IHP news 408: The Global Fund’s awkward moment

(3 March 2017)

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

Dear Colleagues,

This week’s IHP intro comes from Radhika Arora. She watched much of the Oscar ceremony early this week. Here are some of her reflections.

“The Academy Awards 2017 brought some much-needed variance in the news this week. Shimmering gold dresses and *shocking* blue tuxedoes provided momentary distraction. It is perhaps symbolic that this year, even the red carpet had to be prepped for forecasted rain.

The Academy Awards have over the last few years been criticized for their lack of diversity; this year saw a number of nominations for actors of colour and film, but we doubt tackling the issue of diversity – whether race, gender or sexuality – is solved via nominations. Casey Affleck – sued for sexual harassment a few years ago – won the award for best actor. His winning, along with others in the movie business such as Roman Polanski, have been called out as examples of male actors whose professional lives have been unaffected by the allegations against them.

This year’s awards also threw up their share of surprises, including the rather disastrous “best movie” surprise ending which led some journalists to wonder if we are in fact living in “the Matrix” (a computer simulation run by far advanced aliens, that is). As the crew of academy favourite of the year, La La Land, went up on stage to accept their award for this year’s best film, they found out, three acknowledgement speeches in, that they had lost to Moonlight. Oops. Moonlight’s (deserved) win – the first for an LGBTQ film and one nested among the African American community – was thus eclipsed by a mess up which really should not have happened. Envelopgate – blame PwC. Or the aliens, if you want!"

On that note, let’s get started with this week’s IHP news. Earlier this week, the Global Fund experienced its own ‘Oops’ moment and diversity issues in the search for a new executive director – for once, WHO seems miles ahead when it comes to good governance. Some alien teenagers must be having a wicked time.

In this week’s feature article, EV2016 Nimali Widanapathirana and colleague report on the recent High-level meeting of the Global Consultation on Migrant Health, Colombo, 23rd February 2017.
Featured Article

Leave no ‘migrants’ behind: towards a global agenda for migrant inclusive health systems

By Nimali Widanapathirana (EV 2016 & Medical Officer (Registrar in Community Medicine), Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka) & Nalinda Wellappuli (Medical Officer, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka)

People are on the move more than ever before: while some migrate in search of greener pastures, many others are forcibly displaced, fleeing conflicts or escaping persecution. This has significant implications for the health sector in countries of origin, transit and destination. Existing health systems struggle to adapt, especially in the context of mass migration, leaving migrants vulnerable to health risks. Let’s also not forget about the huge internal migration in quite a few countries.

From February 21st to 23rd, delegates from over 40 countries met in Colombo, Sri Lanka to identify gaps and accomplishments so far and to reach consensus on key policy strategies to reset the agenda on migrant health. Representatives from governments, academia, NGOs and civil society organizations, the International Organization for Migration (IOM) and the WHO discussed three thematic areas within a rights based, people centered and equity framework: Global Health, Vulnerability & Resilience and Development.

Sri Lanka, the host country, and one of the few in the world to have a comprehensive health policy for migrants is cognizant of the contribution migrants make to the economy and is committed to safeguarding their right to health. Sri Lanka has taken significant steps to bring migration and health on the global health discourse through the UNGA high level meeting on migration and forced displacement held last year in New York and regional platforms such as the WHO Regional Committee for South-East Asia (SEARO) and the Colombo Process (a forum of Asian labour sending countries to facilitate dialogue and cooperation relating to labour mobility).

Migration is a social determinant of health that impacts on the health of migrants, their families and host communities. The Regional Director of IOM for the Asia-Pacific, Dr Maria Nanette Motus acknowledged the urgent need for global Compacts and inter-country engagement in strengthening bilateral social protection agreements between source, transit and destination countries.

Pursuing the vision of the 2030 agenda to leave no one behind, by reducing vulnerabilities and addressing key health needs of migrants, will safeguard not only migrants but also host populations from long-term health and social costs, facilitating integration and creation of a more equitable and inclusive society. Cross border initiatives are needed to ensure that migrant health is addressed without discrimination throughout all phases of the migration cycle. Every single day we read
disturbing reports in the media on how migrants’ health and human rights are jeopardized or worse, while migrating – so they hope – to a better future. This is a global responsibility.

“We’d like to see migrant health as a litmus test of the coherence of the SDGs and ultimately of the actual implementation of universal health coverage” (Dr Maria Nanette Motus, Regional Director of IOM for the Asia-Pacific Region)

Strengthening the resilience of existing health systems is a priority to provide migrant sensitive health services through the implementation of well-managed and coordinated migration policies, including financial risk protection and equal access to quality services. The need for evidence and its relevance in enhancing migrant-inclusive policy development was voiced by the Director-General of IOM, Mr William Lacy Swing: ‘We need to be guided by evidence, not uninformed opinions; we need to be guided by science and pragmatism, not fear and misinformation.’ That might not be exactly in sync with our ‘post-truth’ times, but remains true more than ever.

The Consultation was a meaningful platform for multisectoral dialogue and to secure political commitment in an environment of increasing challenges to integrating migrant health needs in national and international policies and strategies. The highlight of the consultation was the launch of the ‘Colombo Statement’ which calls for mainstreaming migrant health into key national, regional and international agendas aligned with the implementation of WHA resolutions and SDGs. This will pave the way for sustained international dialogue leading up to the adoption of the Global Compact for safe, orderly and regular migration and the Global Compact on refugees in 2018.

The need to work hand in hand with migrant communities, governments, civil society, the private sector and academia amidst competing priorities and increasing anti-migrant and anti-refugee sentiments was reiterated throughout the consultation and well echoed by the WHO Regional Director of SEARO, Dr Poonam Khetrapal Singh: ‘Together we have the power to bend history to our benefit. Together we can ensure that the right to health is secure for all including migrants and refugees.’

Or as somebody used to say not so long ago, when the world still felt like a better place: “Yes we can!”

Highlights of the week

Global Fund hiccup

It wasn’t the best week for the Global Fund, as we already mentioned in the intro. Problems were already simmering for a while in the search for a new Executive Director, and this week things got to a(n anti-)climax when the Board of the Fund met (27-28 February), presumably among others “to select a new ED out of the 3 shortlisted candidates”. That didn’t go so well.
Lancet (World Report) - Global Fund - Controversy embroils selection of new Global Fund head


This piece kicked things off, on Monday morning. “The final stages of the race to become the next Executive Director of the Global Fund have been marred by anonymous allegations and a candidate’s withdrawal. John Zarocostas reports.”

Over the weekend, Devex had already reported in an article “Health, development leaders weigh in on Global Fund shortlist”, “…Devex spoke to several well-placed global health and development leaders about their impressions of the finalists. All of them spoke on the condition that their comments not be attributed by name. Each expressed mixed feelings and some disappointment that the selection process had not generated candidates known for visionary global health leadership…”.

That didn’t sound good.

Later on Monday, the Global Fund then announced that it would continue to search for a new Executive Director. In other words, the whole process was restarted.

Coverage & analysis

For all the detail, we recommend the following three must-reads:

**GFO – Board to “restart the process” of searching for a new executive director**

http://www.aidspan.org/node/4108

Analysis by David Garmaise.

**Science – After fracas, Global Fund abandons plan to pick new chief and reopens search**


Must-read. Among others on the internal intrigues & controversy around the three shortlisted candidates so far. Pate pulled out now. Helen Clark had done so earlier already.

**NYT – Influential Health Fund Reboots Its Search for a Leader**

Read, among others, on the pressure put by the implementers’ group. And the plans for more transparency (inspired by the WHO’s DG election?). Or at least they seem to be considering a more transparent process now.

Last but not least, a must-read is also (CGD) Amanda Glassman’s - Global Fund Executive Director Reboot

“... Although the Global Fund is lawfully a private Swiss Foundation, its Board should not act as such (i.e. like they did over the last few weeks and months). Advocates exert strong influence over the Global Fund through the media and big donors have veto—so its ED selection process should acknowledge the realpolitik and vet candidates broadly and in the public domain, while giving due consideration to candidates’ capacity to navigate difficult political and financial headwinds. As the executive director search reboots, I am looking for candidates that have clarity, concrete plans, and capacity to make progress in three areas—the big 3—that are essential to the Fund’s survival: results, efficiency, and money. ...”

Tom Murphy (Humanosphere) - Global Fund hits restart button after leadership search falls apart (as of 2 March)

Meanwhile, some Twitterandi wonder whether the Global Fund should just drag it out, and then poach whoever doesn’t make it in the WHO DG election (be it Nabarro, or Tedros). Not sure the WHO’s “leftovers” would make for the “new executive director to provide visionary leadership” the GF is seeking (according to its press release from earlier this week).

WHO publishes list of bacteria for which new antibiotics are urgently needed


Earlier this week, “WHO published its first ever list of antibiotic-resistant "priority pathogens" – a catalogue of 12 families of bacteria that pose the greatest threat to human health. The list was drawn up in a bid to guide and promote research and development (R&D) of new antibiotics, as part of WHO’s efforts to address growing global resistance to antimicrobial medicines. The list highlights in particular the threat of gram-negative bacteria that are resistant to multiple antibiotics. These bacteria have built-in abilities to find new ways to resist treatment and can pass along genetic material that allows other bacteria to become drug-resistant as well. ... ... The WHO list is divided into three categories according to the urgency of need for new antibiotics: critical, high and medium priority.”

Among others, the list was drafted with a view on the G20 focus on AMR. “...G20 health experts will meet this week in Berlin. Mr Hermann Gröhe, Federal Minister of Health, Germany says "We need effective antibiotics for our health systems. We have to take joint action today for a healthier tomorrow. Therefore, we will discuss and bring the attention of the G20 to the fight against antimicrobial resistance. WHO’s first global priority pathogen list is an important new tool to secure and guide research and development related to new antibiotics."
Must-read coverage on this list, the importance of it but also the limits (much more is needed in the fight against AMR)

Nature (News) - The drug-resistant bacteria that pose the greatest health threats.


There was some animosity about the fact that TB was not on WHO’s list even though lethal drug-resistant strains — MDR-TB and XDR-TB — pose a major threat, “because there are programs targeted at it”. WHO then clarified, in an extra statement, WHO stresses urgent need for R&D for drug-resistant TB alongside newly-prioritized antibiotic-resistant pathogens “...Mycobacterium tuberculosis, the bacterium responsible for human TB, was not included in the scope of the prioritization exercise as the intention was to identify previously unreocgnised health threats due to increasing antibiotic resistance. There is already consensus that TB is a top priority for R&D for new antibiotics,” said Dr Marie-Paule Kieny, Assistant Director-General at WHO....”

That didn’t convince everybody... – see for example “The Union demands that TB be included in the WHO list of bacteria for which new antibiotics urgently needed”.

PS: the C.D.C. released a similar report in 2013, ranking 18 drug-resistant bacteria and fungi in three categories: urgent, serious and concerning. The two lists have some differences.

MSF Access response to this WHO global priority pathogen list - MSF response to WHO antibiotic-resistant "priority pathogens" list.

“WHO’s global priority pathogen list is a valuable and urgently-needed tool to help combat the growing challenges posed by antibiotic resistance. .... With the priority pathogen list, we need to urgently see new antibiotics developed that are affordable, appropriate, and accessible fill a depleted drug pipeline. “It’s important to remember that tackling the growing AMR crisis isn’t just about new drugs. Improved diagnostics – ones that are fast, easy to use in field settings, and that can determine what infections are bacterial, identify what bacteria they are, and assess whether they are resistant to certain drugs – are crucial to reducing inappropriate antibiotic use in the first place. Better infection prevention and control measures, strengthened microbiology laboratory services and surveillance, increasing the use of suitable vaccines, and better education of health professionals and patients on rational antibiotic use are among the best tools we have to prevent further development of resistant infections, and avoid the unnecessary use of the precious antibiotics we currently have....”

Trump & global health

Donald Trump made his first address to the US Congress on Tuesday, trying very hard to sound and look presidential. He also outlined some of his wacko priorities. They look very worrying for most
readers of this newsletter (huge cuts to the state department & USAID seem in the making, for example), even if it’s not sure he’ll get them (all) through Congress. Some reads:

**Trump & foreign aid**


Guardian Global Development (must-read): [US foreign aid expected to be biggest casualty of Trump’s first budget](https) “US spending on overseas aid is expected to bear the brunt of dramatic cuts as part of Donald Trump’s plan to increase defence spending by $54bn in his upcoming budget.” Read all the detail in this piece.


Fortunately, however, opposition is growing (on Republican and Democrat side, and also from Ngo and retired military side) against these Trumpean ‘cut foreign aid and then let’s see how safe the world looks’ plans. See also Humanosphere’s Tom Murphy - [Waves of opposition slam Trump proposal to cut foreign aid](https) for an overview of all the opposition.

For a nice example, see in the Washington Post - ‘[America first’ shouldn’t mean cutting foreign aid](https://www.washingtonpost.com/opinions/smart-moves/2017/02/20/make-america-first-mean-more-money-for-international-development/?utm_term=inline) (by M Gerson & Raj Shah – former USAID administrator).

Or UN Dispatch (Mark Leon Goldberg) - [Cutting the Foreign Aid Budget Is Going to Be Harder than Trump Thinks](https). “…When this budget is actually released though, the Trump administration will find itself confronting two giant barriers: arithmetic and politics....”

**Global gag rule & international response « She Decides”**

28 February was a global day of action against Trump’s global gag rule. And of course, all eyes were this week also on the “She Decides” conference (and our very own minister Alexander De Croo, basking in the limelight ), in Brussels (2 March).

Some reads (ahead of “She Decides”):

**Resyst blog** (by Kate Hawkins et al): [It is chilling: The Mexico City Policy, gender, and health systems](https)

“This blog explores the Mexico City Policy in the context of health systems research, examining implications for the health systems community.”

**“A [European parliament resolution](https), adopted on February 14, called on the European Union and its member states to “counter the impact of the gag rule by significantly increasing sexual and reproductive health and rights funding...using both national as well as EU development funding.”**
* The Guardian reported **Dutch minister calls on UK to join safe abortion fund after Trump ban.**

* The Globe and Mail: **Countering Trump, Ottawa to back global safe-abortion fund**

* **Statement on the promotion, protection and fulfilment of sexual and reproductive health and rights** (by nearly 40 global experts - **WHO** (i.e. the members of the Scientific and Technical Advisory Group (STAG) and the Gender and Rights Advisory Panel (GAP) of the HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is the main instrument for research in sexual and reproductive health and rights)

* **On the very eve of the international conference** She Decides in Brussels, Belgian Minister for Development Cooperation Alexander De Croo launched **Body & Rights**, a bilingual (French/Dutch) website with an e-tutorial on sexual and reproductive health and rights (SRHR).

**Joint Statement of Belgium, The Netherlands, Denmark and Sweden co-organizers Brussels International Conference ‘She Decides’**

http://us7.campaign-archive2.com/?u=bb5815b475de861b33d34f6fe&id=0068732622

“**More than 45 government representatives of all continents** and 400 parliamentarians and civil society participants gathered in Brussels today to express their support for women’s rights. They **raised in total 181 million euros for the Global Fundraising Initiative ‘She Decides’**. … **This is considered as a first step**. “She Decides aims to bring about a movement that includes everyone who shares these beliefs and values. The broad moral and political support expressed by all participants today is the start of this global partnership for women’s rights.” See also **The Guardian.** Or **Stat News.**

“…The funding drive was boosted by Sweden, Canada and Finland each promising 20 million euros. The private Bill & Melinda Gates Foundation also provided $20 million. Conference host and Belgian Deputy Premier Alexander De Croo said one anonymous U.S. donor committed $50 million, pushing the total up to a provisional 181 million euros.”

The Guardian reported, also, though - **UK fails to contribute as donors unite to bridge US ‘global-gag’ funding shortfall.** “… **Rory Stewart, minister for international development, restated the UK’s existing spending on family planning in developing countries. Having historically put £90m in 2010 into this issue I can confirm that the UK government now has a budget of £200m for family planning,**” he told delegates….”

Also - “…**Absent was any pledge from the EU**, the world’s largest humanitarian aid donor. The European commission, which manages the EU’s €1bn annual aid budget on behalf of 28 member states, said it was “carefully analysing actual needs on the ground and the dimension of funding gaps” …”

**Next up: a UK government conference on family planning in July.**

Check out also hashtag **#SheDecides** .
Guardian – Ebola survivor and frontline fighter dies after childbirth complications


“A woman named a Time magazine person of the year in 2014 for her frontline work fighting Ebola in west Africa has died from childbirth complications in Liberia. Hospital staff were reluctant to treat her because of the stigma that still surrounds the disease, according to her family....”

See also Time. Health systems matter. As well as stigma.

In other Ebola related news, a new WHO report “describes the work done by WHO from January 2015 up to the end of December 2016 to address the long-term issues of survivor care, health-systems strengthening and research. “

Trade unions and campaigners boycotting World Bank consultation on PPPs


“Trade unions and campaigners from around the world are boycotting the latest World Bank consultation on Public-Private Partnerships (PPPs), due to close tomorrow, 28 February. Research shows that PPPs – agreements between the public and private sector to provide infrastructure and services normally delivered by the state – are risky and expensive and contain numerous hidden costs. Currently, most governments leave information about future debts, or contingent liabilities, out of their accounting books, making PPPs look cheaper and more efficient than traditional public procurement. Trade unions and NGOs the world over have launched the boycott after their concerns about these hidden costs have been repeatedly ignored by the World Bank – one of the biggest institutions promoting and arranging PPPs in some of the poorest countries in the world....”


WHO – A system-wide approach to analysing efficiency across health programmes

“Health programmes are able to target health interventions for specific diseases or populations, and historically, countries have relied heavily on them to deliver priority services. In low- and middle-income countries, this organizational approach has been reinforced by donor assistance for priority areas that often lead programmes to operate largely autonomously from one another in seeking to optimize the achievement of a specific objective. This dynamic has implications for how priority interventions are delivered and sustained, sometimes with separate organizational arrangements resulting in inefficient overlaps and duplications. As contexts change, and in particular, as responsibility for funding these programmes shifts more towards domestic resources, maintaining an array of programmes with distinct, separate organizational arrangements is unlikely to be affordable. This “System-wide approach to analysing efficiency across health programmes” approach equips countries with a framework to identify and correct inefficiencies that compromise governments’ ability to improve, or at the very least sustain, the delivery of priority health services. More specifically, the aim is to look across the array of health programmes that are part of each country’s health system in order to detect “cross-programmatic” duplications, overlaps and misalignments. Once these have been identified, there is a foundation to address them through changes to specific aspects of how programmes are configured and operate within the context of a country’s overall health system.”

Global humanitarian crisis

UNHCR - Poorer countries host most of the forcibly displaced – report

UNHCR;

Not really “news” anymore, but good to keep repeating: “According to a new UNHCR study, most of the 3.2 million who were driven from their homes in the first half of 2016 found shelter in low or middle income countries.”

Guardian - Donors pledge $672m at Oslo summit to avert famine in Nigeria and Lake Chad


From last weekend. “A third of the $1.5bn in emergency funding sought by the UN this year to prevent a famine in Africa’s stricken Lake Chad region has been raised at a summit in Oslo. The US has not yet made any new pledge of money....”

You might also want to read a FT editorial on famine and the need for a humanitarian overhaul - The season of famine looms across Africa. And if you want to find out who declares a famine, see NPR Goats and Soda - Who Declares A Famine? And What Does That Actually Mean?

Financial Times health newsletter

http://nbe.ft.com/nbe/profile.cfm?health=yes
Just started – and an essential briefing on global health. On Friday as well!

You find the first example here, including an interview with Tom Frieden, former head of CDC.

1 March – Zero discrimination Day

Every year, 1 March is #ZeroDiscrimination Day, a time to celebrate diversity, tolerance and inclusion.

Check out, for example, the UNAIDS message and focus on this year’s Zero Discrimination Day: UNAIDS urges everyone to make some noise for zero discrimination. “… Zero discrimination is an integral part of UNAIDS’ vision and for this year’s Zero Discrimination Day UNAIDS is calling for zero discrimination in health-care settings.” WHO has a similar focus.

For a take from the World Bank, see for example - To fight discrimination, we need to fill the LGBTI data gap. “… Despite some progress in the past two decades, lesbian, gay, bisexual, transgender, and intersex (LGBTI) people continue to face widespread discrimination and exclusion around the world. Many of them suffer from punitive laws and policies, social stigma, and even violence. They may also be subject to lower educational attainment, higher unemployment rates, poorer health outcomes, as well as unequal access to housing, finance, and social services. As a result, LGBTI people are likely overrepresented in the bottom 40% of the population. The adverse impacts on the health and economic wellbeing of LGBTI groups—as well as on economies and societies at large—tell us one thing: exclusion and discrimination based on sexual orientation and gender identity (SOGI) is a serious development issue.” “…The World Bank’s SOGI Task Force—consisting of representatives from various global practices and country offices, the Gender Cross-cutting Solution Area, as well as the GLOBE staff resource group—has identified the need for quantitative data on LGBTI as a priority.”

First drug-resistant malaria parasite detected in Africa


Very worrying news from late last week. “For the first time in Africa, researchers said they have detected a malaria parasite that is partially resistant to the top anti-malaria drug, artemisinin, raising concern about efforts to fight a disease that sickens hundreds of millions of people each year. The discovery means that Africa now joins southeast Asia in hosting such drug-resistant forms of the mosquito-borne disease.” See also Eurekalert and the NEJM Letter that reported the case. “…The first known case of artemisinin-resistance in Africa has been identified: a finding of great significance for efforts in global malaria control and drug resistance monitoring. A large international team that included KAUST scientists identified the African origin of drug-resistant malaria parasites detected in a Chinese patient, who had travelled from Equatorial Guinea to China.”
WCC to develop Global Ecumenical Health Strategy, starting in Lesotho


“Standing at the threshold of the SDGs, the World Council of Churches (WCC) believes it is time for the church to reaffirm the role it has played over centuries as leader in global health, and to consolidate efforts towards health and healing for all,” says Dr Mwai Makoka, WCC programme executive for Health and Healing. Meeting in Maseru, Lesotho, on 27 February, the WCC is starting the process of developing a Global Ecumenical Health Strategy, following the legacy of churches’ high profile in health care and mission historically....”

3 March – World Birth Defects Day


World Birth Defects Day 2017 raises global awareness of birth defects. Unfortunately, with Zika & microcephaly, this has been a rather sad year in this respect.

UN Human rights council – 34th meeting in Geneva

UN News – In Geneva, UN urges upholding human rights amid rising populism and extremism


“Disregard for human rights is a “disease,” United Nations Secretary-General António Guterres today told the opening session of the UN Human Rights Council, urging Member States to uphold the rights of all people in the face of rising populism and extremism. Addressing the top UN human rights body for the first time since becoming Secretary-General, Mr. Guterres appealed to world governments to speak up for human rights in an “impartial way.” “Disregard for human rights is a disease, and it is a disease that is spreading – North, South, East and West,” the Secretary-General told the high-level segment of the 34th regular session of the Human Rights Council, alongside UN High Commissioner for Human Rights Zeid Ra’ad Al Hussein. “The Human Rights Council must be part of the cure.” Not sure everybody will be convinced... (as the US seems intent on pulling out of this council)

FT – special report on combating rare diseases

https://www.ft.com/reports/combating-rare-diseases
“The small number of individuals with an orphan disease often makes research, identification and recruitment for clinical trials difficult. But today there is surging interest in a sector focused on a growing number of rare diseases that had been neglected.”

Some other rare disease related news & links:

IP-Watch – Rare Diseases: Pharma Industry Calls For Collaboration, Political Commitment For Research: “Big Pharma wants to develop treatments for rare diseases, with government support. The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) this week launched a new report describing policy priorities to increase research and development into rare diseases.”

And Donald Trump, a rare disease in itself, called on the US Food and Drug Administration (in his speech to the US Congress) to accelerate the approval process for drugs to treat rare diseases. See also Stat News on how Trump instrumentalized a college student patient with a rare disease.

SS&M - Structural adjustment and health: A conceptual framework and evidence on pathways


“Economic reform programs designed by the International Monetary Fund and the World Bank—so-called ‘structural adjustment programs’—have formed one of the most influential policy agendas of the past four decades. To gain access to financial support from these organizations, countries—often in economic crisis—have reduced public spending, limited the role of the state, and deregulated economic activity. This article identifies the multiple components of structural adjustment, and presents a conceptual framework linking them to health systems and outcomes. Based on a comprehensive review of the academic literature, the article identifies three main pathways through which structural adjustment affects health: policies directly targeting health systems; policies indirectly impacting health systems; and policies affecting the social determinants of health. The cogency of the framework is illustrated by revisiting Greece’s recent experience with structural adjustment, drawing on original IMF reports and secondary literature. Overall, the framework offers a lens through which to analyze the health consequences of structural adjustment across time, space and levels of socioeconomic development, and can be utilized in ex ante health impact assessments of these policies.”

CEPI (Coalition for Epidemic Preparedness Innovations) update

From the last CEPI newsletter:

Dr Richard Hatchett offered position as permanent CEO of CEPI. “The interim CEPI board decided at its meeting 27 February to offer the position of permanent CEO of CEPI to Dr Richard Hatchett. He comes to the position from the Biomedical Advanced Research & Development Authority (BARDA) at
the U.S. Department of Health and Human Services (HHS), where he was Deputy Director and Chief Medical Officer....

On 27 February the interim CEPI board met in Oslo for its third Board meeting. ... “Additionally to offering the position of permanent CEO of CEPI to Richard Hatchett, the interim CEPI Board endorsed the policies on equitable access policy, shared risks/shared benefits policy and management of intellectual property and decided on fund holders arrangements.” “... “And over 200 participants attended CEPI’s first scientific community meeting in Paris on 21 and 22 February.”

Make sure you also read in the Lancet Infectious Diseases – CEPI - preparing for the worst : “The Ebola virus outbreak showed how unprepared the world was for an epidemic emergency. A new vaccine coalition hopes to prevent the same mistakes from being repeating. Talha Burki reports” With some of the latest info on the new vaccine coalition.

WHO Bulletin – March issue

http://www.who.int/bulletin/volumes/95/2/17-000217.pdf?ua=1

We noticed, among others, nice editorials in this issue on Country-specific data on the contraceptive needs of adolescents and Strengthening health systems to provide rehabilitation services. On the latter:

“...Rehabilitation is part of universal health coverage and should be incorporated into the package of essential services, along with prevention, promotion, treatment and palliation. To this end, on 7 February 2017, WHO, Member States, international and professional organizations, nongovernmental organizations and rehabilitation experts issued Rehabilitation 2030: a call for action, a commitment to key actions to strengthen rehabilitation services in Member States. These actions include: improving rehabilitation governance and investment; expanding a high quality rehabilitation workforce; and enhancing rehabilitation data collection. The commitment to strengthen health systems to provide rehabilitation services should make it possible for millions of people not only to live longer, but to live well.”

Make sure you also read the interview with Vikram Patel - Treating depression where there are no mental health professionals.

Lancet Series – Syndemics

http://www.thelancet.com/series/syndemics

“A syndemics framework examines the health consequences of identifiable disease interactions and the social, environmental, or economic factors that promote such interaction and worsen disease. This Series introduces the syndemics approach, explains important contrasts with conventional approaches to public health and health-care delivery based on the concept of multimorbidity, and explores how syndemics can be used to tackle health inequities in a comprehensive manner”
You might want to start with the editorial *Syndemics: health in context*. “Syndemics, as a new Series published in today’s Lancet details, is a conceptual framework for understanding diseases or health conditions that arise in populations and that are exacerbated by the social, economic, environmental, and political milieu in which a population is immersed. A syndemic, or synergistic epidemic, is more than a convenient portmanteau or a synonym for comorbidity. The hallmark of a syndemic is the presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities.”

**Lancet – Offline: Global health security—smart strategy or naive tactics?**


“‘Let’s get real about this.’ David Heymann, who leads the Chatham House Centre on Global Health Security, was understandably frustrated. He was facing two speakers who believed that making global health an issue of global security was a fatal error. The occasion for this sharp divide was last week’s Global Health Lab, hosted by the London School of Hygiene & Tropical Medicine and The Lancet....”

You get the feeling that Horton sides with Heymann here, after going over some examples in recent decades: “...The facts show that investments in global health security attract funding because they offer a means of protecting populations in donor countries against the spread of infectious diseases. Global health security is a tool of foreign policy and we should be glad of that. Global health security strengthens public health. It mobilises financial and technical resources. And it saves lives in all countries by preventing epidemic disease. The unfortunate reality is that humanitarian arguments alone often fail to win the support of politicians. Security arguments change the terms of the political debate. If global health advocates want to deliver on their admirable aspirations, they need to “get real”.”

I don’t. Framing global health as “Global health security” will never make for a fairer world. Let alone in the age of ‘planetary health’...

**Zika**

**Stat News - Ethics panel blocks proposed Zika vaccine research**


“A federally appointed ethics panel has rejected an application from a team of scientists to deliberately infect people with the Zika virus, a decision that threatens to further slow the search for an effective vaccine. The panel’s report, published without fanfare last week on the website of the
National Institutes of Health, said it would not currently be ethical to conduct the study because of the risk to potential volunteers and their sexual partners and because there are other possible study approaches....”

WHO and PAHO Initiative to Support 17 New Research Proposals on Zika in Seven Countries in Latin America and the Caribbean

PAHO: “The new research proposals are aimed at identifying solutions to address the virus. They range from the identification of transmission risk factors to the evaluation of diagnostic tools.”

Zika Virus and Chikungunya Co-Infection May Result in Prolonged Infection

Contagionlive;

“When it comes to Zika and those at highest risk of developing complications, the first thing that comes to mind is pregnant women and their developing fetuses. Many studies have shown that congenital infection with the Zika virus results in microcephaly and other neurological complications. However, in a new study presented at the First International Conference on Zika Virus, new findings were revealed on disease severity in those individuals who are dually infected with Zika virus and Chikungunya.”

Quick links:

Plos NTDs (Policy Platform) - Update on Zika Diagnostic Tests and WHO’s Related Activities

Global health events

Lancet Public health (Editorial) - Two days in Abidjan: finding the voice of francophone Africa

http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30015-4/fulltext

“On Jan 18–19, in Abidjan, the governments of Côte d'Ivoire and France convened two meetings focused on research in francophone Africa and its contribution to global public health....”
UN News centre – At global UN consultation, health leaders underline need for action on migrant health


A recap of the Global Consultation on migrant health in Colombo, last week. Including some info on the Colombo Statement. See also this week’s Featured Article. “… This health issue most directly linked to targets 10.7 on facilitating safe, regular and responsible migration and mobility of people; and 3.8 on achieving universal health coverage under Goals 10 and 3, respectively. There is also an anticipation that the momentum generated by the Global Consultation will carry into the World Health Assembly – WHO’s governing body – where its member States will deliberate, among other health issues, priority actions to protect migrants’ right to health.”

Coming up very soon: 6 March – the (long awaited) debate between Sania Nishtar, David Nabarro & Dr Tedros – Graduate Institute, Geneva

http://graduateinstitute.ch/globalhealth-event6march

Moderated discussion. Will be livestreamed. Check out also the moderators.

Coming up: Graduate Institute, 11 April – Why is the G20 Getting interested in Health?

http://graduateinstitute.ch/events/_/events/corporate/2017/why-is-the-g20-getting-intereste

Lunch briefing. Will certainly be interesting, given Germany’s G20 presidency (and focus on global health). See also Germany’s Federal Government will put the SDGs high on the agenda of this year’s G20 summit in Hamburg.

Coming up - 10th European Congress on Tropical Medicine and International Health (ECTMIH) conference in Antwerp (October 16-20)


It’s not the first time we notify you of this conference in our own Antwerp, but as the deadline is now only one month away for the abstracts, here’s a reminder. Abstracts due by 1st of April. Including for Organized sessions.
Coming up – 14th International Conference on Urban Health: Health Equity: The New Urban Agenda and Sustainable Development Goals (26-29 September 2017 | Coimbra, Portugal)

http://www.icuh2017.org/

Have a look. Abstracts to be sent by 17 March.

UCL centre for Gender and Global Health

http://ighgc.org/events/launch-day

You find all resources on the Launch Day (16 February) (presentations, recordings, ...) and on the center here.

Coming up - Tracking disease-specific expenditure @WHO consortium: where does the money go? with 30+ countries Geneva, March 20-24 #UHC

No clear info yet (apart from this tweet by Agnes Soucat).

G7 Italy – official website online now

Agenda http://www.g7italy.it/en

The website of the Italian #G7 Presidency is online. Info, news, documents and multimedia content you find here. November 5-6 Milan: “#G7 Ministerial Meeting on #Health will focus on finding a global strategy to mitigate the climate change effects on health.”

Global governance of health

Lancet (World Report) – Swedish global health institute established with Gates grant

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30643-8/fulltext
The newly set up Swedish Institute for Global Health Transformation aims to facilitate interdisciplinary global health research in Sweden. Ann Danaiya Usher reports. A new institute for global health research based at the Swedish Royal Academy of Sciences in Stockholm has received a start-up grant from the Bill & Melinda Gates Foundation. The Swedish Institute for Global Health Transformation (SIGHT) aims to have a catalytic role in global health research, galvanising Swedish academics and producing science-based recommendations for policy makers and the public. SIGHT has received an initial US$1.2 million grant from the Gates Foundation, and aims to approach more donors as the institute takes form…

IJHPM – “Not Everything That Is Faced Can Be Changed, but Nothing Can Be Changed Until It Is Faced”: A Response to Recent Commentaries


Benatar reacts to the Comments he received from Ooms et al, David McCoy, and Ronald Labonté on his article “Politics, power, poverty and global health: systems and frames”. Well worth a read.

Equinet Newsletter (Editorial) – The WHO should counter the privatization of health governance, but does it?

Claudio Schuftan; http://www.equinetafrica.org/newsletter/current#1

It sure sounds like a rhetorical question, Claudio!

WHO – Fiscal space for health

http://www.who.int/health_financing/topics/fiscal-space/en/

Check out this new webpage. And its use for UHC.

Huffington Post - How countries can maintain health gains from immunization

Gina Lagomarsino (CEO Results for Development)
http://www.huffingtonpost.com/entry/58b5a7f4e4b02f3f81e44ca6

“…Mobilizing greater domestic resources to support vital programs — like immunization — will become increasingly important when traditional donor funding plateaus or declines — and as
more countries move from low- to middle-income status. In preparing for these transitions, and recognizing that middle-income countries are home to the majority of the world’s poorest populations, the global development community must help strengthen local capacity and systems with practical how-to advice and support....”

“...The good news is a new open-access tool is serving up practical advice for policymakers, program managers and advocates to help them make sure that immunization programs continue uninterrupted as their countries transition from donor assistance.” See Immunization Financing.

“This resource guide collects 26 brief documents on topics related to the cost and financing of national immunization programs in low- and middle-income countries. Some of the briefs explore possible financing sources. Others examine the components and drivers of immunization costs, planning and decision-making processes related to immunization programs and budgets, and the relationship between immunization and broader health system financing. The resource guide concludes with a set of country case studies that illustrate particular approaches or important challenges....”

Nature (News) - Hepatitis C drugs re-energize global fight over patents


“Lawsuits in India and Argentina seek to reduce drug costs by allowing generic versions of antiviral treatments.”

You might also want to read – on Scidev - NGOs, advocacy groups key to eliminating hepatitis. “Stigma and marginalisation of people living with viral hepatitis are among barriers to a global plan to eliminate the disease as a public health threat by 2030, a conference in Shanghai, China, heard this month (15—19 February).” NGO involvement is vital as they provide on the ground experience, information, ...

And if you want to know what Leo Messi has to do with Hepatitis C, do read (on Stat News – Gated though...) - For $6,000, medical tourists seek a hepatitis C cure — and see the pyramids.

BMJ Editorial – Globally inclusive investments in health: benefits at home and abroad

Vin Gupta & Vanessa Kerry; http://www.bmj.com/content/356/bmj.j1004

Must-read by Vin Gupta et al. Certainly this week, in the US. Also looking forward to Vin Diesel’s take on global health, one of these days.
KFF - Key Global Health Positions and Officials in the U.S. Government


As of 24 February.

WHO – Contingency Fund for Emergencies income and allocations

http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/contribution/en/#.WLXJyxBV3Rw.twitter

(as of 24 February), the WHO Contingency Fund for Emergencies: income and allocations show a funding gap of $67m.

Who’s Who in Geneva


Good to have look at this directory before you go to Geneva, for example for the next World Health Assembly? “This directory serves as a practical guide for anyone interested in global health. It is the first of its kind in mapping the many different global health actors in Geneva, and in documenting their wide-ranging activities and complex interrelationships. It aims to foster cooperation and facilitate networking among the different global health stakeholders. Launched in 2009 and now recently updated in its 3rd edition, the directory includes over 90 entries of different organisations in Geneva....”

Global Health Action – Control of corruption, democratic accountability, and effectiveness of HIV/AIDS official development assistance

Hwa-Young Lee et al; http://www.tandfonline.com/doi/full/10.3402/gha.v9.30306

“Despite continued global efforts, HIV/AIDS outcomes in developing countries have not made much progress. Poor governance in recipient countries is often seen as one of the reasons for ineffectiveness of aid efforts to achieve stated objectives and desired outcomes. This study examines the impact of two important dimensions of governance – control of corruption and democratic
accountability – on the effectiveness of HIV/AIDS official development assistance. An empirical analysis using dynamic panel Generalized Method of Moments estimation was conducted on 2001–2010 datasets. Control of corruption and democratic accountability revealed an independent effect and interaction with the amount of HIV/AIDS aid on incidence of HIV/AIDS, respectively, while none of the two governance variables had a significant effect on HIV/AIDS prevalence. Specifically, in countries with accountability level below −2.269, aid has a detrimental effect on incidence of HIV/AIDS."

New CoP working group - Creation of a working group on corruption in African health systems


Speaking of corruption: “Following the interview of Hyacinthe Kankeu Tchewonpi, many experts of our CoPs have expressed their interest in issues related to corruption in health services in low- and middle-income countries, particularly in Africa. We have decided to create a working group to continue the reflection on this topic.”

FT – CDC Group defends UK foreign aid strategy as funding quadruples

https://www.ft.com/content/f7acc9a6-f9a9-11e6-bd4e-68d53499ed71

DFID’s private equity arm is apparently brilliant at “doing good without losing money”. Quite a skill indeed.

IHP - Time for a disruptive financing model for the Global Fund?

Kristof Decoster; http://www.internationalhealthpolicies.org/time-for-a-disruptive-financing-model-for-the-global-fund/

I couldn’t refrain from my own take on the Global Fund troubles from this week, and generously offer a way forward in this blog.
IJHPM – How Should Global Fund Use Value-for-Money Information to Sustain its Investments in Graduating Countries?

K Kaniprom et al; http://ijhpm.com/article_3330.html

“It has been debated whether the Global Fund (GF), which is supporting the implementation of programs on the prevention and control of HIV/AIDS, tuberculosis (TB) and malaria, should consider the value-for-money (VFM) for programs/interventions that they are supporting. In this paper, we critically analyze the uses of economic information for GF programs, not only to ensure accountability to their donors but also to support country governments in continuing investment in cost-effective interventions initiated by the GF despite the discontinuation of financial support after graduation....”

Politico - Why Europe should lead on fight against disease

Renate Baehr; http://www.politico.eu/article/opinion-why-europe-should-lead-on-fight-against-disease/

No prizes to be won why Europe has to pick up the baton. Well worth a read. Fat chance that it’ll happen, though, with the current crop of European leaders (not to mention the ones warming up to join the ranks).

IP Watch – South Centre Paper Sees IP In Free Trade Agreements Interfering With UN SDGs


“A new paper from the intergovernmental South Centre argues that intellectual property provisions in recent free trade agreements would impair countries trying to fulfil the United Nations Sustainable Development Goals. The South Centre, the Geneva-based developing country group, has released the research paper entitled, “Mitigating the Regulatory Constraints Imposed by Intellectual Property Rules under Free Trade Agreements,” by Special Advisor on Trade and Intellectual Property Carlos Correa. ...”

IJHPM - The Global Health Crisis of Solidarity: A Response to Recent Commentaries

C Leppold et al; http://www.ijhpm.com/article_3326_372687495f24739ffa7313fa2e9249ed.pdf
They respond to the responses to their article, Defining and Acting on Global Health: The Case of Japan and the Refugee Crisis. And they rightly say this is not a refugee crisis, it’s a global crisis of solidarity.

WHO – Global Observatory on health R&D

http://who.int/research-observatory/indicators/en/

This section tracks the indicators that are closely linked to the SDG health R&D related targets.

Devex – Is gender parity a task for the next WHO chief?


(recommended) Devex asked the prospective director-generals what concrete policies they would implement to improve the gender balance and how important they consider the issue.

Global Policy Watch - The UN development system: Can it catch up to the 2030 Agenda?

B Adams et al; https://www.globalpolicywatch.org/blog/2017/02/22/un-development-system/

The following points offer some broad directions towards a system-wide framework to make the UN development system fit for the 2030 Agenda.

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

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

From the March issue. And focusing on the new African CDC.

Lancet Infectious Diseases - Characteristics and survival of patients with Ebola virus infection, malaria, or both in Sierra Leone: a retrospective cohort study

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30112-3/fulltext
An assessment of ebola and malaria coinfection at a treatment center in Sierra Leone helps determine how best to handle future Ebola epidemics.

Devex - How Bloomberg's Data for Health initiative is helping reshape Australian aid


“When Australia’s Foreign Minister Julie Bishop announced a $15 million contribution to Bloomberg Philanthropies’ Data for Health initiative in March 2015, the program became a key way for Australia to improve outcomes of its overseas health aid. Two years since its launch, Data for Health is showing its worth, allowing the Department of Foreign Affairs and Trade and other partners such as the CDC Foundation and Johns Hopkins University to work with governments in developing countries on evidence-based health policies. For the first time, programs covering everything from infant mortality rates to traffic deaths can draw from a robust body of data. And the early results are impressing stakeholders.”

Global Policy – City Diplomacy: Towards More Strategic Networking? Learning with WHO Healthy Cities


“...Cities are increasingly capturing the attention of major international actors and now regularly feature in multilateral processes. Yet while there are many studies on networking among cities, there have been few studies of ‘city networks’ as formal and institutionalized governance structures facilitating city-to-city and city-to-other actors cooperation, or ‘city diplomacy’. Institutionalized networks of cities, while not new, are becoming a growing presence on the international scene, almost omnipresent and perhaps even too common. Might it be time for a ‘Darwinian’ selection between city networking options? Diving deeper into this networked challenge, this essay focuses on the effects this networked diplomacy and overlap it might have on cities. Drawing on a research collaboration between the UCL City Leadership Laboratory at University College London and the World Health Organization’s Healthy Cities Network and both a global dataset of city networks as well as qualitative focus group data, we consider the growth of these governance structures, their strengths, but also the weaknesses associated with their rapid growth, and how cities can engage with this networked landscape more strategically. In short, we argue that the potential of city networks must go hand-in-hand with more integrative and strategic thinking at both local and international levels.”
MSF Access – Briefing: Trading Away Health - The Regional Comprehensive Economic Partnership

https://msfaccess.org/content/briefing-trading-away-health-regional-comprehensive-economic-partnership

“The Regional Comprehensive Economic Partnership (RCEP) trade agreement is being negotiated in secret, without input from public health stakeholders. A leaked draft of the negotiating text has revealed some proposed provisions that could undermine access to price-lowering, generic medicines, and thus, life-saving treatment to millions of people in the developing world. As a medical humanitarian organisation working in nearly 70 countries, Médecins Sans Frontières (MSF) is concerned that demands for intellectual property provisions in the intellectual property and investment chapters could potentially challenge a government’s capacity to initiate and execute policies to protect public health and ensure affordable access to medicines for all, in particular in developing countries where most of MSF’s operations are based.”

See also the Japan Times - 16-nation RCEP talks resume in wake of TPP’s demise.

Or Bilaterals (in-depth analysis) - RCEP and health: this kind of ‘progress’ is not what India and the world need.

UHC

Financing health in Africa (blog) – Scaling up your RBF scheme: a progression on five dimensions

Bruno Meessen ; http://www.healthfinancingafrica.org/home/scaling-up-your-results-based-financing-scheme-a-progression-on-five-dimensions

“How should one understand scaling up a results-based financing (RBF) scheme? One of the main lessons from the “Taking Results Based Financing from Scheme to System” research program is that scaling up is much more than just increasing the population or health facilities covered by your scheme. Our proposition is that there are at least five dimensions to be considered when trying to understand scale up.”

BMJ (Analysis) – Expanding primary care in South and East Asia

http://www.bmj.com/content/356/bmj.j634

“Chris van Weel and Ryuki Kassai look at efforts to strengthen primary care and call for regional and international collaboration to help implement policy.”
JAMA – Achieving Universal Coverage Without Turning to a Single Payer: lessons from 3 other countries

R Herzlinger et al; http://jamanetwork.com/journals/jama/fullarticle/2607482

One for Rob Yates? “…Some nations in the Organisation for Economic Co-operation and Development (OECD) rely on a governmental single-payer model to achieve universal coverage, but this approach is politically infeasible in the United States. As the United States relies on private-sector insurance, 3 other countries that use private-sector insurance to offer affordable universal coverage provide some potentially helpful lessons…” The countries are Germany, Singapore and Switzerland.

US & UHC/Repeal and/or Replace Obamacare

Guardian - Trump’s healthcare proposal: recycling Republican ideas to replace Obamacare

“In his speech to Congress, the president finally clarified his views on replacing the Affordable Care Act, laying out four cornerstones of a new plan:…”

NYT (op-ed) – The Fight for Obamacare Has Turned
https://www.nytimes.com/2017/02/28/opinion/the-fight-for-obamacare-has-turned.html?smid=tw-share&_r=0

Interesting piece. “The campaign to let 20 million Americans keep their health insurance is working. It still has a long way to go, and it’s not guaranteed to succeed. But the progress of the last couple months is remarkable. Thanks in part to a surge of activism — town hall meetings, online postings, calls to Congress — the politics of Obamacare have flipped. Many Americans have come to realize that the care part of the law matters much more than the Obama part. As a result, the Republicans no longer have a clear path to repeal…”

“… On Monday, Trump himself lamented that health care was “complicated.” … … The clearest sign of anxiety came in a Washington Post report: Four top advisers — Stephen Bannon, Gary Cohn, Jared Kushner and Stephen Miller — “have emphasized the potential political costs to moving aggressively.” Those costs include taking the blame (fairly or not) for every problem in the insurance market. They’ve run into two obstacles: reality and public opinion.”

BMJ News – California considers plan to replace Obamacare
http://www.bmj.com/content/356/bmj.j1027
Among the early fans: you know whom. See also California to consider going rogue with state single-payer system.

IHP for UHC 2030 - Transforming IHP+ into the International Health Partnership for UHC 2030 Advancements and Challenges of UHC, PMAC Bangkok

Dr Nakpal (WB) on behalf of UHC 2030

Presentation at PMAC 2017. Worth checking out. Includes among others the UHC 2030 2017 workplan priorities, and timeline. See also here.

Planetary health

NEJM (Perspective) – Preventive Medicine for the Planet and Its Peoples


“Health is the human face of climate change” was the motivating idea behind the Climate and Health conference held at the Carter Center in Atlanta on Thursday, February 16, 2017. Originally scheduled by the Centers for Disease Control and Prevention (CDC), which then postponed it indefinitely, the meeting was resurrected by a coalition of nongovernmental organizations and universities and convened by former Vice President Al Gore. More than 300 attendees and a worldwide audience watching the live stream listened to more than 25 speakers addressing the health effects of climate change, the role of health professionals in adapting to these effects and communicating with the public and policymakers, and the health benefits of climate-change mitigation....”

NEJM - The Trump Administration and the Environment — Heed the Science


“... The intended policy directions described to date by President Donald Trump and his appointees, and likely to be supported by Republicans in Congress, raise concern about future environmental regulations and protection, particularly if utilization of fossil fuels, including coal, is fostered over sustainable alternatives; if reduction of greenhouse-gas emissions through national action is
abandoned; and if congressional action narrowing the definition of waters subject to EPA regulation, a measure that President Obama vetoed in 2016, becomes law, damaging water quality. Our views on the environment and health are shaped by long careers as researchers who have been extensively engaged in state and national environmental policy. We believe that scientific evidence provides the foundation for environmental protection and underscores the necessity, enshrined in U.S. environmental laws, of protecting human health....” As environmental scientists experienced in the development of evidence-based policy, they end with several recommendations for the Trump administration.

Huffington Post- There’s A Reason Zika Virus Became A Pandemic In 2015

http://www.huffingtonpost.com/entry/the-health-consequences-of-climate-change-are-real-and-theyre-here_us_58abd0e4e4b0f077b3ed5192

Put differently: the health consequences of climate change have begun. Just in case you hadn’t noticed.

Infectious diseases & NTDs

Bird flu

Reuters – WHO says bird flu outbreaks raise alarm, but human risks still low


“The risk of sustained human-to-human transmission of H7N9 bird flu in China is low, the World Health Organization said on Wednesday, but a surge in human cases there is worrying and requires constant monitoring.” See also AP: “The World Health Organization says it has noticed changes in the bird flu virus now spreading in China, but says the risk of the disease spreading easily between people remains low.”

Stat News – Human cases of bird flu are surging, alarming public health officials

https://www.statnews.com/2017/02/28/bird-flu-surge/

“Scientists and public health authorities are expressing alarm about an extraordinary surge in bird flu infections among humans. The H7N9 bird flu virus, which has sickened and killed several hundred people in China for the past four winters, had seemed over the past couple of years to be diminishing as a threat. But a resurgent wave of activity this winter has produced more than a third of all infections recorded since the first human case was hospitalized in February 2013....” “Changes in the virus are also worrying”.
And as somebody pointed out on Twitter, if there were a global health crisis, the Trump administration is nowhere near to be ready now. Ronald Klain on Twitter: “WARNING: America isn’t ready & the Trump Admin—understaffed, inexperienced, isolationist--DEFINITELY isn’t ready.”

For an in-depth read on this (total unpreparedness in the case of a global health crisis), see Politico—Donald Trump: master of disaster? Read and shiver.

Meanwhile, “...Influenza experts who advise the World Health Organization [are meeting this week] in Geneva to make recommendations on the flu viruses that should be in next winter’s seasonal flu vaccine for the Northern Hemisphere. They are also likely to recommend that the H7N9 vaccine seed strain — the virus used as a target for companies that make vaccine stockpiles — should be changed due to this evolution....”

Meanwhile, there are positive signs that China will start sharing virus info (including H7N9).

South-China Morning post - As bird flu outbreaks become more common in China and elsewhere, scientists debate the underlying cause


“Experts argue whether blame for spread of virus lies with factory farming or live poultry markets.” Hating global capitalism and industrial farming, I hope the former are right.

HIV

Plos Med – Hope for HIV control in southern Africa: The continued quest for a vaccine

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002241

“In a Perspective, Linda-Gail Bekker and Glenda Gray discuss prospects for HIV vaccine development in the context of the HIV epidemic in sub-Saharan Africa.”

TB

Xinhua - African policymakers renew call for investments in TB control

Xinhua:

“Countries in sub-Saharan Africa should prioritize new investments in diagnostic equipments, case management and public awareness to reduce the burden of tuberculosis (TB), policymakers said”
**Tuesday.** They told a forum in Nairobi that innovative financing options were an imperative in order to revitalize the war against TB that has surpassed HIV/AIDS to become a leading killer in Africa.

**Malaria**

BMJ head to head - Should we commit to eradicating malaria worldwide?
http://www.bmj.com/content/356/bmj.j916

“Bruno Moonen cannot accept the iniquitous alternative, but Clive Shiff believes the necessary huge investment could be better spent.”

**Emerging diseases**

Ecohealth alliance (blog) – Global Disease Hotspots 2.0
http://blog.ecohealthalliance.org/updates/global-hotspots

“Hotspots 2.0 is more refined and accomodates a host of other factors. Where before, EcoHealth scientists would only look at latitude as a factor for disease emergence, they now take into account land cover, like the presence of broad-leaf evergreen forests, or rainforests, and high mammal diversity. It is a more accurate and finely calibrated tool, indicating where field technicians are most likely to find the largest number of viruses with the potential to spillover into people.” Some dazzling maps in this blog post. “...Nearly all of Bangladesh and India are at the highest risk of disease spillover, as is most of coastal China.”

NPR Goats & Soda - A Taste For Pork Helped A Deadly Virus Jump To Humans
NPR Goats & Soda;

On Nipah. “...Nipah is on the World Health Organization’s list of viruses most likely to cause a global pandemic. It's the virus that inspired the 2011 movie Contagion...”

Quartz – A new genetic tool maps how deadly viruses spread around the world in real time

“A new clever genetic tool that maps in real time how viruses spread, has just won the Open Science Prize, given for ‘unleashing the power of data to advance discovery and improve health.’ The researchers who developed it, Richard Neher of the University of Basel and Trevor Bedford of the Fred Hutchinson Cancer Research Center in Seattle, will each get $115,000 to make the tool accessible to scientists around the world and map disease-causing microbes beyond Ebola and

**Cholera**

UN Haiti cholera fund fails to draw pledges


“A UN fund set up for Haiti’s cholera victims is failing to draw support, with only two percent of the needed $400 million raised so far, according to a letter by UN Secretary-General Antonio Guterres. Guterres asked member-states in the letter sent this week to notify the United Nations by March 6 whether they intend to pledge aid to Haiti, where more than 9,000 people died of cholera in a 2010 epidemic. The United Nations is hoping to raise $400 million over two years to reduce the current cholera caseload of 30,000 to 10,000 by the end of 2018 and provide clean water and sanitation.”

“... Ban appointed British doctor David Nabarro to lead fund-raising efforts. *Nabarro told AFP in an interview last month that he had “never found it so hard to raise money for an issue.”*

**NTDs**

Plos NTDs – Product development programs for neglected tropical diseases: A crucial role for expert meetings

[http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005183](http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005183)

“Because development of new drugs and vaccines for NTDs is unattractive from a market perspective due to the lack of sufficient financial incentives and low ROI, Remco de Vrueh and colleagues discuss R&D programs increasingly handled by public—private partnerships to address the health burden of NTDs in low- and middle-income countries.”

Plos NTDs - Global urbanization and the neglected tropical diseases

[http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005308](http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005308)

“Peter J. Hotez discusses how - while urbanization can have positive effects - the negative effects can be far more serious and debilitating. For example, rapid urbanization can fail to sustain healthy populations when it outstrips clean water reserve and sewage management systems, or when urban poverty produces unhealthy diets and diminished physical activity, low-quality housing, and environmental degradation. Such factors further contribute to the spread of neglected tropical diseases.”
Lancet Global Health (Comment) – Chagas disease in non-endemic countries

M Castillo-Riquelme; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30090-6/fulltext

“Globalisation can impose major public health challenges in local contexts. Because of human migration, Chagas disease—a condition endemic in Latin-American countries—has become a concern in the developed world. Chagas disease cannot be transmitted by direct contact with an infected person; in fact, the relevant mechanisms of transmission in non-endemic countries are transfusion with infected blood and congenital transmission from mother-to-child during pregnancy. ....”

Comment related to a new study by Ana Requena-Méndez and colleagues in the Lancet Global Health - they present an economic evaluation of screening for Chagas disease in adults, targeting Latin-American migrants at European primary health-care facilities, when they attend for any reason.

Dengue

Science (News) – Brazil's dengue vaccine in jeopardy

Science; 

“A promising dengue vaccine faces an uncertain future in Brazil, scientists say, after the dismissal of a prominent immunologist who has been overseeing clinical trials of the preparation here. ...”

AMR

Quick links - New investigational drug may help combat antibiotic-resistant global health threat

“The deadly fungus, Candida auris, which has been found in hospitals, is resistant to entire classes of antimicrobial drugs, limiting treatment options for those infected. First reported in 2009, the fungus has been linked to invasive infections in nine countries, including the United States, and has caused at least two hospital outbreaks involving more than 30 patients each. Now, in a first-of-its-kind study published in Antimicrobial Agents and Chemotherapy, microbiologists at Case Western Reserve University School of Medicine have provided previously uninvestigated details pertaining to C. auris drug resistance and growth patterns. Based on specimens collected from around the globe, the comprehensive study also provides evidence that a new investigational drug (SCY-078) may help to cure these infections....”

NCDs

Quick links:
Daily Telegraph - (on Chile & fight against obesity): “...But after bringing in radical public health interventions, Chile has become the most aggressive nation in the pursuit of slimming down its citizens...”

Sexual & Reproductive / maternal, neonatal & child health

WHO/ World Midwives/ White Ribbon Alliance (report) - Midwives’ Voices Midwives’ Realities: findings from a global consultation on providing quality midwifery care

http://apps.who.int/iris/bitstream/10665/250376/1/9789241510547-eng.pdf?ua=1

This report launched the #MidwivesVoices movement on 27 February. “Discrimination, harassment, and lack of professional support and respect are key barriers hindering midwives’ ability to provide lifesaving, quality care to women and newborns, according to findings in the first and largest global survey of midwifery personnel led by the World Health Organization, the International Confederation of Midwives, and White Ribbon Alliance, with support from the U.S. Agency for International Development-funded HP+ project. The new report, "Midwives’ Voices, Midwives Realities: Findings from a global consultation on providing quality midwifery care," reveals more than a third (37 percent) of some 2,400 midwives in 93 countries have experienced harassment at work, with many describing a lack of security and fear of violence. Midwives support women and babies throughout their journey to safety every day. It is essential that we hear midwives’ voices and listen to what they have to say.”

Plos Med (Perspective) – The potential benefit of scaling up malaria prevention to reduce low birth weight in Africa

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002244

“James Beeson and Julie Simpson discuss the findings of Patrick Walker and colleagues and the importance of scaling up malaria prevention strategies such as intermittent preventive treatment in pregnancy and deployment of long-lasting insecticide-treated bed nets.”

Humanosphere – Guatemala not the first country to resist the ‘abortion boat’

“Guatemala is the latest of a handful of countries to resist Women on Waves, a Dutch nonprofit that provides medical abortions to women in countries where the procedure is banned. The Central American country on Thursday ordered the expulsion of the group’s so-called abortion boat after it docked in San Jose last Wednesday. The organization docks in international waters in order to legally provide women with medical abortion pills (Mifepristone with Misoprostol), which are approved by the World Health Organization and proved to be effective and safe for early first trimester abortions. They also offer free sexual health and contraceptive advice....”

Lancet Global Health (blog) - Is a global shift developing to reduce penalties for violence against women?


“One in three women globally has experienced violence from a male intimate partner (IPV) or sexual violence (SV) from a non-partner. Such violence is not only a human rights violation, it also creates a substantial health and economic impact on individuals and societies. In the USA alone, costs of IPV exceed $5.8 billion annually, and costs of SV exceed $3 trillion over victims’ lifetimes. Policies that prevent IPV and SV are important for health and human rights, as well as development. Accordingly, elimination of such violence was included as part of the UN SDGs for 2030. Unfortunately, despite this suggested indicator of global progress, a worrisome trend is forming regarding a reduction in legal protections against IPV and SV in nations where such laws have existed for decades.” Focus on Russia and the US in this blog, but the trend is broader. “Beyond the damage done by the regression of protective legislation within nations, in the cases of donor nations such as Russia and the USA, ripple effects may form and affect nations they support, impeding global progress against violence....”

BMJ Global Health - Global commitment to the prevention of intimate partner violence is not negotiable, nor is commitment to the science behind it

J Gupta et al; [http://gh.bmj.com/content/2/1/e000305](http://gh.bmj.com/content/2/1/e000305)

Comment linked to the new findings from the Glass et al study, published in BMJ Global Health. These findings are “an important contribution to current understanding of preventing IPV in conflict-affected settings. Glass et al conducted a randomised controlled trial in eastern Democratic Republic of Congo on a microcredit/livestock productive asset transfer intervention. This intervention, called ‘Pigs for Peace’, provided programme participants (85% women) with a loan in the form of a piglet. Pigs for Peace participants also received ongoing support for the care and maintenance of the livestock asset. ... ... The findings showed that after 18 months, Pigs for Peace participants were more likely to report improved economic well-being and mental health, and report lower levels of IPV. ...»
GAVI - Gavi seeks to support innovative solutions to improve vaccine delivery


For the innovators among you. On INFUSE 2017: “To ensure vaccines reach all the world’s children, Gavi is inviting entrepreneurs and businesses to identify innovations in vaccine delivery by applying to its INFUSE initiative. “

WHO (Feature) – Check the source: WHO-validated websites provide trustworthy information on vaccine safety


“WHO’s Vaccine Safety Net, a global network of vaccine safety websites, has 47 member websites in 12 languages. It is estimated that more than 173 million users every month access VSN websites that contain, among other information, credible vaccine safety information....”

Humanosphere - Britain appoints its first ambassador for gender equality

Humanosphere:

“Britain has appointed the country’s first ambassador for gender equality, joining a handful of other countries that created the position in an effort to empower women and girls around the world.”

Global Health Now - Not Your Father’s Oldsmobile: Engaging Corporations on Reproductive Health

D Wofford; Global Health Now:

“Corporations appear willing to make strong, very public stands on controversial issues as never before – most visibly seen in the Super Bowl ads on equal pay, immigration and the environment. In other venues as well, many corporations are also confronting new government policies and making public commitments that go contrary to broader political currents. Something is different. This moment presents new possibilities for global health advocates to shape the policies and practices of corporations—both at home and abroad, through their suppliers. The global health community needs to ask corporations to do more on reproductive health and rights policy and practice....”
Linked to a recent article in Globalization & Health.

http://www.ip-watch.org/2017/03/01/fair-pricing-medicines-netherlands-forum-aims-find/

“Public health stakeholders – and just about everyone else – may take notice of a meeting planned for May in the Netherlands, as it could offer the beginning of a new approach to pharmaceutical costs. High drug prices have become a ‘kitchen table’ issue in countries of all economic sizes recently, and the World Health Organization is teaming up with the Dutch government to address it in a new and practical way. A Fair Pricing Forum is planned for 10-11 May in Amsterdam, the Netherlands. ……. “The idea is to basically examine the pricing of pharmaceuticals and this concept of fair pricing,” said Andrew Rintoul, a health economist who joined the WHO Essential Medicines and Health Products Department in January this year.”

FT - GSK ‘real world’ study offers new model for drug trials: Pharma groups look to evidence in normal medical settings to prove value for money

https://www.ft.com/content/47244bfa-e6ed-11e6-967b-c88452263daf

“GlaxoSmithKline has conducted the world’s first drug trial under “real world” conditions — closely watched by an industry under greater pressure than ever to prove the value of its medicines to cost-constrained health systems. In a global first for drugmakers, GSK obtained permission to test Relvar, a drug to treat asthma and chronic obstructive pulmonary disease (COPD), before it had received full regulatory approval. It did this by setting in place an electronic patient data-monitoring system that ensured any adverse reactions were immediately communicated to physicians.”

Nature Reviews drugs recovery - Managing intellectual property to develop medicines for the world’s poorest


“It has been argued that patents impede the development and access of medicines for tropical diseases such as malaria. However, we believe that intellectual property can be a key tool to enable timely progression of drug development projects involving multiple partners and to ensure equitable access to successful products.” Based on the MMV (Medicines for Malaria Venture) experience.
Human resources for health

Kampala statement CHW symposium

We’ve seen a (rather interesting) draft already. When finalized, should be available soon here: http://chwsymposium.musph.ac.ug/

Miscellaneous

Guardian - Even in an age of austerity, aid works. We have to keep giving

David Cameron; https://www.theguardian.com/commentisfree/2017/mar/02/david-cameron-age-of-austerity-aid-works

Raised from the dead, David Cameron will be chairing the new Commission on State Fragility, Growth and Development, with Oxford University’s Blavatnik School of Government and the London School of Economics. Focus will be on fragile states. How can their development be supported?

“...We want to generate the most cutting-edge recommendations that governments, donors and NGOs can put into practice. This may destroy some long-held shibboleths. It may show that, when it comes to aid, there should be more investment in security. It may show that the building blocks of democracy – critically, the rule of law – are more important than the act of simply holding elections. One crucial question we hope to answer is how to enable the private sector to play its role. Because it is not just big companies but small and medium enterprises that are the bedrock of successful economies and vibrant societies. Another is how to help governments create a tax base so they can pay for their own development....”

The Conversation Africa - Africa: Is China Displacing Traditional Aid Donors in Africa? the Evidence Suggests Not

Worth a read. Based on new research. “...In research recently published, I draw on new evidence to test the claim that China is eroding the bargaining power of traditional donors in Africa. My research suggests that we should be deeply sceptical of claims that China is causing a “silent revolution” in international development.”

Ozy- Will China and India always be poorer? Probably not.


The number of low income countries has more than halved since 2000. And the evidence of a middle-income-growth collapse holds up about as well as the original poverty trap notion, Kenny argues.

ODI (report) – The Sustainable Development Goals and their trade-offs


“This case study explores the trade-offs between the Sustainable Development Goals (SDGs), through the lens of an imaginary country: Progressia. This may not be a place on the map, but the facts on which it is based, and the dilemmas it faces, are real. The report shows the complexities around integration of individual, often competing or conflicting, SDGs or their targets, setting out possible scenarios that combine measures to achieve the triple bottom line of economic development, environmental sustainability and social inclusion....”

Research

Health research policy & systems – Scoping literature review on the Learning Organisation concept as applied to the health system


“There is growing interest in the use of the management concept of a ‘learning organisation’. The objective of this review is to explore work undertaken towards the application of this concept to the health sector in general and to reach the goal of universal health coverage in particular. Of interest are the exploration of evaluation frameworks and their application in health....”
International Journal for Equity in Health - The cost of free health care for all Kenyans: assessing the financial sustainability of contributory and non-contributory financing mechanisms

Vincent Okungu (EV alumnus), Di McIntyre et al; http://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0535-9

« The need to provide quality and equitable health services and protect populations from impoverishing health care costs has pushed UHC to the top of global health policy agenda. In many developing countries where the majority of the population works in the informal sector, there are critical debates over the best financing mechanisms to progress towards UHC. In Kenya, government health policy has prioritized contributory financing strategy (social health insurance) as the main financing mechanism for UHC. However, there are currently no studies that have assessed the cost of either social health insurance (SHI) as the contributory approach or an alternative financing mechanism involving non-contributory (general tax funding) approaches to UHC in Kenya. The aim of this study was to critically assess the financial requirements of both contributory and non-contributory mechanisms to financing UHC in Kenya in the context of large informal sector populations.... »

Health Promotion International – Multidisciplinarity in health promotion: a bibliometric analysis of current research


“Health promotion (HP) is a relatively recent field that stems from, notably, public health, sociology, political science, psychology and education. This multidisciplinarity has contributed to HP’s challenged institutionalization. Scholars have so far predominately explored HP’s multidisciplinarity using anecdotal approaches, limiting our understanding of the breadth and interplay of the disciplines constituting HP research. The overall aim of this paper is to contribute to a better understanding of HP’s multidisciplinarity using a bibliometric approach. ...”

IJHPM – Exploring the Functioning of Decision Space: A Review of the Available Health Systems Literature

T E Roman et al; http://ijhpm.com/article_3332.html

“The concept of decision space holds appeal as an approach to disaggregating the elements that may influence decision-making in decentralized systems. This narrative review aims to explore the functioning of decision space and the factors that influence decision space....”
IJHPM – Lost in Translation: Piloting a Novel Framework to Assess the Challenges in Translating Scientific Uncertainty From Empirical Findings to WHO Policy Statements

T Benmarnhia et al; http://www.ijhpm.com/article_3333.html

“Calls for evidence-informed public health policy, with implicit promises of greater program effectiveness, have intensified recently. The methods to produce such policies are not self-evident, requiring a conciliation of values and norms between policy-makers and evidence producers. In particular, the translation of uncertainty from empirical research findings, particularly issues of statistical variability and generalizability, is a persistent challenge because of the incremental nature of research and the iterative cycle of advancing knowledge and implementation. This paper aims to assess how the concept of uncertainty is considered and acknowledged in World Health Organization (WHO) policy recommendations and guidelines.”

Global Policy – Moral Cosmopolitanism and Democratic Values


« In the past four decades topics related to the moral evaluation of global politics have occupied a central part of the philosophical debate. The first three sections of this essay provide a reconstruction of the defining features of the globalization of politics and of the ways in which the latter have contributed to the increased philosophical attention on the moral aspects of global affairs. In sections four to six, we move to the current debate in global political theory. Moral cosmopolitanism has come to articulate the boundaries of reasonable disagreement in global political theory and has implied a deep form of commitment to basic human rights. However, we argue in section six, agreement on basic human rights has not evolved into widespread convergence on a range of central political concepts such as distributive justice and legitimacy. Against this backdrop, in sections 7 to 10, we move on to consider the role of democracy in global politics. The main conclusion that the essay will put forward is that the complexity of the institutional landscape beyond traditional state borders does not automatically lend itself to the mechanical application of democratic institutional forms, but that democratic values can still play an important role. »