

IHP news 395 : Recovering from Vancouver

(25 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,

The “changing era” mentioned in the theme of this year’s HSR symposium in Vancouver was clearly an understatement. Things are moving at breakneck speed these days. Whereas just a few years ago we more or less hated Angela Merkel for the austerity policies she imposed on Greece and other countries (together with her partner in crime Schäuble and other Olli’s) nowadays we consider her as one of the last remaining bulwarks against a new world (dis)order based on “Trump values” (whatever that means 😊). We’re still not that excited about Frau Merkel’s political vision, but you get the idea.

Also, just a few weeks ago, most of us were still fighting neoliberal globalisation (including the wicked trade & investment agreements that were going to take us a few steps further on the path towards neoliberal & multinational utopia), now we have to brace ourselves for an even nastier global regime, in a ‘post-fact post-truth world’ (even Margaret Chan [used](#) the term in Shanghai this week) featuring also neo-fascism, ‘America first’ protectionism and grandstanding, and a further corporate tax race to the bottom. Meanwhile, the Arctic is melting like “The Donald”’s orange skin in a boiling tv-studio. For the time being, a fairer & more ecological globalization is [not on the horizon](#), it’s fair to say.

Meanwhile, the Vancouver symposium is over and we’ve all become email & Twitter accounts again. We left the place feeling quite ok with the closing plenary [Vancouver statement](#). It acknowledged the criticism and doubts by many about the concept of resilience, coming up with some ‘key reflections’ that more or less pushed all the right buttons (at least if you believe in a fairer world). The doubts on the resilience discourse will remain though, and not just among the ones who think ‘resilience is a neoliberal conspiracy !!!’, the concept still feels a bit like a catch-all phrase. Chances are we’ll have to wait a few more years to see whether resilience really brings some added value to health systems & HSR. But for now, HS Global seems happy to embrace the term, with the clarifications and caveats provided.

Meanwhile, Emerging Voices are happy to have found a more “permanent home” in HS Global, as Sara Bennett labeled the new EV TWG in the opening plenary, although we personally would have refrained from using the term ‘institutionalization’ (cfr the new HS Global Board Chair, Kabir Sheikh, in the closing plenary). These are radical and political times, and we can’t afford too much institutionalization, certainly not of young researchers, if we want this world to change for the better. But yes, although I can’t speak on behalf of EVs (I don’t really look like an EV anymore, frankly 😊), it’s nice to be part of the bigger HS Global family!

In this week's Featured article, **Nana Yaa Boadu** (EV 2014) gives her own take on the resilience journey she has undertaken from her essay to the closing plenary (where she delivered a speech). It's been a rough ride, like for many symposium participants.

Enjoy your reading.

The editorial team

Featured Article

Whatever happened to *unpacking* resilience in Vancouver?

Nana Yaa Boadu (PhD, EV 2014)

A good friend of mine has strong reservations about using the term “unpack”, a term that is quite popular in the health policy and systems discourse. The term lends a notion of flexibility to concepts and ideas that have some currency but whose actual definition or interpretation remain somewhat unclear. I've given some thought to my friend's reservations about “unpacking” concepts and ideas. Hopefully, I can get you to do the same.

If you were at the [Fourth Global Symposium on Health Systems Research](#) (HSR2016) held in Vancouver, Canada, you would know that “Resilience and Responsiveness of Health Systems” was the (timely) theme of the symposium. I had the honor and privilege of speaking and participating in the [closing plenary](#) of HSR2016, as a representative of the Emerging Voices for Global Health program. In many ways, this was a defining moment for me, to share the platform with six stellar thinkers in the health policy and systems research (HPSR) community, and another EV alumnus, [Kopano Mabaso](#), who expertly moderated the panel.

With the closing plenary in mind, I kept an eye out for sessions which addressed the theme of resilience and responsiveness. My aim was to gather thoughts from leading thinkers in the field, and where fitting, to include those final reflections in [my closing speech](#). Like many attendees, I heard several definitions being attributed to “resilience”, without any consensus; on the other hand, responsiveness seemed to be much easier to define. Gathering all these diverse perspectives at once, felt a bit like ‘let a thousand flowers bloom’!

Could “resilience” really mean many different things to many different people all at the same time? This would be fine, if we only gathered in Vancouver to celebrate our diversity. But, I presume our investment in knowledge exchange platforms of such magnitude goes beyond celebrating our diversity, to promoting engagement around common and shared ideas. Yet, as the symposium progressed, I became increasingly uneasy about the lack of consensus around what resilience in health systems *is* – and I have a hunch I wasn't the only one.

The eye opener for me was the moment I heard [Agnes Soucat](#) (moderator of the opening plenary) state with refreshing honesty that she wasn't quite sure yet what the term resilience meant. This, along with reflections from other talks at the symposium, was reflected in my closing plenary speech. The many-sided perspectives on resilience were also reflected in the closing [Vancouver statement](#) – which highlighted that “resilience” means different things to different people and needed some “revisiting” or redefinition. I wondered how, with all the expert knowledge present at the symposium, we as a community didn't reach a consensus on defining resilience within the context of health systems research.

Weren't these themes supposed to anchor our research to be relevant to policy? I left my thoughts on that hanging, to revisit at a later time. But “later” came sooner than I thought as I prepared to pack up from Vancouver to head back to Ottawa where I am based. I stared at the messy pile of clothing on my hotel room bed that I had “unpacked” from my suitcase the night before. I was reminded of my friend's unfavorable reaction on the use of the term “unpack” in health policy and systems discourse. Is it because “unpack” suggests a messy endeavor? Could “unpacking” resilience be a downright messy job, that HSR2016 didn't do enough justice? At some point, someone (any takers, health systems researchers?) has to do the dirty job.

HSR2016 is over and we're already looking forward to HSR2018 in Liverpool. I still feel uneasy each time I see a tweet canvassing for potential themes for HSR2018. What did we do with resilience? The closing statement in Vancouver certainly suggested it was unfinished business. So why are we happy to move on to the next catchy term? Maybe we should do some soul searching here. What drives our desire in generating themes for symposia? Should we re-examine our euphoria at having a theme that's only good for a symposium, and lacks the consensus for continuity beyond? How will all the research projects framed to align with the theme of resilience continue if we're already on to the next theme? Whatever happened to *unpacking* resilience in health systems research and practice?

Highlights of the week

Vancouver HSR symposium (14-18 November)

Vancouver statement

http://healthsystemsresearch.org/hsr2016/wp-content/uploads/Vancouver-Statement-FINAL.pdf?utm_content=bufferc20f8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

As already mentioned, we were quite impressed with this (smart) Vancouver statement. But do read it for yourself.

You find all **HSR symposium coverage** [here](#).

Social media stats of key influencers: [symlur](#). You find a number of Storify's on the Web as well.

Winners of the **first ever societal awards in HPSR**, see [here](#).

And there's a new criterion for being 'fully emerged' in global health – if Global Health TV invited you for an interview in Vancouver 😊 . See <http://www.globalhealthtv.com/> for interviews with the likes of Tim Evans, Kabir Sheikh, Anne Mills & others.

Meanwhile, as we “don't look back in anger” to Vancouver, we're already looking forward to Liverpool!

Launch of Collectivity

<http://www.thecollectivity.org/>

In the sidelines of Vancouver, www.thecollectivity.org was also launched – a new platform for collaborative projects. My colleagues Bruno Meessen & Maxime Rouve are heavily involved. Check it out.

Guardian – African states fail to block United Nations' LGBT rights protector

https://www.theguardian.com/world/2016/nov/21/african-states-fail-block-united-nations-lgbt-rights-protector?CMP=tw_t_a-global-development_b-gdndevelopment

“African states have failed to halt the work of the first UN independent investigator appointed to help protect gay and transgender people worldwide from violence and discrimination.”

Zika

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

<http://www.who.int/mediacentre/news/statements/2016/zika-fifth-ec/en/>

You probably already know by now that **Zika is no longer a Public Health Emergency of International Concern (PHEIC)**. WHO stressed though Zika is an ongoing threat that will need ongoing response. *“...Committee members repeatedly emphasized that they did not consider the Zika crisis over. “We are not downgrading the importance of Zika,” said Dr. Peter Salama, executive director of the W.H.O.'s health emergencies program. “We are sending the message that Zika is here to stay and the W.H.O. response is here to stay.”*”

Coverage & first reactions (not all positive...) in NYT - [Zika Is No Longer a Global Emergency, W.H.O. Says](#) For example Fauci (“premature decision”); Gostin (“unwise”),... *“although the virus is not*

killing or deforming as many babies as originally expected, “the international response has been lethargic,” Dr. Gostin said. “W.H.O.’s action to call off the global emergency has provided reason for governments and donors to pull back even more,” he said.”

Do read also **Laurie Garrett**'s criticism in Scientific American - [The microbes have won again](#).

"...The WHO decision to downgrade Zika from emergency status is not good news ... T[he] declaration reflects defeat. ... As has too often been the case in epidemics we have no point-of-care diagnostic tool for Zika that can swiftly and accurately answer [some] vital questions ..."

Perhaps in relation to this article, [Global standards for Zika testing needed, doctors say](#)

For more coverage of the WHO downgrading of Zika's status, see also **the Guardian** - [Zika virus is no longer a global health emergency, UN health agency says](#).

For more (scientific & other) news related to Zika, see the Zika section below.

Humanosphere - Report: Global health funders (mostly) following through on their promises

<http://www.humanosphere.org/global-health/2016/11/report-global-health-funders-are-mostly-following-through-on-their-promises/>

“Over the last five years, governments and private companies have made some \$7 billion in global health commitments affecting more than 600 million lives, and according to a new report, most of them have followed through. The Global Citizen Health Accountability report, released [today] by international advocacy organization Global Citizen, tracks the progress of 43 separate commitments, from efforts to eradicate polio to vaccinating against malaria...”

UHC indicator changed (for the better)

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

Merry news from late last week, after the fourth meeting of the IAEG-SDGs group (Geneva, 15-18 November). UHC indicator 3.8.2 was (at last) changed after a successful campaign by quite a few people & organisations in the UHC movement.

For all the detail, see for example IHP+ - [SDG Indicator 3.8.2 refinement agreed](#). *“On 14-18 November 2016, The IAEG-SDGs members met in Geneva and agreed to revise the wording and definition of the 3.8.2 indicator to “**Proportion of population with large household expenditures on health as a share of total household expenditure or income**”. This final refinement proposal will be submitted to the 48th UN Statistical Commission in March 2017 for the formal approval...”*

Global health check - [A victory for UHC today – statement from Oxfam](#)

International Men’s Day

Oxfam blog - It’s International Men’s Day tomorrow – here’s why it’s a bad idea

Gary Barker; <http://oxfamblogs.org/fp2p/its-international-mens-day-tomorrow-heres-why-its-a-bad-idea/>

Great blog. International Men’s day was celebrated on 19 November. Barker suggests, instead, “*an International Day to End Patriarchy and Unearned Privilege, or the International Day to End Hegemonic Masculinity.*” Fair enough. (*On that day, I’d suggest to have women (chemically) castrate a grandstanding male leader, by way of celebration. You know who I’d start with ☺*)

UN Women’s ‘Orange the World’ kicks off 16 days of activism to fight gender-based violence

[UN News](#);

The campaign begins on 25 November, the International Day for the Elimination of Violence against Women and ends on 10 December, Human Rights Day. Unfortunately, GBV is still a low priority on the international development agenda.

World Toilet day

Guardian - One in five people in cities worldwide live in areas with no safe toilet

<https://www.theguardian.com/global-development/2016/nov/18/one-in-five-city-dwellers-worldwide-no-safe-toilet-world-toilet-day>

See also UN News - [On World Toilet Day, UN spotlights impact of sanitation on peoples’ livelihoods.](#)

UNAIDS (report) – Get on the fast-track: the life cycle approach to HIV

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/november/20161121_PR_get-on-the-fast-track

*“A new report by UNAIDS shows that countries are getting on the Fast-Track, with an additional one million people accessing treatment in just six months (January to June 2016). By June 2016, around **18.2 million people had access to the life-saving medicines**, including 910 000 children, double the number five years earlier. If these efforts are sustained and increased, the world will be on track to achieve the target of 30 million people on treatment by 2020. **The report contains detailed data on the complexities of HIV and reveals that girls’ transition to womanhood is a very dangerous time, particularly in sub-Saharan Africa.** “Young women are facing a triple threat,” said Mr Sidibé. “They are at high risk of HIV infection, have low rates of HIV testing, and have poor adherence to treatment. The world is failing young women and we urgently need to do more.” “*

For coverage of the report, see also **the Guardian** (Sarah Boseley) - [UN calls for urgent action to protect young women from HIV/Aids in Africa.](#)

See also a **Lancet World Report** - [Targeting HIV prevention to young women in Africa.](#) *“Ensuring adolescent girls and young women in sub-Saharan Africa have access to a combination of HIV prevention methods will be crucial to reducing new infections. Tony Kirby reports.”* (with some info on “the **DREAMS** initiative—a multi-stakeholder project that stands for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe young women, which aims to respond to the heightened vulnerability of AGYW to HIV.”)

Global Commission on drugs (report)

<http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf>

Coverage in the Guardian - [It's time to decriminalize drugs, commission report says.](#)

*“World leaders **called for the decriminalization of drugs** on Monday, in a report released by a commission that includes the former UN secretary-general Kofi Annan and former presidents of Colombia, Mexico and Brazil. The **Global Commission on Drug Policy’s annual report** recommended that countries should end civil and criminal penalties for drug use and possession in a report that follows the commission’s sharp criticism of the UN’s lackluster effort to combat drug abuse. ...”*

9th Global Conference on Health Promotion (Shanghai) (21-24 November)

WHO – 9th Global conference on health promotion: Global leaders agree to promote health in order to achieve Sustainable Development Goals

[WHO:](#)

“The 9th Global conference on health promotion, co-organized by WHO and the National Health and Family Planning Commission of the People’s Republic of China in Shanghai on 21–24 November, has agreed: [The Shanghai Declaration on Health Promotion](#), which commits to make bold political

choices for health, stressing the links between health and wellbeing and the United Nations 2030 Agenda for Sustainable Development and its Sustainable Development Goals. The Shanghai Healthy Cities Mayors' Consensus, which contains a commitment by more than 100 mayors to advance health through improved management of urban environments...."

A bold stance, but not a single dollar (/renminbi) was pledged (as Laurie Garrett noted on Twitter).

For **coverage** of the Shanghai meeting, see for example Xinhua - [China pledges to further promote global health](#).

Not in Vancouver, but present in the Middle Kingdom: **Margaret Chan's keynote in Shanghai** <http://who.int/dg/speeches/2016/shanghai-health-promotion/en/> (recommended) (see also Devex – [Leading from the top to promote health and sustainable development](#))

Global Challenges (Editorial) – How many people must die from pandemics before the world learns?

Steven J Hoffman; <http://onlinelibrary.wiley.com/doi/10.1002/gch2.1011/full>

The most interesting paragraph, as far as we are concerned:

*"...The **third lesson involves the weakness of our global health agencies and how desperately they must be reformed**. Many of us global health researchers have been ringing alarm bells for years – flagging WHO's weaknesses, the unenforceability of the International Health Regulations that legally govern countries' responses to pandemics, insufficient support for boosting national disease outbreak response capacities, and destructive competition among global health agencies. But now, the names and failings of these global health institutions have been splashed across the front pages of the world's leading newspapers and on prime-time television. Reforming WHO and the International Health Regulations, for example, has attracted political attention at the highest levels, including G7 heads of government and the United Nations Security Council. Ordinary citizens have discussed these agencies' failings in public forums, on the radio, and at their kitchen tables...." In sum, **"The reality is that without global institutional innovation, we will continue to be ever more threatened by disease outbreaks like Ebola...."***

BMJ (Editorial) – Fair vaccine pricing please, not random acts of charity

E Torreele et al; <http://www.bmj.com/content/355/bmj.i6173>

Vaccines are essential goods produced collectively to safeguard children, wherever they live. It's time Pfizer, GSK & other pharmaceutical companies in the vaccine business heed that message. *"...To achieve the right outcomes markets must be actively shaped by public policy. One critical step could be to agree on a fair price that takes into account the research and manufacturing costs, the*

public research contributions, and the public health importance of vaccines. This, rather than charitable donations meant to mask the system failures of a profit maximising healthcare economy, would be a beneficial corrective for public health. The right price for vaccines must take into account the value of their collective creation but also the fact that they are essential goods produced collectively to safeguard the vulnerable—no matter where they live.”

Global Fund Board meeting (16-17 November, Montreux)

<http://www.theglobalfund.org/en/board/meetings/36/>

The new GFO issue paid quite some attention to the last GF Board meeting:

Make sure you read at least [Main decisions made at Board meeting](#) (David Garmaise).

But check out also, for example, [Executive Director of Global Fund highlights efforts to increase impact in the fight against TB and MDR-TB](#).

As you know, the GF has now [launched a Search for the Next Executive Director](#) (to replace Mark Dybul).

Rwanda will host the next GF’s board meeting (in May 2017).

Lancet (Comment) – The global shortage of health workers— an opportunity to transform care

Ara Darzi & Tim Evans ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32235-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32235-8/fulltext)

*“There is a worldwide shortage of health-care workers and the situation is worsening. ...” “... These difficulties are strikingly similar across many country contexts. But they can be tackled by adopting the universal health coverage (UHC) agenda that offers a compelling opportunity to shape the development of the health workforce and rationalise health-care demands. This approach is set out in **Addressing the Challenges of Professional Education, a report by an international working group to be presented at the World Innovation Summit for Health (WISH) in Doha, Qatar, on Nov 29–30, 2016**. The report highlights how health-care services and medical education systems are failing to meet wider population needs. It details how, in the absence of UHC, health professional education systems attract better off students and provide for the health needs of wealthier, educated, and urban-dwelling populations.”*

Lancet – Offline: The case against (and for) public health

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32387-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32387-X/fulltext)

A grand piece by Richard, apt for our dire times. Horton even goes back to the beginning of the 19th century, when The Lancet was kicked off, to make the case: “*So what are the lessons for today? Nothing less than to grasp the necessity of re-evaluating the entire purpose of public health in the 21st century.*” Sounds like Richard.

BMJ Global Health – The importance of an integrating framework for achieving the Sustainable Development Goals: the example of health and well-being

A R Nunes, Kelley Lee et al; <http://gh.bmj.com/content/1/3/e000068>

(must-read) “*The 2030 Agenda for Sustainable Development came into force in January 2016 as the central United Nations (UN) platform for achieving ‘integrated and indivisible’ goals and targets across the three characteristic dimensions of sustainable development: the social, environmental and economic. We argue that, despite the UN adoption of the Sustainable Development Goals (SDGs), a framework for operationalising them in an integrated fashion is lacking. This article puts forth a framework for integrating health and well-being across the SDGs as both preconditions and outcomes of sustainable development. We present a rationale for this approach, and identify the challenges and opportunities for implementing and monitoring such a framework through a series of examples. We encourage other sectors to develop similar integrating frameworks for supporting a more coordinated approach for operationalising the 2030 Agenda for Sustainable Development.*”

Zika

Stat news - Zika-related defects showing up in babies months after birth

<https://www.statnews.com/2016/11/22/zika-virus-men-body-fluids/>

Very worrying news. “*The Zika outbreak may no longer be a global health emergency, but the need for answers about the virus remains pressing, a range of experts said Tuesday as a new study underscored the risk Zika poses to babies exposed in the womb. The study, from scientists in Brazil and at the Centers for Disease Control and Prevention, assessed the health of 13 babies who were infected before birth. All were born with normal head sizes but in the months after birth, 11 were diagnosed with microcephaly, the stunted brain condition that first brought Zika to international attention. ...*”

A few other Zika links:

NYT - [The Race for a Zika Vaccine](#).

“... Perhaps never before have so many companies and government organizations worked so quickly to develop a vaccine from scratch. Vaccines usually take a decade or more to develop. But researchers say a Zika vaccine could be available as early as 2018, in what would be a remarkable two-year turnaround...”

Global health events

WHO – Progress in prioritizing diseases with epidemic potential

http://www.who.int/csr/research-and-development/documents/prioritizing_diseases_progress/en/?platform=hootsuite

“On 17-18 November 2016 WHO held an informal consultation to review its draft methodology for prioritizing diseases under its Research and Development Blueprint. The meeting brought together experts in human and animal health, epidemiology, applied mathematics and safety as well as relevant researchers and clinicians...”

Coming up- 140th Executive board meeting WHO (end of January 2017)

http://apps.who.int/gb/e/e_eb140.html

Provisional agenda & some documents are already available, including:

“Research and development for potentially epidemic diseases: A blueprint for research and development preparedness and rapid research response.”

“Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination”

See also (gated) – IP-Watch: [WHO Releases Reports On Pandemic Framework Review, Implications Of Nagoya For Public Health](#).

Global governance of health

Imaxi - Civil Society—More vital than ever

Kent Buse; <http://www.imaxi.org/civil-society-more-vital-than-ever/>

Short reaction by Kent Buse on the Trump election. “...I am convinced that more than ever we need progressive civic organizations and associations to educate and remind leaders, states and the public of those principles and values, to provide the political incentives that encourage them to govern according to those principles and to hold leaders to account where they fail to do so. It is in this context that our Comment in *Globalization and Health* argues that we need to appreciate, support and resource civil society to ensure that the ambitious health targets in Agenda 2030 are realized for all.”

Trump presidency implications on global health

Speaking of “The Donald” (I admit, it ain’t easy to get an idea of what’s going on in his flipfopping mind – some commentators say, we should only pay attention to his acts (as compared to his words)), you might want to have a look at the following links:

Devex - [Trump could roll back LGBT and family planning policies, warns former USAID general counsel.](#)

Humanosphere - [Trump’s male-dominated administration threatens reproductive rights, advocates say.](#)

Plos (blog) - [What a Trump Presidency Might Mean For Global Health](#) (the “room for cautious optimism” this author sees, I still have trouble discerning, I have to admit).

What he has in mind with respect to **climate change** isn’t quite clear yet (he’s making a number of noises on the Paris agreement & climate change, while going for rather disastrous ecological policies in the short & medium term in the US, it appears). You might want to read on this issue (in the **Economist**) - [The burning question: climate change in the era of Trump.](#)

Still, at least one positive aspect has to be noted – he’s **shelving TPP** (albeit for the wrong reasons).

VOA - WHO: Influenza Pandemic Remains Global Threat

<http://www.voanews.com/a/world-health-organization-says-influenza-pandemic-remains-global-threat/3601030.html>

*“The World Health Organization has warned that a global influenza pandemic remains a real threat despite progress made over the past 10 years in increasing the worldwide supply of flu vaccines. In 2006, the World Health Organization acknowledged that countries around the world were ill-prepared to tackle an influenza pandemic. At the time, there were concerns about an H5N1 bird flu pandemic spreading globally. In response, the WHO launched the **Global Action Plan (GAP) for influenza vaccines** with three main objectives. It aimed to increase evidence-based seasonal vaccine use; increase vaccine production as a protection against pandemics and improve regulatory capacity in developing countries; and promote research and development for better vaccines. That initiative has now ended, but Marie-Paule Kieny, WHO assistant-director general for health systems and innovation, observed that global preparation for an influenza pandemic had vastly improved over the past decade. “We are certainly better prepared for an influenza pandemic than we were 10 years ago,” Kieny said, “but, we must not lose the momentum and we are still facing the threat of an influenza pandemic in 2016.”...”*

ODI (report) - Why do donors delegate to multilateral organisations? A synthesis of six country case studies

R Greenhill et al; <https://www.odi.org/publications/10632-why-do-donors-delegate-multilateral-organisations-synthesis-six-country-case-studies>

*“All donors make decisions about how much to delegate to multilateral organisations and how to allocate funding between these institutions. They also make decisions about how much should be defined as core funding – which multilaterals can spend as they see fit – and non-core funding, over which donors retain a degree of control. The choices that donors make vary widely. This report aims to understand the drivers of these delegation decisions ‘in practice’, based on six country case studies: Australia, **Belgium**, Brazil, France, Norway and the United States. “*

Women in global health – first anniversary

Roopa Dhatt; <http://www.womeningh.org/single-post/2016/11/21/First-anniversary-of-the-Women-Leaders-in-Global-Health-Initiative-WLGH-IAccomplishments-and-lessons-learned>

A letter to the global health community by Roopa Dhatt, director of Women in Global health.

Humanosphere – Donors are wary, but not of the Bill & Melinda Gates Foundation

<http://www.humanosphere.org/social-business/2016/11/donors-are-wary-but-not-of-the-gates-foundation/>

“Donors are increasingly wary about the lack of transparency in charities and aid organizations, especially when it comes to where their money is going, but are seemingly more than willing to give

to the Bill & Melinda Gates Foundation. The Gates Foundation is the largest philanthropic organization in the world, and is by no means short on funds. But it has been flooded by enough inspired donors to warrant a newly launched public charity, Gates Philanthropic Partners, as a vehicle for individuals who want to further the foundation's ongoing work...."

As you might have seen this week on tv, Bill & Melinda got the **Presidential Medal of Freedom** this week (from Obama) – together with Robert De Niro and Bruce Springsteen, among others.

Together 2030 - High Level Statements and the 2030 Agenda: From Aspiration to Implementation? A Review of Statements delivered during the General Debate of the 71st United Nations General Assembly (September 20 - 26 2016)

<http://www.together2030.org/wp-content/uploads/2016/02/Together-2030-Report-UNGA-71-Statements-1.pdf>

Title says enough.

Governance now - The challenges and expectations in heading WHO

S Mitra-Jha; <http://www.governancenow.com/news/regular-story/the-challenges-expectations-in-heading-who>

"Transparency, financial crunch and economic divide are key issues the next WHO chief would need to address."

Globalizations –Transforming Global Governance in the Post-2015 Era: Towards an Equitable and Sustainable World

N McKeon; <http://www.tandfonline.com/doi/full/10.1080/14747731.2016.1244757>

"This article reports on a dialogic symposium that brought academics from a wide range of disciplines together with practitioners and activists. The purpose was to discuss key issues conditioning the possibility of establishing global governance mechanisms which could promote transition paths toward a more equitable and sustainable world. Following the structure of the symposium, the article is divided into four thematic sections. The first contextualizes the discussions by looking at the characteristics and challenges of global governance today. The second addresses power relations in global governance with a focus on the corporate and financial sectors. It discusses practices of multistakeholder governance and public-private partnerships, the unhealthy levels of corporate influence on the UN system, and the dominant discourse that naturalizes corporate power,

‘free’ trade, and corresponding definitions of ideas such as knowledge, efficiency, and development. The third section turns to sites and forms of countervailing power and practice with particular attention to transcalar approaches and social movement actors. It highlights the potential of multi-level, territorial approaches for breaking out of hierarchical and nation state-based frames and building alternative forms of democracy. It illustrates the relevance of bioregions and ecosystems as meaningful arenas for thinking about and organizing social and economic life and for managing common pool resources. It invokes the imperative of protecting the human rights framework from the multiple challenges it faces. Finally, it explores alternative ways of generating and sharing knowledge and of challenging narrowly defined ‘evidence-based’ policy by assembling legitimate, qualitative evidence rooted in lived realities. The concluding section raises the question of whether—and on what conditions—intergovernmental multilateralism can be seen as a locus for transformation, and suggests some avenues of future research.”

Guardian – How UK trade policies could help heal global healthcare inequalities

R Bergan et al; <https://www.theguardian.com/global-development/2016/nov/22/how-uk-trade-policies-could-help-heal-global-healthcare-inequalities>

“...What is obvious, but perhaps less palatable to some of its advocates, is that achieving universal health coverage requires addressing policies far beyond the health sector. Policies that need to work for universal health coverage include those on water and sanitation, nutrition and education, but also global policies and practices that impede the right to health.” This article focuses on UK trade policies. *“One third of the population cannot access essential medicines. Leaders must push for trade deals that drive down the cost of healthcare for the world’s poorest.”*

Plos (Perspective) – Minimally Invasive Autopsy: A New Paradigm for Understanding Global Health?

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002173>

“In a Perspective linked to Ordi and Maixenchs, Peter Byass reflects on the potential niche for minimally invasive autopsies in determining cause-of-death in low- and middle-income countries.”

Global Health Action (Debate) – Protecting the confidentiality and security of personal health information in LMICs in the era of SDGs & big data

E J Beck et al; <http://www.globalhealthaction.net/index.php/gha/article/view/32089>

‘...This paper is a call for action for stakeholders in low- and middle-income countries to develop and implement [such] coherent policies and provides fundamental principles governing the areas of

privacy, confidentiality, and security of personal health information being collected in low- and middle-income countries.”

BMJ Global Health – Persisting trend in the breach of medical neutrality: a wake-up call to the international community

S S Bhuyan et al; <http://gh.bmj.com/content/1/3/e000109>

The “international community” is still soundly asleep, from what I can tell. “...The IHL (*International Humanitarian Law*) is explicit and provides for protection of patients, health facilities, health personnel and patients in times of war as long as they are not directly involved in hostilities. The international community needs to rise to the occasion and match action with words by mandating the United Nations Security Council to provide protection for health facilities in war zones and enter into dialogue with government and warring groups to **respect the principles of medical neutrality in conflict areas**. The United Nations Security Council and governments of all nations should adopt measures to integrate into the social system respect for medical neutrality and evolve means of punishing offenders to serve as a deterrent. ...”

Save the Children (blog) – Why has health aid fallen from DFID’s top area to its fourth?

James Sale; <http://blogs.savethechildren.org.uk/2016/11/health-aid-fallen-dfids-top-area-fourth/>

Good question.

UHC

Financing Health in Africa (blog) – Strategic purchasing: lessons from the Rabat workshop

T Kunda; <http://www.healthfinancingafrica.org/home/strategic-purchasing-lessons-from-the-rabat-workshop>

“On September 30th, 2016 at the “Ecole Nationale de Santé Publique”, Rabat, the WHO? The FAHS CoP & the PBF CoP organized a workshop on strategic purchasing: an emerging agenda for Africa.”
Thérèse Kunda shares what she learned.”

You can also check out the 3-page [summary report](#) of the workshop.

International Encyclopedia of Public Health – (chapter): Community Health Insurance in Low- and Middle-Income Countries

M-P Waelkens, W Soors & B Criel - <http://store.elsevier.com/International-Encyclopedia-of-Public-Health/isbn-9780128036785/>

A bit pricey, this book, I notice...

WHO Bulletin – Summary indices for monitoring universal coverage in maternal and child health care

FC Wehrmeister et al; http://www.who.int/bulletin/online_first/BLT.16.173138.pdf?ua=1

This article compares two summary indicators for monitoring universal coverage of reproductive, maternal, newborn and child health care.

Planetary health

A few links, one more encouraging, the other one deeply worrying:

Guardian - [Climate summit chief pleads with Trump not to ditch Paris treaty.](#) “... some of the world’s poorest countries announced a major emissions-cutting initiative before delegates boarded their planes home. In total, 48 nations promised to cut their carbon emissions dramatically and rapidly move to 100% renewable power as the UN climate summit in Marrakech drew to a close on Friday.”

[Scientists say it could already be "game over" for climate change](#) (based on new research by Friedrich et al). “There’s no doubt our planet is getting hotter and hotter, but the long-term outlook could be even worse than we thought. Scientists are now saying it might already be too late to avoid a temperature rise of up to 7.36 degrees Celsius (13.25 degrees Fahrenheit) above pre-industrial levels by 2100. That’s way above the upper limit of 4.8 degrees Celsius (8.6 degrees Fahrenheit) predicted by the Intergovernmental Panel on Climate Change (IPCC) in 2014, and to make matters worse, a new study suggests that we’re underestimating just how sensitive Earth is to greenhouse gases....”

Infectious diseases & NTDs

Lancet (Perspective) – Deborah L Birx: on a mission to end the HIV/AIDS epidemic

Pamela Das ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32227-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32227-9/fulltext)

Among others, on Birx' priorities at PEPFAR.

Humanosphere – A milestone achieved in the battle to eradicate malaria

Joanne Lu; <http://www.humanosphere.org/global-health/2016/11/a-milestone-achieved-in-the-battle-to-eradicate-malaria/>

More detail on the seasonal malaria chemoprevention story from last week.

Plos (Perspective) – Seasonal Malaria Chemoprevention: An Evolving Research Paradigm

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002176>

“Robert W. Snow discusses the importance of empirical evidence, such as that provided in the trial published this week by Milligan and colleagues, in guiding malaria control in Africa.”

Stanford - Study finds people with Ebola may not always show symptoms

<http://med.stanford.edu/news/all-news/2016/11/study-finds-people-with-ebola-may-not-always-show-symptoms.html>

“A research team determined that 25 percent of individuals in a Sierra Leone village were infected with the Ebola virus but had no symptoms, suggesting broader transmission of the virus than originally thought.”

AMR

ReAct – Coordinating action on AMR globally – what are the next steps for the UN Inter-Agency Coordination Group?

ReAct:

Following the adoption of the political declaration during the 71st UNGA, member states called upon the UN Secretary General and the WHO to set up the **Inter-Agency Coordination Group (IACG)**. The mandate of the IACG is to provide guidance on effective action on AMR and develop recommendations on coordination on global and cross-sectoral efforts. With limited information on the IACG at the moment, “ReAct and the Dag Hammarskjold Foundation will send letters during the 2016 World Antibiotic Awareness Week to the UN Secretary-General’s office and WHO outlining certain key steps for establishing the IACG.”

BBC news - Predatory bacteria can wipe out superbugs, says study

<http://www.bbc.com/news/health-38077263>

“Predatory bacteria - that eat others of their kind - could be a new weapon in the fight against superbugs, say UK researchers.”

NCDs

SS&M – Is trade liberalisation a vector for the spread of sugar-sweetened beverages? A cross-national longitudinal analysis of 44 low- and middle-income countries

A Mendez Lopez et al; <http://www.sciencedirect.com/science/article/pii/S0277953616306001>

“Does trade and investment liberalisation increase the growth in sales of sugar-sweetened beverages (SSBs)? Here, for the first time to our knowledge, we test this hypothesis using a unique data source on SSB-specific trade flows. We test whether lower tariffs effectively increase imports of SSBs, and whether a higher level of imports increase sales of SSBs...” And guess what: “Higher tariffs on SSBs significantly decreased per capita SSBs imports in LMICs; Increased imports of SSBs were significantly associated with greater sales of SSBs; Policies that liberalise trade of SSBs can be expected to lead to the spread SSBs.”

JAMA (viewpoint) - Trade, Investment, and Tobacco *Philip Morris v Uruguay*

S A Roache, L Gostin et al; <http://jamanetwork.com/journals/jama/article-abstract/2585986>

The title gives you probably sufficient info.

Sexual & Reproductive / maternal, neonatal & child health

Lancet (Comment) – New WHO antenatal care model—quality worth paying for?

A Weeks & M Temmerman; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32233-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32233-4/fulltext)

The authors comment on the new (2016) WHO guidelines on antenatal care published earlier this month.

Guardian - Innovations fund aims to save women and newborn babies in Africa

https://www.theguardian.com/global-development/2016/nov/23/innovations-fund-save-maternal-newborn-lives-africa-grand-challenges?CMP=tw_t_a-global-development_b-gdndevelopment

*“Public health experts in east Africa have hailed an initiative that will fund research on the continent in the hope of fostering African innovation. The **\$7m Grand Challenges Africa innovation seed grants programme** – funded by the Bill and Melinda Gates Foundation and coordinated by the African Academy of Sciences (AAS) and the Nepad Agency Alliance for Accelerating Excellence in Science in Africa (Aesa) – is calling for ideas from Africa-based innovators working in maternal and newborn child health. In a statement, AAS/Aesa said the five-year programme would provide seed grants worth up to \$100,000 each, with successful researchers eligible to apply for further funding of up to \$1m to scale up their innovations....”*

Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E>

“States should do more to support and protect breastfeeding, and end inappropriate marketing of breast-milk substitutes. “

Access to medicines

IP-Watch – UN Secretary-General Urges Action On High-Level Panel Report On Medicines Access

<http://www.ip-watch.org/2016/11/22/un-secretary-general-urges-action-high-level-panel-report-medicines-access/>

“United Nations Secretary-General Ban Ki-moon today issued a message praising the “milestone” report of a High-Level Panel on access to medicines he set up a year ago to address the continuing problem of medicines prices being too high for many in the world to afford, and the lack of access to quality medicines for many. In his message, he called on governments to review the report and its recommendations, and to chart a way forward to address the problem of lack of access to medicines and health technologies.” (Don’t know what the UN equivalent is of a “lame duck” US president)

IP-Watch – WHO Director Candidates Nabarro, Szócska Speak On Medicines Prices And IP

<http://www.ip-watch.org/2016/11/22/director-candidates-nabarro-szocska-speak-medicines-prices-ip/>

Earlier this month six candidates announced their candidacy for the position of WHO DG; the candidates also presented their stance on public health issues. This article presents the responses by two candidates – David Nabarro and Miklós Szócska on a question presented to them by IP Watch. The question: *“For a long time, WHO has worked without success on addressing alternative models of financing for R&D and more affordability/accessibility of medicines for poor populations. Recently, the issue has become a mainstream concern with high prices in developed countries too, while questions of incentivizing innovation come into play. What would be your vision of how to address this problem?”*

Human resources for health

WHO (report by the Secretariat) - Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_17-en.pdf

One of the background docs for the next EB meeting. *"The report summarizes the recommendations of the [High-Level Commission on Health Employment and Economic Growth](#). It draws upon the recommendations and "their linkages to existing decisions and resolutions of the Health Assembly, United Nations General Assembly and United Nations Security Council"."*

Miscellaneous

EC Communication to the EP, the Council, the European Economic & Social Committee and the committee of the regions: Proposal for a new European Consensus on Development Our World, our Dignity, our Future

https://ec.europa.eu/europeaid/sites/devco/files/communication-proposal-new-consensus-development-20161122_en.pdf

Some coverage & early reactions to this new EC communication (updated after 10 years): see

Euractiv - [Qualified welcome for EU's new once-in-a-decade development rethink.](#)

Devex – [EU will be 'first' to put SDGs into action.](#) Don't hold your breath.

Development Policy - China's disruptive entrance on the global aid stage

Kris Hartley; <http://devpolicy.org/chinas-disruptive-entrance-on-the-global-aid-stage-20161124/>

With a comparison with Japan's aid efforts.

WHO - The Innov8 approach for reviewing national health programmes to leave no one behind

http://apps.who.int/iris/bitstream/10665/250442/1/9789241511391-eng.pdf?utm_content=bufferbc2bc&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

If WHO is starting to "innovate to leave no one behind", the world is really changing for the better.

Duncan Green - Where has the Doing Development Differently movement got to, two years on?

<http://oxfamblogs.org/fp2p/where-has-the-doing-development-differently-movement-got-to-two-years-on/>

A state of affairs.

Devex – Development experts react to Nikki Haley's appointment as US ambassador to UN

<https://www.devex.com/news/development-experts-react-to-nikki-haley-s-appointment-as-us-ambassador-to-un-89218>

"...After news of U.S. President-elect Donald Trump's latest selection to his administration circulated, the global development community and U.N. experts are now making sense of how Haley's selection will impact development work and international relations around the world."

Guardian – Top US government aid partner to pay \$500k damages to African American job applicants

https://www.theguardian.com/global-development-professionals-network/2016/nov/21/top-us-government-aid-partner-to-pay-500k-damages-to-african-american-job-applicants?CMP=share_btn_tw

Chemonics, one of the main development groups working with USAid, will pay out nearly \$500,000 for discrimination.

Emerging Voices

IHP – Does supporting Brexit and US election results make you a far-right populist?

<http://www.internationalhealthpolicies.org/does-supporting-brexit-and-us-election-results-make-you-a-far-right-populist/>

Asmat Malik's rather controversial take on the US elections & the reaction of (a big part) of the global health community. (Asmat Malik is EV co-chair)

Research

Studies in Family planning – Conditional and Unconditional Cash Transfers to Improve Use of Contraception in Low and Middle Income Countries: A Systematic Review

M E Khan et al ; [Studies in Family planning](#);

“This systematic review synthesizes evidence on the impact of conditional and unconditional cash transfers (CCT and UCT) on contraception in low- and middle-income countries. Scientific and gray literature databases were searched from 1994 to 2016 and 11 papers from ten studies were included. Most of the studies had low risk of bias. Cash transfers were used for increasing school attendance or improving health and nutrition, but not directly for contraception. Three studies showed positive impact on contraceptive use and four showed a decrease in fertility outcomes. An increase in childbearing was observed in two studies, and three studies demonstrated no impact on fertility indicators. All studies treated contraceptive use or fertility only as unintended and indirect outcomes. The available evidence on impact of CCT and UCT on contraception is inconclusive due to the limited number of studies, varying outcome measures, and lack of intervention specifically for contraception.”