IHP news 386: Crazy UNGA week

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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,

It’s “crazy UNGA week” in New York, and as our world is getting ever more wicked and complex, with a multitude of (sometimes vicious) feedback loops in place, it seems befitting that this week’s events and (side) sessions were more frantic, releases of High-Level Reports more abundant, my Twitter feed more exploding (and thus my own mental health more jeopardized) than ever before. And it ain’t over yet. So without much further ado, let’s get started with the newsletter!

This week’s Featured article by Remco van de Pas dwells on the just released report of the High-Level Commission on Health Employment and Economic Growth. Another HL report, I hear you sigh. Yet, this one is different...

Also quite some attention in this newsletter for the 5th Global Fund Replenishment (Montreal) and the AMR High-Level meeting in New York, as you can imagine. Later today, you’ll also find out who the candidates are for the WHO DG election. If we can believe the rumours, there will be some last minute surprises!

Enjoy your reading.

The editorial team

Featured Article

Health, Jobs and the Economy: the workforce revolution

Remco van de Pas (ITM)

This week marked a historic moment for the global health workforce community. The High-Level Commission on Health Employment and Economic Growth, chaired by France’s President François Hollande and South-Africa’s President Jacob Zuma, delivered its final report and recommendations to UN Secretary General Ban Ki Moon on the sidelines of the UN General Assembly in New York. The report represents a major milestone for those working on health systems development. The new health workforce agenda is connected with other key development objectives, including inclusive economic growth and decent work for all. In addition, the report provides a firm link with the SDGs
Ten recommendations (six on transforming the workforce, four on enabling change) are outlined in the High-level Commission report (supported by an expert group report providing the evidence). A new global momentum towards investing in the health workforce is now obvious. Moreover, the inter-sectoral collaboration between the multilateral agencies WHO, ILO and OECD, as well as the strong political support by the commissioners and chairs positions the health workforce as crucial to the global development process.

One of the key messages, backed by significant evidence, is that the health workforce shouldn’t be regarded as a cost, but as an investment with a triple return – for health, economic growth and global health security. The returns on investment in health are estimated to be 9 to 1. Job creation in the health sector might also help improve social protection and cohesion, and provides an attractive pathway for women’s economic participation and empowerment. On the whole, the sector needs to reform to prioritize primary care and people-centered health systems, respond and detect public health risks emergencies, and embrace new information and communication technologies.

The report reflects the urgency of the need to invest in the health workforce; evidence points towards a projected shortfall of 18 million health workers, primarily in low- and lower-middle income countries by 2030, unless additional investments are made. To address this considerable policy challenge, the report offers four powerful recommendations. The first, and perhaps most important one, is to address the issue of political commitment, critical to generate sufficient funding from both domestic and international resources. While there is moderate optimism about increasing fiscal space in lower-middle income and middle-income countries and its potential for (more) domestic investments in the health workforce, there is also a strong call for collective action and international financing to invest in health jobs in low-income and fragile states. The second recommendation concerns the promotion of inter-sectoral collaboration at national, regional and international levels. The third one is on international health workforce migration – a trend that will likely increase further. The Commission calls for an updated broader international agreement on health workforce mobility, with lessons to be adapted from the Paris Agreement on Climate Change, including provisions for resource transfers and investments in capacity building of health workers to ensure the sustainability of health systems in source countries. The fourth recommendation is on strengthening data, including an appropriate global framework for independent accountability across the SDGs, and data exchange managed by the Global Health Observatory.

There is now a global framework for the health workforce agenda with five immediate strategic actions to be taken. A first step will be the organization of a summit in December 2016 at the WHO to develop a five-year implementation plan for the ten recommendations.

While I am in general enthusiastic about this global HRH policy framework and the political momentum it has created, I would like to add to some words of caution on its implementation.

First, there is a need to think through the quality of the economic growth that is to be obtained. The rationale behind the report is based on social-liberal ‘New Deal’ policies and Keynesian economics that argue for government intervention and investment during recessions. Nobel Prize winning ‘New Keynesian’ economists like Paul Krugman and Joseph Stiglitz adhere to principles of fiscal expansion to foster demand in the economy. David Stuckler argues in the (highly recommended) book *The Body Economic: Why Austerity Kills* why public investments in the health system in times of recession are so crucial. While these Keynesian interventions provide a necessary levelling ‘antidote’ to the excesses of transnational capitalism, more structural macroeconomic and political
interventions will be required to regulate transnational finance and its devastating effect on global income inequality. The democratic sovereignty of states to intervene in their own economies has been considerably diminished in our times of ‘deep globalization’. It is hence important that the health, labor and growth market agenda is connected with SDG10 on reducing inequalities, which among others requires the democratization, regulation and monitoring of global financial markets and institutions. Moreover, development economists argue that, in a carbon-constrained world, we must ‘shift our attention from global economic growth itself, towards improving the distribution of the benefits of global production and consumption’.

Second, the current international health landscape shows fierce political competition and disagreement between states and other actors on priority global health issues. For sure, a strong health workforce is critical to achieve global health objectives such as UHC, Women and Child health, Global health security, and the need to tackle Antimicrobial Resistance. With many of these health issues now part of high politics and foreign policy (see the growing attention for global health at the UNGA) one also needs to consider the discourses, agency, alliances and powers that put these issues on the agenda and examine why action on them is pursued (or not). Developing the workforce requires committed investments, a longer timeframe and sustained political engagement. States are, however, under (political) pressure to demonstrate that ‘any money invested in global health (e.g. in GF, GAVI or WHO) must directly lead to progress’.

Hence, considerable health diplomacy will be required by all actors (state and non-state ones) involved in the global workforce movement to seek synergies with other global health issues and to keep the health workforce on the (political) agenda.

Let me end with the concluding words of Guy Ryder, Director-General of the International Labour Organization, during the launch event at the UNGA this week:

“There is no time for complacency. We have a considerable agenda ahead to mobilize the international political and financial support. We will have to face major issues such as the sensitive issue of health workforce migration and its governance “.

As I have been working on health workforce policies since a long time, it is encouraging to see that the health workforce has – at last - become a prominent element of the global health revolution.

Highlights of the week

For once, we’ll try to present the highlights of the week in a more or less chronological order (since last weekend, that is – the GF replenishment in Montreal). Without aiming for comprehensiveness, of course.

5th Global Fund replenishment in Montreal

The Fund reached its funding goal last weekend.
Overall analysis of the replenishment

We recommend:

(GFO) The Global Fund reports pledges of US$12.9 billion at the end of the replenishment conference (very comprehensive overview & analysis) (read also Replenishment Conference was about more than just the numbers on the input from civil society, the private sectors & entertainers (also on GFO)).

Devex - Global Fund sees new donors, persistent gaps.

(if you go through these two reads, you know more than enough about this GF replenishment-strengths, caveats, new emphasis put by DFID on performance, countries who contributed more, less, ... than in the previous round, came with nearly empty hands, eminent leadership / championing by Justin Trudeau in this replenishment round..., impact of the strength of the dollar, ... the 20 billion still needed,...).

The Lancet (World Report) – Global Fund replenishment meeting nears target amount

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31707-X/fulltext

“Mark Dybul has led the Global Fund through a successful replenishment conference, ending up just shy of the US$13 billion fundraising target for the 2017–19 period. Ann Danaiya Usher reports.”

(read among others why this replenishment was so important for Dybul – as the Global Fund has fallen far short of its targets during the past two replenishment rounds.)

Also a nice overview read: Development Policy – “Global Fund round five: Australia keeping up” (includes a nice graph, on various countries’ contributions (and comparison with previous round) – figure 3: Top 15 donors)

Replenishment extras

The GF die-hard “ultras” might also want to check out:

GF press release: Global Fund Donors Pledge Nearly $13 Billion to Help End Epidemics

Reactions from UNAIDS (diplomatic): MSF (critical & a must-read) (Mit Philips) - MSF response to the outcome of the replenishment meeting of the Global Fund to fight AIDS, TB and Malaria

“The Global Fund has reason to celebrate an increase in donor contributions, however, the success of the Replenishment conference should be balanced by the reality of who is at risk of being left behind. The truth of the matter is that the Global Fund lowered its ambitions and set the funding target at what it would be able to raise from donor countries, rather than what it requires to bridge the yawning gap in needs and to meet the challenges ahead in fighting the three killer diseases. The
lower funding target is also aligned with the limitations the Global Fund has placed on how much funds some countries can receive and for which interventions. Celebration of the replenishment results will ring hollow if it means prematurely cutting support to middle-income countries that are grappling with growing epidemics or other countries with large unmet needs...."

UK government - Lifesaving UK investment in Global Fund announced. “A new performance agreement – the first of its kind – focuses on 10 clearly defined areas and will affect all of the fund’s work across the world. The UK will monitor performance against each area annually and 10 per cent of the new UK investment will only be paid out if there is good progress across the board. The UK will also use a proportion of its investment to leverage up to £100 million from the private sector specifically to tackle malaria, with the UK doubling private sector contributions to the Global Fund.

...” See also coverage in the Guardian - UK pledges £1.1bn to global aid fund against Aids, TB and malaria.

The new UK mantra: “Performance agreements will become the norm for DFID’s engagement with international institutions as Global Britain uses its leadership to demand more for UK taxpayers and the world’s poorest.” (now let’s hope for application of the same ‘performance agreements’ to the UK as the ‘world capital of tax havens’)

(Amanda Glassman (CGD) just wrote a blog on this new UK approach: A New DFID-Global Fund Performance Agreement: 10 Benchmarks to Achieve Maximum Impact) She’s thrilled. Read why.

Meanwhile, as usual, the private sector underperformed in its contribution to the GF replenishment. (see GF press release - Private Donors Double Investments to the Global Fund). (Doubling peanuts remains peanuts.)

GF press release: African Countries Step Up Contributions to the Global Fund

Devex - Surprises and questions from the Global Fund replenishment.

Last but not least, read Shinjini Mondal’s take on a McGill event, featuring Mark Dybul & Peter Singer, among others, on the eve of the replenishment - The Global Fund replenishment: It’s not (only) about the billions (IHP).

First global analysis SDGs in the Lancet

Lancet – Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015


“A new analysis of data from the Global Burden of Disease shows the varied international progress made towards the SDGs.” The authors analyze 33 health-related SDG indicators based on the GBD Study 2015 (Must-read. Check out the new SDG health index & the results from various countries)
Coverage in the Guardian: World lagging behind on global health targets, researchers warn.
“Substantial change will be required in the way global epidemics such as tuberculosis and HIV are treated if the international community is to eliminate them completely by 2030, a study has found. According to the report, published in the Lancet, no country has met any of the nine global health targets – including the elimination of major disease epidemics and the reduction of health issues like childhood obesity and intimate partner violence – laid down as part of the UN’s sustainable development agenda. The study provides the first independent analysis of performance on sustainable development goal three, which calls on the world to “Ensure healthy lives and promote wellbeing for all at all ages” ... “This paper on the SDGs represents a baseline that informs health policy and decision-makers in all countries, as well as the UN,” said Dr Christopher Murray, director of Seattle’s Institute for Health Metrics and Evaluations (IHME), which led the study....”

For a nice infographic of the main results, see http://www.thelancet.com/infographics/sdg

(Some Americans might be baffled to find out that “Maternal Mortality Rate in U.S. Rises, Defying Global Trend” (NYT). )

Lancet (Comment) – Making the SDGs useful: a Herculean task

Devi Sridhar: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31635-X/fulltext

Accompanying comment (and a great analytical short read). Sridhar explores whether IHME has “been able to achieve the goal of helping to make the SDGs relevant and useful”, by coming up with this health-related SDG index (which is a function of the GBD measures of 33 of 46 health-related SDG indicators). The answer is yes, although not for every global health ‘stakeholder’. In her Comment, she distinguishes between (1) the major donors who fund international cooperation; (2) governments in low-income and middle-income countries; (3) poor communities worldwide; and (4) academics and global health technical experts. She has most doubts about (3), and to a certain extent also (2).

71st session of UNGA (UN General Assembly)

Last week, there were already some preparations & High-Level reports published (the HL report on Access to Medicines, among others – see last week’s IHP news). But this week New York is certainly the place to be, including, more and more, for global health policy related news.

Here’s an attempt at an overview of events, sessions, speeches, side-events, ... (till Friday):

Overview of UNGA sessions & opening plenary

You find a good overview of all the sessions & calendar here - UNGA 2016 events & here (all of September). See also WHO for its UNGA related events & other events related to global health (policy). The 2 refugee summits, the AMR HL-meeting & the SG Commission on health employment
& economic growth probably stand out (see below) from our point of view, but there was a lot more (climate change, first anniversary of SDGs, …).

From the opening plenary, we want to draw your attention especially to:

- Ban Ki Moon’s passionate final address – see Ban Ki Moon blasts world leaders in farewell address (Foreign Policy); but he also apologized for the two stains on his track record; Reuters - U.N. chief Ban regrets peacekeeper abuse, Haiti cholera.
- Obama’s final UNGA speech. See the Guardian - Obama’s final UN assembly address: ‘At this moment we all face a choice’. “We can choose to press forward with a better model of cooperation and integration. Or we can retreat into a world sharply divided, and ultimately in conflict, along age-old lines of nation and tribe and race and religion,” Obama said. He explained much of the malaise by inequality, observing that a society in which 1% of the population hold as much wealth as the other 99% could never be stable….“ (PS: there’s a lot you can say about Obama and some of his flawed policies (see his “leadership” on TTIP, TTP; the billions of defense funding for Saudi Arabia,... the list is near endless, sadly, but I’m still going to miss the guy )

Check out also some great analysis by “The Internationalist”, Patrick Stewart (CFR) - Obama’s UN Address: An Enlightened Man in an Unreasonable World “President Barack Obama used his eighth and final address to the UN General Assembly to share his noble vision of a world order in which equality, liberty, and unity trump injustice, oppression, and division. Part sermon, part pep-talk, the speech exuded an unflinching faith in liberal ideals and a progressive optimism that humanity can surmount any economic, political, and ecological challenges it faces. All that is required, the president suggested, is that leaders and citizens listen to the better angels of their nature. The big-picture speech contained little guidance about how to resolve intractable problems, from mass migration to North Korea’s nukes. But it was an eloquent effort, delivered by a reasonable man living in unreasonable times. Its biggest flaw was in ignoring the practical difficulties and inherent trade-offs of applying such high-minded ideals to a fallen world. ...” Check out the 4 priorities Obama identified, and the gaps in his speech.

- (Guardian) Ecuador’s foreign minister steps up campaign for UN tax body Not sure this was part of the opening plenary, but it should’ve been part. “At the UN general assembly session, Ecuador will propose the creation of a global tax regulator. The IMF estimates that tax dodging costs developing countries more than $200bn a year – much more than the total global aid budget. The proposed UN body would be made up of member states and be empowered to clamp down on tax-evading multinationals, shut down tax havens and expose the corrupt elite who are squirrelling their money away to avoid paying tax....” As you know, a controversial proposal (see Addis last year), but long overdue.

Every Woman, Every Child

GFF Leaders’ Report

http://www.globalfinancingfacility.org/leadersreport

“A new report [was] launched at the Every Woman Every Child reception, hosted Ban Ki-moon, on Tuesday, September 20, 2016. The report, entitled Country-Powered Investments in Support of Every
“Woman, Every Child, shows broad, high level support for the Global Financing Facility in support of Every Woman Every Child and is comprised of 31 statements written by heads of state, heads of governments, leaders of multilateral organizations, executive directors of international organizations, private companies, civil society organizations and partnerships, including UNSG Ban Ki-moon and World Bank Group President Dr. Jim Yong Kim. The contributors express confidence in the GFF as a key vehicle for implementing the Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2010)....”

Accountability for the Global Strategy for Women’s, Children’s and Adolescents’ Health – report 2016

http://iapreport.org/

You find the exec summary here. Concluding with a call for action in 3 areas.

For a related blog (Lancet Global Health), see “How we can hold leaders accountable for the health of women, children, and adolescents everywhere” (by Carmen Barroso, Acting Chair of Every Woman Every Child’s Independent Accountability Panel )

Lancet Global Health (Comment) - Asking different questions: research priorities to improve the quality of care for every woman, every child

HP Kennedy, A Costello et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30183-8/fulltext

This team identifies the top 10 (research) priorities.

WHO – New group to “expand access to health and human rights” for women, children and adolescents


“How helping to expand access to health and human rights for women, children and adolescents everywhere is the goal of the new High Level Working Group for the Health and Human Rights of Women, Children and Adolescents. The High Level Working Group responds to the global demand of the SDGs that no one be left behind, said UN Deputy High Commissioner for Human Rights Kate Gilmore. “Wherever they may be – no matter how tough their circumstances, how disputed their needs, how contested their identities, every woman, child and adolescent has the right to seek and receive quality, essential health care”. Co-hosted by the World Health Organization (WHO) and the Office of the High Commissioner for Human Rights (OHCHR), the High Level Working Group will be supported by a joint secretariat. The High Level Working Group is co-chaired by former President of Finland, Tarja Halonen and leading human rights expert, Hina Jilani from Pakistan, a member of The Elders... The group will work for one year to generate high-level political support, at both national and international levels, for the implementation of the human rights-related measures called for under the Global Strategy.”
WHO/ILO/OECD (news) - High-Level Commission on Health Employment and Economic Growth (final report)


Also on Tuesday, “The Presidents of France and South Africa today called for urgent investments globally to create new jobs in the health sector in order to prevent a projected shortfall of 18 million health workers primarily in low- and lower-middle-income countries, and help countries to maximize the social and economic benefits of increased health employment. The High-Level Commission on Health Employment and Economic Growth, chaired by H.E. François Hollande and H.E. Jacob Zuma, today delivered its final report and recommendations to United Nations Secretary General Ban Ki-moon on the sidelines of the UN General Assembly in New York. The Commission concluded that investing in the health workforce is needed to make progress towards the SDGs, including gains in health, global security and inclusive economic growth. The commission made 10 recommendations for realising those gains, through appropriate investments in health employment that can power economies, move countries closer to universal health coverage and act as a bulwark against outbreaks such as Ebola. …” You find the report here.

See Remco van de Pas’ analysis on IHP.

Richard Horton was also extensively tweeting on the release of this report. One tweet by way of example: “Unprecedented: WHO, ILO, and OECD work together led by France and South Africa to make health central to our vision for prosperity.” (For reasons not entirely clear to me, he was also fairly impressed by Hollande. Guess he was using UK ‘leaders’ as a “benchmark”, though)

The Lancet – Offline: A prescription for prosperity

Richard Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31699-3/fulltext

Horton chaired the Expert Group to the Commission. This is his take on the Hollande/Zuma Commission & its report. He explains why it is so important as well as the huge challenges & critical determinants of success. (must-read)

UN & Obama Refugee & migration summits

Two of the highest-level global summits ever convened on refugees and mass migration took place in New York this week: one by the UN (19 Sept) and the other by the White House (20 Sept).

A few must-reads & analyses on this double summit:
On the UN summit: (must-read) analysis by Alexander Betts: UN summit on refugees fails to offer solutions.

“The big achievement of Monday’s UN meeting is its “New York Declaration”, described by the UN refugee agency (UNHCR) as a “miracle”. In some ways it is: 193 states have agreed – by consensus – to something, at a time when governments around the world are failing. ... ... But, inevitably, the content of the declaration is abstract. It contains important ideas: refugee camps should be the exception, all refugee children have a right to an education and refugees are a shared global responsibility. If states could be held accountable to these commitments, this would make a difference. In other areas – like a commitment to resettle 10 per cent of the world’s refugees – spoiler states ensured key parts of the text were removed. The difficulty is that the mechanisms for achieving the lofty goals in the declaration are vague at best. The conference has kicked off a new two-year intergovernmental process to negotiate two Global Compacts, one on refugees and the other on migration but, again, these are at the level of abstract principle. ...”

PS: the International Organization for Migration (IOM) officially joined the UN system. (see also the NYT for more coverage on this UN summit)

P Kingsley, then, on the Obama Summit (Guardian) which contained some more concrete measures, even if it was only a start: US-led coalition to double refugee resettlement places and expand aid “A coalition of more than 30 countries has unveiled a series of concrete responses to the refugee crisis, giving a glimmer of hope during a week in which world leaders gathered at the UN summit in New York have otherwise failed to offer direct action on refugee issues. Barack Obama announced that the US-led coalition had collectively agreed to roughly double resettlement places for refugees, increase humanitarian aid for refugees by $4.5bn, provide education to 1 million more refugee children, and potentially improve access to legal work for another million adults. Full details were not disclosed, but the move constituted the most concrete set of refugee measures at the UN general assembly. ...” A humble start, in short. Still, “Leaders from the world’s major refugee-hosting nations praised the pledges, but warned that they meant little if they were not carried out. Most pledges made at a similar summit in London in February have not been fulfilled....”

For the White House fact sheet on this summit, see here.

PS: Canada will host a follow-up meeting to the refugees summit next year.

Devex – A long road to shared responsibility for refugees and migrants (Devex analysis & reporting on the two events). The title sums it up well – it will be a very long road to ‘shared responsibility’ for refugees & migrants....

Some more background & optional reads on the refugee & migration summits:

Preview on the double meeting by A Betts (Guardian) - UN and White House summits could offer a ray of hope to those stuck in camps.

Analysis after day 1, in the Guardian (by P Kingsley & J Borger) Swift response to refugee crisis rests on Obama summit after UN talks fail
A few CGD blogs: The Humanitarian-Development Divide: Addressing the "New Normal" of Protracted Displacement (C Huang et al) ; O Barder et al - Which Countries Have the Best Migration Policies?

A new ODI report on the ‘ripple effects’ of the refugee “policies’ of “advanced” countries - Closing borders: the ripple effects of Australian and European refugee policy. Case studies from Indonesia, Kenya and Jordan

Meanwhile, for the ugly reality on the ground: check MSF’s Reality Check report (5-pager); and UN Dispatch - There Are Far More Migrants Dying At Sea Than You Probably Realize. Harrowing stuff: “According to the International Organization for Migration, for at least the third year in a row the Mediterranean represents the most deadly migratory route in the world. With three main methods of crossing the Mediterranean – the western route to Spain, the central route to France, Italy, and Malta, and the well known eastern route to Greece and Cyprus – known deaths in the Mediterranean account for almost 75 percent of global migrant deaths....”

And a HR Watch reaction to the UN summit: The Refugee Summit: A Failure of Vision

The organization concludes: “...This narrow vision and grudging sense of responsibility will mean more border fences, continued deflection of asylum seekers from Europe, North America, and Australia to poorer, front-line states that are well-past their capacity to provide effective protection, and a constrained concept of protection itself. But the problem, and the need, will not go away. As failed states proliferate, as non-state actors become more abusive, and as climate change drives ever-more migration, the need to protect a broader set of vulnerable migrants forced to leave their homes will be more compelling than ever.”

MSF Analysis - Empty Promises? Radical Policy Shift Needed on Refugees and Migrants. (by Aurélie Ponthieu)

Meanwhile, Euractiv reports “Wealthy countries further cannibalise development budgets to host refugees” - with a “starring role” for the Netherlands, among others.

AMR UNGA High-Level Meeting (21 September)

This event was perhaps “the” global health policy highlight of the week – although there was some stiff competition, as you can see.

WHO/FAO/OIE/OPGA (news) – At UN, global leaders commit to act on antimicrobial resistance

“...For the first time, Heads of State committed to taking a broad, coordinated approach to address the root causes of AMR across multiple sectors, especially human health, animal health and agriculture. This [was] only the fourth time a health issue has been taken up by the UN General Assembly (the others were HIV, noncommunicable diseases, and Ebola). ...”

You find the political declaration signed by UN member states [here](http://www.ip-watch.org/2016/09/22/against-grave-challenge-to-achievements-of-20th-century-un-agrees-political-declaration-on-antibiotic-resistance/) (pay especially attention to paragraphs 13-14-15). But the declaration can only be the beginning.

“The political declaration was approved at the meeting early Wednesday and will be formally adopted by the plenary of the U.N. General Assembly at a later date. It calls for the creation of an interagency coordination group to spearhead future action in this area, and for a new report to be drawn up within two years detailing further recommendations from the group on how to attack the problem....”

**IP-Watch – Against ‘Grave Challenge To Achievements Of 20th Century’, UN Agrees Political Declaration On Antibiotic Resistance**


*Must-read* reporting & analysis of the AMR HL-event & political declaration.

“The membership of the United Nations today agreed a political declaration on antimicrobial resistance, elevating the global fight against overuse and misuse of antibiotics – and lack of new antibiotics – to the highest political level. The declaration struck by world leaders at the UN General Assembly in New York includes mention of separating medicine prices from the cost of research and development, and calls on the UN secretary-general to create an interagency coordination group. Now – as framed by many governments, intergovernmental organisations and nongovernmental representatives – attention moves to implementation of actions aimed at staving off this threat to humanity itself. The AMR issue cuts across public health, agriculture, animal health, trade and even security policy, and key element of the way forward involves efforts to coordinate between various sectors. ... ... Two panels of experts were held during the daylong meeting ... ...”

For more coverage of the HL-event, see also [The Guardian - UN meeting tackles the 'fundamental threat' of antibiotic-resistant superbugs](http://www.ip-watch.org/2016/09/22/against-grave-challenge-to-achievements-of-20th-century-un-agrees-political-declaration-on-antibiotic-resistance/).

**Some early reactions to the Political declaration on AMR**


“...MSF is encouraged to see that this declaration builds on the UN’s recent High Level Panel Access to Medicines report in recognising the failures of the current medical research and development system, and by incorporating strong public health commitments to try to ensure that the new antibiotics, vaccines and diagnostics we urgently need to curb bacterial resistance are available and
affordable for those who need them most. We’re also pleased to see this declaration calls for breaking the link between the cost of R&D and the price that companies charge for lifesaving medical tools, and for making sure there is a public return when public funding is used to create new products. …"

Ramanan Laxminarayan, director of the Washington, D.C.—based Center for Disease Dynamics Economics & Policy, quoted in the Scientific American: "The agreement “doesn’t go as far as I had hoped but it certainly goes further than I had expected, the reason being this is the U.N. It’s not a body that typically deals with health issues...."

On the financing issue: “Beyond the international commitment there is also the need for financing to convert this type of agreement into action, Ban said. The U.N. declaration suggests countries should look to public-private partnerships to help shore up such efforts....”

In an earlier Stat News article, Laxminarayan had explained why this UNGA HL meeting on AMR was so important. “At the UN, superbugs get their day on the world stage”. Finally, you might want to add.

Earlier this month, the G20 summit had already paid plenty of attention to AMR, see also Jim O’Neill & Eric Goosby in a Project Syndicate piece from earlier this week, On Antimicrobial Resistance, It’s Now or Never (in which they discuss both the G20 summit on AMR & the UN meeting)

Other AMR publications & announcements made in the run-up to the AMR high-level event

WB (press release on new report) – By 2050, drug-resistant infections could cause global economic damage on par with 2008 financial crisis


“Drug-resistant infections have the potential to cause a level of economic damage similar to—and likely worse than—that caused by the 2008 financial crisis, according to a new report by the World Bank Group entitled “Drug Resistant Infections: A Threat to Our Economic Future.” The research shows that a high-case scenario of antimicrobial resistance (AMR)—where antibiotics and other antimicrobial drugs no longer treat infections the way they are supposed to—could cause low-income countries to lose more than 5% of their GDP and push up to 28 million people, mostly in developing countries, into poverty by 2050. ... ...”

So the report confirmed the huge economic need to stop AMR, on top of all the other good reasons to do something about this challenge.
IP-Watch - Big Pharma Issues Industry Roadmap On Antimicrobial Resistance


“Major pharmaceutical companies [today] issued a roadmap they said aims to bring solutions to the problem of antimicrobial resistance (AMR). The plan, issued on the eve of the United Nations General Assembly High-Level Meeting on Antimicrobial Resistance, targets environmental impact, use of antibiotics only by those who need them, improved access to medical products, and public-private partnerships....” (gated)

See also Reuters - Drugmakers including Cipla, Wockhardt pledge to clean up antibiotic factories, curb overuse.

See also the FT on this voluntary code of conduct of Big Pharma - Big pharma targets drug-resistant superbugs. “(13) Big pharmaceutical companies have signed an agreement to tackle the spread of superbugs as the UN prepares to discuss antimicrobial resistance....” Check out what it involves.

Lancet Infectious Diseases (editorial) - Time for global political action on antimicrobial resistance


Published just before the AMR HL meeting. I noted especially the last paragraph: “...As a threat to human health, antimicrobial resistance has been compared to climate change. Because—unlike climate change—there is no politically motivated denial of antimicrobial resistance, we have some hope that governments can work together to achieve a sustainable future for antimicrobials.”

International Journal of Infectious Diseases (Editorial) - A Global Antimicrobial Conservation Fund for Low- and Middle-Income Countries


The (high-profile) authors recommend the formation of a Global Antimicrobial Conservation Fund to complement the tranche of innovation funds that have recently been announced.

AMR newsletter (new issue)

http://us12.campaign-archive2.com/?u=e0843acadad65f1015abe3d62b&id=32af38018b

If you want to keep abreast of everything related to AMR, you should subscribe to this newsletter.
Some other UNGA related news

Launch of UHC 2030

At the event ‘Acting with ambition - accelerating progress towards UHC 2030’ (Thursday, 22 September), UHC2030 was (officially) launched by Margaret Chan. “There is growing global consensus that universal health coverage (UHC) is a smart investment and an achievable goal rooted in the human right to health. In recent months, world leaders - from the G7 and The Elders to many African leaders at TICAD VI - have made history by putting UHC at the top of their agendas.” On the side-lines of the UN General Assembly, this high-level discussion (that took place just last evening) drove UHC momentum forward. “Diverse representatives [addressed] how to sustain global political ambition for UHC through 2030 and beyond, and how to ensure that historic commitments translate into healthier lives, more secure livelihoods and inclusive economies for all.”

A lot of strong UHC advocates were present, including Chan & Gro Brundtland, Tim Evans (who welcomed the Gates Foundation as ‘the new kid on the block’ of UHC2030), Judith Rodin, … (you will probably be able to watch the event again, if you want) Or check Twitter for some of the quotes.

UN reform

“Pulling Together: The Multilateral System and Its Future” : the final report of the Independent Commission on Multilateralism (ICM), chaired by Kevin Rudd, was released. “The report identifies how the UN-based multilateral system can be made more “fit for purpose” for twenty-first century challenges. The ICM’s final report suggests ten general principles to guide a revitalized multilateral system. It also makes concrete recommendations about how to address the specific challenges of our time across fifteen issue areas. This report will be followed by the release of fifteen issue-specific policy papers focused on each of these areas. …”

The following quote from Kevin Rudd (as tweeted by Peter Singer) is also worth noting: "If I see 1 more @UN high level panel on these bloody #SDGs I will die" says @MrKRudd looking 4 results on the ground”.

Gender data


Quite some action on (the need for) gender data in NY, as “Poverty is sexist”.

“At a high-level event on 21 September, UN Women launched a new public-private partnership to support its flagship programme initiative, “Making Every Woman and Girl Count”. The five-year programme will invest much-needed resources and expertise, focusing on 12 pathfinder countries, to generate, prioritize and use gender data. It will assist countries in making evidence-based and targeted policies to fully implement and track progress on the SDGs....”
For more info, see also Devex - New UN Women, Gates Foundation partnership takes on gender data.

See also #genderdata. Among others, Mexico will establish a global center for gender statistics to increase high quality data collection.

1st anniversary SDGs

As already mentioned above, this UNGA meeting celebrates also the 1st anniversary of the SDGs. Some insist on calling them the ‘Global Goals’, as you know. Many meetings were/are linked to this first anniversary, taking stock of where the world is.

Climate change

At a special event, 31 countries “formally joined the Paris Agreement on climate change, bringing the total to 60 countries, representing 48 percent of emissions. This brings the Agreement close to the threshold of 55 Parties representing at least 55 percent of global emissions required to bring the Agreement into force.”

See also UNFCCC. (overview of Paris agreement status of ratification so far)

And the Guardian reported that 100 countries push to phase out potentially disastrous greenhouse gas. “A loose coalition of more than 100 countries, including the US and European nations, is pushing for an early phase-out of hydrofluorocarbons (HFCs), a powerful greenhouse gas that if left unchecked is set to add a potentially disastrous 0.5C to global temperatures by the end of the century. At a meeting in New York on Thursday, world leaders called for an “ambitious phase-down schedule” for HFCs, which are commonly used in refrigerators and air conditioning systems, and pledged adaptation money for developing nations where HFC use is rapidly increasing....”

Other bits & pieces from UNGA71:

NCDs:

- WHO - “Global Hearts”, a new initiative from WHO and partners launched on the margins of the UN General Assembly, aims to beat back the global threat of cardiovascular disease, including heart attacks and strokes - the world’s leading cause of death.

“Global Hearts is part of a new effort to scale up prevention and control of CVD, especially in developing countries. It is a collaboration between WHO, the United States Centers for Disease Control and Prevention (US CDC), and other partners, including the World Heart Federation, the World Stroke Organization, the International Society of Hypertension, and the World Hypertension League.”
You might also want to read (see the NCD Alliance newsletter) on 2 UNGA events highlighting the urgent need to address obesity and nutrition-related NCDs.

On 22 September, there was also an event organized by the UN Interagency task force on the prevention and control of NCDs. The event was hosted by the Russian federation & WHO. The event aimed “to convene a set of partners to support the work of the NCD Task Force and a set of global joint programmes, to enhance action on NCDs in national SDG responses in developing countries and to raise awareness about the work of the Task Force and its work to support Member States to address NCDs in the 2030 Agenda.”

More info on the three objectives of the event here.

Malnutrition

Read about the new SUN Movement Lead Group inauguration (on 21 September) and the launch of the SUN Movement Strategy 2016 – 2020: From inspiration to impact. 29 Global leaders (including Sania Nishtar) were appointed by Ban Ki Moon to spearhead the fight against malnutrition.

Some more malnutrition related news & quotes: “While the world has seen some progress on combatting the root causes of hunger and malnutrition, the challenge of providing the fundamental right to adequate food to all people must remain a priority,” Ban Ki Moon said, urging Member States to continue to work together to tackle the problem. “It is unacceptable in a world of plenty that nearly 800 million people still suffer from hunger,” the UN chief said at a high-level event on “Pathways to Zero Hunger”. “The event, co-organized by FAO, the International Fund for Agricultural Development (IFAD) and the World Food Programme (WFP), seeks to galvanize momentum for the Zero Hunger Challenge launched by the Secretary-General in 2012.”

UNGA 71 is still ongoing...

UHC

WHO Health Systems Governance and Financing (Working Paper) - Spending targets for health: no magic number


(must-read) “Absolute levels of public funding are critical to progress towards UHC. However, health systems vary significantly in what they can achieve for a given level of spending. In a new analysis of core health service coverage rates relative to public spending on health, in 83 low and middle income countries, variation is particularly evident at levels below PPP $40 per capita (public). While a range of non-health system factors influence a country’s performance, this analysis demonstrates the importance of focusing not only on raising more revenues for health, but also on ensuring available funds are spent efficiently.”
Report from UHC 2030 Consultation Meeting is out


“The report for the International Health Partnership for UHC 2030 multi-stakeholder consultation which took place on 22-23 June 2016 is now published.” Includes, among others, 11 roles for UHC 2030 & next steps in the coming months.

The global “Corporate Agenda” & Trade & investment “agreements”

New Internationalist – Corporations running the world used to be science fiction – Now it’s a reality


From last week but well worth a read. “…Yet the power of corporations is so great within our society that they have undermined the idea that there is any other way to run society. We are all too familiar with hearing about the threat of ‘losing corporate investment’ or companies ‘taking their business somewhere else’ as if the government’s number one task is to attract corporate investment. It is this corporate agenda that permeates the governing institutions of the global economy, like the World Trade Organisation and the International Monetary Fund, whose policies and operations have given more importance to the ‘rights’ of big business than the rights and needs of people and the environment. The problem of unrestrained corporate power is massive, and it requires a massive solution. That is why Global Justice Now is launching a petition to the UK government demanding that it backs the new UN initiative for a legally binding global treaty on transnational corporations and human rights. This UN treaty is the result of campaigning by countries from across the global south for international laws to regulate the activities of TNCs. In June 2014 they successfully got a resolution passed in the UN Human Rights Council (UNHRC) establishing the need for such a treaty.…”

(Wonder where “global health” finds itself, vs this global ‘Corporate Agenda’…)

Euractiv - Thousands protest in Brussels against US, Canada trade deals


“Thousands of protesters marched through Brussels on Tuesday (20 September) to demand the European Union abandon planned transatlantic free trade deals they say will worsen labour conditions and allow big business to challenge governments.”
Still, as has become clear in recent weeks, emphasis of “Brussels”, more often than not one of the “bellies of the neoliberal beast”, is on ratifying CETA, while putting off TTIP for the time being. See this FT piece - Brussels determined to seal Canada trade deal as TTIP hopes fade.

Guardian – Global trade deal threatens Paris climate goals, leaked documents show

Meanwhile, we should also be more than worried about TISA (Trade in Services Agreement), this (huge) leak showed. See also IP Watch - Leaks Show TISA No Easy Trade Deal; Civil Rights Groups, Unions Alarmed.

In related news, you might also want to know that UNCTAD fears the third leg of the global financial crisis - with prospect of epic debt defaults.

NYT – Mark Zuckerberg & Priscilla Chan pledge 3 billion to fighting disease

NYT:

For some reason, we bet you already know this. Philantropy is always good at getting its messages in the world media.

On Wednesday, the Chan Zuckerberg Initiative “announced one of its biggest investments to date: It is ponying up more than $3 billion to kickstart "Chan Zuckerberg Science," an initiative that plans to bring together multidisciplinary teams of scientists in an effort to prevent, cure or manage "all diseases in our children’s lifetime."... “In partnership with the University of California, San Francisco; the University of California, Berkeley; and Stanford University, the initiative will create an independent research facility called "Biohub ...." “...Zuckerberg and Chan have set themselves an audacious goal: eliminating, curing or preventing disease by the end of the century. They intend to get there by coaxing teams with diverse expertise to collaborate on developing new tools and technologies — something that scientists say is sorely needed. ...”

( engineers & scientists, yes, but I couldn’t spot many social scientists so far - but then again, our ambitions tend to be more modest)

Bill Gates (Zuckerberg’s role model) was a special guest.

On the bright side, Zuckerberg & Chan certainly take the long view, see Stat News (with their plans to solve medical problems over generations rather than immediately).

For more info, see also NPR; Nature News or Tech Crunch.
The Lancet – Use of quantitative molecular diagnostic methods to identify causes of diarrhoea in children: a reanalysis of the GEMS case-control study

J Liu et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31529-X/fulltext

From the press release: “The number of cases of childhood diarrhoea attributable to pathogens (bacteria, parasites, viruses or other infections) have been substantially underestimated and may be nearly twice as high as previous analysis suggests, according to new research published in The Lancet.”

See also coverage in the Guardian - 'We need to talk about shit': just six bugs causing 78% cases of diarrhoea. This new Lancet “study reveals breakthrough in understanding cause of childhood diarrhoea, paving the way for making better vaccines and antibiotics to target the pathogens.” The Lancet study involved the analysis of stool samples from more than 10,000 children in countries across Africa and south Asia as part of an earlier multi-year project called the Global Enteric Multicenter Study (GEMS). Of the six key pathogens identified, only one – rotavirus – currently has a vaccine available.

For a related Comment in the Lancet by KH Keddy et al, see GEMS extend understanding of childhood diarrhoea.

The Lancet (Editorial) – Access to medicines—the status quo is no longer an option

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31706-8/fulltext

The Lancet’s take on the report by the UN Secretary-General’s High-Level Panel on Access To Medicines, Promoting innovation & access to health technologies. The editorial concludes: “…the panel’s recommendations are an important first step and it will be imperative for Ban Ki-moon to endorse them quickly, especially as momentum to approve the Trans-Pacific Partnership, which also has negative implications for access to medicines, is gathering in the USA. The Lancet Commission on Essential Medicines, to be published on Nov 8, 2016, will provide a timely platform to look at health innovation and access in the much wider context of comprehensive medicine policies. It will provide actionable recommendations that will complement and possibly leverage those of the panel’s and reaffirm essential medicines as a keystone of the global health and development agenda.”

WHO DG election

Meanwhile, in the WHO DG Election, rumours were flying around on at least two more additional candidates (David Navarro and Flavia Bustreo), who might still join the contest at the eleventh hour. The final list will be announced today. Early Friday morning, Laurie Garrett had already heard rumours on (in total) 7 candidates! Well, we’ll soon (i.e. today) know. Check WHO.
Zika

Obama delivers frustrated rebuke to Congress over Zika, Supreme Court inaction


It takes literally ages in US Congress... See also Senate votes to advance empty bill to keep government funding on track.

“The US Senate voted to go ahead with a bill to prevent an October 1st government shutdown, and towards addressing the needs of combating the Zika virus. Senators voted Tuesday evening to advance a bill to prevent an Oct. 1 government shutdown and combat the Zika virus, but the "shell bill" provides no actual details of the agreement, which still must be written. The bill will serve as a vehicle for a deal that senators are continuing to negotiate....” Also see Congress struggles to finish Zika aid, prevent shutdown. (AP)

Guardian - Zika hotspot plan hailed as a success after no new cases in Miami district


With no new cases of the Zika virus reported in Miami’s Wynwood district, the CDC has lifted its warning against travel for pregnant women, though it continues to advise that pregnant women consider postponing non-essential travel to all of Miami-Dade County – including the Wynwood area.

Lancet Infectious Diseases (comment)- Zika virus and global health security


From Larry Gostin’s assembly line: “…The epidemiological pattern in the USA will probably mirror inequalities seen in the region, with low-income pregnant women bearing disproportionate burdens, living without screens or air conditioning in trash-laden, humid neighbourhoods”. The article advocates for the need to raise awareness on the Zika virus – one which has affected over 65 countries – as a threat to national and global health security towards mobilizing greater resources. “Fast moving epidemics have consequences similar to humanitarian crises, climate change, and war. Yet, the international community downplays epidemic threats and underinvests. This kind of apathy and short-sightedness must change”.
Global health events

BMJ (blog) – WHO and the politics of health


Tessa Richards reflects on the proceedings of last week’s WHO’s 66th Regional Committee meeting in Copenhagen.

We also quite enjoyed a piece on Open Democracy - The right place for the Left: the World Social Forum in Montreal - questioning whether Montreal was the right place to hold the WSF (in August, that was). The answer is no, J McCallum & S Stroup argue.

Global governance of health

Plos – The Policy Dystopia Model: An Interpretive Analysis of Tobacco Industry Political Activity

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002125

In this thematic analysis, Selda Ulucanlar and colleagues develop taxonomies and an overall model to describe the political strategies used by the tobacco industry to influence policy around tobacco taxation and marketing.

The authors “used a grounded theory approach to build taxonomies of “discursive” (argument-based) and “instrumental” (action-based) industry strategies and from these devised the Policy Dystopia Model, which shows that the industry, working through different constituencies, constructs a metanarrative to argue that proposed policies will lead to a dysfunctional future of policy failure and widely dispersed adverse social and economic consequences. Simultaneously, it uses diverse, interlocking insider and outsider instrumental strategies to disseminate this narrative and enhance its persuasiveness in order to secure its preferred policy outcomes.

Plos Medicine (Perspective) - "The Policy Dystopia Model": Implications for Health Advocates and Democratic Governance

E Smith et al; http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002126
The accompanying Perspective. “In this Perspective on the research article by Ulucanlar and colleagues, Elizabeth Smith and Patricia McDaniel discuss how industry opposition to regulation can undermine the public's overall confidence in government and science.”

The authors offer somewhat somber, concluding advice: “Advocates concerned about policy approaches to any health problem would be well advised to pay as much attention to alliances, argumentation, and policy levers as the industry has”.

CGD – Four Comments and a Suggestion for the World Bank Board


The controversy around Jim Kim’s “re-election” remains. This is Nancy Birdsall’s take.

Also see an Oxfam blog (by [Nadia Daar](http://www.cgdev.org/blog/four-comments-and-suggestion-world-bank-board)) on the need to get a clear direction from Jim Kim in Why the World Bank needs to ask Jim Kim some tough questions in his Job Interview.

PAHO creates new Health Emergencies Program


“Pan American Health Organization Director Carissa Etienne has announced that PAHO is creating a new PAHO Health Emergencies Department (PHE) that aligns with the new World Health Organization (WHO) Health Emergencies program. The program brings together the Department of Emergency Preparedness and Disaster Relief, the Unit of International Health Regulations/Epidemic Alert and Response, and Water Borne Diseases under a consolidated management structure that reports to the Director of PAHO. The PAHO Health Emergencies Program covers five areas, including Infectious Hazard Management, Country Health Emergency Preparedness and International Health Regulations, Health Emergency Information and Risk Assessment, Emergency Operations, and Disaster Risk Reduction and Special Programs....”

World Politics review – The World Health Organization Needs the Funding to Do Its Job

FT – Putting a number on global inequality is long overdue

B Milanovic; https://www.ft.com/content/b140fc70-75e3-11e6-bf48-b372cdb1043a

“This should be one of the metrics we use to gauge the state of the world, writes Branko Milanovic.” (reflecting on Xi Jinping’s G20 opening speech). “Referring to the standard measure of inequality, Mr Xi said: “The world’s Gini coefficient has reached around 0.7, higher than the recognised alarm level which stands at 0.6. This is something we must pay great attention to.”…”

IIED – Counting critically: SDG ‘follow-up and review’ needs interlinked indicators, monitoring and evaluation

D Lucks et al; http://pubs.iied.org/17363IIED/

“This briefing introduces key considerations for the use of indicators, monitoring and evaluation of SDGs implementation, review and follow-up at the national level. It promotes the importance of context-sensitivity, broad stakeholder involvement and adaptive management approaches in efforts to achieve development results.”

Key U.S. Government Agency Positions and Officials in Global Health Policy & Related Areas


An updated list of the U.S. Government’s officials working in the area of global health. The list also offers some links to agencies, and some official’s profiles.

WSJ – GlaxoSmithKline Names Emma Walmsley as Next Chief Executive


GlaxoSmithKline is all set to be the first major pharmaceutical company to be headed by a female executive. GlaxoSmithKline PLC’s current head of consumer healthcare, Emma Walmsley, will replace Andrew Witty.

For an overview of Andrew Witty’s legacy/track record, see the FT - Opinions split on Witty regime at GSK. A few paragraphs: “...Moreover, by investing heavily in emerging markets and focusing on driving growth through sales volume rather than drug price increases, Sir Andrew has, supporters
say, put GSK on the right side of the intensifying global debate over the high cost of drugs. While others such as Merck and Bristol-Myers Squibb have bet on expensive new cancer drugs, Sir Andrew sold GSK’s existing oncology products to Novartis two years ago and has been vocal in calling for greater moderation in pricing. Champions of the outgoing chief executive say this approach has positioned GSK for an era in which healthcare budgets around the world are coming under pressure from ageing populations. Measures pushed by Sir Andrew to widen access to drugs in poor countries and industry-leading steps to increase transparency in clinical trial data and payments to medical professionals are also in tune with political demands for pharma to behave more responsibly, his allies say…” But he also had his critics.

**Vox – The key question on the Clinton Foundation is whether it saved lives. The answer is clearly yes.**


In-depth analysis on the effectiveness of the Clinton Foundation.

**Huffington Post - The German G20 Presidency And Global Health**


“This comment piece is based on a position paper by VENRO (Association of German development and humanitarian aid NGOs) and MSF. The full paper (3-pager & must-read!) is available [here](http://www.huffingtonpost.com/marwin-meier/the-german-g20-presidency_b_12044516.html?utm_hp_ref=impact&ir=impact).” The paper proposes that the German government places three concrete global health issues on the G20 agenda.

**UHC**

**Devex – Results-based financing shows a new way of doing health care**


On the shift towards RBF.
Planetary health

Globalization & Health - 'Manage and mitigate punitive regulatory measures, enhance the corporate image, influence public policy': industry efforts to shape understanding of tobacco-attributable deforestation


Findings & interpretation of this study on deforestation due to tobacco farming: “...The industry sought to undermine responses to tobacco-attributable deforestation by emphasising the economic benefits of production in LMICs, blaming alternative causes, and claiming successful forestation efforts. To support these tactics, the industry lobbied at the national and international levels, commissioned research, and colluded through front groups. There was a lack of effective action to address tobacco-attributable deforestation, and indeed an escalation of the problem, during this period. The findings suggest the need for independent data on the varied environmental impacts of the tobacco industry, awareness of how the industry seeks to work with environmental researchers and groups to further its interests, and increased scrutiny of tobacco industry efforts to influence environmental policy.”

AP – Study estimates 100,000 deaths from Indonesia haze


But Indonesia (& neighbouring countries) didn’t quite like the results. “Indonesian, Malaysian and Singaporean authorities have dismissed research that smoky haze from catastrophic forest fires in Indonesia last year caused 100,000 deaths. Some even contend the haze caused no serious health problems, but experts say those assertions contradict well-established science. Last year’s fires in Sumatra and the Indonesian part of Borneo were the worst since 1997, burning about 261,000 hectares of forests and peatland and sending haze across the region for weeks. Many were deliberately set by companies to clear land for palm oil and pulpwood plantations. The study in the journal Environmental Research Letters by Harvard and Columbia researchers estimated the amount of health-threatening fine particles, often referred to as PM2.5, released by the fires that burned from July to October and tracked their spread across Southeast Asia using satellite observations....”

Meanwhile, Paris climate goal will be 'difficult if not impossible to hit' (Guardian) – “Top scientists meeting in Oxford this week say they see few scenarios that would meet the Paris target to limit temperature rise to 1.5C.”
Infectious diseases & NTDs

Aidspan - Is ending AIDS by 2030 a realistic goal?, researchers ask

D Garmaise; http://www.aidspan.org/gfo_article/ending-aids-2030-realistic-goal-researchers-ask

“In an article published in The Lancet, a group of researchers questions whether the goal of ending the AIDS epidemic by 2030 with current prevention approaches is realistic. They question UNAIDS’ estimates of the number of people on treatment and the reductions in the rate of infection (see separate article in this issue). They also question whether there will be enough funding.... »

Check out also another GFO article from the same issue, AHF (Aids Health care foundation) and researchers call for more transparency in UNAIDS’ estimates of the numbers of people on ARV.

WB (blog) – Biting back at malaria: On treatment guidelines and measurement of health service quality


Blog related to a recent paper: “Non-compliance with established medical treatment guidelines can have dire consequences for public health and economic well-being. Based on the Demographic and Health Surveys, we examine malaria-treatment practices of various health-care providers in sub-Saharan Africa, where more than 90% of malaria-induced deaths occur. We estimate each provider’s likelihood (i) to comply with guidelines to administer (effective) antimalarial drugs and (ii) to relieve children of fever—a symptom of malaria—after having had a fever episode within the previous two weeks....”

Quartz - TB-tracking headbands, mapping cancer and a malaria hackathon: How data is fighting disease in Africa


“At a recent five-day hackathon, medical researchers from around the world joined forces to work through data mapping solutions to malaria....”
AMR

Lancet Global Health (blog) – Water, sanitation, and hygiene must be the first lines of defence against antimicrobial resistance


By Yael Velleman - WaterAid senior policy analyst on health and hygiene.

NCDs

WHO/UNDP sectoral briefs

“A new set of sectoral briefs produced by WHO and UNDP provide policy and decision makers across government with information on how non-communicable diseases (NCDs) impact their sector, and the proactive steps they can take to respond to the challenges while advancing their own objectives and accountabilities. “ See here.

NCD Alliance - World Alzheimer Report 2016 calls for global transformation in healthcare for people with dementia


“A new report from Alzheimer’s Disease International, authored by researchers at King’s College London and the London School of Economics and Political Science (LSE), reveals that most people with dementia have yet to receive a diagnosis, let alone comprehensive and continuing healthcare. The World Alzheimer Report 2016: Improving healthcare for people living with dementia, calls for concerted action to increase the coverage of healthcare for people with dementia worldwide. …. The report calls for a radical change in the way healthcare is delivered to people living with dementia, with a rebalancing toward non-specialist primary care, and planned and coordinated inputs from all levels of the health and social care sectors. It emphasises that care must be holistic, continuous and integrated, with a focus on quality of life for people living with dementia and their carers, and explicit monitoring of processes and outcomes....” (let’s hope this will be implemented by the time it’s my turn...)

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BMJ Global Health – What the InBev merger means for health in Africa

J Hanefeld et al; http://gh.bmj.com/content/1/2/e000099

(Recommended) “The merger between the world’s two largest beer producers—AB InBev and SABMiller—has potentially far-reaching consequences for health in Africa. The deal, announced in November 2015 and agreed by the European Commission on 24th May, will result in this new conglomerate having a dominant position in the global beer market .... “...The increasing focus of the global alcohol industry on LMICs mirrors the move by big tobacco into emerging economies in preceding decades. Evidence from the tobacco sector underlines precisely why this merger, and the shift in strategy which it represents, is bad news for health in Africa in particular. “

In other NCD related news (from last week), Google’s Alphabet Joined a $500 Million Venture to Fight Diabetes. “Google parent company Alphabet has set its sights on tackling a disease that affects hundreds of millions of people: diabetes. Verily, part of the company’s "moonshot" division, will begin a joint venture with French drugmaker Sanofi with the goal of making advancements in diabetes treatment. According to Reuters, the two companies will invest about $500 million and will each control a 50 percent stake in the new company, called Onduo....”

Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health – Countdown to 2030 for reproductive, maternal, newborn, child, and adolescent health and nutrition

C Victora et al (on behalf of Countdown 2030)
http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30204-2/fulltext

“...Countdown to 2015 concluded its tasks after the launch of its seventh global report at the Maternal Newborn Health conference in Mexico City, October, 2015. It is now relaunched as Countdown to 2030 (CD2030), retaining and enhancing the successful multi-institutional network with over a decade of health programme monitoring experience. CD2030 aims to: (1) accelerate the momentum to achieve the targets of the SDGs for ending preventable maternal, newborn, and child deaths; and (2) catalyse efforts to achieve the vision of the Global Strategy for Women’s, Children’s and Adolescents’ Health. ....”
Guardian – Vasectomies: turning an 'act of love' into a global movement


Ahum. “Feel the love”... Family planning critical to the well-being of families, women – particularly in low-income countries. This article tracks advocacy and innovations in vasectomy.

Devex – Emergency contraception: The reproductive health innovation everyone should know about


E Westley leads the International Consortium for Emergency Contraception, a global network that includes close to 4,000 individuals from more than 120 countries. She wrote this piece together with M Kerrigan. The article delves into the opportunities that emergency contraception offers women, and its still relatively subdued role in the area of family planning. It highlights the perception of EC as being one which is largely relegated to the domain of the private sector; one which also perhaps is more relevant as contraceptive post sexual violence.

Conflict & Health (Letter) – Why Médecins Sans Frontières (MSF) provides safe abortion care and what that involves


“MSF responds to needs for the termination of pregnancy, including on request (TPR); it is part of the organization’s work aimed at reducing maternal mortality and suffering; and preventing unsafe abortions in the countries where we work. Following the publication of “Why don’t humanitarian organizations provide safe abortion care?” we offer an insight into MSF’s experience over the past few years. The article looks at the legal concerns and proposes that the importance of addressing maternal mortality should replace them and the operational set-up and action organized in a way that mitigates risks. MSF took a policy decision on safe abortion care in 2004; the fact that care did not expand rapidly to relevant MSF projects came as a surprise, reflecting the important weight social norms around abortion have everywhere. The need to engage in an open dialogue with staff, relevant medical actors and at community level became more obvious. Finally the article looks some key lessons that have emerged for the organization as part of the effort to prevent ill health, maternal death and suffering caused by unwanted pregnancy and unsafe abortion.”
Guardian – Women do four years more work than men in lifetime, report shows


The article coincides with a meeting of the UN high-level panel for women’s economic empowerment at the UN general assembly. The article is based on a report by ActionAid – Not Ready, Still Waiting and highlights that not enough progress has been made on launching policies to tackle inequality since the UN sustainable development goals were agreed one year ago. The article also highlights the contribution of women towards paid and unpaid work. “To redress the balance, ActionAid is calling for governments – especially in developing countries where women are more likely to be affected – to deliver quality public care services, pass equal pay and family-friendly workplace legislation and agree minimum living wages, among other solutions.”

The Guardian - Sex workers in poor countries have no voice on UN consultation, activists say


UN Women has been criticised for its strategies to engage with stakeholders for their policy on sex workers. Criticisms have included the online platform chosen for stakeholder contributions – one which may exclude those without access to the internet (and thus many sex workers in poor countries). Also the short time-frame of the consultation.

Guardian - GAVI & Philips: Using data to map immunisation in the developing world


Philips and Gavi join forces to improve the quality of immunization data – its collection in primary and community healthcare. The focus of the endeavour will be on Uganda which will serve as a pilot country.

Also see a GAVI press release - Gavi and Philips team up to improve immunisation data quality in developing countries.
Lancet Psychiatry – Maternal depression and mental health in early childhood: an examination of underlying mechanisms in low-income and middle-income countries


“Studies examining mechanisms underlying associations between maternal depression and adverse child outcomes (including behaviour, socioemotional adjustment, and emotion regulation) indicate that during pregnancy, maternal depression could affect child outcomes through altered placental function, epigenetic changes in the child, and stress reactivity. Infection and dietary deficiencies in the mother and the child, together with the child’s genetic vulnerability, might also affect outcome.”

Part of a two-paper series that investigates the extent to which maternal depression affects child outcomes in low-income and middle-income countries.

Population Council – A State-of-the-Art Synthesis on Female Genital Mutilation/Cutting What Do We Know Now?


A new report which synthesizes recent data on FGM from 29 countries. The objective of the exercise is to expand the knowledge base on the contextual information on FGM and present it in simple, non-technical language. Key findings point to a decline in the practice, but that the procedure is increasingly being conducted at a younger age as well. Still, there seems to be a window of opportunity for change.

Thomson Reuters Foundation – Indian activists welcome top court ban on 'sterilisation camps' after women's deaths


“In a judgment on Wednesday, the Supreme Court [of India] said 363 women died between 2010 and 2013 during or after surgery in sterilisation camps due poor management by local authorities which included doctors using dirty equipment and expired drugs.” The Supreme Court has called on states across the country to end the practice of ‘sterilisation camps’. Maybe an opportunity to invest in FP?

“According to a study by PFI, 85 percent of the country’s family planning budget for 2013/14 was spent on promoting and conducting sterilisations on women. Only 1.5 percent was spent on other forms of contraception.”
Access to medicines

The Conversation – How can we get pharma companies to do more for global health? Try ranking them

In an article based on her peer reviewed paper, Individual Responsibility for Promoting Global Health: The Case for a New Kind of Socially Conscious Consumption, Nicole Hassoun advocates for an index assessing the impact of drugs on treating world’s diseases – the Global Health Index. The idea behind this is to try and create a ranking system which would allow consumers to purchase products from companies investing more in global health – improving access to medicines, and investing in R&D.

U.S. Disappointed Over Fundamentally Flawed Report of the UN Secretary-General's High-Level Panel on Access to Medicines

http://www.state.gov/r/pa/prs/ps/2016/09/262034.htm#.V968ESBMzzM.twitter

The (rather sad) reaction of the US government to the Report of the UN Secretary-General’s High-Level Panel on Access to Medicines. The text presents the US perspective, which claims the panel detracts from, rather than advances, the objectives of the complex issues of access to medicines.

Reuters – GSK cuts vaccine price for refugees, bowing to pressure

http://www.reuters.com/article/us-health-vaccine-gsk-idUSKCN11P12Z?feedType=RSS&feedName=healthNews

“GlaxoSmithKline is cutting the price charged for its pneumococcal vaccine when given to refugees, following complaints about the product’s "exorbitant" cost by medical charity Medecins Sans Frontieres.”
Miscellaneous

The Learning generation – Investing in education for a changing world


As R4D puts it in their newsletter, “A new report from the International Commission on Financing Global Education Opportunity says that delivering education to the 800 million children who are currently being left out is the biggest long-term economic, social and security challenge of our times, and offers financing and reform scenarios.”

CFR Backgrounder - WTO

http://www.cfr.org/international-organizations-and-alliances/world-trade-organization-wto/p9386

The Council on Foreign Relations offers background notes on a number of topics. This one is a great way to get an understanding of the World Trade Organization and its impact on politics, trade, development, etc.

Guardian – Theresa May's quasi-Darwinian fight to dilute right to claim asylum

https://www.theguardian.com/world/2016/sep/19/theresa-may-united-nations-right-claim-asylum-migration-refugees?CMP=twt_a-global-development_b-gdndevelopment

A piece published before Theresa May was supposed to speech in New York. “British Prime Minister, Theresa May will use her first speech to the United Nations to argue that the world’s wealthiest countries should offer only minimum protection to all but the most vulnerable of the world’s refugees”. She duly delivered.

Research

WHO Bulletin – Cost-effectiveness thresholds: pros and cons

M Y Bertram, MP Kieny et al; http://www.who.int/bulletin/online_first/BLT.15.164418.pdf?ua=1
“Cost–effectiveness analysis is used to compare the costs and outcomes of alternative policy options. Each resulting cost–effectiveness ratio represents the magnitude of additional health gained per additional unit of resources spent. Cost–effectiveness thresholds allow cost–effectiveness ratios that represent good or very good value for money to be identified. In 2001, the World Health Organization’s Commission on Macroeconomics in Health suggested cost–effectiveness thresholds based on multiples of a country’s per-capita gross domestic product (GDP). In some contexts, in choosing which health interventions to fund and which not to fund, these thresholds have since been used as decision rules. However, experience with the use of such GDP-based thresholds in decision-making processes at country level shows them to lack country specificity and this – in addition to uncertainty in the modelled cost–effectiveness ratios – can lead to the wrong decision on how to spend health-care resources. Cost–effectiveness information should be used alongside other considerations – e.g. budget impact and feasibility considerations – in a transparent decision-making process, rather than in isolation based on a single threshold value. Although cost–effectiveness ratios are undoubtedly informative in assessing value for money, countries should be encouraged to develop a context-specific process for decision-making that is supported by legislation, has stakeholder buy-in – e.g. the involvement of civil society organizations and patient groups – and is transparent, consistent and fair.”

FHS key message gender brief – Galvanising gender analysis & practice in health systems reflections from research in gender and ethics: building stronger health systems


“Gender analysis is an important component of health systems research (HSR) as it reveals how power relations create inequalities in health system needs, experiences, and outcomes among women, men, and people of other genders. Despite the importance of incorporating gender analysis into existing research programmes, it is not without its challenges, which must be overcome to successfully mainstream gender into health systems practice and research. This brief outlines some of these challenges, along with ways in which Research in Gender and Ethics (RinGs): Building Stronger Health Systems has responded to them....”