

IHP news 404 : All eyes on the US

(3 Feb 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,

It turns out that “the Donald”, when he said he had “an issue with the UN”, actually meant he has issues with every single country in the UN. The new president is clearly on a roll – China, Mexico, Iran, Germany, the EU as a whole, even the Aussies don’t escape his ire. We now only have to wait till Bhutan gets in the line of fire. Anyway, that bodes ill for the future, especially as his bragging and rage tend to be accompanied by conspiracy theories, incompetency and far right “advisors” (or is it puppet masters?). The ones among us who feel they live in “post-truth” families on rough days can surely empathize with the (more or less rational) part of the world, as people look on in despair and disbelief at what’s going on in the US. Unfortunately, “Trumpland” is not some sort of banana republic – it still has nukes, for a start.

Meanwhile, many in the global health community keep their cards near their chest for the moment, at least for a few months, to see what this will all lead to. Is the chaos a deliberate strategy from Bannon et al or mostly due to improvisation and incompetency ? It’s probably a bit of both. Krugman tweeted this week that there are basically two options. Either the Trump administration will soon implode (within a year, was his guess), or the Republic will do so (after an authoritarian turn). As I have quite some confidence in the American DNA, I still put my money on the first option (and then perhaps what is left of the Republican establishment might take over). But nobody knows for sure - the Nostradamus in me doesn’t have a good track record - and history teaches us that we should be cautious when ‘clowns’ are in charge. Anyhow, in these instable times, global health stakeholders wait till there’s a bit more clarity, and you can’t blame them. As the political determinants of health (or rather ill health) are in full play now, the ‘health as investment’, ‘game changer’ & ‘innovation’ chaps are suddenly a lot more silent, though.

As for scientists, at least in the US they must all be howling along now with Coldplay’s Chris Marten’s “A – whoo- o – o- h –u hu uhu...” ([The Scientist](#)). We feel your pain (even if we don’t qualify as scientists ourselves). Whether a scientists’ March on Washington is a [bad idea](#)? We always tend to think: the more marches, the merrier! Trump’s ego will surely agree.

In this week’s Featured article, **Elena Vargas** (EV 2014) sees a ray of light in Latin-America, nevertheless. Check out also EV 2016 **Veena Sriram’s take on the current protests in the US** (on [IHP](#)). She also discerns an opportunity in the current – dire – situation.

Enjoy your reading.

Featured Article

A glimmer of light amid the darkness: United to fight a global threat

Elena Vargas (EV 2014 & member of EV governance team, currently works for the Damien Foundation in Nicaragua)

Two weeks of Trump's presidency have passed, and many of us Americans—proud inhabitants of the continent consisting of 35 sovereign states including the United States of America, the *República Federativa do Brasil* and the *Estados Unidos Mexicanos*—are watching his reign of intolerance and hatred unfold with fear and disbelief. And while I'm not a fan of Mexican beer at all (*a trip to Belgium can turn you into a beer snob*), I have to agree with [Corona's advert](#) which sees the greatness of the Americas in the (quiet) attempts to build bridges, not walls; in unifying us all in our diversity.

And yet, even fear and shock can ignite a fire of hope and sense of agency. Take tuberculosis: the re-emergence of TB as top-ten global killer led to combined efforts of nations across the continent to curb the disease.

The latest [Global Tuberculosis Report](#) counted 10.4 million new cases and 1.4 million TB deaths in 2015 (global figures), with 0.4 million deaths resulting from TB among people living with HIV. Over 95% of cases and deaths happen in developing countries, many of which also suffer from weak health systems and adverse social determinants of health. To compound matters, TB has a complex cause-effect relationship with poverty, marginalization and discrimination. In the Americas, the Pan American Health Organization (PAHO) estimates there were approximately 23,000 deaths due to the disease in 2014, 280,000 cases reported and an estimated 65,000 cases undiagnosed.

In November 2016, Mexico City hosted a 3-day [workshop](#) on 'Political TB Advocacy for Focal Agencies of the TB Parliamentary Front against TB in the Americas'. The aim was to consolidate and officially launch the [TB Coalition of the Americas](#), which includes the vast majority of countries in the region, including Canada and the United States. We hope the US commitment and participation will not be compromised by the major policy changes happening in "TrumpLand" today.

Prior to this workshop, a [Regional Parliamentary Front against TB in the Americas](#) was created in early 2016, which brought together parliament members from Brazil, Mexico, Peru, Bolivia, Uruguay and Nicaragua. One of its main goals is to work alongside governments and civil society to ensure the allocation of enough funds to finance cost-effective interventions to halt the spread of TB. The Regional Parliamentary Front is committed to establish national parliamentary groups that will demand accountability, monitor expenditure and joint work of the governments with civil society organizations or focal agencies in each country. These interventions include those beyond the health sector, ensuring financial and social protection that are necessary to prevent TB as a poverty-related illness. Groups will be in charge of positioning TB as a transversal topic across national policies, promoting human rights of those affected by the disease and informing the ministries (annually) about the advances and/or setbacks in the fight against the epidemic.

The Belgian NGO Damien Foundation is one of the focal agencies working on this issue in Nicaragua and Guatemala. The NGO provides technical support to the TB Control National Programs in these two countries. In Nicaragua the Foundation plays a key role in strengthening the community network to take measures against TB.

These efforts could not come at better moment given that the [United Nations General Assembly](#) has announced that it will hold a high-level meeting dedicated solely to TB in 2018. Similar meetings have taken place to address other major global health issues over the last decade and a half, respectively on HIV/AIDS in 2001, NCDs in 2011, the Ebola crisis in 2014 and the antimicrobial resistance threat in 2015. Moreover, the International Organization for Migration (IOM) has just launched the world's first [TB and Migration Portal: The Knowledge Platform on Tuberculosis and Migration](#).

It may seem like “*many small people, in small places, doing small things that can change the world*”, in [Eduardo Galeano](#)'s words, but we are also building the much needed resilience and taking action to demonstrate the real greatness of America, the Americas, plural.

Post scriptum: Before you get blinded by the light, I recognize that we still have some darkness too. As the Guttmacher Institute [reminded](#) us nearly a year ago, more than 97% of women of childbearing age in Latin America and the Caribbean live in countries where abortion is restricted or banned altogether. And that was before the Global Gag Rule...

Highlights of the week

5 years' anniversary of London declaration on NTDs

FT – Will war on neglected diseases hit target?

<https://www.ft.com/content/9abcd646-e4a5-11e6-8405-9e5580d6e5fb>

Must-read. “*Some fear progress on NTDs will stall if priorities shift in new era.*”

Stat news - Neglected tropical diseases are finally getting the attention they deserve

Sue Desmond-Hellmann (CEO BMGF) <https://www.statnews.com/2017/01/30/neglected-tropical-diseases-treatment/>

Desmond-Hellman gives an **overview of the NTD progress made since the meeting in London on Jan. 30, 2012**, and then acknowledges: “*...Although we are closer than ever to a world without NTDs, our work is not yet done. While there have been some admirable commitments from both affected and donor governments — as well as a growing commitment from philanthropists like the Legatum Foundation — significant gaps remain in funding for both the delivery of existing drugs and the development of new tools. Investments to tackle NTDs are well worth making — both in human and economic terms. According to one study, eliminating NTDs could return around \$600*

billion to the global economy by 2030. At a time when questions loom large about funding global health and development, the success against NTDs is a powerful reminder of the incredible impact we can have when all of us — the public, private, and philanthropic sectors — work together. With the right partners and the political will, I'm convinced that not too far in the future, tropical diseases that are today known as neglected because they have traditionally gotten so little attention from the world will be the success story that everyone is talking about...."

Trump & "Darth Vader" administration and US/Global reaction/resistance

Week 2 of Trump's presidency. Again, with plenty of rather worrying, if not downright criminal policy measures. A short overview of relevant items & analysis, with at least some link to health and/or development.

We start this (rather comprehensive) section with the Lancet Editorial from this week:

Lancet (Editorial) - Free speech and facts in the Trump era

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30265-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30265-9/fulltext)

There's an important role for scientists in the brave new Trump era. "...Those who hold science and truth to be foundational aspects of civilisation need to stand firm in our efforts to hold Trump accountable to the truth he seems to so publically disdain with his actions. One such troubling act is the reinstatement of the so-called global gag rule, touted as an "anti-abortion" and "pro-life" policy that instead will likely increase the number of abortions done globally and leave more women dead. Seemingly impervious to facts, Trump's policy is clearly antithetical to the concept of free speech, with potentially devastating global implications."

*Horton's [Offline](#) from this week looks back on the Reagan presidency (in particular his total failure on HIV), and then concludes, with a view on the Trump presidency: "But one warning from history should perhaps settle itself into President Trump's mind. **The ability to see, understand, and act upon human suffering and distress is a crucial requirement of leadership.** Without it, whatever your other merits, you will be judged wicked, malicious, and indecent. As President Trump's policies begin to take their effect on women and migrants, the sick and the poor, one must trust that his inner eye of compassion will be open to see and to feel the consequences."*

Fat chance.

Mental health of Trump – issue in press (and among psychologist/psychiatrists)

Trump's mental health was – not for the first time – an issue in the press this week. There are several takes on this. (My own amateur take is that I notice a tad of Caligula & more than a tad narcissism in him – I also suspect pre-Alzheimer ☺).

BMJ (blog) – Do doctors have a duty to hold their silence or to voice concern about Donald Trump’s health?

Trish Greenhalgh ; <http://blogs.bmj.com/bmj/2017/01/30/trish-greenhalgh-do-doctors-have-a-duty-to-hold-their-silence-or-to-voice-concern-about-donald-trumps-health/>

“Donald Trump may or may not have a mental illness. As a doctor, it would be unprofessional of me to comment on that question. Or would it?...”

Stat News – ‘Crazy like a fox’: Mental health experts try to get inside Trump’s mind

<https://www.statnews.com/2017/01/30/trump-mental-health/>

Recommended. “...STAT interviewed 10 psychiatrists and psychologists — some supporters of Trump, some not — about the president’s behavior and what it might say about his personality and mental health. All are respected in their field and close observers of Trump. They based their views on his books, public statements, appearances, and tweets, but emphasized that they have no firsthand knowledge of Trump. As a result, they can’t rule out that the president’s actions are part of an intentional political strategy, and not a reflection of particular mental states....”

And “...Without exception, the mental health professionals said that would-be diagnosticians, including pundits and political foes, are misguided in asserting that Trump has a mental disorder — for one fundamental reason. According to decades-old criteria established by the American Psychiatric Association, a diagnosis of mental illness requires that someone’s behavior, emotions, or beliefs have two key attributes: They cause the individual to suffer clinically significant distress or impairment.”

LGBT rights & Supreme Court pick

Vox - Trump will keep Obama’s executive protections for LGBTQ workers. But there’s a big catch.

<http://www.vox.com/policy-and-politics/2017/1/31/14449140/trump-lgbtq-executive-order-obama>

“Amid the chaos that spawned from his immigration order, President Donald Trump took a surprisingly positive step for progressives this week: He announced on Monday, via the New York Times, that he will keep an executive order signed by former President Barack Obama that protects LGBTQ workers from discrimination by federal contractors....” But there’s a “but”.

Guardian - Neil Gorsuch nominated by Donald Trump to fill vacant supreme court seat

<https://www.theguardian.com/law/2017/jan/31/neil-gorsuch-supreme-court-nomination>

“Known for his firm conservative views, Gorsuch could tip the court’s balance on hot-button issues such as abortion, voting rights and religious equality.”

Global gag rule + reaction Dutch/Belgians et al

Last week we already reported on Trump’s reinstatement of the Mexico city policy (and the expanded version of it, by him). A few reads related to this, as well as to the international reaction that is gathering momentum.

Lancet – The Trump global gag rule: an attack on US family planning and global health aid

Ann Starrs ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30270-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30270-2/fulltext)

“Writing in a Comment, Ann Starrs, president of the Guttmacher Institute, highlights the profound impact that the 23 January global gag rule signing will have on US family planning and global health aid.”

BMJ (Perspective) - The global gag rule and what to do about it

S Greer et al; <http://www.bmj.com/content/356/bmj.j511>

The authors shed some light on this **expanded version of the global gag rule** (as compared to George Bush’s) & say Trump’s action gives European and other governments a clear opportunity to show global leadership.

Guardian – Canada may contribute to Dutch-led international abortion fund

<https://www.theguardian.com/world/2017/jan/27/canada-international-abortion-fund-netherlands-trump-gag-rule>

*“Canada is considering contributing to a **Dutch-led international fund to support abortion services in developing countries**, set up in response to Donald Trump’s order to halt financing of NGOs that support the practice. A spokesman for Canada’s international development minister, Marie-Claude Bibeau, told AFP the minister had spoken with her Dutch counterpart about the fund, and was considering donating an unspecified sum to it or a similar measure that would support “sexual reproductive rights, including abortion” abroad. “Sexual health and reproductive rights will be at the heart of Canada’s new international assistance policy,” spokesman Louis Belanger said in an email. “We will continue to explore opportunities to work together to advance women’s empowerment by expanding access to sexual and reproductive health services including abortion,” he said. Canada is set to unveil its new foreign aid strategy in the coming weeks. A decision on the fund would either be included or follow soon after that announcement.”*

See also "[Canada to up foreign aid for women's health in face of U.S. cuts.](#)" "*Canadian leaders said they are prepared to increase international aid for women's health programs in the wake of a decision by U.S. President Donald Trump to cut \$600 million in funding over his administration's opposition to abortion.*"

The Dutch kickstarted the initiative, see for example [Dutch Give \\$10.7M To Fund Women's Global Health After Trump Imperils It.](#) (Forbes)

Meanwhile, the initiative is called **Global Fundraising Initiative She Decides** – and Belgium will **host an international conference on the rights of women and girls this Spring**. From the press release: "*This Spring, Belgian Deputy Prime Minister and Minister of Development Cooperation Alexander De Croo will host an international conference in Brussels with like-minded countries and organizations that join forces to support aid organizations and UN agencies working around family planning and women's rights. Earlier this week, the White House banned funding for organizations that support girls and women in developing countries on family planning, contraception and safe abortions. The initiative to establish an international fund is meanwhile named **Global Fundraising Initiative She Decides**. This afternoon, a crowdfunding was launched to allow private donations.*"

Refugees order/ muslim ban

Probably the most shocking & repulsive Executive Order so far. Here some reactions & implications.

Humanosphere - [How aid groups are responding to Trump's refugee ban](#)

(Tom Murphy) "***The Trump administration's executive order on refugees was met with immediate backlash from the humanitarian community.** Aid groups that provide direct support to refugees around the world condemned the act that bars entry to Syrian refugees, places all refugee resettlement on hold for 120 days and temporarily bans people from seven countries. **Some are issuing statements and others are providing information on how their supporters can take action against the order. And there are many who remain silent.** Some do work that focuses on issues that do not deal with refugees and the countries directly affected by the order. Others have decided not to issue public statements. That includes aid groups that are providing direct support to the millions of Syrian refugees living in Jordan, Turkey and Lebanon. **Below is a list of groups and what they are saying and doing about the order. At the end, is a list of groups that have yet to speak out against the order....***"

So far, the **Gates Foundation** has remained silent.

Nature (news) – Trump immigration ban upends international work on disease

[Nature](#) ;

"*The ensuing damage to scientific collaborations puts the United States at risk, researchers say.*" (includes the view of **Peter Hotez**, among others: "...*the ban could hamper our ability to learn about*

the epidemiology of neglected diseases emerging out of conflict zones”, says infectious disease expert Peter Hotez at Baylor College of Medicine in Houston, Texas. For example, leishmaniasis is spreading in occupied areas of Syria and Iraq, and schistosomiasis is spreading in Yemen. “Scientific communities across the world need collaborators in these countries who can combat epidemics before they arrive in the US,” Hotez says....”

Along the same lines (Devex) - [Trump immigration order could harm USAID's ability to carry out crucial work](#). (mainly in conflict areas)

Other reactions & implications of the Refugee order:

(OCHR) [“New policy breaches Washington’s human rights obligations” – UN experts](#) : “A group of United Nations human rights experts today said that the Executive Order signed by US President Donald Trump on 27 January 2017 breaches the country’s international human rights obligations, which protect the principles of non-refoulement and non-discrimination based on race, nationality or religion.“Such an order is clearly discriminatory based on one’s nationality and leads to increased stigmatization of Muslim communities ,” said the UN Special Rapporteurs on migrants, François Crépeau; on racism, Mutuma Ruteere; on human rights and counter-terrorism, Ben Emmerson; on torture, Nils Melzer; and on freedom of religion, Ahmed Shaheed. “

[Joint IOM-UNHCR Statement on President Trump’s Refugee Order](#)

UN SG Guterres on Trump’s refugee order (Guardian) - [UN chief decries discriminatory border bans in rebuke to Trump travel decree](#).

NYT - [Trump’s Immigration Ban Blocks Children Most in Need of Aid](#). *“The children around the world who need emergency international assistance the most come mainly from the countries singled out in President Trump’s order barring entry to the United States, according to a United Nations assessment. Five of the seven countries where children are most imperiled are on Mr. Trump’s list of nations where visas are suspended: Iraq, Somalia, Sudan, Syria and Yemen.”*

Trump & Big Pharma

Reuters – Trump pushes drugmakers for lower prices, more U.S. production

[Reuters](#);

Trump met with Big Pharma representatives this week. *“U.S. President Donald Trump in a meeting on Tuesday with pharmaceutical executives called on them to manufacture more of their drugs in the United States and cut prices, while vowing to speed approval of new medicines and ease regulation. Trump told them the government was paying “astronomical” prices for medicines in its health programs for older, disabled and poor people and said he would soon appoint a new U.S. Food and Drug Administration leader. “We’re going to streamline the FDA,” Trump said in a statement, referring to the regulatory agency responsible for vetting that new drugs are safe and effective....”*

See also [NYT](#) & [Vox](#) (with an article on what he should do instead, if he really wants to get prices lower).

The FT reported [“Pharma stocks rally on Trump pledge to speed drug approvals”](#).

Trump & USAID

It’s still not that clear what Trump’s plans with USAID are. Some reads:

Devex - [National Security Council memorandum includes role for USAID](#) *“A presidential memorandum signed Saturday by U.S. President Donald Trump may shed some light on what role development is likely to play in his administration. ... it does include a role on a lower committee for the U.S. Agency for International Development. The USAID administrator is listed as a permanent member of the Deputies Committee in the memorandum about the organization of the National Security Council and the Homeland Security Council....”*

CGD (blog by Sarah Rose) - [Should the Trump Administration Cut USAID to Expand MCC?](#)

Trump & UN

Devex – [Why Trump's draft executive order to slash UN funding should be treated seriously, though with caution](#)

(must-read) *“A U.S. presidential executive order targeting the United Nations and other international organizations could inflict a major blow to global development and humanitarian operations, slashing American funding by at least 40 percent. But **the full extent of the draft measure’s potential harm — for now, at least — remains difficult to gauge, experts say...**”*

Includes this paragraph: *“... **The draft order has general language, however, which could lead to a “scary type of censorship” over organizations such as the World Health Organization, which offers technical guidance on safe abortions, according to Akila Radhakrishnan, the vice president and legal director of the Global Justice Center. “Are we looking at defunding the WHO or telling them they can’t put out their best medical practices? That’s the kind of thing we are trying to wrap our head around,” Radhakrishnan said. “It is really quite concerning. With broad language like this it can mean they can do what they want.” ...**”*

Reuters - [No U.S. review of treaties, U.N. funding at this time: admin official](#)

Slightly more comforting, perhaps: *“The Trump administration will not issue executive orders calling for a review of international treaties and U.S. funding of the United Nations and other international bodies “at this time,” a senior U.S. administration official said on [Friday]....”*

Devex – [More than half of President Trump's Global Development Council have resigned.](#)

Well, at least they didn't "betray" Trump.

IDS briefing – What Does the End of Africa's Boom Mean for Universal Health Coverage?

G Russo & G Bloom; <http://www.ids.ac.uk/publication/what-does-the-end-of-africa-s-boom-mean-for-universal-health-coverage>

Hard-hitting short briefing. *“Achieving universal health coverage by 2030, as stated in UN Global Goal 3, will require substantial increases in health spending and the proportion funded through taxation or social insurance to make health care affordable for all. Not only will institutions need to be established to ensure sustainable arrangements for social finance, it will also be vital to ensure that health financing is resilient to economic and other shocks if Global Goal 3 is to be realised. **This presents a major challenge in Africa, where an economic downturn is projected in a number of resource-dependent countries, such as Mozambique and Guinea Bissau and where countries such as Sierra Leone have weakened health systems.** The response to these challenges by governments and development partners, will have important effects on how well people, and the health services on which they rely, cope in the short term and longer-term evolution of health coverage.”*

Launch of new (2017) World Development report on Governance and Law

<http://www.worldbank.org/en/publication/wdr2017>

*“Why are carefully designed, sensible policies too often not adopted or implemented? When they are, why do they often fail to generate development outcomes such as security, growth, and equity? And why do some bad policies endure? This **World Development Report 2017: Governance and the Law** addresses these fundamental questions, which are at the heart of development....”*

*“ The **main messages** of the World Development Report 2017: Governance and the Law are:*

Ineffective policies can persist, while potentially effective policies are often not adopted. The 2017 WDR explores why some policies fail to achieve desired outcomes and what makes other policies work.

The success of policies depends on governance. To be effective, policies must guarantee credible commitment, support coordination, and promote cooperation.

Power asymmetries can undermine policy effectiveness. Unequal distributions of power can lead to exclusion, capture, and clientelism.

Law is an important tool in the policy arena. It is not only about the rule of law but the role of law.

Change is possible. Incentives, preferences and beliefs, and contestability are levers for change.

Three guiding principles for rethinking governance for development are: *Think not only about the form of institutions, but also about their functions; Think not only about capacity building, but also about power asymmetries; Think not only about the rule of law, but also about the role of law.*

For an excellent **review of the new report**, and some background on relevance & possible implications, see [The WDR 2017 on Governance and Law: Can it drive a transformation in development practice?](#) (by Stefan Kossoff, “DFID’s governance czar”)

An excerpt of the review: “... For those of us working on governance this week’s publication of the 2017 World Development Report on Governance and Law (WDR17) has been hotly awaited. And I’m pleased to say the report—in all its 280 page glory—does not disappoint;... As Duncan Green, Brian Levy and others have noted, **WDR17 is a landmark report which has potentially far-reaching implications, not just for governance work but for the entire development agenda.** While the message that “**politics matters**” may not be a new one, **the fact that the World Bank—with its a-political mandate—is saying it, is hugely significant.** The emphasis on “elite bargains”, citizen engagement and international action in promoting governance change certainly feels a long way from the technocratic reform agenda of the 1990s. But articulating this argument is one thing, actually acting on its implications is quite another. So the big question is whether the WDR can genuinely lead to a transformation in aid practice both in the World Bank and beyond. The jury is currently out but there is certainly scope for some optimism. “

PMAC 2017 conference (29 Jan-3 Feb, Bangkok)

http://www.pmaconference.mahidol.ac.th/index.php?option=com_content&view=article&id=548&Itemid=161

The 2017 PMAC conference has almost ended, as we finalize this newsletter. **The theme** of this year’s conference is: “**Addressing the health of vulnerable populations for an inclusive society**”. You find the **PMAC statement** online.

Check out some of the action (including on **Amartya Sen’s** keynote speech) via **hashtag #PMAC2017**.

Some of the quotes & broader themes: disabled people, transgender focus, health & social inclusion need to be brought closer together, ...

Lucy Gilson tweeted “**#PMAC2017 indicators for SDGs have to track processes & link to outputs/outcomes not just outputs/outcomes Plenary 0**”

“**Tim Evans of #Worldbank talks about LOGS - left out groups -need for policy, people centeredness, targeting.**” (which surely sounds like a World Bank term, but one that will probably not catch on).

Brundtland was asked how she would frame things towards Trump (with a view on ‘universal Trumpcare’).

- Importantly, there was also a **Q&A with the three WHO DG candidates** (Tedros, Nishtar & Nabarro) who explained why they are the right person to lead WHO, and what the role of WHO should be.

A tweet from **Sara Bennett**: “#PMAC2017 priority for 1st 100 days @SaniaNishtar restore WHO primacy @davidnabarro understand WHO staff @DrTedros4WHO listen & build bridge”

- Closing plenary – some tweets:

Tweet: “@DougUNDP reads #PMAC2017 closing statement: commitment to work across sectors to advance #health of marginalized populations & #inclusion”

“#PMAC2017 conclusions - social inclusion needs top down approach from responsible govt PLUS active citizens to hold them accountable”

And of course, a little dance at the end was also a must!

- Finally, we also want to draw your attention to a **(must-read) blog by Fran Baum: [Social Exclusion: vulnerable people or exclusionary processes?](#)** : with focus on a side meeting of the People’s Health Movement.

*“...this year’s side meeting (30th January) was on “**Social inclusion for Health for All: The imperatives of civil society engagement**”...*

*“...The meeting stressed the importance of social inclusion in achieving health for all. **We examined the political economy of social exclusion and defined five societal processes that produce exclusion... ..** Given the dominance of such exclusionary processes, the focus of the People’s Health Movement is on changing the structures that maintain and support these processes. Our meeting presented details of an on-going action research project which is examining the ways in which healthy civil society operates to achieve health for all. TAC created a mass movement of people directly affected by HIV/AIDS and the movement was highly successful in lowering the cost of drugs and including those previously excluded from treatment. Their work now also includes reducing discrimination and ensuring that groups such as sex workers can gain access to treatment. **Now TAC is looking more broadly at how health systems may exclude people from access and how the mass movement it has created can be mobilised to think more broadly about health services and the social determinants of health...**”*

More blogs on PMAC will no doubt follow in the coming days.

WHO Bulletin – special theme issue: vulnerable populations

<http://www.who.int/bulletin/volumes/95/2/en/>

Must-read. Great issue, coinciding with the PMAC conference in Bangkok. Start with the two editorials:

[Breaking down the barriers to universal health coverage](#) (by Piyasakol Sakolsatayadorn & Margaret Chan) “...**Vulnerable populations addressed in this issue** include remote rural populations and the urban poor, children affected by drought and conflict, people living with the human immunodeficiency virus (HIV) and at risk of tuberculosis, persons with physical disabilities, undocumented migrant workers and gender minorities. The SDG target for universal health coverage requires that the health needs of these and other vulnerable groups be met. As universal health coverage entails social protection against financial hardship caused by health-care costs, it also contributes to the overarching SDG objective of poverty alleviation. **Papers in this issue** cover a range of practical strategies for reaching vulnerable populations and addressing the multiple social, economic and environmental determinants of health...”

Other must-read **editorial**: [Strengthening health systems through embedded research](#) (by A Ghaffar et al).

But the whole issue is worth a thorough look. Make sure you go through [Political commitment for vulnerable populations during donor](#) (by D Rodriguez, A Whiteside et al); [Reaching vulnerable populations: lessons from the Global Fund to Fight AIDS, Tuberculosis and Malaria](#) (by GF staff); ...

Health Systems & Reform – Special Issue on Health Sector Reform in the Middle East and North Africa

<http://www.tandfonline.com/toc/khsr20/3/1?nav=toCList>

From the [Commentary](#): “...**This special issue of Health Systems & Reform examines government efforts that have been adopted since 2011 to address imminent health system challenges in the MENA region. This is the first time an issue of a health journal has presented a collection of articles on health system reforms and strengthening in the MENA region. It attempts to capture some of the fundamental health sector reforms that have been adopted by MENA countries to address their populations' demands for better health care service delivery, access, and equity. The articles included in this special issue relate to projects that have been financed by the World Bank in the last six years or where technical assistance was provided by the World Bank to MENA governments. Therefore, it does not constitute a comprehensive assessment of health system performance across all MENA countries but focuses on a select group of country experiences where the World Bank was involved in this time period. The findings, interpretations, and conclusions expressed herein are those of the authors and do not necessarily reflect the view of the World Bank Group, its Board of Directors, or the governments they represent.**”

Social Science & Medicine (Supplement) – The Role of Vaccines in the Grand Convergence in Public Health : Vaccine Decision Making

<http://www.sciencedirect.com/science/journal/0264410X/35/supp/S1>

From the [introduction](#) to the Supplement: “**The Lancet Commission on Investing in Health has identified an opportunity for a “grand convergence” in public health. In this vision, infections and**

child and maternal mortality in LMIC will approach the rates achieved in the developed world, thus eliminating the gap in health between rich and poor countries. **Vaccines will be critically important in achieving this goal** as well as addressing the morbidity and mortality of currently non- vaccine preventable diseases in all countries. To achieve these goals, appropriate vaccine technology must be developed as well as utilized by making appropriate decisions regarding which vaccines to develop and implement. **In July of 2015, a conference was held in Siena Italy to discuss how to best make these decisions and to address current barriers to appropriate decision making such as lack of synchrony between vaccine developers and public health bodies responsible for implementation.** Multi-criteria decision making, utilizing a set of core criteria that are used in common across the decision making processes, would facilitate such appropriate decision making and maximize the impact of vaccination on achieving public health goals. Participants at the meeting did agree that identifying such a set of criteria for use in multi-criteria decision making in the future was feasible and desirable. Although a larger set of criteria was identified by each of the working groups, **a common set of “core criteria” which would be universally applicable for decision makers was identified.** These criteria were: The mortality and severity of the target disease. The safety of the vaccine candidate. The full economic benefit of the vaccination program. Manuscripts in this supplement were derived from lectures and workshops from the meeting....”

28th African Union summit (22-31 Jan) & global health

Guardian – Immunisation drive hailed as watershed for Africa as leaders target public health

<https://www.theguardian.com/global-development/2017/feb/01/africa-public-health-immunisation-african-union>

(must-read) Heads of state at the African Union summit **approve a universal immunisation push** as the **new Africa Centres for Disease Control and Prevention is announced.** “... In a double move hailed as a milestone for public health, African leaders have launched an agency to tackle global threats such as Ebola and **pledged to make immunisation available throughout the continent by 2020.** Under the twin commitments, African heads of state will establish regional health centres around the continent, increase funding for immunisation, improve supply chains and delivery, and prioritise vaccines as part of broader efforts to strengthen health systems. At the heart of the new health push will be the **Africa Centres for Disease Control and Prevention**, which will help countries across the continent to deal with major health emergencies by establishing systems for early warning and response surveillance. Based in Addis Ababa, the new organisation will liaise with regional centres in Zambia, Gabon, Kenya, Nigeria and Egypt....”

See also WHO Afro - [Historic Commitment from African Heads of State to Advance Immunization in Africa.](#)

And for some coverage on the **launch of the African CDC**, see [New African Union CDC health operations center is open for business.](#)

Washington Post – Africa’s leaders consider a future when the U.S. no longer cares

https://www.washingtonpost.com/news/worldviews/wp/2017/01/31/africas-leaders-consider-a-future-where-the-u-s-no-longer-cares/?postshare=2321485895692009&tid=ss_tw-bottom&utm_term=.12415174c0e3

Dire read... “...At the African Union’s annual summit meeting in Addis Ababa that ended Tuesday, Africa’s leaders heatedly debated a number of issues, including whom to elect as chairman, whether to admit Morocco, and whether to walk out from the International Criminal Court. But beyond the official agenda was **a sense of unease over what many see as a new era of nationalism ushered in by the election of President Trump...**” “...Questions from Trump’s transition team to the State Department about Africa suggest a deep skepticism about many of these African programs, which they contend are mired in corruption and don’t help the continent. **Programs such as PEPFAR and AGOA were specifically questioned as whether they were worth the funds, and there was the point-blank question of why we should be sending aid to Africa when there is poverty at home. Many experts believe those programs will come to an end under the administration of Trump, who has been skeptical about international aid and suggested that the money would be better spent on Americans.** “I must regretfully conclude that the future of all such partnership is in doubt,” said Reuben E. Brigety, a former U.S. ambassador to the African Union and now the dean of George Washington University’s Elliott School of International Affairs....”

A few other links related to this [AU summit](#):

Reuters - [Chad's foreign minister secures top post at African Union](#) . “...Chad’s foreign minister was elected on Monday as the **new chairman of the African Union Commission**, pledging to place development and security at the top of his agenda and streamline the organisation’s bureaucracy.” (PS: he was the [underdog](#) in the race, apparently).

[Morocco rejoins African Union after more than 30 years.](#)

140th WHO Executive Board meeting (ended on 1 February)

Last week, we already paid quite some attention the EB meeting (at least the first half – focusing on the 1st round of the WHO DG election –see also below). For **decisions taken, resolutions**, ... see - http://apps.who.int/gb/e/e_eb140.html (scroll to the bottom).

To get a rather good idea of some of the debates & focal areas in the second half, we recommend the **excellent IP-Watch coverage** as well (daily) **coverage by Global Health Watchers** (with daily reports for 23 January – 28 January <http://www.ghwatch.org/node/45513>)

IP-Watch - [Gates Foundation, KEI Enter Into Official Relations With WHO](#)

In spite of a rather big civil society campaign.... (see TWN: [Civil society calls for deferment of “official relations” status to Gates Foundation](#)), “**The World Health Organization Executive Board agreed today to have five new institutions to enter into official relation with the organisation, including the Bill and Melinda Gates Foundation, despite protests from civil society groups, and Knowledge Ecology International, led by activist firebrand James Love. Meanwhile, the WHO is**

pursuing the implementation of its framework of engagement with non-governmental actors adopted in 2016. WHO members urged the organisation to speedily provide implementation tools such as a register of all such actors. The WHO said, all is on track and is expected to be ready by the next World Health Assembly....”

See also [Is Gates Foundation, WHO’s Biggest Private Funder, Ineligible To Join WHO?](#) (which contains **Chris Elias (from the Gates Foundation)**’ response to the civil society criticism)

IP-Watch - [Cancer Resolution Not Agreed Yet At WHO; Work Needed On IP Issues](#) *“World Health Organisation members tried to agree on a draft resolution on cancer during the WHO Executive Board but consensus escaped them, in particular on intellectual property issues, according to sources. The text is expected to be discussed informally with a view to reaching common language on the remaining issues by the annual World Health Assembly in May.”* (see also [WHO Members Negotiate Resolution On Cancer; High Prices In Question](#)).

IP-Watch - [WHO-Led Efforts To Boost R&D In Neglected Diseases Jeopardised By Funding Gap.](#)

“Finding resources to fund research and development for diseases primarily affecting developing and least-developed countries is a continuous challenge. Hopes were raised in 2015 with projects to launch a Global Observatory on Health Research and Development, and a voluntary pooled fund for research and development projects. However, the lack of funding is jeopardizing those initiatives despite some contributions by developed and middle-income countries.”

IP Watch - [UN High-Level Panel, Medicines Access Find Foothold At World Health Assembly In May](#)

(must-read, as this was a very contentious issue). *“World Health Organization member states seeking solutions for **ensuring medicines access** have been looking for ways to get a recent controversial report from the UN headquarters on the WHO agenda. The Executive Board this week heard concerns and left open the possibility that it will come up at the annual World Health Assembly in May....”*

IP-Watch - [WHO Fine-Tunes Work On Epidemics In Debates On IHRs, R&D Blueprint.](#)

IP-Watch - [Antimicrobial Resistance At WHO: Accelerating National Plans, Ensuring Accessibility](#) (gated) *“The rising threat of “super bugs,” bacteria resistant to existing antibiotics, was in discussion at the World Health Organization this week. Concerns were voiced about the slow pace of national action plan implementation to improve the careful use of antibiotics. Meanwhile some developing countries and civil society called for priority to be given to accessibility and affordability to new antibiotics.”*

IP-Watch - [Virus Genetic Information Hot Topic At WHO; Flu Framework Under Nagoya Needs More Time.](#)

As for **NCD-related items on the EB agenda**, you might also want to read this piece from the NCD Alliance - [NCDs addressed extensively by the 140th WHO Executive Board.](#)

WHO DG election & WHO reform

As mentioned, last week the first round of the WHO DG election took place, and this led to some more analyses – which also include views on WHO reform, naturally.

We already want to flag here also that there will be a **public & webcast debate with the three candidates at the Graduate Institute in Geneva (March 6, afternoon)**.

Science (News) - Meet the three people who hope to lead WHO in the Trump era

http://www.sciencemag.org/news/2017/01/meet-three-people-who-hope-lead-who-trump-era?utm_content=buffer1320d&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

No comment needed here.

Stat news - Can the WHO end its money crunch before it gets worse?

<https://www.statnews.com/2017/01/31/who-money-crunch/>

Must-read. « *It's anyone's guess which of the three candidates still in the race to become the next director-general of the World Health Organization will emerge victorious when WHO's 194 member states vote in May. But ask anyone what **the next director-general's biggest challenge** will be and you'll hear the same answer — especially from the woman the candidates are vying to succeed. "My successor needs to continue to address the financing of WHO," Dr. Margaret Chan, who recently passed the 10-year mark in office, told STAT in an interview. "There's no two ways about it." ...*

Lancet World Report – Three candidates compete for WHO Director-General post

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30229-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30229-5/fulltext)

"The field for the position of next Director-General of WHO narrowed on Jan 25, with three candidates shortlisted by the WHO Executive Board. John Zarocostas reports from Geneva."
(recommended)

Nature (Editorial) – The time is ripe to reform the World Health Organization

http://www.nature.com/news/the-time-is-ripe-to-reform-the-world-health-organization-1.21394?WT.mc_id=TWT_NatureNews

Must-read. *"As the public-health agency chooses a new leader, the media and politicians must be more realistic about what it can do."*

"... But the WHO is not a global firefighter, and cannot be expected to be. Rather, it is a facilitator for more-operational organizations — key players such as the medical humanitarian organization Médecins Sans Frontières (also known as Doctors Without Borders) and national public-health

authorities. Tabletop exercises that simulate ways of tackling epidemics and pandemics show that the world remains woefully unprepared for such events. Ultimately, an effective frontline response depends on having functional public-health systems (which are still lacking in many places), preparing contingency plans so that interconnected global supply chains do not break down and planning for large outbreaks in cities, which are at increased risk as a result of rampant urbanization. The WHO has a crucial role in these and many other areas of public health as a facilitator and provider of sound scientific expertise. But it is ultimately down to the countries of the world to do the heavy lifting.”

UK – Performance Agreement United Kingdom of Great Britain and Northern Ireland and the World Health Organisation

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/587155/Performance-Agreement-UK-WHO-27Jan2017.pdf

Must-read. As Kent Buse put it on Twitter, “Critical friend of @WHO: #UK releases **long list of targets for release of 'performance-conditional' funding**” #wha70”

Lancet – Who pays for cooperation in global health? A comparative analysis of WHO, the World Bank, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance

C Clinton & D Sridhar; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32402-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32402-3/fulltext)

Brilliant read, even if global health financing will change (very) soon, and probably not for the better, given the political situation in the US & UK. “***In this report we assess who pays for cooperation in global health through an analysis of the financial flows of WHO, the World Bank, the Global Fund to Fight HIV/AIDS, TB and Malaria, and Gavi, the Vaccine Alliance. The past few decades have seen the consolidation of influence in the disproportionate roles the USA, UK, and the Bill & Melinda Gates Foundation have had in financing three of these four institutions. Current financing flows in all four case study institutions allow donors to finance and deliver assistance in ways that they can more closely control and monitor at every stage. We highlight three major trends in global health governance more broadly that relate to this development: towards more discretionary funding and away from core or longer-term funding; towards defined multi-stakeholder governance and away from traditional government-centred representation and decision-making; and towards narrower mandates or problem-focused vertical initiatives and away from broader systemic goals.***”

Lancet (Comment) - Social rank: a risk factor whose time has come?

M Tobias ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30191-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30191-5/fulltext)

« ... 56 million people died in 2015, many prematurely and most (71%) from non-communicable diseases (NCDs). Yet NCDs were absent from the MDGs, which expired in 2015. Recognising this absence, WHO has set member states a goal to reduce premature mortality from the major NCDs by 25% by 2025 (the 25 × 25 goal). To achieve this goal, WHO urges action on seven established NCD risk factors. **In *The Lancet* Silvia Stringhini and colleagues argue that these risk factors are not enough. Instead, they would have us address an additional (eighth) risk factor: low socioeconomic status (social rank).** Having low social rank means being powerless to determine your own destiny, deprived of material resources, and limited in the opportunities open to you, which—the authors imply—shapes both your lifestyle and your life chances.... »

The new [study](#) by Stringhini et al examined **the effect of socioeconomic status on life expectancy and to what extent it should play a part in health policy.**

From the **press release**:

*“Low socioeconomic status is linked to significant reductions in life expectancy and should be considered a major risk factor for ill health and early death in national and global health policies, according to a **study of 1.7 million people** published by *The Lancet*. The **study, using data from the UK, France, Switzerland, Portugal, Italy, USA and Australia**, is the first to compare the impact of low socioeconomic status with other major risk factors on health, such as physical inactivity, smoking, diabetes, high blood pressure, obesity and high alcohol intake. ...”*

FT - Innovation needed to tackle global epidemic of non-communicable diseases

Peter Piot; <https://www.ft.com/content/b9b0c47d-7d82-3db9-9f09-9aea519cb1c3>

Starting with his AIDS experience, Piot says: “...Today we have a similar emergency on our hands, but one that is largely silent and failing to secure the necessary global attention and funding. **The prevalence of non-communicable diseases (NCDs) is comparable to the greatest global health challenges we have had to confront in recent history....”** He makes a **plea for innovation in health care delivery** to deal with it.

Reuters - Malaria superbugs threaten global malaria control, scientists say

[Reuters](#);

Based on new research in the [Lancet Infectious Diseases](#). **“Multidrug-resistant malaria superbugs have taken hold in parts of Thailand, Laos and Cambodia, threatening to undermine progress against the disease, scientists said.** The superbugs - malaria parasites that can beat off the best current treatments, artemisinin and piperazine - have spread throughout Cambodia, with even fitter multidrug resistant parasites spreading in southern Laos and northeastern Thailand. “We are losing a dangerous race to eliminate artemisinin resistant...malaria before widespread resistance to

the partner antimalarials makes that impossible," said Nicholas White, a professor at Oxford University in Britain and Mahidol University in Thailand who co-led the research. "The consequences of resistance spreading further into India and Africa could be grave if drug resistance is not tackled from a global public health emergency perspective." ..."

Lancet (Comment) – Calling for action on violence against women: is anyone listening?

C Garcia-Moreno et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30271-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30271-4/fulltext)

« In 2014, we issued a call to action in *The Lancet* to address violence against women. Has there been progress?...” An overview of what happened since then, and the challenges ahead.

Zika

A few links from this week:

BMJ (Editorial) - Containing Zika while we wait for a vaccine (by R S Dhillon et al) *“Develop point-of-care diagnostics to target behavior change and prevent spread.”*

Wired - A clue to the mystery of Colombia's missing Zika cases. *“... By collecting detailed brain images of more than 200 developing fetuses from expecting mothers along the Colombian Caribbean coast, Sanz Cortes and Parra Saavedra think they have found something close to an explanation: Microcephaly wasn't appearing in just a few cases, it was appearing in just the worst cases. Zika was still causing significant brain damage even in babies without below average-sized skulls. “We now suspect that microcephaly is just the end of the spectrum,” says Sanz Cortez, who presented the results of her team’s study at a meeting of the Society for Maternal-Fetal Medicine on Friday. “But the brain tissue stops growing well before that.” What this means for doctors, she says, is that simple head measurements are not enough to make a diagnosis for the suite of developmental defects caused by the virus—sometimes called congenital Zika syndrome....”* In line with some previous research: *“...another recent study from a group of researchers in Seattle and Brazil who reported on 13 Zika-infected infants born with normal-sized heads. As they got older, these children began to develop new complications....”*

Devex - Zika vaccine could be delayed, unaffordable after US Army grants exclusive rights to pharma company. *“...The humanitarian aid organization Médecins Sans Frontières has criticized the Army’s decision to grant Sanofi the patent license, which will give the company an exclusive right to make, use and sell the vaccine for 20 years, as well as 12 years of marketing and data exclusivity even after the patent has expired. MSF is saying this will give the company a monopoly on the drug and thus no incentive to make it affordable. Sanofi could also choose to stop developing the vaccine if it decides it is commercially unattractive....”*

Margaret Chan (Commentary) - [Zika: We must be ready for the long haul](#) (at the one year-anniversary of Zika as a PHEI)

“On 1 February 2016, I declared that the Zika outbreak sweeping through the Americas was a public health emergency of international concern. That was not an easy call. But looking back, it was the right one....”

Reuters - [Zika ebbing in Latin America but vigilance needed: WHO](#) *“Brazil and Latin America are recording lower numbers of Zika infections than last year, but all countries must remain vigilant against the virus which can cause birth defects, the WHO said on Wednesday.”*

Global health events

G20 preparations

http://health.bmz.de/events/Events_2016/together_today/index.html

*“Taking Action against health threats - is the world better prepared?” Under this motto over 100 representatives of the G20, civil society, private sector and academia **gathered in Berlin on 7/8 December 2016**. The Federal Ministry of Health hosted this event, supported by GIZ and the Robert Koch Institute. A new G20 Health Working Group, consisting of health experts from the G20 countries, will meet in February/March 2017. It will prepare the G20 Health Ministers’ Meeting in Berlin in May 2017 and the resulting G20 Health Ministers’ Declaration. At this meeting health ministers will participate in the simulation of a global health crisis. The aim of the exercise is to raise their awareness for the International Health Regulations and the processes, roles and responsibilities they define for the management of such crises. The simulation will also serve as a test for the operability of revised coordination mechanisms between countries and within the World Health Organization. The results generated by this exercise will be fed into the discussions of the G20 Summit of heads of state and government, which is scheduled to happen in Hamburg in July 2017....”*

Meanwhile, the **German G20 presidency also has a specific Africa focus** with various complementary initiatives – read more about them [here](#).

Global governance of health

Lancet (World Report) – Profile: Institute for Health Metrics and Evaluation, WA, USA

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30263-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30263-5/fulltext)

Profile of IHME, by **Rita Rubin**.

Among others, ***“IHME will broaden its scope this year. For example, it will begin looking at how access to therapies or preventive measures such as vaccines and bednets affects disease burden, Murray said. It will also begin to collect data about human resources in health care, namely numbers of physicians, nurses, and others who provide care. “We’re not really trying to take a set of static approaches and keep doing the same thing every year”, Murray said. “Because we have such an active network of people, many of them actually engaged in real-world decision-making, we are expanding the scope of the GBD.”*”**

Lancet Letter – On Trump: singular perspectives and the state of global health

James Smith; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30230-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30230-1/fulltext)

Important letter. ***“The recent London School of Hygiene & Tropical Medicine (LSHTM) Global Health Lab—“The US elections: what are the implications for global health?”—and Richard Horton’s subsequent summary of the event (Dec 3, p 2726), raise questions not only of post-election enquiry but also of our shared understanding of contemporary global health.”***

He concludes: ***“Given that members of the far-right wing now command influence over aspects of US domestic and global health policy, the wider global health community has an opportunity to challenge the financial and subsequent political power–monopoly held by the USA in issues related to global health governance. As Harman states, since discussions might soon start to focus on what global health can do for America, it is immediately necessary to guard against the collapse of an inclusive global health agenda under the weight of US domestic health security concerns, the narrow foreign policy interests of the US military, and their interest in matters related to humanitarian health programming.”***

Chatham House- Promoting Health Security at the Munich Security Conference

[Chatham House;](#)

(must-read) This project aims to engage the security community on key issues in global health security. ***“Chatham House has been working with the Munich Security Conference and the Gates Foundation to engage the security community on key issues in global health security. “*** Check out what’s in store for the [Munich Security Conference](#) (Feb 17-19).

UNAIDS – Global review panel launches virtual consultation on how to strengthen UNAIDS

http://www.unaids.org/en/resources/presscentre/featurestories/2017/february/20170201_global-review-panel

“The Global Review Panel on the Future of the UNAIDS Joint Programme Model has launched a virtual consultation that will run until 10 February. The panel is seeking input on how the Joint Programme can be refined and reinforced to better support countries to end AIDS....”

ODI (Briefing paper) – The proposed new European Consensus on Development: has the European Commission got it right?

R Faure & S Maxwell; <https://www.odi.org/publications/10709-eu-european-union-european-commission-new-european-consensus-development-sdgs-sustainable>

“In November 2016, the European Commission proposed a new European Consensus on Development (COM, 2016a), governing all the international development work of the European Union (EU) and the Member States. This policy brief provides a summary and an analysis of the EU’s proposal and sets out a series of options for EU Member States and Members of the European Parliament as they begin negotiations on the text. This policy brief argues that the proposal works as a primer on contemporary development problems, consistent with the 2030 Sustainable Development Goals. However, it does not work as a strategy in the true meaning of the term.” Check out the **recommendations**.

Global Fund Observer – newsletter

http://www.aidspace.org/node/4081?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-304

Rather important issue this week. Make sure you read at least **“Three Board donor constituencies call on the Global Fund to review the role of CCMs.”** *“The Global Fund should review the scope, purpose and role of its country coordinating mechanisms (CCMs), said three donor constituencies on the Board – Switzerland, Germany and France – in a **position paper** released recently. The paper was discussed at a session at the Board meeting in November 2016. Aidspace understands that the paper was first discussed at a joint meeting of the Strategy Committee and the Ethics and Governance Committee, where it received a good reception. This paved the way for the discussion at the Board meeting. Issues concerning CCMs have been raised fairly frequently of late, particularly with respect to the role of CCMs in the transitioning process....”*

Also - [Global Fund steps up investment in women and girls](#) (analysis by Gemma Oberth).

KFF - Key Global Health Positions and Officials in the U.S. Government

<http://kff.org/global-health-policy/fact-sheet/key-u-s-government-agency-positions-and-officials-in-global-health-policy-related-areas/>

Now let's find out how many of these "betray" the president in the coming months and years.

CGD (blog) – Health Results Innovation Trust Fund at 10: What Have We Learned So Far?

S Bauhoff & A Glassman; <http://www.cgdev.org/blog/health-results-innovation-trust-fund-10-what-have-we-learned-so-far>

"In 2007, the World Bank established the multi-donor Health Results Innovation Trust Fund (HRITF) to support and evaluate low-income country government efforts to pay providers based on their results in health care, with a focus on reproductive, maternal, newborn, child and adolescent health and nutrition. A decade later, the HRITF has had substantial impact on how governments and aid partners think and talk about health care financing, and the term "results-based financing" or RBF is now well-established in the policy vernacular..." Lessons learnt so far.

Devex – Former President Bill Clinton outlines foundation's future, responds to critics

<https://www.devex.com/news/former-president-bill-clinton-outlines-foundation-s-future-responds-to-critics-89587>

"The Clinton Foundation released its annual report and outlined where it will focus its efforts on Thursday, a future many have wondered about in the wake of presidential election results that saw Hillary Clinton unexpectedly lose to Donald Trump. While a press release from the organization points to a few changes, the foundation largely intends to keep operating the programs it has been investing in going forward. The biggest change is the closure of the Clinton Global Initiative, which was announced already last year..."

"...The Clinton Health Access Initiative, which works to tackle HIV/AIDS and provide anti-retroviral treatment, spun off into an independent entity in 2010 but is affiliated with and receives significant funding from the foundation. CHAI's work will continue, according to the foundation..."

Aids and Behaviour - Monitoring HIV-Related Laws and Policies: Lessons for AIDS and Global Health in Agenda 2030

M A Torres, K Buse et al ; <http://link.springer.com/article/10.1007/s10461-016-1621-5>

"The National Commitments and Policy Instrument (NCPI) has been used to monitor AIDS-related laws and policies for over 10 years. What can be learnt from this process? Analyses draw on NCPI questionnaires, NCPI responses, the UNAIDS Law Database, survey data and responses to a 2014 survey on the NCPI. The NCPI provides the first and only systematic data on country self-reported national HIV laws and policies. High NCPI reporting rates and survey responses suggest the majority

of countries consider the process relevant. Combined civil society and government engagement and reporting is integral to the NCPI. NCPI experience demonstrates its importance in describing the political and legal environment for the HIV response, for programmatic reviews and to stimulate dialogue among stakeholders, but there is a need for updating and in some instances to complement results with more objective quantitative data. We identify five areas that need to be updated in the next iteration of the NCPI and argue that the NCPI approach is relevant to participatory monitoring of targets in the health and other goals of the UN 2030 Agenda for Sustainable Development.”

IIED (International Institute for Environment and Development) briefing – Reconceiving the SDGs as a political force for change

<http://pubs.iied.org/pdfs/17391IIED.pdf>

*4-pager & pretty neat. “The SDGs attract much international attention. They are presented as a powerful instrument for leveraging transformative change in the way governments make development decisions and how economies function. Yet in adopting the SDGs, countries did not commit to pursuing them. For that to happen, policy leaders will need to see how the goals align with – or usefully challenge – national objectives, and also be convinced that the SDGs can help them make good decisions. This requires reconceiving the SDGs as a political force for change in specific contexts, rather than as a broadly accepted framework of aspirational goals and associated technocratic challenges. Drawing on insights from diverse national experiences in achieving sustainable development, this briefing uses a **political economy lens** to examine how that can happen.”*

IJHPM – Global Developments in Priority Setting in Health

R Baltussen et al;

http://www.ijhpm.com/article_3316_0.html?utm_source=dlvr.it&utm_medium=twitter

“Countries around the world are experiencing an ever-increasing need to make choices in investments in health and healthcare. This makes it incumbent upon them to have formal processes in place to optimize the legitimacy of eventual decisions. There is now growing experience among countries of the implementation of stakeholder participation, and a developing convergence of methods to support decision-makers within health authorities in making tough decisions when faced with the stark reality of limited resources. We call for further interaction among health authorities, and the research community to develop best practices in order to confront the difficult choices that need to be made.”

IJHPM - The TPP Is Dead, Long Live the TPP? A Response to Recent Commentaries

R Labonté et al ; http://www.ijhpm.com/article_3315.html

We especially enjoyed the last part of the paper where Labonté et al reflect on the semi-zombie status of TPP, and the current state of the world.

Devex – Is anyone listening? The problem with the data revolution

J Glennie <https://www.devex.com/news/opinion-is-anyone-listening-the-problem-with-the-data-revolution-89539#.WltXhpYCX5w.twitter>

You know you have to read this. *“Last week, statstos and data wonks descended on **Cape Town for the first World Data Forum**. They were there to formally inaugurate the “data revolution” that everyone acknowledges will be needed to track the world’s progress toward our Sustainable Development Goals. Setting these indicators was a long and laborious task.... And of these 230 indicators, **only four at a push require asking people for their opinions**. ...”*

Jonathan Glennie thinks that’s unacceptable and intends to do something about it. *“...At Ipsos we are launching a new global Sustainable Development Research Centre, which I will be directing. It has three aims: to make international cooperation more effective, to help companies become more sustainable, and to **put people’s voices at the heart of sustainable development**. The **launch will take place in London in early February** and we are asking: **Who cares what you think? Do people’s voices matter for sustainable development?** ... “*

For the related ODI background paper, see [Asking people what they think: Using perceptions data to monitor the post-2015 agenda](#).

Wipro and PATH Announce Partnership to Improve Health in Developing Countries

<http://www.businesswire.com/news/home/20170130005567/en/Wipro-PATH-Announce-Partnership-Improve-Health-Developing>

“Wipro Limited, a leading global information technology, consulting and business process services company, and PATH, an international nonprofit organization and global leader in health and innovation, focused on improving health care, especially for women and children, [today] announced a partnership. Wipro and PATH will partner to improve health outcomes in developing countries in Africa and Asia Pacific by collaborating on information and technology systems that accelerate progress on health innovations in low-resource environments...”

TI-PHP (report) - Making the Case for Open Contracting in Healthcare Procurement

<http://ti-health.org/content/making-case-open-contracting/>

“TI-PHP’s new report “Making the Case for Open Contracting in Healthcare Procurement” examines the utility of open contracting in healthcare procurement. The process relies on governments to disclose procurement information to businesses and civil society improves stakeholders’ understanding of procurement processes increasing the integrity, fairness and efficiency of public contracting. In several countries, including Honduras, Ukraine and Nigeria, corruption was significantly reduced throughout the healthcare procurement process following the implementation of open contracting, according to the report.”

CNN – Buffet and Gates on dreams, vaccines and sex

[CNN;](#)

Q&A hosted at Columbia Business School Friday. Well worth a read – including for Buffet & Gates’ feelings about some of the Trump administration’s measures. Check out especially the ‘foreign aid’, ‘immigration’ & ‘political donation’ parts.

UHC

UNU-Wider (working paper) - Are taxes good for your health?

P Carter & A Cobham ; https://www.wider.unu.edu/sites/default/files/wp2016-171_0.pdf

Euh, probably not at an individual level. But at a macro-level, yes. *“The global framework for financing development, adopted in 2015, places great emphasis on mobilizing domestic resources to finance the Sustainable Development Goals, which include universal healthcare. In a recent paper Reeves et al. (2015) attribute progress towards universal healthcare to higher levels of taxation, but report a negative association between taxes on goods and services (indirect taxes) and health outcomes, which they hypothesise arises from the impact such taxes have on the real incomes of the poor. **This paper revisits the relationship between tax types and health outcomes** using the ICTD Government Revenue Dataset, which, crucially, isolates taxes from resource industries. As expected, **we confirm increases in revenue are associated with increased public health expenditure; we find some weak evidence that greater reliance on direct taxes is associated with higher health spending and better outcomes, but no evidence that indirect taxes are deleterious to health.** We argue these relationships cannot bear the weight of causal interpretation but that they offer some guidance on what to expect from increased domestic revenue mobilization.”*

The Elders – The Elders urge bold steps to reach Universal Health Coverage in India

<http://theelders.org/article/elders-urge-bold-steps-reach-universal-health-coverage-india>

“The Elders commend India’s political leaders for progress in reforming its health system, and urge them to ensure greater action and commitment to reach full Universal Health Coverage (UHC).”

Some quick links:

- The PBF Community of Practice launches a working group on verification in @RBFhealth Apply via [Collectivity](#).
- [OPM consultant speaks to DEVCO about the possibility of Universal Health Coverage.](#)
“Speaking at the DEVCO health seminar in 2016, OPM senior consultant for health Nouria Brikci discussed the benefits and feasibility of achieving Universal Health Coverage in all countries, acknowledging that it will take time and the right strategic approaches.”
- Coming up: WHO [Fourth Advanced Course on Health Financing for Universal Coverage for low and middle income countries.](#) (12-16 June, Barcelona)

Planetary health

Humanosphere - Study: Pollution from agricultural fires dangerous to infant health

<http://www.humanosphere.org/global-health/2017/01/study-pollution-from-agricultural-fires-dangerous-to-infant-health/>

“Pollution is not just a plague of industrialized cities. Relatively low levels of pollution from traditional crop-burning methods used across the developing world can harm infant health, according to recent research....”

Infectious diseases & NTDs

Rev Panam Salud Publica (Editorial) - What will it take to end AIDS in the Americas?

<http://iris.paho.org/xmlui/handle/123456789/33673>

By Etienne Carissa F.

Thomson Reuters Foundation - African leaders hailed for progress in fight against malaria

[Reuters](#);

"Some of Africa's poorest countries won an award (i.e. ALMA Awards For Excellence) on Monday for the progress they have been made towards eliminating malaria, a disease that still kills a child on the continent every two minutes. Botswana, Cape Verde, Comoros, Democratic Republic of Congo, Ethiopia, Swaziland and Uganda achieved a reduction in the incidence of malaria of 40 percent or more between 2010 and 2015, the African Leaders Malaria Alliance (ALMA) said."

Lancet Global Health (Comment) – 13-valent pneumococcal conjugate vaccine in Africa

Robert Cohen et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30044-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30044-X/fulltext)

"...In The Lancet Global Health, Cheryl Cohen and colleagues present findings of a case-control study from South Africa of PCV13 effectiveness against invasive pneumococcal disease in children not infected with HIV and in those with HIV infection, from 2012 to 2014...." This is the accompanying comment.

NPR Goats & Soda - Drug-Resistant Malaria Turns Up In The U.K.

<http://www.npr.org/sections/goatsandsoda/2017/01/31/512716015/drug-resistant-malaria-turns-up-in-the-u-k>

See also [BBC News](#) – *"A key malaria treatment has failed for the first time in patients being treated in the UK, doctors say. The drug combination was unable to cure four patients, who had all visited Africa, in early signs the parasite is evolving resistance...."*

From the NPR article: "...These cases in the U.K. show that strains of malaria are emerging in Africa that can't be cured with the most common drugs to treat the disease. But Sutherland urges caution: "It would be unwise for us to sit here in Europe and say, oh, we've got four cases so Africa's got a problem. But the public health impact in Africa could be enormous. It's a clear message that we need to now put in place the right kind of studies in Africa [to track resistance]."

BMJ news – Adverse events raise concerns over safety of new hepatitis C drugs

<http://www.bmj.com/content/356/bmj.i490>

See also last week's IHP news. "Newer antiviral drugs for treating hepatitis C virus (HCV) may be associated with liver failure and other severe side effects, a non-profit drug safety group in the US has warned in a report released on 25 January. The **report, by the Institute for Safe Medication Practices**, is based on a review of adverse drug event reports submitted to the US Food and Drug Administration that were associated with new direct acting HCV antivirals...."

Global Challenges – China's Response to the 2014 Ebola Outbreak in West Africa

Yanzhong Huang; <http://onlinelibrary.wiley.com/doi/10.1002/gch2.201600001/full>

"Beginning in March 2014, West Africa has endured the largest outbreak of Ebola viral disease (EVD) in history. The crisis highlighted the role of China in addressing public health emergencies of international concern (PHEIC). Through bilateral and multilateral channels, China kicked off its largest ever humanitarian mission in addressing a PHEIC. The unprecedented generosity served the domestic needs to prevent EVD from spreading into China, but it was also consistent with China's foreign policy objective to pursue soft power in Africa. While its total funding to EVD control in West Africa was no match of top donors like the United States, it becomes much more impressive when adjusted for gross domestic product (GDP) per capita. As Beijing becomes more sensitive to disease outbreaks overseas and as the scope of its humanitarian engagement grows and diversifies, the space for China's cooperation with international actors over global health governance is expected to further expand."

Plos Speaking of Medicine – Yellow Fever Global Whack-a-Mole

Peter Hotez et al; <http://blogs.plos.org/speakingofmedicine/2017/02/02/yellow-fever-global-whack-a-mole/>

"PLOS Neglected Tropical Diseases Editors-in-Chief Serap Aksoy and Peter Hotez consider recent outbreaks of Yellow Fever in Africa and Brazil in light of a global rise in vector borne diseases."

And some quick links:

Stat News - [Superbug E. coli, resistant to last-resort antibiotic, show up in China.](#)

Nature - [Gene drives thwarted by emergence of resistant organisms.](#)

NCDs

UN News – With more people sedentary, UN health agency urges everyone to get moving

<http://www.un.org/apps/news/story.asp?NewsID=56089#.WJNTXVPhAdW>

*“Not enough exercise contributes to cancer, diabetes, depression and other non-communicable diseases, according to the United Nations health agency, **which is urging people to get up and get active**. According to a new [document](#) by the World Health Organization (WHO), less and less people are active in many countries – with nearly a quarter of all adults and more than 80 per cent of adolescents being too sedentary. WHO's Global Action Plan for the Prevention and Control of NCDs 2013-2020 recommends that inactive people start with “small amounts of physical activity” and then gradually increase duration, frequency and intensity over time....”*

Medical Press - Smoking gobbles up almost six percent of global health spend and nearly two percent of world's GDP

<https://medicalxpress.com/news/2017-01-gobbles-percent-global-health-world.html>

Based on new research in **Tobacco control** (study with data from 2012) - [Global economic cost of smoking-attributable diseases](#) (by M Goodchild, WHO). Almost 40 % of this gigantic cost occurred in developing countries. *“The amount of healthcare expenditure due to smoking-attributable diseases totalled purchasing power parity \$467 billion (US\$422 billion) in 2012, or **5.7% of global health expenditure**. The total economic cost of smoking (from health expenditures and productivity losses together) totalled PPP \$1852 billion (US\$1436 billion) in 2012, equivalent in magnitude to **1.8% of the world's annual gross domestic product (GDP)**. Almost 40% of this cost occurred in developing countries, highlighting the substantial burden these countries suffer.”*

WB (blog) - Advancing global mental health action: lessons from Canada

P Marquez et al; <http://blogs.worldbank.org/health/advancing-global-mental-health-action-lessons-canada>

*« ...There are **countries, such as Canada, that show that well-designed frameworks, built upon broad consultations involving local, regional, and national groups, agencies, governments, and vulnerable population groups such as Indigenous peoples and people with lived experience, and that enjoy the highest level of political commitment, can serve as good roadmaps for advancing the mental health agenda over the medium term**. The “Changing Directions, Changing Lives: The Mental Health Strategy for Canada”, along with the “Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022)” adopted to accelerate uptake and implementation of*

the strategy, offer some lessons for designing and implementing comprehensive national mental health strategies. A key aspect of the Canadian mental health strategy is its humanistic orientation. It positions people living with mental health problems and illnesses and their families as the drivers of change in mental health. It also recognizes that success depends on the commitment of governments to set policies and fund services, as well as of other actors to regulate, accredit, monitor, and deliver services. ... The framework for action is structured around four pillars that are geared to improve the mental health and well-being of people in Canada and the services they need.

« *...Canada has also established itself as a leader on global mental health. Many Canadian agencies have been collaborating with international and national partners. For example, since 2012, **Grand Challenges Canada** (GCC) has invested more than 35 million Canadian dollars to fund over 70 innovative mental health projects in more than 28 low-and middle-income countries. These innovations have led to tens of thousands people receiving mental health care; GCC funded grants have the potential to improve thousands of additional by 2030. GCC has also supported the **establishment of Mental Health Innovation Network**, which shares information and knowledge for decision making to innovators, researchers, civil society and policy makers.... »*

Nice to have a leader on global mental health so close to “Trumpland”.

Global Public Health (special issue) - The Emergence of Asian Tobacco Companies: Implications for Global Health Governance

<http://www.tandfonline.com/toc/rgph20/12/3>

Do check out, among others, [“The globalisation strategies of five Asian tobacco companies: a comparative analysis and implications for global health governance”](#) (by Kelley Lee et al).

Global Health Now – Mapping Global Oncology: A Q&A with Donna Barry

[Global Health Now](#);

Among others, on a group called **Global Oncology**, launched in 2012 by a group of Hematology/Oncology fellows at Harvard Medical School to address global oncology inequity. *“Ahead of World Cancer Day February 4, GHN reached out to GO’s executive director, Donna J. Barry, to learn more about GO’s unique mission, offering education, research, and palliative care projects for resource-stretched countries...”* Among others, the group’s **Global Cancer Map** *“is a tool to help connect researchers and implementers around the world to share lessons learned, data, and to foster collaboration. Barry described GO’s plans to launch an upgraded, more interactive version of the map in February.”*

And some quick links:

Lancet Global Health (blog) - [Global Surgery in Latin America](#)

CNN - [What Finland's plan to be tobacco-free can teach the world.](#)

Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health - The enigma of litchi toxicity: an emerging health concern in southern Asia

P Spencer et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30046-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30046-3/fulltext)

Comment accompanying a new [study](#) in The Lancet Global Health by Aakash Shrivastava and colleagues - of Indian children with litchi-associated encephalopathy. To blame is the litchi fruit itself.

Globalization & Health (Editorial) – Priority gaps and promising areas in maternal health research in low- and middle-income countries: summary findings of a mapping of 2292 publications between 2000 and 2012

M Chersich et al; <http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0227-z>

“This commentary sums the findings of a series of papers on a study that mapped the global research agenda for maternal health. The mapping reviewed published interventional research across low—and middle-income countries (LMICs) from 2000 to 2012, specifically focusing on investigating the topics covered by this research, the methodologies applied, the funding landscape and trends in authorship attribution...”

Lancet Global Health (Comment) - Why neonatal herpes matters

David Kimberlin; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30047-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30047-5/fulltext)

“Neonatal herpes is a devastating disease. A newborn baby at the start of life is ravaged by a viral infection that, in almost all cases, was acquired from his own mother.... ..” This often sparks a very painful conversation between a doctor and parents.

Comment related to a **new study in the Lancet Global Health** - [First estimates of the global and regional incidence of neonatal herpes infection](#). First attempt to quantify the burden of this rare but serious condition.

Guardian - Maternal death rates in Afghanistan may be worse than previously thought

<https://www.theguardian.com/global-development/2017/jan/30/maternal-death-rates-in-afghanistan-may-be-worse-than-previously-thought>

“Unpublished research from the UN Population Fund suggests the country’s maternal mortality figures may be higher than reported.”

UNICEF – UNICEF highlights ‘silent threat’ of malnutrition with US\$3.3 billion appeal

<https://www.unicef.org/hac2017/>

“Humanitarian Action for Children 2017 highlights the humanitarian situation and major crises currently affecting children and women. It outlines the global support required, and the results UNICEF and its partners have achieved and are working towards. ...” UNICEF seeks 3.3 billion in emergency assistance for 48 million children caught up in conflict and other crises.

Access to medicines

IP Watch – WTO Members Celebrate Treaty Amendment On Medicines Access, Look Ahead

<http://www.ip-watch.org/2017/01/30/wto-members-celebrate-treaty-amendment-medicines-access-look-ahead/>

*“A high-level meeting at the World Trade Organization [today] welcomed in an amendment to international trade rules for intellectual property aimed at boosting exports of affordable medicines. It also set out the way ahead to make it work. “This is a historic session of the TRIPS Council,” WTO Director General Roberto Azevêdo, joined by about a dozen ambassadors, said in remarks to a special session of the WTO Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS). **“This is the very first amendment to WTO multilateral law, the first to be agreed among all Members, and the first to come into force,”** he said in prepared remarks. “It is significant that this first amendment is not about pursuing trade opportunities or market access for their own sake,” Azevêdo said. **“Rather, its aim is to enhance access to medicines by the most vulnerable countries and overturn a situation in which the poorest could face the biggest hurdles in accessing essential drugs.”...**”*

Human resources for health

Global Health Action - Who is a community health worker? – a systematic review of definitions

A Olaniran et al;

<http://www.tandfonline.com/doi/pdf/10.1080/16549716.2017.1272223?needAccess=true>

“Community health workers (CHWs) can play vital roles in increasing coverage of basic health services. However, there is a need for a systematic categorisation of CHWs that will aid common understanding among policy makers, programme planners, and researchers. This review aimed to identify the common themes in the definitions and descriptions of CHWs that will aid delineation within this cadre and distinguish CHWs from other healthcare providers. ... “ They discern three groups by education & pre-service training.

Check out also [“The health and social workforce: An irresistible investment opportunity in the SDG era”](#) (blog by **Tana Wuliji**, on BMC’s “On Health” blog)

“The last month of the year typically signals a draw down in activity. Not so in the global health workforce agenda. December 2016 was the culmination of an action-packed year with the establishment of the United Nations Secretary General’s High-Level Commission on Health Employment and Economic Growth and the World Health Assembly adoption of the Global Strategy on Human Resources for Health: Workforce 2030...” In the blog, she also discusses the related action at the **140th WHO EB meeting**, and **looks ahead**, asking among others: *“How can you play a role and join the ILO, OECD and WHO in shaping new health workforce investments and actions?”*

Miscellaneous

Social Europe - Decent Work Or Indecent Politics

<https://www.socialeurope.eu/2017/02/decent-work-indecent-politics/>

By **Guy Ryder** (ILO). Spot on. Time for the global health community to set up (more and better) alliances with the ‘decent work’ agenda, as time is running out, if we want to avoid more and more ‘indecent proposals’ from politicians in the world.

Humanosphere – India says it’s time to seriously consider universal basic income

<http://www.humanosphere.org/basics/2017/02/india-says-time-seriously-consider-universal-basic-income/>

*“In a world of rising inequality and automation, the idea of a universal basic income is gaining momentum, from the most developed countries to some of the poorest. Finland made headlines when it launched a trial at the start of the year, and France’s left-wing presidential contender Benoît Hamon included it in his platform. **Now, India’s chief economic adviser says it’s time for “serious public deliberation.”** “[Ghandi] would have been conflicted by the idea but, on balance, might have endorsed it,” Chief Economic Adviser Arvind Subramanian wrote in the annual Economic Survey released Tuesday ahead of today’s budget....”*

Devex – German foreign aid is at a record high and rising. Here is how it works

<https://www.devex.com/news/german-foreign-aid-is-at-a-record-high-and-rising-here-is-how-it-works-89366>

Part of a three article-series. Well worth a read.

Duncan Green - Multinational Companies in retreat? Fascinating Economist briefing

<http://oxfamblogs.org/fp2p/multinational-companies-in-retreat-fascinating-economist-briefing/>

On a briefing in last week’s Economist issue.

Emerging Voices

BMJ (blogs) - Building a resilient and responsive health system needs strong community support

Robinson Karuga (EV 2016); http://blogs.bmj.com/bmj/2017/01/27/r-n-karuga-building-a-resilient-and-responsive-health-system-needs-strong-community-support/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fblogs+%28Latest+BMJ+blogs%29&g=w_blogs_bmj-com

*“Forget about these people in the national office,” said Maria (not her real name). “They are not in touch with reality!” **Maria is a district health manager in Kenya.** This was her response when I asked how closely she works with the national Ministry of Health in delivering community health services. “Robinson tells her story in this blog. “Despite the upheaval (i.e. caused by devolution), Maria’s district has been able to deliver community health services to residents of an informal settlement— people who are typically marginalized in terms of access to government services. “So how have you managed to successfully run community health services,” I asked...”*

IHP – How the Trump Administration is fueling a new progressive movement

Veena Sriram (EV 2016) ; <http://www.internationalhealthpolicies.org/the-trump-administration-how-will-this-play-out/>

Veena Sriram's take on how the Trump measures are fueling a new progressive movement in the US.

Research

Global Public Health – From coastal to global: The transnational flow of Ayurveda and its relevance for Indo-African linkages

C M zu Biesen;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1281328?journalCode=rgph20>

For the reiki & yoga fans among you (and many others). "Driven by long-standing ties with India, and intertwined with global market interests, a growing influx of materia medica from South Asia is currently emerging in East Africa. To compete at a global level and framed within the language of 'South-South cooperation for mutual benefit', India presents itself as an appropriate exporter of medical products suitable for African clientele. The expansion of India's medical sector into Africa is particularly relevant for Ayurvedic pharmaceuticals. Ayurveda's diaspora into Africa exemplifies the emergence of new health interventions and medical assemblages in a transnationally interconnected world and implies innovative coalitions involved in the complex promotion of local/Global Health industries. By tracking the flow of Ayurvedic pharmaceuticals to East Africa, this paper aims to contribute to the understanding of medical practices as they are configured by the dynamics of global mobility. It interrogates the extent to which the industrialisation of Ayurveda occupies a strategic position in Indo-African discursive practices and the creation of new market opportunities. Moreover, it explores the ways in which South-South alliances between Indian and African actors produce (new) solidarities, but also hierarchies and power imbalances. Special attention will be directed to the political-economic implications of the expansion of transnational markets."

Journal of Clinical & Translational Endocrinology - The effect of text message support on diabetes self-management in developing countries – A randomised trial

Josefien Van Olmen et al; <http://www.sciencedirect.com/science/article/pii/S2214623716300606>

"MHealth interventions have the potential to facilitate self-management. This TEXT4DSM study implemented a mobile phone intervention in existing diabetes programmes in three low- and middle income countries (Democratic Republic of Congo, Cambodia, and the Philippines).

It shows the difficulties of implementing seemingly simple Mhealth interventions.

Social Science & Medicine – Street-level diplomacy? Communicative and adaptive work at the front line of implementing public health policies in primary care

<http://www.sciencedirect.com/science/article/pii/S0277953617300539>

*“Public services are increasingly operating through network governance, requiring those at all levels of the system to build collaborations and adapt their practice. Agent-focused implementation theories, such as ‘street-level bureaucracy’, tend to focus on decision-making and the potential of actors to subvert national policy at a local level. While it is acknowledged that network leaders need to be adaptable and to build trust, much less consideration has been given to the requirement for skills of ‘diplomacy’ needed by those at the front line of delivering public services. In this article, drawing on theoretical insights from international relations about the principles of ‘multi-track diplomacy’, **we propose the concept of street level diplomacy**, offer illustrative empirical evidence to support it in the context of the implementation of public health (preventative) policies within primary care (a traditionally responsive and curative service) in the English NHS and discuss the contribution and potential limitations of the new concept....”*