

IHP news 402 : The game is on

(19 January 2017)

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

Dear Colleagues,

*You get the newsletter a bit earlier than usual this week, not because Trump is about to be inaugurated and I (with many others) already want to go hiding deep down in a cave, but because I'm heading for Geneva later today. So you'll have to check *The Lancet* yourself tomorrow (and perhaps have a look at other global health news coming from Davos not yet covered in this newsletter). This week's intro was written by **Dena Javadi** (EV 2014). Hope you all respond positively to her call!*

"January's more than halfway over and most of us are getting pulled back into the current of "busy." In part, busy wishing that [this TV listing](#) of tomorrow's inauguration ceremony wasn't satirical.

This week has been at odds with itself. It started with a day celebrating Martin Luther King Jr., a warrior for racial justice, economic equity, and peace. It ends with a day that hands the keys to the castle to a man whose every action, comment (and tweet) goes against these same principles. Presumably due to the past year's events, even more of the media's coverage of Martin Luther King day moved beyond his reveries. A grittier, more conflicted portrait was painted, making the case for imperfect dreamers who aren't afraid to colour outside the lines, to echo inconvenient truths.

Speaking of inconvenient truths, the World Economic Forum (held this week in Davos) released its [2017 Global Risks Report](#) citing "economic inequality, societal polarization, and intensifying environmental dangers" as top "contributors" to global development over the next decade, threatening peace, wealth and health. Nothing new, but given that "democracies" are shifting towards the political equivalent of hands over ears, eyes wide shut, twitter tongue stuck out on all these risks, we need the dreamers (which I suspect includes whoever is reading this) to step up and step out. An opportunity to do so is coming up this weekend with the Women's March on Washington (or Women's March for Dignity) on Jan 21st (all genders welcome). The [platform](#) goes beyond women's rights and takes an intersectional approach that includes civil rights, justice in the criminal system, worker's rights, LGBTQIA rights, rights of people living with disabilities, immigration reform, and environmental protection. The governing principle states that "Gender Justice is Racial Justice is Economic Justice." As of now, in addition to the march in DC, 615 sister marches have been planned globally. You can check [here](#) to find the one near you!

This week's featured article (by EV 2016 **Manoj Kumar**) speaks to the Emerging Voices' capacity to be researcher-activists and dreamers, reflecting on the Vancouver symposium and looking forward to the challenges of the next few years. “

Enjoy your reading.

The editorial team

Featured Article

Multiple Realities: Being an Emerging Voice, and the way forward - A personal reflection on the EV4GH 2016 program

By **Manoj Kumar** (EV 2016)

First Off, young energy, a diverse group of participants, and emotions

The stage had been set: early November 2016, the [Emerging Voices for Global Health 2016 \(EV4GH\)](#) program reached [Vancouver](#), to train before the [fourth Global Symposium on Health Systems Research \(HSR 2016\)](#). The EV4GH program is a multi-partner blended training program for young health policy & systems researchers, decision-makers and other health system professionals. It is also one of the thematic working groups of [Health Systems Global](#) now, and organized in parallel to the biennial global health systems research symposium. After the online distance coaching which preceded the face-to-face training, 40 brand new EVs from all over the globe arrived in Vancouver, already familiar with each other through their virtual interactions, excited and ready to get to know each other in person.

As one of the 40 new EVs, I too felt the surge of adrenaline this energetic and passionate group of young health researchers brought to our training venue and home for the next three weeks in a hotel in downtown Vancouver. The name of the hotel – Sandman – felt totally out of sync with the drive of all these young people. Unless, of course, you think of Metallica's "[Enter Sandman](#)"!

A global platform, and an innovative learning experience

The EV4GH program introduced us to global health experts through “Big Talks” - sessions which gave us the opportunity to discuss global health with the likes of Kelley Lee and Wim Van Damme. “Small Talks” introduced us to essential digital communication platforms and social media – critical towards the dissemination of our work, interaction and debates on areas of interest. Research communication and discussions were the core of our training. These were critical in developing in us the capacity to deliver our research and work more effectively across a wide audience. Talks, tweets and tortilla wraps sum up much of the EV4GH training!

Time always flies when you're having a good time. We also made interesting visits to the Canadian health system and had an 'Evidence to policy' day. After only ten days in Vancouver, the Emerging Voice *Pre-Conference* was already upon us! At this event, the EV Batch of 2016 presented their work to a truly international audience of experts, healthcare managers, lawmakers. The presentation of the opening plenary (whereby we all had to attract participants to our respective sessions) was

rather innovative with short skits, role plays and singing regional songs. Before we knew it, the EV4GH training and HSR Symposium were over in a rush of presentations, networking and chicken wraps (again!). They do seem to like chicken wraps in Canada for some reason. In the two months since, I continue to be struck and inspired by the learnings, reflections, and memories!

I'm often asked how I benefitted from a program such as this. I don't have a clear answer, or maybe I do not want to be caught up in semantics. Maybe I want to avoid being categorized or labelled as an "emerging voice" or "emerged leader." What I can say is that the EV4GH helped me build confidence. Such a program may encourage the young to raise their voices, speak about their work to a wider audience. It also provides an excellent platform to network and enables young researchers to navigate a big conference. Equally important is the opportunity for researchers from lower- and middle- income countries to participate in global fora.

It is no wonder that this program, with its youth focus, is so unconventional and fun! As the founding father of this blended learning program, [Wim Van Damme](#) says, "With this program, there are no set rules! Everyone is really free and flexible to adopt a style of their own in communicating their evidence while being grounded in the reality of their part of world". According to him, the EV4GH venture trains a new generation of fearless global health change makers who are critical in their assessment, and ready to take on the challenges of our time.

This is especially relevant today, unfortunately. As you might recall, the US elections took place during our Canadian EV4GH time. The result was unexpected, leaving many of us feeling as though the world we knew had ended. It felt for a moment tweets were more powerful than press releases, and how just tweets from an unorthodox politician – now widely referred to as "[Commander-in-Tweet](#)" - rising to power can turn the world upside down. This result brought a sense of utter desperation to the EV camp all of a sudden, resulting in [a post-election blues. On the bright side we rode that wave of emotions together, never once losing sight of our collective global health goals.](#)

Many countries in the "North" are now witnessing what I call a "[Trump, Brexit, and rise of nationalist Populism](#)" syndrome (for example: Trump's "[Bringing the country's spirit Back](#)" campaign), while many in the Global South are witnessing a sort of "negative equation" with civil society and human rights bodies. These are all vital reasons why we need young people, their energy, and importantly a platform like EV4GH to fuel change. More than ever.

Expert quotes, and energy to the young voices

And fuel we will. The New Year started with an (appropriately bearded) Emerging Voice (EV) counting [on some pearls of wisdom for young health system researchers](#) from the [fourth Global Symposium on Health Systems Research](#). I have two favorites from the article, "*We need the energy of the Emerging Voices to tackle the enduring challenges of our times...*", and "*do capitalize on your can-do & must-do enthusiasm when you're young (as when you grow older you often get (too) comfortable in your ways); and challenge power, wherever you feel it's appropriate...*"

While these quotes are self-explanatory, and one can see the connections between young researchers and a "can do" enthusiasm, we cannot deny that the "young" thinking and enthusiasm is not always something that comes with young age - see for example Lucy Gilson's inspiring speech at the Emerging Voices for Global Health 2016 closing plenary. For Gilson (always full of energy!), it is vitally important for young researchers to question and build on existing theories. This perhaps leaves us with a challenge for young researchers: how to practice all these learnings in real life?

Challenges ahead, keeping up the spirit and energy, identifying possible way of collaboration

As [Peter Annear](#) articulated during the HSR symposium, seeing all these bright young minds at work might be the best part of an event of this magnitude. While I cannot deny this, I also take courage to

say that the energy should last long enough to carry to the next version of the symposium and all such symposia to come.

Referring to the recently concluded symposium theme, “Resilient and responsive health systems for a changing world,” if resilience cannot be developed overnight, it should be a continuous and sustained process towards strengthening a health system. For this, the engagement of young voices and leaders is equally important, and hence the work of the EV4GH cohort must continue beyond the conference. Social media, research collaboration, professional groups, critically reflecting and assessing each other’s work, peer learning and many such modern approaches allow us to remain in touch and grow further. The opportunities to engage are plenty. These informal links (groups between EV/EV alumni), and more structural mechanisms such as a governance team, secretariat, dedicated communication team, regional hubs... are all important. A strong leadership is also beneficial. Everyone appreciated the sincerity and quality of steering provided by the [current chairs and governance](#) team in the recently concluded edition of EV4GH - we need more of it- to take this network forward together with other developmental partners. And yet, young groups such as ours (EV4GH) face the challenges of limited partnership and resources. Support from mature groups such as Health Systems Global, and other established global health research hubs is the need of the hour. But the prospects are looking good.

For the moment though, I will continue to bask in the interest and passion of the EV4GH. To go beyond borders, to be more confident, vocal and expressive and yet rooted in reality. Heck, being part of a global network of young global health scholars now, I’m already humming the Beatles!

Highlights of the week

Trump era starts

Bet you all can’t wait till “The Donald” begins, officially. A few things we already want to flag here, even if the inauguration is only tomorrow.

General reflection & must-read

Lancet – What will Donald Trump's presidency mean for health? A scorecard

M McKee; D Stuckler et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30122-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30122-8/fulltext)

You know you have to start your weekly reading with this in-depth analysis (and predictions). “US Presidents make their mark on health, for better or worse. Donald Trump campaigned on a populist platform to “make America great again”. While the actual policies his administration will pursue—and the priority he will place on each of them—remain in many ways uncertain, both his statements and his nominations for key government posts suggest that his presidency could have profound implications for health. His proposal to repeal and replace the Affordable Care Act with a “better reform”, his stance on reproductive rights, and his approaches to other areas, such as science policy and climate change, coupled with his stated intention to put “America first” are creating anxiety and

*uncertainty about America's domestic health policies and its global leadership role in areas such as security and development. **We propose criteria on which the global health community can judge the success or failure of a Trump presidency, based on a selection of the 17 Sustainable Development Goals that apply to health.***"

Women's March (21 January)

See also **Dena's intro**. For more, see the **Huffington Post** - [Women's March Launches Global Mission For Equality](#)

*"... the international arm of the Women's March on Washington (WMW) — has launched its mission statement as total participation across the world looks set to hit the one million mark. Three hundred national and international sister marches will join forces with the Women's March on Washington (WMW) DC rally on Jan 21 — the day after the U.S. Presidential Inauguration — spanning nearly 80 cities in nearly 40 countries across six continents. As march day approaches, the WMG (Women's March Global) has set out four clear aims. In a press statement, it announced the movement's **worldwide vision and values in a unifying framework called H.E.R.S., which spells out the women's rights priorities of: Health, Economic Security, Representation, and Safety...**"* (see also The Guardian - [Women's March on Washington set to be one of America's biggest protests \(ever\)](#))

Let's hope these marches are the beginning of a worldwide movement.

Still, some people still insist we all get the Donald wrong. So do read perhaps [5 things you've got wrong about Donald Trump, according to one of his closest aides](#) (live from Davos 2017) - "...But according to **Anthony Scaramucci**, who from Friday will head up the White House Office for Public Liaison, that (i.e. that Trump is the beginning of the end for globalization) couldn't be further from the truth. "Trump could be one of the last great hopes for globalization," the Davos veteran told participants in a session on the first day of the Annual Meeting."" And 4 other things we get wrong, apparently.

(no comment)

Trump on American health care

In spite of some very worrying developments in Congress (dominated by the GOP), see "[Congress approves initial measures to repeal Affordable Care Act](#)" (Guardian), there again Trump has been making some strange noises that even leave Rob Yates hoping.

Do read:

Washington Post - [Trump vows 'insurance for everybody' in Obamacare replacement plan.](#)

"President-elect Donald Trump said in a weekend interview that he is nearing completion of a plan to replace President Obama's signature health-care law with the goal of "insurance for everybody," while also vowing to force drug companies to negotiate directly with the government on prices in Medicare and Medicaid..." (must-read)

But sure enough, Republicans were quick to say "[They Assume Trump Didn't Mean To Promise Health Insurance For All](#)". "As they work on their own replacement plans for Obamacare, Senate

*Republicans say they are working under the assumption that Trump actually meant to promise **access** to health insurance for everyone, which aligns with what they've been promising."*

Meanwhile, the NYT reported "[Health Law Repeal could cost 18 million their insurance, study finds](#)".

*"...Repealing major provisions of the Affordable Care Act, while keeping others intact, would strip health insurance from 18 million Americans in the first year, said the **US Congressional Budget Office** in a new **report** published Tuesday. The number of uninsured could increase by 32 million in a decade, the report says, and cause individual insurance premiums to skyrocket..."* (see also **BMJ News** - [Obamacare repeal could leave 32 million uninsured and double premiums, report finds](#))

Trump & foreign aid (including PEPFAR)

NYT - Trump Team's Queries About Africa Point to Skepticism About Aid

<https://mobile.nytimes.com/2017/01/13/world/africa/africa-donald-trump.html?smid=tw-share&referer=>

(must-read) *"President-elect Donald J. Trump's views of Africa have, until now, been a mystery. But a series of questions from the Trump transition team to the State Department indicate an overall skepticism about the value of foreign aid, and even about American security interests, on the world's second-largest continent."*

*"..the framing and the tone of the questions suggest an American retreat from development and humanitarian goals, while at the same time trying to push forward business opportunities across the continent." The **questions** even **challenged PEPFAR**. "... the Trump transition questionnaire asks, "Is PEPFAR worth the massive investment when there are so many security concerns in Africa? Is PEPFAR becoming a massive, international entitlement program?""* (unlike Tillerson in his hearing, who seemed supportive of PEPFAR)

See also **the Atlantic** - [Tragedy Would Unfold If Trump Cancels Bush's AIDS Program](#) (by Ed Yong).

Do read also [Answers to Some of Team Trump's Questions on Foreign Aid to Africa](#). (by a Georgetown scholar)

Davos 2017 (still ongoing)

<https://www.weforum.org/events/world-economic-forum-annual-meeting-2017>

Clearly, we weren't the only ones this week to notice that Davos isn't anymore what it has been. Whether you'd call the yearly fest of the globally powerful and wealthy in the Swiss snow, borrowing a leaf from Trump, "obsolete" now, wonder whether Davos is still "fit for purpose" (if you want a global health term), say that Davos has "lost its mojo" (Politico) or that 'Davos Man has no clothes' (Foreign Policy), it certainly looks as if the global elite gathering in Davos is fast turning into the new

Precariat. Well, sort of. Paraphrasing Rob Yates perhaps: the “healthy wealthy” suddenly don’t look so healthy anymore.

We’ll first present some general reads on Davos, and then highlight some global health issues from the Davos agenda. But we recommend you have a good look at the [WEF website](#) (for blogs, panel discussions (which can be re-watched), press conferences, highlights of the day, [reports](#) & initiatives, etc)

General reads on Davos

Guardian - Robotics, Trump and Brexit turn up the heat amid the snow of Davos

<https://www.theguardian.com/business/2017/jan/14/davos-issues-trump-capitalism-china-brexit>

(recommended) Published just before the start of the Forum. *“Seven key themes that will dominate this year’s meeting.”*

It’s clear that the rise of populism, the backlash against globalization and increasing inequality (including the “squeezed” middle class) were sky high on the agenda. If people like Lagarde and Xi are both referring to Oxfam reports on inequality, you kind of get the idea how much inequality dominated the debates. As for the development community, **Devex** also rightly stressed that the event took place in a **context of changing “politics” around aid**. See [What the development community can expect from Davos](#).

Devex - [Davos warns ‘squeezed’ middle class needs attention](#).

We already referred to **WEF’s annual risks report** in last week’s IHP news. For some coverage, see **Euractiv** - [Pre-Davos report calls for reforming capitalism to survive global backlash](#).

Oxfam (report) – An Economy for the 99%: It’s time to build a human economy that benefits everyone, not just the privileged few

<http://policy-practice.oxfam.org.uk/publications/an-economy-for-the-99-its-time-to-build-a-human-economy-that-benefits-everyone-620170>

This Oxfam report that appeared just before Davos set the scene and was picked up worldwide. Included a ‘killer stat’ on global inequality . *“...The paper has a larger aim, setting out some initial thinking on the constituent elements of a ‘human economy approach’ that can turn around both inequality and other public bads created by prevailing orthodoxies.”*

For the inequality **wonks** - [What the critics get wrong about inequality and Oxfam](#). (by Ben Grossman-Cohen)

Coverage of the report happened worldwide, but also in the **Guardian** (Larry Elliott) - [World's eight richest people have same wealth as poorest 50%](#). With quite some rather “familiar” global health names among these eight...

“In a report published to coincide with the start of the week-long World Economic Forum in Davos, Switzerland, Oxfam said it was “beyond grotesque” that a handful of rich men headed by the Microsoft founder Bill Gates are worth \$426bn (£350bn), equivalent to the wealth of 3.6 billion people. The development charity called for a new economic model to reverse an inequality trend that it said helped to explain Brexit and Donald Trump’s victory in the US presidential election...”

“...The charity said new information had shown that poor people in China and India owned even fewer assets than previously thought, making the wealth gap more pronounced than it thought a year ago, when it announced that 62 billionaires owned the same wealth as the poorest half of the global population.”

Global health, development & humanitarian issues

Guardian - UN chiefs call for urgent access to get aid to people still under siege in Syria

<https://www.theguardian.com/global-development/2017/jan/16/syria-un-chiefs-call-for-urgent-access-aid-people-under-siege-joint-statement-davos>

“The heads of major UN organisations on Monday called for access to civilians cut off from humanitarian aid in Syria, saying the world “must not stand silent” even though the high-profile siege of the Syrian city of Aleppo is over. The joint appeal came from Davos in Switzerland, as business, political and cultural elites gather there for the World Economic Forum. The UN’s refugee agency (UNHCR), the humanitarian aid coordinator Ocha, the children’s agency Unicef, the World Food Programme (WFP) and the World Health Organisation (WHO) all called for “immediate, unconditional and safe access” to all Syrian families and children in need...”

Shaping the Future of Health and Healthcare

<https://www.weforum.org/system-initiatives/health-and-healthcare>

“The **World Economic Forum’s System Initiative on Shaping the Future of Health and Healthcare** provides a unifying framework for health preservation and improved healthcare delivery. The effort brings together stakeholders from the public and private sectors to catalyse opportunities to accelerate these goals.” With some info. Check out especially [Managing the Risk and Impact of Future Epidemics](#).

(PS: no news yet on the ‘**pandemic simulations**’ scheduled for Davos – guess they’ll happen soon, though (perhaps on Thursday?))

Press conferences related to global health

You can (re-)watch these press conferences.

WEF press conference: Are we losing the fight for human health (including Tim Evans) -

<https://www.weforum.org/events/world-economic-forum-annual-meeting-2017/sessions/84289>

(18 Jan)

CEPI launch

CEPI press conference - <https://www.weforum.org/events/world-economic-forum-annual-meeting-2017/sessions/83199> (today – **Thursday (19 Jan)**). Official **launch of the Coalition for Epidemic Preparedness Innovations (CEPI)** in Davos. As a reminder: *“The current model to rapidly develop vaccines in preparation for infectious disease outbreaks is failing. In light of the mounting evidence of this gap, stakeholders from international organizations, public sectors, private sectors, academia, and non-governmental organizations have come together to establish the Coalition for Epidemic Preparedness Innovations (CEPI). CEPI is an innovative, cross-sector partnership model in its start-up phase that aims to facilitate an “end-to-end” approach to vaccine development and innovation. “*

(by the way, cfr a tweet from this week - **“Germany is one of the donors to @CEPIvaccines** - views initiative as key investment R&D post-#Ebola (part of Merkel's 6-point plan). #G20)

And a very neat **data visualization** tweeted by Gates and others went viral this week – showing **how vaccine innovation could outpace the spread of diseases**:

<https://mosaicscience.com/story/outpacing-pandemics-epidemics-vaccines-infectious-disease?linkId=33486155>

Guardian – \$460m pledged for vaccine initiative aimed at preventing global epidemics

Sarah Boseley; <https://www.theguardian.com/society/2017/jan/18/460m-pledged-for-vaccine-initiative-to-prevent-global-epidemics-davos-mers-nipah-lassa>

(must-read on CEPI launch at Davos) *“A coalition of governments, philanthropists and business is pledging to put money and effort into making vaccines to stop the spread of diseases that could threaten mankind – and to prevent another outbreak as devastating as the Ebola epidemic. At the World Economic Forum in Davos, the **Norwegian, Japanese and German governments, the Wellcome Trust and the Gates Foundation announced they were putting in \$460 million – half of what is needed for the first five years of the initiative. Three diseases will initially be targeted: Lassa, Mers and Nipah....** ” “CEPI aims to develop two promising vaccines against each of the first three diseases so that they are available before any epidemic breaks out....”*

For more background & analysis (including some of the science already available & needed for CEPI breakthroughs), see also **the Atlantic** (by Ed Yong) - [A Global Plan to Defend Against the Future's Deadliest Diseases](#) *“...He has even bigger ambitions for CEPI. “My dream would be that 10 to 20 years from now, we have a vaccine for every one of the 37 infections on Mark Woolhouse’s list,” he says. “That won’t be possible for everything, but Ebola showed that there are many infections for which a vaccine is eminently makeable.””*

And the economists among you might want to have a look at **Larry Summers'** take (on Quartz) - [Larry Summers: Using the lessons of economics to stop global pandemics before they start](#)

Jeremy Youde disagrees with Larry, by the way (**must-read blog**), when he “*he tried to make the case that the international community is funding the wrong things in global health. Instead of investing in domestic health systems (which, he argues, receive 80 percent of global health funding), we should be investing more in global public goods for health like pandemic preparedness, vaccine development, and antimicrobial resistance....*” : [Bang for the Buck? Larry Summers and Global Health Funding](#). Youde gives two main reasons for his disagreement.

NEJM (Perspective) – New Vaccines against Epidemic Infectious Diseases

J A Røttingen et al;

http://www.nejm.org/doi/full/10.1056/NEJMp1613577?query=featured_home#.WH_ri2XCyEE.twitter

All you need to know about the current state of affairs around CEPI, by the current interim-CEO. (**must-read** – published to coincide with CEPI launch in Davos)

Lancet – CEPI—a new global R&D organisation for epidemic preparedness and response

B Brende, J A Rottingen et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2817%2930131-9/fulltext#.WH_q2ttgfGc.twitter

“A new global R&D organization is announced. A Lancet Comment, by the organization’s CEO and representatives from investing governments and foundations, discusses what CEPI is, its place between WHO and GAVI, and the diseases it aims to tackle first. “

Also a **must-read** . “*...CEPI—the Coalition for Epidemic Preparedness Innovations, a partnership between public, private, philanthropic, non-governmental, intergovernmental, and civil organisations, is launched on Jan 19 at the World Economic Forum's 2017 meeting. CEPI will be based in Oslo, Norway, with offices in the UK, India, and the USA, but will be a global organisation with partners on all continents. CEPI provides a new funding model for the development of vaccines against epidemic infectious diseases through pooling resources from several investors. This coalition will build a new system to advance the development of safe, effective, and affordable vaccines, ensuring that price is not a barrier to access for populations most at need. This will offer the world an insurance policy against the growing threat from emerging infectious diseases. CEPI will fill the gap between the normative functions of WHO and the procurement and delivery mandate of Gavi, the Vaccine Alliance, and close an important gap in global health architecture.*”

“CEPI has two main objectives: to advance vaccine candidates against priority pathogens and to build technical and institutional platforms that accelerate the R&D response to known or unknown pathogen emergencies....”

Reuters – Drugmakers in Davos shift focus to chronic diseases of poor

[Reuters](#);

*“Two decades after they were spurred into action to tackle AIDS in Africa, global drugmakers said on Wednesday they would invest an initial \$50 million over three years to fight cancer and other non-communicable diseases in poor countries. Twenty-two companies, including Pfizer, Merck, Novartis, Roche, Sanofi and GlaxoSmithKline, will contribute funds and expertise to the project, which is backed by the World Bank. The so-called **Access Accelerated initiative** was announced at the World Economic Forum in Davos and aims to improve both treatment and prevention...”*

See also FT – [Drug companies pledge to improve emerging markets cancer care](#) Focus of this new initiative will be first on **cancer care**.

The **NCD alliance** [welcomed](#) the “new initiative to address the barriers of access on NCDs”. (PS: *“...The coalition of companies will serve as a founding partner of **C/Can 2025: City Cancer Challenge (C/Can 2025)**, a new city-level initiative also launched in Davos this week ...”*

GAVI - Gavi and Unilever's Lifebuoy join forces to tackle preventable diseases and save children's lives

<http://www.gavi.org/library/news/press-releases/2017/gavi-and-unilever-s-lifebuoy-join-forces-to-tackle-preventable-diseases-and-save-children-s-lives/?platform=hootsuite>

*“Gavi, the Vaccine Alliance and Lifebuoy, Unilever’s leading health soap brand, have launched an innovative **partnership** to protect children under five from illnesses and premature death. By **promoting handwashing with soap and immunisation together** - two of the most cost-effective child survival interventions - the partnership aims to improve and save many young lives in India...”*

And [Deutsche Post DHL Group and Gavi forge global partnership to improve delivery of life-saving vaccines](#).

Miami Herald – Haiti’s cholera fight hits global stage at World Economic Forum in Davos

[Miami Herald](#);

Quite some WHO DG candidates in Davos (including Sania Nishtar & David Nabarro, for example). See below. “... *David Nabarro arrived at the World Economic Forum in in Davos, Switzerland, this week with a plan to introduce Haiti’s plight “into the minds and hearts of people of power and influence, and people who wish to do good in key places.” “It’s a golden opportunity to raise interest and support for the challenges Haiti faces in regard to cholera and sanitation,” said Nabarro, who on Wednesday will lead a high-level session on building a consortium to finance long-term water and sanitation needs in Haiti...”*

WEF (blog) – Have we reached peak-well-being?

<https://www.weforum.org/agenda/2017/01/have-we-reached-peak-well-being>

*“...How can countries better prepare for a future that is characterized by accelerating trends and proliferating systemic risks?... ... Contributing to this important debate about what makes countries equipped for the long-term, **the World Economic Forum presents a conceptual framework to measure the future preparedness of countries**, understood as the well-being of young and future generations. The framework is based on the approach that in order to increase future well-being and benefits from the uncertainties of the future, countries need to be able to leverage trends and build resilience to risks....”* For the **framework**, see [here](#).

Other reads related to Davos

Devex - Business leaders call for new socially focused business model that embraces SDGs

<https://www.devex.com/news/business-leaders-call-for-new-socially-focused-business-model-that-embraces-sdgs-89437>

For the Harry Potter fans among you. *“Companies across all sectors must operate fundamentally differently or risk helping create further global economic downturns and jeopardizing their businesses. They must restore trust, tackle the Sustainable Development Goals and work to put the global economy on a surer footing, according to a new report from the Business and Sustainable Development Commission released Monday. “This has got to be about a real business revolution in partnership with governments and civil society,” said Lord Mark Malloch-Brown, the chair of the commission, a group of about 35 business, finance, civil society and labor leaders, which launched a year ago to promote the business case for the SDGs and outline how it can contribute....”*

Reuters – Businesses can unlock \$12 trillion via key development goals: Davos study

<http://www.reuters.com/article/us-davos-meeting-development-idUSKBN1500D6?il=0>

Still, Harry Potter movies actually make a lot of money. So a bit more info on this report perhaps. *“Companies could unlock at least \$12 trillion in market opportunities by 2030 and create up to 380 million jobs by implementing a few key development goals, according to a study by a group including global business and finance leaders. The report, released on Monday by the Business and Sustainable Development Commission, said pressure on business to become a “responsible social actor” was likely to grow. The group was launched at the Davos 2016 World Economic Forum to encourage businesses to take the lead in poverty reduction and sustainable development.*

Members include the chief executives of multinational firms such as Edelman, Pearson, Investec, Merck, Safaricom, Abraaj, Alibaba and Aviva, alongside academics, environmentalists, trade union leaders and philanthropists....”

Forbes - We Need A Global Operating System Reset To Make The SDGs Work

<http://www.forbes.com/sites/worldeconomicforum/2017/01/17/davos-we-need-a-global-operating-system-reset-to-make-the-sdgs-work/#766c54d132c8>

By **Homi Kharas** et al. *“Incrementalism won’t be enough to achieve a new generation’s goals. A more fundamental re-think is required, one that can generate progress at exponential rates. We need a new operating system – an upgrade to the way modern capitalist economies are working...”* (This submission was prepared as a group product by members convened by the **2016-2018 Global Future Council on International Governance, Public-Private Cooperation and Sustainable Development**, organized by the World Economic Forum.)

And a “fun fact”: “The **Global Goals** campaign and **Project Everyone** are partnering with **Niantic, Inc., and The Pokémon Company International** to create special **PokéStops** and a Gym in Davos to drive awareness of the Global Goals amongst World Economic Forum attendees.”

WHO – New report offers global resource on using the law to improve health

<http://www.who.int/features/2017/report-health-law/en/>

*“A new report from WHO, in collaboration with the International Development Law Organization (IDLO), the University of Sydney, and Georgetown University in Washington, DC, **describes the many ways in which the law makes a crucial difference for public health.** The report features case studies from around the world on how the law has improved the health and safety of populations, providing a resource for countries to learn from the experience of others...”* For the report, see [“Advancing the right to health: the vital role of law”](#). **Short summary:** *“This report aims to raise awareness about the role that the reform of public health laws can play in advancing the right to health and in creating the conditions for people to live healthy lives. By encouraging a better understanding of how public health law can be used to improve the health of the population, the report aims to encourage and assist governments to reform their public health laws in order to advance the right to health. The report highlights important issues that may arise during the process of public health law reform. It provides guidance about issues and requirements to be addressed during the process of developing public health laws. It also includes case studies and examples of legislation from a variety of countries to illustrate effective law reform practices and some features of effective public health legislation.”*

Guardian – Aid in reverse: how poor countries develop rich countries

Jason Hickel; <https://www.theguardian.com/global-development-professionals-network/2017/jan/14/aid-in-reverse-how-poor-countries-develop-rich-countries>

(heavily retweeted piece this week) *“New research shows that developing countries send trillions of dollars more to the west than the other way around.”* Related to recently published data by the US-based Global Financial Integrity (GFI) and the Centre for Applied Research at the Norwegian School of Economics (see also a previous IHP newsletter).

You might also want to read a **CGD response** (also on the Guardian) - [It's not aid in reverse, illicit financial flows are more complicated than that](#) (by M Forstater).

Guardian - Blame capitalism, not corrupt aid, for fat cat charity chiefs

<https://www.theguardian.com/global-development-professionals-network/2017/jan/15/blame-capitalism-not-corrupt-aid-for-fat-cat-charity-chiefs>

Interesting take – follow up on last week’s discussion related to Seth Berkley (GAVI)’s paycheck.

Social Science & Medicine –Effects of donor proliferation in development aid for health on health program performance: A conceptual framework

S W Pallas & J P Ruger; <http://www.sciencedirect.com/science/article/pii/S0277953617300047>

Must-read. *“Development aid for health increased dramatically during the past two decades, raising concerns about inefficiency and lack of coherence among the growing number of global health donors. However, we lack a framework for how donor proliferation affects health program performance to inform theory-based evaluation of aid effectiveness policies. In the [new conceptual] framework, increases in the number of donors are hypothesized to increase inter-donor competition, transaction costs, donor poaching of recipient staff, recipient control over aid, and donor fragmentation, and to decrease donors' sense of accountability for overall development outcomes. There is mixed evidence on whether donor proliferation increases or decreases aid volume. These primary effects in turn affect donor innovation, information hoarding, and aid disbursement volatility, as well as recipient country health budget levels, human resource capacity, and corruption, and the determinants of health program performance. The net effect of donor proliferation on health will vary depending on the magnitude of the framework's competing effects in specific country settings. The conceptual framework provides a foundation for improving design of aid effectiveness practices to mitigate negative effects from donor proliferation while preserving its potential benefits.”*

(first) UN World Data forum in Cape Town (15-18 January)

<http://undataforum.org/WorldDataForum/>

The Cape Town **Global Action Plan for Sustainable Development Data** was launched at the first United Nations World Data Forum.

“The Plan calls for a commitment by governments, policy leaders and the international community to undertake key actions under six strategic areas, including: coordination and leadership; innovation and modernization of national statistical systems; dissemination of data on sustainable development; building partnerships; and mobilizing resources. The Action Plan has been under development for the past year by statistical experts in a high-level group with inputs from stakeholders from the different data communities, and will be formally approved by the UN Statistical Commission at its 48th session in March.”

(must-read) See the [press release - UN World Data Forum wraps up with launch of Cape Town Global Action Plan for Sustainable Development Data](#). (PS: UAE are selected to host the next forum)

See also [High-level Group for Partnership, Coordination and Capacity-Building for statistics for the 2030 Agenda for Sustainable Development \(HLG-PCCB\): Cape Town Global Action Plan for Sustainable Development Data](#). *“This document (as of 15 Jan), subject to formal adoption by the UN Statistical Commission in March, was released at the UN World Data Forum currently taking place in Cape Town. The action plan calls for policy leaders to achieve a global alliance that recognizes that funding of national statistical system modernization efforts is essential to implementation of the 2030 Agenda. It is guided by principles of completeness of scope, accountability and cooperation, and presents six strategic areas for action, each with its own objectives.”*

Nature – Gates Foundation research can’t be published in top journals

http://www.nature.com/news/gates-foundation-research-can-t-be-published-in-top-journals-1.21299?WT.mc_id=TWT_NatureNews

Interesting development, to say the least: *“One of the world’s most influential global health charities says that the research it funds cannot currently be published in several leading journals, because the journals do not comply with its open-access policy. Scientists who do research funded by the Bill & Melinda Gates Foundation are not — for the moment — allowed to publish papers about that work in journals that include Nature, Science, the New England Journal of Medicine (NEJM) and the Proceedings of the National Academy of Sciences (PNAS)....”*

BMJ (news) – A fifth of healthcare spending is wasted, says OECD report

<http://www.bmj.com/content/356/bmj.i215>

*“A new **OECD report released Jan. 10** reveals a shocking truth: About 20 cents of every dollar spent on health care in OECD countries is wasted in some fashion. That waste represents more than 20 percent of total health expenditure in the United States. The findings of the [report](#), entitled **“Tackling Wasteful Spending on Health,”** [will be] **discussed at a meeting for OECD Ministers of Health in Paris on Jan. 16–17.** ...”*

From the website: *“On the **16th January 2017 the High-Level Policy Forum** explored how people-centred care can become the new normal in health systems. Participants and expert speakers from a range of backgrounds discussed practical ways to embed a people-centred approach into health systems. On the **17th January Ministers from over 35 OECD and partner countries** will exchange their ideas, ambitions and challenges for The Next Generation of Health Reforms. They will address issues such as: How to tackle ineffective health spending and waste; How to make the most of new health technologies in a sustainable way; How to modernise the roles of health professionals; How to realise the promise of Big Data in health and health care.”*

For some info (and reports from this [meeting](#) in Paris), see:

[Ministerial statement on the next generation of health reforms](#) (17 Jan).

Another new **OECD report** – [New approach needed to tackle rising drug prices](#). This report was also discussed at the Ministerial meeting.

WHO DG election – Money time at WHO EB meeting

Next week, the 140th WHO EB meeting starts (see below, section ‘Global Health Events’). Here we already want to highlight the campaigns of the respective candidates. They’re going in overdrive, for obvious reasons as **by the end of month, the list of 6 will have been narrowed down to 3**.

Devex has a Q&A with all candidates this week. Check it out. <https://www.devex.com/news/q-a-who-candidate-sania-nishtar-89308> ; <https://www.devex.com/news/q-a-who-candidate-david-nabarro-89309> ; <https://www.devex.com/news/q-a-who-candidate-philippe-douste-blazy-89310> ; <https://www.devex.com/news/q-a-who-candidate-flavia-bustreo-89353> (and the other two still to come, as we send the newsletter out).

And 5 out of 6 @WHO DG candidates responded to the civil society letter in the Lancet - **Will you support a patient-centred R&D agreement?**

Reads on/from candidates, in no particular order:

Tedros A G (in Huffington Post) – [My commitment to ensuring a strong, coordinated, global response to health emergencies](#). & his vision <http://www.drtedros.com/vision/>

David Nabarro - <http://davidnabarro.info/index.asp?PageID=52> Reflections on infectious diseases, AMR, outbreaks and emergencies, SDGs, and even NCDS.

Flavia Bustreo - [The Building BRICS for a Healthier Future](#) _____.

As you might have guessed, she focuses on the role of BRICS in global health cooperation, in this piece.

Tweets on the election

Matthias Bonk “1st round of #WHODG election Jan 23 @davidnabarro & @DrTedros seem to be MS favorites for now. @WHO will be the 3rd candidate? #globalhealth”

Richard Horton differs. His assessment so far, in a series of tweets (from earlier this week):

"I spoke with one WHO DG candidate this evening. The race is close. The stress on candidates is high. What should be criteria for election?"

WHO DG election: my assessment so far. France has invested huge political capital on its candidate. He has a theoretical lead. But...

The Hungarian candidate is the most cerebral and quiet of all those standing. I admire his approach, but politically it may not be wise.

Pakistan's candidate has multiple diverse talents, but her country has limited diplomatic reach for advocacy. That maybe a serious handicap.

The internal candidate is the only one who speaks openly about human rights. Will this hurt her? Not to me, but maybe to others.

The official African Union candidate is strong. But African vote is split (Francophone may support PDB). And Ethiopia is problematic.

The UK candidate has gathered much recent support. He is experienced, talented, and unafraid of speaking truth to power. Don't rule him out.

In sum, the election for WHO DG is wide open. There is no consensus on who might win. We need a stronger and more testing public debate."

Kent Buse ".@davidnabarro on #Agenda2030 in 'reflections' series on @WHO DG: hits key issues; underplays culture shift needed <http://bit.ly/2k1dtGj> "

Finally, **Laurie Garrett** – "The Exec Bd @WHO meets on Monday & will whittle DG candidates down from 6 to 3. **New #Trump govt will do what?"**

Graduate Centre (Working paper) – New directions in governing the global health domain: leadership challenges for WHO

I Kickbusch; A Cassels et al;

http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/wp/wp_0013_v8.pdf

(must-read before the EB meeting) "At present there is a very active and public debate on global health governance. The World Health Organization has made the process of the selection of the new Director-General - due to take office in July 2017 - more transparent. The programmes of the candidates and the questions posed by Member States and many other stakeholders in global health draw attention to the many challenges faced by the Organization. **This paper contributes to this debate by identifying major trends in governing the global health domain which provide leadership opportunities for WHO in global health. In this paper we highlight 10 developments that have contributed to significant changes in the global health domain. Based on this analysis we**

identify **two closely related megatrends** which have emerged over the last 10-15 years: first, a shift in the locus of governance to new political spaces and, second, a shift in the processes of governance in which a dynamic range of political and policy interests are negotiated by an increasingly dense network of alliances and coalitions. WHO's future as a leader in global health, notably in addressing the **two key challenges of our time** - health security and health in the 2030 Agenda for Sustainable Development - will depend in large part on the ability of its new leadership to effectively navigate in this new, more fluid, less hierarchical governance environment. In this changed environment WHO **can gain new relevance along three axes of global governance**: a trusted normative authority and centre of excellence that works to position health as a central feature of the global political landscape where decisions on global health are taken by heads of state/government and other sectors; a reliable actor in prevention, preparedness and response to health crises; and a critical hub of network governance for the health dimension of the SDGs working as a facilitator to increase synergy and collaboration among all stakeholders in global health....”

We hope you also find time to read (again) **Buse et al**, in the Lancet – reposted on **Imaxi** - [WHOse agenda for WHOM?](#).

More on Trump/Brexit & global health

IJHPM – Framing Political Change: Can a Left Populism Disrupt the Rise of the Reactionary Right?; Comment on “Politics, Power, Poverty and Global Health: Systems and Frames”

R Labonté; http://www.ijhpm.com/article_3310_0.html?utm_source=dlvr.it&utm_medium=twitter

Short read of the week. “Solomon Benatar offers an important critique of the limited frame that sets the boundaries of much of what is referred to as ‘global health.’ In placing his comments within a criticism of increasing poverty (or certainly income and wealth inequalities) and the decline in our environmental commons, he locates our health inequities within the pathology of our present global economy. In that respect it is a companion piece to an editorial I published around the same time. Both Benatar’s and my paralleling arguments take on a new urgency in the wake of the US presidential election. Although not a uniquely American event (the xenophobic right has been making inroads in many parts of the world), the degree of vitriol expressed by the President-elect of the world’s (still) most powerful and militarized country is being used to further legitimate the policies of right-extremist parties in Europe while providing additional justification for the increasingly autocratic politics of leaders (elected or otherwise) in many other of the world’s nations. To challenge right-populism’s rejection of the predatory inequalities that 4 years of (neo)-liberal globalization have created demands strong and sustained left populism built, in part, on the ecocentric frame advocated by Benatar.”

FT – Healthcare: six policy areas Trump and Brexit wins will affect

Andrew Jack; <https://www.ft.com/content/5d053be4-b71a-11e6-961e-a1acd97f622d>

Also a must-read.

Lancet Global Health (February issue)

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

Absolutely brilliant issue this month. Check it out in detail.

Among others, must-reads are:

- **Editorial** - [Global health security: how can laboratories help?](#)

Zooming in on the **biennial meeting of the African Society for Laboratory Medicine (ASLM) in Cape Town, last month**. Also focusing on **John Nkengasong, the founding director of Africa CDC**. He introduced Africa CDC at the meeting. *“One of the five functional pillars of this new agency will be laboratory systems and networks. There will be a “massive” effort to improve laboratory networks and link them to clinical care systems, Nkengasong said. Recognising the rate-limiting step of a sparse and inadequately trained workforce, he also pledged that Africa CDC would launch a laboratory leadership training programme and run roadshows on the use of state-of-the-art point-of-care tests....”*

Read this Editorial together with a **Comment in the Lancet Global Health – Establishing the Africa Centres for Disease Control and Prevention: responding to Africa's health threats** [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30025-6/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30025-6/fulltext) (by **J N Nkengasong himself, & also M Moeti**) (must-read)

(you might also want to read another **Comment** - [Sustainable clinical laboratory capacity for health in Africa](#)).

- (must-read) Comment by **Luke Allen** et al - [What's in a name? A call to reframe non-communicable diseases](#).

Allen has an issue with the term “non-communicable diseases”, and for good reason. He suggests a **“global consultative process [that] should include not only the submission of new names but also a substantive discussion on the specific diseases and risks addressed. The new classification could be institutionalised in the next version of the System of Health Accounts and the Organisation for Economic Co-operation and Development's Development Assistance Committee system (soon to include line items specific to chronic diseases), and potentially adopted by WHO in 2020, after the Global Action Plan for NCDs expires. We believe that this process has the potential to foster innovation, multisectoral action, and increased funding for the conditions that kill 38 million people each year.”**

The **Lancet Global Health** invites **Responses** to this suggestion.

- **V Gupta** et al - [Adapting global health aid in the face of climate change](#).

NYT – Zika: how the response to Zika failed millions

[NYT](#);

Poignant (**must-**)read analysis by **Donald McNeil** – the NYT’s health editor. Includes the view from a number of public health experts, on how WHO, CDC and others did in the Zika crisis in the Western hemisphere. Not so well.

For more on Zika, see also the Zika section further on in this newsletter.

Global health events

Future Health Systems – Strengthening Public Health Practice to achieve the SDGs

<http://www.futurehealthsystems.org/news/2017/1/9/strengthening-public-health-practice-to-achieve-the-sdgs>

*“From **21-25 November 2016**, 20 public health experts, including FHS researcher David Bishai from Johns Hopkins University, met in Bellagio, Italy to develop a way forward to assist countries strengthen public health practice as a way to achieve the Sustainable Development Goals. The conference was supported by the Rockefeller Foundation, the Alliance for Health Policy and Systems Research, and the Future Health Systems consortium. This meeting aimed to help Ministries of Health, NGOs, and development partners around the world put into practice the **World Health Assembly Resolution 69.1** which was unanimously agreed to in May 2016. This resolution calls for Member States and international organisations to **work on ways to improve performance of Essential Public Health Functions at national, state and local level....**”*

See also a - [Q&A on Global Health Now with David Bishai](#) . “...We should have the next version of the **Bellagio White Paper on Strengthening Essential Public Health Practices by February**. We are aiming to circulate it at the May 2017 World Health Assembly so that the representatives who asked the WHO Director General to develop guidelines and strategy in Resolution 69.1 at the last assembly can see that their request for guidance has been taken seriously....”

Coming up next week - WHO’s 140th EB meeting (23 Jan-1 Feb)

Docs, provisional agenda, ... see http://apps.who.int/gb/e/e_eb140.html We already flagged in the Highlights section a key issue – **whittling down DG candidates from 6 to 3**.

For an updated version of **GH Watch’s Comments on the EB agenda items – updated (as of 17 Jan)**, see <http://www.ghwatch.org/EB140>

IP-Watch – WHO Board Meeting Playbook: Election Of New DG, Antimicrobial Resistance, Genetic Sequence Data

<http://www.ip-watch.org/2017/01/17/board-meeting-playbook-election-new-dg-antimicrobial-resistance-genetic-sequence-data/>

(gated, unfortunately) *“Although the main governing body of the World Health Organization is the annual World Health Assembly held in May, many decisions are made at the annual January session of the WHO Executive Board. Among the topics to be discussed next week are the election of a new director general, antimicrobial resistance, the financing of research and development for health products.”*

Meanwhile, in another key issue next week, the WHO secretariat proposes an increase (10 %) in assessed contributions. See [Draft Proposed programme budget 2018–2019](#). Don't hold your breath. But do have a good look at this (vital) budget plan.

Coming up – PMAC 2017 (Bangkok, 29 Jan -3 February)

http://www.pmaconference.mahidol.ac.th/index.php?utm_content=buffera1df8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“...the theme will be in line with the SDGs on social inclusion but will focus on the health of vulnerable populations. Thus, the theme will be “Addressing the Health of Vulnerable Populations for an Inclusive Society”.”

There's already a **draft statement** on the website and more info. And even a **call for abstracts** for the 2018 edition!

Zika

Foreign Policy – The Zika virus just quietly spread to Southwest-Africa

<http://foreignpolicy.com/2017/01/13/the-zika-virus-just-quietly-spread-to-west-africa-angola-outbreak/>

Analysis after last week's report on Zika cases in Angola.

Washington Post - The race to develop a vaccine: Scientists inch closer to preventing Zika

https://www.washingtonpost.com/national/health-science/the-race-to-develop-a-zika-vaccine-researchers-move-forward-with-safety-testing/2017/01/12/a65db0b6-d383-11e6-a783-cd3fa950f2fd_story.html?utm_term=.b8716003487d

The latest state of affairs.

Plos Med - Novel vector control approaches: the future for prevention of Zika virus transmission?

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002219>

"In a Perspective accompanying [Abad-Franch and colleagues](#), Lorenz von Seidlein, Alexander Kekulé, and Daniel Strickman discuss the importance of developing effective strategies to minimize mosquito-borne transmission of human diseases."

Global governance of health

Science Speaks – President Obama leaves a global health legacy marked by science, strategy, progress, challenge

<http://sciencespeaksblog.org/2017/01/15/president-obama-leaves-a-global-health-legacy-marked-by-science-strategy-progress-challenge/>

In-depth analysis by Antigone Barton.

BMJ (Observation) – Reasons for drug policy reform: prohibition enables systemic human rights abuses and undermines public health

<http://www.bmj.com/content/356/bmj.i6586>

"Harsh enforcement of prohibition undermines the right to health and fundamental dignity, write Dainius Pūras and Julie Hannah." Pūras is UN special rapporteur on the right to health.

Health Affairs (blog) - The Framework Convention On Global Health: A Call For Leadership From The Global Health Trio

E Friedman & L Gostin; [Health Affairs](#);

For the ones among you who didn't have access to their latest article in Health Affairs, last week, this is a must-read (and open-access!). For the other ones as well. They start from their article, "*In the current issue of Health Affairs, we explore a pivotal moment of opportunity and peril in global health, while identifying the leadership challenges of "the global health trio" — the World Health Organization, the United Nations, and the World Bank...*" and go on to point out what needs to be done, how these three organisations should work together, the potential of international law (including a Framework Convention on Global Health), and what the next WHO DG's (and/or UN) position should be on such a Framework Convention, how such a FCGH could be embedded, ...

The Global Challenges prize 2017: a new shape: remodeling global cooperation

<https://globalchallenges.org/en>

"This competition is a quest to find new models of global cooperation capable of handling global risks. It will award US\$5 million in prizes for the best ideas that re-envision global governance for the 21st century..." "...The aim of the prize is to find models or frameworks for international cooperation, capable of addressing the interlinked risks and problems of climate change, other large-scale environmental damage, violent conflict (including nuclear and other weapons of mass destruction), extreme poverty, and expected continuing rapid population growth. The competition is not looking for blueprints for solving the individual issues in question, or to avert specific risks. Rather, entrants should focus on designing a decision-making structure or framework that could galvanize effective international action to tackle these risks. The proposed model may encompass an entirely new global framework or a proposed reform for existing systems."

(PS: founder and chairman of the Global Challenges Foundation is **Laszlo Szombatfalvy**. The Foundation was created in 2012 with the aim of deepening understanding of the greatest risks to humanity)

NEJM (Perspective) – Powerful Ideas for Global Access to Medicines

http://www.nejm.org/doi/full/10.1056/NEJMp1613861?query=featured_home

(recommended) **Suerie Moon**'s reflections, starting from the High-Level Panel on Access to Medicines report. She concludes: "*Given the charged politics of debates over access to medicines, I believe Secretary General Ban was courageous to convene this panel — though the report's fate in the UN system is uncertain, given that there is a new secretary general, a new U.S. president, and a new director general of the World Health Organization in 2017. Nevertheless, the panel's greatest*

*impact may be realized not through intergovernmental talks, but **by stimulating public debate over ways of reforming the research-and-development system to better serve the global public interest.** The Netherlands' trade and health ministers recently echoed three panel recommendations, calling for transparency of pharmaceutical research-and-development costs, adequate public return on public investment, and testing of new business models...."*

Xinhua – China, WHO to build "healthy" Silk Road

http://news.xinhuanet.com/english/2017-01/19/c_135994678.htm

On Xi's visit to the WHO Geneva headquarters. *"China and the World Health Organization (WHO) pledged here [Wednesday] to step up health cooperation under the framework of the China-proposed Belt and Road Initiative. A memorandum of understanding in this regard was signed between the two sides at the WHO headquarters in Geneva, witnessed by visiting Chinese President Xi Jinping and WHO Director-General Margaret Chan...."*

See also **WHO** (press release) – [Visit by the President of the People's Republic of China to WHO](#). Xi's wife, Peng Liyuan – also a global health champion – joined Xi for the visit.

Devex - The G77 will push for 'tax justice' through a UN tax body, says Ecuador's foreign affairs minister

<https://www.devex.com/news/the-g77-will-push-for-tax-justice-through-a-un-tax-body-says-ecuador-s-foreign-affairs-minister-89442>

"The creation of a new United Nations tax body to clamp down on tax dodging, which experts say could cost developing countries more than \$200 billion a year in missed revenues, will be a key priority of the Group of 77 and China under Ecuadorian leadership, according to the country's foreign minister...."

Devex - In historic move, UN grants International Chamber of Commerce observer status

<https://www.devex.com/news/in-historic-move-un-grants-international-chamber-of-commerce-observer-status-89433>

Historic indeed. As in Trump-historic. Lots of background on the decision (from last month) in this article, so worth a read.

Nature (news) – Surprising contenders emerge for Trump's NIH chief

<http://www.nature.com/news/surprising-contenders-emerge-for-trump-s-nih-chief-1.21295>

*“Reproducibility guru, former defence-research official and controversial entrepreneur rumoured to be on list, along with current NIH (**National Institutes of Health**) leader and a congressman. “ No women to be seen, though, Sara Bennett noted on Twitter.*

Devex – How US Republican threats to cut UN funding could actually play out

<https://www.devex.com/news/how-us-republican-threats-to-cut-un-funding-could-actually-play-out-89407>

Some background and analysis on what might happen to the UN (and UN funding) with the Republicans calling the shots now. *“Ongoing U.S. Republican threats to cut United Nations funding have sharpened with the introduction of a bill in the Senate that would halt support to the U.N. until a Security Council resolution condemning Israeli settlements is repealed. The new measure, introduced by Sens. Lindsey Graham and Ted Cruz, hits upon the U.N.’s operating budget and the work of all U.N. agencies and specialized organizations, which rely heavily on the U.S. for voluntary contributions. If passed, the Safeguard Israel Act would conditionally prohibit the U.S. government from making “any voluntary or assessed contributions” to the U.N. A coalition of Republicans, including in the House of Representatives, are also pushing for other, similar **legislative proposals that would either reduce U.S. funding to the U.N. or make it voluntary....”***

*“... Here, Sebastian von Einsiedel, director of the Tokyo-based U.N. University-Centre for Policy Research, offers some perspective on how to interpret the latest funding attacks — and which U.N. agencies any slashes would most likely affect. It’s very hard to predict where, how and if at all massive funding cuts will occur. Certainly noises coming out from some quarters of the Republican party are not encouraging ... The introduction ... [of the Senate legislation is] deeply worrying, not least because of the expressions of support for this legislation from moderate Republicans such as John McCain. Irrespective of this specific legislation, **the most vulnerable parts of the U.N. are likely the agencies that rely primarily on voluntary funding.** Compared to the threats posed to voluntarily funded agencies, it is less likely that the U.S. will renege on its obligations to pay its share of the U.N.’s regular budget, partly because these regular contributions are enshrined in legal agreements and partly because that may eventually result in the U.S. losing its voting rights in the General Assembly....”*

But see also Devex - [Nikki Haley, Trump's pick for UN ambassador, pushes back against entire defunding of UN in hearings.](#)

Devex - Development community weighs implications of Rex Tillerson Senate hearings

[Devex](#);

More specifically, related to foreign aid, human rights, transparency & corruption, ...

Aidspan – Global Fund newsletter

http://www.aidspan.org/gfo_article/allocation-letters-shed-further-light-catalytic-investment-priorities

Lots of interesting stuff and must-reads in the latest GFO.

Among others: [Concerns raised about the process for designing the KPI framework and setting the targets](#) (Analysis by **David Garmaise**);

[The Global Fund's business model: evolution, not revolution](#) (David Garmaise – analysis) *“The Global Fund is in the process of reviewing its business model in high-risk countries. It appears likely that the Fund will proceed to strengthen its existing model rather than make any radical changes to that model – changes that might have included establishing a country presence in some form and in at least some countries....”*

[US election of Donald Trump raises questions for global health.](#)

[More global attention for tuberculosis, including increased funding to find missing patients](#) *“Two high-profile initiatives were launched late last year, each designed to shore up the response to the global tuberculosis epidemic....”* (already looking ahead to the **UNGA H-L meeting on TB in 2018**, among others).

Also info on the GF's **'Speak out'** campaign, ... and many other articles.

Health Data Collaborative Year in Review

<https://www.healthdatacollaborative.org/news/health-data-collaborative-year-in-review/>

Nice overview. *“In our inaugural year, much progress has been made toward the Health Data Collaborative's collective goal of strengthening national health information systems and capacity to track progress toward the health-related Sustainable Development Goals. Kenya launched its own Health Data Collaborative. More than 300 technical experts from 60 organizations have joined technical working groups. And more examples of partners aligning their support behind country-led M&E plans are emerging.”*

Stat News – We’re not prepared for future Ebola outbreaks, experts warn

<https://www.statnews.com/2017/01/17/ebola-vaccine-warning/>

“Despite recent headlines declaring the success of an experimental Ebola vaccine, the world is not fully prepared for future epidemics — and not in position to use vaccines to prevent another deadly outbreak, a report published Tuesday warned. The report raised serious concerns about the work that remains to be done on Ebola vaccines. Among the challenges: protocols for maintaining stockpiles of Ebola vaccine and deploying it when needed aren’t complete. The experimental vaccines haven’t received emergency use authorizations yet from the World Health Organization or the countries where outbreaks occur. No decision has been taken on whether manufacturers will be protected from liability should lawsuits arise. And, critically, no one is clear on how to ethically test and license additional Ebola vaccines once the first such product has been approved...”

See also Cidrap - [Completing the Development of Ebola Vaccines](#) (for more info on this (third) report from the Ebola Vaccine Team B, a partnership between the Wellcome Trust and CIDRAP) ; or the [Wellcome Trust](#).

Guardian - UK government accused of falling short on pledges to fight corruption

<https://www.theguardian.com/global-development/2017/jan/17/uk-government-accused-of-falling-short-on-pledges-to-fight-corruption>

“The British government is failing to live up to promises to tackle corruption, according to the chair of the international development committee, Stephen Twigg. On Monday the government rejected recommendations made by the international development committee (IDC) in the wake of a major anti-corruption summit hosted in London last year by the former prime minister David Cameron. These included the introduction of country-by-country reporting of multinationals’ profits and payments...” Not sure anybody paid much attention this week, given May’s Brexit speech.

Guardian – Embracing the SDGs’ complexity

https://www.theguardian.com/the-gef-partner-zone/2017/jan/11/embracing-sustainable-development-goals-complexity?CMP=share_btn_tw

A passionate appeal to use systems-thinking in the implementation of the SDG agenda. “Food and diet illustrate how the issues threatening the global commons – and their solutions – are intimately interlinked.” (with also link with health) “...In other words, policymakers should not avoid, but rather embrace, the complexity of the SDGs, and seek collaborative and holistic solutions – cutting across ministries, sectors and the whole economy – as they seek to tackle poverty while protecting the global commons. The new world of 2030 awaits!”

You might want to check out [SDG insights](#) on a regular basis to assist you in this endeavor. Very nice webinar by the way, on Wednesday, by Inis Communication's Tim France.

IISD – UN Secretariat Issues Guidance on 2017 HLPF Voluntary National Reviews

<http://sdg.iisd.org/news/un-secretariat-issues-guidance-on-2017-hlpf-voluntary-national-reviews/>

“Forty countries have volunteered to be part of national voluntary reviews (VNRs) at the 2017 session of the High-Level Political Forum on Sustainable Development (HLPF). To assist countries in preparing their VNRs, the UN Secretariat has posted a document titled, ‘Q&A for Voluntary National Reviews at the 2017 HLPF,’ which states that VNRs should not be a stand-alone exercise, but should be part of a cycle of review and national implementation. The document addresses, inter alia, VNRs scope, guidelines, themes and Sustainable Development Goals (SDGs) to be considered, statistics and indicators, format of the VNR presentations at the HLPF, support provided by the UN, and involvement of Major Groups, other stakeholders and partnerships.”

Africa Renewal – Interview with Matshidiso Moeti

<http://www.un.org/africarenewal/magazine/december-2016-march-2017/we-can-improve-health-systems-africa>

Moeti is WHO Afro's boss. Do read the interview on how she sees the priorities in her five-year term.

UHC

Lancet Public Health – Let's get more population health out of health systems

M Kruk; [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30010-5/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30010-5/fulltext)

Kruk argues *“It is past time for closer conceptual, research, and practice linkages between health systems and population health. The fields have much to offer each other in pursuit of a common goal: better health for all.”*

Global Health Check (blog) - Why Brazil should not take a U-turn on its health system

P Gupta; <http://www.globalhealthcheck.org/?p=1952>

“Brazil has been the envy of the world in terms of its successes in reducing health inequality. Yet recent developments threaten its health achievements. This blog looks at the potential impact of recently announced policies on the public health system in Brazil by exploring how similar policies have played out in the Indian health system.”

Planetary health

A few links from this week:

Guardian - [China's Xi Jinping says Paris climate deal must not be allowed to fail](#). *“The world must not allow the Paris climate deal to be “derailed” or continue to inflict irreparable damage on the environment, Chinese president Xi Jinping has said, amid fears the rise of Donald Trump could strike a body blow to the fight against global warming. But **in an address to the United Nations in Geneva on Wednesday**, which observers saw as a high-profile bid to bolster China’s image as a reliable and dedicated climate leader, Xi issued a direct challenge to those views, warning “there is only one Earth in the universe and we mankind have only one homeland”.*”

(clearly the Chinese are now the only responsible adults left in the room – let’s just hope they won’t behave too much like a ‘tiger mom’ ☺).

Guardian - [2016 hottest year ever recorded – and scientists say human activity to blame](#).

Guardian - [Barack Obama transfers \\$500m to Green Climate Fund in attempt to protect Paris deal](#)

Vox - [We’ve never seen global sea ice levels this low before](#).

Vox - [China’s war on coal continues — the country just canceled 104 new coal plants](#).

Finally, in a move that was to be expected, **Bjorn Lomborg** makes the case for geoengineering – on Project Syndicate - [Geoengineering Climate Change](#). At least, he makes the case for **doing research** on it.

Infectious diseases & NTDs

UN News Centre - UN agency hails new polio vaccination regimen in South-East Asia that curbs impact on global supply

[UN News](#);

News from late last week. *“Amid a global shortage of injectable inactivated polio vaccines (IPV), a new inoculation regimen, employed by governments in the South-East Asian region, involving two*

fractional vaccine doses – each about a fifth of a full dose – provides the same level of protection against all polioviruses as does one full dose, the United Nations health agency said [today].”

NYT – Yellow Fever Outbreak in Brazil Prompts a State of Emergency

<https://www.nytimes.com/2017/01/13/world/americas/brazil-yellow-fever-febre-amarela.html?smprod=nytcore-ipad&smid=nytcore-ipad-share&r=0>

“The governor of the Minas Gerais State in southeastern Brazil declared a public health emergency on Friday over an outbreak of yellow fever that appears to have killed at least 10 people so far and led to reports of more than 100 suspected cases of the disease...”

Meanwhile, you might want to check out this **analysis** in Gulf News Africa, [“Some aspects of yellow fever outbreak in Africa were scary, experts say”](#). The yellow fever outbreak in Africa was closer to being a disaster than is recognized.

CDC – Strategic Framework for Immunization 2016-2020

<https://www.cdc.gov/globalhealth/immunization/framework.html>

“CDC’s Strategic Framework for Global Immunization 2016-2020, is built around five interconnected goals: an overarching goal to improve global health impacts; three goals to increase the amount of people reached by strengthening country-owned immunization programs; and CDC’s foundational goal of providing evidence for effective policy and program implementation.”

Wonder how much will change now that the new “Commander-in-Tweet” is about to kick off his presidency. But **Tom Frieden**, who’s resigning tomorrow (20 January), was actually quite optimistic (see this interview with him on **Vox**), as [“...Trump calls himself a germaphobe. Frieden thinks that bodes well for the CDC.”](#) (no comment)

See also the **Washington Post** on Frieden’s legacy - [Outgoing CDC chief talks about agency’s successes — and his greatest fear.](#)

The piece in the **Scientific American** is less reassuring - [Trump’s CDC May Face Serious Hurdles.](#) *“The nation’s public health agency is battling on several fronts, including an Obamacare repeal”.*

ABS/CBN News - Ebola's long-term effects revealed

<http://news.abs-cbn.com/life/01/14/17/ebolans-long-term-effects-revealed>

Based on new [research](#) in the Lancet Infectious Diseases.

*“People who survive Ebola may still battle debilitating health problems a year after being declared infection-free, according to an ongoing trial in Guinea which highlighted the need for patient follow-up. Three-quarters of survivors had post-Ebola symptoms when they enrolled for the trial about a year, on average, after they were discharged from hospital, researchers reported Saturday. Eighteen percent experienced eye problems, including eight individuals who went blind, a team wrote in The Lancet Infectious Diseases. Two percent--19 people--were deaf. **This is the largest and longest-running assessment of Ebola survivors to date.** Nearly one in four participants, the study said, suffered joint and muscle pain, 35 percent had headaches, and 22 percent stomach pain when they enrolled. Seventeen percent had symptoms of depression. The study also confirmed previous observations that Ebola virus can remain in the semen of infected men for 18 months or longer, raising the spectre of sexual transmission....”*

BMJ (blog) – The new priority in Syria is preventing epidemics

Seth Berkley; <http://blogs.bmj.com/bmj/2017/01/17/seth-berkley-the-new-priority-in-syria-is-preventing-epidemics/>

Now that, at least for the time being, there's some sort of ceasefire, in at least some parts of the country. “...The UNHCR, the World Health Organization, UNICEF, and humanitarian organizations have called for an immediate and unconditional ceasefire to allow access across the country. With more than 8 million people reported to be displaced and still living within Syria's borders, and nearly 5 million more people thought to be trapped in besieged cities and hard to reach areas, including two million children, an ever-growing number of Syrian children are missing out on basic, yet vital vaccinations....”

NCDs

NCD Alliance – NCD Alliance Process Priorities: The Road to the UN 2018 High-level Meeting on NCDs

https://gallery.mailchimp.com/f8751cb14c745b632f0e2871c/files/NCD_Alliance_Process_Priorities_for_2018_UN_HLM_on_NCDs.pdf?goal=0_1750ef6b4b-759f799199-64397109

4-pager. Well worth a read.

Economist Intelligence Report – The next pandemic: NCDs in developing countries

<http://accessaccelerated.economist.com/reports/thenextpandemic/>

“The next pandemic? Non-communicable diseases in developing countries is an Economist Intelligence Unit report. It examines the growing burden of non-communicable diseases (NCDs) in low- and lower-middle-income countries, the drivers of this change, and possible solutions for how healthcare systems can bridge the resource gap to deliver appropriate NCD care for patients. The findings of this report are based on data analysis, desk research and five in-depth interviews with senior healthcare experts.”

Bloomberg - These Are the World’s Cheapest Places to Buy Drugs, Alcohol and Cigarettes

<https://www.bloomberg.com/news/articles/2017-01-12/japan-australia-rank-among-most-expensive-places-for-sinful-habits>

Nice article on the **“Bloomberg Vice index”**. *“ Indulging in a weekly habit of drugs, booze and cigarettes can cost you as little as \$41.40 in Laos and a whopping \$1,441.50 in Japan, according to the Bloomberg Vice Index. Bloomberg compared the price of a basket of goods — tobacco, alcohol, amphetamine, cannabis, cocaine and opioids — in more than 100 countries relative to the U.S., where your fix of the vices adds up to almost \$400, or about a third of the weekly income....”* How is your country doing?

Reuters – Philip Morris jolted by Indian proposal to ban foreign tobacco investment

<http://in.reuters.com/article/india-philip-morris-marlboro-cigarette-idINKBN1501EN>

“Philip Morris International is fighting to keep a toehold in India's \$11 billion tobacco market, as the government considers further tightening foreign investment rules in the sector, according to documents seen by Reuters. In previously unreported letters from Philip Morris to the trade minister and an influential government think-tank, the U.S.-based company said the "discriminatory" and "protectionist" proposals would represent a blow to its plans to launch new products and make further investments in India. The two letters dated May and October last year followed local media reports of a possible change in government policy. While the warnings may be part of the firm's negotiations, they show the level of concern the proposals are causing....”

Addiction (Special Issue): The Regulation of Alcohol Marketing: From Research to Public Health Policy

Edited by TF Babor et al; <http://onlinelibrary.wiley.com/doi/10.1111/add.v112.S1/issuetoc>

You find the background on this issue (+ three themes) in the [Introduction](#). Started from a PAHO meeting in January 2015.

And a few links:

Economist - [The curious case of high blood pressure around the world](#) Based on a new study last week in the *Lancet*. “...A new study published in the *Lancet*, a medical journal, shows how common it is—and challenges some received wisdoms.” “...All of this suggests that efforts to curb blood pressure need to **start much earlier in life** and go beyond treatment and changes in individual lifestyles.”

NYT - [British American Tobacco to take over Reynolds in 49 billion deal.](#)

BMJ News - [Russia plans to ban tobacco sales to all citizens born after 2014.](#) “The Russian health ministry’s newly announced long term plan for tobacco control includes a measure to ban the purchase of tobacco for the entire generation now being born, even after they reach adulthood. The first citizens facing a lifetime smoking ban would turn 18 in 2033 under the proposal, which offers the political benefit of not antagonising any current adults...”

Access to medicines

IP-Watch – New Book Highlights IP Trade Law Flexibilities For Public Health

<http://www.ip-watch.org/2017/01/16/new-book-highlights-ip-trade-law-flexibilities-public-health/>

Review of Ellen’t Hoen’s book from last year. “A recently published book by a high-impact public health advocate provides new analysis on the use of flexibilities in international trade law relating to intellectual property rights aimed at advancing discussions on solutions to high drug prices worldwide. “**Private Patents and Public Health: Changing intellectual property rules for access to medicines**” by **Ellen ’t Hoen**, an authoritative public health advocate who previously led the global Médecins Sans Frontières (MSF, Doctors Without Borders) Access to Essential Medicines Campaign, and the Medicines Patent Pool. ... The book provides information about the use of a range of flexibilities in the area of pharmaceuticals since the adoption of the 2001 World Trade Organization Doha Declaration on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and Public Health. The WTO TRIPS Agreement went into effect in 1995. It also looks at trade agreements, human rights, and offers a thought-provoking look to the future, including a detailed analysis of the high prices of for cancer, hepatitis C and other diseases that are stirring debate in economies of all sizes. And the book concludes with chapters devoted to the need to fix the “broken” research and development system in which high drug prices bear little relevance to the cost of R&D, which itself is an unknown.

The book lays out arguments for delinkage of R&D costs and pricing, and for an R&D agreement aimed at addressing problems of access while recognizing the need to encourage innovation....”

Guardian - Politics and protocol leave Indian teen's life in the balance pending TB drug ruling

<https://www.theguardian.com/global-development/2017/jan/13/politics-protocol-indian-teen-life-in-balance-tb-drug-ruling-shreya-tripathi-tuberculosis-bedaquiline>

See also last week's IHP news. Contains the views of Anand Grover, Jennifer Furin and others.

And a (rather worrying) link on IP-Watch - [US Biotech Industry To India's Modi: Follow Our IP Practices, Get 'Tidal Wave' Of Investment](#).

Forbes - [The U.S. Government Should Buy Gilead For \\$156 Billion To Save Money On Hepatitis C](#). Interesting proposition.

Human resources for health

Evolution of policies on human resources for health: opportunities and constraints in four post-conflict and post-crisis settings

S Witter et al; <http://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0099-0>

*“Few studies look at policy making in the health sector in the aftermath of a conflict or crisis and even fewer specifically focus on Human Resources for Health, which is a critical domain for health sector performance. **The main objective of the article is to shed light on the patterns and drivers of post-conflict policy-making.** In particular, we explore whether the post -conflict period offers increased chances for the opening of ‘windows for opportunity’ for change and reform and the potential to reset health systems. This article uses a comparative policy analysis framework. It is based on qualitative data, collected using three main tools - stakeholder mapping, key informant interviews and document reviews - in Uganda, Sierra Leone, Cambodia and Zimbabwe....”*

Miscellaneous

Science (News) – Mystery as controversial list of predatory publishers disappears

<http://www.sciencemag.org/news/2017/01/mystery-controversial-list-predatory-publishers-disappears>

*“A popular blog that lists “potential, possible, or probable predatory” publishers and journals has disappeared, but it is not clear why. The blog—started in 2010 by librarian Jeffrey **Beall** of the University of Colorado in Denver (CU Denver)—now states: “This service is no longer is available.”...”*

Guardian - 17 global development clichés to avoid in 2017

https://www.theguardian.com/global-development-professionals-network/2017/jan/13/17-global-development-cliches-to-avoid-in-2017?CMP=share_btn_tw

Fun read with lots of truth. Among others, “global citizens’ and ‘capacity building’.

German Development Institute (Discussion paper) - The Concept of SDG-Sensitive Development Cooperation: Implications for OECD-DAC Members

A Rudolph; https://www.die-gdi.de/uploads/media/DP_1.2017.pdf

“... This paper addresses the question of how to shape SDG-sensitive development cooperation in line with the requirements of the 2030 Agenda. The agenda does not extend the discussion on the role of development cooperation and ODA beyond debates of the last decades, and again pushes providers to reach at least a share of 0.7 per cent of their gross national income in ODA, target least developed countries (LDCs) and vulnerable contexts more explicitly, and mobilise additional (domestic and private) financial resources through ODA provision. The paper analyses the agenda in detail and distils the basic principles (universality and indivisibility) in order to recommend how development cooperation might be adjusted to support the implementation of the 2030 Agenda in partner countries (SDG-sensitive development cooperation).”

Guardian - Emergence of populist leaders threatens democracy, says Human Rights Watch

<https://www.theguardian.com/global-development/2017/jan/13/emergence-populist-leaders-threatens-democracy-human-rights-watch-world-report-2017-trump-putin-erdogan>

*“The rise of populist leaders such as Donald Trump and Vladimir Putin poses a “dangerous threat” to human rights that could encourage global abuses around the world, Human Rights Watch has warned in its annual (HRW) report.” “...“...These converging trends, bolstered by propaganda operations that denigrate legal standards and disdain factual analysis, **directly challenge the laws and institutions that promote dignity, tolerance, and equality**,” Human Rights Watch said. The organisation’s executive director, Kenneth Roth, argued a **“new generation” of authoritarian populists was seeking to overturn the concept of human rights protections...**”*

World Health Summit (yearbook)

http://www.worldhealthsummit.org/fileadmin/downloads/2017/Docs/WHS_Yearbook_2016_-_online.pdf

If you want to know what the WHS amounted to last year. Key interviews, etc.

Guardian - Blockchain: what is it and what does it mean for development?

K Purvis; <https://www.theguardian.com/global-development-professionals-network/2017/jan/17/blockchain-digital-technology-development-money>

“Around \$1bn was invested into blockchain in 2016, but how can the technology most famous for Bitcoin be used in development and humanitarianism?...”

Research

Nature Human Behaviour– Should social science be more solution-oriented?

Duncan J Watts ; <http://www.nature.com/articles/s41562-016-0015>

“Over the past 100 years, social science has generated a tremendous number of theories on the topics of individual and collective human behaviour. However, it has been much less successful at reconciling the innumerable inconsistencies and contradictions among these competing explanations,

a situation that has not been resolved by recent advances in 'computational social science'. In this Perspective, I argue that this 'incoherency problem' has been perpetuated by an historical emphasis in social science on the advancement of theories over the solution of practical problems. I argue that one way for social science to make progress is to adopt a more solution-oriented approach, starting first with a practical problem and then asking what theories (and methods) must be brought to bear to solve it. Finally, I conclude with a few suggestions regarding the sort of problems on which progress might be made and how we might organize ourselves to solve them."

TMIH – Profile and reintegration experience of Ebola survivors in Guinea: a cross-sectional study

A Delamou et al; <http://onlinelibrary.wiley.com/doi/10.1111/tmi.12825/full>

Authors describe the experience of Guinean Ebola virus disease (EVD) survivors in Guinea, up to ten months after discharge from the Ebola treatment unit.

Health Promotion International - Nutrition labelling is a trade policy issue: lessons from an analysis of specific trade concerns at the World Trade Organization

A M Thow et al;

<http://heapro.oxfordjournals.org/content/early/2017/01/12/heapro.daw109.abstract?papetoc>

"Interpretive nutrition labels provide simplified nutrient-specific text and/or symbols on the front of pre-packaged foods, to encourage and enable consumers to make healthier choices. This type of labelling has been proposed as part of a comprehensive policy response to the global epidemic of non-communicable diseases. However, regulation of nutrition labelling falls under the remit of not just the health sector but also trade. Specific Trade Concerns have been raised at the World Trade Organization's Technical Barriers to Trade Committee regarding interpretive nutrition labelling initiatives in Thailand, Chile, Indonesia, Peru and Ecuador. This paper presents an analysis of the discussions of these concerns...."

Social Science & Medicine – "Quitting like a Turk:" How political priority developed for tobacco control in Turkey

C Hoe et al; <https://www.ncbi.nlm.nih.gov/pubmed/27490408>

You know us – sometimes we include an entry already because we just love the title. But this also sounds like a rather interesting article. *"In recent years, tobacco control emerged as a political priority in Turkey and today the country is widely regarded as one of the global leaders in tackling tobacco use. Although political priority is considered a facilitating factor to the success of addressing public health issues, there is a paucity of research to help us understand how it is developed in middle-income countries. The primary aim of this study is to understand the process and*

determinants of how tobacco control became a political priority in Turkey using the Multiple Streams Framework....”