Dear Colleagues,

It’s been obvious for a while, but the G20 summit in Hangzhou displayed it very clearly again early this week, in case you hadn’t noticed: global decision makers and elites now consider the global rise of populism as a ‘clear and present danger’ for a number of things they care about – capitalism, free markets, globalization, peace, .... They are right, even if we don’t necessarily agree about the intrinsic value of all of these ‘goodies’: the seemingly unstoppable rise of populism in a number of countries, especially in the North but also in some countries in the South is dangerous and very worrying, certainly in the medium to long term. Still, as a ‘warning signal’ the rise of populism has its merits, at least if elites draw the right conclusions from it - in the absence of a real ideological rival for global capitalism since the end of the 80s, populism and “populism” need to play this role, I’m afraid. Perhaps more accurately, if global leaders & institutions manage to act upon their (new) rhetoric on the need for a more “inclusive” economy and calls for a fairer capitalism, the worst can still be avoid (my apologies for yet another ‘catastrophic mood’ intro 😊).

Whereas I sympathized with the UN Human rights chief when he denounced populist politicians earlier this week, certainly when he stated “Are we going to continue to stand by and watch this banalisation of bigotry?”, the question is: what is the most effective way to do something the rise of populism and demagogues before it’s too late? In my opinion, only if you take away (a big part of) the massive (and often justified) reasons for socio-economic discontent among big parts of the population around the globe, whether it’s the marginalized people in the UK who voted for a Brexit, the many ‘Ossies’ in former Eastern Germany who still feel ‘left behind’ after more than 2 decades in a “unified” Germany, or the many disaffected people in the US who seem to be enchanted by Donald Trump for reasons I just don’t get (but some sociologists do) - and let’s not even get into Duterte’s broad appeal in the Philippines - we have a chance to nip the rise of populists in the bud.

Just ‘civilizing’ capitalism (as Australian prime minister Malcolm Turnbull, a former Goldman Sachs banker, strongly encouraged his peers to do, earlier this week in Hangzhou) won’t be enough, though – you need a total revamp of the system, certainly in the light of the (enormous) additional ecological challenge and the huge technological shifts that are wreaking (even more) havoc on the power of labour globally. But at least, unlike Tony Blair and many others in the recent past, Turnbull had the decency (or was it the emotional intelligence?) to avoid the buzzword ‘resilience’, as advice for citizens around the world. That was damned right – the world’s poor and global precariat aren’t exactly fond of the way some of our elites seem to want to turn us into ‘bounce back rabbits’ in a world of constant insecurity.
In short, against this worrying global backdrop, the global health community (as well as scientists in general) can no longer avoid the ‘P’ question. As the destructive mood of the 30s isn’t far away anymore (but now in a fully interdependent and globalized world, which allows for even more ripple effects), we need a clear position on (and pro-active strategies to tackle) the global rise of populism, and the currently rather “fertile soil” for it, if only because it’s very true what Ban Ki Moon declared earlier this week – “Sustainable development requires sustainable peace”. If you agree that the rise of populism could end very badly – and history shows us that – we need to get our act together soon and side with the right movements for justice, otherwise we can soon forget about the SDG agenda altogether. Just siding with ostensibly sensible positions (as in the Brexit vote) or politicians (as with Hillary in the US election) because they’re more ‘rational’ won’t suffice. Neither will lamenting about ‘post-truth politics’ nor attacking the xenophobic and bigoted statements from populists around the globe – even if the latter is obviously very necessary too.

We have to ask more fundamental questions, one of them being this one: as many have argued in recent years (for example Peter Strohschneider (on the biased Horizon 2020 agenda, which is rather ‘economy’ oriented, to put it mildly)), “technocracy and populism are two sides of the same coin”. We just can’t hide anymore behind a technocratic approach to global health, even if that seems the best option to make short-term progress. There really is no alternative anymore for more global justice, between and within countries. If the world doesn’t pull that off within a reasonable time frame, or at least makes substantial progress towards it, populism will gain further momentum, certainly in an interdependent world, and its ugly brother, war, will follow. In some parts of the world, that’s already the case. Then, clearly, all global health gains of the past decades will have been in vain. Put differently, yes, we need to continue to argue forcefully for global solidarity and a fairer world, including a real response to the global migration crisis, and attack bigotry and xenophobia with everything we have, but we should also tackle severe (and structural) injustice at home. Everything is connected now. The latter implies that more structural questions on the way the global economy functions and the “values” on which it’s based – some (rightly) call it “rentier capitalism” - can’t be avoided anymore.

In this week’s Featured article, Agnes Nanyonjo (EV 2012) reflects on the recent march by 1000 interns in Uganda. They are angry about a new government policy, and rightfully so.

Enjoy your reading.

The editorial team

Featured Article

One thousand interns’ march and the genesis of Uganda’s human resources for health paradox

Agnes Nanyonjo (EV 2012)

In Uganda, a compulsory one-year internship placement at the end of five long years of medical school is long awaited. The internship placement at a hospital offers recent medical graduates an
opportunity to practice the skills acquired over the five years education under supervision of a senior doctor. This compulsory placement is to groom the newly qualified doctors for licensure as independent doctors by the Uganda Medical and Dental Practitioners Association. For many of these freshly qualified doctors who are also new to the job market, the internship period means having their first-ever pay check. During this stressful internship period, the young doctors undertake compulsory rotations through the various major medical disciplines including medicine, paediatrics, (obstetrics and gynaecology) and general surgery and several other medical sub-specialities.

In Uganda, most clinics and wards are overcrowded and intern doctors are often the first medical professionals a patient will come in contact with. In many cases they are the only doctors patients will ever see when visiting a hospital. The often overworked young doctors, functioning under poor working conditions, prevalent in most health care facilities in Uganda find (some) solace in knowing that they will receive a pay check for their hard work. However, the notion that hard work pays might not hold any water for several of the new interns whose first-ever pay-check dream might remain just that – a dream – due to a recent **exploitative and short-sighted policy suggested by the government**.

**The short-sighted policy and its genesis**

Social unrest in the health sector is not new in Uganda. Over the last 10 years, Uganda has witnessed more than seven strikes by medical professionals, mostly by intern and postgraduate doctors. The strikes have been attributed to poor or delayed pay as well as poor working conditions. In 2005, a strike by postgraduate doctors who were later joined by consultants left the main national referral hospital paralyzed and able to only handle emergency cases.

An intern strike preceding the current strike happened in May this year, and was led by the batch of interns scheduled to complete their internship in August 2016. The sit-down strike was to protest against cumulative unpaid allowances which the government attributed to bureaucracy.

The wave of strikes over the past decade made the government realize that Uganda’s health system was threatened. After 2006, the government strategically expedited the opening of three more publicly funded medical schools. At the same time, a number of private medical schools popped up which were registered by the government. Ten years have elapsed since and we now have a cohort of one thousand brand new medical students who are expected to start their internship. The government does not feel equipped to pay these interns, saying there is simply no money to pay such a large number of interns.

Word has it that the government is only prepared to pay previously government sponsored students at the universities leaving masses of privately sponsored students without income during their internship. The rationale behind this new, exploitative policy is that if the students were government sponsored, then it is the responsibility of the government to continue to financially support their internship. This “implies” that for the once privately sponsored students, **it is the obligation of their sponsors to continue sponsoring them**. Well, at least according to the government.

Secondly the government wants to pre-empt potential health worker migration by taking a conservative approach of binding government sponsored medical students to a government health facility for two years. For those government sponsored interns who were thinking of fleeing Uganda
for greener pastures immediately after receiving their medical license, the government’s message is clear – they should not even think about it until their two-year “shift” is complete.

It was in defiance of this proposed, discriminatory and binding policy that a group of one thousand brand new intern doctors held coordinated marches on the 31st of August this year, marching on the streets of Kampala, Mbarara and Gulu. The doctors will not agree to start their internship unless the policy is reversed.

Does Uganda really have many doctors?

Uganda has a doctor patient ratio of 1:24,000 which is a far cry from the WHO recommended ratio of 1:1000. Despite the severe shortage of doctors in Uganda, the ministry of foreign affairs surprised the whole world in 2015 when it came up with a plan to export doctors to Trinidad and Tobago. The scheme was envisaged as a pathway to strengthen diplomatic ties between the two countries. Other arguments for the plan included giving doctors an opportunity to improve their technical skills, earn more money – pretty much like a government-funded opportunity for medical professionals to move, medics who were destined to move out in any case. Stunning plan, in short. The ministry of health was quick to distance itself from having played any role in this dubious “export” plan. The plan to “export” doctors and other health workers greatly angered Ugandans and attracted heavy criticism from outside leading to government litigation. It was quickly abandoned. The recent turn of events points to the fact that Uganda does not have an excess of doctors, but limited fiscal space for the health sector. But fiscal space for health is never carved in stone.

The current state of affairs

For the moment though, medical graduates and current interns, unhappy about the proposed policies are not about to give up their (more than justified) demand for fair pay and freedom of movement after completion of their internship. They are aggrieved by the fact that money is available for other sectors in Uganda and that health is not a priority – a situation not unfamiliar in other developing countries either! They are particularly dismayed by the fact that Uganda can spend at the same time an exorbitant two billion shillings (US$ 590,754) on legislators attending a three-day Uganda convention in America.

In a meeting between the government, intern representatives and representatives from the Uganda Medical Association (of which I am a member), the government argued that the current budget is not able to accommodate the influx of interns. The minister of health has recently informed the parliament that medical interns will take a screening exam and only those government-sponsored interns who pass with flying colours will qualify for the internship placement, and therefore salary. However negotiations are still ongoing to find an amicable solution.

The government also argues that the two-year bond for the government-sponsored students’ policy is not yet fixed. The medical representatives have suggested that the allowances for government-sponsored interns could be reduced from 600,000 UGX (US$177) to 350,000 UGX (US$103), a reduction aimed at redistribution of the available budget in a fair way amongst all the interns regardless of who funded their medical education. Even with this improvised budgetary redistribution, the Ministry of Finance would need to release an additional 3.4bn UGX (US$1,004,283) in order to be able to pay all the interns. If the cuts occur, it will in fact be the second time intern allowances have been trimmed this year – allowances were already slashed from US$257 to US$177 earlier this year. This ever increasing slashing of internship allowances by the Ugandan
government – in some sort of B rated slasher movie – is in itself likely to escalate the ongoing strike and spark future resistance.

The way forward

There is no question that the health system in Uganda at the moment cannot function properly without interns although some ministry of health officials unrealistically deny this fact. It is critical for Uganda to increase its financing of the health sector as recommended by the African Union (see the ‘Africa Scorecard on Domestic Financing for Health’). This isn’t as easy as it sounds, particularly with the dwindling donor funds even though the Ugandan government proudly claims it can survive without donor funds. But in essence, the limited fiscal space for the health sector (which includes the wage bill ceilings) in Uganda is a ‘political’ decision and the result of a (never ending) ideological battle on resource distribution and allocation. To put it bluntly, it is a consequence of a (rather awful) political ideology and vested interests that prioritise other sectors over health and that should be challenged. Uganda should learn from nearby countries like Ethiopia that have already demonstrated that such disastrous ideology can be shed, which can in turn lead to significant improvements in the health workforce – and I’m saying this fully aware of the fact that the Ethiopian government is not without its flaws either.

Expansion of the fiscal space for the health sector will not only require proper taxation systems, but also curbing of corruption in all its forms and prioritization of the health sector. This might mean redistribution of finances from sectors like defence, which is over financed in many countries, to the health sector. After all, the inequities that arise from poor provision of health services to the poor can trigger security threats too and can therefore be seen as “defence” issues as well (for the “iron men” among you). It might also mean cutting down on the exorbitant expenditures that Ugandan tax payers have to incur due to an unnecessarily large parliament. Anyhow, the government cannot continue to underestimate grievances in the health workforce as it is increasingly recognized that the impact of a productive health workforce goes far beyond health outcomes – HRH is not only a cost, but it also contributes to economic growth and wellbeing. As you might know, the UN High-Level Commission on Health Employment and Economic Growth will present its report on 20 September, in New York, along these lines.

The inability of the Ugandan government to plan appropriately for interns despite the vital role they play in the health system, together with downright silly plans like the exportation of (the already scarce) specialists overseas remains a paradox and points to a national priority setting exercise gone badly wrong. Nonetheless, it is my sincere hope that the supplementary budget of 3.4bn UGX will be found in this fiscal year and interns will be budgeted for in the years to come because no intern deserves to work in poor conditions without remuneration. Regarding implementation of the two-year bond, it is my sincere hope that this will be implemented only if there is an absolute respect for people’s right to free movement.
Highlights of the week

Global humanitarian & refugee crisis


http://www.unicef.org/media/media_92725.html

In the newspaper I read, this new report was buried somewhere deep down. Guess I should change newspapers. “Across the globe, nearly 50 million children have been uprooted – 28 million of them driven from their homes by conflicts not of their making, and millions more migrating in the hope of finding a better, safer life. Often traumatized by the conflicts and violence they are fleeing, they face further dangers along the way, including the risk of drowning on sea crossings, malnourishment and dehydration, trafficking, kidnapping, rape and even murder. In countries they travel through and at their destinations, they often face xenophobia and discrimination....”

Coverage of the report in the Guardian - Nearly half of all refugees are children, says Unicef.

In related news, read also a Lancet Letter, Children of war: urgent action is needed to save a generation (by representatives of two major global associations of paediatric health professionals). They conclude: “The UN Convention on the Rights of the Child, which all countries of the world have signed, must be fully implemented in letter and spirit. We call upon the UN Secretary General to take the strongest action possible for protecting children and families in conflict zones and for ensuring that displaced and at-risk families receive the fullest support possible for addressing their immediate needs. We urge the UN agencies and global community to recognise the risk of a lost generation in many countries as a consequence of the current wars and displaced families, and to ensure that adequate facilities and support for mental health and long-term psychosocial support are provided to all families in need. Health-care workers and facilities must be absolutely protected by all factions and depoliticised. The scores of children being killed and maimed every day cannot wait for the politics of Brexit and US elections to settle or for the European Union to figure out a response to the millions of refugees in its midst. The time for action is now.”

Now hold your breath for the UN summit on refugees and migrants later this month.

Well, at least the EU announced more projects under the Facility for Refugees in Turkey: €348 million in humanitarian aid to refugees in Turkey (“the largest EU humanitarian aid programme ever”) It’s a start, I guess. As for Jordan, the “Plight of tens of thousands of Syrians could undermine Jordan’s role as co-host of major summit on refugees, activists warned” (Guardian). “Tens of thousands of “ghost” refugees who have been trapped in the desert along Jordan’s border with Syria for more than two months face food and water shortages and are at risk of epidemics, aid workers say.”
G20 summit in Hangzhou, China (4-5 Sept)

Quite some global health & sustainable development news from the G20 summit in Hangzhou, themed “Building an innovative, invigorated, interconnected and inclusive world economy”.

Fairness & inclusiveness were quite prominent themes throughout the summit (see this week’s intro also). See Euractiv: “…G20 nations also made a big emphasis on inclusiveness. As President Xi stressed during the first day of the summit, inequality measured by the GINI coefficient has reached 0.7, surpassing the alarm level, which stands at 0.6. An official inside the closed-door session said that the topic of fairness and inclusiveness was mentioned in every intervention. “Leaders have realised that they cannot ignore it anymore,” he added on condition of anonymity.”

Hangzhou G20 Leaders' communiqué

http://www.g20.utoronto.ca/2016/160905-communique.html

Check it out. AMR is paragraph 46 in the communiqué. “Antimicrobial resistance (AMR) poses a serious threat to public health, growth and global economic stability. We affirm the need to explore in an inclusive manner to fight antimicrobial resistance by developing evidence-based ways to prevent and mitigate resistance, and unlock research and development into new and existing antimicrobials from a G20 value-added perspective, and call on the WHO, FAO, OIE and OECD to collectively report back in 2017 on options to address this including the economic aspects. In this context, we will promote prudent use of antibiotics and take into consideration huge challenges of affordability and access of antimicrobials and their impact on public health. We strongly support the work of the WHO, FAO and the OIE and look forward to a successful high-level meeting on AMR during the UN General Assembly. We look forward to the discussion under the upcoming presidency for dealing with these issues.”

Not sure the G20 Leaders paid much attention to the MSF Access statement that urged “the G20 member countries to prioritize work to address the failures of medical R&D to deliver medicines, vaccines and diagnostics that match up with the health needs of people around the world.”

U.S. Fact Sheet for President Obama’s Bilateral Meeting with President Xi Jinping

White House;

Obama & Xi also had a bilateral « tête à tête ». With among others, paragraphs on the support from both countries to the African CDC (and they commit to work with the AU on this), & global health & the global health security agenda. (do read the paragraphs in full)

Among others, will be interesting to see how China contributes to the upcoming GF replenishment, given “…The two sides decided to continue to make contributions and strengthen their support to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and participate in the fifth replenishment conference on September 16, 2016.”
G20 summit & climate change

Guardian – Breakthrough as US and China agree to ratify Paris climate deal

https://www.theguardian.com/environment/2016/sep/03/breakthrough-us-china-agree-ratify-paris-climate-change-deal

On the eve of the Hangzhou summit, the US and China, the world’s biggest emitters of greenhouse gases, announced they will formally ratify the Paris climate change agreement. Encouraging.

ODI (blog) – G20 leaders in China fail to agree deadline to end fossil fuel subsidies

S Whitley; https://www.odi.org/comment/10434-g20-leaders-china-fail-agree-deadline-end-fossil-fuel-subsidies

Less encouraging news.

A bit more encouraging (but written before the conference) - The G20 Embraces Green Finance (by Ma Jun et al – Project Syndicate). “The G20’s finance ministers and central-bank governors have begun to undertake a stunning shift in mindset. They have become increasingly convinced that “green finance” – financing environmentally sustainable growth – should be at the center of economic-development strategies. Such an idea, until recently confined to a fringe of academics and policymakers, is potentially one of the most important new “truths” of the twenty-first century....”

Overall analysis of the G20 Summit

The Conversation – What the G20 is doing – and why it matters


Must-read (even if it was written before the summit). “… This is where China’s year of G20 leadership has already made a positive difference. It has moved sustainable development into the political centre ground and set the goal of coming up with real plans for implementing massive global agreements. It has enforced a mindset of actually getting things done, for example by setting up an innovative economic indicator system for structural reforms and proposing the new anti-corruption measures....”

Some other observers were less impressed (or even underwhelmed, in some cases):

Caitlin Byrne: China’s G20 summit was big on show but short on substance (Guardian)

Euractiv - China convinces G20 nations with ‘fair’ communiqué
Finally, it will come as no surprise that the G20 leaders didn’t find any agreement whatsoever on how to tackle the global migration crisis.

**CEPI (Coalition for Epidemic Preparedness Innovations) founded in London – 31 August**

News from last week. CEPI was launched at the headquarters of the Wellcome Trust. “...Its purpose is precisely to forearm the world against future outbreaks of disease, without foreknowledge of what those outbreaks will be.”

For all the detail, see for example:


Science (news) - New vaccine coalition aims to ward off epidemics

“A new public-private coalition that aims to derail epidemics by speeding development of vaccines has now hung its shingle with the backing of the Wellcome Trust and the Bill & Melinda Gates Foundation.” The WEF & the governments of Norway and India (!) are also involved, and John-Arne Røttingen will be the interim CEO. (but as Rob Yates likes to say, “One of the greatest contributions towards global health security would be the Indian govt spending more on health”)

The initial idea for CEPI came from a NEJM piece by J Farrar et al, Establishing a Global Vaccine-Development Fund.

“...CEPI’s plan is to build up a bank of candidate vaccines for as many as possible of the viral diseases that lurk menacingly on the edges of human society, but in which there is insufficient commercial interest for pharmaceutical firms to do the development work. These include Lassa fever, Marburg fever, MERS, SARS, Nipah and Rift Valley fever, but not dengue or influenza. Those two are already well served by drug-company researchers—as is Zika virus, for which a vaccine may be ready for testing in the field next year. “ Ebola remains a priority for CEPI, though, Farrar notes.

**The Lancet – US election 2016**


“Health care has not so far been a dominant issue in the forthcoming US presidential election, but is certain to become a key topic in the build-up to election day on Nov 8, 2016. The Lancet presents its own health platform ahead of the election, and will be highlighting the key health challenges facing the US up to election day and beyond.”

By way of a start, do read the Editorial - The 2016 US Election: a platform for improving health “For politicians, focusing on three core challenges may have the greatest potential impact: protecting
and refining the ACA, working to lower health-care-related costs, and strengthening the commitment to biomedical research and global health.” On the latter, “Appreciating and staunchly supporting the role of the US in global health is imperative for the next president.” (You gotta worry when you read that... especially thinking of Trump, but to some extent also of Hillary (at least from a ‘health in the SDG era’ point of view)... 

NYT – A Non-Contest at the World Bank

NYT:

The NYT Editorial board is also not a big fan of the leadership “contest” at the WB. Or as Bill Easterley put it on Twitter, “Selection of next President of Uzbekistan will be more competitive than selection of next President of World Bank”.

Meanwhile, the UK also supports Kim’s presidential bid.

Related to this, you might want to read a new CFR discussion paper (by Scott Morris) - Responding to AllIB: U.S. Leadership at the Multilateral Development Banks in a New Era.

CGD - New President Named for Center for Global Development

http://www.cgdev.org/article/new-president-named-center-global-development

“After an extensive international search, the Center for Global Development (CGD) is delighted to announce that Masood Ahmed is to become its new president, succeeding founding president Nancy Birdsall, who is stepping down after 15 years. Ahmed will join CGD in early 2017, after leaving his current position as Director of the Middle East and Central Asia Department at the IMF.” He replaces Nancy Birdsall.

(Headhunted from the IMF (ahum)...) 

Planetary Health

The Ecologist – Why the degrowth debate is gaining momentum

Nick Meynen;
http://www.theecologist.org/News/news_analysis/2988083/why_the_degrowth_debate_is_gaining_momentum.html
At least in Budapest, that is. “Reporting from The 5th International Degrowth Conference in Budapest - which continues today and tomorrow – Nick Meynen explores the new narrative of ‘sufficiency’ being discussed and asks will it catch on before it’s too late?” (I have my doubts)

Still – recommended report from Budapest.

In related news, you might also want to read on Thailand’s Sufficiency Economy Philosophy and the Sustainable Development Goals (IPS)

Anyway, ‘sufficiency’ is one of these ideas whose time has clearly come, yet virtually all vested interests, think tanks and powers conspire against it. As well as part of the human DNA, I suspect...

Guardian – Air pollution costs trillions and holds back poor countries, says World Bank


“Air pollution costs the world trillions of dollars a year and severely impedes development in many countries, according to the World Bank.” Based on a new WB/IHME report: “The cost of air pollution: strengthening the economic case for action”. From the abstract: This “joint study of the World Bank and the Institute for Health Metrics and Evaluation (IHME) seeks to estimate the costs of premature deaths related to air pollution, to strengthen the case for action and facilitate decision making in the context of scarce resources. An estimated 5.5 million lives were lost in 2013 to diseases associated with outdoor and household air pollution, causing human suffering and reducing economic development. Those deaths cost the global economy about US$225 billion in lost labor income in 2013 and more than US$5 trillion in welfare losses, pointing toward the economic burden of air pollution.” The health risk posed by air pollution is the greatest in developing countries.

Global Fund update

GFO new issue


With quite some attention to the upcoming Replenishment meeting, of course.

But also very interesting articles on “African heads of state adopt scorecard on domestic financing for health” (must-read!!), among others. “The heads of state of the 54 African Union member states recently adopted the Africa Scorecard on Domestic Financing for Health. The Africa Scorecard provides a new health financing management tool for African governments to manage domestic health spending performance against key health financing benchmarks and against each other.”

For the scoreboard, see here.
On the replenishment meeting, you might also want to read an Open Letter by Olwen Wilson & Scott Weathers (in the Huffington Post) - Why the UK needs the Global Fund now more than ever: An open letter

For an update on all the pledges so far (and comparison with the previous round), see the GF advocates network. Last time I checked, 7.7 billion was already pledged (out of the 13 billion goal).

PS: The GFO reports on last week’s US pledge: “…The Health Global Access Project (Health GAP) has provided the only critical voice to the U.S. pledge that Aidspan has seen. Hilary McQuie, Health GAP’s Director of U.S. Government Policy and Grassroots Mobilization, told the Global Fund Advocates Network (GFAN) that the pledge “falls significantly short of what is needed from the United States to close the widening funding gap for the global AIDS response and capitulates to an irresponsibly low replenishment goal of $13 billion set by the Global Fund.”

PS: 13 billion, isn’t that also Apple’s dodgy tax bill in the EU?

Polio

Stat news – Third case of polio crops up in Nigeria as insurgency hampers fight against the disease

https://www.statnews.com/2016/09/05/polio-nigeria-
who/?utm_content=buffera0682&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“The World Health Organization has confirmed a third case of polio in Nigeria, Rotary Club said Monday: a crippled toddler found in an area newly liberated from Boko Haram Islamic extremists.”

Read also: Nigeria's urgent polio vaccination drive targets 25 million (AP)

Science (news) - Nigeria outbreak forces rethink of polio strategies. Some hard questions are being asked at the Global Polio Eradication Initiative… Or in a tweet from Seth Berkley – “#Polio virus had been circulating undetected for 4 years in #Nigeria. That mustn’t happen again”

For the latest at the global polio level, read also a blog on CSIS - Global polio eradication’s Independent Monitoring Board (IMB) Imposes Urgent Deadlines to Jump-Start Needed Polio Program Improvements “Global polio eradication’s Independent Monitoring Board (IMB) is pushing stringent deadlines for its latest recommendations hoping to generate the urgent program improvements necessary to stop wild poliovirus transmission by the end of the year. Meeting the end-2016 goal is necessary to ensure certification of eradication can occur in 2019, as currently targeted by the Global Polio Eradication Initiative (GPEI). “...[T]he IMB is quite clear that the Polio Programme has not yet reached peak performance, and this is disappointing,” the panel said. “With six months to go, it must do so if the goal of ending polio transmission by the end of 2016 is to be realized.” …” Nellie Bristol already summed it up in a CSIS blog from a while ago - Polio Eradication’s Biggest Threats: Insecurity and Complacency.
Cancer & global health

Guardian – Fall in ovarian cancer deaths worldwide linked to contraceptive pill use


“Deaths from ovarian cancer have fallen around the world, largely because of the widespread use of the contraceptive pill, according to a major new study. Another factor is the decline in long-term use of hormone replacement therapy (HRT), according to Italian academics who carried out the study, published in leading cancer journal Annals of Oncology....”

HPV vaccine exists 10 years

BBC News - A decade on, vaccine has halved cervical cancer rate


“And a tweet by Felica Knaul: “Gr8 news @WorldBank getting more involved in cancer care and control globally. Opportunity for countries to leverage investment?”

HIV free treatment in South Africa


News from late last week already. “South Africa said Thursday it will now provide free treatment to all people infected with HIV, regardless of the condition of their immune system. The country leads the world in infections....”

BMJ (Editorial) – Gay, bisexual, and other men who have sex with men: time to end the fixation with HIV

http://www.bmj.com/content/354/bmj.i4739
“HIV has been inextricably linked with gay men’s health since the term “gay related immune deficiency” was first used to refer to AIDS in the early 1980s. Today, the collective emphasis of health interventions targeted at gay, bisexual, and other men who have sex with men remains focused on preventing sexually transmitted infection, to the extent that absence of HIV has come to be regarded almost synonymously with gay men’s health.” Attention must shift to broader inequalities in health and wellbeing, M Pakianathan et al argue.

Guardian – World Health Organisation declares Sri Lanka malaria-free

https://www.theguardian.com/society/2016/sep/05/sri-lanka-malaria-free-world-health-organisation?CMP=share_btn_tw

“The World Health Organisation has certified that Sri Lanka is a malaria-free nation, in what it called a truly remarkable achievement. WHO regional director Poonam Khetrapal Singh said in a statement that Sri Lanka had been among the most malaria-affected countries in the mid-20th century. But, the WHO said, the country had begun an anti-malaria campaign that successfully targeted the mosquito-borne parasite that causes the disease, not just mosquitoes. Health education and effective surveillance also helped the campaign. …”

Read also a related Lancet Comment, Against the odds, Sri Lanka eliminates malaria (authored by Sri Lanka’s MoH)

News HP&P (IDEAS) supplement

http://heapol.oxfordjournals.org/content/31/suppl_2.toc

An IDEAS (Informed Decisions for Actions to improve maternal and newborn health) supplement in HP&P.

For some key messages of the supplement & an overview of the series, see the Commentary by Kara Hanson & Joanna Schellenberg, District decision-making to strengthen maternal, newborn and child health services in low-income settings. “Information systems and health planning are relatively neglected areas of health policy and system research. … … The articles in this series outline a model for a data-informed platform for health which would bring together routine information from the public and private sectors on health care inputs and processes including service delivery, that could inform decision making, priority setting and planning at the district level, and assist in the evaluation of maternal, newborn and child health (MNCH) services.”

Or see the IDEAS summarizing info on the new supplement.
World Suicide prevention day – 10 September

WHO - Factsheet on Suicide http://www.who.int/mediacentre/factsheets/fs398/en/

“Every 40 seconds someone dies by suicide. For each of one of those people, WHO estimates that at least another 20 attempt to take their own life. However, suicides are preventable. World Suicide Prevention Day, on 10 September, is an opportunity to find out what each of us can do to help prevent suicide.”

Among others, in the lead-up to World Suicide Prevention Day this Saturday, the WHO started a new conversation about what it takes to prevent suicides worldwide (including on Facebook).

Yellow Fever

WHO - Millions protected in Africa’s largest-ever emergency yellow fever vaccination campaign


“A major part of the largest emergency vaccination campaign against yellow fever ever attempted in Africa has been completed, with more than 7.7 million people vaccinated in record time in the city of Kinshasa, Democratic Republic of Congo (DRC). This has been accomplished through an extraordinary network of partnerships and collaborations….”

IJHPM – The Legal Strength of International Health Instruments - What It Brings to Global Health Governance?

H Nikogosian & I Kickbusch; http://ijhpm.com/article_3270.html

From our favourite (according to some colleagues “left wing” but in our view just “common sense”) journal. “Public health instruments have been under constant development and renewal for decades. International legal instruments, with their binding character and strength, have a special place in this development. The start of the 21st century saw, in particular, the birth of the first WHO-era health treaties – the WHO Framework Convention on Tobacco Control (WHO FCTC) and its first Protocol. The authors analyze the potential impact of these instruments on global health governance and public health, beyond the traditional view of their impact on tobacco control. …”
Lancet Global Health (blog) – Fiscal space analysis for health: friend or foe?


Brilliant blog. “...There are a number of ways that governments can create room within national budgets for additional spending on health. Doing this in such a way that doesn’t jeopardise the stability of a country’s economy can be classed as successfully increasing fiscal space for health. This in turn, relies on robust and accurate assessments of those options available – fiscal space analysis.” A Gheorghe explores the pros and cons of fiscal space analysis. Among others, he mentions that “...There’s an increasing recognition, however, that considering the [fiscal space] diamond in isolation of a specific country context makes fiscal space analyses meaningless at best, and detrimental at worst.”

Guardian – Funding for women’s rights groups in poor countries falls by more than half


“As the Association for Women’s Rights in Development forum convenes in Brazil, unpublished research shows declining support for women’s groups since 2011”. “Funding to women’s rights organisations has fallen by more than half over the past five years, despite recent studies that suggest the work of such groups brings the greatest long-term improvement to women’s lives. A review of financial support given by major donor countries, conducted by Gendernet, a subsidiary body of the OECD development assistance committee, found that just 0.5% – $192m (£144m) – of the billions of dollars allocated to promote gender equality in poorer countries in 2014 was reported as going to women’s rights organisations. The figure was down from 1.2% in 2011. ...”

BMC Public health (Debate) - Schools of public health in low and middle-income countries: an imperative investment for improving the health of populations?


“Public health has multicultural origins. By the close of the nineteenth century, Schools of Public Health (SPHs) began to emerge in western countries in response to major contemporary public health challenges. The Flexner Report (1910) emphasized the centrality of preventive medicine, sanitation, and public health measures in health professional education. The Alma Ata Declaration on Primary Health Care (PHC) in 1978 was a critical milestone, especially for low and middle-income countries (LMICs), conceptualizing a close working relationship between PHC and public health measures. The Commission on Social Determinants of Health (2005–2008) strengthened the case for SPHs in LMICs
as key stakeholders in efforts to reduce global health inequities. This scoping review groups text into public health challenges faced by LMICs and the role of SPHs in addressing these challenges....

The authors conclude: “SPHs in LMICs can contribute to overcoming several public health challenges being faced by LMICs, including achieving SDGs. Most importantly they can develop cadres of competent and well-motivated public health professionals: educators, practitioners and researchers who ask questions that address fundamental health determinants, seek solutions as agents of change within their mandates, provide specific services and serve as advocates for multilevel partnerships. Funding support, human resources, and agency are unfortunately often limited or curtailed in LMICs, and this requires constructive collaboration between LMICs and counterpart institutions from high income countries.”

Lancet (Letter) – New development of medicines for priority diseases in Africa

B Akanmori et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31544-6/fulltext

“Infectious diseases disproportionately affect low-income and middle-income countries, yet many do not have optimal therapies or vaccines, as underscored by the west African Ebola virus outbreak. Product developers are increasingly focusing on Africa and countries with high disease burden. However, regulatory processes and systems in many African countries are weak and unclear. For these reasons, in 2006 WHO established the African Vaccine Regulatory Forum (AVAREF) to build capacity of regulatory and ethics agencies, and improve harmonisation of practices in support of product development. AVAREF has played a crucial role in the successful development of several vaccines and Ebola virus therapies. Some operational constraints warranted a review of the AVAREF governance and operating model....”. Read on about the meeting convened by WHO in Addis Ababa (Ethiopia) on June 9–10, 2016. “…Heads of agencies endorsed new AVAREF terms of reference, representing a historic and game-changing moment for product development in Africa, with the creation of a pan-African regulatory network and potentially a precursor to the African Medicines Agency....”

Zika

Let’s start with the news from late last week (Friday):

WHO - Fourth meeting of the Emergency Committee under the International Health Regulations (2005) regarding microcephaly, other neurological disorders and Zika virus

“…Having considered the evidence presented, the Committee agreed that due to continuing geographic expansion and considerable gaps in understanding of the virus and its consequences, Zika virus infection and its associated congenital and other neurological disorders continues to be a Public Health Emergency of International Concern (PHEIC)....”

Read also BMJ News - Continued spread of Zika raises many research questions, WHO says (with a good overview of outcomes & everything said at the 4th meeting of the Emergency Committee).

Zika in the US (including the politics)

US Congress is back from a 7-week recess. And so is political bickering around Zika. They have till 30 September, although of course the money would be welcome much earlier. In fact, it should have materialized months ago. Julia Belluz (Vox) summarizes it aptly: “We’re screwed on outbreaks like Zika as long as we have to rely on Congress for money”

Stat news – As health officials warn of crisis, Congress’s Zika fight is prolonged by a sense of apathy


“No seven months after President Obama first requested emergency funding to respond to the Zika crisis, an end to the congressional impasse over the money might finally be in sight. But first, the partisan politics are likely to stew for a little while longer. According to congressional aides and lobbyists, Congress could tuck money for a Zika response into a funding bill that lawmakers must pass at the end of this month to keep the government open. A senior Senate Democratic aide described that scenario as “a decent bet.” One lobbyist called it “the general expectation” around Washington. For health officials, the bad news is that Congress looks likely to wait until the last possible moment to pass a bill.” Close to 30 September, that is.

Meanwhile, “the Senate failed, again, Tuesday to advance the same $1.1 billion Zika funding package that fell short before lawmakers left for summer recess in July. Democrats blocked the bill, again, because they oppose provisions targeting Planned Parenthood and the Affordable Care Act.”

See also the NYT for a good overview of the “politics” (and the role of Planned Parenthood in this story).

But on the bright side, it appears Democrats & Republicans are holding talks aiming for a compromise (Reuters).

KFF (Brief) – The Status of Funding for Zika: The President’s Request and Congressional Proposals

An overview.

On a merrier note (see Stat News reporting) - “Florida Representative David Jolly is making it more difficult for Congress to ignore the threat of Zika virus in the US — by bringing mosquitoes onto the House floor. The Republican brought a sealed, see-through jar of Aedes aegypti mosquito larvae — which can carry Zika virus — for his colleagues to see. Jolly said if he’d released the mosquitoes, members of the House would’ve run for the hills (or to the doctor down the hall). “This is the fear of Floridians, right here,” he said.”

Zika elsewhere & research/guidelines

WHO – Prevention of sexual transmission of Zika virus: Interim guidance

Updated guidelines. See BBC for coverage - WHO strengthens Zika safe sex guidance Or BMJ News – “The World Health Organization has strengthened its advice on preventing sexual transmission of the Zika virus, recommending that both men and women practise safe sex for six months after returning from an area where an infection is present, even if they have no symptoms”.

Lancet (Editorial) – Zika’s emerging threat for the Asia-Pacific region
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31585-9/fulltext

“...Zika virus’ ongoing geographical expansion and its potential for epidemics in the Asia-Pacific region deserve greater global scrutiny. Time-sensitive support and guidance on effective surveillance and management of Zika virus disease are warranted, especially for countries with highly susceptible, low capacity public health systems.”

Slate – Zika Originated in Africa. Why Are We So Sure It’s Harmless There?
Cameron Nutt;
http://www.slate.com/articles/health_and_science/medical_examiner/2016/09/zika_started_in_sub_saharan_africa_and_it_may_be_as_harmful_to_that_region.html

We aren’t, apparently. There are signs that the Zika virus poses a greater threat to West Africa than assumed—and there might be an undetected epidemic of microcephaly there tied to the virus.
And she warns: “Unfortunately, the world seems to need repeated reminders that the absence of diagnostic capability is not the same as the absence of disease.”

Stat News – What the world has learned about Zika — and what it still needs to know


Must-read!! Very authoritative update & pointing to the gaps we still have. (as of 8 September)

Finally, some quick Zika related hits:

Zika Virus in Singapore Likely Evolved From Southeast Asia

The World Health Organization has said there have been no confirmed cases of Zika among travellers or athletes at the Rio Olympics.

Global health events

ILO-China-Asean South-South High-Level conference on Universal Protection (Beijing, 6-8 September)

http://www.social-protection.org/gimi/gess/Beijing.action?id=33

Top officials from developing countries gathered in Beijing for the ILO-China-ASEAN South-South High-Level Conference on Universal Social Protection. The event – which takes place right after the G20 summit – highlighted the global importance of universal social protection and showcased results from Southern countries.

Check out for example – ILO: Universal social protection already a reality in many developing countries. “ILO Director-General Guy Ryder has told delegates that: “In 2016, a lack of social protection is completely unacceptable. This has to change, and this can change.”

You find Guy Ryder’s speech here: Universal social protection is achievable and critical to implementing the new UN development agenda. In the speech, among others, he refers to ILO’s “Global Flagship Programme on “Building Social Protection Floors for All ”, that partners with governments, workers’ and employers’ representatives, civil society organizations, UN agencies and other development partners, academia and the private sector. The Programme will deliver accelerated technical assistance to help countries expand social protection coverage in line with the new agenda’s mantra of “leaving no one behind.”
GIZ retreat - A Retreat on Health, Social Protection and Inclusion – 8-ç September 2016, Bad Neuenahr, Germany

http://health.bmz.de/events/Events_2016/A_Retreat_on_Health__Social_Protection_and_Inclusion_2016/index.html

The aim of the meeting: “The GIZ Retreat on Health, Social Protection and Inclusion will provide a forum for analyzing the implications of the SDGs on our joint work in these areas. We will discuss in how far the new development agenda constitutes actual paradigm shifts, and which new approaches, partnerships, as well as methods and instruments will be required to effectively respond to these. Behind this background, we are interested to learn in how far the new international challenges in health and social protection actually have an impact on the work of our partners, and how we can best adapt with our programmes. With a clear focus on health and social protection we will particularly reflect on the goals of ensuring healthy lives and well-being and reducing inequalities. Thereby the policies of Universal Health Coverage, Social Protection for All and the principles of non-discrimination and equality are guiding frameworks for our discussion.”

Although not in Bad Neuenahr (sounds like a place Adolf would’ve liked), we warmly recommend you have a look at the keynote presentation by Kent Buse & Sarah Hawkes - Health 2030: a paradigm shift or death by path dependency & vested interests? (slides)

If you don’t have the time, here’s the conclusion: The SDGs offer an opportunity for a ‘paradigm shift’ - “a series of peaceful interludes punctuated by intellectually violent revolutions” (Kuhn, 1962)

• Achieving SDG3 means thinking outside the health system box; • Health as inter-sectoral issue , • Promotion of health capabilities & disease prevention alongside treatment • New governance platform for health – including governance of determinants • Think more politically about getting to Health 2030

Coming up - G7 Kobe Health Ministers' Meeting (11-12 Sept, Japan)

https://www.kobe-g7.jp/en/about/

(Sometimes I wish I was a global health bigwig – as I really would like to visit Japan some day! Also, nowadays, a lot of the global health policy action seems to happen in Japan. But my carbon footprint would suffer) The Kobe meeting will “focus on a “global multi-sectoral framework” to address the many health challenges that know no borders...”
Coming up: high-level week of the 71st UN General Assembly (UNGA71) & 1-year anniversary of the SDG agenda/Global Goals week

The Inis newsletter has a nice overview of some of the key global health related events in store later this month in New York. World leaders will discuss issues such as progress towards achieving the SDGs, AMR & the refugee crisis, among others. (For the Provisional agenda of UNGA 71, see here)

In general, an excellent resource for upcoming global development related meetings is the one from IISD:

For our purposes, we mainly want to flag:

- AMR high-level meeting (see here)
- UN HL meeting on migrants & refugees (see here) + the Leaders’ summit on refugees
- The High-Level Commission on Health Employment & Economic Growth will launch its report on Sept 20.

But there’s a lot more in store, see IISD

Global governance of health

CETA

Opinions differ on CETA, even on the progressive side. On the one hand, there’s Monbiot - The transatlantic trade deal TTIP may be dead, but something even worse is coming (Guardian). That something worse is CETA, yes, the looming Canada-EU deal.

Still, others say (for example Rainer Hoffman, on Social Europe) that we should Use the CETA To Move Towards A Social And Environment-Friendly Globalisation Among others, he seems to have some hopes about the new Canadian prime minister & the current EC trade commissioner (as compared to the previous ones).

I’m on Monbiot’s side, though – if only for this very apt quote: “As far as transparency, parity and comprehensibility are concerned, it’s the equivalent of the land treaties illiterate African chiefs were induced to sign in the 19th century.”

As I please - SDGS – Stuff the development goals

http://www.asiplease.uk/?p=1#more-1
Don’t know who wrote this - the blog was tweeted around via Andrew Harmer – but a succinct case is indeed made here to ditch the SDGs altogether. Still, that begs the question: then what? (well worth a read, though)

Social Watch – Inequality and debt crises: a new twist on fictitious “human rights-debt” policy divide

Aldo Caliari; [http://www.socialwatch.org/node/17457](http://www.socialwatch.org/node/17457)

Review of a (not very recent) report by the UN Independent Expert on Foreign Debt and Human Rights. In the report, the expert takes on one particular aspect of inequality, namely, its links with sovereign debt crises. Caliari concludes: “...By shedding light on the debt prevention relevance of efforts to stem inequality, the Expert offers a new twist on the artificiality of trying to separate human rights and sovereign debt policy.”

India SDG update

A key “SDG battlefield”, as you know, as Bill Gates and many others acknowledge. A few reads:

Wire - The Labour Story that Big Media is Not Telling You
[http://thewire.in/63622/labour-trade-unions-strike/](http://thewire.in/63622/labour-trade-unions-strike/)

On the major national strike in India (September 2). Not sure Bill Gates & Seth Berkley paid attention. But they should.

Guardian – 'The Indian government has shut the door on NGOs'

Another must-read for Bill & Seth. “Two years after a report accused foreign-funded NGOs of stalling development in India, campaigners and activists are struggling to stay afloat and be heard.”

“...Accusing development NGOs of being anti-development is somewhat of a paradox – but it’s a growing global trend. “Particularly for those activists who dare to challenge economic and political elites, the environment in which civil society operates has continued to deteriorate,” reported Civicus, the global civil society alliance, in their 2016 State of Civil Society review. “It’s not that the current regime is against all NGOs. But their actions clearly show that they are opposed to all NGOs working on human rights. There is little space for dialogue or negotiation on rights issues with the present government.”
Washington Post – India’s government is now shaming people into using toilets


“India's government has been on a public toilet building spree. Now, it's trying to shame people into using them. An aggressive new campaign ridicules those who are no longer poor but continue to defecate in the open — a practice that remains common in rural India despite its growing wealth and trappings of modern life....”

KFF (brief) – Key Implementers of U.S. Global Health Efforts


Updated brief.

World Resources Institute (Working Paper) – Universality, integration and policy coherence for sustainable development: early SDG implementation in selected OECD countries

D O’Connor et al;

« ...This paper and the case studies on which it draws look at the challenges facing developed countries as they get to grips with the universality and integration of the SDGs. It examines how they are beginning to reevaluate domestic agendas in light of the new global goals, and to reshape those agendas and their domestic priorities in light of their endorsement of the 2030 Agenda. It is a study in early implementation practices, recognizing that these countries, like others, still have a long road to travel to make their economies and societies truly sustainable. The paper uses the lens of “policy coherence for sustainable development,” which is one of the targets of SDG 17 on global partnership and means of implementation, to examine how well the countries studied—Germany, Korea, the Netherlands, and Sweden—are tackling the universality and integration challenges of the new agenda....”
HP&P – Indonesia’s road to universal health coverage: a political journey

E Pisani et al; http://heapol.oxfordjournals.org/content/early/2016/09/06/heapol.czw120.abstract

“In 2013 Indonesia, the world’s fourth most populous country, declared that it would provide affordable health care for all its citizens within seven years. This crystallised an ambition first enshrined in law over five decades earlier, but never previously realised. This paper explores Indonesia’s journey towards universal health coverage (UHC) from independence to the launch of a comprehensive health insurance scheme in January 2014. We find that Indonesia’s path has been..." determined largely by domestic political concerns – different groups obtained access to healthcare as their socio-political importance grew.”

BMJ Global Health – Primary healthcare policy implementation in South Asia

C van Weel et al; http://gh.bmj.com/content/1/2/e000057

“Primary healthcare is considered an essential feature of health systems to secure population health and contain costs of healthcare while universal health coverage forms a key to secure access to care. This paper is based on a workshop at the 2016 World Organization of Family Doctors (WONCA) South Asia regional conference, where the health systems of Bangladesh, India, Nepal, Pakistan and Sri Lanka were presented in relation to their provision of primary healthcare....”

Planetary health

Guardian – Crossing the living boundary


“Why degrading biodiversity is the greatest of all violations of the global commons.”
Global Public Health – The spread of Zika and the potential for global arbovirus syndemics

M Singer;

“It is estimated that over a million people die each year from infectious diseases of zoonotic origin and hundreds of millions suffer from these pervasive threats to human well-being. In light of the emergent global concern over the Zika virus, evidence that it has not one but two competent mosquito vector species in the Aedes family, and that both can be co-infected with other pathogens including dengue and chikungunya, this paper examines research suggesting the prospect of significant twenty-first-century outbreaks of arbovirus syndemics. Uniting the concepts ‘synergy’ with ‘epidemic’, a syndemics approach recognises that diseases in a population occur neither independent of social and ecological conditions, nor in isolation from other diseases. Assessment of the potential for arbovirus syndemics entails a review of the human role in the global spread of Aedes mosquitoes, the socio-environmental conditions of Aedes diffusion, the increasing likelihood of co-transmission of arbovirus diseases, evidence of co-infection and concern about the adverse health effects of arbovirus syndemic interaction, and the need for an appropriate environment-sensitive framework for effective public health responses. Called Planetary Health, this emergent framework confronts conceptual, knowledge, and governance challenges created by the dramatic shifts in environments, climates, people, vectors, and pathogens in the world.”

Rockefeller foundation (blog) - Planetary Health: It's Global, but it's Also Local

K O’Neill et al; https://www.rockefellerfoundation.org/blog/planetary-health-global-also-local/

“Many of the ecosystem threats to human health are global and will require long-term, trans-boundary solutions, with climate change being the most prominent of those threats. However, when we conducted a survey of the research and action underway on planetary health, much of it coordinated by the Planetary Health Alliance and HEAL consortium, we found that much can be done locally and immediately to combat global threats to human health....”

Finally, a link you might want to have a look at (Guardian): Soaring ocean temperature is 'greatest hidden challenge of our generation'.

(You wonder how many ‘greatest hidden challenges’ our generation actually faces. … I start to think of the ‘Planetary Health’ section as the Muhammed “the greatest ever” Ali section. But what do you do if even Obama himself thinks (in NYT) that the (climate change) Trends are Terrifying …)
**Infectious diseases & NTDs**

**HIV/AIDS**

**PEPFAR and AstraZeneca Launch Partnership Across HIV and Hypertension Services in Africa**


“The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and biopharmaceutical company AstraZeneca [today] announced a $10 million (subject to the availability of funds), five-year global public-private partnership that will expand access to HIV/AIDS and hypertension services by offering them in an integrated manner at existing PEPFAR-supported HIV/AIDS sites, beginning in Kenya....”

**BMC Public Health – Act local, think global: how the Malawi experience of scaling up antiretroviral treatment has informed global policy**


“The scale-up of antiretroviral therapy (ART) in Malawi was based on a public health approach adapted to its resource-poor setting, with principles and practices borrowed from the successful tuberculosis control framework. From 2004 to 2015, the number of new patients started on ART increased from about 3000 to over 820,000. Despite being a small country, Malawi has made a significant contribution to the 15 million people globally on ART and has also contributed policy and service delivery innovations that have supported international guidelines and scale up in other countries. The first set of global guidelines for scaling up ART released by the World Health Organization (WHO) in 2002 focused on providing clinical guidance. In Malawi, the ART guidelines adopted from the outset a more operational and programmatic approach with recommendations on health systems and services that were needed to deliver HIV treatment to affected populations. Seven years after the start of national scale-up, Malawi launched a new strategy offering all HIV-infected pregnant women lifelong ART regardless of the CD4-cell count, named Option B+. This strategy was subsequently incorporated into a WHO programmatic guide in 2012 and WHO ART guidelines in 2013, and has since then been adopted by the majority of countries worldwide. In conclusion, the Malawi experience of ART scale-up has become a blueprint for a public health response to HIV and has informed international efforts to end the AIDS epidemic by 2030.”

**Lancet HIV – Comparative efficacy and safety of first-line antiretroviral therapy for the treatment of HIV infection: a systematic review and network meta-analysis**


“Treatment options for HIV have diversified in recent years, and this network meta-analysis from the Lancet HIV summarizes the relative benefits of the various available options.”
Malaria

Reuters: Climate change threatens to double malaria risk from African dams, say researchers.

Humanosphere: Antimalarials could help in Ebola outbreaks, study shows “A drug that treats malaria could help ease the burden on overwhelmed health-care facilities during Ebola outbreaks, according to a study published last week in the journal PLOS ONE....”

TB

Plos -Sex Differences in Tuberculosis Burden and Notifications in Low- and Middle-Income Countries: A Systematic Review and Meta-analysis

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002119

“In this systematic review and meta-analysis, Katherine Horton and colleagues examine the differences in tuberculosis burden and notifications between men and women living in low- and middle-income countries.”

Dengue

Dengue vaccine could increase or worsen dengue in some settings


“The only approved vaccine for dengue may actually increase the incidence of dengue infections requiring hospitalization rather than preventing the disease if health officials aren’t careful about where they vaccinate, new public health research published Sept. 2 in Science suggests...”. Apparently it matters whether the vaccine would be used in high-transmission settings vs low-transmission areas.

WHO Bulletin - Dengue vaccine: local decisions, global consequences

H Lopez-Gattal et al; http://www.who.int/bulletin/online_first/BLT.15.168765.pdf?ua=1

“As new vaccines against diseases that are prevalent in low- and middle-income countries gradually become available, national health authorities are presented with new regulatory and policy challenges. The use of CYD-TDV – a chimeric tetravalent, live-attenuated dengue vaccine – was recently approved in five countries. Although promising for public health, this vaccine has only partial and heterogeneous efficacy and may have substantial adverse effects. In trials, children who were aged 2–5 years when first given CYD-TDV were seven times more likely to be hospitalized for dengue, in the third year post-vaccination, than their counterparts in the control group. As it has not been clarified whether this adverse effect is only a function of age or is determined by dengue serostatus, doubts have been cast over the long-term safety of this vaccine in seronegative individuals of any
age. Any deployment of the vaccine, which should be very cautious and only considered after a rigorous evaluation of the vaccine’s risk–benefit ratio in explicit national and subnational scenarios, needs to be followed by a long-term assessment of the vaccine’s effects. Furthermore, any implementation of dengue vaccines must not weaken the political and financial support of preventive measures that can simultaneously limit the impacts of dengue and several other mosquito-borne pathogens.”

Cholera

NYT (op-ed) – The UN’s responsibility in Haiti’s cholera crisis


By now, the name of the author of this piece - Renaud Piarroux – probably rings a bell among many of you. “The UN has a second chance to clean up its mess...”.

Humanosphere – Uganda scores major victory against river blindness, nears eradication

Humanosphere;

“Uganda is edging closer to eliminating river blindness from the country. The government announced this week that it eliminated the disease in four areas of focus in the country, leaving only two more areas with active transmission of the parasite....”

All Africa.com – Nigeria: WHO Urged to Adopt Noma As Neglected Tropical Disease


Stakeholders (from the Oral Health Advocacy initiative) in the health sector have called WHO to adopt Noma as one of the Neglected Tropical Diseases (NTDs). Pretty horrible disease, from what I read.

BMJ (news) – First outbreak of Crimean-Congo haemorrhagic fever in western Europe kills one man in Spain

[http://www.bmj.com/content/354/bmj.j4891](http://www.bmj.com/content/354/bmj.j4891)
“Crimean-Congo haemorrhagic fever has killed a 62 year old man in Spain and infected one of the nurses who treated him in the first domestically contracted outbreak of the disease in western Europe, Spanish health authorities have said. The man, who died on 25 August in Gregorio Marañón Hospital in Madrid, contracted the disease after he was bitten by a tick while walking in the mountains…” Switching the poles...

Finally, NEJM also reported Endemic Scrub Typhus in South America: “… we report three autochthonous cases of scrub typhus caused by O. tsutsugamushi acquired on Chiloé Island in southern Chile, which suggests the existence of an endemic focus in South America”

Beautiful island, Chiloé, I remember – with long beaches where you can walk for hours without meeting anybody. But apparently you can now meet the “O. tsutsugamushi”...

**AMR**

**National Geographic – In First, UN Will Consider Antibiotic Resistance**


For two years, political momentum has been building to do something about antibiotic resistance. An overview of the past 2 years – as well as some predictions for the HL- summit in NY.

“Over the summer, a rotating group of the world’s top researchers on antibiotic resistance, led by Ramanan Laxminarayan, founder of the nonprofit Center for Disease Dynamics, Economics and Policy, attempted to lay out a menu for the meeting in publications in several scientific journals....”

“...By the time the High-Level Meeting opens on the morning of September 21, the resolution that will conclude the day will have been agreed to behind the scenes. Drafts of it are already circulating. What advocates do not yet know is whether it will commit the UN and its member governments to concrete global action, beyond the individual national plans they have agreed at the World Health Assembly that they would compose. “I think they will create some sort of coordinating mechanism,” Laxminarayan said. “We might not get funding, because often funding is not committed at this early a stage. But I would like to see them set a goal for the mechanism, so that we know what we are working toward.” ...“
Nature - Wellcome Trust: Report released on antibiotic resistance

J Farrar & S Davies; http://www.nature.com/nature/journal/v537/n7619/full/537167a.html?WT.ec_id=NATURE-20160908&spMailingID=52245564&spUserID=Mjg4MDM2NDY5NwS2&spJobID=1001321776&spReportId=MTAwMTMyMTc3NgS2

“The Wellcome Trust today releases a report to inform the United Nations General Assembly’s High-level Meeting on Antimicrobial Resistance later this month (see www.wellcome.ac.uk/drugresistantinfections). The report distils the findings of an international summit of researchers, policymakers and multilateral institutions that met in London in April 2016. It identifies three areas for immediate action to alleviate the current and future impact of drug-resistant infections on the number of deaths and on national economies. The summit and report build on the independent review on antimicrobial resistance led by economist Jim O’Neill and commissioned by the UK government, in partnership with the Wellcome Trust, which was published in May 2016....”

Nature - Use antimicrobials wisely

http://www.nature.com/news/use-antimicrobials-wisely-1.20534

Well worth a read. “The United Nations must reframe action on antimicrobial resistance as the defence of a common resource, argue Peter S. Jørgensen, Didier Wernli and colleagues.” “...Building global resilience to resistance is a long game. But changes can be surprisingly fast when the time is ripe and a plan is ready. This month's UN high-level meeting is a rare opportunity for global collective action on human interactions with microbes. It must protect both the lifesaving power of antibiotics and the ability to use them when necessary.”


Audrey Jackson et al; https://www.csis.org/analysis/japans-role-addressing-global-antimicrobial-resistance

From August already. “On April 18, 2016, in Tokyo, the Washington-based Center for Strategic and International Studies (CSIS) Global Health Policy Center and the Tokyo-based Health and Global Policy Institute (HGPI) convened a U.S.-Japan expert meeting on antimicrobial resistance (AMR). ... ... This report summarizes the April 18 meeting discussion and presents recommendations for G7 action.”
Some other AMR related reads you might want to have a look at:

Reuters (special report): The deadly epidemic America is ignoring

WHO - Additional global, regional and national strategies and plans to address antimicrobial resistance (as of Dec 2014)

NCDs

NCD Alliance Advocacy Briefing: 71st UN General Assembly September 2016

https://ncdalliance.org/sites/default/files/resource_files/NCDA%20Advocacy%20Briefing_UNGA71_Sep%202016_0.pdf

“The first UN General Assembly since the adoption of the 2030 Agenda for Sustainable Development provides an opportunity for the NCD community to engage across sectors to ensure NCDs and health continue to remain a global development priority. The high-level week of the 71st UN General Assembly (UNGA71) will take place from 19 – 23 September 2016. ... The UNGA enables the NCD and health community to highlight NCDs across the SDGs, and encourage a whole of government and sector approach to reducing the burden of NCDs...” Check out what the NCD Alliance’s advocacy points for UNGA71 are in more detail.

A sugary slope – Finance minister proposes ‘sugar tax’ to halt obesity


South Africa has the highest rate of obesity in sub-Saharan Africa; the South African Finance Minister, Pravin Gordhan’s proposal to levy a 20% tax on sugar-sweetened beverages could potentially save the country an estimated 10billion rand over the next two decades linked to costs on Type-2 diabetes treatment (linked to poor diet and rising obesity). “According to the SA National Health and Nutrition examination survey published last year, the average South African now consumes 17 teaspoons of sugar and similar sweeteners a day.”

You probably also noticed the study in the Lancet on statins. See coverage in the Guardian by Sarah Boseley – “Study in Lancet says risk of side-effects has been exaggerated and controversy will cause 2,000 extra heart attacks and strokes over next decade”.
**Sexual & Reproductive / maternal, neonatal & child health**

**CGD (brief) – Promoting Women’s Economic Empowerment through US Foreign and Development Policy**


A note presenting four points towards economically empowering women and girls worldwide as a building block towards greater gender equality and empowerment. The note is targeted at the next US administration and presents the following points: 1 – Allocate an additional $1 billion yearly to advancing gender equality in developing countries, with specific focus on women’s economic empowerment; 2 – Address broader constraints facing women workers and entrepreneurs through executive orders, trade agreements, investment treaties and migration channels; 3 – Reform procurement channels for US and international development institutions to make them more gender-equitable; 4 – Continue to improve the availability and quality of data and evidence around women’s economic empowerment.

Speaking of women’s (economic) empowerment – the hot topic of the moment, it seems -, you might also want to check out an ODI blog - [Five myths about women’s economic empowerment](http://globalizationandhealth.biomedcentral.com/articles/s12992-016-0189-1) (by Abigail Hunt) or the ODI report - [Women's economic empowerment: navigating enablers and constraints.](http://www.globalhealthaction.net/index.php/gha/article/view/30870)

**Globalization & Health – Mapping of research on maternal health interventions in low- and middle-income countries: a review of 2292 publications between 2000 and 2012**


This paper presents a study to understand whether research undertaken in LMICs responds to, or matches the main causes of maternal deaths in the countries. The authors conduct a systematic mapping of maternal health interventional research from 2000 to 2012; data was extracted from 2292 full-text publications.

**Global Health Action – Incorporating Gender, Equity and Human Rights into the Action Planning Process: Moving from Rhetoric to Action**

Mainstreaming of gender, equity, and human rights (GER) is an important focus of the WHO and other UN organizations. This paper uses a theory of change framework (huh!) to explore seven dimensions of how action plans can implement the mainstreaming of gender, equity and human rights (GRR).

Finally, you might also want to watch “The most powerful speech on LGBT rights, immigration and tolerance you’ll hear all year” (by the King of Norway, that is). “King Harald of Norway has delighted Norwegians – and the world – with a passionate speech in support of LGBT rights, religious tolerance and refugees. In a five-minute monologue at a royal garden party, the 79-year-old King made an emotional appeal for acceptance and inclusiveness that has since gone viral and been shared far beyond Norway’s borders....”

Access to medicines

IP Watch - Inside Views: A Principle Of Balance: Top Official Explains India’s IP Policy


IP Watch’s Catherin Saez in conversation with Rajiv Aggarwal, Joint Secretary, Indian Department of Industrial Policy & Promotion Ministry of Commerce & Industry on the evolution of India’s IP Policy – objectives, the changes in India’s intellectual property landscape and more. (gated)

IP Watch - UNITAID Issues Call For Solutions To Overcome IP Barriers


“UNITAID, the drug financing mechanism, has put out an appeal calling for ideas on solutions to overcome intellectual property barriers that may be preventing progress in public health. The deadline for submissions is coming near....”

Human resources for health

Health Affairs – Training and Supervision Did Not Meaningfully Improve Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa

H Leslie et al: http://content.healthaffairs.org/content/35/9/1716.abstract
Two strategies towards improving the quality of health care services, particularly in low resource settings with health workforce shortages, employed have been in-service training and supportive supervision. This paper presents findings from a study using nationally representative surveys of health systems in seven countries in sub-Saharan Africa to examine the association of in-service training and supervision with provider quality in antenatal and sick child care.

**Miscellaneous**

**NPR Goats & Soda – Rage Against The Busted Medical Machines**


“…WHO estimates that 80 percent of the medical equipment in developing countries is donated. A 2011 study looked at inventory lists from 16 low-income countries and showed the number of nonfunctional medical equipment in that pool is at about 40 percent....”

**Quartz - African countries are building a “Great Green Wall” to beat back the Sahara desert**


At a time of some bizarre ‘walled propositions’, a wall of trees sounds lovely. Eleven countries in Africa are going ahead with plans to invest in developing a forest of trees 15km (9miles) wide and 775 kilometres (4,831 miles). The ‘wall of trees’ is a step towards tackling the increasing desertification of sub-Saharan Africa – a phenomenon believed to have made over 500million people and their livelihoods vulnerable to environmental changes.

**Science (Editorial) – Progress lies in precision**

Sue Desmond-Hellmann; [http://science.sciencemag.org/content/353/6301/731.full](http://science.sciencemag.org/content/353/6301/731.full)

The author – the name probably rings a bell - presents the concept of ‘**precision public health**’ – an attempt to bridge the gap between the number crunchers and the do-gooders on the field. She wonders **whether we can take the principles of precision medicine a step further, from individuals to populations**. The answer: it’s already happening.
Guardian – Poorest countries hit hardest as world lags behind on global education goals


A visually engaging article on the “progress” to achieving education goals. “Unesco’s global education monitoring report 2016 shows that just 64 countries of the 157 tracked by the report met MDG 2, which called for every child in the world to receive a full course of primary school education by 2015. Not a single low-income country met the target, which was achieved by a number of high-income countries before the MDGs were introduced. Niger, Rwanda and Central African Republic are among 11 countries not expected to achieve universal primary education until 2100.”

HS Global/Alliance - Call for Nominations for 2016 Societal Awards

http://www.healthsystemsglobal.org/blog/163/Call-for-Nominations-for-2016-Societal-Awards.html

Health Systems Global, along with the Alliance for Health Policy and Systems Research announced a call for nominations for its new awards to acknowledge the work undertaken, and contributions to the field for HPSR by individuals and organizations. The three award categories are (1) The Sam Adjei Distinguished Public Service Award for leadership in evidence-based policy and health systems strengthening; (2) The Award for Lifetime Service to the field of HPSR; (3) The Award for the Promotion of HPSR. Visit the website for details on each of the categories. Nominations are open until 17:00 GMT on 30th September 2016.

Impatient optimists - Innovation: Using New Tools to Develop New Solutions


Innovation in research is always welcome (and certainly on the Impatient Optimists blog 😊)! The Malaria Box challenge of 2012, by the Gates Foundation, GlaxoSmithKline and the Medicines for Malaria Venture presented scientists with 400 chemical compounds, unavailable to the wider research community towards developing new tools in the effort to eradicate malaria. Put differently, the Gates foundation ” is now funding the next generation of global health LEGO sets”.
WEF – Foreign aid: These countries are the most generous

https://www.weforum.org/agenda/2016/08/foreign-aid-these-countries-are-the-most-generous?utm_content=buffer7d983&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Member spending of OECD countries on development – total spending as well as a percentage of gross national income. Based on 2015 ODA figures. You probably didn’t know the **UAE** is doing very well, at least in terms of % of GNI.

**Research**

**SS&M - ‘The one with the purse makes policy’: Power, problem definition, framing and maternal health policies and programmes evolution in national level institutionalised policy making processes in Ghana**

A Koduah, I Agyepong et al;


“This paper seeks to advance our understanding of health policy agenda setting and formulation processes in a lower middle income country, Ghana, by exploring how and why maternal health policies and programmes appeared and evolved on the health sector programme of work agenda between 2002 and 2012. We theorized that the appearance of a policy or programme on the agenda and its fate within the programme of work is predominately influenced by how national level decision makers use their sources of power to define maternal health problems and frame their policy narratives. National level decision makers used their power sources as negotiation tools to frame maternal health issues and design maternal health policies and programmes within the framework of the national health sector programme of work. …”

**Journal of Adolescent health – What Works? Systematic Assessments of Sexual and Reproductive Interventions for Young People in Low- and Middle-Income Countries**

http://www.jahonline.org/issue/S1054-139X(16)X0003-1#/issue/S1054-139X(16)X0003-1

A new supplement.
Aids care – special issue: Social Science and Universal Test and Treat in Africa

http://www.tandfonline.com/toc/caic20/28/sup3?nav=tocList

From a while ago (July), but good to go through, given the news from SA last week.

You find the Editorial here, Exploring critical questions for the implementation of “universal test and treat” approaches to HIV prevention and care (by L Reynolds et al)

Plos – A Médecins Sans Frontières Ethics Framework for Humanitarian Innovation

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002111

“Kiran Jobanputra and colleagues describe a framework to support the ethics oversight of innovation projects in medical humanitarian contexts.”

Last but not least, you might also want to check the October issue of HP&P. Lots of interesting articles, but most already appeared online a while ago.