IHP news 391: Preparing for Vancouver

(28 October 2016)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

The global HSR symposium in Vancouver is coming up, including the Emerging Voices 2016 venture. This week’s intro was written by IHP co-editor Radhika Arora, who will also take care of the newsletter next week (4 November). We already want to inform you that in the weeks after (11 & 18 November), the IHP newsletter will be a lot shorter than usual (as our focus will be on Vancouver). Bet you won’t mind!

In the run up to the HSR2016 symposium the “elves” (and a few “dragons”) behind the Emerging Voices 2016 training program are all set to head to Vancouver to welcome the new batch of EVs. After weeks of distance coaching the new batch of 40 EVs will head to the Canadian coastal city for ten days of face to face training before the Symposium. A few, unfortunately, are still struggling with visa headaches; we hope it will all work out in the end.

The agenda is packed with sessions on how to communicate your research effectively, look at global health from a gender perspective and get a grip on better tools for more effective evidence to policy. The EVs also partner with Canadian Students and Young Professionals (SYPs) in global health for the Third Canadian Global Health Students and Young Professionals Summit which takes place before the conference as well (12-13 November). So tedious visa processes notwithstanding, the Emerging Voices 2016, EV Alumni and facilitators are all set for three weeks of global health over poutine, in the land of hockey (p.s. some of us might sneak out for a game), beaver tails and home of the Double Double ;-) 

The old (well...) and new EVs feature in this week’s newsletter – earlier this week, Angela Y. Chang, EV2016 kicked off a series of blogs by EV2016s with a critique of resilience as the primary objective of a health system. And in this week’s Featured article, Upasona Ghosh (EV 2014) discusses the importance of people-centredness in order to have a truly resilient health system, based on her experience in the Indian Sundarbans.

Enjoy your reading.

The editorial team
Featured Article

People-centeredness of a resilient health system – an illustration and some questions for the forthcoming HSR symposium 2016

Upasona Ghosh (EV 2014, IHMR Jaipur, Future Health Systems)

Very soon a number of health system and policy researchers and practitioners, civil society, academia and policy makers from around the world will gather in Vancouver, Canada for the Fourth Global Symposium on Health Systems Research (HSR). The build-up to this biennial conference shows that there is considerable excitement and debate on this year’s symposium theme – Resilient and Responsive Health Systems for a changing world. The theme is particularly appropriate within the context of recent public health emergencies, along with the challenges of epidemiological and demographic transition, climate change and conflict (and its impact on human migration). It would be of interest to know how much the concept of resilient health systems is linked with the theme of the 2014 edition of the HSR symposium in Cape Town – i.e. people-centred health systems. Can we think of a resilient health system without it being people-centred? The answer is most certainly no.

Against this backdrop, I would like to argue and illustrate the community’s involvement as being indispensable towards a resilient and equitable health system, and as part of this, frame the community’s engagement as a vital component in the building of resilient health systems as proposed by the WHO and others in their framework for a climate resilient health system. We often have the tendency to miss, or even ignore the community’s perspective on resilience, and focus more on the global definition of resilience. As the health system is a complex system, an understanding of contextual nuances, the community perspective and practices along with the community’s interactions with other components of the health system are also needed to respond better and be resilient towards the external shocks.

I have been part of an ongoing study conducted by IIHMR University under the Future Health System Research programme consortium in the Indian Sundarbans (the largest mangrove delta in the world comprising of 105 islands in eastern India and a recent hotspot of climate change). The study focuses on the impact of climate change on child health. It was here that I came across a slightly different perspective on resilience. Child malnutrition has been a chronic problem in the Sundarbans; the area also has a high burden of communicable and non-communicable diseases with sub-optimal levels of public health services. There are parts of the region which are more vulnerable to climate-related disasters than others, and one such example is that of the island of Ghoramara, which faces severe coastal erosion due to rising sea levels and storm surges. Over the years, the total land mass of the island of 8.51sq. km has dwindled to 4.45sq. km due to a continual rise in sea levels. The region has also seen large-scale migration of its people. Today, the island is home to about 5000 people with 1033 children aged between 0-6 years. Life on the island offers limited livelihood options; vulnerability to diseases and limited access to food has severely impacted the nutritional status of children living on this island. The health system is marked by poor infrastructure and human resources. Public health delivery in Ghoramara is in the form of a ramshackle sub-centre served by frontline health workers, and an NGO-run medical camp held once a week. In addition, there are around ten informal health providers who practice allopathic medicine without any formal degree or training. The community’s demand for health care is evident from the long queues in front of the NGO-run weekly clinic. At the same time the utilization rate of informal providers is also high,
especially during climate-related emergencies which render the island inaccessible, preventing formal health providers from reaching the islands. Often, islanders are forced to seek health care from a distant district and city health facilities for basic medical needs. Interestingly, the community members also use traditional home remedies, and continue to practice some traditional healing systems shamanism. This mixed pattern of health seeking behaviour by the islanders reflects their coping strategies in an environment with poor health services, under continuous pressure by climate-related events, and the expected impact of that on health and social determinants – requiring them to build their own resilience (or rather coping strategies).

Moving away from the community, to those working to deliver health services on the island, health personnel display a degree of fatalism towards the plight of the affected people, particularly within the context of the island dwellers as being few, and as people who survive with the limited options available to them. What is much less understood is the desirable levels of healthcare and services wanted and needed by the community. These are also not reflected in the design of healthcare programmes. The people of Ghoramara are hostage to their circumstances, and climate change—they are people who urgently need the health system to be responsive, to enable them to build the resilience needed in the face of frequent climatic shocks.

Why is it that health functionaries seem to overlook the needs and experiences of the islanders while preparing health plans? Are there no mechanisms in our existing health system that allow for a peoples’ (or a community’s) demand for healthcare to be voiced, and thus better engage with them in the health system? This can raise the question as to whether a general and uniform health plan for the islanders’ problems (based on average population data) is likely to be embedded in local factors of climatic variability. If such is the case, then how do people deal with it? How does this exclude island dwellers from existing and future plans?

I use the case of Ghoramara here to illustrate the need for understanding and taking into account the different contexts towards health system responsiveness and resilience. Continuous dialogues among multiple stakeholders which include the community and a multisectoral approach may offer alternative pathways to making a resilient health system also a people-centred one. One can only hope that the upcoming HSR conference would be a platform for the same.

**Highlights of the week**

**HP & P – Privilege and inclusivity in shaping Global Health agendas**

Kabir Sheikh, S Bennett et al; 

(must (short)-read) **Northern voices dominate Global Health discussions. Still.**

More than time to change this, in other words.
After reading this short viewpoint, Ilona Kickbusch started a Twitter campaign, as part of the Graduate’s initiative on global health policy think tanks. They will collate a list of leaders from the global south – use hashtag #ghgs100 for your suggestions.

As for my own suggestion in this respect: time to also “ration” the high-profile presence of always the same voices from the North. As much as I enjoy listening to Bill Gates, Tim Evans 4 All, Chris Elias and others, we need to boldly innovate & thus ration their voices on the stage, especially in plenaries!

**World Polio Day – 24 October**


“**World Polio Day was established by Rotary International over a decade ago to commemorate the birth of Jonas Salk, who led the first team to develop a vaccine against poliomyelitis....**” Of course, the hope is, somehow, that this is the last year the day has to be ‘celebrated’...

A few reads related to this year’s World Polio Day:

**CIDRAP – CDC: Polio eradication within sight but efforts still needed**  
CDC hosted a teleconference on the current state of global polio eradication. “**Despite polio being "on the brink" of eradication, CDC Director Tom Frieden, MD, MPH, said new cases of the disease in Nigeria illustrate the need to heighten surveillance as the public health world nears the finish line on polio....**”

See also Deutsche Welle, with an interview with Sona Bari (the spokesperson for polio eradication at the World Health Organization).

**Reuters** - Polio vaccine makers failing to make enough doses: WHO experts. “Two companies making vaccines to help the world eradicate polio are failing to produce enough, so many countries should prepare to give lower doses to make stocks last, a group of experts has advised the World Health Organization. With polio on the brink of eradication globally, the WHO wants to see a worldwide switch from the traditional "live" oral polio vaccine, which runs the risk of spreading the disease, to an inactivated vaccine that needs to be injected. But WHO’s Strategic Advisory Group of Experts (SAGE), which meets twice a year, said a severe shortage of inactivated vaccine means many countries should use a fractional dose, via an intra-dermal rather than intra-muscular injection, allowing each dose to go twice as far. “There are only two manufacturers of the vaccine and they are having some problems with production of the vaccine, and getting enough raw material of the polio virus,” SAGE Chairman Jon Abramson told reporters on a conference call on Friday. .... **The two manufacturers are French drugmaker Sanofi Pasteur and Asia’s largest vaccine maker, Serum Institute of India Ltd, owned by the billionaire Cyrus Poonawalla.**”

**WSJ** – Billionaires Pony Up More Funds in Fight to Eradicate Polio.

“Bill Gates is getting help from some fellow billionaire philanthropists as he and other health leaders work to overcome setbacks that have delayed the eradication of polio despite a recent sharp decline in the number of cases. Former New York City Mayor Michael Bloomberg, who donated $100 million
in 2013 to the Global Polio Eradication Initiative, is contributing another $25 million now to help stamp out the virus, which is highly infectious and can cause paralysis and death. Ray Dalio, chairman and co-chief investment officer of Bridgewater Associates LP, who gave $50 million in 2013, is adding another $30 million. An anonymous donor is contributing $15 million. The $70 million in new money will help cover costs of the polio-eradication effort that has been extended by about 18 months, Mr. Gates, co-chair of the Bill & Melinda Gates Foundation, said in an interview…”

Inis Communication - Designs for eradication: a report on the effort to end polio Very nice blog (with some telling infographics) related to the last annual report of the Global Polio Eradication Initiative.

Last but not least, check out this interesting WB ‘Investing in Health’ blog by Quentin Wodon, focusing more specifically on polio in North-East Nigeria (and broader development support by the WB) - Financing polio eradication and broader development

Global humanitarian crisis & health in conflict

Lancet Offline – Migration and health—from aspiration to desperation

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32048-7/fulltext

Richard Horton reports on last week’s Global Health Lab, held at the London School of Hygiene & Tropical Medicine – on migration & health. Must-read. Horton doesn’t sound optimistic.

MSF Analysis – Conflict Medicine: A Manifesto

G Abu-Sittah et al ; http://msf-analysis.org/conflict-medicine-manifesto/

Must-read. “Contemporary protracted conflicts across the Middle East have presented health systems and professionals with unprecedented challenges. The objective of this manifesto is to highlight the need for a better understanding of the different pathways of injury and re-injury within the changing ecology of war....”

Guardian - Central American migrants showing record levels of mental health problems


Mental health of migrants is not just in Europe an underestimated issue. “Central American migrants are suffering from record levels of mental health problems, amid a rise in violent attacks after a US-sponsored immigration crackdown forced them to use more perilous routes through Mexico. Two-thirds of migrants interviewed at shelters across the country reported suffering at least one violent attack – such as assault, rape or kidnapping – during their journey, according to a survey conducted by Médecins Sans Frontières (MSF) and shared exclusively with the Guardian....”
UN Day – 24 October

UN News - Global Goals can 'propel us towards a better future for all on a healthy planet,' Ban says on UN Day

“In his last United Nations Day message as Secretary-General, Ban Ki-moon recognized the efforts of courageous UN staff members who are on the frontlines of disaster and violence and continue to respond to the plight of the vulnerable people across the world. ... he also said that major progress has been made toward a more sustainable future through the 2030 Agenda for Sustainable Development, as well as in addressing the threat of climate change, through the Paris Agreement, which will enter into force on 4 November...”

SDGs knowledge hub & SDGs in action app

We want to draw your attention to a new (IISD) SDG knowledge hub, (recommended!!)

And for the new generation, check out the SDGs in action app.

Haiti, UN & cholera

A few reads from this week, in this rather disastrous saga for the people in Haiti (and the UN):

AP - UN wants $200 million to compensate Haiti cholera victims.

“The United Nations says it is looking to raise $200 million from member states to compensate the families of people who have died from cholera in Haiti. David Nabarro, a special adviser to the secretary-general, said Monday that the money to “provide material assistance” was part of a new U.N. approach to dealing with the disease that is believed to have been introduced to Haiti by U.N. peacekeepers from Nepal. He denied, however, that the proposed assistance amounted to acknowledgement of responsibility on the part of the U.N. for the disease which has sickened nearly 800,000 Haitians and killed some 9,300....”

See also Devex for more detail - David Nabarro: UN fighting cholera with 'hands tied behind our backs'. “As it scrambles to ensure cholera doesn’t surge in Haiti the aftermath of Hurricane Matthew, the United Nations is coming up short on funds. A $120 million emergency flash appeal for relief and recovery work remains only 28 percent funded, now more than three weeks after the storm hit Haiti on Oct 4. Even more questions linger over how the U.N. will fund a planned $400 million Multi-Partner Trust Fund, half of which would go toward material compensation for victims of cholera and their communities. The fund is meant to complement U.N. Secretary-General Ban Ki-Moon’s acceptance of responsibility for bringing cholera to Haiti following an earthquake in 2010....”

Meanwhile (Guardian), UN’s own expert called its actions over Haiti cholera outbreak 'a disgrace'

“The United Nations’ refusal to accept responsibility for the devastating cholera outbreak that has claimed more than 9,000 lives in Haiti has been branded a “disgrace” by the organisation’s own
**human rights special rapporteur.** Human rights groups working with victims had reacted with jubilation earlier this year following the UN’s first tacit admission that it was to blame for the outbreak after doggedly refusing to address how its peacekeepers brought the disease to Haiti in 2010. However, in a scathing report to the UN general assembly, the organisation’s special rapporteur on extreme poverty and human rights, Philip Alston, said that flawed and unfounded legal advice provided by the UN lawyers was preventing it from accepting responsibility for the outbreak....”

In other cholera related news (for Haiti), Humanosphere reported: [Cholera in Haiti: WHO considers using half doses to vaccinate more people.](http://www.humanosphere.com/cholera-in-haiti-who-consider-half-doses-vaccinate-more-people/)

**Trade & Investment agreements, global capitalism & global health**

**Guy Standing - The Five Lies Of Rentier Capitalism**

[https://www.socialeurope.eu/2016/10/five-lies-rentier-capitalism/](https://www.socialeurope.eu/2016/10/five-lies-rentier-capitalism/)

I guess Standing even forgets a thousand others. But these are five key ones. “**We live in the age of rentier capitalism.** It is the crisis point of the Global Transformation, during which claims made for capitalism have been wholly undermined by a developing system that is radically different from what its advocates say. They assert a belief in ‘free markets’ and want us to believe that they are extending them. That is untrue. Today we have a most unfree market system....” (good to know, for all the ones in global health (too) cozy to Big Business & elites )

**CETA turmoil**


Guess you followed the turmoil this week related to CETA & the role played in it by Paul Magnette & Wallonia. Disgusting framing by the ‘powers that be’, throughout the week. See “hot air Walloons” (Economist), cheap “Asterix/Obelix” comparisons pretty much everywhere, etc.

When we wrote this, at last an internal Belgian deal was struck, so it seemed likely that at some point (this weekend already?), Mr Trudeau will indeed fly to Brussels to sign the deal on behalf of Canada. The more important thing is, though, that these sorts of ‘agreements’, even with a “gentle & progressive country like Canada” (enter Canada’s drama queen minister of Trade last weekend), are now finally being scrutinized in the media and by public opinion, as they should. And the flaws exposed. “Backroom deals” on important economic issues with governance & policy space implications will become a lot less likely in the future, I hope.

A small prediction: chances are that CETA won’t survive in the medium term, at least some of the aspects that award even greater power to multinationals ( like the Investment Court System (ICS), ...). For a Canadian take (the Globe & Mail), on the CETA road (and the many blocks) still ahead, see
here. Or a tweet from Nick Dearden: “#Wallonia is a real hero. #CETA has not only been delayed but the corporate court system must now go to Europe’s highest court for a ruling.”

Wait and see, I guess.

LGBT

Plos Medicine (Editorial) – Towards Equity in Service Provision for Gay Men and Other Men Who Have Sex with Men in Repressive Contexts

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002154

“Chris Beyrer and colleagues reflect on a trend among African, Asian, and Caribbean settings, in which the provision of HIV and other essential health services for sexual and gender minorities is expanding despite challenging legal and social environments.”

In related news, AP reported Obama legacy: A quiet mission to export gay rights overseas. “While the world was watching America’s gay rights transformation, the Obama administration was pursuing a quieter mission to try to export the same freedoms overseas to places like sub-Saharan Africa, Latin America and eastern Europe. The U.S. has deployed its diplomats and spent tens of millions of dollars to try to block anti-gay laws, punish countries that enacted them, and tie financial assistance to respect for LGBT rights. It was a mission animated in part by former Secretary of State Hillary Clinton’s declaration that “gay rights are human rights.”...

See also Dipnote - Assessing U.S. Engagement on LGBTI Issues at the United Nations.

Humanosphere - New rule aims to stop anti-LGBT bias by foreign aid contractors – “The U.S. Agency for International Development announced Wednesday that its contractors cannot discriminate based on race, religion, disability, sex, sexual orientation or gender identity.”

And the World Bank announced a New Advisor on Sexual Orientation and Gender Identity Issues. “World Bank Group President Jim Yong Kim today announced Clifton Cortez as the Bank’s Advisor on Sexual Orientation and Gender Identity (SOGI) issues – a newly created senior position responsible for promoting lesbian, gay, bisexual, transgender, and intersex (LGBTI) inclusion throughout the work of the World Bank. In his position as SOGI Advisor, Cortez will oversee expanding the inclusion of LGBTI groups through Bank operations and will serve as a liaison to external groups....”

WHO (news) – Over 1 million treated with highly effective hepatitis C medicines


“Over one million people in low- and middle-income countries have been treated with a revolutionary new cure for hepatitis C since its introduction two years ago. When Direct Acting
Antivirals (DAAs) were first approved for hepatitis C treatment in 2013, there were widespread fears that their high price would put them out of reach for the more than 80 million people with chronic hepatitis C infections worldwide. The new medicines have a cure rate of over 95%, fewer side effects than previously available therapies, and can completely cure the disease within three months. But at an initial estimated price of some US$85 000 they were unaffordable even in high-income countries....” High prices remain a major barrier for many.

"Maximizing access to lifesaving hepatitis C treatment is a priority for WHO," says Dr Gottfried Hirnschall, Director of WHO's Department of HIV and Global Hepatitis Programme. "It is encouraging to see countries starting to make important progress. However, access still remains beyond the reach for most people." A new WHO report, Global Report on Access to Hepatitis C Treatment: Focus on Overcoming Barriers, released today shows how political will, civil society advocacy and pricing negotiations are helping address hepatitis C, a disease which kills almost 700 000 people annually and places a heavy burden on health systems’ capacities and resources....”

See also IP – Watch - WHO: More Hepatitis C Patients Being Treated In Developing Countries; Price Still An Issue.

IP-Watch – ‘WHO Is Not Just Seeking To Be A Firefighter’ – Peter Salama On Reform And Emergency Response At The UN Health Agency


“Under its new health emergencies program, the World Health Organization is setting up an improved structure for global health emergencies like the Ebola outbreak. But the UN agency is also opening itself up to a role as partnership broker to ensure the world has what it needs when the emergencies arise. And in doing so, WHO is trying to ensure that it remains the central player in global policy discussions and is not just an emergency response unit.” (very insightful interview with Peter Salama – but gated now...)

Lancet Public Health – inaugural issue is out

http://www.thelancet.com/journals/lanpub/issue/current

Check it out. Start with the editorial - A new journal for a new era in public health. “The past 3 years have witnessed two Public Health Emergencies of International Concern—epidemics of Zika and Ebola virus. Both have shaken the societies they affected. What are the lessons for public health?...”

The editorial goes on to list some of the lessons and then says: “These lessons underpin the reasons why we are launching a new online open access journal in public health: to prioritise the part research can play in advancing public health and to underline the importance of the open availability of information and research findings for public health decision making. As the recent examples of
emerging public health threats amply show, reliable new knowledge can make “the difference between life and death, for communities as well as for individuals.”

The Lancet (Editorial) – A missed opportunity for urban health

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32056-6/fulltext

The Lancet’s take on Habitat III, in Quito. The title already tells you all you need to know.

Devex – Gates Foundation to scale potential game changer in Zika, dengue control


“A coalition of governments and philanthropies announced Wednesday $18 million in funding to roll out the rapid scale-up of a promising new mosquito control method in Zika-hit Brazil and Colombia. The U.K.’s Department for International Development, the United States Agency for International Development and the governments of Colombia and Brazil, in partnership with the Bill & Melinda Gates Foundation and the Wellcome Trust, will fund the $18 million effort. The Gates Foundation is the largest donor, with $8 million, followed by USAID, and the Wellcome Trust jointly with DfID, both offering $5 million. If successful, the innovation will be a brand new form of vector control and potentially the most successful health intervention funded by the Gates Foundation to date. … … The technology works by infecting Aedes aegypti mosquitoes — the species responsible for transmitting a host of deadly diseases including Zika, dengue, chikungunya and yellow fever — with the common bacteria Wolbachia, rendering mosquitoes’ offspring unable to transmit disease....”

See also the Guardian (Sarah Boseley) - Mosquitoes to be infected with bacteria in fight against Zika virus “Mosquitoes in two large areas of Brazil and Colombia are to be infected with bacteria that deprive them of the ability to transmit viruses, in an attempt to check the spread of Zika, which has been held responsible for brain damage in thousands of babies. Funding the ambitious plan are two philanthropic foundations – the Wellcome Trust and the Bill and Melinda Gates Foundation – together with the Brazilian, UK and US governments. The scheme will cost $18m and is supported by the WHO....”

Zika

You already got some (potentially game-changing) Zika related news in the Highlights section. Here is some more news.
Guardian – Expect Zika virus to reach India and Africa, medical research charity warns


“The Zika virus, which causes brain damage in babies, is likely to spread to India and the continent of Africa, according to the director of the Wellcome Trust, a medical charity deeply involved in research to try to limit the damage. “I think we can anticipate global spread,” said Jeremy Farrar, speaking to the Guardian alongside Sue Desmond-Hellmann, the chief executive officer of the Bill and Melinda Gates Foundation....”

Excerpts from the rest of the interview – which took place on the margins of the Gates Foundation’s Grand Challenges annual event in London:

Hear hear... “...We definitely like to get our geek on, as people talk about it,” said Desmond-Hellmann. “We love data, we love science, we love technology. But increasingly one of the exciting things in science and technology is what people call implementation science and social science. It is at anyone’s peril if they think they’re going to make a difference in the world and not deeply understand that aspect of the work. With Ebola, it was vital to understand the cultural traditions surrounding death and burial. With Zika, the Gates Foundation is very concerned about access to family planning, an issue it has made a global priority. ...”

Plus, “...Both Gates and Wellcome believe the world is moving in the right direction on pandemic preparedness.”

For more on the Grand Challenges meeting, see the section ‘Global Health events’.

Plos Med (Perspective) - How Relevant Is Sexual Transmission of Zika Virus?

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002157

“Christian Althaus and Nicola Low consider the contribution of sexual transmission to the spread of Zika virus.”

A few quick hits from this week:

Reuters: Sanofi partners with Brazil to accelerate Zika vaccine work

Miami Herald - Zika virus will 'become endemic,' CDC leader says

“The nation’s highest ranking infectious disease expert delivered some sobering news on Zika to a Miami audience on Tuesday, telling them that the mosquito-borne virus is more widespread than
Florida health officials have reported and that the rapid spread of pathogens such as Zika represents “the new normal” in an age of global travel and trade, booming cities and climate change. “Here’s the plain truth: that Zika and other diseases spread by Aedes aegypti [mosquito species] are really not controllable with current technologies. So we will see this become endemic,” Tom Frieden, a physician and director of the Centers for Disease Control and Prevention told a group of about 100 people gathered at the InterContinental Miami hotel for The Atlantic magazine’s CityLab conference....”

Washington Post - Scientists are bewildered by Zika’s path across Latin America.

“Nearly nine months after Zika was declared a global health emergency, the virus has infected at least 650,000 people in Latin America and the Caribbean, including tens of thousands of expectant mothers. But to the great bewilderment of scientists, the epidemic has not produced the wave of fetal deformities so widely feared when the images of misshapen infants first emerged from Brazil. Instead, Zika has left a puzzling and distinctly uneven pattern of damage across the Americas. According to the latest U.N. figures, of the 2,175 babies born in the past year with undersize heads or other congenital neurological damage linked to Zika, more than 75 percent have been clustered in a single region: northeastern Brazil. ...”

Global health events

Annual Grand Challenges conference in London

Guardian - At the Grand Challenges conference in London, innovations in refrigeration and sanitation are among those making a difference to global healthcare.

Surprise, surprise, “...Innovation is the theme of this year’s Grand Challenges global conference, taking place in London this week. Experts from all over the world will address key questions in tackling global health challenges, including innovations in achieving the sustainable development goals, treating infectious diseases, and developing collaborations between north and south....”

Read also Bill Gates: Brexit will not affect science and research. (I’m surely not as smart as Bill, but I wouldn’t put my money on that prediction 😊)

“...The science and research industry in the UK will not be negatively affected by Brexit, Bill Gates has predicted. Speaking during a plenary on leadership in science and innovation at the Grand Challenge Annual Meeting, the Microsoft founder added he believed there was already a stronger research relationship between the UK and the US, than between the UK and other European Union countries.” Also, “The support of the UK government in fighting global pandemics in vitally important, Bill Gates has said. ...”
**IP-Watch - Industry Contributions, Benefit Sharing, Virus Genetic Data Discussed By WHO Flu Experts**


“The group of experts tasked to monitor the World Health Organization pandemic influenza framework met this week with discussions on the partnership contributions that industry is expected to provide to the system, and how influenza viruses’ genetic sequence data should be handled in the context of the framework. The WHO Pandemic Influenza Preparedness (PIP) Framework Advisory Group met behind closed doors from 18-21 October. The Advisory Group monitors the implementation of the PIP Framework, and provides assessment and recommendations regarding its functioning. Although the agenda of the meeting was not publicly available, according to the Advisory Group Chair Jarbas Barbosa da Silva, director-president of the Brazilian Health Regulatory Agency (ANVISA), the group discussed partnership contributions from industry, and how to handle pandemic flu virus genetic sequence data (GSD) in the PIP Framework. Genetic sequence data contain the genetic information that determines the biological characteristics of an organism or a virus....”

**Second session (UN Human Rights Council) open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights (24-28 October, Geneva)**

http://www.ohchr.org/EN/HRBodies/HRC/WGTransCorp/Session2/Pages/Session2.aspx

“At its 26th session, on 26 June 2014, the Human Rights Council adopted resolution 26/9 by which it decided “to establish an open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights, whose mandate shall be to elaborate an international legally binding instrument to regulate, in international human rights law, the activities of transnational corporations and other business enterprises.” The first session was held in July 2015. The second session took place this week.

A few reads related to this session and the need for a UN Treaty on this key issue:

ESCR-Net & FIDH launch [10 key Legal proposals for UN Treaty](http://www.ohchr.org/EN/HRBodies/HRC/WGTransCorp/Session2/Pages/Session2.aspx) to stop corporate abuse.

Global Policy Forum - [The struggle for a UN treaty](http://www.ohchr.org/EN/HRBodies/HRC/WGTransCorp/Session2/Pages/Session2.aspx) (by Jens Martens & Karolin Seitz) (August 2016)

For a business and human rights treaty based on progressive national implementation of the UNGPs and modelled after the WHO Framework Convention on Tobacco Control (by C M O’Brien)

TNI (Transnational Institute) (report) - [Building a UN treaty on Human Rights and TNCs](http://www.ohchr.org/EN/HRBodies/HRC/WGTransCorp/Session2/Pages/Session2.aspx). “This report contains six points for consideration of the UN working group tasked with developing a treaty on transnational corporations and human rights (the “Open-ended intergovernmental working group on
transnational corporations and other business enterprises with respect to human rights”). The six points speak to the need for any such human rights instrument to end corporate impunity and address the systemic power of transnational corporations….”

WHO/WIPO/WTO joint technical symposium on AMR (October 25, Geneva)


For a few reads, see IP-Watch:

WHO, WTO, WIPO Put Their Collective Mind To Antibiotic Resistance Calamity (gated) “Resistance to antibiotics by bacteria has been steadily growing and is now considered as a major threat to global public health, with some catastrophic projections of millions of death and billions of dollars in economic impact. The World Trade Organization, World Health Organization and World Intellectual Property Organization [today] are holding a joint technical symposium on antimicrobial resistance, and how to encourage innovation, appropriate use of antibiotics, and wide access to treatments and diagnostics….”

Antimicrobial Resistance Should Not Overshadow Broader Issue Of Access To Medicines, Some Say

Between Quick Wins And Long Roads Ahead On Antimicrobial Resistance.

Habitat III, Quito

Devex – Lessons learned at Habitat III


Recommended. See also last week’s IHP newsletter & this week’s Lancet Editorial (on the neglect of health). This Devex piece provides a good overview of the Habitat III conference, the new Urban Agenda, strengths & weaknesses, etc.

We also want to flag again that WHO, CCAC & Norway Launched a Campaign to Tackle Air Pollution at the Habitat conference. “The World Health Organization (WHO), the Coalition for Climate and Clean Air (CCAC) and the Government of Norway launched a campaign to tackle the climate and health impacts of air pollution and halve the number of deaths from air pollution by 2030, in line with the Sustainable Development Goals (SDGs). The 'BreatheLife: Clean air, A healthy future' campaign aims to mobilize cities and their inhabitants to protect themselves and the planet from air pollution, particularly black carbon, ground-level ozone and methane....”
Coming up next week:

*WHO Financing Dialogue (31 October)
http://www.who.int/about/finances-accountability/funding/financing-dialogue/en/

*WHO DG election process: “On 1–2 November, a live forum will be held, at which candidates will present their vision to WHO Member States and will also be able to answer questions on their candidacy. The candidates’ forum will be webcast on the WHO website in all official languages.”

Chatham House (3 November) event - Question Time: Electing the Next Director-General of the World Health Organization.

PS: a related piece on IPS, Who Should Lead the WHO Next?, didn’t provide that much news. Or perhaps the view from S Sirkin (Director of international policy and partnerships at Physicians for Human Rights) “…The new Director-General will also need to be prepared to “hit the ground running,” meaning that they should be “someone who already understands how the UN system works and how the WHO works,” she added. “We need someone who understands the dynamics of humanitarian and emergency responses today.” …”

Coming up – Nov. 7-12: COP 7 - World Health Organization (WHO) conference on the global anti-tobacco treaty: the Framework Convention on Tobacco Control (FCTC)


Reuters already had this exclusive report: India’s tobacco industry, government face off ahead of WHO conference. “India’s $11 billion tobacco industry has urged the government to take a softer line on tobacco control efforts when it hosts a WHO conference in New Delhi next month, but officials say the government will not bow to “pressure tactics” ….”

Coming up: 22nd session of the Conference of Parties (COP 22) to UNFCCC (Marrakesh) – 7-18 November

From WHO’s newsletter: “Health prepares for COP 22”:

The world now has a global climate treaty that will become a public health treaty as countries take action. As stated in the Paris Agreement, “the right to health”, will be central to the actions taken. The agreement calls on countries to develop adaptation plans that will protect human health from the impacts of climate change, such as, heat waves, floods and droughts, and the ongoing degradation of water and food security. Through monitoring and revision of national commitments
every five years, the world will begin to see improvements not only in the environment, but also in health, including reductions in the annual toll of more than seven million deaths worldwide attributable to air pollution every year. **At COP22, the public health community will showcase technical information, initiatives, lessons learned and political commitments on health, environment and climate change at key events.** For more information on specific health events, click [here](https) "

**Global governance of health**


From 2014 already. “In the absence of centralized human rights leadership in an increasingly fragmented global health policy landscape, regional health offices have stepped forward to advance the rights-based approach to health. Reviewing the efforts of the Pan American Health Organization (PAHO), this article explores the evolution of human rights in PAHO policy, assesses efforts to mainstream human rights in the Pan American Sanitary Bureau (PASB), and analyzes the future of the rights-based approach through regional health governance, providing lessons for other regional health offices and global health institutions. This article explores PAHO’s 15-year effort to mainstream human rights through PASB technical units, national capacity-building, the Inter-American human rights system, and the PAHO Directing Council....”

**NEJM – The United States and Cuba — Turning Enemies into Partners for Health**


“In June 2016, the U.S. Department of Health and Human Services (HHS) and Cuba’s Ministry of Public Health signed an umbrella accord that promises to make health a cornerstone of the new era of cooperation between the two countries. The memorandum of understanding (MOU), signed by HHS Secretary Sylvia Mathews Burwell and Minister Roberto Morales Ojeda, is the latest expression of goodwill since the December 2014 rapprochement that renewed diplomatic relations and reopened embassies in Washington and Havana. According to the HHS announcement, the MOU “establishes coordination across a broad spectrum of public health issues, including global health security, communicable and non-communicable diseases, research and development, and information technology.” ... Somewhat lost in the attention received by the MOU and the general progress of negotiations — which allow for expanded travel to Cuba for Americans — is the fact that **Washington’s six-decade embargo against Cuba is still in place.** Although President Barack Obama’s executive actions have reduced its reach, only Congress has the power to end the embargo altogether. Its restrictions seriously hamper the full collaboration promised in the MOU....” Some suggestions from Keck.
A few insightful blogs on ‘how to measure inequality’ (on Duncan Green’s blog) - What’s happening on Global Inequality? Putting the ‘elephant graph’ to sleep with a ‘hockey stick’


Recommended. M Jamaldeen (senior economist Oxfam Australia) discusses the “elephant graph” – see a Lakner & Milanovic paper from December 2013. He suggests a hockey stick shape instead.

For a related blog in the same series, see F Mager: The Politics of Measuring Inequality: What gets left out and why?

Aid & development

Guardian - Aid reforms could see big increase in private sector subsidies

“...Wealthy donor countries are debating the biggest changes to development aid in more than 40 years, in a closed-door meeting on Monday that could see a “massive increase” towards aid that supports the private sector. According to a leaked official document seen by the Guardian, proposed reforms to official aid would allow a wide variety of “private-sector instruments” to be used as vehicles for development, meaning that aid could be used to invest in, or give loans to, private companies, or to underwrite those companies’ activities through guarantees. ...”

Guardian - Priti Patel warns aid organisations must provide value for money or face cuts

“UK funding to major multi-lateral organisations that deliver aid, such as the World Bank, could be cut unless they provide “value for money”, the international development secretary has said.”

See also FT (on P Patel) - [A muddle-headed approach to foreign aid](https://www.fortune.com/2016/10/25/a-muddle-headed-approach-to-foreign-aid/)

Guardian – NGOs censure EU countries for spending foreign aid on asylum costs
“European NGOs have rounded on EU governments over the growing use of foreign aid budgets to meet refugee costs at home, claiming that the strategy artificially inflates official figures for development assistance despite money never reaching the poor countries for which it was intended. Germany was among the states criticised by Concord, a confederation of European NGOs, for including refugee costs as part of official development assistance (ODA), a “trick” that the organisation’s Aidwatch report said increased the country’s aid spending to 0.56% of gross national income....”

**UHC**

**The Elders - Accelerating progress toward UHC by 2030**


(Recommended) “Last month in New York, Gro Harlem Brundtland spoke alongside global health leaders including Margaret Chan, Director-General of WHO and the health ministers of South Africa and Thailand, during which she called for courageous leadership to achieve Universal Health Coverage by 2030.”

**NEJM (Special report) - Health Care in the 2016 Election — A View through Voters’ Polarized Lenses**


Guess which country they’re talking about here!

**New WHO portals/Websites**

**Health laws & Universal coverage**


“With countries working towards universal health coverage and the Sustainable Development Goals, WHO has developed a new portal to help strengthen health laws and regulatory systems. The portal provides guidelines, case studies, research, lessons learned, and other resources on health law topics.”

A few weeks ago, WHO also launched a new people-centred health website.
Planetary health

Lancet – Research in planetary health: a call for abstracts

S Myers et al (for the Planet Health Alliance)

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32054-2/fulltext

“Since the publication of the Rockefeller–Lancet Commission Report on Planetary Health, interest in planetary health has grown. Planetary health has been defined as the health of human civilisation and the state of the natural systems on which it depends. Planetary health research focuses on quantifying the human health effects of accelerating environmental change. To catalyse innovative ideas among the disparate yet integrally related fields, The Lancet will publish a booklet of outstanding abstracts in planetary health research, in conjunction with the annual meeting of the Planetary Health Alliance on April 10–11, 2017, in Washington, DC, USA.”

Guardian - New era of climate change reality' as emissions hit symbolic threshold


“The world is in a new era of “climate change reality”, with carbon dioxide in the atmosphere reaching a symbolic threshold which it will not fall below for many generations, scientists have said. In 2015, for the first time, carbon dioxide levels in the atmosphere were at 400 parts per million (ppm) on average across the year as a whole, the World Meteorological Organisation’s (WMO) annual greenhouse gas bulletin reveals....”

Guardian - World on track to lose two-thirds of wild animals by 2020, major report warns


Horrifying evidence of planetary ill-health: “The number of wild animals living on Earth is set to fall by two-thirds by 2020, according to a new report, part of a mass extinction that is destroying the natural world upon which humanity depends. The analysis, the most comprehensive to date, indicates that animal populations plummeted by 58% between 1970 and 2012, with losses on track to reach 67% by 2020. Researchers from WWF and the Zoological Society of London compiled the report from scientific data and found that the destruction of wild habitats, hunting and pollution were to blame. The creatures being lost range from mountains to forests to rivers and the seas and include well-known endangered species such as elephants and gorillas and lesser known creatures such as vultures and salamanders. The collapse of wildlife is, with climate change, the most striking
**Infectious diseases & NTDs**

**Deccan Chronicle – Global health experts call on India for greater efforts to deal with TB**


“Global health experts have called *(at the 47th Union World Conference on Lung health in Liverpool)* for initiation of greater efforts in India to deal with Tuberculosis (TB). The statement came in response to the recent estimates by the World Health Organisation (WHO) which noted that the TB epidemic in India was larger than previously estimated....”

**BMJ (News) – Funding shortfalls put target to end TB epidemic by 2035 at risk**

[http://www.bmj.com/content/355/bmj.i5779](http://www.bmj.com/content/355/bmj.i5779)

“Global funding for tuberculosis (TB) research and development has fallen to its lowest level since 2008, raising doubts about whether the global goal of ending the epidemic by 2035 will be possible. The 2016 report on tuberculosis research funding trends 2005-15, published by Treatment Action Group, found that funding dropped to $620.6m in 2015, down more than $50m from the previous year....”

**BMJ (News) – Shorter regimen for multi drug resistant tuberculosis cures more than 80% of patients**

[http://www.bmj.com/content/355/bmj.i5807](http://www.bmj.com/content/355/bmj.i5807)

“A nine month treatment regimen for multiple drug resistant tuberculosis (MDR-TB) patients across nine African countries has shown a success rate of more than 80%, according to results announced at the World Conference on Lung Health in Liverpool, UK. The results give further impetus for the shortened treatment regimen to be widely adopted, those involved with the study said....”

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002152

“In this mathematical modelling study, Rein Houben and colleagues provide updated estimates of latent tuberculosis infection worldwide and the implications of this reservoir with respect to goals for eliminating tuberculosis.”

Devex - Gates Foundation shapes investments to 'accelerate to zero' on malaria

Devex;

(recommended) "When Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, said in 2007 that “any goal short of eradicating malaria is accepting malaria,” she helped to spark an industry wide shift toward ending the disease. Prior to the 2007 forum on malaria, the global health community had been cautious about declaring full eradication the ultimate goal. Today, eradication shapes every aspect of malaria work from the foundation as well as the broader public health community. The Gates Foundation has led the shift in approach and mobilized others to join efforts to end the disease. ...” Check out how they do this. Among others, “The three major product development partners for the Gates Foundation in its malaria elimination strategy are the Geneva-based nonprofit Medicines for Malaria Venture, the public private product development partnership Innovative Vector Control Consortium, and the Malaria Vaccine Initiative at the global health organization PATH, based in Seattle....”

Stat News - CRISPR identifies genes that might be targeted to hobble HIV infection

https://www.statnews.com/2016/10/25/crispr-identifies-hiv-genes/

“... In research published Tuesday in Cell Reports, scientists announced that they had used CRISPR/Cas9 to test gene after gene after gene in human immune system cells — 45 genes in all, sometimes simultaneously and sometimes individually — to identify those that have anything to do with infection by the HIV virus, which causes AIDS when it infiltrates those T cells....” The hope is that one day, editing genes can prevent or cure HIV/AIDS. But that’s still some time away, at best.

Plos NTDs (Review) – Diagnostics in Ebola Virus Disease in Resource-Rich and Resource-Limited Settings

RJ Shorten et al; http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0004948
“Robert J Shorten and colleagues explore diagnostic assays of use in EVD in both resource-rich and resource-limited settings, including their respective limitations, and some novel assays and approaches that may be of use in future outbreaks.”

Quick hits:

**Patient Zero in AIDS crisis was misidentified, study says, rewriting early history of virus** Was all over the news yesterday, so we gather you know this by now.

**AMR**

The Lancet Respiratory medicine (Editorial) –Antimicrobial resistance—what can we learn from climate change?


A lot, it turns out. “...A key barrier to people's engagement with global problems is psychological distance—the perception that the effects of an issue will be felt in the future, in a distant part of the world. In his article on the “psychological climate paradox”, Per Espen Stoknes cites this as a reason public concern about climate change has waned in recent years. Psychological distance leads to a reduced sense of risk, as people view the issue as someone else's problem or something to be dealt with in the future. To encourage people to act on antimicrobial resistance, policymakers need to find novel ways to bring the issue closer to home. ...” Also, “**Those seeking to build a movement against antimicrobial resistance also need to be wary of so-called apocalypse fatigue, which relates to the way an issue is framed in public discourse and policy.**

The editorial thus concludes: “For the fight against antimicrobial resistance to succeed, patients and clinicians alike need to have simple, practical solutions at their fingertips. People also need to be engaged on a community level, making the issue feel more tangible and, hopefully, more urgent.”

Quick hit:

We already reported on this last week, but if you missed it - **Antibiotic waste is polluting India and China’s rivers; big pharma must act** (Guardian)
The Lancet (Lecture) – The heart of Africa: succeeding against the odds

Karen Sliwa; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31660-9/fulltext

A transcript of a joint Lancet and Academy of Medical Sciences lecture on the evolving burden of cardiac disease in Africa.

Vox – Leaked emails show how Coca-Cola tried to sway Hillary Clinton on a soda tax


It’s that the “other guy” is pretty much as bad as it gets in politicians’ land, otherwise this might have affected Hillary’s chances. Hillary’s people aren’t just cozy with Wall Street & Goldman Sachs....

Fox News – UN expert: Junk food is a human rights concern


“Hilal Elver, the U.N.’s special representative on the right to food, said Tuesday the rise of industrial food production combined with trade liberalization has allowed large corporations to flood the global market with cheap, nutrient-poor foods that force poor people to choose between economic viability and nutrition, effectively violating their right to adequate food. "Within the human rights framework, states are obliged to ensure effective measures to regulate the food industry, ensure that nutrition policymaking spaces are free from private sector influence and implement comprehensive policies that combat malnutrition in all its forms,” she said....”

Advice for the UN: Let’s bring in Batman to do something about it.

Journal of Global Health perspectives – Why is there no funding for NCDs?

Because it’s just Michael Bloomberg who is in the game yet – we need Batman to clean up NCD Gotham 🦇.

“Non-communicable diseases (NCDs) – including cancers, cardiovascular disease, diabetes, mental illness, and respiratory conditions – have come to dominate the global burden of death and disability, yet attract less than 2% of all global health funding. The growing disconnect between global impact and financing is concerning as the NCD epidemic has become firmly established in low- and middle-income countries. This article explores why international funders systematically overlook the leading cause of global death and disability. Alongside artefact, ten potential reasons are presented, including lack of data, weak evidence for interventions, fragmentation of the NCD community, ineffective framing, vested commercial interests, inopportune timing, and the sheer scale and complexity of the problem.”

BBC News - Women 'nearing equality with men - in alcohol consumption'


That was about time, I hear you think. For the related study in BMJ Open, see here (study with a Northern bias, though).

WB - Uruguay: A giant leap to prevent tobacco-assisted suicide


Nice read ahead of COP 7 in Delhi. And at least one lovely sentence: “…Perhaps in this case is apt to paraphrase the words of Apollo 11 astronaut, Neil Armstrong, after he stepped onto the lunar surface for the first time in 1969, to describe Uruguay’s victory as "one small step for a country, one giant leap for global tobacco control.”

Reuters – WHO cancer agency asked experts to withhold weedkiller documents

http://news.trust.org/item/20161025170239-yi6xt/

“The World Health Organization’s cancer agency - which is facing criticism over how it classifies carcinogens - advised academic experts on one of its review panels not to disclose documents they were asked to release under United States freedom of information laws....”
Sexual & Reproductive / maternal, neonatal & child health

WEF – The world's 10 most gender-equal countries


Top 10 of the world’s most gender-equal societies; in the lead are the Nordic countries, and also Rwanda and the Philippines. Based on the new WEF’s Global Gender Gap report.

CGD – FP2020: Three Things to Ask About Next Week’s Progress Report


Four years after FP2020 was launched, this article touches upon the progress made and the challenges experienced. It elaborates on CGD’s work on family planning. The full report will be published on the 3rd of November, along FP2020 report.

Lancet Global Health (Comment) – Mapping the geography of child mortality: a key step in addressing disparities

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30264-9/fulltext


Coming soon (book) – Why the Politics of Breastfeeding Matter

First published in 1988, the book continues to be relevant to the discourse on breastfeeding as an issue of global public health importance. The text examines the politics of breastfeeding, and the interactions between commercial interests, personal links, impact on health – across the world.

UN statistics forum addresses efforts to support Global Goal on gender equality


This week the 6th Global Forum on Gender Statistics took place in Helsinki. The two-day event was held in Finland with the objective of ways in which to improve data on women [female gender] in order to support better policies for women and girls.

Guardian – Wonder Woman announced as UN ambassador amid staff protest

https://www.theguardian.com/books/2016/oct/21/wonder-woman-un-ambassador-staff-protest

In one of the more “entertaining” stories on global health, Wonder Woman’s position as honorary ambassador for the empowerment of women has not just led to praise, but also to criticism, not just outside the UN, but also among employees. A petition was created by “Concerned United Nations staff members” asking the UN secretary general to reconsider. Among others, the petition mentioned concerns over her “overtly sexualized image” that is not “culturally encompassing or sensitive”.' They're damned right. But more importantly, “"... The bottom line appears to be that the United Nations was unable to find a real-life woman that would be able to champion the rights of ALL women on the issue of gender equality and the fight for their empowerment. The United Nations has decided that Wonder Woman is the role model that women and girls all around the world should look up to,” the petition read.”

Guardian – Kenya lights the way for beleaguered youth of sub-Saharan Africa


According to the index of global youth development, which is based on the UN’s human development index, sub-Saharan Africa ranked the lowest on health, education and employment for young people. Still, Kenya has made significant strides in improving the conditions of young people over the past five years. The news wasn’t so positive for young people in Pakistan, Haiti and Angola – who faced a decline in conditions over the last five years.
The Conversation – Zika and Ebola had a much worse effect on women: we need more research to address this in future

Sara Davies et al; https://theconversation.com/zika-and-ebola-had-a-much-worse-effect-on-women-we-need-more-research-to-address-this-in-future-64868

The inequitable impact of Zika and Ebola on women reflects the poor literature on the impact of outbreaks from a gender perspective, and begs for more gender-sensitive research on the issue. Based on a recent article in International Affairs.

Guardian – Will the closure of India's sterilisation camps end botched operations?


“One of the women who was sterilised was actually three months pregnant, and she ended up miscarrying her baby. I mean, they were just butchering women.” In the wake of mass sterilisation of women gone very wrong in 2012, a petition filed by a health activist has led to a historic victory against the mass sterilisation of women. Four years of legal wrangling has led to the shutdown of sterilisation camps across India."

Guardian – 11 health innovations to drastically cut maternal and child mortality rates


“Recent analysis has identified 11 health interventions that could save more than 6 million mothers and children by 2030, if they are invested in 24 countries.”

Access to medicines

The conversation – Africa has an essential medicines list. Now it needs one for diagnostics

Lee Schroeder et al; https://theconversation.com/africa-has-an-essential-medicines-list-now-it-needs-one-for-diagnostics-66973
The article highlights the limited attention given to the quality of diagnostics, particularly availability of diagnostics in African countries. The article advocates for a list of essential diagnostic tests, in the way in which the WHO’s essential medicines list is designed – to encourage more efficient investments in the area of diagnostics. And WHO should also be the steward of this essential diagnostics list, they say.

**NYT – The Pharma C.E.O. Who Wants to Lower Drug Prices**


Interview with Andrew Witty, chief executive of GlaxoSmithKline (but only for a little while anymore) on the issue of rising drug prices, the recent Zika and Ebola epidemics and more.

**The Hindu - India to US: Will not tighten IPR rules beyond TRIPS mandate**


News from last week (20 October) already. As the issue of IPR became a source of difference between India and the United States at the bilateral Trade Policy Forum meeting the week before last. “The US also expressed concern about India’s effort to renegotiate and weaken some of its existing agreements (on investments)... India is very clear that it is not ready to engage with anyone on ‘TRIPS plus’ issues which could lead to ever-greening of patents or blocking of compulsory licences”.

**IHP – Domestic Policies for Trade to Uphold the Right to Health**

Daniele Dionisio; http://www.internationalhealthpolicies.org/domestic-policies-for-trade-to-uphold-the-right-to-health/

“At a time when governments in the most affluent countries are turning their agendas into monopolistic interest-friendly policies, international trade agreements such as TTIP, TPP, CETA and TISA, among others, are incurring criticism for the effects these agreements will have on access to health services for the public health....”

And in the US, Five groups urge President Obama to forego longer protections for biologics in the TPP. “Five diverse groups on Wednesday urged President Obama to forego any agreements that would lengthen data protections for high-tech medicines in an expansive Asia-Pacific trade deal. In the letter to the president, the groups — the AARP, Doctors Without BordersAFL-CIO, Oxfam and the
Consumers Union — said they are concerned about recent reports that the Obama administration is working on a compromise with the pharmaceutical industry and Republican leaders in Congress that would lengthen monopoly protections for biologics beyond what is included in the Trans-Pacific Partnership (TPP).”

Miscellaneous

Reuters – Bill Gates foundation gives $210 million to Seattle-based university


As I heard somewhere this week, the world is about “Money, Money, Money, Excellence, Excellence”. Against that benchmark, Bill Gates is doing just fine. “Microsoft founder Bill Gates through his foundation has donated $210 million to an initiative based at the University of Washington in Seattle aimed at improving people’s health around the world, university officials said on Tuesday. The gift from the Bill & Melinda Gates Foundation, named after the billionaire and his wife, will be used to construct a building at the university to house its Population Health Initiative, the school said.”

Guardian –Latest WikiLeaks dump ties Clinton Foundation to personal enrichment claims


“Donald Trump’s campaign has seized on embarrassing revelations of blurred lines between the Clinton Foundation and the family’s business interests, as fresh WikiLeaks emails cause their biggest political stir yet. The new disclosures detail the extent of what was dubbed “Bill Clinton Inc” by advisers who boasted of securing more than $100m for the former president when challenged about their own conflicts of interest....”

Report - Seminar on Complex systems thinking in international aid and health development – Sept. 2016 (ITM)


“The seminar [chaired by Bruno Marchal] brought together more than 140 participants including staff of BTC, staff and students of academic institutions (UCL, ULB and ITM), Be-cause Health members, and NGOs, thus gathering various expertise in development, evaluation and research. The aim was to identify the challenges of complexity and the existing strategies for complex systems thinking, organised in two sessions: ‘the paradigm shift’ and ‘complexity sensitive planning and
management’. The full report and the presentations are now available online. A second seminar on the issue of complexity is planned for Nov. 25th, 2016.”

Emerging Voices

HS Global (Blog) - Resilience should not be the primary objective of a health system


By Angela Chang (EV 2016). First in a series of five blogs related to the theme of the Vancouver symposium.

Research

Social Science & Medicine – Strengthening institutional and organizational capacity for social health protection of the informal sector in lesser-developed countries: A study of policy barriers and opportunities in Cambodia

Peter Leslie Annear, Ir Por et al;

“Reaching out to the poor and the informal sector is a major challenge for achieving universal coverage in lesser-developed countries. In Cambodia, extensive coverage by health equity funds for the poor has created the opportunity to consolidate various non-government health financing schemes under the government’s proposed social health protection structure. This paper identifies the main policy and operational challenges to strengthening existing arrangements for the poor and the informal sector, and considers policy options to address these barriers....”

(Book) Justin Parkhurst – The Politics of Evidence: From evidence-based policy to the good governance of evidence

areas. This book provides new insights into the nature of political bias with regards to evidence and critically considers what an ‘improved’ use of evidence would look like from a policymaking perspective....” (incl a free e-book)

Critical public health – The assets-based approach: furthering a neoliberal agenda or rediscovering the old public health? A critical examination of practitioner discourses


“The ‘assets-based approach’ to health and well-being has, on the one hand, been presented as a potentially empowering means to address the social determinants of health while, on the other, been criticised for obscuring structural drivers of inequality and encouraging individualisation and marketisation; in essence, for being a tool of neoliberalism. This study looks at how this apparent contestation plays out in practice through a critical realist-inspired examination of practitioner discourses, specifically of those working within communities to address social vulnerabilities that we know impact upon health. The study finds that practitioners interact with the assets-based policy discourse in interesting ways. Rather than unwitting tools of neoliberalism, they considered their work to be about mitigating the worst effects of poverty and social vulnerability in ways that enhance collectivism and solidarity, concepts that neoliberalism arguably seeks to disrupt. Furthermore, rather than a different, innovative, way of working, they consider the assets-based approach to simply be a re-labelling of what they have been doing anyway, for as long as they can remember. So, for practitioners, rather than a ‘new’ approach to public health, the assets-based public health movement seems to be a return to recognising and appreciating the role of community within public health policy and practice; ideals that predate neoliberalism by quite some considerable time.”

IJHPM – Evaluating Global Health Partnerships: A Case Study of a Gavi HPV Vaccine Application Process in Uganda

C Kamya et al; http://www.ijhpm.com/article_3288_a08d623978aa2d64e1923e48bb981c0a.pdf

“Global health partnerships have grown rapidly in number and scope, yet there has been less emphasis on their evaluation. Gavi, the Vaccine Alliance, is one such public-private partnership; in Gavi-eligible countries partnerships are dynamic networks of immunization actors who work together to support all stages and aspects of Gavi support. This paper describes a conceptual framework – the partnership framework – and analytic approach for evaluating the perceptions of partnerships’ added value as well as the results from an application to one case in Uganda....”
Social Science & Medicine – From global bioethics to ethical governance of biomedical research collaborations


“One of the features of advanced life sciences research in recent years has been its internationalisation, with countries such as China and South Korea considered ‘emerging biotech’ locations. As a result, cross-continental collaborations are becoming common generating moves towards ethical and legal standardisation under the rubric of ‘global bioethics’. Such a ‘global’, ‘Western’ or ‘universal’ bioethics has in turn been critiqued as an imposition upon resource-poor, non-Western or local medical settings. In this article, we propose that a different tack is necessary if we are to come to grips with the ethical challenges that inter-continental biomedical research collaborations generate....”