IHP news 401: Trump angst

(13 January 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 Lancet series on the right care kicked off the week, but then most of the week was dominated by Obama’s final speech and discussions on his legacy, including, obviously, what will happen to Obamacare. Hint: not much good. Even Trump himself doesn’t know exactly what the future will bring for American health care, but that’s not much of a surprise. The hashtag #MakeAmericaSickAgain has been trending lately (and it’s not because of Russian hackers, Donald, or because you live again in Nazi-Germany!).

Meanwhile, “the world”, including the global health community, is taking a deep breath/sigh and gearing up for Trump’s presidency. After watching his “press-conference” even more so. May God be with us – but apparently he’s already on Donald’s side (at least when it comes to creating jobs). Whether you can really prepare for a disaster-in-the-making like the Donald? A half-baked attempt earlier this week (on IHP) to put myself in Donald’s “America & hot women first” shoes, with a view on the future of global health, didn’t inspire more “pearls of wisdom”, I humbly acknowledge. Empathy has its limits.

Truth is: you might be a “weekend warrior” (check), a “collapsitarian” (double check), or even an established global health scholar with hundreds of publications like Larry Gostin - nobody is really ready for the new era. Only Donald Rumsfeld perhaps, but as you know his legacy is also rather peculiar. In this brave new era, Zygmunt Bauman will be sorely missed.

While the global war on aid is in full swing (certainly in the UK), and intelligence services will have to learn to speak ‘post-truth’ to power (in the words of the Economist yesterday), many in the global health community are already looking ahead to the upcoming WHO (140th) EB meeting (a crucial episode in the WHO DG election race), and – the ones with “High-Level connections” at least – Davos 2017.

In this week’s Featured article, Anns Issac (EV 2016, PHFI) reflects on the Vancouver symposium, more in particular on the regional inequities in knowledge production. As she refers to a few figures in her article (which we can’t include in this newsletter), you might want to read the article on the IHP blog. There you’ll find the figures.

Enjoy your reading.
The editorial team

Featured Article

Regional inequities in knowledge production – reflections from HSR 2016

Anns Issac (EV 2016, Public Health Foundation of India)

During the Emerging Voices for Global Health (EV4GH) 2016 training and the Fourth Global Symposium on Health Systems Research (HSR 2016) in Vancouver, scholars discussed the inequities in health systems across the globe and deliberated the power and politics involved in structuring (or hampering) a just system. Empirically, several sessions explored the systemic inequities at the national and sub-national level, and called for policy attention. Themes were diverse and descriptions rich, yet for some reason the locations of the studies seized my attention. A quick review of the program booklet revealed that the presenters’ locations and the countries of research were different in many instances. Also, there was high representation from certain research institutes and countries among presenters. This prompted me to extend the debate on inequities in health systems to ‘inequities in doing health system research’.

Using the data from HSR 2016, this blog will zoom in on the regional imbalances in knowledge production. From the abstracts selected for oral presentation at the symposium (total 259), I compared the region of the research institutions and the region of the data collection. I framed a few questions to understand the asymmetries in knowledge production as evidenced by the symposium. The main observations are given below.

What does a comparison between the regions of data collection and institutions of the first author tell us?

There is an uneven representation of regions of research and institutions performing the research. Discounting the theoretical presentations from the total number of abstracts, the analysis shows that the majority (87%) of the studies used data from Asia, Africa or Latin America. However, 45% of the institutions of first authors were located in Europe, the United States, Canada or Australia (see figure 1). Zooming in on individual countries, the highest share of first author institutions was found in the United States (17%), followed by the United Kingdom (12%), Canada (9%), and India (9%).
How did the research materialize? Who led the knowledge production?

The research was a collaborative exercise for 51% of the presentations with varying levels of inter and intra-country institutional engagement (see figure 2). If co-authors came from multiple institutions, this was considered as institutional collaboration. This mainly involved research and capacity building partnerships. The ‘Nil’ category (49%) consists of studies where all the authors represent only one institution (i.e. no collaboration), with 20% of these in the global North.

Inter-country collaborative research accounted for 32% of the total amount of abstracts, with most coming from North – South collaboration (28%). South – South collaboration in research was abysmally small (less than 2%).

One can explore (and also question) how ‘equal’ these collaborations were in terms of ownership of research. Analysis of the authorship of research in the North-South collaborations revealed that a large share of first authors (47% of the total amount of North – South studies) were based in institutions located in the North, pointing to the still existing hierarchy in global knowledge production (see also Hasnida et al in The Lancet Global Health (2016)). One might wonder whether the funding modalities that compelled the North to form some of these collaborations also inspired really shared ownership.

There was at least one institution from the global North involved in more than half of the total number of studies on Asia, Africa and Latin America. Also, in one fifth of the number of studies on the South, no collaborating institution from the regions of study was acknowledged by the research institutions (in the North). This is appalling, especially now that we are at a juncture discussing the co-production of knowledge.

Note that neither the questions nor the answers that emerged in the above exercise were new. They simply restate the continuing dominance of the global North in steering much of the research and highlight the ongoing power imbalances in the production of knowledge. Considering the current budget cuts by several governments in the South, we cannot anticipate any reduction in dependence on external funding for research in the medium term. Still, when health systems research is increasingly (and rightly) a multi-country collaborative endeavour, we need due space for discussing the ethics of collaboration and negotiating the power relations. Clearly, not all collaborations are equal. At the very least, when donors put in place North-South collaboration requirements, it is vital they make sure there is true collaboration.
Highlights of the week

Lancet – Offline: The possible impossibility of universal health coverage


Ouch! Horton reflects on the UHC elephant in the room, the population predicament. “...The most important threat to universal health coverage is rarely discussed in polite global health circles. The issue is seen as politically incorrect, jeopardising human rights, potentially coercive, and, anyway, far too pessimistic. But an unvarnished review of the figures should disavow such qualms. The biggest danger facing universal health coverage is the risk of already weak health systems being unable to offer high-quality health care, free of financial risk, to their rapidly rising populations...” After offering some stats from different parts in the world (not just SSA), he concludes: “...To be sure, we should continue to champion the idea of universal health coverage. But we should be cautious about promising what we cannot deliver.”

(PS: Horton also mentions that if the GOP dominated Congress succeeds (with its efforts to repeal Obamacare and replace it by something vastly inferior, certainly with respect to coverage),” the US Government will have struck a deadly blow against the global effort to “achieve universal health coverage”.)

Lancet Right Care series

[http://www.thelancet.com/series/right-care](http://www.thelancet.com/series/right-care)

“Many countries struggle with the question about sustainability, fairness, and equity of their health systems. With the focus firmly on UHC as a central part to the UN SDGs, there is an opportunity to examine how to achieve optimum access to, and delivery of, health care and services. Underuse and overuse of medical and health services exist side-by-side with poor outcomes for health and wellbeing. This Series of four papers and accompanying comments examines the extent of overuse and underuse worldwide, highlights the drivers of inappropriate care, and provides a framework to begin to address overuse and underuse together to achieve the right care for health and wellbeing. The authors argue that achieving the right care is both an urgent task and an enormous opportunity.”

You might want to start your reading with the Comment by S Kleinert & R Horton - [From universal health coverage to right care for health](http://www.thelancet.com/series/right-care).
Start of Guterres as UN SG

As already mentioned last week, we hope António Guterres, the new UN SG, will give Donald Trump and gang a run for their money. Given the increased importance of the UN on global health over the last decade, that would certainly be more than welcome. A few reads on the start of his term (and priorities):

(recommended) UN - Secretary-General, Addressing Staff, Calls for Strong Collective Engagement to Overcome United Nations Shortcomings, Tackle Global Concerns  Guterres’ address to staff at United Nations Headquarters, in New York, early January. (See also Newsweek - My vision for revitalizing the UN.)

A key paragraph perhaps from his speech: “...So, when one looks at the global mega-trends of population growth, climate change and other aspects that are interlinked, we see that we live in a world where problems became global and there is no way they can be solved on a country-by-country basis. And so, this is the moment in which we have to assert the value of multilateralism. This is the moment in which we need to recognize that only global solutions can address global problems and the UN is the cornerstone of that multilateral approach. But, having said so, I think it is important to recognize that we cannot take anything for granted....” That is indeed an understatement.

World Politics Review – A Three-Step Plan for Guterres to ‘Trump-Proof’ the U.N.

R Gowan; http://www.worldpoliticsreview.com/articles/20862/a-three-step-plan-for-guterres-to-trump-proof-the-u-n

(sadly, gated) “Antonio Guterres is off to a strong but slightly surreal start as the United Nations’ new secretary-general. Since replacing Ban Ki-moon at the start of the year, the former Portuguese prime minister has moved fast to place his stamp on the organization. Yet, while U.N. officials are keen to see their boss succeed, all are conscious that the administration of U.S. President-elect Donald Trump could soon place the institution under severe political pressure. The new secretary-general’s chances of leading the U.N. effectively over the next five years may be shaped by how he handles Trump in the next few months....”

At least they’re already on speaking terms. See Reuters - After disparaging United Nations, Trump and new U.N. chief talk. (not on Twitter, that is). “New United Nations Secretary-General Antonio Guterres spoke with U.S. President-elect Donald Trump on Wednesday, and the two had “a very positive discussion on U.S./U.N. relations,” said a U.N. spokesman, a week after Trump slammed the world body on Twitter. Guterres, a former Portuguese prime minister and U.N. refugee chief who began his five-year term on Sunday, spoke by phone with Trump, who will take office on Jan. 20, said U.N. spokesman Farhan Haq. “This was an introductory phone call during which they had a very positive discussion on U.S./U.N. relations. The secretary-general said that he looked forward to engaging with the president after his inauguration,” Haq told reporters....”

UN - New task force to develop strategy to strengthen UN response to sexual exploitation and abuse

(from late last week). “The United Nations [today] announced that it plans to strengthen its approach to preventing and responding to sexual exploitation and abuse by creating a high-level task force that will develop a “clear, game-changing strategy” to achieve “visible and measurable further improvement.” The announcement follows a request from Secretary-General António Guterres to Jane Holl Lute, the Special Coordinator for improving the Organization’s response to sexual exploitation and abuse, according to the UN Spokesperson....”

For more info on the UN agenda in 2017, see IPS - Oceans, Tuberculosis and Killer Robots – the UN’s Diverse Agenda in 2017

Finally, it’s already clear that Guterres wants to focus on peace (and preventing war). See Humanosphere - New U.N. chief urges Security Council to do more to prevent war, “New United Nations Secretary-General Antonio Guterres urged the Security Council on Tuesday to take more action to prevent conflicts instead of just responding to them as he pledged to build the world body’s mediation capacity....”

National Cancer Institute and WHO – NCI Tobacco Control Monograph Series 21 - The Economics of Tobacco and Tobacco Control


“Policies to control tobacco use, including tobacco tax and price increases, can generate significant government revenues for health and development work, according to a new landmark global report from WHO and the National Cancer Institute of the United States of America. Such measures can also greatly reduce tobacco use and protect people’s health from the world’s leading killers, such as cancers and heart disease. But left unchecked, the tobacco industry and the deadly impact of its products cost the world’s economies more than US$ 1 trillion annually in healthcare expenditures and lost productivity, according to findings published in The economics of tobacco and tobacco control. Currently, around 6 million people die annually as a result of tobacco use, with most living in developing countries....”

Coverage of this 700-page report in Reuters - Smoking costs $1 trillion, soon to kill 8 million a year: WHO/NCI study “Smoking costs the global economy more than $1 trillion a year, and will kill one third more people by 2030 than it does now, according to a study by ... ... That cost far outweighs global revenues from tobacco taxes, which the WHO estimated at about $269 billion in 2013-2014. "The number of tobacco-related deaths is projected to increase from about 6 million deaths annually to about 8 million annually by 2030, with more than 80 percent of these occurring in LMICs (low- and middle-income countries)," the study said....”

Also in the Guardian (Sarah Boseley) - Poorer countries fail to act on smoking due to big tobacco threats, says WHO. “Many low- and middle-income countries are too scared by the threats and misinformation of big tobacco to raise the price of cigarettes, even though it would hugely benefit both health and the economy, according to a major new report....”
Coming up: WHO 140th EB meeting (23 January-1 Feb)

http://www.who.int/mediacentre/events/2017/140th-executive-board/en/

You find provisional agenda & main documents here.

We also want to draw your attention to the People’s Health Movement’s Full commentary on the EB agenda items: (as of 9 January). Well worth a read, if you want to have a good idea of all agenda items (and the debates around them).

A lovely paragraph, perhaps, on the WHO & the SDGs (‘Progress in the implementation of the 2030 Agenda for Sustainable Development’):

“The politics of sustainable development at the global level: The language of EB140/32 evokes a parallel universe in which everything is about win win outcomes and where rational policy debate trumps insecurity, fear and greed. In such a universe, wealthy people willingly undertake to pay more tax to support social protection and UHC and citizens of rich countries welcome asylum seekers. In such a universe, food companies care about healthy diets; pharmaceutical companies care about affordable access to essential medicines and the rational use of drugs; and energy companies care about moving to low carbon emissions. There is nothing in this paper which speaks about the social and political processes through which the SDGs might be achieved. These include moving towards cultures of inclusion and human security to reduce xenophobia and strengthen solidarity. They include meaningful democratic deliberation and decision, including democratic control of the parameters within which private enterprise operates, rather than strengthening corporate power over governments. They include addressing the skewed balance of political power; equity with respect to voice as well as around access to material resources. EB140/32 does not address the tensions (across differing interests and perspectives) between people, countries and corporations and only superficially addresses the tensions between policy 53 sectors, eg between health and trade, or between health and large scale intensive pork and poultry farming....”

For an even more blatant example of this wishy washy ‘parallel universe’/’multistakeholder heaven’, see also the folks heading for Davos next week (see below) 😊.

PS: I don’t know whether we ever put it in the newsletter, but you might want to read the short (4 pager) report of the WHO Financing dialogue (31 October, Geneva).

The WHO DG election process (see also below- section ‘Global Governance of Health’) & the financing of WHO are just some of the key issues at this EB meeting.

On the first issue, do read already:

Devex – Election sees WHO’s future role in question
Must-read. “Whoever wins among six candidates for the director-generalship of the World Health Organization will have a consequential impact on the future of agency and of global public health itself. Candidates are promising leadership and bold change....”

To give you a taste: “...Under the reformed process, the director-general will no longer be chosen by the 34-country executive board. Instead, the board will narrow the pool of six candidates down to five on Jan. 24. The next day, the executive board will interview the remaining candidates and select three finalists. The full 194 country members of the World Health Assembly will choose the new WHO leader from among these three candidates by secret ballot in May. There are few confident predictions as to who might win. Many of those interviewed by Devex believed that the final three candidates will include Douste-Blazy, Nabarro, and Tedros, with Nishtar as the likely fourth....” “...The early culling process could also involve "strategic voting," meaning that in choosing the final three candidates, board members might vote for a weak candidate so that their preferred candidate will have a better chance to win.”

In a second part of the (long) article, Loewenberg focuses on this: “While everyone seems to agree on WHO’s lackluster performance during the Ebola crisis, experts, officials and member states have drawn different lessons from the crisis....” And a third part focuses on the budget troubles.

Some must-reads for this week on global health governance, SDGs, ...

Global Health promotion (Editorial) – Sustainable Development Goals: an opportunity for health in Africa?
B Boidin; http://journals.sagepub.com/doi/abs/10.1177/1757975916677513

“The purpose of this article is to examine to what extent the Sustainable Development Goals (SDGs) hold out new promises for health in Africa. Two significant shortcomings will have to be overcome. Application of a ‘social determinants of health’ approach is still woefully difficult in Africa due to the stronghold that international actors maintain over local governments. The persistence of a ‘turnkey’ concept of health policies is reflected in the coexistence of a disparate range of programmes and measures, often driven by the development partners. Thus the low level of institutional complementarities is a crucial issue in the effective implementation of the SDGs.”

Health Affairs (Analysis & Commentary) – Global Health: A Pivotal Moment Of Opportunity And Peril
L Gostin & E Friedman; http://content.healthaffairs.org/content/36/1/159.full

The ‘helicopter view’ read of the week. “A growing tide of populism in Europe and the United States, combined with other factors, threatens the solidarity upon which the global health movement is based. The highest-profile example of the turn toward populism is US president-elect Donald Trump, whose proposals would redefine US engagement in global health, development, and environmental efforts. In this challenging landscape, three influential global institutions—the United Nations, the World Health Organization, and the World Bank—are undergoing leadership transitions. This new
Global health leadership should prioritize global health security, including antimicrobial resistance, health system strengthening, and action on mass migration and climate change. **They will need to work as a team, leveraging the World Health Organization’s technical competence and mandate to set health norms and standards, the United Nations’ political clout, and the World Bank’s economic strength.** Human rights, including principles of equality, participation, and accountability, should be their foremost guide, such as holding a United Nations special session on health inequities and advancing the Framework Convention on Global Health. The need for predictable and innovative financing and high ethical standards to prevent conflicts of interest can further guide global health leaders.”

**Global Challenges – Global health governance in the sustainable development goals: Is it grounded in the right to health?**


A close second. “This paper explores the extent to which global health governance – in the context of the early implementation of the Sustainable Development Goals is grounded in the right to health. The essential components of the right to health in relation to global health are unpacked. Four essential functions of the global health system are assessed from a normative, rights-based, analysis on how each of these governance functions should operate. These essential functions are: the production of global public goods, the management of externalities across countries, the mobilization of global solidarity, and stewardship. The paper maps the current reality of global health governance now that the post-2015 Sustainable Development Goals are beginning to be implemented…”

(Go4Health output)

**Coming up: Davos (17-20 January)**


We bet you can’t wait. Some reads as a preparation:

**WEF** - **Everything you need to know about Davos 2017.** (good overview of what’s in store, theme, big shots coming (including Xi Jinping this year!), …)

**WEF annual annual risk report** (+ Coverage in the Guardian - Rising inequality threatens world economy, says WEF).  

Global humanitarian crisis & “War on aid”

IRIN (Analysis)- Welcome to the global war on aid
http://www.irinnews.org/opinion/2017/01/11/welcome-global-war-aid

Focusing on the nasty campaign from the Daily Mail in the UK, but obviously this piece has broader implications (beyond the UK). “...Where the US and the UK go, other countries are likely to follow as multilateralism loses ground. Faced with the prospect of a war of attrition in which the global poor are likely to be collateral damage, it’s worth remembering that the real problem the populist right has with overseas aid is not how it is spent, but that it exists at all....”

For an example of the havoc the Daily Mail is wrecking, see Humanosphere - U.K. buckles under tabloid pressure, cuts funds to Ethiopian girls program.

Humanosphere – Refugees stranded in life-threatening cold weather across Europe

It’s a disgrace. “International medical humanitarian organization Doctors Without Borders (MSF) is again calling on [European] authorities to provide shelter for all refugees and migrants stranded outside in life-threatening weather conditions....”

Guardian – UK moves a step closer to dramatic rise in aid funding to private sector

Another aid/ODA trend? “Plans for a dramatic increase in the amount of aid that can be channeled through the CDC Group, the government’s controversial private equity arm, have moved closer to fruition after crucial legislation passed through the Commons on Tuesday. The commonwealth development corporation bill, which will allow the government to lift the cap on aid funds spent through the CDC from £1.5bn to £6bn, was approved by MPs despite criticism of the organisation. The bill allows for increases of up to £12bn without new primary legislation....”

See also Global Health Justice Now’s take on this (rather shocking) news - Billions of aid money to go through DfID’s private equity arm following parliament vote.

On a more positive note, The Guardian reported that UK aid watchdog encourages direct cash support for people in poor countries.
Lancet (World Report) – New research centre focuses on conflict in the Middle East

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30079-X/fulltext

“A newly launched research centre in Doha aims to improve the international and Arab world response to complex conflict and humanitarian crises in the Middle East. Talha Burki reports.”

US: Repeal and/or replace Obamacare?

NEJM - Repealing the ACA without a Replacement — The Risks to American Health Care


Obama’s first peer reviewed publication of the year (from late last week). Now it’s waiting for Donald Trump’s elaborate response.

See also BMJ News – Obama calls plan to repeal Affordable Care Act “reckless” and “irresponsible”. "Republican plans to repeal the 2010 Affordable Care Act (ACA) without passing a law to replace it are “reckless” and “irresponsible,” the outgoing president, Barack Obama, said in a commentary published in the New England Journal of Medicine. Republican leaders in Congress have said that they will move quickly to repeal the act but have acknowledged that they will probably leave many of the law’s provisions intact for several years to allow time to draft a replacement—a strategy called “repeal first and replace later.” In his article, Obama warned that repealing the law without replacement would leave the healthcare system “standing on the edge of a cliff.” “…"

See also the Guardian - Obama says repealing healthcare law is 'disservice to American people'.

Trump & GOP on Obamacare

So much for Barack. What is the situation on the other (lunatic right) side of the political spectrum? A few reads:

AP - Republican senate takes first step to repeal Obamacare. “The Senate has passed a measure to take the first step forward on dismantling President Barack Obama’s health care law, responding to pressure to move quickly even as Republicans and President-elect Trump grapple with what to replace it with…” Not every Republican is as convinced that it’s wise to move ahead with the plan to repeal Obamacare without coming with a replacement first.

Vox – The complex process Republicans want to use to repeal Obamacare, explained with a cartoon. “Reconciliation” is the name of the (multi-step) process. Funny name, if you ask me.

As for Trump himself, “On health care, Trump seems deeply confused about policy and process” “When it comes to the health care debate, Republican unanimity has unraveled with surprising speed in recent weeks. GOP leaders in the House and Senate are committed to a “repeal and delay”
strategy in which Republicans would repeal the Affordable Care Act quickly and work out the details in a few years, while a growing number of rank-and-file GOP lawmakers don’t want to vote on repeal until the party has an alternative reform plan to replace “Obamacare.” To help work out the differences, Republicans could probably use some presidential leadership. Unfortunately for the GOP, however, the party is stuck with Donald Trump – who made clear in a New York Times interview this afternoon that he has absolutely no idea what he’s talking about when it comes to the most rudimentary details of the debate.”

And finally, the health lobby’s (NYT ) response - Muted Response From Health Lobby as Affordable Care Act Faces Repeal.

JAMA – How Would the Next President Ensure Competitiveness in the Health Care Marketplace?

Ashish Jha; http://jamanetwork.com/journals/jama/fullarticle/2596282

Jha’s take. What would the next president do to ensure competitiveness in the marketplace?

Lancet (Editorial) – ACA repeal and the AMA

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30076-4/fulltext

Lancet Editorial on Obama’s stance, and the American Medical Association (AMA)’s position. “...a Jan 3 open letter from the head of the American Medical Association (AMA), John Madara, to leaders of Congress, called for the incoming Republican administration to outline new health-care plans “in reasonable detail” before abandoning progress made through the ACA, most notably concerning the fate of millions of Americans who have recently gained coverage through Medicaid expansion or the ACA’s insurance exchange markets.” Still, AMA’s position is a bit blurred.

Trump & (catastrophic) health in US & world

In addition to the Obamacare predicament, here are a few other health-related reads. The impact of the Trump presidency on health is still anybody’s guess.

Stat - Obama vs. Trump: 5 ways they clash — or don’t — on health and science

“Donald Trump has promised to change Washington, and he surely will. Yet while he may play some wild cards in the realms of medicine, science, and public health, you can also look for some surprising continuity with President Obama’s administration. Here’s our preview of what to expect.” For example on disease outbreaks, prescription medicine, ...

On vaccines: Laurie Garrett in Foreign Policy - Donald Trump and the anti-vaxxer conspiracy theorists. “Laurie Garrett writes that the president-elect’s dangerous views on the safety of vaccines threatens the lives of millions of Americans.” See also the Washington Post - Vaccine skeptic Robert Kennedy Jr. says Trump asked him to lead commission on ‘vaccine safety’.
On the drug industry’s feeling after Trump’s rather aggressive stance at his “press conference”: Stat news - As Trump attacks drug industry, few in Congress rush to its aid. Stat News on Trump: Trump promises reforms on drug prices, saying companies ‘getting away with murder’. So at least some positive noises from this angle.

Rex Tillerson & USAID

Devex – Rex Tillerson outlines US aid vision, with few commitments to climate change and health, during Senate hearings


Must-read. “Rex Tillerson, the former CEO of ExxonMobil, offered general support for furthering U.S. foreign aid and its development agenda as secretary of state, but expressed reservations on various hot-button topics — including women’s health and climate change — during an all-day Senate Foreign Relations Committee confirmation hearing....”

See also Huffington Post - Rex Tillerson Hints At Support For State Department Women’s Programs.

ODI (blog) – How Trump and Tillerson can surprise the world, save millions of lives, and make America safer


By Alex Thier (ODI’s new Executive Director). Now that would be a surprise indeed.

Lancet (Editorial) – Health in India, 2017

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30075-2/fulltext

Must-read. This Editorial discusses health reforms needed in India, including clinical research and – Rob Yates will surely be nodding now - government funding for UHC. Among others, the editorial points to the positive role played by the Aam Aadmi Party, and also looks forward to the Feb 4 (state) elections, and an upcoming meeting: Global Health: 40 years after Alma-Ata in Delhi next November. The Editorial hopes: “If health becomes a populist cause in India, rather than a political inconvenience, then the country might finally be liberated to achieve health outcomes commensurate with its economic and technical achievements.”
Global health events

IHP+ for UHC 2030 - UHC2030 Transitional Steering Committee Meeting (12 December 2016)


All you need to know about this meeting in Geneva (12 December). Make sure you go through the presentations and the Conclusion & next steps.

Coming up: First UN World Data forum (15-18 January, Cape Town)

http://undataforum.org/

(recommended) Press release – UN World Data Forum set to kick off with ambitious agenda

Programme http://undataforum.org/WorldDataForum/programme/

“...The first UN World Data Forum will be hosted by Statistics South Africa from 15 to 18 January 2017, with support from the Statistics Division of the UN Department of Economic and Social Affairs, under the guidance of the United Nations Statistical Commission and the High-level Group for Partnership, Coordination and Capacity-Building for Statistics for the 2030 Agenda for Sustainable Development.”

A tweet perhaps: “SDGs key political driver. 2020 deadline for data focuses minds. Sustainable data infrastructures cant be built in 5 years. #UNDataForum”

Events & webinars coming up

Graduate institute - Can we achieve the SDG health targets without the rule of law? Advancing the Right to Health: The Vital Role of Law (Monday 16 January, Geneva)

“...At this event, the World Health Organization will publish a ground-breaking report: Advancing the Right to Health: The Vital Role of Law. This report is the result of a collaboration between the WHO, the International Development Law Organisation (IDLO), the O’Neill Institute for National and Global Health Law at Georgetown University, and the Sydney Law School, University of Sydney.”

Inis Communication webinar (18 January) – On barriers to achieving the SDGs and how to overcome them. Also info on SDG insights – an SDG focused solution. http://iniscommunication.com/webinar/
COPs webinar on PBF scaling up (on Friday 20 January – from 1 pm to 3 pm GMT): ITM; Description: “A recent count highlighted that while more than two-thirds of African countries have adopted the RBF strategy, only seven of them were able to implement it country-wide. What are the main issues of scaling up a health financing policy? What are the challenges of scaling up and integrating RBF strategies into national health systems? What are the enablers of successful development of RBF policies? A recent study in 11 countries (including 7 African countries) has attempted to answer these questions. Find more about the results of this multi-country study through the CoPs webinar series. A first webinar will focus on the study as a whole, followed by two other webinars on some country-specific experiences.”

“The presentation will be delivered by Zubin Cyrus Shroff (MD, MSc, PhD) who works for the Alliance for Health Policy & Systems Research (AHPSR). He was the coordinator of the research with Bruno Meessen. Bruno Meessen (MA, PhD) is Professor of Health Economics at the Institute of Tropical Medicine (IMT), Antwerp, and lead facilitator of the Performance-Based Financing Community of Practice (CoP PBF). Involved in the development, study and dissemination of PBF worldwide since the late 1990s.”

Coming up on 16 February - Launch of the new UCL Centre for Gender and Global Health

https://www.eventbrite.co.uk/e/ucl-centre-for-gender-and-global-health-launch-day-tickets-30163570050

Check it out.

Last but not least, good to know that the BMGF, together with WHO/UNICEF, met in Florence this week to reflect on the future of child health. (cfr tweet R Horton)

Zika

Reuters - Angola reports first two cases of Zika virus.

Lancet Correspondence – Zika virus: are we going too far? (by M Vouga et al). Are CDC (and other institutions’) recommendations not going too far? (for example, “Because of the risk of sexual transmission and reported persistence of Zika virus RNA in semen, the Centers for Disease Control and Prevention has proposed a 6-month delay before attempts at conception for all men possibly exposed to Zika virus.”)

There are a few more Lancet letters related to Zika in this week’s issue (for example, on Zika rash).
Global governance of health

Global health security

Reuters - More work lies ahead to fight Zika, other threats: CDC chief

“Thomas Frieden, appointed by President Barack Obama to run the CDC in 2009, will hand in his resignation on Jan. 20, the day of President-elect Donald Trump’s inauguration. The former New York City health commissioner will not say what he plans next. He did share his wish list for the incoming president and Congress which contains several items, not least of which is a public health emergency fund....”

See also National Geographic - Biggest Worries, Wins of U.S. Disease Control Chief “As Thomas Frieden prepares to leave office, he shared his hopes for the future and the health threats that still need to be addressed....”

CDC - Sierra Leone (IDSR) (GHSA) in Action

Example of the Global Health Security Agenda in action. The Global Health Security Agenda prevented an Ebola flare-up in Sierra Leone (January 2016). “CDC helped develop Sierra Leone’s Integrated Disease Surveillance and Response (IDSR) system that provides timely health data to district and national decision makers. This information helps healthcare workers to rapidly identify new infectious diseases and mobilize resources to respond to potential outbreaks....”

Jama (Viewpoint) – Emerging and Reemerging Infectious Diseases- The Dichotomy Between Acute Outbreaks and Chronic Endemicity
C Paules & A Fauci ; http://jamanetwork.com/journals/jama/fullarticle/2598516

“This Viewpoint discusses the importance of continuing infectious diseases research, even after outbreaks subside and disease progression becomes endemic.”

Science – White House announces review process for risky virus studies
Science ;

“Federal officials [today] released a plan to help U.S. agencies decide whether to fund controversial studies that make viruses more dangerous. The guidance may finally bring an end to a moratorium that has kept a handful of experiments funded by the Department of Health and Human Services (HHS) on hold for more than 2 years. The policy from the White House Office of Science and Technology Policy (OSTP) essentially follows recommendations from last May from an advisory committee that attempted to define the riskiest experiments and spell out when they should be funded. Both critics and supporters of these hotly debated studies welcomed the policy, which some feared would languish if left to the incoming administration of President-elect Donald Trump.
But some are reserving judgment until they see the results of the reviews....” (on ‘gain of function’ virus studies)

Global health diplomacy

Book (forthcoming) – Pathways to Global health: Case Studies in Global Health Diplomacy


“Following the publication of Negotiating and Navigating Global Health: Case Studies in Global Health Diplomacy edited by Ellen Rosskam and Ilona Kickbusch, this second volume of case studies will complement the first volume and extends its scope. The new book focuses on health diplomacy negotiations, in Geneva and elsewhere, that have involved WHO or that have substantial implications for the work of WHO....”

IJHPM – Diplomacy and Health: The End of the Utilitarian Era

S Kevany et al; http://www.ijhpm.com/article_3306.html

“Cost-effectiveness analysis (CEA), as a system of allocative efficiency for global health programs, is an influential criterion for resource allocation in the context of diplomacy and inherent foreign policy decisions therein. This is because such programs have diplomatic benefits and costs that can be uploaded from the recipient and affect the broader foreign policy interests of the donor and the diplomacy landscape between both parties. These diplomatic implications are vital to the long-term success of both the immediate program and any subsequent programs; hence it is important to articulate them alongside program performance, in terms of how well their interrelated interventions were perceived by the communities served. Consequently, the exclusive focus of cost-effectiveness on medical outcomes ignores (1) the potential non-health benefits of less cost-effective interventions and (2) the potential of these collateral gains to form compelling cases across the interdisciplinary spectrum to increase the overall resource envelope for global health. The assessment utilizes the Kevany Riposte’s “K-Scores” methodology, which has been previously applied as a replicable evaluation tool and assesses the trade-offs of highly cost effective but potentially “undiplomatic” global health interventions. Ultimately, we apply this approach to selected HIV/AIDS interventions to determine their wider benefits and demonstrate the value alternative evaluation and decision-making methodologies....”
WHO DG election race

As already mentioned in the section ‘Highlights of the week’, a key episode in the race will take place at WHO’s Executive Board meeting. Meanwhile, David Nabarro is still in pole position, from what we can tell. See for example:

**Guardian – The Briton vying to become the world’s most powerful doctor**


Must-read. Background by Boseley on Nabarro’s (rather good) cards in the race.

Meanwhile, David Nabarro started his own series of reflections on his website, see here. “I have provided answers to the WHO web forum questions, asked of me by WHO Member States, but these are not widely available. So, I have decided to write a series of reflections on issues that I know are of interest to many different actors. The consistent threads throughout my reflections will be: Equity and access; Achieving maximum impact through catalytic relationships; Servant leadership; Excellence, courage and tenacity in WHO; Focus on development of national capabilities. “

In this Introductory reflection he presents his vision and four priorities.


**Twitter & WHO Election**

- A tweet by Matthias Bonk: “6 @WHO DG candidates show that @Twitter is NOT their primary channel of communication - good 4 #leadership in #globalhealth & #publichealth”

(with some stats on their respective Twitter use; no doubt referring to “you-know-who”’s Twitter use)

  - Hashtags to follow: “Hashtags for @WHO DG election: #WHOelection trending since November hearings #nextDG still in use, with some discoveries such as #AtLeastOne”

As you know, the hashtag “At least one’ refers to at least one woman among the last three candidates. Quite some people already supported this stance.
Philanthrocapitalism

NYT - Chan Zuckerberg Initiative Builds Political Muscle for Philanthropic Work

https://www.nytimes.com/2017/01/10/technology/chan-zuckerberg-initiative-builds-political-muscle-for-philanthropic-work.html?_r=0

“Zuckerberg goes Gates”... “The Facebook founder Mark Zuckerberg and his wife, Dr. Priscilla Chan, have vowed to put their enormous wealth toward philanthropic causes. Now the couple are putting infrastructure in place to make sure their money and efforts will make an impact on policy as well.” With info on a few new high-profile people hired for this very purpose.

See also Devex – With high-profile hiring announcement, CZI acknowledges the role of public policy in its work.

(PS: as you know, there are also some rumours that Zuckerberg might be contemplating a run for the US presidency in 2020 – but let’s just consider that as ‘fake news’ for the time being)).

Gates Notes - 5 Reasons I’m Optimistic About Africa


Meanwhile, Bill is optimistic about Africa. He offers five reasons. I like the one about the increasing involvement of grandmothers.

The Journal – Health makes wealth: Japan-based fund unites public, private sectors to fight infectious disease

B Goode; https://journal.accj.or.jp/health-makes-wealth/

Quite some detail and background on the Global Health Innovative Technology (GHIT) Fund in this article.

Plos Current disasters (Discussion) –The politics of global public health in fragile states and ungoverned territories


“The reasons for global health crises and how the world responds to them have dramatically changed over the last half century. Increasingly, natural disasters result in failure of public health and security
systems leading to preventable conflict, unconventional war and unprecedented population migration. While scientific expertise exists to mitigate these failures in fragile states and ungoverned territories, inactions are mired by the lack of political will, international legal mandates, and capacity to strategically monitor multidisciplinary public health indicator failures.”

BMJ Global health – Aftermath of Boko Haram violence in the Lake Chad Basin: a neglected global health threat

A E Awosusi;  http://gh.bmj.com/content/2/1/e000193

“...A key tenet of Agenda 2030 for sustainable development is to leave no one or region behind. There is no better time to demonstrate this commitment than now, with keen, sustained focus on the global health threat in Lake Chad Basin.”

Meanwhile, the Guardian reported Nigerian state governor accuses aid agencies of profiting from Borno crisis.

Global Fund update

Friends of the Global Fund – The GF’s commitment to transparency and risk management


Recommended. The article focuses on what this GF commitment to transparency & risk management entails (including also the place of procurement in this).

Devex – 4 major trends digital health needs to embrace in 2017 and beyond

Devex:

The 4 trends: It’s not about apps, it’s about systems; Integration is key; Like everything, it’s ultimately about people; The role of health workers is changing.
SDGs

UN - Experts, Eminent Scientists to Draft Report on Sustainable Development Ahead of Global Review Set for 2019


“Before leaving office, former Secretary-General Ban Ki-moon appointed 15 eminent scientists and experts to draft the Global Sustainable Development Report. The Report is a key component of the mechanism to follow up and review progress on the recently agreed 2030 Agenda for Sustainable Development and the Sustainable Development Goals. It aims to strengthen the science-policy interface and provide a strong evidence-based instrument to support policymakers in promoting poverty eradication and sustainable development....” (PS: Amanda Glassman is one of them)

Meanwhile, if you want to know which 40 countries will present voluntary national reviews at the next High-Level Political Forum (that will take place July 2017), see https://sustainabledevelopment.un.org/hlpf.

“… The meeting of the high-level political forum on sustainable development in 2017 convened under the auspices of the Economic and Social Council, will be held from Monday, 10 July, to Wednesday, 19 July 2017; including the three-day ministerial meeting of the forum from Monday, 17 July, to Wednesday, 19 July 2017. The theme will be ”Eradicating poverty and promoting prosperity in a changing world”.” Among others, SDG goal 3 will be reviewed in-depth.

Patrick Tiefenbacher (on LinkedIn) - Why the 2015 Development Agenda is not a Plan


Tiefenbacher is the Executive Director at Global Goals Consulting. “…Every four years the General Assembly passes a resolution concerning the “operational activities for development of the United Nations system”. The guidance contained in that resolution is supposed to impact the strategic plans of all U.N. departments, funds and programmes — or so the story goes.” Tiefenbacher’s rather dire take on the latest one, agreed by diplomats just before the end of the year: “…what you will not find in last month’s resolution is an inkling of how all the efforts are supposed to come together, or where the money will come from. Instead, the General Assembly reaffirms that all entities should just keep doing what they are doing…”

He hopes Guterres can change this, with a view on achieving the SDG agenda.
Humanosphere – Global aid spending is up, but some of it is staying at home

Tom Murphy; http://www.humanosphere.org/basics/2017/01/global-aid-spending-is-up-but-some-of-it-is-staying-at-home/

From late last week, “Global spending on development assistance reached its highest level, largely driven by the refugee crisis, according to a new report from the Organization for Economic Cooperation and Development (OECD). As some donor countries bask in the praise for their high spending and commitment to development assistance, others are questioning how the spending is measured, and whether the money is making it to those most in need...” Pretty much the same message like last year, Tom Murphy notes.

See also Devex - The biggest funding trends from latest donor data.

“...Official development assistance (ODA) reached a record $131.4 billion in 2015, a rise of 6.6 percent in real terms from 2014, according to OECD figures released on Wednesday. Of that total, $12.1 billion was spent on hosting and processing refugees in rich countries -- around double the amount spent in the previous year....”

Devex – Should the WHO split in two?

Rick Lesaar; Devex:

Catchy (but slightly misleading) title. Indeed, the op-ed focuses on WHO’s online presence.

“...Should the WHO split its online presence in two? Would it make sense for WHO to create a second website devoted to topics on personal health and wellness, in addition to the broader, and in many ways more serious, global health topics of its current site?” Worth a try, Lesaar notes.

Public Health Action –The ripple effect: why promoting female leadership in global health matters


Recommended. “Leadership positions in global health are greatly skewed toward men; the imbalance is more pronounced in low- and middle-income countries (LMICs). The under-representation of women in leadership is a threat to gender equality, and also impacts the improvement of women’s health outcomes globally. In this perspectives piece, we assert that the promotion and retention of women in global health leadership has a ripple effect that can achieve improvement in global health outcomes. We present pragmatic, actionable solutions to promote and retain female global health leaders in this field.”
GVADATA

http://gvadata.ch/

« An easy- to- explore, one-stop portal for searching the largest collection of published information and its sources managed by the United Nations agencies, International Organizations and NGO’s based in Geneva.” Explore it for yourself.

AJTMH – Evidence-Based Policies on Migration and Global Health are Essential to Maintain the Health of Those Inside and Outside the United States

P Rosenthal et al; http://www.ajtmh.org/content/96/1/5.full

“Human migration is at an all-time high, with one in every 122 humans now either a refugee, internally displaced, or seeking asylum. This global humanitarian crisis has spurred vigorous local, national, and international debates regarding the risk of infectious diseases that migrants pose to the countries and citizens who offer them shelter. In these debates, some have advocated tightened control and oversight of immigration, acceptance of refugees, and international travel. In this context, it is essential to maintain established U.S. policy toward human migration and global health that is evidence based and upholds the value of compassion, as well as key principles in international human rights law....”

BMJ Global Health – Taking the health aid debate to the subnational level: the impact and allocation of foreign health aid in Malawi

R Marty et al; http://gh.bmj.com/content/2/1/e000129

“Cross-national studies provide inconclusive results as to the effectiveness of foreign health aid. We highlight a novel application of using subnational data to evaluate aid impacts, using Malawi as a case study.”

Review of Keynesian Economics - The WHO* warns of outbreak of virulent new ‘Economic Reality’ virus

Steve Keen; https://www.elgaronline.com/view/journals/ROKE/5-1/ROKE.2017.01.08.xml?riskey=EcXQgX&result=1

(fun-read) “A new virus, known as ‘Reality’, has started to afflict Mainstream Economists, causing them to reject the ‘as if’ arguments they used to use to justify their models. There is no known cure for the virus, and complete avoidance of ‘Reality’ is the only effective strategy to prevent infection.”
IHP for UHC 2030 - Thailand, South Africa and the Rockefeller Foundation give fresh support to UHC2030


“UHC2030 is receiving new support from both countries and development partners: Thailand, South Africa and the Rockefeller Foundation have all pledged their commitment and will become signatories to UHC2030 as we move forward. These commitments were made during the UHC2030 meeting on 12-13 December in Geneva....”

IHP for UHC 2030 - Around the world on UHC Day 2016

https://www.internationalhealthpartnership.net/en/news-videos/article/around-the-world-on-uhc-day-2016-383473/

“To celebrate Universal Health Coverage (UHC) Day 2016, organizations and partners hosted more than 90 events in 33 countries. Eleven of these events were made possible thanks to support from UHC2030. Here are some highlights....”

WHO – UHC Data portal

http://apps.who.int/gho/cabinet/uhc.jsp

Neat data portal tracking progress toward universal health coverage.

Health Policy - Financial hardship on the path to Universal Health Coverage in the Gulf States


“Countries globally are pursuing universal health coverage to ensure better healthcare for their populations and prevent households from catastrophic expenditure. The countries of the Gulf Cooperation Council (GCC) have and continue to implement reforms to strengthen their health systems. A common theme between the countries is their pursuit of universal health coverage to provide access to necessary health care without exposing people to financial hardship. Using
nationally representative data from the Global Findex study, we sought to analyze the hardship faced by individuals from four high-income countries in the GCC…"

Lancet (Comment) – Can Myanmar's older people lead the way to universal health coverage?


“The unique prospects in Myanmar, created by its emergence from years of isolation, reflect a country that is in the early stages of capacity building bolstered by renewed governmental commitment. This inspires an exciting potential for new strategies to be adopted for universal health coverage (UHC) by 2030. We suggest the health and social needs of older people should be targeted as an approach to tackle the high burden of non-communicable diseases (NCDs) and create a strong health system...”

Communities of Practice update

Check out, on the blog ‘Financing Health in Africa’:

**Best Wishes:** “As one year ends, another begins. it’s the perfect time to take stock of our communities of practice!” (by the CoP facilitation team). Looking back on 2016 & ahead to 2017.

**The challenge of scaling up and integrating RBF** (by Bruno Meessen) “In late 2014, the Alliance for Health Policy and Systems Research along with the Department of Health Governance and Financing, WHO launched an implementation research program “Taking Results Based Financing from scheme to system”. The main purpose of this program was to generate research knowledge useful for all the countries engaged in scaling up their Results-Based Financing (RBF) programs. The research is now over and the program has entered its dissemination phase. The Performance Based Financing Community of Practice supports the communication effort of this multi-country program of research.”

Infectious diseases & NTDs

African journal of Aids research (Editorial) - AIDS at 35: A midlife crisis


Lovely title & ditto article. Recommended.
TMIH (Editorial) – Scaling-up HCV treatment to achieve WHO targets by 2030


“WHO recently launched a new strategy for tackling viral hepatitis with ambitious goals for reducing both deaths and new infections by 2030. Antiviral therapy is one only part of a multi-faceted strategy needed to tackle viral hepatitis, but for hepatitis C (HCV), the absence of an effective vaccine means that achieving these targets is going to require substantial scale-up of HCV treatment. Reaching the target of treating 80% of those in need by 2030 will require reaching at least 70 million people.”

NEJM (Perspective) – Eliminating Cholera Transmission in Haiti


(Sensible) suggestions by L Ivers.

And a quick link:

Mali Reports No Guinea Worm Cases; Disease Remains in Just Three Countries, Carter Center Says.
See also Tom Murphy (Humanosphere) - Guinea worm defeated in Mali; disease nears global eradication.

AMR

Stat News - A Nevada woman dies of a superbug resistant to every available antibiotic in the US.

Terrifying, as Laurie Garrett called it.

NCDs

NCD Alliance webinar – 11 January


With powerpoint slides & video of the webinar. “The agenda included: (1) Overview of 2017 - NCDA; (2) WHO Executive Board - NCDA; (3) WHO Global Action Plan on Dementia - ADI; (4) WHO Cancer Resolution - UICC; (5) WHO FCTC COP7 - FCA; (6) EURO regional NCD Civil Society meeting – NCDA”
Global Public Health – The Georgetown symposium on global mental health: Transdisciplinary perspectives


Georgetown University hosted a one-day symposium ‘Global mental health, transdisciplinary perspectives’ on 17 April 2016. This followed four days of meetings on global mental health in Washington DC, with the likes of the World Bank (see ‘Out of the Shadows: Making mental health a global development priority’) and other stakeholders. These are the Conference proceedings – well worth a read. To give you a taste, a quote perhaps, from Vikram Patel:

“…Patel concluded with a statement about transcultural psychiatry and global mental health finding common ground in order to improve mental health for all, stating: ‘When it comes to mental health, there are no developed countries. All countries are, in some way, still developing’…”

And in conclusion: “In sum, the Georgetown Symposium represents a positive dialogue on global mental health praxis among anthropologists, psychiatrists, cultural psychologists, practitioners, and policy-makers. By drawing from diverse scholarly and cultural backgrounds, the symposium provided opportunity to discuss and debate critical problems and put forth constructive solutions in global mental health. There should be more opportunities for this type of interdisciplinary scholarship and engagement.”

Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health (Comment) – High global prevalence of alcohol use during pregnancy and fetal alcohol syndrome indicates need for urgent action


“In The Lancet Global Health, Svetlana Popova and colleagues report unacceptably high global prevalence rates of alcohol use in pregnancy (9-8%) and fetal alcohol syndrome (FAS) (14-6 cases per 10 000 population) and estimate that each year 119 000 children are born with FAS. This finding is tragic because FAS is a leading cause of intellectual disability, birth defects, and developmental disorders, yet is entirely preventable....”
UN News Centre – UNICEF #EarlyMomentsMatter campaign promotes investments in early childhood development


Tuesday marked “the launch of a new United Nations Children’s Fund (UNICEF) campaign, #EarlyMomentsMatter, aimed at raising awareness about the critical impact that early experiences have on children’s brain development during their first 1,000 days of life.”

The Conversation - In Sudan, movies made by researchers change the way people see female genital cutting


Uplifting story.

You might also want to read a nice overview of the global FGM situation (and progress in at least some countries), by Cathy Russell, U.S. Ambassador-at-Large for Global Women’s Issues - The Tipping Point: Can the World End Female Genital Mutilation/Cutting? (Medium)

Sabin Vaccine Institute - To Raise Vaccine Spending in Low-Income Countries, Legislation Works

http://www.sabin.org/updates/blog/raise-vaccine-spending-low-income-countries-legislation-works

News from late December. “Mortality rates in Latin America have declined over the past century, due in part to the institutionalization of key public health programs. In a recent study published in the Journal of Public Health Policy, the Sabin Vaccine Institute and colleagues demonstrate a link between passing vaccine law and spending on vaccines. The study examined the dynamics of vaccine spending and legislation in 31 countries in Latin America and the Caribbean over the period 1980-2013.”

Global health promotion – Challenges, health implications, and advocacy opportunities for lesbian, gay, bisexual, and transgender global health providers

J M Nagata; http://journals.sagepub.com/doi/full/10.1177/1757975916677504
“In this commentary, I reflect on challenges with conducting global health research internationally as a lesbian, gay, bisexual, and transgender (LGBT) person, grapple with decisions related to coming out in regions with anti-LGBT laws, and outline the risks and benefits of different advocacy options related to the promotion of LGBT health globally. Despite significant advances in LGBT rights in many countries, homosexuality remains illegal in many others. Using a critical medical anthropology framework, I argue that anti-LGBT laws constitute structural violence and have many detrimental consequences including discrimination and violence; poorer mental and physical health outcomes; and risky sexual behaviors. As a global health provider, there are many options for the promotion of LGBT health worldwide.”

Reuters - Duterte's family planning program faces opposition in Philippines

http://in.reuters.com/article/philippines-duterte-contraception-idINKBN14W1XN

“A presidential intervention to provide free contraceptives in the predominantly Catholic Philippines looked set to face hurdles, with conservatives and church leaders preparing possible challenges....”

Access to medicines

The Hindu - ‘India’s refusal to scale up bedaquiline is really the world’s problem’

http://www.thehindu.com/todays-paper/tp-opinion/%E2%80%98India%E2%80%99s-refusal-to-scale-up-bedaquiline-is-really-the-world%E2%80%99s-problem%E2%80%99/article17007032.ece

“An 18-year-old girl has taken the Indian government to court after being refused access to blockbuster tuberculosis drug bedaquiline (BDQ). The girl has extensively drug-resistant tuberculosis or XDR TB and her case is emblematic of the desperation of TB patients in India, as the Health Ministry has delayed the roll-out of the life-saving drug beyond six centres in the country. As the case comes up for hearing on Monday, Jennifer J. Furin of Harvard Medical School, who is also an expert witness in the court case, tells The Hindu in an e-mail interview that the decision will have a far-reaching impact on India’s tuberculosis patients....”

Reuters - No new antidepressants in sight despite growing need, experts warn

http://www.reuters.com/article/us-health-antidepressants-idUSKBN14V2AQ?utm_campaign=trueAnthem:+Trending+Content&utm_content=5876830a04d3012934008fa9&utm_medium=trueAnthem&utm_source=twitter
“It is likely to be at least 10 years before any new generation of antidepressants comes to market, despite evidence that depression and anxiety rates are increasing across the world, specialists said on Wednesday. The depression drug pipeline has run dry partly due to a “failure of science” they said, but also due to big pharma pulling investment out of research and development (R&D) in the neuroscience field because the profit potential is uncertain....”

All hope on Sadhguru et al, in other words 😊.

**Miscellaneous**

**Development Progress - Monitoring progress on poverty: the case for a high global poverty line**

http://www.developmentprogress.org/blog/2013/05/16/monitoring-progress-poverty-case-high-global-poverty-line

Lant Pritchett argues for a high global poverty line, 12.50 dollar per day.

**CGD (blog) – 2016 Commitment to Development Index Rankings: How All Countries Can Do More to Protect Global Progress**

Owen Barder et al; http://www.cgdev.org/blog/2016-commitment-development-index-rankings-how-all-countries-can-do-more-protect-global

Blog related to the latest (CGD) Commitment to Development Index. Barder et al wonder whether we have reached ‘peak global cooperation’. He hopes not.

**Guardian – ILO warns of rise in social unrest and migration as inequality widens**


“Rising unemployment, inequality and a lack of decent jobs have helped fuel a rise in social unrest that threatens to intensify unless policymakers take swift action, the UN’s labour agency has warned....” Coverage of the latest World Employment and Social Outlook. (in line with the WEF’s World Risks report)
Inis Communication (blog) - ‘Emojis’ for health and development

http://iniscommunication.com/blog/emoji-for-health-and-development/

Do use them when writing cover letters to Elsevier journal editors.

CDC (blog) – A New Year’s Resolution for Men: Turn Up to Events on Gender

T Jaluka et al; http://www.cgdev.org/blog/new-years-resolution-men-turn-events-gender

“...Our colleague Owen Barder rails against all-male panels. At meetings about gender we face the risk of all-female audiences....” Some stats to prove this (on CGD events).

ODI (briefing paper) – 10 things to know about how to influence policy with research


Neat & very visual.

David Bent (book review) - Book review: Alex Evans’ The Myth Gap is brilliant, prompting big questions on how to transition to #sustainability


Why you should most probably read Alex Evans’ new book, ‘The Myth gap’. (PS: you will also find out whether you are a ‘collapsitarian’ or not, and the link with the rise of Trump et al, even if it can only be part of the explanation)

For a take from Alex Evans himself on his new book, see Open Democracy - Why progressives should worry about the myth gap. (recommended, certainly if you don’t have time for the book)

Basically, we all have to become storytellers & mythmakers. Soon. “If we want to beat Donald Trump, Nigel Farage and their ilk we need new stories, and fast.”

See also the Economist - Fighting climate change may need stories, not just data.
NYT (op-ed): Z Bauman et al - The Refugee Crisis Is Humanity’s Crisis

http://www.nytimes.com/2016/05/02/opinion/the-refugee-crisis-is-humanitys-crisis.html?smid=tw-nytopinion&smtyp=cur&_r=0

Sociologist Zygmunt Bauman passed away this week. You might want to read this incisive conversation with him, from May last year.

For more on the migration crisis, do read also this new ODI blog (by M Foresti) – It’s 2017: migration is normal, let’s move the debate forward

AJTMH (Editorial) – Undergraduate Global Health Degrees: The Time is Right

T Brewer; http://www.ajtmh.org/content/96/1/7.full

Well, don’t know about this, but this author makes the case.

NPR Goats & Soda– Global Buzzwords That Will Keep On Buzzing In 2017


Among others: Community Health Workers (CHWs)

Guardian – New Oxfam app aims to rebuild trust in charities and increase donations


“Oxfam, one of the UK’s biggest charities, plans to harness the power of the smartphone to bring donors closer to its work. The global poverty reduction charity is launching an app, My Oxfam, that it says will make donating easy and rewarding. The app will also bring supporters closer to the charity’s projects, offer a new level of transparency around its work, and aims to help regain donors’ trust after a rocky couple of years for the charity sector....”
World Politics Review - An Open World Is in the Balance. What Might Replace the Liberal Order?


Always worth reading, analyses by Patrick Stewart. And even more so in times like ours. “...It is, of course, possible that the liberal world will revive and survive. But let us imagine that it does not. What alternative orders might take its place? Five possibilities suggest themselves. Call them Concert Redux; Spheres of Influence; Fortress America; A League of Our Own; and Ad Hoc World. These are admittedly ideal types, and not mutually exclusive with one another. ...”

Stewart concludes: “So which of these scenarios is most likely? The safest bet is that Trump’s approach to world order will include a measure of all five. His desire for good relations with great powers will push him toward the concert and sphere of influence models, both of which could complement a Fortress America focus on strategic retrenchment, protectionism and border security. The problems of the world will not permit complete insularity, however, and Trump will be drawn by temperament and efficiency to improvisational, ad hoc responses to global dilemmas. That leaves the one scenario furthest removed from the president-elect’s biases. While Trump will instinctively shy away from the notion of a league of democracies, his purely transactional approach to diplomacy is sure to collide with American political culture over the longer term, striking the U.S. public as a cynical betrayal of the country’s historical mission as the global champion of freedom. If only for political survival, Trump will need to pay at least lip service to America’s liberal ideals. But he is unlikely to reinvigorate a liberal world order that is already on the wane.”

Research

Health Policy & Planning – Systems thinking in public health: a bibliographic contribution to a meta-narrative review

S Chughtai et al; http://heapol.oxfordjournals.org/content/early/2017/01/06/heapol.czw159.short?rss=1

“Research across the formal, natural and social sciences has greatly expanded our knowledge about complex systems in recent decades, informing a broadly inclusive, cross-disciplinary conceptual framework referred to as Systems Thinking (ST). Its use in public health is rapidly increasing, although there remains a poor understanding of how these ideas have been imported, adapted and elaborated by public health research networks worldwide. This review employed a mixed methods approach to narrate the development of ST in public health. ...”