IHP news 407 : Community Health Workers symposium in Kampala

*(**24 Feb 2016**)*

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

Dear Colleagues,

*This week's intro comes from co-editor **Dena Javadi**. She reflects on the recent Global Intern Strike, part of an important campaign to address unpaid and poor quality internships.*

"We know how important workforce planning is when it comes to midwives, nurses, community health workers, doctors, specialists, and other healthcare providers. But there seems to be less focus on effective workforce planning at the research and policy side of health systems strengthening. A symptom of this was observed this past Monday as hundreds of interns walked out of their over-crowded, under-ventilated offices and participated in the Global Intern Strike. Protests outside UN and EU buildings across New York, Brussels, Geneva and other cities asked for "just pay," pointing to the inequity caused by unpaid internships. The issue is beyond one of "unpaid is unfair." It perpetuates systemic barriers that keep certain groups at the margins of global corridors of power. Even if a student manages to break through the competition created by peers with a lifetime of higher access to resources, in order to be selected for an internship, it is unlikely that he/she could afford the living costs implied in a zero-sum contract. The Fair Internship Initiative reports basic living expenses of 1674 USD a month in New York, 1391 USD in DC, and 1175 USD in Geneva, with 76% of unpaid interns stating that they could not afford the internship without support from their families. It is not surprising then that the same 2016 survey reports 77% of UN interns' countries of origins are high income, 14% upper middle, 7% lower middle and 2% low income. Internships are meant to open doors for job opportunities and advanced education. Extrapolate these numbers to the global research and policy workforce and they paint a picture of inequity. Improved forecasting of workforce needs and early career support to match these – while ensuring equity principles are upheld – are important pieces of the systems strengthening puzzle. It's time we paid both attention and money."

*This week's featured article (by EVs 2016 **Robinson Karuga, Dolorosa Duncan and Charles Ssemugabo**) provides some of the main messages from a symposium in Kampala, Uganda, dedicated to key members of the health workforce, community health workers (CHWs).*

Enjoy your reading.

The editorial team

Featured Article

Getting community health services out of survival mode: reflections from the 1st International Symposium on community health workers

Robinson Njoroge Karuga, Dolorosa Duncan & Charles Ssemugabo (all EVs 2016)

"If one tells of a place where the rain met him, he is given a place to warm up by the fire"

Nigerian Ibo Proverb

Between 21st and 23rd February 2017, the Makerere University School of Public Health (MakSPH) hosted the first International Symposium on Community Health Workers (CHWs) in Kampala, Uganda. This symposium brought together over 450 delegates from over 20 countries across Africa, Asia, Europe and America. Themed *"Contribution of Community Health Workers in Attainment of the Sustainable Development Goals",* the event comprised 3 keynote addresses, 5 plenaries, 127 oral presentations, 27 posters, 13 panel discussions, 2 capacity building workshops and a book launch. On the sidelines of this symposium, World Vision in collaboration with CHW Central hosted a blog series on CHW work. Alongside this, Healthcare Information For All (HIFA), with support from the Health System Global (HSG) Thematic Working Group on CHWs hosted an online thematic discussion on CHWs between 16th January and 24th February 2017. This editorial synthesizes the debates during the 3-day event in Kampala.

Opening speeches given by policy makers - the Honorable Minister of State for Primary Health Care and the Honorable First Deputy Prime Minister – were fairly gung-ho about how committed the government of Uganda is to ensure that CHWs programmes lead to the attainment of the health related SDG goal 3, and other health related SDG targets. These commitments are echoed in most policy statements in low and middle income countries (LMICs). So policy makers came up with flowery statements, as they usually do, but a somewhat different picture was painted in the presentations and panel discussions. Community Health programmes still face pervasive challenges, among others: insufficient supportive supervision, high attrition rates, lack of incentives and essential supplies, low morale. Therein lies the disconnect between the zealous policy statements on CHW programmes and reality in many LMIC settings. In the spirit of the Ibo proverb ***"If one tells of a place where the rain met him, he is given a place to warm up by the fire",*** this symposium provided a platform for researchers and program managers (among others), to bring these issues to the surface and seek solutions.

As Dr Polly Walker – the community health programming advisor at World Vision, UK - aptly stated in her key note address, it's time to move on from the same old discussions on performance and functionality. We need to get out of the survival mode. She added, *"We need to shift focus in this SDGs era from vertical non-governmental organization (NGO) programs to Ministry of Health (MOH) driven multi-sectoral CHWs programs".*

For LMICs to achieve health related SDG targets and Universal Health Coverage (UHC), Professor Francis Omaswa from the African Centre for Global Health and Social Transformation (ACHEST) emphasized: "LMICs have lost ownership and have become cases of global pity needing money and ideas, they need to develop home grown ideas and technical leadership". A common thread from the discussions was that there's no need to reinvent the wheel, rather we should strengthen the

existing community health structures. It is imperative for policy makers and Ministries of Health to deliberately allocate sufficient resources and political support to ensure the success of community health programmes.

All along, we have asked what community health workers can do for the health system. We feel it's an opportune time now to ask what the health system is actually doing for the community health workers. We all know what to do, so let's do it together!

Highlights of the week

Guardian – Toxic political agenda is dehumanising entire groups, Amnesty warns

https://www.theguardian.com/world/2017/feb/22/toxic-political-agenda-dehumanising-entire-groups-amnesty-warns

We start the newsletter with this vital Amnesty report which has obvious global health policy (and broader) implications. The NGO's annual report warns that **aggressive political rhetoric is creating a 'hostile climate for refugees and migrants**'. (*you might have noticed in recent months, in your own country*)

2nd Global Consultation on Migrant Health (21-23 February, Colombo, Sri Lanka)

WHO/IOM – Migrant health: resetting the agenda

http://www.who.int/migrants/news-events/en/

"The health problems of refugees and migrants are similar to those of the rest of the population. The most frequent health problems of newly arrived refugees and migrants include accidental injuries, hypothermia, burns, cardiovascular events, pregnancy and delivery-related complications, diabetes, and hypertension. ***Stakeholders [discussed] improving their health aspects, in the 2nd Global Consultation on Migrant Health, on 21–23 February 2017, in Colombo, Sri Lanka****." Jointly organized by WHO & the International Organization for Migration (IOM), with the Sri Lanka government hosting.*

You find ***objectives & expected outcomes*** *of the meeting on the website. (as well as* ***Margaret Chan's opening speech****). One of the expected outcomes was a* ***declaration of political commitment*** *- a "****Colombo statement****" was indeed adopted*. The statement calls for action on migrant health, and will be shared at the World Health Assembly in May 2017, as 194 countries deliberate on a resolution to protect migrants' health. See also here. "*The Colombo Statement calls for mainstreaming migrant health into key national, regional and international agendas and promotes*

international solidarity for equitable migrant health policies, a shared research agenda and the development of global framework to ensure migrant health is protected."

See also **the IOM website** on this global consultation in Colombo. Among others, also on the **scope** of the meeting: "***Three thematic areas defining global agendas and paradigms are proposed, within a rights-based, people-centered, gender and equity approach**: **Global Health**: to reduce disease burden in migrants and host communities through universal health coverage (UHC) encompassing promotion, prevention, treatment, rehabilitation and palliation. This will be calibrated by concepts of quality of care, integrated people-centered health services, primary health care and health system strengthening. **Vulnerability & Resilience**: to reduce vulnerability and enhance resilience of migrants, communities and health systems, calibrated along the social and environmental determinants of health model and equity in migrant health concepts. **Development**: to ensure health of migrants is made an integral part of the 2030 Agenda for Sustainable Development, and key indicators to monitor progress of achievements are identified, calibrated along the Sustainable Development Goals*."

Discussion paper in Colombo

Check out also the **Thematic Discussion paper related to Global Health** (by **B Gushulak**): "*The health paper explores the complex and varied aspects of migration health through a global health lens using generalized observations and frameworks to describe the major elements of the issue. Current priorities are outlined in the context of the phases of the migration process, including origin, transit and destination components. The model also accommodates modern aspects of migration including circular migration, labour migration and the process of return. Building on the phase-based approach to migration health, the paper explores the health and medical aspects of migration through two frames of reference; acute high volume movements and long term sustained migratory flows. Both of these situations are of topical current interest and have global implications. These situations are described in relation to ongoing and planned international global health activities and initiatives including, Universal Health Care, the SDGs and global public health security. Additionally, the current and future health needs of migrants are outlined in relation to the ongoing work towards the recently developed global compacts on responsibility sharing for refugees and safe, regular and orderly migration. The paper reviews major sources of evidence and health indicators, outlines global needs in terms of additional data and information necessary to develop global policy and describes potential partnerships that could facilitate an integrated, global approach to health and migration.*"

Humanosphere – Global leaders meet in Sri Lanka to 'reset' migrant health agenda

Joanne Lu; Humanosphere;

Must-read for all the background on this meeting. "Global health leaders are gathering in Colombo, Sri Lanka, [today] to "reset the international agenda on migrant health." *Organized by the World Health Organization (WHO), the U.N. International Organization for Migration (IOM) and the government of Sri Lanka, the 2nd Global Consultation on Migrant Health brings together representatives from more than 40 countries until Thursday to develop a unified strategy amid "unprecedented" levels of migration. … … "The Global Consultation provides an ideal opportunity to reset the international agenda on migrant health based on extraordinary migration trends we are currently experiencing," Jacob Kumaresan, a WHO representative to Sri Lanka, said in a press release. This week's meeting is only the second since the inaugural Global Consultation in 2010. But renewed*

attention to the refugee crisis in particular, prompted the organizers to offer a forum for member states and partners to discuss lessons learned, best practices, research, challenges and gaps….”

See also WHO Searo. (PS: “… ***Sri Lanka*** *is providing* ***leadership on migrant health****. It is one of the few countries in the world to have a ‘National Migrant Health Policy’, introduced in 2008. Sri Lanka recognizes the contribution of migrants to national and overseas development. Almost 2 million Sri Lankans work overseas, the country hosts a large number of immigrants and receives 2 million tourists annually. Ensuring the health of these migrants and the country’s own population is a top priority….”)*

Famine (risk) in four countries & humanitarian appeal

Devex – UN outlines 'new way of working in crisis' with $4.4B famine appeal for 4 countries

https://www.devex.com/news/un-outlines-new-way-of-working-in-crisis-with-4-4b-famine-appeal-for-4-countries-89697

“The United Nations has announced a ***$4.4 billion appeal to respond to the escalating risk of famine in Nigeria, South Sudan, Somalia and Yemen*** *in a move defined by* ***strengthened coordination between development and humanitarian agencies.*** *United Nations Development Programme Administrator Helen Clark hailed the move as* ***a “new way of working in crisis”*** *that deals with short-term emergency needs as well as planning for a more sustainable future that would help avoid other disasters….”*

Tweet – “In unprecedented press conf, ***#UNSG brings together UN leaders*** *to warn int'l community of looming #famine in 4 countries & danger of inaction.”*

See also **NYT** - Why 20 Million People Are on Brink of Famine in a ‘World of Plenty’.

*“… **Mr. Guterres cited two reasons for the current crisis**. First, he said, **there is not enough money**; the United Nations needs $5.6 billion to address the needs, most of it by the end of March. Barely 2 percent of that money is in hand, he said. Whether the United States, by far the biggest humanitarian donor in the world, will follow through on its commitments under President Trump remains unclear. Second, **all four countries facing the threat of famine are reeling from conflict**, and in many instances, the leaders of warring parties are blocking aid workers from delivering relief where it is most needed….”*

Guardian – World leaders convene in Oslo for Nigeria food crisis summit

https://www.theguardian.com/global-development/2017/feb/23/rich-countries-converge-on-oslo-for-nigeria-food-crisis-summit

*(must-read) “On **Friday** (i.e. today), a **major international conference**, hosted by Nigeria, Norway and Germany, will be **held in Oslo** aimed at increasing funding for the crisis in north-east Nigeria and the wider Lake Chad region….” Includes this paragraph: “…The same source suggested that*

discussions were taking place about the potential for shifting aid money over to humanitarian assistance, which would also mean that the funds would not go through the Nigerian government.

"It's something that is being looked at because budgets are really stretched. But it's ***another can of worms, at least in Europe, as much of that money is going with the intention of stopping migration, and is the subject of a whole separate deal with Nigeria.*** *There are real questions for European governments in terms of priorities. Are they more interested in stopping some Nigerians coming to Europe when others are dying in the north east of the country?"…"*

Some other quick links related to the famine crises:

Guardian - Famine threatens lives of nearly half a million Nigerian children, says Unicef

Guardian - New and existing funds provided by the **EU** and the **UK government** will be made available to South Sudan following the declaration of famine in the country. See also Devex - UK pledges $249M to South Sudan and Somalia in response to famine.

Munich security conference, pandemic preparedness & global health security (17-19 February)

See also last week's IHP newsletter.

Guardian - Bill Gates warns tens of millions could be killed by bio-terrorism

https://www.theguardian.com/technology/2017/feb/18/bill-gates-warns-tens-of-millions-could-be-killed-by-bio-terrorism

"A genetically engineered virus is easier to make and could kill more people than nuclear weapons — and yet no country on Earth is ready for the threat, Bill Gates warned world leaders Saturday. No one on his panel at the Munich Security Conference argued with him. "The next epidemic has a good chance of originating on a computer screen," said Gates, who made a fortune at Microsoft, then spent much of it fighting disease through his global foundation…." See also the **Washington Post** - Bill Gates: Bioterrorism could kill more than nuclear war — but no one is ready to deal with it

Or in the words of a (recommended) short **IP-Watch article** - Bill Gates called on governments gathered at the annual Munich Security Conference this week to **not "ignore the link between health security and international security."**

You might want to **re-watch the panel discussion** (which also featured Joanne Liu, Paul Kagame and others) - Health Security: Small Bugs, Big Bombs.

Bill Gates was on a tour, as before Münich he had been to **Brussels (16 February).** There, he had **urged the EU to make healthcare research for the developing world a priority for its next big R&D plan, Framework Programme 9** "amidst fears that UK and US governments may dramatically scale back".

"…Plans for Horizon 2020's successor, provisionally titled **Framework Programme 9 and set to run from 2021- 2028**, are already being formed in Brussels. Moedas confirmed he wanted to make some changes to the next programme, **so as to allow more research money to flow to health emergencies**. "

WB (blog) – The first line of defense against outbreaks is to finance pandemic preparedness at a national level

Peter Sands; http://blogs.worldbank.org/health/first-line-defense-against-outbreaks-finance-pandemic-preparedness-national-level

Must-read blog. *"… The **first line of defense against infectious disease outbreaks is preparedness at a national level**, so reinforcing these capabilities is a top priority. Finding sustainable financing is a challenge. It's always easier to find the money to respond to an outbreak than to secure investment to stop one happening. There's always another health priority that offers more immediately visible results than investing in disease prevention and control. To address this challenge **an International Working Group on Financing Pandemic Preparedness was created in November 2016. This Group, which I chair, comprises experts and leaders from multilateral organizations, academia, philanthropic institutions and businesses**. The secretariat is provided by the World Bank and is led by Mukesh Chawla. … " "…The **objective of the International Working Group is to propose ways in which national governments and development partners can ensure adequate and sustainable financing for actions to strengthen pandemic preparedness and thus enable effective compliance with the International Health Regulations**. We're looking at the financing of critical capacities such as disease surveillance systems, laboratory networks and emergency operations centers, as well as "One Health" initiatives like those described in Franck Berthe's recent blog. Our primary focus is infectious disease outbreaks. But because so much of what needs to be done also makes sense to counter the threat of anti-microbial resistant outbreaks, we've expanded our scope to cover actions that serve both purposes. For many countries, the starting point will be the results of a Joint External Evaluation."*

Community Health Workers conference in Kampala

http://chwsymposium.musph.ac.ug/

https://chwsymposium.wordpress.com/2017/02/22/community-health-workers-symposium-day-1-highlights/

See also this week's Editorial. On Twitter, see hashtag **#chwsymposium**

On the website, you find **daily highlights**, but also nice blogs (check out for example **Esther Nakkazi**'s Community Health Extension Workers to Aid Uganda achieve health SDGs); a **keynote speech** by Maryse Kok - Community health workers – optimizing the benefits of their position between communities and the health sector.

Stay tuned also for the **symposium statement**.

International Journal for Equity in Health- 15th Anniversary

Edited by Ana Lorena Ruano et al;
http://www.biomedcentral.com/collections/IJEqH15thAnniversary

"The International Journal for Equity in Health is celebrating its 15th anniversary with an article collection that covers innovative methodologies, theoretical perspectives and interventions that promote equity in health or its understanding, and manuscripts that look forward to the next 15 years in research in equity in health."

Quite some must-read articles in this collection! Among others:

From local adaptation to activism and global solidarity: framing a research and innovation agenda towards true health equity (by Friedman & Gostin)

The right to health of non-nationals and displaced persons in the sustainable development goals era: challenges for equity in universal health care (Claire Brolan, Rachel Hammonds et al)

Looking forward to the next 15 years: innovation and new pathways for research in health equity (Editorial by A L Ruano et al)

WHO (report) – Depression and Other Common Mental Disorders: Global Health Estimates

http://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/

"The number of people living with depression is increasing, 18% between 2005 and 2015. In the lead-up to World Health Day on 7 April, which this year will focus on this increasingly important issue, WHO is releasing [today] a new global report on health estimates on depression."

Depression ranked by WHO as the single largest contributor to global disability (7.5% of all years lived with disability in 2015).

Plos – Evidence for scaling up HIV treatment in sub-Saharan Africa: A call for incorporating health system constraints

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002240

(must-read) "*Jan Hontelez and colleagues argue that the cost-effectiveness studies of HIV treatment scale-up need to include health system constraints to be more informative*."

WHO Bulletin (early online)– Quality of care: measuring a neglected driver of improved health

Yoko Akachia & Margaret E Kruk;
http://www.who.int/bulletin/online_first/BLT.16.180190.pdf?ua=1

"*The quality of care provided by health systems contributes towards efforts to reach sustainable development goal 3 on health and well-being. There is growing evidence that the impact of health interventions is undermined by poor quality of care in lower income countries. Quality of care will also be crucial to the success of universal health coverage initiatives; citizens unhappy with the quality and scope of covered services are unlikely to support public financing of health care. Moreover, an ethical impetus exists to ensure that all people, including the poorest, obtain a minimum quality standard of care that is effective for improving health. However, the measurement of quality today in low and middle-income countries is inadequate to the task. Health information systems provide incomplete and often unreliable data, and facility surveys collect too many indicators of uncertain utility, focus on a limited number of services and are quickly out of date. Existing measures poorly capture the process of care and the patient experience. Patient outcomes that are sensitive to health-care practices, a mainstay of quality assessment in high-income countries, are rarely collected.* ***We propose six policy recommendations to improve quality of care measurement and amplify its policy impact****: (i) redouble efforts to improve and institutionalize civil registration and vital statistics systems; (ii) reform facility surveys and strengthen routine information systems; (iii) innovate new quality measures for low-resource contexts; (iv) get the patient perspective on quality; (v) invest in national quality data; and (vi) translate quality evidence for policy impact*."

New Lancet paper on longevity in OECD countries & link with UHC

Lancet – Future life expectancy in 35 industrialised countries: projections with a Bayesian model ensemble

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32381-9/fulltext

"*This article uses 21 models to create projections for life expectancy at birth in 35 high-income countries from 2010 to 2030*."

Coverage by **Sarah Boseley** in the Guardian - Life expectancy forecast to exceed 90 years in coming decades. *"… the study in the Lancet medical journal shows a significant rise in life expectancy in most of the 35 developed countries studied.* ***A notable exception is the US****, where a combination of obesity, deaths of mothers and babies at birth, homicides and* ***lack of equal access to healthcare*** *is predicted to cause life expectancy to rise more slowly than in most comparable countries*."

For the accompanying **Comment in the Lancet**, see A better world towards convergence of longevity? (by A Santosa)

"*…In terms of relevant policy implications, this study provides substantial evidence of longevity gains and identifies the groups predicted to have a greater contribution to gains. Accurate forecasting of life expectancy is needed. Country differences in life expectancy over 25 years remain. Global Health 2035 indicates that most low-income and middle-income countries achieved a "grand convergence" in health. Countries are moving towards universal health coverage. Forecasting life expectancy at birth and at age 65 years can help governments and health services to make the right investments in health, such as averting deaths due to infectious diseases and reducing maternal and child mortality. Achieving universal health coverage is worthy, plausible, and needs to be continued*."

But for our purposes, this ***tweet from Rob Yates*** more than suffices: "*@TheLancet paper proving conclusively that #UHC improves health and leads to longer lives. Please retweet.*" Rob also spotted "Want to live longer? Move to a country with universal health care, study finds".

PS: "…The findings are from an international team of scientists funded by the UK Medical Research Council and the US Environmental Protection Agency, and **come with caveats**. It is **impossible to accurately forecast the natural disasters, disease outbreaks or climate changes that may take a toll of lives around the world**."

NYT – Kenneth Arrow, Nobel-Winning Economist Whose Influence Spanned Decades, Dies at 95

https://www.nytimes.com/2017/02/21/business/economy/kenneth-arrow-dead-nobel-laureate-in-economics.html?_r=0

Founder of the field of health economics. And an unbelievable genius, it appears.

You might want to (re-)read a Seminal paper (*I've been told*) ; a special issue http://jhppl.dukejournals.org/content/26/5.toc ; or a recent op-ed on Project Syndicate - Why Economists Put Health First.

Trump & global health

Global gag rule

Devex – Europe raises at least $32.2M to plug 'global gag rule' shortfall

https://www.devex.com/news/europe-raises-at-least-32-2m-to-plug-global-gag-rule-shortfall-89659

Financing picture so far (of "**She Decides"**). More to come, we hope, at the Brussels summit on 2 March, as there's still a long way to go to make up for loss of funds triggered by Trump 's decision. Support from nearly 20 countries so far. Norway also pledged 10 million. The **GFF** also plays a useful role in some of the countries where the impact is felt most.

IDS (blog) - Ripping aside the Global Gag and speaking out on reproductive justice

Stephen Wood; IDS;

Best blog I read so far on the reinstatement of the global gag rule. *"… **Access to abortion in developing countries is back on the agenda.** As IDS has argued before in our IDS Bulletin 'Unsafe Abortion: A Development Issue', beyond the moralistic framing of this latest assault, access to abortion remains a question of human rights, democracy, public health and significantly impacts upon our ability to deliver development to those most at risk of extreme poverty…. … **Comments last week by Bill and Melinda Gates that reiterated how essential these programmes are yet conceded that philanthropic organisations cannot take up the slack were dispiriting**. The truth is that the scale of funding under threat will be hard to offset by this initiative (i.e. She Decides), important though it is, so it **needs to be used as a springboard for a wider debate amongst social justice, feminist, sex worker and LGBT movements about how the growing intersectional activism that is developing amongst them can be mobilised on issues such as this**, where a common threat to those exercising their sexual and reproductive rights are being actively punished and constrained.*

Read also the **interview of the NYT with the Dutch Minister Ploumen** (who launched 'She Decides')

Excerpt: "*We have nine so far who support the initiative and will speak out for it. There are some 19 countries now interested in attending the March 2 meeting. There are countries that want to talk about reproductive health but are a little hesitant about "reproductive rights." And there are countries that feel that "pro-choice" might be difficult for their own public. Some of them need more time, though we hope they will join us in Brussels….*"

PAI: side-by-side comparison of global gag rule (GGR) memoranda

http://pai.org/wp-content/uploads/2017/02/PAI_GGR_WebReady_v7.pdf

Nice tool for researchers & activists (2-pager). Trump vs Bush.

Trump & Science

NEJM – The Perils of Trumping Science in Global Health — The Mexico City Policy and Beyond

Nathan Lo et al; http://www.nejm.org/doi/full/10.1056/NEJMp1701294?query=featured_home

*(recommended) "…The **decision to ignore data when crafting foreign-aid strategies can jeopardize the mission of U.S. foreign policy** to help ensure economic and geopolitical security. The **Mexico City Policy is but one of many foreign-aid decisions that the Trump administration will have to make to guide our country and the world**. Ineffective foreign-aid policies that ignore basic scientific analysis will undermine our ability to support global development, waste valuable resources, and ultimately hurt the American people."*

BMJ Editorial – Standing up for science in the era of Trump

http://www.bmj.com/content/356/bmj.j775

Rather obvious title.

Finally, you might also want to read – **Devex**: Former US disaster chief says White House 'credibility' key to international crisis response *"… It tends not to get a lot of attention, but **"process management" at the White House — and a strong National Security Council staff** — are what **allow the U.S. government to lead effective international response efforts when unforeseen disasters erupt in unexpected places,** according to Jeremy Konyndyk, the former director of the U.S. Office of Foreign Disaster Assistance. "That bureaucracy does not work together well organically, and it doesn't work together automatically. It has to be pushed, and it has to be organized into a workable structure, and that can only come from the White House and the National Security Council," Konyndyk, who directed disaster efforts under President Barack Obama, said at the National Press Club Wednesday. At the peak of the Ebola virus outbreak, for example, the U.S. government was supporting more than 10,000 people on the ground — many of them humanitarian workers — responding to the crisis. The White House mobilized its foreign disaster team to pull in different parts of the U.S. government and align them under a common operational framework. "Having a functional process management at the White House and a strong National Security Council staff — as unsexy as that is, until maybe the last couple of weeks — is super, super important, and frankly it will determine success or failure," Konyndyk said."*

WAME – New guide from World Association of Medical Journal Editors: Identifying predatory or pseudo-journals

http://www.wame.org/identifying-predatory-or-pseudo-journals

"*This WAME document aims to provide guidance to help editors, researchers, funders, academic institutions and other stakeholders distinguish predatory journals from legitimate journals*."

UN Social justice day (20 February)

We recommend **Guy Ryder**'s message for the day – see UN News.

"*Highlighting that many around the world are left out from being able to benefit from global prosperity dividends and that even flourishing societies are seeing inequalities widen, the head of the*

United Nations labour agency today called for solutions that can bring economic growth combined with social progress. ***In his message on World Day of Social Justice, UN International Labour Organization chief Guy Ryder also underlined that the feeling of absence of social justice****: children without secure futures, parents without decent jobs and a general feeling of abandonment,* ***have grave consequences not only for communities and societies, but for economies as well****. "We need solutions that lead away from conflict and towards recovery, to economic growth with social progress, solutions that build institutions girded by labour standards that guarantee rights at work," said Mr. Ryder. "In an interconnected world this is a global agenda and a global responsibility," he added.* ***Marked this year with the theme 'Preventing conflict and sustaining peace through decent work'*** *the Day calls upon the international community work towards eradicating poverty, promoting full employment and decent work, gender equity, and access to social well-being and justice for all. Mr. Ryder also stressed that* ***lack of decent jobs and the fear that aspirations for a better life will remain unfulfilled multiplies people's worries, leaving young people without a "stake in society****.*"

For more on the background of this UN Day and this year's theme, see here.

African Business – Partnerships to fight disease

http://africanbusinessmagazine.com/sectors/development/partnerships-fight-disease/

Interesting article on the PDP model and the (possible) future in SSA. *"…* ***The product development partnership (PDP) model****, which emerged in the late 90s, was a response to this market failure. The rationale behind the model was that the drug companies wouldn't fund the research and clinical development by themselves, so the public and philanthropic sectors would need to share the risk. PDPs reduce industry and donor risks for investment in research by spreading funding across portfolios to support broad product pipelines, allowing partners – including governments and private sector players – to contribute to R&D without having to bear the entire cost and risk themselves.* ***There are now 16 major PDPs operating globally, each with a specialised focus on vaccines, microbicides, preventative treatments, therapeutic products or diagnostics. Most funding for the work of PDPs has focused on the "big three" diseases in sub-Saharan Africa****: HIV/AIDS, malaria and tuberculosis. The Gates Foundation, Rockefeller Foundation, and the London-based Wellcome Trust are among the main private philanthropic organisations involved in PDPs. … …*

"***The question is what comes next, and whether PDPs are merely a passing fashion****. There is certainly no guarantee that taxpayer funding for PDPs will continue forever. … … The major drug companies are now well established in sub-Saharan Africa, particularly major markets such as Kenya, Nigeria and South Africa.* ***Building links, through PDPs, with academic and research institutes across Africa has not purely been an exercise in good public relations****. It has enabled a handful of big pharma companies, such as GSK, Novartis, and Pfizer, to establish partnerships with local manufacturers and distributors and facilitate market access. Yet part of the long-term challenge will be to develop regional and domestic pharmaceutical markets. There are signs that African governments are grasping the opportunity….*"

Lancet Infectious Diseases (Editorial) – A new day for African public health

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30061-0/fulltext?rss=yes

(must-read on the new Africa CDC) "*…there is great hope for the **new Africa Centers for Disease Control and Prevention (Africa CDC), which was officially launched in Addis Ababa, Ethiopia, on Jan 31**. The Africa CDC is Africa's first continent-wide public health agency, and it will be headed by John Nkengasong, who worked for more than 20 years for the US CDC. The aim of the Africa CDC will be to establish early warning and response surveillance systems, respond to emergencies, build capacity, and provide technical expertise to address health emergencies in a timely and effective manner…. … Although at the moment there is optimism regarding Africa CDC, **insufficient funding is the key element that could hamper implementation of any programme in the field**. Despite receiving funding from both the African Union and China, there is **uncertainty regarding the impact that a change in the commitment of the new US government to support the Global Health Security Agenda** could have on Africa CDC. Moreover, issues with bureaucracy and limited capacity to recruit and retain experienced epidemiologists have already been identified for the new agency*."

"…Nevertheless, the intrinsic value of the new Africa CDC remains: **as an African-owned institution, the agency will be in the unique position to promote programmes that protect the health of Africans specifically**…."

PR - The Rockefeller Foundation Launches Economic Council Focused on Planetary Health

http://www.prnewswire.com/news-releases/the-rockefeller-foundation-launches-economic-council-focused-on-planetary-health-300412080.html?tc=eml_cleartime

"*The Rockefeller Foundation [today] announced the formation of **The Rockefeller Foundation Economic Council on Planetary Health** at the Oxford Martin School. This assembly of global experts will **demonstrate the economic and policy case for the emerging field of planetary health**. The field accounts for the link between human health and the natural systems on which it depends. Over the next 18 months, the Council's work will augment existing scientific planetary health evidence by providing leaders and policymakers with economic data for protecting human health through the preservation of earth's natural systems*…." Chair will be **Ernesto Zedillo** (former president of Mexico). Check out also the other members.

Lancet (Comment) – Women, power, and the cancer divide

M Bachelet; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30071-5/fulltext

(must-read) Bachelet, president of Chile, comments on the **Lancet Series focused on women's cancers** (*most articles already appeared online earlier).* She says "*it is highly valuable since it exposes the striking reality of a cancer divide that jeopardises women's lives and wellbeing around the globe. It also situates cancer as an issue that has not received as much attention as other*

women's diseases or conditions, highlighting it as a growing public health and social concern that needs to be prioritised by all stakeholders." She argues, among others, that "*To move forward and realise these ideas, particularly around efforts directed to control women's cancer effectively and equitably,* ***we should start by empowering women in societies***."

Lancet (Comment) – Reaching everyone, everywhere with life-saving vaccines

M Chan, C Elias, A Fauci, A Lake & S Berkley;
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30554-8/fulltext

Looking at the authors of this piece, you know this is a must-read. "*The 2016 GVAP (Global Vaccine Action Plan) midterm report provides a careful analysis of progress and challenges, and indicates that although there are bright spots in global immunisation efforts, the overall picture is sobering*."

Lancet (Letter) – WHO and the health crisis among the Rohingya people of Myanmar

J Kennedy & D McCoy; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30507-X/fulltext

Must-read letter. The authors question whether WHO is able to effectively lead health responses to state-generated humanitarian emergencies, and point to the health crisis among Rohingya people in Myanmar (and earlier also Syria when the Assad regime restricted its access to rebel-controlled areas) as cases in point. "*In such situations, WHO's mandate to cooperate with the state inhibits its ability to effectively respond to the health crisis and to help vulnerable and marginalised communities.*"

Lancet Global Health (Comment) – Trends in health inequalities in developing countries

D Gwatkin; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30080-3/fulltext

"*As a result of several studies, a coherent view of reproductive, newborn, maternal, and child health inequalities has begun to emerge. Overall, and in most countries, inequalities have been decreasing. However, inequalities have been growing in a small but substantial proportion of countries, and in many of these countries, a decline in health status and health-service coverage among poor populations is part of the cause. In* ***The Lancet Global Health****, Cesar* ***Victora and colleagues*** *present the findings of the latest study of these trends. The focus of the Article is* ***inequalities in service coverage****—as measured by a composite reproductive, maternal, newborn, and child health service indicator—****in developing countries as a whole and in economically defined country sets****. The main finding of this research is that coverage inequalities have been decreasing in the past 20 years because of faster progress within poor populations and rural populations….*"

Liverpool HSR symposium: share your ideas on a theme for the 5th symposium (deadline 28 February)

http://www.healthsystemsglobal.org/blog/197/Share-your-ideas-on-a-theme-for-the-Fifth-Global-Symposium-on-Health-Systems-Research.html

You can still send your ideas to: hsg2018symposium@gmail.com or share your ideas on Twitter or Facebook using the hashtag #HSR2018 by **Tuesday 28th of February**.

Did my duty as a HS Global member already, with a **blog** earlier this week - **Monday musings on a theme for the Liverpool symposium in 2018**. (IHP)

Make sure you read **RinGs**' suggestions - Putting the power and politics into health systems research "*The blog post explores the need to frame the next Global Symposium on Health Systems Research on issues related to power, politics, equity, and rights, while offering key areas for exploration*."

Zika

AJPH - Engaging Human Rights in the Response to the Evolving Zika Virus Epidemic

J Rasanathan et al;
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.303658#/doi/abs/10.2105/AJPH.2017.303658

"In late 2015, an increase in the number of infants born with microcephaly in poor communities in northeast Brazil prompted investigation of antenatal Zika infection as the cause. Zika now circulates in 69 countries, and has affected pregnancies of women in 29 countries. Public health officials, policymakers, and international organizations are considering interventions to address health consequences of the Zika epidemic. ***To date, public health responses have focused on*** *mosquito vector eradication, sexual and reproductive health services, knowledge and technology including diagnostic test and vaccine development, and health system preparedness.* ***We summarize responses to date and apply human rights and related principles including nondiscrimination, participation, the legal and policy context, and accountability*** *to identify shortcomings and to offer suggestions for more equitable, effective, and sustainable Zika responses."*

Jama Pediatrics – Bridging Knowledge Gaps to Understand How Zika Virus Exposure and Infection Affect Child Development

JAMA Pediatrics;

Article on the longer term Zika-related complications and the knowledge gap that still needs to be bridged there. *"The Zika virus (ZIKV) epidemic has profoundly affected the lives of children and families across the Americas. As the number of children born with ZIKV-related complications continues to grow, the* ***long-term developmental trajectory for these children and the effect on their families*** *remains largely unknown.* ***In September 2016****, the Eunice Kennedy Shriver National Institute of Child Health and Human Development and partner National Institutes of Health institutes* ***convened a workshop to develop a research agenda to improve the evaluation, monitoring, and management of neonates, infants, or children affected by ZIKV and its complications. The agenda also aims to optimally address the prospective effect of ZIKV exposure on the developing child****…."*

The authors conclude: "…The emergence of ZIKV infection in the Americas has brought with it a multitude of challenges in caring for children with congenital ZIKV syndrome. While more is being learned about the myriad clinical presentations in severely affected children, it is paramount to also address the larger proportion of asymptomatic infants who may later develop problems. It is crucial that rigorous research be conducted to improve the ability to identify infected mothers and babies and to increase the basic understanding of the neuropathogenesis of ZIKV infection. Studies also must elucidate the complete spectrum of clinical presentations of ZIKV infection so that agents to prevent and treat this devastating disease can be rapidly developed.

And a quick link:

Stat - Lawmakers urge US Army not to issue exclusive license to Sanofi for a Zika vaccine. *"Nearly a dozen members of Congress are urging the US Army not to issue an exclusive license to Sanofi Pasteur to develop a vaccine for the Zika virus over concerns the product may be priced too high for many Americans, even though it was developed with taxpayer funds…."*

Global health events

Launch of a new Centre for Gender and Global Health at University College London in the United Kingdom on 16 February

http://www.unaids.org/en/resources/presscentre/featurestories/2017/february/20170216_UCL

Last week we already paid quite some attention to the launch of this new center. But might still be good to read this short UNAIDS report on the launch.

"The new Centre for Gender and Global Health **will work with policy-makers and policy-influencers to address the complex relationships between gender norms and health**…."

For more info on the Centre (mission, team, publications, …) , see http://ighgc.org/

3rd International German Forum, Berlin #IDFBerlin (21-22 Berlin)

https://www.g20.org/Content/EN/Artikel/2017/02_en/2017-02-20-internationales-deutschlandforum_en.html

It's clear why this newsletter pays a bit more attention to Germany this year. (1) See the G20 connection this year; (2) Merkel seems quite committed to global health. (3) Hence, as Katri Bertram tweeted, in one of her #IDFBerlin takeaways: Germany is **on its way to become a #globalhealth leader, leveraging also G20**. (*PS: granted, there's not too much competition nowadays…* ☺)

Some background perhaps first **on this Forum**: "…*When Federal Chancellor Angela Merkel set up the International German Forum in 2013, she created a new format for international exchange on globally relevant future related issues. In many countries, society is facing increasingly complex challenges such as climate change, scarcity of resources, demographic change, urbanisation and digitisation. It is in this context that experts from the spheres of politics, business, academia and civil society come together at the International German Forum to debate ideas for social, political and economic transformation processes, share their experience and discuss concrete On 5 June 2013, around 120 German and international experts from politics, the public and private sectors, academia and civil society convened at the Federal Chancellery in Berlin for the 1st International German Forum, entitled "What matters to People – Quality of Life and Progress". The main consideration in the first forum was how quality of possibilities for action. The goal of the International German Forum is for participants to learn from one another through interdisciplinary and intercultural dialogue and to establish a network for global learning in the long term*."

By now this is the third time that this forum was organized. At the **Third International German Forum**, experts from 25 countries, from the realms of politics, science and research and civil society, **met on 21 and 22 February at the Federal Chancellery** (in Berlin) to discuss ways of improving the quality of life and health. Merkel herself attended on the second day. This third forum focused on improving the quality of life around the globe. The quality of life is inextricably linked to human health. As you know, **the German G20 presidency puts health on the agenda**.

The participants at the Third International German Forum discussed the following **main issues**: "*Using the opportunities offered by information and communication technologies; Improving the way we use antibiotics; Combating neglected tropical diseases; Mental health – overcoming the taboo*." Some observers think that the last item also implies that **mental health** will be added to the G20 health agenda. No confirmation yet, though.

A few tweets perhaps – check out Ilona Kickbusch & Katri Bertram's tweets, among others:

"Chancellor #merkel highlights #G20Germany health ministers meeting and the pandemic simulation #globalhealth"

"Health is critical for the global order #amr #NTDs #pandemics #merkel #idfberlin #globalhealth... http://fb.me/3p1vuHa1N "

*"**When it comes to mental health all countries are developing countries** #IDFBerlin"*

"@IlonaKickbusch #idfberlin #SDG3 not about diseases but about people. Need to tackle marginalization, stigma, systems. Perfectly summarized!"

And one related to some the **public health innovations** showcased on the second day:

"*Global Health Hub Berlin - fascinating public health innovations at #idfberlin on second day - learning from global south #globalhealth*"

If you want to know more on '**cargo drones**', for example, read Cargo Drones in Africa: The Next Great Leap(frog)? *"Afrotech at EPFL is pioneering high intensity cargo drone routes flying the middle mile in Africa and other emerging economies, thereby improving health and economic outcomes. Join Afrotech founder Jonathan Ledgard for a presentation on the Redline drone project and its plans for a pilot to be launched in Rwanda in 2016."* (article from last year)

8th meeting of UN Task Force on the Prevention and Control of NCDs (21-23 Feb)

http://www.who.int/ncds/un-task-force/outline-agenda-8th-uniatfmeeting-february2017.pdf?ua=1

Agenda in the weblink.

PMAC 2017 (synthesis) & PMAC 2018 (call for abstracts)

http://www.pmaconference.mahidol.ac.th/index.php

You now find the **synthesis document of PMAC 2017** on the website, as well as the **call for abstracts** (deadline 30 March already) for PMAC 2018, themed '**Making the world safe from the threat of emerging infectious diseases**'.

So PMAC is also getting into the global health security & pandemic preparedness act…

Coming up – She Decides (March 2nd, Brussels, pledging conference)

As you know, in response to the "Global Gag Rule", the Netherlands launched She Decides, a global initiative calling on governments, businesses and private citizens to fill the USD $600 million gap to protect women's health. **On 2 March, the Belgian Government** (including no doubt a grandstanding Minister Alexander De Croo) **will host a pledging conference** inviting countries like Canada, Finland and Portugal to commit much-needed funds to fill this funding gap. See also the 'Highlights of the week' section – with reads related to the reinstatement of the Global Gag rule & international response.

Meanwhile, do sign **the petition** to stand up for girls & women and tell world leaders that women's health is something #SheDecides.

Coming up - World Health Summit (Berlin, October 15-17) and Regional World Health Summit (Montreal, 8-9 May)

You find all information, respectively:

WHS Berlin - https://www.worldhealthsummit.org/whs-2017/program.html Among others, focus on Health Policy in the G7/G20; Global Health Security: Policy Responses to Planetary Challenges; … (Kickbusch, Piot, Carissa Etienne as some of the keynotes)

Regional WHS Montreal – https://www.worldhealthsummit.org/regional-meeting.html

*"The Université de Montréal and the Montreal Clinical Research Institute (IRCM) are proud to announce that **they will be hosting the 1st World Health Summit (WHS) of the M8 Alliance to be held in North America.** The world leaders in global health will be attending this prestigious event, including over 800 researchers, doctors, industry leaders, decision-makers, government members and civil society actors from around the world. Based on the theme of "**Health and Healthcare Delivery in Pluralistic Societies**," this interdisciplinary event will focus on the question of human diversity in the practice, education, research and public policy pertaining to health…."*

The **Program** has four main themes – see here. Among the **speakers** already confirmed: **Joanne Liu** (MSF) https://www.worldhealthsummit.org/regional-meeting/speakers.html

Coming up: REACHOUT event - Achieving Equity: Women at the interface of community health systems (Symposium, Friday March 10, Nairobi)

http://reachoutconsortium.org/news/achieving-equity-women-at-the-interface-community-health-systems/

*"The theme of this year's **International Women's Day** is "**Women in the Changing World of Work**". A topic that will resonate with many working on community health. Although women make up the majority of people working on health in many countries they are woefully under-represented in leadership positions meaning that our policy and practice is not shaped by their particular experiences and expertise. … … **National governments and the international community are beginning to appreciate the actual and future potential contribution of Community Health Workers to health and development.** To help decision makers develop policies and programmes with the potential to create deep and enduring gender transformation our **half-day symposium on community health workers brings together an international panel of speakers to interact with their Kenyan counterparts.** Our aim is to capture lessons about how community health workers are supporting gender equity and what more we can do to support them in their efforts. The symposium will enable dialogue that furthers our shared efforts towards Sustainable Development Goal 5 and universal health coverage…."*

Coming up - 3rd Global Forum on Medical Devices will be organized in Geneva, 10 to 12 May 2017

http://www.who.int/medical_devices/global_forum/3rd_gfmd/en/

"Considering that Member States recognized in resolution WHA60.29 and WHA67.20 that medical devices are indispensable for health care delivery but their selection, regulation and use present enormous challenges, the 3rd WHO Global Forum on Medical Devices is to be presented 10 years later to discuss the achievements that have been made in the field and the enormous challenges in low and middle income countries. This will also serve as an opportunity to share the WHO EMP strategy in the framework of Universal Health Coverage and the Sustainable Development Goals…."

Global governance of health

Global Fund

First Post - Former Cipla chief, two other candidates shortlisted for Global Fund's ED post

http://www.firstpost.com/business/former-cipla-chief-two-other-candidates-shortlisted-for-global-funds-ed-post-3288670.html

See also last week's IHP news. "*Three candidates, including a former chief of Mumbai-based drug maker Cipla Ltd, are in the running to head the powerful Global Fund to fight AIDS, tuberculosis and malaria. Sources indicate that **the selection committee proposed the following names in order of preference:** Nigeria's Muhammad Ali Pate, Britain's Subhanu Saxena and New Zealand's Helen Clark…."* Article with some more detail on all candidates' conflicts of interest.

CEPI

From CEPI's newsletter from last week (by J A Rottingen): "….CEPI is arranging its first scientific conference in Paris in collaboration with INSERM. Focussing on our first call for proposals, the program concentrates on CEPI's initial target diseases MERS, Nipah, Lassa as well as Ebola and Zika. We will also discuss how to prepare for clinical trials during emergencies and utilize platform technologies to improve epidemic response. CEPI's scientific advisory committee will then have its second face to face meeting in Paris hosted at Institute Pasteur right after the conference… … Monday in a week the CEPI Interim Board are meeting in Oslo, where the plan is that **they will appoint the permanent CEO of CEPI.**"

Meanwhile, do check out this lovely CEPI 2-pager.

WHO DG election

You find interviews with the 3 contenders in the **Lancet Infectious Diseases**. "*On 25 January 2017, the WHO Executive Board announced the shortlisted candidates for the post of Director-General. Talha Burki speaks with the contenders*." (2-page article – recommended! Includes their chances, and respective strengths & weaknesses)

As already mentioned, on 6 March is another high-profile debate with the 3 DG candidates scheduled (Graduate Institute, Geneva).

You can take part (via Twitter) and "submit questions to @DrTedros @SaniaNishtar @davidnabarro for 6 March @GHC_IHEID discussion via **#WHODGquestion**, from 23 February to 1 March."

PS: for the ones among you who want to read another insightful **report on the last EB meeting in Geneva**, see A report on WHO executive board meeting: India tries to discuss access to medicine, next chief's selection makes progress and Gates Foundation faces flak (by S Mithra-Jha, Governance Now)

Huffington Post - Creating A Community To Advance Global Health Diagnostics

Madhukar Pai; http://www.huffingtonpost.ca/dr-madhukar-pai/creating-a-community-to-a_b_14926798.html

"…Given the neglect that surrounds diagnostics, it is important for clinicians, policy-makers, researchers, implementers, and advocates to convene, network, organize, and advance the field of global health diagnostics. We need a platform for sharing questions, successes, failures, and lessons from R&D, and scale-up efforts. To realize this goal, ***a new community on diagnostics has just been launched by Global Health Delivery Online (GHDonline)****. GHDonline, hosted by the Global Health Delivery Project at Harvard University, provides a platform of virtual communities for health care*

delivery professionals to discuss and share resources with colleagues. To address this need, ***GHDonline launched the Global Health Diagnostics community****, with the support of FIND, McGill Global Health Programs, McGill International TB Centre, and the Bill & Melinda Gates Foundation…..*"

Devex – 3 changes the OECD needs to make to guard the poorest in new aid rules

J Kwakkenbos et al; https://www.devex.com/news/opinion-3-changes-the-oecd-needs-to-make-to-guard-the-poorest-in-new-aid-rules-89644

(recommended) "It has been a busy couple of years for the **OECD's Development Assistance Committee**, the body in charge of determining what can and cannot be counted as "aid" to poor countries, or official development assistance. Major changes to aid have already been made during a year-long process of modernization of the ODA rules, but the biggest change in decades is yet to come. This March, the DAC will decide on how to include what are known as private sector instruments in aid. This could mean a dramatic increase in the use of aid to invest in or give loans to private companies, or to agree to bail out failed private sector projects through guarantees. **Without strong safeguards and transparency standards there is a real risk that aid could be used as a backdoor subsidy for corporations with powerful lobbies in donor countries**. If the new rules are badly written — and the OECD's first proposal had major flaws, as civil society groups pointed out — they could also create strong incentives to shift aid away from social sectors such as education and health, in order to support commercial ventures. They could also focus aid more on emerging markets where donor companies eye profit-making opportunities, and take it away from the poorest and most fragile countries. **Three important changes are needed if these risks are to be avoided**: …"

Remotely related – an **upcoming IDS event (23 Feb) on the global governance of SDG financing** "*In this seminar, Thomas Fues will address the global governance of external support for sustainable development in three steps. The first part will interpret the 2030 Agenda, including the Sustainable Development Goals (DGs) and the Addis Ababa Action Agenda as a universal consensus on key Global Public Goods (GPGs)*. Worth a read. Includes this sentence: "***The German government intends to use its simultaneous G20 presidency and GPEDC co-chair to enhance SDG financing by forging a consensus between traditional and "new" donors****. The chances of getting there do not look so good at the moment.*"

ODI (blog) - How to achieve the SDGs by 2030 – lessons from 50 case studies

Kate Bird; https://www.odi.org/comment/10491-how-achieve-sdgs-2030-lessons-50-case-studies#.WKcNDpLDuZp.twitter

"*The SDGs risk losing momentum in 2017, as President Trump slashes funding to UN agencies and the international political scene appears in disarray. To stay on track, we need to focus on what works. ODI's Development Progress initiative looked at more than 50 cases across Africa, Asia and Latin America where progress was faster than expected. Here's what worked and what got in the way: …*"

GFF Civil Society Engagement Strategy Public Consultation (13 Feb-13 March)

http://www.who.int/pmnch/media/events/2017/cso/en/

Some background: "*The Global Financing Facility (GFF) was officially launched in July 2015 at the Financing for Development Conference in Addis Ababa, Ethiopia. The GFF Business Plan sets out a vision and structure for the GFF, including how it will be implemented and governed at the global and country levels. It explains that the GFF is meant to be driven by a multi-stakeholder process at the country level, that builds on IHP+ approaches, with national governments in the lead and involvement from all relevant reproductive, maternal, newborn, child and adolescent health (RMNCAH) stakeholders. Each GFF country (to-date there are 15) develops an investment case and a health financing strategy to outline a clear roadmap for fully financed and scaled national RMNCAH plans. Civil society is a critical RMNCAH stakeholder with significant value, expertise, and skills to bring to the GFF at country and global levels, working towards mutual goals to end preventable deaths of women, adolescents, children, and newborns by 2030 and to improve their health and quality of life. In order to enhance civil society engagement in the GFF, a group of civil society stakeholders, led by the two civil society representatives to the GFF Investors Group, and the Global CSO Coordinating Group, began a process in late 2016, to develop a comprehensive, yet succinct, Civil Society Engagement Strategy. …"*

Devex – Why invest in health evidence? Q&A with Chris Murray of IHME

https://www.devex.com/news/why-invest-in-health-evidence-q-a-with-chris-murray-of-ihme-89662

Gated. At least you can enjoy the picture of Chris.

BMJ Global Health - Implementing One Health as an integrated approach to health in Rwanda

T Nyatani, A Binagwaho et al ; http://gh.bmj.com/content/2/1/e000121

Not everybody is as convinced about this story, it appears. Is Rwanda increasingly a One Health "role model" for the region and beyond or is it still mostly political propaganda & PR? Time will tell. "*It is increasingly clear that resolution of complex global health problems requires interdisciplinary, intersectoral expertise and cooperation from governmental, non-governmental and educational agencies. 'One Health' refers to the collaboration of multiple disciplines and sectors working locally, nationally and globally to attain optimal health for people, animals and the environment. … … As in most countries, the health of Rwanda's people and economy are highly dependent on the health of the environment.* ***Recently, Rwanda has developed a One Health strategic plan to meet its human, animal and environmental health challenges****. This approach drives innovations that are important to solve both acute and chronic health problems and offers synergy across systems, resulting in improved communication, evidence-based solutions, development of a new generation of systems-*

thinkers, improved surveillance, decreased lag time in response, and improved health and economic savings. ***Several factors have enabled the One Health movement in Rwanda*** *including an elaborate network of community health workers, existing rapid response teams, international academic partnerships willing to look more broadly than at a single disease or population, and relative equity between female and male health professionals. Barriers to implementing this strategy include competition over budget, poor communication, and the need for improved technology. Given the interconnectedness of our global community, it may be time for countries and their neighbours to follow Rwanda's lead and consider incorporating One Health principles into their national strategic health plans*."

Lancet (Letter) – Health and the New Urban Agenda: a mandate for action

S Singh & J Beagley; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30518-4/fulltext

"*In October, 35 000 representatives of global, national, and local authorities, civil society, business, and academia gathered in* ***Quito****, Ecuador for the Third UN Conference on Housing and Sustainable Urban Development (****Habitat III****). The conference culminated in the adoption of the* ***New Urban Agenda****, which defines priorities for sustainable urbanisation over the next two decades.* ***This letter summarises the relevance of the New Urban Agenda to the health community and the mandate for health professionals to engage in multisectoral approaches to sustainable urbanisation****….*"

Quick links:

Washington Post - **Jill Biden** to be named board chair of Save the Children "*Jill Biden, educator and wife of former Vice President Joe Biden, is going to be named board chair of Save the Children….*" Meanwhile, Joe and friends have their work cut out to Save the World.

UHC

OUP blog - Financing universal healthcare coverage (excerpt)

C Clinton & D Sridhar; https://blog.oup.com/2017/02/financing-universal-healthcare-coverage-excerpt/?utm_source=twitter&utm_medium=oupacademic&utm_campaign=oupblog

Excerpt from the authors' recent book. Recommended short blog.

The Conversation - How years of IMF prescriptions have hurt West African health systems

T Stubbs et al; The Conversation ;

(Recommended) "*The International Monetary Fund (IMF) provides financial assistance to countries in economic trouble. But its policy proposals don't always yield positive results for the countries it purports to help. For instance, critics have argued that the IMF inhibits government spending on public health and diverts resources from the health sector to repay external debt.* ***We set out to examine how IMF policy reforms affect government health systems in West Africa….***" Based on recent research. The authors conclude: "*…The IMF has deprived West African nations of the policy space to adapt to local exigencies, undermining the delivery of effective health systems. Yet, domestic governments are equipped with local knowledge and are better informed on how crises are unfolding on the ground. The IMF is headquartered in Washington DC. It is largely staffed with Anglo-Saxon economists who are tasked with leading responses to unfamiliar environments in faraway places. It is unsurprising that the organisation's responses are so out of touch.*"

"Repeal & Replace" Obamacare, UHC & US

Some links:

From last weekend -GOP leaders unveil new health law outline, divisions remain.

Meanwhile, **Rob Yates** was quick to spot the following trend on Twitter: "*Pressure building in more progressive US states for a publicly-financed healthcare system #UHC*" - With Obamacare's future uncertain, hundreds rally at state Capitol for single-payer healthcare in California (LA Times)

NYT (23 Feb) - Repeal of Health Law Faces Obstacles in House, Not Just in Senate.

Lancet World Report – US health-care groups voice concerns about replacing ACA

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30581-0/fulltext

"*Few details have emerged regarding a replacement for the US health law. Susan Jaffe, The Lancet's Washington correspondent, speaks to stakeholders about the problems they foresee.*"

WHO - e-learning course on health financing policy for UHC

http://www.who.int/health_financing/training/e-learning-course-on-health-financing-policy-for-uhc/en/

This e-learning course comprises six modules which cover the core functions of health financial policy as conceptualised by WHO.

Planetary health

Lancet (Editorial) – Our polluted planet

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30580-9/fulltext

This Lancet Editorial comes back on last week's **State of Global Air 2017 report**, published last week by the Health Effects Institute in collaboration with the Institute of Health Metrics and Evaluation. It is the first edition of an annual publication that aims to provide a global, regional, and country level look at air pollution.

ODI (Working Paper) - Zombie energy: climate benefits of ending subsidies to fossil fuel production

https://www.odi.org/publications/10717-zombie-energy-climate-benefits-ending-subsidies-fossil-fuel-production

Enter the Cranberries. "*Ending subsidies to fossil fuel production is often a missing piece of comprehensive climate action plans. To implement the 2015 Paris Agreement and keep climate change well below 2°C, the world needs both supply-side policies (such as removal of fossil fuel production subsidies, moratoriums and 'no-go zones' or coal phaseout) and demand-side policies (such as carbon pricing, removal of fossil fuel consumption subsidies, or fuel and energy efficiency standards). This working paper is a first-of-its-kind attempt to shine a light on how* ***global removal of subsidies to the production of coal, oil and gas*** *(a* ***key supply-side policy****) could contribute to climate change mitigation and leaving unburnable carbon in the ground….*"

Economist (Leader) – Clean energy's dirty secret: Wind and solar power are disrupting electricity systems

http://www.economist.com/news/leaders/21717371-thats-no-reason-governments-stop-supporting-them-wind-and-solar-power-are-disrupting

Perfect article for the stormy weather outside. *"…green energy has a dirty secret. The more it is deployed, the more it lowers the price of power from any source. That makes it hard to manage the transition to a carbon-free future, during which many generating technologies, clean and dirty, need to remain profitable if the lights are to stay on. Unless the market is fixed, subsidies to the industry will only grow….*"

Infectious diseases & NTDs

Ebola

Nature (Scientific Reports) – The nexus between forest fragmentation in Africa and Ebola virus disease outbreaks

M C Rulli et al; http://www.nature.com/articles/srep41613

"*Tropical forests are undergoing land use change in many regions of the world, including the African continent. Human populations living close to forest margins fragmented and disturbed by deforestation may be particularly exposed to zoonotic infections because of the higher likelihood for humans to be in contact with disease reservoirs. Quantitative analysis of the nexus between deforestation and the emergence of Ebola virus disease (EVD), however, is still missing. Here we use land cover change data in conjunction with EVD outbreak records to* ***investigate the association between recent (2004–2014) outbreaks in West and Central Africa, and patterns of land use change in the region.*** *We show how in these EVD outbreaks the index cases in humans (i.e. spillover from wildlife reservoirs) occurred mostly in hotspots of forest fragmentation*."

Hepatitis

TMIH (Editorial) – Scaling-up HCV treatment to achieve WHO targets by 2030

G S Cooke; http://onlinelibrary.wiley.com/doi/10.1111/tmi.12837/full

"*WHO recently launched a new strategy for tackling viral hepatitis with ambitious goals for reducing both deaths and new infections by 2030. Antiviral therapy is only part of a multifaceted strategy needed to tackle viral hepatitis, but for hepatitis C (HCV), the absence of an effective vaccine means that achieving these targets is going to require substantial scale-up of HCV treatment.* ***Reaching the target of treating 80% of those in need by 2030 will require reaching at least 70 million people****….*" And the author concludes: "*The WHO targets are ambitious but feasible if matched by political ambition and financing. But even if prices for new HCV treatments come down substantially, achieving the goals set out is still going to require significantly increased. Some government programmes may be able to shoulder the burden and create the volumes of demand that will bring down prices, but* ***a global fund akin to that for HIV, TB and malaria is desperately needed****. In its absence, alternatives are being considered, such as the creation of an organisation for shared procurement that would allow countries to combine forces to achieve the best prices possible for both drugs and diagnostics*."

In other Hepatitis news, **WHO issued its first-ever global guidance on testing for chronic viral hepatitis B and C on 16 February 2017**.

HIV

UNAIDS – CROI shows the importance of 90-90-90

http://www.unaids.org/en/resources/presscentre/featurestories/2017/february/20170221_CROI

*"…A number of important updates were announced at the **annual Conference on Retroviruses and Opportunistic Infections (CROI)** that have shown the importance of, and ways to achieve, the 90–90–90 targets, whereby, by 2020, 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads…."*

For more on this conference in Seattle, see also Science Speaks coverage.

Malaria

Humanosphere – Malaria vaccine shows promise in two trials, but has a way to go

Tom Murphy; http://www.humanosphere.org/science/2017/02/malaria-vaccine-shows-promise-in-two-trials-but-has-a-way-to-go/

"A new vaccine may help protect people against malaria. Two studies on variants of the same vaccine released today found that it is effective at preventing malaria. The promising results are tempered by the fact that roughly 100 people participated in the two studies and they provided protection well below the 75 percent threshold set by the World Health Organization…."

Plos Med – Housing Improvements and Malaria Risk in Sub-Saharan Africa: A Multi-Country Analysis of Survey Data

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002234

"Lucy Tusting and colleagues investigate the association between housing quality and malaria infection in children under 5 living in sub-Saharan Africa. Read the Author Summary. "

Science (news) – New gene drive technology could wipe out malaria, but is it safe?

http://www.sciencemag.org/news/2017/02/new-gene-drive-technology-could-wipe-out-malaria-it-safe

*"If you could protect children in Africa from malaria by genetically transforming the entire mosquito population, would you do it? That's the dilemma posed by a new technology known as gene drive, evolutionary ecologist **James Collins** from the Arizona State University in Tempe told a session [here Friday at the annual meeting of AAAS. Based on CRISPR, the up-and-coming genome-editing technology, gene drives bias the inheritance of a trait, such as resistance to a parasite, causing it to spread through a population. But because of the possible unintended consequences of transforming*

the genetics of an entire population, the National Academies of Sciences, Engineering, and Medicine last year said extensive testing should precede any release into the environment. ***Collins sat down with Science to discuss some of the concerns****…."*

Lancet (Comment) – Telling the human story of Asia's invisible malaria burden

J Baird ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30556-1/fulltext

I enjoyed this piece. "*Malaria in Asia is a pervasive and diverse problem with about 2 billion people at risk. … … Despite the broad scope and complexity of malaria in Asia, it represents a fairly small fraction of research endeavour and public funding in global malaria control efforts. This partly derives from quantitative WHO morbidity and mortality estimates that put less than 10% of the global burden in this region. But do the large denominators of risk conceal more substantial burdens?...*"

TB

Stanford Medicine News centre – Simple test may predict which children develop severe TB, researcher says

Stanford;

"*A Stanford investigator and his colleagues found that a screening test for tuberculosis was a good predictor of whether children infected with the bacteria would become sick*." See the research in The Lancet Respiratory Medicine.

Bird flu

CFR (Expert Brief) – A lethal bird flu returns to China

Laurie Garrett; http://www.cfr.org/diseases-infectious/lethal-bird-flu-returns-china/p38832?cid=soc-twitter-in-lethal_bird_flu-021717

"*An especially virulent form of bird flu has taken a record-breaking toll this year in China, raising alarms in Beijing and at the World Health Organization (WHO) headquarters in Geneva. The* ***H7N9*** *form of influenza, which first emerged in China in March 2013, has killed eighty-seven people between January 1 and February 12, 2017, more than in any previous season since the original outbreak, in 2013. On February 11, health authorities identified this year's first acute case, in Beijing, raising national concerns in China….*"

See also Science News - Bird flu strain taking a toll on humans. Or Reuters - Hard to detect, China bird flu virus may be more widespread.

South China Morning Post - Mutation of H7N9 bird flu strain found in Guangdong patients

Reuters - China's premier urges poultry markets to shut as bird flu fears grow.

And a few **tweets from Laurie** to boost your anxiety level a bit further (it always works for me!):

"The #H7N9 #flu has mutated - can now infect all chicken organs, more deadly 4 birds. Not worse 4 humans."

"The #H7N9 #flu now circulating in China is drug resistant.Treatment for infected people limited - >40% mortality rate."

*"Outbreaks, epidemics, pandemics: As Jonas Salk told me years ago, "**The microbes want their revenge**."*"

Yellow Fever

Rio Times Online - Emergency Alert Due to Yellow Fever Issued for 64 Cities in Brazil

http://riotimesonline.com/brazil-news/rio-politics/brazil-issues-emergency-alert-due-to-yellow-fever/

"***The federal government of Brazil has issued emergency situations for 63 cities in Minas Gerais and one in Espirito Santo due to the outbreak of yellow fever***. *Since the beginning of the year authorities have confirmed 44 people died of the disease and over seventy other suspected deaths are being investigated. Federal officials are sending extra doses of yellow fever vaccines to the affected area in fear that the virus may spread during the great flux of tourists coming into the affected areas due to the Carnival festivities….*"

Read also **NPR Goats & Soda** - Brazil's Expanding Yellow Fever Outbreak Started With Monkeys.

Polio

Reuters – Yemen launches polio vaccination drive amid fears disease could reappear

Reuters;

"Yemen has launched a major polio vaccination campaign amid fears the disease could reappear in the war-ravaged nation where the health system is on the verge of collapse and aid agencies are warning of famine. The World Health Organization (WHO), which is supporting the drive, said some 40,000 health workers aimed to immunize more than 5 million children under the age of five across

the country. "The threat of (polio) virus importation is serious and this campaign aims to curb any possible return of the virus to Yemen," WHO's representative in Yemen, Nevio Zagaria, said in a statement….”

Cholera

WHO Bulletin – Lessons learnt from 12 oral cholera vaccine campaigns in resource-poor settings

A Hsiao et al; http://www.who.int/bulletin/online_first/BLT.16.175166.pdf?ua=1

Title is pretty obvious.

And a quick link:

Australia's mosquito-borne **Ross River virus** could become global epidemic, researchers say
“Australia's Ross River virus has the potential to become a global epidemic, similar to the Zika virus, researchers say.”

AMR

IP-Watch - German-Backed Report Lays Out Strategy For R&D Into New Antibiotics

http://www.ip-watch.org/2017/02/23/german-backed-report-lays-strategy-rd-new-antibiotics/

“In the face of the lack of attractiveness of investing in research for new antibiotics for the pharmaceutical industry, and the general lack of funding for research and development for novel antibiotics, a new report commissioned by the German Federal Ministry of Health calls for countries to take action. In particular, the report proposes a global union for research and development, a global research fund, and a global launch reward. And access and pricing are key components of the strategy, it says. The report titled, “Breaking through the Wall – A Call for Concerted Action on Antibiotics Research and Development,” was written by the Boston Consulting Group for the German Federal Ministry of Health….”

You might also want to read a **Lancet Letter** - Antimicrobial resistance: a light at the end of the tunnel?. (on the future antibiotic pipeline - what agents could potentially receive marketing authorisation over the next 5 years.)

NCDs

Health Affairs (blog) - Mexico's Sugar-Sweetened Beverage Tax Shows Results

http://healthaffairs.org/blog/2017/02/22/health-affairs-web-first-mexicos-sugar-sweetened-beverage-tax-shows-results/

Good news from Mexico. *"…. A **new study, released by Health Affairs** as a Web First, estimated changes in beverage purchases in Mexico for 2014 and 2015. The authors, M. Arantxa Cochero et al found that purchases of taxed beverages (carbonated and noncarbonated sugar-sweetened beverages) decreased 5.5 percent in 2014 and fell an additional 4.2 percentage points to 9.7 percent in 2015. Households at the lowest socioeconomic level showed the largest decreases in purchases of taxed beverages for both years (9.0 percent decrease in 2014 and 14.3 percent in 2015). The authors also found that purchases of untaxed beverages (diet sodas, unsweeted carbonated and uncarbonated waters, juices, and dairy and substitute dairy products) increased 2.1 percent during the study period. These results contrast with industry reports of a decline in the effect of the tax after the first year of its implementation*." For the **study in Health Affairs**, see "In Mexico, Evidence Of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax.

See also **Mexican Soda Tax Working as Intended**, Study Finds "*If there were any lingering question about why the soda industry opposes taxes so vigorously, part of the answer lies in the findings released today from researchers at the University of North Carolina's Gillings School of Global Public Health: The taxes are driving down soda purchases. In other words, the taxes are working as intended. Besides raising revenue, soda purchases declined more than 5 percent in the tax's first year and another 4 percent in the tax's second year. And during the same period, sales of untaxed drinks like water went up slightly….*"

Journal of Public Health – Quantifying the global distribution of premature mortality from non-communicable diseases

Luke Allen et al; https://academic.oup.com/jpubhealth/article-abstract/doi/10.1093/pubmed/fdx008/2981873/Quantifying-the-global-distribution-of-premature?redirectedFrom=fulltext

*"… We analyzed 'WHO Global Health Estimates' mortality data to calculate the relative burden of NCDs for each World Bank income group, including the 'risk of premature NCD death' based on methods in the WHO Global Status Report. We included all deaths from cardiovascular disease, all cancers, respiratory diseases and diabetes in people aged 30–69 years. … … Developing countries experience 82% of absolute global premature NCD mortality, but they also contain 82% of the world's population. Examining relative risk shows that **individuals in developing countries face a 1.5 times higher risk of premature NCD death than people living in high-income countries**. Premature NCD death rates are highest in lower middle-income countries….*"

Bloomberg Philantropies - 5 Things You Should Know About Tobacco Taxes

https://www.bloomberg.org/blog/5-things-know-tobacco-taxes/

Worth a read.

Lancet Global Health (blog) – Dr Mustapha Kaloko's Opening Statement at the International Conference on Global Surgery 2017

http://globalhealth.thelancet.com/2017/02/17/dr-mustapha-kalokos-opening-statement-international-conference-global-surgery-2017

"***Africa has witnessed a tipping point in global surgery, anaesthesia and obstetric care***. *On Feb 1, 2017, His Excellency Dr Mustapha Kaloko, the Commissioner of Social Affairs for the African Union, gave his opening address to the Pan African Association of Surgeons in the African Union Commission Conference Center, Addis Ababa, Ethiopia. It was an address that would have been inconceivable just 2 years ago. For one reason, he commented on the findings of The Lancet Commission on Global Surgery, which had not yet been published. He recognised the pivotal, "indispensable" role of surgery in health-care delivery, and at the same time addressed the parallel imperative of providing financial risk protection for the poor. Most importantly,* ***Commissioner Kaloko implored Africans to put "global surgery on the political and policy agenda of our governments****": a clear and unmistakable call to action for all stakeholders. With this speech, Africa has thus added another voice to regions all over the world calling for better investment in surgical services.* ***In less than 2 years, the global surgery narrative has gone from discussions of neglect, burden, and despair, to those of strategy, hope, and collaboration.*** *This is encouraging to say the least; however, we cannot rest yet. The positive rhetoric urgently needs to be translated into action to ensure delivery of universal access to safe, affordable surgical and anaesthesia care when needed. We* ***present Dr Kaloko's speech in full below****.…*"

Lancet Global Health – ESKD in sub-Saharan Africa: will governments now listen?

I G Okpechi et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30070-0/fulltext

"…In The ***Lancet Global Health****, Gloria Ashuntantang and colleagues report findings from a systematic review of outcomes in sub-Saharan African adults and children with ESKD (patients with end-stage kidney disease) who need dialysis….*" Their findings are alarming and outrageous. This is the accompanying Comment.

Lancet (Health Policy) – Ethical issues in dialysis therapy

Vivekanand Jha et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32408-4/fulltext

"*Treatment for end-stage kidney disease is a major economic challenge and a public health concern worldwide. Renal-replacement therapy poses several practical and ethical dilemmas of global relevance for patients, clinicians, and policy makers. These include how to: promote patients' best interests; increase access to dialysis while maintaining procedural and distributive justice; minimise the influence of financial incentives and competing interests; ensure quality of care in service delivery and access to non-dialytic supportive care when needed; minimise the financial burden on patients and health-care system; and protect the interests of vulnerable groups during crisis situations. These issues have received comparatively little attention, and there is scant ethical analysis and guidance available to decision makers.* ***In this Health Policy, we provide an overview of the major ethical issues related to dialysis provision worldwide, identify priorities for further investigation and management, and present preliminary recommendations to guide practice and policy***."

Global Health Now – A $100 Million Boost for Pediatric Cancer Care in Africa

Global Health Now;

"*In Botswana, Malawi and Uganda alone, there are an estimated 11,000 new pediatric cancer cases each year. Currently, there are only 5 trained pediatric oncologists across those countries. Across sub-Saharan Africa, the mortality rate for pediatric cancer cases is estimated to be as high as 90%. Aiming to meet this need,* ***the government of Botswana announced a new $100 million pediatric hematology-oncology initiative this week called Global HOPE (Hematology-Oncology Pediatric Excellence).*** *The* ***new public-private partnership*** *aims to* ***treat children with cancer and blood disorders, modeled after successful pediatric HIV/AIDS treatment programs in the region****. Partners include Texas Children's Cancer and Hematology Centers, Baylor College of Medicine International Pediatric AIDS Initiative and the governments of Botswana, Uganda and Malawi. The program expects to train thousands of health care professionals and treat thousands of children in its first 5 years. The effort is supported by a $50 million donation from the Bristol-Myers Squibb Foundation and matched by $50 million in additional philanthropy. John Damonti, president of the Bristol-Myers Squibb Foundation, shares insights into the program in this Q&A. …*"

Quick links:

Guardian - Forget five a day, eat 10 portions of fruit and veg to cut risk of early death Based on new research (*as if 5 portions wasn't hard enough*).

Wired - **Peter Piot on NCDs** (including NCD prevention) We mainly noted this paragraph: *"… This broad spectrum of challenges will require diverse solutions. Part of the solution relies on an underlying principle of marketing:* ***know your audience.*** *"You don't market caviar in the slums; you* ***segment your audience*** *for marketing. I think for public health, we can do the same thing." This will depend on* ***gathering reams of behavioural data to build better, more targeted interventions*** *– whether their aim is to shift dietary preferences, or increase the uptake of a vital, preventative vaccine. "This is where the* ***data revolution*** *we're in, and* ***using artificial intelligence*** *to interpret it on a large scale, could enable us to refine our interventions," Piot says. "That's not all going to happen in 2017, but I think the time is ripe now to connect this kind of innovation with public health.""*

FT – Big pharma bets billions on 'silent' liver disease *" In recent months, large drugmakers including Allergan, Gilead and Novartis have collectively spent billions of dollars acquiring or licensing medicines designed to treat a liver disease that few people have heard of — non-alcoholic steatohepatitis, or* ***Nash****…."* (not sure whether there's a spike in Nashville)

WHO – WHO backs South African government's commitment to implementing sugary drinks tax to tackle diabetes and obesity

WHO Afro; *"The World Health Organization strongly supports [yesterday]'s announcement by the Government of South Africa to implement a tax on sugary beverages as part of the country's campaign to promote the health of its citizens and combat the increasing challenges of diabetes and obesity. The tax on sugary drinks was among several important health measures announced as part of the government's 2017/18 budget…."*

Last week, **Mike Bloomberg** already cheered on South Africa in the fight against sugary drinks – "…South Africa has a chance to **help lead a growing global movement to adopt a national tax on sugary drinks**. If it does so, it will help improve the health of many South Africans, and children are likely to be the biggest beneficiaries. "

The Atlantic - The Promise of **3-D Printing** Body Parts "Cheap, easy-made prosthetics could address a major need in developing nations."

Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health - The end of the Ebola virus disease epidemic: has the work just begun?

MJ Siedner et al ; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30079-7/fulltext

Comment accompanying a new study by some of my colleagues. « … In The Lancet Global Health, **Alexandre Delamou and colleagues** present **data on the lasting effect of the Ebola virus disease epidemic on maternal and child health-care services in the rural Forest region of Guinea**—the location of approximately two of every three reported deaths from Ebola virus disease in the country. They analysed aggregated monthly service use data from health systems in six districts … … Delamou and colleagues showed that trends in both maternal and child health indicators significantly dropped during the epidemic—a tragic but unsurprising finding, and one in agreement with similar reports from Liberia and Sierra Leone. But less well described, and perhaps more concerning, is **their finding of durable, detrimental effects on basic health-care delivery up to a year after the epidemic ended in Guinea**. Indeed, **they estimate persistently stagnant or negative trends in all health indicators assessed through the end of their observation period in March, 2016. These estimates correspond to thousands of missed opportunities for prenatal care, safe deliveries, and preventable early life infections—the cornerstones of maternal and child health**…. »

IS Global / WB report – Inequalities in Women's and Girls' Health Opportunities and Outcomes. A Report from Sub-Saharan Africa

IS Global/WB;

"The report, presented by ISGlobal and the World Bank, analyzes the most recent data from 29 sub-Saharan African countries. The document reveals that ***women of reproductive age (15 to 49 years) have very unequal access to the 15 health opportunities studied****." "…The report uses the most recent data available to analyse 15 opportunities for women of reproductive age (15-49), including two subgroups: pregnant women and older adolescent girls (15-19), within and across 29 SSA countries. The introduction of new metrics, such as the* ***Human Opportunity Index*** *(HOI), a composite indicator that determines how many opportunities are available (the coverage rate), and how equitably those opportunities are distributed across circumstance groups (sets of individuals with the same characteristics), allows new understanding of the constraints and opportunities to achieving equity in perinatal and reproductive health…." "…Results reveal that overall reproductive and maternal health opportunities for women and girls are scarce –* ***half of women and girls are not receiving the most essential interventions, and these are unequally distributed both at country level and across countries*** *… … In the SSA context of low coverage and high inequalities,* ***universal health coverage (UHC) strategies are the core mechanism to ensure effective and equitable provision of essential health care and reach "every woman, everywhere"****."*

WHO – Consolidated guideline on sexual and reproductive health and rights of women living with HIV

http://www.who.int/reproductivehealth/publications/gender_rights/Ex-Summ-srhr-women-hiv/en/

"This guideline responds to requests from organizations, institutions and individuals for guidance which consolidates existing recommendations specific to women living with HIV along with new recommendations and good practice statements. It is expected to support front-line health-care

providers, programme managers and public health policy-makers around the world to better address the sexual and reproductive health and rights (SRHR) of women living with HIV. The starting point for this guideline is the point at which a woman has learnt that she is living with HIV, and it therefore covers key issues for providing comprehensive SRHR-related services and support for women living with HIV. As women living with HIV face unique challenges and human rights violations related to their sexuality and reproduction within their families and communities, as well as from the health-care institutions where they seek care, particular emphasis is placed on the creation of an enabling environment to support more effective health interventions and better health outcomes."

Guardian - Secret aid worker: Men have as many issues as women, we just don't know what they are

https://www.theguardian.com/global-development-professionals-network/2017/feb/14/secret-aid-worker-men-have-as-many-issues-as-women-we-just-dont-know-what-they-are?CMP=share_btn_tw

"*The word **gender** has become meaningless in the humanitarian sector. And I say this as a gender adviser….*" Yes, do read this piece! The author concludes: "*…I propose new terminology. And let's keep it simple. Humanitarian impact on women. Humanitarian impact on men. Within that will be different age ranges. It can include protection and participation but it will do what gender has been trying to do all this time, which is to address the actual different needs of women and men….*"

Quick link:

Guardian - On the run from persecution: **how Kenya became a haven for LGBT refugees**. "*…Kenya is one of the few East African nations that has provided homes, permanently or temporarily to LGBT refugees. "At the height of the movements in 2014, we recorded 400 LGBT refugees. The number has since dropped and now keeps fluctuating because a lot of them are being resettled in countries outside Africa," Nzioka says. Of those who have found shelter in Nairobi, Nzioka says 90% of them come from Uganda. The rest are spread between Tanzania, Ethiopia, Burundi, Democratic Republic of Congo and Somalia….*"

Access to medicines

IP-Watch – Momentum-Building: An Interview With Ruth Dreifuss On High-Level Panel On Access To Medicines

http://www.ip-watch.org/2017/02/22/momentum-building-interview-ruth-dreifuss-high-level-panel-access-medicines/

(recommended) "*Former Swiss President Ruth Dreifuss, co-chair of the United Nations Secretary General's High-Level Panel on Access to Medicines, participated in a Geneva event on rare diseases*

earlier this month. ***She agreed to answer Intellectual Property Watch's Catherine Saez about the High-Level Panel report, in particular how it was received by the international community, her take on criticisms that have been voiced, and the importance that the report be discussed at the international level such as the World Health Assembly****….*"

IP-Watch - TRIPS Council To Consider The Two Sides Of IP – Innovation Booster And Barrier

http://www.ip-watch.org/2017/02/21/trips-council-consider-two-sides-ip-innovation-booster-barrier/

(gated) "***The role of intellectual property in innovation is expected to be considered through different lenses at the upcoming meeting of the World Trade Organization committee on intellectual property****. A group of developed countries have proposed an agenda item on inclusive innovation in micro, small and medium-sized enterprises, while discussions are expected on the report of the United Nations Secretary General's High-Level Panel on Access to Medicines, and a side event featuring High Level Panel members has been convened by a group of developing countries. Electronic commerce, and in particular copyright issues and electronic signatures are also on the agenda next week*."

PS: read also IP-Watch - Side Event On UN High-Level Panel On Access To Medicines Next Week At WTO.

WHO Bulletin (early online)– Medicines for children: flexible, solid, oral formulations

E SF Orubu et al; http://www.who.int/bulletin/online_first/BLT.16.171967.pdf?ua=1

"*…national governments and manufacturers need to work with WHO to resolve the potential challenges of promoting the use of flexible solid oral dosage forms for children*."

Globalization & Health – Corporate social responsibility to improve access to medicines: the case of Brazil

H Thorsteindottir et al ; http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0235-7

"*Access to medicines and the development of a strong national pharmaceutical industry are two longstanding pillars of health policy in Brazil. This is reflected in a clear emphasis by Brazil's Federal Government on improving access to medicine in national health plans and industrial policies aimed at promoting domestic pharmaceutical development. This research proposes that such policies may act as incentives for companies to pursue a strategic Corporate Social Responsibility (CSR) agenda. CSR*

that supports Governmental priorities could help companies to benefit significantly from the Governmental industrial policy….”

Quick links:

Stat – For the Big Pharma fans among you: if you want to know how **Gilead** is driving global access to medicines, according to **Gregg Alton**, Executive Vice President, Commercial and Access Operations ALA, Corporate and Medical Affairs at Gilead Sciences: The global challenge of access to medicines

Miscellaneous

Lancet - Offline: The Paris Spring for public health policy

Richard Horton; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30561-5/fulltext

Horton reflects on the **annual gathering of the Global Public Policy Network**, a collaboration between seven of the world's leading schools of public policy. In Paris, he noted the contrast between the gloom of the deans, on the one hand, and the more optimistic attitudes among students, who had the courage (in the competition) to let their teams tackle issues that politicians frequently prefer to ignore (such as enhancing citizenship for refugees, deepening democracy and trust in government, and achieving environmental justice).

Duncan Green – How are different governments performing as global citizens? Time for a new index!

http://oxfamblogs.org/fp2p/how-are-different-governments-performing-as-global-citizens-time-for-a-new-index/

Duncan Green has just read a Country Global Citizenship Report Card. It’s put together by the Global Citizens Initiative, run by Ron Israel. “*The ‘citizens’ in question are actually 53 governments, and the report assesses them against their signature, ratification and particularly implementation of 35 international agreements, conventions and treaties. These fall into 6 domains: human rights, gender equity, environment, poverty reduction, governance and global peace and justice. …”* Here is his assessment.

Also some reflection on the report's Theory of Change and the SDGs' lack of Theory of Change.

The Brussels Declaration on ethics & principles for science & society policymaking (17 Feb)

http://21ax0w3am0j23cz0qd1q1n3u.wpengine.netdna-cdn.com/wp-content/uploads/2017/02/Brussels-Declaration.pdf

"…Formulated as a set of 20 recommendations, the declaration supports a bottom-up approach to handle the relationship between all-of-science and society during the policy making process…." See also Euroscientist.

New Journal: Cities & Health

Cities & Health;

"*Cities & Health provides an innovative new international platform for consolidating research and know-how for city development to support human health….. … The journal explores the drivers of urban change through the lenses of health and health equity. From climate change to the digital city, from city leadership to community resilience, cities all over the world are in transition and will cover a wide range of topics but public health needs to be at the heart of the discourse*."

So basically, as somebody put it on Twitter, *"this new journal supports 'City Know-How' for SDGs 3,10,11,13."*

Tax Justice - Open Data For Tax Justice: the creation of a public database of country-by-country reporting data

http://www.taxjustice.net/2017/02/17/new-white-paper-creation-public-database-country-country-reporting-data/

Based on a new **White Paper** - What Do They Pay? Towards a Public Database to Account for the Economic Activities and Tax Contributions of Multinational Corporations.

The white paper sets out a roadmap for the creation of a global public database on the tax contributions and economic activities of multinational companies.

The New York Review of Books - Trump's threat to public health

D Smith; http://www.nybooks.com/daily/2017/02/15/trumps-threat-to-public-health/

Long read. Not sure it fits The Donald's attention span.

Emerging Voices

IHP – 888 voices for social inclusion: reflections from PMAC 2017

http://www.internationalhealthpolicies.org/888-voices-for-social-inclusion-reflections-from-pmac-2017/

Nimali Widanapathirana (EV 2016) 's take on PMAC 2017 in Bangkok.

Research

Global Public Health – The ethics of researching intimate partner violence in global health: A case study from global health research

J Mannell et al ; http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1293126

"There has been an increase in attention to intimate partner violence (IPV) as a health issue that contributes to the spread of HIV, physical and emotional stress, depression, substance use, serious injuries, and higher rates of mortality in low-income settings. This paper explores the ethical implications raised by research on IPV by global health scholars…."

AJPH (Editorial) - Systematic Reviews for Policymaking: Muddling Through

Trisha Greenhalgh et a;
http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303557?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&

Well worth a read.

Health Research Policy & Systems - Analysis of the policymaking process in Burkina Faso's health sector: case studies of the creation of two health system support units

A Zida, J Shearer et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0173-0

"*Burkina Faso has made a number of health system policy decisions to improve performance on health indicators and strengthen responsiveness to health-related challenges. These included the* ***creation of a General Directorate of Health Information and Statistics (DGISS) and a technical unit to coordinate performance-based financing (CT-FBR).*** *We* ***analysed the policymaking processes associated with the establishment of these units****, and documented the factors that influenced this process. … … We used a multiple-case study design based on Kingdon's agenda-setting model to investigate the DGISS and CT-FBR policymaking processes. … … Key factors influencing the policymaking processes associated with the two units involved the 'problem' (problem identification), 'policy' (formation of policy proposals), and 'politics' (political climate/change) streams, which came together in a way that resulted in proposals being placed on the decision agenda. A number of problems with Burkina Faso's health information and financing systems were identified. Policy proposals for the DGISS and CT-FBR units were developed in response to these problems, emerging from several sources including development partners. Changes in political and public service administrations (specifically the 2008 appointment of a new Minister of Health and the establishment of a new budget allocation system), with corresponding changes in the actors and interests involved, appeared key in elevating the proposals to the decision agenda….*"