IHP news 394 : Vancouver symposium

(18 November 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,

You’ll forgive us a makeshift newsletter this week, from the global HSR symposium in Vancouver, a wealthy city with a stunning convention centre but also far too many homeless people, sadly, many of them with mental health issues. This week we’ll just offer a digest of links to papers and global health (policy) news, with very limited comments.

Meanwhile, the new “President-elect” turns out to be quite a stress test for the US polity, which was already in disastrous shape. Chances are we will – airplane style - all need vomit bags every morning, when we scan the newspaper headlines in the coming 4 years. The contrast with the opening of the symposium on Tuesday evening, with a First Nations prayer, cannot be bigger. Humankind has lost so much wisdom over the past 150 years. Somehow, we need to find it back in this century. And it’s rather urgent...

Sara Bennett officially opened the symposium on Wednesday, mentioning among other things that, while Ebola had been hanging over the Cape Town symposium in ’14 as a dark cloud, the US election outcome feels a bit similar this time. The Ebola crisis is sometimes called global health’s 9/11, among others by Agnes Soucat. In some ways, the Trump election might also turn out to be such a moment. As Michael Clarke warned at a symposium pre-event, global health values such as equity and global solidarity are currently losing in the global ideas war. Like the Americans signing up for the army after 9/11, already you see many well-intentioned people seriously pondering the question, how and where can we be most effective in opposing the current downward spiral to hell and really get to the transformative change we need?

Let’s hope the health systems research community and HS Global will be part of the answer. Will we follow or lead in this fast changing era?

Enjoy your reading.

The editorial team
Featured Article

The Featured article of this week will appear on IHP tomorrow. It’s the (long version of) the speech (based on an essay) Nana Yaa Boadu (EV 2014) will deliver at the closing plenary of the Vancouver symposium, this afternoon. Title: “Looking back to look forward: How lessons from the history of health policy and systems research and practice can shape and inform its future.”

Do check it out when it appears online!

Highlights of the week

4th HSR symposium in Vancouver

It’s impossible to cover everything that’s been happening at the symposium, we won’t even try. It also clearly depends on your research interest.

So we’ll just list a few things here. More analysis & reports next week. Including, no doubt, also the statement that will be released at the end of the symposium.

For live coverage & blogs from the symposium, as well as plenaries broadcast (+ recordings): see the HS Global’s HSR symposium webpage. Also the HSG speaks reporters give an overview of the days.


The new HSG Board: Kabir Sheikh is the new chair; Asha George vice-chair.


The Alliance launched a flagship report, Open Mindsets: Participatory Leadership for Health

See also the press release: “The Alliance for Health Policy and Systems Research (AHPSR) calls for participatory leadership to strengthen health systems. The approach is premised on inclusivity and engages diverse stakeholders at different levels within and outside the health system. The report, Open Mindsets; Participatory Leadership for Health, was launched at the Fourth Global Symposium on Health Systems Research, being held from 14-18 November in Vancouver, Canada, along with a special issue on “Effective Leadership for Health Systems” in the Health Systems & Reform Journal.”

The Gates Foundation seems to get serious about health systems, and fairly open-minded (at least the team I saw) – a “health systems revolution” at the Foundation, over the last year, was even being mentioned (although various speakers also added immediately “let’s hope we don’t get fired for this” 😊).
I quite enjoyed the intersectionality plenary this morning, (unlike the opening plenary on Wednesday morning, where even a double espresso didn’t suffice to keep me awake).

For more on the Vancouver symposium, see also the Research section of this week, below.

And of course, check out the hashtag #HSR2016. As well as the hashtag on the Emerging Voices 2016 (F2F programme & preconference), with plenty of pictures! #ev4gh16

By the way, themes can be suggested for the Liverpool symposium in 2018. Do send them to HS Global (on Twitter or via email). By way of example, one theme was already suggested by Kerry Scott: “Return to Alma Ata. Let’s get back to PHC and Health For All!”  (I would be rather surprised if that one got to the finish line, though!)

Lancet Global Health (Comment) - Making health systems research work: time to shift funding to locally-led research in the South
A Hasnida et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30331-X/fulltext

(must-read) “…To contribute to the debate concerning the status and future of the health systems research field, we assessed the research presented at the previous global symposia.” “…Our findings present several promising developments but also highlight that research inequities persist. …” The authors also present a solution: “…The essence of the solution to this imbalance is straightforward: increase funding for demand-driven and locally led research in the South.”

Lancet Countdown: Tracking progress on Health and Climate change

http://www.thelancet.com/climate-and-health

“Launching a new Lancet Countdown, an international collaboration will track and annually report the health effects of climate change in five indicator areas from 2016 to 2030. ”

“With the aim of ensuring the case for action on health and climate change is more widely evidenced and understood, the Lancet Countdown will inform decision-making and drive an accelerated policy response to climate change. It will complement other initiatives, such as the Intergovernmental Panel on Climate Change and its achievements for climate science. “

Lancet (Offline) – Planetary health—gains and challenge

R Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32215-2/fulltext

State of affairs on ‘Planetary Health’. Must-read. “Slowly, planetary health is evolving into a new discipline to complement public and global health. The first professor of planetary health was
recently appointed: Anthony Capon, at the School of Public Health in Sydney. A Planetary Health Alliance has been established between universities and non-governmental organisations, led by Sam Myers at the Harvard TH Chan School of Public Health in Boston, Massachusetts. In April, 2017, the first Planetary Health conference will be held. ... In 2017, a new journal, The Lancet Planetary Health, will be launched. ...

As for the challenges, you probably have a hunch.

Launch of UN Committee on Rare Diseases

https://www.rarediseases.ca/launch-of-un-committee-on-rare-diseases/

No, this new Committee was not launched as a response to the “rare disorder” that starts with a T in the US. This Committee will advise the UN on rare diseases, bolster awareness of rare diseases as a global policy, research & health care priority, ...

Nature (news) – Rwanda feels the pinch as donors slash health aid

Nature ;

“Rwanda has made major public-health strides since the country’s genocide against the Tutsi people ended in June 1994, but declines in foreign aid now threaten that progress. Donors such as the US President’s Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria have reduced assistance to Rwanda by 40% over the past three years, jeopardizing advances in a country seen as a development success story. The situation will be hotly discussed at the annual meeting of The World Academy of Sciences in Kigali on 14–17 November....”

Some analyses of Trump’s victory & implications

The Lancet (Editorial) – President Trump
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32216-4/fulltext

The Lancet’s take.

Guardian – The development sector must heed domestic issues after Brexit and Trump
Must-read. Glennie is stating the obvious, but does so very very well (as usual).

**Guardian – We must rethink globalization, or Trumpism will prevail**

Thomas Piketty; [https://www.theguardian.com/commentisfree/2016/nov/16/globalization-trump-inequality-thomas-piketty](https://www.theguardian.com/commentisfree/2016/nov/16/globalization-trump-inequality-thomas-piketty)

“Rising inequality is largely to blame for this electoral upset. Continuing with business as usual is not an option.”

**Guardian – Does Trump’s election mark the end of compassion in aid?**


Hard-hitting piece. Must-read. “Trump’s worldview is completely at odds with the principles of foreign aid. Is this the end of development as we know it?”

Some other links:

Alex Thier (ODI) - [Foreign aid under Trump’s 'America-first' doctrine](https://www.theguardian.com/global-development-professionals-network/2016/nov/11/trump-us-election-victory-end-compassion-aid)

**Guardian - US aid for women's sexual health worldwide under threat.**

Devex - [A Trump presidency may threaten UN funding, climate deal.](https://www.theguardian.com/global-development-professionals-network/2016/nov/11/trump-us-election-victory-end-compassion-aid) You might want to drop the “may”. Trump is already seeking for the quickest way to quit the Paris climate agreement, says report (Guardian). Still, big companies urged Trump not to quit the Paris agreement, this week. Who knows he might listen to them.


**BMJ Editorial – The war on drugs has failed: doctors should lead calls for drug policy reform**

Fiona Godlee et al; [http://www.bmj.com/content/355/bmj.i6067](http://www.bmj.com/content/355/bmj.i6067)

“Evidence and ethics should inform policies that promote health and respect dignity”. Wonder whether that will make a difference in our dark “post-truth” times. See also a BMJ Observation, [Non-violent drug users should face no penalty—a call from the Global Commission on Drug Policy](http://www.bmj.com/content/355/bmj.i6067).

“…As the Global Commission on Drug Policy lays out in its upcoming report, Advancing Drug Policy Reform: A New Approach To Decriminalization, drug use and possession should not be penalised with..."
any criminal or civil action, and alternatives to punishment, such as counselling, community service, or educational workshops, should be developed for all low level actors in the drug trade (users, dealers, mules, cultivators). The commission takes this a logical step further and calls for governments to regulate all illicit drugs. This would curb a massive revenue stream for organised crime, worth an estimated $320bn...”

Lancet Global Health (December issue)

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

There’s a lot of great stuff in the new Lancet Global Health issue. Start with the Editorial on Haiti – The UN in Haiti: an adulterated vision of accountability.

Then make sure you also read, at least:

Ilona Kickbusch’s Comment - The commercial determinants of health. She defines the commercial determinants of health as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”, and provides a framework for the commercial determinants of health.

Engaging the private sector to strengthen NCD prevention and control (by Luke Allen et al. on behalf of the Working group of the Global Coordination Mechanism on NCDs).

But there’s a lot more, including on the state of breast cancer in SSA, etc...

Marrakech COP 22 & health

Dr Chan opened the first joint meeting of health & #climate ministers at #COP22. "Paris is a health agreement as much as a #climate agreement".

See also Xinhua News - WHO urges focus on health in dealing with climate change. “The World Health Organization (WHO) called on [last] Friday for giving health a central priority in the Climate Change Conference (COP22), currently held in Morocco, and including it in the implementation of the Paris Agreement....”

World Antibiotic awareness week

“Kicking off World Antibiotic Awareness Week, Nov. 14-20, the WHO said that without urgent action, the world is on a path towards a ‘post-antibiotic era.’” -see UN News Centre (post-truth Trump fans now probably think, well, one “post-era more or less won’t make the difference...)

World Diabetes day

http://www.who.int/mediacentre/factsheets/fs312/en/

“The number of people living with diabetes has nearly quadrupled since 1980 to 422 million adults, or 1 in 11 people. Diabetes is one of the world’s leading causes of death: in 2012, 1.5 million people died due to the disease, while high blood glucose led to another 2.2 million deaths. On World Diabetes Day, WHO calls for action to halt the rise of diabetes....”

WHO - WHO and the World Bank engage in new funding framework agreements


“These agreements will set the legal framework for World Bank-funded projects when a Government engages WHO to implement health technical assistance in countries. During Ebola outbreak crisis in 2014, WHO and World Bank joined their efforts to support emergency operations in affected countries and others under risk countries. In the absence of legally agreed implementation mechanism, a specific Agreement only restricted to responding to the Ebola Virus Disease was set up to speed up emergency operations and response for a total of US$ 60 million in two years. Drawing from that experience, and given the recurrence of World-Bank financed operations and projects under governments that are implemented by WHO, the two Institutions have engaged in filling the gap by signing these Framework Agreements....”

Fourth meeting of the IAEG-SDGs

http://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-04

The fourth meeting of the Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) is being held from 15 to 18 November 2016 in Geneva, Switzerland.

For our purposes, what happens to UHC indicator 3.8.2 is of course the most important. A few reads, ahead of the meeting:

Anna Marriott - Will the SDG indicator group make the UHC indicator fit-for-purpose? Neat overview of the situation for the UHC indicator 3.8.2 (and the two likely options – replace or add-on).
Lancet (Correspondence) – Open letter on the SDGs: a robust measure for universal health coverage is essential

Di McIntyre, M McKee et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2816%2932189-4/fulltext

See also last week’s IHP issue. Signed by already 300+ people from the global health community.

Global Policy Watch (briefing) – Refining the indicators: Opening the process: open for influence?


Overall analysis of where the indicator process stands.

Devex – Countries move ahead on SDGs without UN framework in place


Must-read. “The United Nations is inching closer toward establishing a global framework to measure the 17 Sustainable Development Goals, more than one year after the universal poverty, health, inequality and climate change agenda was approved. But lack of available data and clarity on how these ambitious targets can actually be measured will likely leave the new U.N. monitoring system in flux for the next several years. That uncertainty could make it challenging to track progress on benchmark goals such as universal health coverage and whether violence against children has decreased leading up to 2030. “It will be a process of refining the message and refining the indicators,” said Tom Slaymaker, senior statistics(190,628),(923,743) and monitoring specialist at UNICEF. “This is a long-term project and we have to be realistic about what we can expect to be able to report in the short- and medium-term.” U.N. officials admit it could take years to finalize this global framework, so they are urging countries not to wait. Some countries, such as Mexico and Colombia, are already adopting this framework — a 30-page document with 230 indicators, tiered from I to III based off of their readiness to measure progress — into their national implementation strategy....”

Lancet (Comment) – The black box warning on philanthrocapitalism


You know we can’t resist a title like this. Especially given the authors. Starting with a reflection on the Zuckerberg Chan initiative, they go on and say: “...Aside from the unlikelihood of $3 billion being enough to manage all disease, there are at least three reasons why the global health community should pay more critical attention to the potentially adverse effects of philanthrocapitalism....”
Zika

Stat news – Is Zika still a public health emergency?


“On Friday, almost a year to the day from that first warning, experts who advise the UN’s global health agency on Zika will grapple with the question of whether this most unusual of outbreaks still constitutes a crisis. It won’t come as a huge surprise to the global health community if the experts tell WHO Director-General Margaret Chan that Zika, while still alarming, no longer meets the criteria for a “public health emergency of international concern,” as its known in the agency’s vernacular. ...”

Let’s see what happens on Friday.

BMJ Editorial - Developing a vaccine against Zika

http://www.bmj.com/content/355/bmj.i5923

State of affairs.

Guardian – Global health leaders failing women in Zika-hit areas, experts warn


“Global public health bodies are accused of failing to act over ‘deeply political’ restrictions on contraception in Latin America and Caribbean."
Global health events

**VOA - Global Goverments: Make Tobacco Firms Liable for Smoking Harm**


“A global conference on tobacco control has pledged to hold the tobacco industry legally liable for health consequences of smoking and protect public health policies from the influence of tobacco companies. Representatives from around 180 countries participating in the World Health Organization’s global tobacco control treaty negotiations on Saturday adopted a declaration in which they also vowed to prohibit or regulate the sale of e-cigarettes. The six-day conference on the Framework Convention on Tobacco Control, or FCTC, concluded with participating countries agreeing to promote alternative livelihoods for tobacco farmers that would ensure a better future for them. ...”

**Lancet Global Health (blog) - Disease elimination and eradication: are our silos sustainable?**


“...In addition to increasing cross-disease learning, we should also discuss the integration of efforts into wider health systems. It’s a necessity that becomes more and more urgent as our progress continues. **Nothing illustrates our continued tendency to talk past each other quite like the fact that two global health gatherings – the ASTMH annual meeting and the Global Symposium on Health Systems Research – are taking place this week. Separate streams of conversation, both in-person and online, are a missed opportunity for cross-disease and cross-sector conversations. If there is broad agreement that disease elimination and eradication will only be possible if underpinned by strong health systems, we need to diligently make those links - like how elimination and eradication efforts could be integrated with wider health systems issues such as universal health care, decentralized health governance, or domestic resource mobilization...”

**Guardian – West Africa to target human and animal health together to fight Ebola and Zika**


Account of Dakar’s One Health conference.
Coming up – Shanghai health promotion conference (21-24 November)

Global governance of health

Lancet (Correspondence) – Open letter from health professionals against immigration detention

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32118-3/fulltext

Brave & very needed letter.

Lancet (World Report) – West African countries focus on post-Ebola recovery plans

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32219-X/fulltext

“Guinea, Sierra Leone, and Liberia have mapped out strategies for the recovery of their respective health systems and other sectors after the Ebola outbreak of 2013–16. Andrew Green reports.”

NPR – Trump Takes Office At A Pivotal Moment For Foreign Aid

NPR:

How likely is it that global health remains bi-partisan in the US?


“...Today The Gates Foundation is announcing Gates Philanthropic Partners, a new public charity designed as a vehicle for individuals who want to further the work that the foundation is doing.”
CFR (blog) – Who is the likely forerunner in the WHO-director general election?


David Nabarro, apparently. At least based on a small CFR survey.

Science (Editorial) – Who should direct WHO?

David Heymann; [Science](https://www.sciencemag.org);

Heymann’s take.

Stat news - The WHO has stumbled in its response to emergencies. Can this man get the next one right?


On Peter Salama & his new job at WHO. “This program is part of the core business of WHO. I firmly believe WHO will be judged on the success or failure of this program. But for this program to be successful, we’re going to have to find a sustainable model of financing...”

Devex – Following Trump win, Silicon Valley prepares to step up its global development work


The title says it all.
Guardian – 'Little evidence' public-private finance can plug development funding gap


“Aid donors are increasingly spending public money to encourage private investment in poorer countries but it is unclear where these funds are going and what impact they are having on development goals, according to a critical new report published on Thursday. Some donors and development banks have claimed “blended finance” can help plug the gap in funding needed to meet the sustainable development goals (SDGs), one of which is to end extreme global poverty by 2030....”

UNDP/WB report – Transitioning from the MDGs to the SDGs


“This UNDP-World Bank Report pulls together the main lessons learned from the MDG Reviews for the UN system and for its engagement at the country level, which took place at the UN System Chief Executives Board for Coordination (CEB).”

UHC

Quartz – If Donald Trump repeals Obamacare, it could cost the US government $41 billion

Quartz

Well, well. That sounds like a trademark Trump business, heading for bankruptcy.

NEJM (Perspective) – The End of Obamacare


Oberlander gives an overview of the situation, after the Trump victory.
Lancet Global Health – The case for verbal autopsy in health systems strengthening

L D’Ambruoso et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30332-1/fulltext

The title is clear enough.

**Planetary health**

(We still have to get used to serious headlines like “China tells Trump climate change is not a hoax”.)

On Trump & climate change, a few links:

Guardian - [Donald Trump presidency a 'disaster for the planet', warn climate scientists](https://www.theguardian.com/environment/2016/nov/17/donald-trump-climate-change-disaster)

Devex - [If Trump goes 'rogue' on climate, developing countries will make him pay](https://www.devex.com/news/if-trump-goes-rogue-on-climate-developing-countries-will-make-him-pay-119910)

Euractiv - [Businesses believe market forces will save the climate](https://www.euractiv.com/section/climate-development/news/businesses-believe-market-forces-will-save-climate/)

**Rockefeller Foundation - Momentum for Change: Planetary Health**

[https://www.rockefellerfoundation.org/blog/momentum-change-planetary-health/](https://www.rockefellerfoundation.org/blog/momentum-change-planetary-health/)

“... The Rockefeller Foundation and the UN Framework Convention on Climate Change (UNFCCC) launched our newest collaboration, Momentum for Change: Planetary Health. The Rockefeller-UNFCCC collaboration is one step towards building a new field called Planetary Health, which provides a framework for decision makers in governments, businesses, non-profits and community organizations to ensure that their plans and programs protect the planet in ways that also protect human health. Through UNFCCC’s Momentum for Change, local champions will be honored for their community-level work to solve environmental problems that also harm human health....”
In Western and Central Africa a new technique to combat malaria is rapidly gaining traction across the Sahel. Health officials in 11 countries are now giving children antimalarial drugs during the rainy season in this semi-arid region and seeing a dramatic drop in the number of malaria cases. The technique is called **Seasonal Malaria Chemoprevention**.

**WHO – Five-year WHO investigation shows that LLINs remain a highly effective tool in the malaria fight**

“Mosquito resistance to insecticides is a growing concern. According to WHO estimates, 60 countries have reported resistance to at least one of the four insecticides used in long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS) since 2010; of these, 49 countries have reported resistance to two or more insecticide classes. In 2011, WHO spearheaded a large, multi-country evaluation to assess the impact of insecticide resistance on malaria vector control interventions – primarily LLINs, the mainstay of malaria prevention. The **five-year evaluation**, funded by the Bill & Melinda Gates Foundation, was conducted in 340 locations across five countries: Benin, Cameroon, India, Kenya and Sudan. The study findings were presented on 16 November in a symposium at the American Society of Tropical Medicine and Hygiene (ASTMH) meeting in Atlanta. ...”

Findings are more encouraging than what one might have expected.
London School - New mosquito net technology to combat insecticide resistance


“A new type of mosquito net which combines two classes of insecticide has been shown to kill resistant mosquitoes which survive exposure to standard pyrethroid treated nets. “ Based on a new study in Plos One.

Lancet (Editorial) - Measles vaccination: global progress, local challenges

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32217-6/fulltext


See also Reuters: Despite progress, measles kills 400 children a day: WHO

"The number of deaths from measles has fallen by 79 percent worldwide since 2000, thanks mainly to mass vaccination campaigns, but nearly 400 children still die from the disease every day, global health experts said on Thursday."

Lancet (Comment) – Zoonotic tuberculosis in Africa: challenges and ways forward

L Carruth et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32186-9/fulltext

Another global challenge.

Quick link:

UNAIDS and Anglo American announced a public–private sector partnership to promote HIV testing worldwide.
AMR

IP-Watch - New Alliance To Hold UN And Others Accountable For Antimicrobial Resistance Commitments


(gated) “A new international alliance to support the United Nations Resolution on Antimicrobial Resistance was launched this week. The Conscience of Antimicrobial Resistance Accountability (CARA) aims to bring together organisations committing to reporting on mutually agreed upon indicators in countries around the world, and to hold the UN and other stakeholders accountable to their commitments.”

NCDs

Lancet – Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19·1 million participants

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31919-5/fulltext

“This article highlights global trends in blood pressure from 1975-2015, based on an analysis of 1479 studies covering 19 million individuals.”

From the Lancet press release:

“Number of people living with high blood pressure has almost doubled worldwide over past 40 years. Average blood pressure levels at all-time low in developed countries like the UK, USA, and Canada, but high and rising in developing countries in south Asia and sub-Saharan Africa…”

“In the past 40 years, there has been a large increase in the number of people living with high blood pressure worldwide because of population growth and ageing—rising from 594 million in 1975 to over 1.1 billion in 2015. The largest rise in the prevalence of adults with high blood pressure has been in low- and middle-income countries (LMICs) in south Asia (eg, Bangladesh and Nepal) and sub-Saharan Africa (eg, Ethiopia and Malawi). But high-income countries (eg, Australia, Canada, Germany, Sweden, and Japan) have made impressive reductions in the prevalence of adults with high blood pressure…”

Coverage, for example, in the Guardian - Billion people have high blood pressure, mostly in poorer countries.
Sexual & Reproductive / maternal, neonatal & child health

FT Special report: maternal & child health

Financial Times

The report contains 16 articles & opinion pieces on maternal and child health in countries all around the world.

UNICEF (report) – One is Too many: Ending Child Deaths from Pneumonia and Diarrhoea


For the UNICEF press release, see Pneumonia and diarrhoea kill 1.4 million children each year, more than all other childhood illnesses combined – UNICEF.

Access to medicines

Guardian – GSK tops list of drug firms improving global access to medicine


“GlaxoSmithKline has come top of a league table that monitors the availability of medicine in developing countries, with fellow UK drugmaker AstraZeneca making it into the top 10. The non-profit Access to Medicine foundation, which compiles the biennial index of drug companies, warned that while the availability of medicines is improving, the industry needs to do more on affordable pricing and the fight against corruption....”.

See also Reuters - Drugmakers improve access for poor, GSK ranked top.

MSF Access is less impressed by the drugmakers’ efforts – check out their official reaction.
WHO Bulletin - A human rights-based approach to the reimbursement of expensive medicines

SK Perehudoff et al; http://www.who.int/bulletin/online_first/BLT.15.166371.pdf?ua=1

Timely paper, to say the least.

Last but not least, Reuters reports Pfizer offers cut-price pneumonia shot for humanitarian crises. Pfizer follows the lead from GSK.

Emerging Voices

BMC health services - Expressing collective voices on children’s health: photovoice exploration with mothers of young children from the Indian Sundarbans


By Upasona Ghosh (EV 2014).

IHP - Post-election blues at HSG 2016

http://www.internationalhealthpolicies.org/post-election-blues-at-hsg-2016/

Veena Sriram (EV 2016)’s post-election blues, at the HSR symposium.

IHP – Is health a human right or a citizen’s right?

Faraz Khalid; http://www.internationalhealthpolicies.org/is-health-a-human-right-or-a-citizens-right/

Faraz Khalid (EV 2016) on an ADB session in which 4 EVs were involved.
Research

BMC Health services (FHS supplement) - Unlocking community capabilities across health systems across low and middle income countries

Edited by Asha George, Kerry Scott et al;
http://bmchealthservres.biomedcentral.com/articles/supplements/volume-16-supplement-7

For the Introduction to this Supplement, see here.

Global health action: the role of implementation science training in global health: from the perspective of graduates of the field’s first dedicated doctoral program

A R Means et al; http://www.globalhealthaction.net/index.php/gha/article/view/31899

“Bridging the ‘know-do gap’ is an enormous challenge for global health practitioners. They must be able to understand local health dynamics within the operational and social contexts that engender them, test and adjust approaches to implementation in collaboration with communities and stakeholders, interpret data to inform policy decisions, and design adaptive and resilient health systems at scale. These skills and methods have been formalized within the nascent field of Implementation Science (IS). As graduates of the world’s first PhD program dedicated explicitly to IS, we have a unique perspective on the value of IS and the training, knowledge, and skills essential to bridging the ‘know-do gap’. In this article, we describe the philosophy and curricula at the core of our program, outline the methods vital to IS in a global health context, and detail the role that we believe IS will increasingly play in global health practice. At this junction of enormous challenges and opportunities, we believe that IS offers the necessary tools for global health professionals to address complex problems in context and raises the bar of success for the global health programs of the future.”