www.globalhealthnow.org/news/pok-mon-go-pandemic-or-prescription-the-public-health-perspective). *(now we’re just anxiously waiting for a ‘political economy’ view on this ‘social experiment on a global scale’. While we appreciate, together with the pope, that this game gets lots of lazy young teenagers (at last) out of their sofas, we do wonder whether neoliberalism secretly enjoys the fact that the young get to the streets to indulge in this (harmless) game, rather than to oppose austerity and other neoliberal ‘structural reforms’; let’s hope one doesn’t exclude the other 😚!)*


From the new Bulletin issue – already appeared online some months ago.

Guardian – Halve traffic accident deaths and injuries by 2020: can it be done?


“The UN has an ambitious goal to cut road deaths and injuries by 50% in five years. Are governments and donors finally prioritising the issue?”

Duncan Green - What explains advocacy success in setting global agendas? Comparing Tobacco v Alcohol and four other Global Advocacy Efforts


A few key messages by Duncan Green on the series by J Shiffman et al (in HP&P). He gives three takeaways for researchers and advocates.

BMJ (news) - Young people in Asia carry high risk for non-communicable diseases, finds report

http://www.bmj.com/content/354/bmj.i4239?utm_medium=email&utm_campaign_name=20160821&utm_source=etoc_daily

“Tackling four major risk factors among young people—tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet—can substantially reduce the burden of non-communicable diseases (NCDs) in Asia, a report by the Population Reference Bureau, a public policy think tank based in Washington, DC, has found....”
SS&M – Rhetoric and the law, or the law of rhetoric: How countries oppose novel tobacco control measures at the World Trade Organization

R Lencucha, R Labonté et al; http://www.sciencedirect.com/science/article/pii/S0277953616303872

“The tobacco industry has developed an extensive array of strategies and arguments to prevent or weaken government regulation. These strategies and arguments are well documented at the domestic level. However, there remains a need to examine how these arguments are reflected in the challenges waged by governments within the World Trade Organization (WTO). Decisions made at the WTO have the potential to shape how countries govern. Our analysis was conducted on two novel tobacco control measures: tobacco additives bans (Canada, United States and Brazil) and plain, standardized packaging of tobacco products (Australia, New Zealand, Ireland, EU and UK)....”

Lancet Correspondence – Mental illness: the forgotten burden on diabetes populations?

G McDonald et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31213-2/fulltext

“In April, The Lancet discussed the high cost of diabetes and an urgent call for action. The Comment by Etienne Krug (April 9, p 1485) focuses on physical interventions without mentioning the burden of mental illness in diabetes, in which depression and diabetes distress are common. Depression also has a bidirectional relationship with type 2 diabetes, showing causative and consequential implications: mental health is an essential consideration in diabetes prevention and management....”

Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health (Comment) – Trends in immunisation inequity: evidence, rights, and planning

E Delamonica; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30189-9/fulltext

IMF – New IMF Study, Data Tool, Assess Fiscal Policies to Tackle Gender Inequality

http://www.imf.org/en/News/Articles/2016/07/26/14/42/NA072816-New-IMF-Study-Data-Tool-Track-Fiscal-Policies?hootPostID=ac8856c95dbcd99931d0185ef25e3a19

“The IMF has conducted the first-ever global review of policymakers’ use of tax and spending policies to promote gender equality and has released an online database toolkit of gender equality indicators worldwide....”

CGD (blog) – Pay 'em or Don’t Charge 'em? The Case of Conditional Cash Transfers and User-Fee Exemptions in Nepal for Pregnant Mothers


“Should patients be paid to seek lifesaving services? Should patients receive lifesaving service free of charge? These two questions are different sides of the same coin, and both get at a core topic of health economics: the impact of financial incentives on patient behavior. While these two questions have typically been studied separately, we decided to take a look at them together. In our new study, published in Health Services Research, we find that not charging pregnant women for health services mattered less than paying them....”

Plos Medicine – Facility-Based Delivery during the Ebola Virus Disease Epidemic in Rural Liberia: Analysis from a Cross-Sectional, Population-Based Household Survey

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002096

“John Kraemer and colleagues estimate changes in facility-based delivery during the Ebola virus disease epidemic in rural Liberia using cross-sectional data from a population-based household survey.”

See also coverage of this research in Time, Ebola Took a Toll on Maternal Health: Study, “Fear of Ebola likely caused many women to give birth at home, a new study suggests”
The Lancet Global Health – Effect of democratic reforms on child mortality: a synthetic control analysis

H Pieters et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2816%2930104-8/fulltext#.V6BfDNw4vKc.twitter

Accompanying comment by C Alvarez-Dardet, Towards parity democracy “Although no systematic causal review has yet been done, the evidence of a relation between democracy and health is increasingly convincing. In The Lancet Global Health, Hannah Pieters and colleagues report an innovatively designed study and a novel application of the synthetic control method to investigate the issue of democracy and infant mortality. They investigated whether political transition into democracy that had lasted for at least 10 years affected child mortality, as a proxy for health. Among 24 countries with good counterfactuals, changes in 15 were not significant but nine (38%) showed significant reductions in infant mortality after democratisation. Among these nine countries the average reduction was 13%. Interestingly, the effect increased over time, suggesting that there is an induction period for change while services and organisation are improved. Of note was that the benefits of democratisation increased with increasing child mortality before political change....”

Access to medicines

Humanosphere - Vaccine prices are 20 times higher in refugee camps, aid group charges


“Doctors Without Borders (MSF) has decried the high cost humanitarian organizations pay for vaccines – up to 20 times the normal prices – for vulnerable children in refugee settings. MSF and Save the Children are calling on drug companies to lower vaccine prices.”

You might also want to read David Olson’s reflection on Devex, UN needs to look beyond patents for improving access to medicines. He’s not a big fan of what (he thinks to be) the current focus of the UN High-Level Panel. It’s clear that some corners are rather anxious about what the UN H-L panel will come up with...
Human resources for health

HP&P – Who bears the cost of ‘informal mhealth’? Health-workers’ mobile phone practices and associated political-moral economies of care in Ghana and Malawi

K Hampshire et al;  
http://heapol.oxfordjournals.org/content/early/2016/07/25/heapol.czw095.short?rss=1

“Africa’s recent communications ‘revolution’ has generated optimism that using mobile phones for health (mhealth) can help bridge healthcare gaps, particularly for rural, hard-to-reach populations. However, while scale-up of mhealth pilots remains limited, health-workers across the continent possess mobile phones. This article draws on interviews from Ghana and Malawi to ask whether/how health-workers are using their phones informally and with what consequences....”

Emerging Voices

Health Research Policy and Systems - The Human Capital of Knowledge Brokers: An analysis of attributes, capacities and skills of academic teaching and research faculty at Kenyan schools of public health


Latest publication of Nasreen Jessani (EV 2014).

Research

Resilience - International Policies, Practices and Discourses

http://www.tandfonline.com/action/showMostReadArticles?journalCode=resi20

Preparation for the Vancouver symposium? Quite some open access articles from recent years – check out for example Resilience as embedded neoliberalism: a governmentality approach (by Jonathan Joseph (2013) – he also wrote, more recently, “Governing through Failure and Denial: The New Resilience Agenda” (2016, Millennium); or Beyond neoliberalism: resilience, the new art of governing complexity (David Chandler, 2014)
Health policy & planning - The effectiveness of social marketing in global health: a systematic review

R Firestone et al;
http://heapol.oxfordjournals.org/content/early/2016/07/25/heapol.czw088.full?papetoc

“Social marketing is a commonly used strategy in global health. Social marketing programmes may sell subsidized products through commercial sector outlets, distribute appropriately priced products, deliver health services through social franchises and promote behaviours not dependent upon a product or service. We aimed to review evidence of the effectiveness of social marketing in low- and middle-income countries, focusing on major areas of investment in global health: HIV, reproductive health, child survival, malaria and tuberculosis....”

International Health – Tailoring mass drug administration to context: implementation research is critical in achieving equitable progress in the control and elimination of helminth neglected tropical diseases in sub-Saharan Africa

L Dean et al;
http://inthehealth.oxfordjournals.org/content/8/4/233.full?keytype=ref&ijkey=HzuSgF28THN0Ui2

From the July issue of International Health.

You might also want to read, in the same journal, Antimalarial mass drug administration: ethical considerations.

SS&M – Healthy or unhealthy migrants? Identifying internal migration effects on mortality in Africa using health and demographic surveillance systems of the INDEPTH network


“Migration has been hypothesised to be selective on health but this healthy migrant hypothesis has generally been tested at destinations, and for only one type of flow, from deprived to better-off areas. The circulatory nature of migration is rarely accounted for. This study examines the relationship between different types of internal migration and adult mortality in Health and Demographic Surveillance System (HDSS) populations in West, East, and Southern Africa, and asks how the processes of selection, adaptation and propagation explain the migration-mortality relationship experienced in these contexts....”