

IHP news 410 : Trump's budget blueprint

(17 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,

While the quality of governance in the United States is going down (a seemingly endless) drain, the “**Lancet Global Health Commission on High-Quality Health Systems in the SDG Era (HQSS)**” was [launched](#) in Boston early this week. The Commission’s report is scheduled for late 2018. Wonder what kind of world we’ll live in by then - not sure it’ll be one Louis Armstrong would be [tempted](#) to sing about, if he were still alive. On Wednesday, another Lancet Commission [discussed](#) the “**weaponisation**” of health care in Syria, a real hellhole for [over 6 years](#) now, with health care as one of the prime targets. And then Trump still had to [propose](#) his first budget.

Against this rapidly worsening global backdrop, you have to wonder what the “theory of change” of Lancet Commissions or even Chris Murray’s fancy GBD visualizations will look like in **the era now** “**formerly known as the SDG/planetary health era**”. Indeed, let’s not kid ourselves: even if last week [the UN Statistical Commission agreed on a draft resolution on the global indicator framework for the SDGs](#) and on Monday the [Lancet Countdown on Health and Climate Change](#) brought together some experts in London to debate various indicator processes -and the [Dutch might disagree](#) -, we live well and truly in the **Trump era** now, if only because of the sheer weight of the US in the international system.

More and more leaders have very little regard for evidence and facts, while the others are moving steadily in a more right-wing (and in many cases more authoritarian) direction. I noticed earlier this week that US Global AIDS coordinator Deborah Birx thinks that “[this White House is very responsive to data](#)” but she’s probably the only one. Checks & balances are increasingly for losers, and Trump et al are, if anything, not just happily ignoring but almost bragging about their conflicts of interest. These days citizens should actually be pleased when their leaders and top politicians aren’t [calling one another “Nazis”](#) or “scumbags” – it turns out Duterte kicked off a trend last year. Meanwhile, [huge US cuts](#) are in the making for core institutions that tried to make this world (just a little bit) fairer over the past decades – and this just when the famine situation in parts of Africa and Yemen is spiraling out of control.

So the gloves are clearly off on the “other” (i.e. policymakers’) side (and even in better days these chaps & women were already a lot rougher than the average global health expert). So whether Lancet Commissions and other evidence-based global health recommendations will suffice in the Trump era to make further progress towards a fairer and healthier world? At the very least, **Horton will also need to go “rogue” in the coming years**, which at least is something to look forward to. My guess is that Richard and many others (including many allies from other sectors) will have to start discussing (and criticizing) the very core of this global economic system and the ‘values’ on which it’s

based – as it pushes people around the globe in a more competitive, insecure, and at the end of the day a more right-wing direction... which makes global health “as it should be” nearly impossible. The **time for “siloed” global health advocacy is over** (even if HIV/AIDS has so far [escaped](#) Trump’s budget “danse macabre”). We have to team up with others advocating for a radical but urgent transformation/alternative. If their name ends on ‘iah’ (as in “[Jessiah](#)”), even better 😊.

Meanwhile, however, some people (especially the now orphaned Brits, it seems 😊) [put their hope](#) in **the EU** to fill the (funding and leadership) gap left by the US in global health, support multilateral institutions, etc. [They're dreaming](#). Not with this bunch of (increasingly right-wing) EU leaders (pushed in this direction by far right populism) and populations voting them in power. Besides, the Trump administration is putting more and more pressure on European NATO countries to raise their defense budgets to 2 % of GDP. Let’s see where our security-obsessed governments will be looking for the money.

So maybe we should put our hope - in the medium term - in **the G20**, especially [this year](#), with Germany in charge? In a way, that’s what one would like, as global health has been dominated for too long by the US, UK & Gates. Who knows. But let’s not get too carried away: next year, the G20’s presidency will be held by Argentina, since a while again a neoliberal stronghold. Can’t blame them: after all, Messi also doesn’t like paying his taxes. While waiting (im)patiently for the global economic system to change, I just wished Leo got rid of that ugly beard.

In this week’s Featured article, **Anteneh Asefa Mekonnen** (EV 2014) emphasizes the vital importance of respectful maternity care. Should be a key SDG priority.

Enjoy your reading.

The editorial team

Featured Article

Respectful maternity care to end mistreatment during facility-based childbirth: a people-centred care approach to accelerate UHC

By: **Anteneh Asefa Mekonnen** (PhD Candidate, Nossal Institute for Global Health, The University of Melbourne, Australia)

As is well known, the target set by the MDGs to reduce global maternal mortality by 75% has fallen short - only a [45% reduction](#) was observed between 1990 and 2015. As a reminder: [50%](#) of global maternal deaths occurred in 5 developing countries (India, Nigeria, DRC, Ethiopia, and Pakistan) in 2015; 66 % of all deaths took place in Sub-Saharan African countries. This stems from non-utilization of and lack of access to life saving obstetric and maternal health care services, mainly in developing regions of the world.

Fear of mistreatment or Disrespect and Abuse (D&A) during facility-based childbirth is one of the main drivers of home deliveries which predispose women to death from highly preventable causes of maternal mortality. D&A is not only a deterrent to service utilization, but also a violation of basic human rights. A landscape analysis revealed [seven categories](#) of D&A during facility based childbirth: physical abuse, non-consented care, non-confidential care, non-dignified care, discriminatory care, abandonment of care, and detention in health facilities. D&A is fast becoming a global concern due to its increasing prevalence in health facilities. Following the categorization of D&A in 2010, the [Respectful Maternity Care Charter: Universal Rights of Childbearing Women](#) was developed by the White Ribbon Alliance (in 2011) and adopted by several countries and organizations in order to promote Respectful Maternity Care (RMC) across the globe. In 2014, the WHO released its [statement](#) on the prevention and elimination of D&A in light of the urgent need to address the high level of D&A and to promote human rights.

“Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.” WHO, 2014

The tragic story of [Salome Karwah](#), a Liberian Ebola fighter and survivor and a TIME person of the year, who recently passed away, shows that the road towards RMC is still long in (too) many health systems. Karwah did not discriminate against people during the Ebola epidemic, but showed empathy and cared for them, while others turned them away. Unfortunately, what she experienced during her own recent postpartum convulsion was rather different. Instead of getting the urgent treatment she deserved, she faced stigma and lack of care because she was seen as “an Ebola survivor” and health care workers did not want contact with her body fluids. In short, this would have been a preventable death if the health system had provided the RMC Karwah deserved for treatment of her convulsion.

Respectful maternity care, defined as “the humane and dignified treatment of a childbearing woman throughout her pregnancy, birth, and the period following childbirth” is an approach to mitigate D&A in health facilities. [Contributors to D&A](#) cover broad arrays of the health systems, ranging from individual to policy level factors. Hence, the main principles of RMC are drawn from the concept of [people-centred health care](#), comprising micro, meso, and macro level health systems factors. Tremendous efforts are required to halt these multifaceted drivers of D&A, which often include – let’s not forget - overburdened and underpaid staff.

To better promote RMC, the “Quality” aspect of UHC should be given due emphasis apart from the global commitment to expand geographical and financial access to maternal health care services. [The \(just launched\) Lancet Global Health Commission on High-Quality Health Systems in the SDG era](#) is thus very timely – it will prioritize defining and researching health systems quality in the context of developing countries to better address the challenges in meeting the SDGs. RMC is not just about health facility related quality improvement activities; it should also engage in and capitalize on women’s empowerment to claim their rights, and community participation in the process. Taking into account the global burden of maternal mortality, equitable investment should also be allocated by international development agencies. Besides, countries should also increase their own commitment to finance the health sector in general and maternal health services more specifically to address issues related to D&A.

If the world is to achieve [SDG target 3.1](#) of reducing the maternal mortality rate to below 70 per 100,000 live births, a concerted effort by all stakeholders will be needed to promote and invest in

RMC. Last but not least, Respectful Maternity Care is not only about dealing with “women’s issues”; it’s also about creating healthier families, communities and nations.

We better don’t wait till 2030 to make substantial progress on this key SDG agenda.

Highlights of the week

Lancet Global Health - Introducing The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era

M Kruk et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2817%2930101-8/fulltext#.WMboBcfa_uA.twitter

This piece introduces the new Lancet Global Health Commission on High-Quality HS in the SDG era. Must-read. For the HQSS website, see <https://www.hqsscommission.org/>

The inception event (Harvard) was [on Monday](#).

Lancet – Syria: Health in Conflict

http://www.thelancet.com/commissions/Syria?dgcid=homepage-carousel_banner_syria

“The Lancet and the American University of Beirut have together established the concept for a **Commission on Syria: Health in Conflict**. The aim of the Commission will be to describe, analyse and interrogate the calamity before us through the lens of health and wellbeing. With this Commission, we aim to examine **five priority areas**: health of people inside Syria; health of refugees and host communities; health systems, which includes the pillars of health professionals, delivery, infrastructure, and transition to rebuilding; challenges of the international response to the crisis particularly health-related international law violations and humanitarian aid design and delivery; and policy options and next steps, including those that can strengthen the role of global health in conflict and health more broadly. The Commission will develop concrete recommendations to address the unmet current and future health needs.”

Read **the Editorial - [Syria suffers as the world watches](#)**; a **Comment (by MP Kieny, P Salama et al)- [One attack on a health worker is one too many](#)** and the **Health Policy feature - [Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet–American University of Beirut Commission on Syria](#)**. By **weaponisation of health care** is meant ‘*a strategy of using people’s need for health care as a weapon against them by violently depriving them of it*’. This Health Policy piece analyzes the situation of health care workers under attack and the weaponisation of health care, **after six years of the Syrian conflict**.

All are must-reads. The editorial is quite critical of WHO’s role, for some reason.

Coverage by Sarah Boseley (Guardian) - [Syria 'the most dangerous place on earth for healthcare providers' – study.](#)

And a WHO statement - [Health care a casualty of 6 years of war in the Syrian Arab Republic.](#)

Trump & Global health

Trump's proposed budget will get most of the attention here. It's called: "*America First: A Budget Blueprint to Make America Great Again.*" Apparently a lot of weapons are needed to make America great again. Let's hope Marco Rubio is right when he says "the president makes recommendations, but Congress does the budget". (*not that we have that much faith in the US Congress either*)

For info and reads on **Trumpcare/Ryancare** we refer to **the UHC section** (below). That is not exactly turning out as "a walk in the park" – Rob Yates might have been spot on with his 'Dumpcare'.

Trump budget blueprint (released on Thursday)

NYT - Who Wins and Loses in Trump's Proposed Budget

https://www.nytimes.com/interactive/2017/03/15/us/politics/trump-budget-proposal.html?_r=1&mtrref=undefined&gwh=01CE99F5C58ADC9FFA6D93E60750AA5C&gwt=pay

Must-read. "*President Trump released a partial outline of his 2018 budget on Thursday, proposing billions of dollars in spending cuts to most government agencies to pay for large increases in military and homeland security spending, resulting in a 1.2 percent cut in discretionary spending over all.*" Here you find the **break down by agency**. Shocking stuff – even if this is for the time being just a proposal and now needs to go to Congress.

Devex – Trump's 'America first' budget slashes foreign aid, multilateral funding

<https://www.devex.com/news/trump-s-america-first-budget-slashes-foreign-aid-multilateral-funding-89850>

Another must-read. "**President Donald Trump's first budget proposes 28 percent cuts to the United States Agency for International Development and the State Department and recommends slashing funding to the United Nations. The draft budget, which was released Thursday morning, reveals plans to stop U.S. funding for U.N. climate change deals, but will preserve support for the President's Emergency Plan for AIDS Relief and meet commitments made to the Global Fund for AIDS, Tuberculosis, and Malaria, and to Gavi, the Vaccine Alliance....**" More detail in the article. Defense (54 billion more) & Homeland security get a lot more money from Trump.

*"...The document also calls for an \$803 million, or 35 percent reduction, in funding for Treasury International Programs, which includes multilateral institutions, and international funds. **Funding to multilateral development banks, including the World Bank, would be cut by approximately \$650***

million over three years. U.N. agencies would see their funding cut and are expected to “rein in costs,” according to the budget. The U.S. also plans to cap contributions to U.N. peacekeeping to no more than 25 percent. The budget also calls for the U.S. to withdraw from all U.N. climate change programs, including the Green Climate Fund and Climate Investment Funds.”

Some consolation for the HIV/AIDS community so far (see Vox): [One important exception to Trump’s budget cuts: programs to fight AIDS.](#)

An interesting **Economist** blog had already sort of predicted this - [Why the Trump administration may find it hard to slash overseas aid](#) (focusing more specifically on HIV/AIDS): *“Nonetheless, achieving that cut may be more difficult than it first appears, particularly when it comes to support for the President’s Emergency Plan for AIDS Relief, or PEPFAR. The potential difficulty is that Mr Trump’s desired cut could cause millions of deaths.”* The blog refers – cynically perhaps, but rightly - to the **political cost** here (to Trump et al) of so many victims.

Devex – Amb. Bix on PEPFAR in the Trump era

<https://www.devex.com/news/amb-bix-on-pepfar-in-the-trump-era-89800>

Article from a few days before the budget blueprint was released. Recommended. *“U.S. Global AIDS Coordinator Ambassador Deborah Bix played down the potential impact of the reinstated “global gag rule” will have on PEPFAR programs. While the exact implications remain unclear, she told Devex that the agency’s focus on data has it well positioned to track and plan for whatever budget it gets.”* For the moment, it seems PEPFAR thus remains relatively unharmed.

Stat News – Trump budget calls for slashing biomedical and science research funding

<https://www.statnews.com/2017/03/16/trump-budget-science-research/>

Science is hit hard too. *“President Trump’s proposed budget chops \$6 billion, about a fifth of the total budget, from the National Institutes of Health, a move that could decimate biomedical research in a number of areas and stagger academic institutions around the country that depend on NIH grant money to keep their scientific research programs afloat. Research funding at the Department of Energy and the Environmental Protection Agency would also take steep cuts under the budget blueprint, released early Thursday.”*

Read also (in the **Washington Post**) - [New federal emergency fund proposed to respond to public health outbreaks](#). The budget blueprint creates a new Federal Emergency Response Fund, presumably, but provides not much specifics.

A tweet from **Tom Frieden**: *“CDC cd -18% & -1B Prevention Fund = \$2.5B, 1/3 cut-devastating. New block grant=less accountability/effectiveness.”*

Or Stat News - [Trump's budget on health: 3 losers and 2 winners.](#)

Meanwhile, even the **Gates Foundation** (Sue Desmond-Hellmann) said they’re deeply troubled by this budget blueprint as it disproportionately affects the poorest people, at home and abroad: *“US*

investments in health & development have created healthier, more stable societies at home & abroad. It's critical they remain a priority."

Jeremy Youde – First thoughts on the Trump budget and global health

<http://duckofminerva.com/2017/03/first-thoughts-on-the-trump-budget-and-global-health.html>

Well worth a read, this analysis. *"What does the budget blueprint tell us about the future the US' commitment to global health? It's not all bad. In fact, for a budget that goes so far as to zero out funding for Meals on Wheels, global health comes out relatively well in some very specific ways, but the cuts in medical and scientific research and support are likely to have ripple effects that will ultimately work against the US' interests in global health. This is a budget that may allow the US to react once crises happen, but it's not one that will help the US prevent future crises from occurring."* Global health pros and cons of the budget according to Jeremy. Strangely, no mention of (the impact on) planetary health, though.

Global Gag rule & international response

Foreign Policy – If Trump wants to end legal abortion, he's going to have to go through Holland first

<https://foreignpolicy.com/2017/03/14/donald-trump-lilianne-ploumen-global-gag-rule-she-decides-netherlands-europe/>

Recommended. A lot of background on **Liliane Ploumen**, why she took her decision (to start She Decides), and whether this could be the "start of a concerted backlash against Washington".

Excerpts: *"...The risk, of course, is that the Netherlands and other countries that donated to the fund could ruffle the new U.S. administration. At a panel on U.S.-Dutch relations in Washington in late January, the **American Enterprise Institute's Danielle Pletka** delivered a scathing rebuttal to Ploumen's actions. "It's not a very helpful thing that the Dutch minister did, and it smacked of politicking. **If the Dutch government wants a better relationship with the new White House, then spitting in the face of the new White House is not a great plan in my estimation,**" she said."*

(On the contrary, Mrs Pletka – that's exactly the sort of language Trump et al understand, I'd say 😊.)

"...Some countries declined to attend the Brussels conference out of fear it could jeopardize their ties with the new administration. For developing countries that rely on U.S. aid, support for the initiative could be a costly stance. Some countries and organizations donated anonymously — including one donor who gave roughly \$50 million. But Ploumen told me she's not afraid of a backlash in ties with the United States..." (PS: good to know, perhaps – Ploumen's party (PVDA) just suffered a huge defeat in the elections, and will most probably not be part of the Dutch government anymore. Won't affect She Decides, though, is my guess)

Last week's [FT Health Newsletter](#) also reported (in an **interview with Ploumen**) that the plan is to **turn She Decides into an annual thing**, funding wise. *"...We have had really amazing support from 57 countries with €181m in pledges. **We need to raise \$600m a year** with all kinds of activities, with citizens, countries and foundations, through events and on the margins of international conferences. We will keep going."*

Guardian - How women's health advocates can win in 2017

Ruth Landy; <https://www.theguardian.com/global-development-professionals-network/2017/mar/11/how-womens-health-advocates-can-win-in-2017>

Piece making use of **Jeremy Shiffman's thinking**. *"... Academic Jeremy Shiffman and colleagues identified three key factors in creating change: strong evidence of severity of health threat; clear definitions of problems; coherent solutions and compelling reasons to act and coalition-building strategies that extend beyond the sector..."*

General reads on Trump impact

Foreign Policy – White House seeks to cut billions in funding for the UN: U.S. retreat from U.N. could mark a “breakdown of the international humanitarian system as we know it.”

<http://foreignpolicy.com/2017/03/13/white-house-seeks-to-cut-billions-in-funding-for-united-nations/>

Must-read, from a few days before the release of the budget blueprint. *"... Richard Gowan, a U.N. expert at the European Council on Foreign Relations, said **cuts of this magnitude would create “chaos.”** The U.N. refugee agency (UNHCR) received \$1.5 billion of its \$4 billion budget from the United States last year, he said. Cutting the U.S. contribution would “leave a gaping hole that other big donors would struggle to fill.”..."*

Read also **Daniel Drezner's** take (in the Washington Post) - [The Trump White House's plan to starve the foreign policy establishment](#)

*"...I want Wright to be correct about the **Trump White House's lack of intellectual firepower**. The political scientist in me, however, worries about their **ability to starve their political opponents of staff and resources.**"*

Scott Morris (CGD) - [The Foreign Aid Cuts Look to Be Real Enough, But the Trump Administration Doesn't Necessarily Want to Own Them](#). Worth a read on how Trump seems to want to have it both ways.

Foreign Policy – Tillerson to UN Rights Council: Reform or we're leaving

<http://foreignpolicy.com/2017/03/14/tillerson-to-u-n-rights-council-reform-or-were-leaving/>

“The Trump administration puts the human rights body on notice in a letter obtained by FP.”

Ronald Labonté put it aptly on Twitter: “We want human rights the American way! no, the Republican way! no, the Trump way! um, no, actually, the Breitbart way! that's the one!!”

UN SG establishes interagency coordination group on AMR

<http://www.who.int/antimicrobial-resistance/interagency-coordination-group/en/>

As you might recall, “In September 2016 the United Nations General Assembly held a high-level meeting on antimicrobial resistance and agreed a political declaration, adopted in resolution A/RES/71/3. **In the political declaration Member States requested the United Nations Secretary-General to establish, in consultation with the World Health Organization, the Food and Agriculture Organization, and the World Organisation for Animal Health, an ad-hoc interagency coordination group on antimicrobial resistance to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance.**”

See UN News - [The United Nations \[today\] announced the establishment of an Interagency Coordination Group on Antimicrobial Resistance, which will be co-chaired by Deputy Secretary-General Amina Mohammed and World Health Organization \(WHO\) Director-General Dr. Margaret Chan.](#) “...The group will be comprised of high-level representatives from relevant UN agencies, other international organizations, and individual experts across different sectors, including animal health, agriculture, and environment. It will produce a report to the Secretary-General for the UN General Assembly session starting in September 2018.”

A Tweet perhaps: “Antimicrobial Resistance is a threat to #SDGs, esp. in developing countries.- @AminaJMohammed launching w/@WHO's Chan a new interagency group”.

Global Fund update

The new Global Fund Observer issue has (at least) a couple of must-reads.

Analysis by David Garmaise: [What went wrong with the selection process for a new executive director?](#) “... In a post on the website of *Humanosphere*, an independent non-profit news organization, on 2 March, Tom Murphy referred to the selection process as a “train wreck.” He identified **three main causes: leaks; questions of conflicts of interest; and a generally disappointed response to the finalists.** Let’s look at each one in turn: ...”

Process launched for selection of new Board chair and vice-chair “On 1 March 2017, the Global Fund Board formally launched the process for selecting its next chair and vice-chair. The new board leadership is **expected to be named at the next Board meeting on 3-4 May 2017**, when the terms of current Chair, Norbert Hauser, and the current Vice-Chair, Aida Kurtovic, expire....”

Includes this paragraph: ***“It may be a challenging two years for the new chair and vice-chair. Right at the start of their terms, they will need to oversee the process for selecting a new executive director. And they may need to deal with fallout from the threats of the U.S. administration to cut development aid. The constituencies will need to nominate people with good experience and with the capacity to achieve consensus among multiple stakeholders. They will need to choose people who are able to focus on results and who have strong diplomatic skills in order to negotiate with governments – both donors and implementers – to increase resources for health. The new chair and vice-chair will have to start the new replenishment cycle in a challenging funding environment...”***

[Shadow reports on CCM performance flag issues of oversight and conflict of interest](#)

In other GF related news, the Fund got a (much needed) PR boost when it **received top marks** in a **performance review**. *“...The evaluation by the Multilateral Organisation Performance Assessment Network (MOPAN), which monitors the performance of multilateral organizations, gave the Global Fund top ratings in organizational architecture, operating model and financial transparency and accountability.”* (PS: **MOPAN** was launched in 2002 as a network of like-minded donor countries for monitoring the performance of multilateral development organizations at country level. In 2017, the Network members are: Australia, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, The Netherlands, Norway, Republic of Korea, Spain, Sweden, Switzerland, the United Kingdom and the United States.)

IISD - UN Statistical Commission Recommends SDG Indicator Framework for ECOSOC Adoption

<http://sdg.iisd.org/news/un-statistical-commission-recommends-sdg-indicator-framework-for-ecosoc-adoption/>

Last week (on 7-10 March), ***“The 48th UN Statistical Commission agreed on a draft resolution on the global indicator framework for the SDGs and targets of the 2030 Agenda for Sustainable Development, and recommended it to ECOSOC for adoption. The framework includes the initial set of global indicators that will be refined annually, comprehensively reviewed in 2020 and 2025, and complemented by indicators at the regional and national levels to be developed by Member States.”***

Make sure you also read (on IHP for UHC 2030) - **[UHC Indicators for SDG Monitoring Framework agreed](#)**

“...The global indicator framework will be formally adopted by the United Nations General Assembly through the United Nations Economic and Social Council in 2017. The framework now includes two indicators to measure progress towards Universal Health Coverage (UHC). 3.8.1 indicator Coverage of essential health services; 3.8.2 indicator Proportion of population with large household expenditures on health as a share of total household expenditure or income. This is a major achievement following intensive discussions in 2016. The decision to revise 3.8.2 is an outcome of hard work by IHP+ Signatories, civil society organisations and researchers who have advocated strongly for the UHC monitoring framework.”

Lancet Global Health (April issue)

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

Worth checking out, as usual. Start with the Editorial, **End-stage kidney disease in LMICs: rising to the challenge**.

Make sure you also read:

Lancet Global Health – If not now, when? Time for the European Union to define a global health strategy

E Speakman, Martin McKee et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30085-2/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30085-2/fulltext)

“These are dark times for the European Union (EU). The Brexit vote, coupled with the rise of Eurosceptic parties, was a reminder that many Europeans view the EU as an irritant, with little understanding of its positive role. The election of Donald Trump shows that this retreat into isolationism is not limited to Europe. At this time of existential crisis, it has never been so vital for the EU to demonstrate that it is indeed a union, that it is a force for good, and that this positive influence goes beyond Europe’s borders.” Enter a European global health strategy.

You might also want to read my input in this debate (on IHP) - [A European global health strategy? Certainly not now](#) (having said, I admit that, like Boris Johnson in the Brexit debate, I might also be able to come up with the reverse point of view 😊)

G20 & health update

Civil 20 G20 position paper: Civil society recommendations to the G20

<http://civil-20.org/main/wp-content/uploads/2017/03/Health.pdf>

*“The C20 commends the German presidency for placing global health on the agenda of the G20. We urge future presidencies to take forward this work. Today’s world sees rising alarm regarding the inability to respond to emerging pandemics and antimicrobial resistance. New tools are needed but the current commercial research and development system is failing to provide them. We believe that every person has a right to health, requiring a sustainable, equitable and agile global health policy. Health should not be predominantly described as a threat to security and is much more than crisis management. Health is as an outcome of, and a prerequisite for, sustainable development. **We call on the G20 to focus and deliver on antimicrobial resistance; multilateral institutional support; and Health Systems Strengthening and Universal Health Coverage....”***

Healthy Developments - Thinking outside the box to strengthen health systems

http://health.bmz.de/what_we_do/hss/Dates_and_events/strengthen_health_systems/index.html

“Members of the newly established G20 Health Working Group met in Berlin from 28th February to 2nd March 2017 to prepare for the first ever G20 Health Ministers’ Meeting in May 2017. On the agenda were antimicrobial resistance, epidemic preparedness and, as an important part of this, health systems strengthening. The G20 health experts agreed that better management of global health crises must go hand-in-hand with health systems strengthening, and that one cannot be achieved without the other. “There is a window of opportunity to invest in preparedness, strengthen health systems and secure the right to health”, says BMZ’s Heiko Warnken. “We need to think outside the box.””

For a recent draft of ‘Healthy Systems – Healthy Lives: A Joint Vision for Health Systems Strengthening towards Universal Health Coverage’ (as of 24 February), see [here](#).

Meanwhile, Wolfgang “Mr very proud of the scorched earth in Greece” Schäuble wrote a piece on the need for inclusive globalization (on Project Syndicate). [Germany, the G20, and Inclusive Globalization](#). Right message, wrong messenger. “...In my view, the **G20 is the best forum for increased and inclusive cooperation.**” “... the G20 during the German presidency is working to intensify its partnership with Africa. A central pillar of this effort is the “**Compact with Africa**,” which provides a framework for supporting private investment, including in infrastructure. ...“

Guardian – World faces worst humanitarian crisis since 1945, says UN official

<https://www.theguardian.com/world/2017/mar/11/world-faces-worst-humanitarian-crisis-since-1945-says-un-official>

Late last week came this urgent UN warning. *“The world faces the largest humanitarian crisis since the end of the second world war with more than 20 million people in four countries facing starvation and famine, a senior United Nations official has warned. Without collective and coordinated global efforts, “people will simply starve to death” and “many more will suffer and die from disease”, Stephen O’Brien, the UN under secretary-general for humanitarian affairs, told the security council in New York on Friday.”*

Links from this week then:

Guardian – [‘Countless lives at stake’ warn NGOs as hunger in east Africa prompts major appeal](#)

Guardian - [Yemen at 'point of no return' as conflict leaves almost 7 million close to famine.](#)

61st session of the UN Commission on the Status of Women (CSW 61) (13-24 March)

<http://who.int/life-course/news/events/csw61/en/>

Some reads on the 1st week of the meeting:

(some analysis just ahead of the meeting) in the **Guardian** - [US may go cheek by jowl with women's rights abusers at UN gender talks](#) *"US negotiators at this week's UN Commission on the Status of Women could find themselves standing shoulder to shoulder with some of the world's worst violators of women's rights, activists have warned. Donald Trump's reinstatement of the "global gag rule" and his proposed funding cuts to the UN are expected to embolden right-wing conservative groups seeking to undermine women's rights during the CSW talks in New York..."*

Nikki Haley [heads the US delegation.](#)

UN News - [UN Commission on Status of Women opens with calls for more men to stand up for equality](#) *"With men still dominating even in countries that consider themselves progressive, the world needs more women leaders and more men standing up for gender equality, **United Nations Secretary-General António Guterres said** [today]. "It is true, I am a man, but we need all men to stand up for women's empowerment. Our world needs more women leaders. And our world needs more men standing up for gender equality," Mr. Guterres told the Commission on Status of Women (CSW), which began its annual session this morning. He was among the UN's several senior leaders addressing CSW, the principal global intergovernmental body dedicated to the promotion of gender equality and the empowerment of women..."*

IPS - [Travel Restrictions Cast Shadow on UN Women's Meeting: Rights Groups](#) *"Increasing travel restrictions have prevented delegates from attending this year's UN Commission on the Status of Women (CSW), according to several women's rights groups."*

Stat News (Op-ed) – Global health innovations can be game-changers at home, too

[Stat News;](#)

Nice piece. "...**The global convergence of health issues calls for universal solutions.** It has begun reshaping how we think about health care innovation. For decades, health care expertise and investment flowed in one direction, from rich countries to poor countries. That is no longer the case." The article provides some examples from the US. And concludes like this: "The collaboration between Ascension and Narayana Health, the work on improving Zika diagnostics, and the shift toward result-driven global health research all have something in common: They recognize that in a world where health issues in rich and poor countries are becoming more similar, innovation should know no borders. Health care solutions that emerge in developing countries, or that are researched and funded in the United States but aimed at developing countries, could help address health care challenges here in the United States. As active participants in Boston's life sciences ecosystem, we believe that **the faster we can do away with the distinction between "global health" and our**

“local” health care system — in the public perception, as well as among researchers, policymakers, businesses, and philanthropists — the better our chances of finding sustainable solutions to health care challenges everywhere in the world.”

HS Global (must-read) blogs

HSR 2016 Evaluation: what have we learned?

<http://www.healthsystemsglobal.org/blog/203/HSR2016-Evaluation-what-have-we-learned-.html>

“Health Systems Global is pleased to share findings and recommendations from the evaluation of the Fourth Global Symposium on Health Systems Research, which took place in Vancouver, Canada, from 14 to 18 November 2016. The evaluation, carried out by Science-Metrix, provides valuable learning for the organisers of 2016 Symposium, as well as those involved in the preparation and hosting of the Fifth Global Symposium in Liverpool, UK, in October 2018. Some of the key points from the evaluation include:...”

HSG – New BMC and HSG webinar series: Understanding the peer review and publication processes

[HSG blog](#);

*“HSG and BioMed Central, publisher of BMC Health Services Research which is affiliated with HSG, have partnered to deliver **a series of five webinars to open up the peer review and publication processes**. Aimed at researchers at a variety of career stages, the series will cover: how to prepare an article and choose the right journal, what happens during peer review, publishing models and open access, research and publication ethics and how to be a peer reviewer.”* First webinar scheduled for April 7.

WHO DG election

A few reads from this week:

O’Neill institute (blog) - Human rights and the election of the next DG: public accountability

<http://www.oneillinstituteblog.org/human-rights-and-the-election-of-the-next-director-general-public-accountability-now/#more-6659>

Hard-hitting (and must-read) viewpoint from Eric Friedman. “I believe that human rights, and the right to health in particular, should be a top priority of and guiding principle for the next WHO Director-General, whom the world’s health ministers will choose at the World Health Assembly in May. This importance demands electing to the post a credible and strong leader on human rights, someone with a history of fighting injustice, of opposing human rights violations, of standing

*up for the marginalized and oppressed, of resisting political, corporate, or other interests that stand in the way of human rights. ... It entails appointing a person who views organizations fighting for human rights as partners, even when their own governments may oppose them. Three candidates remain in the race to be the next WHO Director-General: Tedros Adhanom, David Nabarro, and Sania Nishtar. **All candidates should be accountable for their past support of human rights, and outline their plans for furthering human rights around the world if chosen to lead WHO. While it is important for all candidates to do this, one candidate in particular ought to provide a detailed public account of where he stands, and has stood, on human rights. Having spent more than a decade as a cabinet minister in a government that has committed large-scale human rights abuses, Dr. Tedros must make clear his position and intention....***"

A crystal clear position from Eric. Let's hope Dr. Tedros provides that transparency in the coming weeks and months.

BMJ (Letter) – India should support Sania Nishtar for next director general of WHO

M Devnani;

http://www.bmj.com/content/356/bmj.j1278?utm_medium=email&utm_campaign_name=20170373&utm_source=etoc_daily

Not sure everybody in India will be convinced of this stance. Fans of Sania Nishtar – some observers think she currently has “the momentum” (*witnessing all these pictures on and from David Nabarro on Twitter (including one with Theresa May!) David certainly has the picture momentum, I'd say*) - will also want to read, in “the Diplomat”: [Can Pakistan's Health Star Turn the WHO Around?](#)

Meanwhile, **Helen Branswell** expressed the WHO funding situation succinctly on Twitter (after reading about Trump's budget, more specifically on foreseen cuts to UN institutions) “*Guessing @WHO's budget woes aren't about to get better.*”

And in a blog last week, **Clinton & Sridhar** reckoned that “ [Only through successfully managing such crises \(such as Zika for example\) will WHO be able to reestablish its credibility](#)”.

Another blog: [Modernizing Pandemic Response the Central Challenge for Next WHO Chief \(M Snyder – IPI\)](#) “*...Whoever prevails will need to demonstrate WHO's leadership and relevance in the field of pandemic response, to restore public confidence in the institution following its mishandling of the Ebola crisis in West Africa in 2014-16. Outspoken support for this issue has become a sine qua non within the organization since the outbreak, especially for WHO's top three donors, the United States and UK governments and the Gates Foundation, which supply it with hundreds of millions of dollars each year for communicable disease control....*”

BMJ Global Health – Public health impact of the 2014–2015 Ebola outbreak in West Africa: seizing opportunities for the future

A Delamou et al; <http://gh.bmj.com/content/2/2/e000202?cpetoc=>

From the summary box: *“The 2014–2015 Ebola virus disease outbreak resulted in devastating human, health and socioeconomic consequences in West African affected countries. The EVD outbreak **brought several opportunities to West Africa** by improving logistics, quality standards and developing local research and training capacities in affected countries. It also increased public awareness raising about health threats and commitment to health systems strengthening. Empowerment and capacity building at the community level are key to countries' preparedness to face future epidemics.”*

Reuters – Save the Children finds rising self-harm, depression in Greek camps

[Reuters](#):

“Children stuck in Greek migrant camps are cutting themselves, attempting suicide and using drugs to cope with “endless misery,” international charity Save the Children said on Thursday. Reuters obtained an advance copy of a report that marks one year since the European Union struck a deal with Turkey to stem the flow of refugees and migrants to Greek islands.”

In related news, a **new MSF report** says [“The one-year-old deal between the European Union and Turkey to prevent migrants and refugees from reaching Greece is having a “devastating human consequence”](#). There’s a huge mental health toll, among others.

See also [Refugees in Greece suffering after EU deal with Turkey, say NGOs](#) (Guardian).

Lancet (Editorial) – Phasing out harmful use of pesticides

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30766-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30766-3/fulltext)

“A new report by the UN Special Rapporteur on the right to food and the UN Special Rapporteur on toxics, presented to the Human Rights Council on March 7, details the health and environmental effects of excessive pesticide use globally.”

Lancet (Comment) – Beyond health: five global policy metaphors for civil registration and vital statistics

Claire Brolan et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30753-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30753-5/fulltext)

“Civil registration and vital statistics (CRVS) systems and the data they generate will be crucial for monitoring implementation of the Sustainable Development Goals (SDGs) in countries, as well as for other national and regional health and development agendas. It is the continuity, completeness, and relevance at local administrative levels that distinguish CRVS information from other population data sources. In 2015, the Lancet Counting Births and Deaths Series2 responded to an earlier Lancet

Series, *Who Counts?* that described the neglect of global CRVS systems as “the single most critical failure of development over the past 30 years”.”

“...Adapting David Stuckler and Martin McKee’s five metaphors on global health, **we identify five global policy metaphors that underline the centrality of CRVS systems for development: CRVS as public health, sustainable development, investment, human rights, and good governance.**”

FT – HIV/Aids drugs for developing world face threat of disruption

<https://www.ft.com/content/95b58372-0a58-11e7-ac5a-903b21361b43>

(must-read) “...Fifteen generic manufacturers supply more than 95 per cent of ARVs to LMICs, of which four supply the bulk — 83 per cent. In 2014, those four suppliers each provided about 20 per cent of the total volume, but since 2015, with new procurement policies among the main buyers, **one company, Mylan, supplied more than 50 per cent, and three others, Hetero, Cipla and Aurobindo, provided 32-35 per cent between them.** The remaining 11 each supply 2 per cent or less. **Reliance on so few suppliers for continuing treatment for millions of people is dangerous** because, unlike other diseases, there are no alternatives to ARVs for the treatment of HIV....”

Zika

UN - Vigilance against Zika virus should ‘remain high,’ UN health agency says in new guidance

http://www.un.org/apps/news/story.asp?NewsID=56335#.WMaZo2_hAdU

From late last week. “Although a decline in cases of Zika virus infection has been reported in some countries, there is **still a need for heightened vigilance**, the World Health Organization (WHO) reported [today], issuing fresh guidance on the virus that has been linked to birth defects and neurological complications. The new WHO data also lists countries where the *Aedes aegypti* mosquito is present, but where there is no sign of the Zika virus. The insect is considered to be the main transmitter of the disease, which has been identified in more than 80 countries to date. As such, WHO says that overall, the global risk assessment has not changed and “the [Zika virus] continues to spread geographically to areas where competent vectors are present. **The current data adds some 70 countries to the list of those considered to be ‘at-risk.’** These are countries where there’s no sign of the virus, but where the *Aedes aegypti* mosquito is present; it is considered to be the main carrier of the virus.”

NYT – Bernie Sanders: Trump should avoid a bad Zika deal

https://www.nytimes.com/2017/03/10/opinion/bernie-sanders-trump-should-avoid-a-bad-zika-deal.html?smid=tw-share&_r=0

“...Now his administration, through the Army, is on the brink of making a bad deal, giving a French pharmaceutical company, Sanofi, the exclusive license to patents and thus a monopoly to sell a vaccine against the Zika virus. If Mr. Trump allows this deal, Sanofi will be able to charge whatever astronomical price it wants for its vaccine. Millions of people in the United States and around the world will not be able to afford it even though American taxpayers have already spent more than \$1 billion on Zika research and prevention efforts, including millions to develop this vaccine.”

Sounds very much like a deal Trump would like to strike.

Global health events

60th Commission on Narcotic Drugs (Vienna)

<http://www.unodc.org/unodc/en/commissions/CND/>

#CND60 is ongoing. Also quite some public health related action, clearly.

In her [opening remarks](#), Margaret Chan emphasized, among others, **cooperation with UNODC** (UN Office on Drugs and Crime) on a **public health approach to the world drug problem**.

First global meeting in London of Lancet Countdown: tracking progress on health and climate change (13 March)

<http://lancetcountdown.org/>

On Monday, The Lancet Countdown on Health and Climate Change, in association with Imperial College London, **brought together experts in a range of global indicator processes**. The panel discussed indicator processes such as the SDGs, Lancet Countdown, WHO Climate and Health Country Profiles, and Sendai Framework for Disaster Risk Reduction. See [here](#) on what was the expected content of the meeting. *“...Now that the Paris Climate Change Agreement has been ratified, the next challenge is to make sure governments act on their promises. The event raised the complementary measures to improve health and environment being adopted by other organisations including the World Health Organisation (WHO) Climate and Health Country Profiles and the United Nations' SDGs, and Sendai Framework for Disaster Risk Reduction.”*

And see [here](#) for a report of a **public event on Monday night** where Imperial students, academics and policymakers from NGOs working in international development debated with an expert panel

over the priorities for future multidisciplinary research efforts and the course of action that academics should take. Well worth a read. (includes a **video** of the event)

Or with a tweet from **Anthony Costello** – “experts align to improve climate change and health”.

Briefing for member states: First meeting of the WHO GCM/NCD Working Group on: Health Education and Health Literacy for NCDs (27-28 February)

http://who.int/global-coordination-mechanism/working-groups/member_state_briefing_first_meeting_wg33.pdf?ua=1

(Powerpoint) report of this meeting (which took place end of February).

Coming up - Human Development Report 2016 ‘Human Development for Everyone’ to Launch 21 March 2017 in Stockholm, Sweden

<http://hdr.undp.org/en>

Check it [out](#).

Coming up: 70th World Health Assembly (Geneva, 22-31 May)

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_1-en.pdf

Provisional agenda available already. See the link. We can't wait.

Coming up: European Development Days 2017 (7-8 June)

<https://www.eudevdays.eu/>

*“The EDD 2017 will **promote a new global strategy** to address the most pressing current global development challenges and bring together development actors committed to tackling poverty worldwide with a particular emphasis on engaging the private sector as a partner in economic development. **The private sector's role in international development policies will be discussed and spotlighted throughout the forum.** Overarching objectives of the private sector engagement include*

the promotion of inclusive growth and the creation of decent jobs in particular for women and youth, which leads to improved living conditions. Together, we can shape global policy, share knowledge and promote real innovation.” Lovely.

Global governance of health

KFF Factsheet – The U.S. Government and the World Health Organization

<http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/>

Updated factsheet (16 March). Have a hunch it will need to be updated again soon.

Alliance for Health Policy & Systems Research annual report: Partnership and policy engagement

<http://www.who.int/alliance-hpsr/resources/annual-report-2016/en/>

“Looking back at 2016, it was a year of strengthening and forging stronger partnerships to operationalise the Alliance’s Strategic Plan 2016-2020. The Report titled, “Partnership and Policy Engagement” provides examples of our collaboration with partners and policy actors to strengthen the performance of health systems in low and middle-income countries....”

Wellcome Trust – Our goals for the year ahead

<https://wellcome.ac.uk/news/our-goals-year-ahead>

Five goals, one of them being “We will push R&D for health up the global political agenda”.

Devex – OECD Development Assistance Committee to begin reforms under new chair

<https://www.devex.com/news/exclusive-oecd-development-assistance-committee-to-begin-reforms-under-new-chair-89844>

*“The **Development Assistance Committee** — the body at the Organisation for Economic Co-operation and Development tasked with setting and evaluating the organization’s rules for official*

development assistance — **will begin large-scale reforms this summer, its new chair Charlotte Petri Gornitzka revealed in a conversation with Devex.** The DAC — whose membership includes 30 global north-based donors contributing about 80 percent of ODA worldwide — has drawn criticism in the past for failing to represent developing country interests in its work. That has included policies that appear to favor the interests of donors over recipients, most recently in reforming the ODA rules to allow spending for more security-related costs. Petri Gornitzka, who took the helm of the DAC in October 2016, said the committee will undergo dramatic reform with a process ending around late October this year. The reforms will be made with an eye on improving its members' use of the private sector in national aid policies, as well as becoming a more consistent complement and critic to the United Nations system, among other goals....”

Global Policy Watch - The wrong message – redundancy and unilateralism in measuring the SDGs

A Dill; <https://www.globalpolicywatch.org/blog/2017/03/10/the-wrong-message-redundancy-and-unilateralism-in-measuring-the-sdgs/>

Excerpts: “... A Sustainable Development Goals Index has recently been released by the New York-based Sustainable Development Solutions Network (SDSN) and the German Bertelsmann Foundation, aimed at providing “a country-level SDG Index using data available today to measuring SDG achievement across the 17 SDGs. Yet, when we compare the new index with the Global Index Benchmark that summarizes ten leading global indexes, we find two astonishing statistical aspects in its ranking: high redundancy and unilateral bias.... ” “... The indices bringing up this surprising result include per capita GDP and others that have been developed within two decades and claim to measure ‘beyond GDP’: Peace. Education. Health. Democracy. Environmental protection. So why are they strongly correlating with GDP?...”

“...But the **2030 Agenda of the UN that includes the SDGs and has been signed by all 193 countries of the world it was made explicit that this was a new development paradigm, transformational and universal, where no country can claim to be “sustainably developed”** When the same countries that lead the GDP tables are also leading both in the SDGI Index and in the Global Index Benchmark the **sub-message is clear: ‘We are at the top of whatever is being measured’.** “...So will the measuring of Agenda 2030 become an exercise where Germany certifies Sweden, the US, the UK and Switzerland as meeting the SDGs? **We need to rethink the process of measuring the SDG immediately. Otherwise the wrong message provided today will lead to frustration and another unfairness towards developing countries.**”

Reuters - World Bank issues first UN sustainable development bond

[Reuters:](#)

From late last week. “The World Bank has raised its first bond linked to the UN SDGs as it looks to help a global effort to end poverty, tackle climate change and promote equality....” “...The deal represents the **first issue from the World Bank's “SDGs Everyone” initiative** announced in January.

Unlike a typical Green bond, where proceeds are earmarked for specific environmental projects, proceeds from SDG issues will be used for general development projects.”

UN News – New UN supply chain system to slash delays, save lives in large-scale health crises

<http://www.un.org/apps/news/story.asp?NewsID=56323#.WMqNrVXhDIU>

From late last week: *“In collaboration with partners and as a part of a global supply chain network, the United Nations emergency **food relief agency** has set about developing the **first-ever information platform to better manage supply chains and efficiently match deliveries with demand in responding to large-scale health emergencies such as pandemic outbreaks.**”* See also the press release - [Innovative Supply Chain Information Platform Will Help Prepare For The Next Pandemic](#): *“The United Nations World Food Programme (WFP) and NEC Corporation today announced their collaboration for the development of the first ever information platform to provide end-to-end visibility of supply chains for pandemic interventions, on behalf of the **Global Pandemic Supply Chain (PSC) Network**. The government of Japan has provided US\$1 million for the PSC Network, which will be used as seed funding for the new information platform.”*

Oxfam (blog) A masterclass on cash transfers and how to use High Level Panels to influence Policy

Duncan Green; <http://oxfamblogs.org/fp2p/a-masterclass-on-cash-transfers-and-how-to-use-high-level-panels-to-influence-policy/>

I finally began to understand why so many High-Level panels are being set up, when reading this blog. *“One of the things I do in my day-a-week role at LSE is bring in guest lecturers from different aid and development cash transfer help cover organizations to add a whiff of real life to the student diet of theory and academia. One of the best is **Owen Barder**, who recently delivered a **mesmerizing talk on cash transfers and the theory of change used by his organization, the Center for Global Development, which is one of the most effective think tanks around** (although I don’t always share its politics....). Here’s the **summary**”*

Graduate Institute (Global health centre) - February Newsletter

http://graduateinstitute.ch/home/research/centresandprogrammes/globalhealth/news/past-news.html/_news/ghp/high-level-panel-on-access-to-me

Check out this article *“**High-level panel on access to medicines – “A smooth navigation on a rough sea”**”* (on a recent (23 February) dialogue session at the Graduate Institute, featuring Dreyfuss & others).

You find the whole February newsletter [here](#).

IISD - Making SDG Implementation Easier: Thinking about Goals as Means

[M Elder et al ; http://sdg.iisd.org/commentary/guest-articles/making-sdg-implementation-easier-thinking-about-goals-as-means/](http://sdg.iisd.org/commentary/guest-articles/making-sdg-implementation-easier-thinking-about-goals-as-means/)

Very nice article, based on a [paper](#) from last year. *“This article proposes a conceptual framework that identified five types of Goals, and explains the complex relationships among them. Means-type goals can be classified into five categories, by function: resources, environment, education, economy, and governance. Approaching the SDGs as a system where different goals play different roles can help to devise more effective implementation strategies and also to reduce the overall cost.”*

IISD - UN Deputy Secretary-General Calls to Rethink UN Systems

<http://sdg.iisd.org/news/un-deputy-secretary-general-calls-to-rethink-un-systems/>

*“In her **first official statement as UN Deputy Secretary-General, Amina Mohammed** said achieving the SDGs will require all countries to “redefine traditional planning, delivery and monitoring,” addressing ECOSOC’s 2017 operational segment. At the ‘Solve at the UN’ event, she highlighted the SDGs’ role in preventing disaster, conflict and crisis. Mohammed identified **three principles for future work**: strengthening leadership; addressing the trust deficit; and focusing on country-level results.”*

CEPI update

A few excerpts from their latest [newsletter](#) (10 March):

- **“CEPI received more than 30 applications for our first call for development of vaccines against Lassa, MERS-COV and Nipah, which had deadline 8 March. The applications will now be evaluated, and shortlisted applicants will be invited to submit full proposals in April 2017....**
- **The Access to Vaccines Index 2017 was published earlier this month by the Access to Medicines Foundation. This is the first landscape analysis to evaluate how vaccine companies are improving immunisation coverage. It comprises a baseline measurement on the steps companies are taking in this area, and the mechanisms triggering them to join global efforts to increase access to vaccines. The report recognizes and highlights CEPI as an important new global mechanism to fund and facilitate the development of new vaccines against emerging infectious diseases, and encourages vaccine companies to engage actively with CEPI and other preparedness mechanisms to ensure their vaccine R&D expertise results in global benefits.”**

Gates Foundation & BMZ memorandum

http://www.bmz.de/en/press/aktuelleMeldungen/2017/februar/170217_pm_021_Development-policy-is-the-best-peace-policy-German-Development-Minister-Gerd-Mueller-and-Bill-Gates-expand-their-cooperation/index.html

From mid-February already, but good to know with a view on the G20 presidency of Germany. The German government & Gates seem to have a very good “understanding” these days. **“German Development Minister Gerd Müller and Bill Gates, co-chair of the Bill & Melinda Gates Foundation, together want to work towards adding a new dimension to development cooperation. To that end, they signed an agreement that will lend fresh impetus to the achievement of the goals contained in the 2030 Agenda. In particular, they want to foster economic development in developing countries, giving more people access to a bank account and to credit so that they can build a livelihood. This focus, financial inclusion, is also a priority topic on the agenda of the forthcoming G20 meetings in Germany in mid-2017. Moreover, the BMZ and the Gates Foundation will expand their programmes in the areas of food security and rural development, health, and water and sanitation.”**

Do check out the [Memorandum of Understanding](#) between BMZ & the Gates foundation for yourself.

Some new WHO Joint External Evaluations (JEE) published

<https://www.jeealliance.org/uutiset/new-jee-reports-published-by-who/>

Just like Global Health Security Assessments, these JEE reports are public. *“To date, 32 JEE missions have been completed, and there are 30 missions in the pipeline. In addition, 6 GHSA assessments were completed in 2015.”*

UK government - UK to help businesses step up investment in world's poorest countries

<https://www.gov.uk/government/news/uk-to-help-businesses-step-up-investment-in-worlds-poorest-countries>

*“At the **“Transforming Investment Risk” event**, International Development Secretary Priti Patel set out how the UK is making it easier for companies to invest in the world's poorest countries.”*

*“Today (16 March), International Development Secretary Priti Patel set out how the UK is making it easier for companies to invest in the world's poorest countries and urged businesses to invest at a time of unprecedented humanitarian crises. Speaking to CEOs at Methodist Central Hall in London at the **“Transforming Investment Risk” event hosted together with the President of the World Bank Group, Jim Yong Kim**, Ms Patel outlined how investment from British and international companies is desperately needed to create jobs and build basic infrastructure, such as roads and ports in the*

world's poorest countries. City of London businesses Lloyds of London, Aviva, Prudential, Standard Chartered and the London Stock Exchange, have already confirmed they will rise to the challenge set by Ms Patel. **This will help create more stable and prosperous economies**, which will mean countries have a better chance of overcoming future crises and standing on their own two feet."

A few tweets from Nick Dearden are perhaps a bit more accurate: "More from Priti Patel - using #UKAid to make the City the 'development finance hub of the world.'" "#UKAid supporting Britain's agribusiness, finance and energy sectors. Lovely."

UHC

Trumpcare/Ryancare/Dumpcare

The GOP plans with US health care got under severe pressure this week – or rather, even more under pressure than already was the case before. Some reads from this week, more or less chronologically :

Guardian - [Republicans scramble to defend healthcare reform despite party divide](#)

Over the weekend, Tom Price joined "Republicans in touting plan on talkshows, with Paul Ryan praising 'freedom' as analysts foresee sharp cuts to tax credits and Medicaid."

Guardian - [Republican healthcare plan: 24 million people could lose coverage, CBO reports.](#)

Then the **CBO came with its report**. "As many as 24 million Americans risk losing health coverage over the next decade under the Republican plan to replace the Affordable Care Act, popularly known as Obamacare, the non-partisan Congressional Budget Office said on Monday. The report predicts a dramatic loss of healthcare coverage over the next decade if Congress enacts the Republican healthcare proposal, which has faced criticism from across the political spectrum and from nearly every sector of the healthcare industry." See also **Vox** with some more detail - [CBO estimates 24 million lose coverage under GOP plan. The devastating report, explained.](#)

FT - [Republicans battle to save healthcare bill](#)

"Republicans are battling to save their new healthcare bill after Congress's non-partisan watchdog said it would cause about 24m Americans to lose insurance, prompting fierce retaliation from the White House. **On Tuesday, the Trump administration fought back against the Congressional Budget Office's findings that the legislation, while reducing the budget deficit by \$337bn, would cause an estimated 52m Americans to be uninsured by 2026.** This compared to only 28m Americans uninsured by that year under the Obamacare programme. In co-ordinated TV appearances, White House officials attempted to **poke holes in the CBO's report, alleging that the watchdog did not fully understand the legislation....**" No surprises there, but another clear attempt by the Trump administration to destroy faith in a neutral institution (vital for the functioning of democracy).

You might also want to read this **FT analysis** - [Donald Trump's healthcare bill is already in a death spiral](#) : *"Either the legislation will fail in Congress, which would be a political disaster for Mr Trump, or it will pass, which would be a catastrophe...."*

Guardian – [Republicans concede healthcare bill must change in order to pass](#)

It'll probably be the latter (after some amendments). *"Their healthcare overhaul imperiled from all sides, the White House and **top House Republicans acknowledged on Wednesday that they would make changes to the legislation in hopes of nailing down votes needed to pass the party's showpiece legislation soon.** House speaker Paul Ryan declined to commit to bringing the measure to the House floor next week, a fresh indication of uncertainty. Republican leaders have repeatedly said that was their schedule, but opposition mushroomed after a congressional report concluded this week that the measure would strip 24 million people of coverage in a decade. Ryan told reporters that he and the other Republican leaders could now make "some necessary improvements and refinements" to the legislation, reflecting an urgency to buttress support...."*

But Stat News yesterday also reported - [House panel approves troubled GOP health care bill](#) (by a very narrow margin – 19 vs 17).

FT – Donald Trump's abortive attempt at US healthcare reform

<https://www.ft.com/content/9017472e-0a3b-11e7-97d1-5e720a26771b>

*"... For more than a century, US presidents have struggled with healthcare reform. In Donald Trump's case, the effort has been far from noble. The bill before Congress deserves to be pronounced dead on arrival. **"Trumpcare"** is neither good legislation nor a serious attempt at reform. **It has split the Republican party on an issue that once united it — abolition of Obamacare.** Having put political capital in jeopardy to pass a bill that will damage him badly if it passes into law, Mr Trump is heading for a debacle...."*

Hindustan Times - Cabinet approves National Health Policy

<http://www.hindustantimes.com/india-news/cabinet-approves-national-health-policy/story-TdyHX7f6VmHWTLwXX0Q7tK.html>

Over to India then. *"After much delay, the National Health Policy 2015, on the lines of Obamacare, was approved by the Cabinet on Wednesday, assuring affordable health services to all. The decision on the policy that had been in cold storage for about two years, was deferred twice in the past two months by the Cabinet."* Among others, the draft policy proposes an increase in public health expenditure from the current 1% of GDP to 2.5%.

Lancet – Offline: China's rejuvenation in health

Richard Horton; <http://www.sciencedirect.com/science/article/pii/S0140673617307614>

Reporting on one of the main annual political gatherings in China (the “Two Sessions”), Horton notes that “China’s Government has made health a foundation for its development.” And concludes: “Establishing a strong and prosperous society is seen as the prerequisite for protecting the autonomy and wellbeing of its people. Health is the bulwark of self-sufficiency and security. There are lessons here for all nations. Global security is individual security. And health is, in China’s view, the pre-eminent definition of its long-term security.”

Financing Health in Africa – From a technocratic process to a citizen-based process: Strategizing national health in the 21st century – a handbook

N Ade; <http://www.healthfinancingafrica.org/home/from-a-technocratic-process-to-a-citizen-based-process-strategizing-national-health-in-the-21st-century-a-handbook>

Recommended blog. “Strategizing national health has evolved a lot over the last decades. A growing number of countries are moving away from old style planning and embracing a more inclusive and participatory approach. This is exactly the focus of **Strategizing National Health in the Twenty-First century- A Handbook**, Nadège Ade, the facilitator of the community of practice on health systems planning & governance, presents us this new book published by the WHO.”

Planetary health

BMJ (blog) - Flying in the face of science: US environmental chief spreads climate change scepticism

N Watts et al; <http://blogs.bmj.com/bmj/2017/03/14/us-environmental-chief-spreads-climate-change-scepticism/>

In case you missed this (telling) news from last week. “Trump’s appointment of a climate science denier to a critical position shows us that we still have much to do to counteract climate change.” That’s an understatement, I guess.

Bloomberg - G-20 Poised to Signal Retreat From Climate-Change Funding Pledge

<https://www.bloomberg.com/news/articles/2017-03-09/g-20-document-shows-governments-retreating-from-climate-funding>

From late last week. “Finance ministers for the U.S., China, Germany and other members of the Group of 20 economies may scale back a robust pledge for their governments to combat climate

*change, ceding efforts to the private sector. Citing “scarce public resources,” the ministers said they would encourage multilateral development banks to raise private funds to accomplish goals set under the 2015 Paris climate accord, according to a **preliminary statement** drafted for a meeting that will be held in Germany [next week]. The statement, obtained by Bloomberg News, is a significant departure from a communique issued in July, when finance ministers urged governments to quickly implement the Paris Agreement, including a call for wealthy nations to make good on commitments to mobilize \$100 billion annually to cut greenhouse gases around the globe. “It basically says governments are irrelevant. It’s complete **faith in the magic of the marketplace**,” John Kirton, director of the University of Toronto’s G-20 Research Group, said in an interview. “That is very different from the existing commitments they have repeatedly made.””*

And a quick link:

Based on new FAO study - [Water scarcity needs “urgent and massive response” in North Africa and Near East](#) “New @FAOnews study warns #NorthAfrica #MiddleEast could become uninhabitable within 50 years due to #water scarcity.”

Infectious diseases & NTDs

TB

Stat News – WHO’s new priority list of antibiotic-resistant bacteria looks beyond the scourge of tuberculosis

MP Kieny (WHO); <https://www.statnews.com/2017/03/13/tuberculosis-who-bacteria-antibiotics/>

Kieny makes the case why M.Tuberculosis was not included on the new WHO priority list of antibiotic-resistant bacteria. “...Through this list, the WHO aims to guide the development of new antibiotics to fight microbes that have never before been high priorities for this work at a global level, but which are emerging as serious risks to patients and communities around the world.”

Check out also the opposite view - [The World Health Organization made a big mistake on TB. It must fix it](#) (by J L Castro, executive director of the International Union Against Tuberculosis and Lung Disease).

Globalization & Health - Migration to middle-income countries and tuberculosis—global policies for global economies

J M Pescarini et al; <http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0236-6>

“International migration to middle-income countries is increasing and its health consequences, in particular increasing transmission rates of tuberculosis (TB), deserve consideration. Migration and TB are a matter of concern in high-income countries and targeted screening of migrants for active and latent TB infection is a main strategy to manage risk and minimize transmission. In this paper, we

discuss some aspects of TB control and migration in the context of middle-income countries, together with the prospect of responding with equitable and comprehensive policies...”

Ebola

Johns Hopkins (book) - Operation Ebola - Surgical Care during the West African Outbreak

Edited by Sherry Wren & Adam Kushner; [JH Books](#);

“One of the horrors of the West African Ebola outbreak was the decimation of the area’s already thin ranks of surgeons. As Ebola spread, health facilities closed, and some doctors—afraid of catching the disease—left the region or stopped performing surgery. Many of those who stayed contracted Ebola and died. As the pool of doctors available—and willing—to perform surgery dwindled, treatable conditions unrelated to the disease, including appendicitis, unrepaired hernias, stomach ulcers, and obstructed labor, went untreated with devastating results....”

Reuters – Two-part Ebola vaccine offers long-lasting protection

[Reuters](#);

“The world should be far better prepared for the next Ebola outbreak, with further promising results on Tuesday showing the potential of a long-lasting vaccine against the deadly virus. The two-part shot from Johnson & Johnson and Danish partner Bavarian Nordic induced a durable immune response lasting a full year in 100 percent of healthy volunteers vaccinated, researchers reported. “The persistence of vaccine-induced immunity to one year post-immunization is truly impressive,” said researcher Matthew Snape of the University of Oxford.” For more detail, see [JAMA](#).

For more recent news on Ebola vaccines, see a link from last week ([NEJM](#)) - [Chimpanzee Adenovirus Vector Ebola Vaccine](#). And the related Editorial - [One Step Closer to an Ebola Virus Vaccine](#).

Polio

Guardian - Polio's last stand: frantic effort to eradicate Pakistan's 'badge of shame'

https://www.theguardian.com/global-development-professionals-network/2017/mar/15/polio-in-pakistan-the-frantic-effort-to-eradicate-the-countrys-badge-of-shame?CMP=share_btn_tw

A report from Pakistan. *“Health experts aim for zero transmission by targeting children at bus stations and border crossings with vaccinations.”*

Hepatitis

The Conversation – How hepatitis became a hidden epidemic in Africa

<https://theconversation.com/how-hepatitis-became-a-hidden-epidemic-in-africa-73377>

By F Chabrol.

Malaria

WHO Bulletin (early online– Equity trends in ownership of insecticide-treated nets in 19 Sub-Saharan African countries

C Taylor et al; http://www.who.int/bulletin/online_first/BLT.16.172924.pdf?ua=1

The authors examine the change in equity of insecticide-treated net (ITN) ownership among 19 malaria endemic countries in sub-Saharan Africa before and after the launch of the Cover the bed net gap initiative.

Stat News – In a remote West African village, a revolutionary genetic experiment is on its way — if residents agree to it

<https://www.statnews.com/2017/03/14/malaria-mosquitoes-burkina-faso/>

Interesting report. *“This small village of mud-brick homes in West Africa might seem the least likely place for an experiment at the frontier of biology. Yet scientists here are engaged in what could be the most promising, and perhaps one of the most frightening, biological experiments of our time. They are preparing for the possible release of swarms of mosquitoes that, until now, have been locked away in a research lab behind double metal doors and guarded 24/7. The goal: to nearly eradicate the population of one species of mosquito, and with it, the heavy burden of malaria across Africa. These scientists are **planning to release mosquitoes equipped with “gene drives,”** a technology that overrides nature’s genetic rules to give every baby mosquito a certain trait that normally only half would acquire...”* Read how scientists prepare for it, also providing information to the community on the genetic technology & the risks that could come with it.

In other malaria news, the [global theme](#) for **World Malaria Day** on 25 April is **End Malaria for Good**. The spotlight will be on prevention.

HIV

Lancet World Report – Venezuela's economic crisis hampers HIV/AIDS treatment

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30768-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30768-7/fulltext)

“Amid an ongoing economic crisis, Venezuela is experiencing shortages of several HIV drugs, including those to prevent mother-to-child transmission of the virus. Joe Parkin Daniels reports.”

NCDs

Deaths, DALYs, and the mishmash of metrics for NCDs

Jamie Uhrig; <https://www.linkedin.com/pulse/deaths-dalys-mishmash-metrics-ncds-jamie-uhrig>

“Progress against NCDs can be measured by fewer DALYs lost and less suffering.”

Stat News – Rich countries are more anxious than poorer countries

<https://www.statnews.com/2017/03/15/anxiety-rich-country-poor-country/>

*“Richer countries have higher rates of anxiety in their population than poorer countries and — in a finding that surprised even the researchers — that anxiety also interfered more with daily activities and responsibilities. Specifically, there was a higher proportion of people in higher-income countries with generalized anxiety disorder, or GAD — defined as excessive and uncontrollable worry that affects a person’s life — and with severe GAD. The researchers, who are members of the WHO World Mental Health Survey Consortium, published their findings in **JAMA Psychiatry** on Wednesday.”*

Speaking of Medicine - A PLOS Medicine Special Issue: Dementia across the lifespan and around the globe

<http://blogs.plos.org/speakingofmedicine/2017/03/14/a-plos-medicine-special-issue-dementia-across-the-lifespan-and-around-the-globe/>

“Associate Editor Tom McBride discusses the contents of the Dementia Special Issue’s first two weeks.”

And some quick links:

- [Coca-Cola Netherlands relaunches Sprite with no sugar and no calories](#) A global first.
- **Medact** - [Healthy eating advice must be healthy for the planet too, say public health and environmental campaigners](#) (in the UK, but a sound advice for all over the world). See also **BMJ news** [Dietary guidelines should encourage a healthy planet.](#)

Sexual & Reproductive / maternal, neonatal & child health

RHM (Editorial) – Not without a fight: standing up against the Global Gag Rule

Sarah Pugh; <http://www.tandfonline.com/doi/full/10.1080/09688080.2017.1303250>

On the need to hold ground in difficult times.

Global Financing Facility (GFF) Spring 2017 Webinar Series

https://attendee.gotowebinar.com/rt/7663384221036745986?utm_content=buffercb2e7&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

*“The Global Financing Facility (GFF), officially launched in July 2015, is a multi-stakeholder partnership that supports country-led efforts to improve reproductive, maternal, newborn, child, and adolescent health (RMNCAH). 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, newborns, children, and adolescents by 2030. **In order to enhance civil society engagement in the GFF, a group of civil society stakeholders began a process in late 2016, to develop a comprehensive Civil Society Engagement Strategy.** The draft strategy, developed by PMNCH in partnership with the GFF Secretariat, is now available in English and en Français: <http://www.who.int/pmnch/media/events/2017/cso/en/>”*

Join GHC (i.e. Global Health Council) and PMNCH for a series of webinars to: 1.) Discuss the GFF civil society engagement strategy; 2.) Prepare for the April GFF Investors Group (IG) meeting; 3.) Debrief on the April IG meeting.”

Inside Philanthropy – Keep it cold: new funding flows to ensure a vital link in the delivery of vaccines

[Inside philanthropy;](#)

Some more info on Nexleaf. *“...Nexleaf Analytics is a tech-driven nonprofit that works to “build, scale, and support wireless sensor devices and data analytics tools that improve global public health and the environment.” The group’s remote temperature monitoring device **ColdTrace**, has some key global health funders buzzing. Google.org is giving a \$2 million Global Impact award to Nexleaf to install ColdTrace sensors in clinics in developing countries....”* The Gates Foundation is matching the Google commitment.

Journal of Global Health (Viewpoint) Men's health: time for a new approach to policy and practice?

Peter Baker & Tim Sands; <http://www.jogh.org/documents/issue201701/jogh-07-010306.pdf>

*"The United Nation's (UN) Sustainable Development Goal 3 on health and well-being contains important commitments to reducing by one third premature mortality from NCDs... .. The Goal also aims to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and to improve the implementation of the World Health Organization (WHO) Framework Convention on Tobacco Control. All these commitments, if successfully implemented, would be particularly beneficial to the health of men and boys across the world; equally, **they cannot be optimally realized without an approach that takes account of the specific health needs, social contexts and the related health practices of men and boys, and perceives addressing this area as a pathway to better well-being and equality for all. At present, such an approach is not reflected in policy and practice...."***

WHO Bulletin (early online) – Developing global indicators for quality of maternal and newborn care: a feasibility assessment

B Madaj et al; http://www.who.int/bulletin/online_first/BLT.16.179531.pdf?ua=1

The authors assess the feasibility of applying the World Health Organization's proposed 15 indicators of quality of care for maternal and newborn health at health-facility level in low- and middle-income settings.

New Security Beat – Midwives' Voices, Midwives' Realities: Results From the First Global Midwifery Survey

<https://www.newsecuritybeat.org/2017/03/midwives-voices-midwives-realities-results-global-midwifery-survey/>

Title is pretty straightforward.

Access to medicines

Some more links related to the new **Access to Vaccines index** (see last week's IHP news):

(recommended) NYT - [Vaccine makers ranked on pricing and research](#)

Stat Plus - [When it comes to needed vaccines, pharma offers a mixed bag](#) (gated)

Human resources for health

WHO Afro Policy brief – CHW programs in the WHO African region: Evidence and options

<http://apps.who.int/iris/bitstream/10665/254739/1/9789290233558-eng.pdf>

“...The purpose of this policy brief is to inform discussions and decisions in the World Health Organization (WHO) African Region on policies, strategies and programmes to increase access to primary health care (PHC) services and make progress towards universal health coverage (UHC) by expanding the implementation of scaled-up CHW programmes. This brief summarizes the existing evidence on CHW programmes with a focus on sub-Saharan Africa and offers a number of contextlinked policy options for countries seeking to scale up and improve the effectiveness of their CHW programmes, particularly with regard to needs such as those of Guinea, Liberia and Sierra Leone, the three countries that were the most affected by the 2014–2015 EVD outbreak....”

USA Today - [Kenya's doctors to end 100-day strike](#)

“A 100-day doctors' strike that has created a health crisis for millions of Kenyans neared an end Tuesday, when government and union officials signed an agreement to improve pay and work conditions, the union announced....”

Miscellaneous

Economist – The Central African conundrum - The very poor are now concentrated in violent countries. Aid policy must evolve

<http://www.economist.com/news/leaders/21718911-world-bank-right-send-development-economists-conflict-zones-very-poor-are-now>

The World Bank is right to send development economists to conflict zones, the Economist argues in a Leader article. The article gives an overview of Cameron's, DFID's & WB's new focus on fragile states. And then gives some suggestions on how to go about this sort of aid in a smart way – such as investing heavily in peacekeeping forces, but referring also to some suggestions from Paul Collier.

Oxfam (blog) - Ten Signs of an impending Global Land Rights Revolution

C Jochnik (ahead of a World Bank Event) <http://oxfamblogs.org/fp2p/ten-signs-of-an-impending-global-land-rights-revolution/>

“The development community has experienced various “revolutions” over the years – from microfinance to women’s rights, from the green revolution to sustainable development. Each of these awakenings has improved our understanding of the challenges we face; each has transformed the development landscape, mostly for the better. **We now see the beginnings of another, long-overdue, revolution: this one focused on the fundamental role of land in sustainable development.** Land has often been at the root of revolutions, but the coming land revolution is not about overthrowing old orders. It is based on the basic fact that **much of the world has never gotten around to legally documenting land rights.** According to the World Bank, only 10% of land in rural Africa and 30% of land globally is documented. This gap is the cause of widespread chaos and dysfunction around the world. There are in fact **ten factors pushing land to the top of the global agenda:...**”

Results for Development - New tool to visualize funding gap

M d’Alimonte; <http://www.r4d.org/blog/2017-03-13/new-tool-visualize-funding-gaps-nutrition>

« ...In 2016, Results for Development (R4D) co-developed the Global Investment Framework for Nutrition, which provides fair-share financing scenarios for the various contributors and financial benchmarks that, if achieved, will help turn [these] aspirational global nutrition goals into landmark achievements by 2025...” Now, “... R4D created InvestInNutrition.org. The website provides simple yet elegant visualizations that civil society organizations, advocates, development partners and government planners can use to access and review global, country- and region-specific financing information. ... »

BBC - Hans Rosling, population prophet: Five final thoughts

<http://www.bbc.com/news/world-39211144>

Recommended. “...In his final BBC interview - for the BBC World Service series Economic Tectonics - the statistician highlighted five key ways that demographics are shaping the world around us.”

Devex – Philanthropists have a new way to partner on the SDGs

<https://www.devex.com/news/philanthropists-have-a-new-way-to-partner-on-the-sdgs-89574>

(Gated) “Foundations will contribute at least \$364 billion to the United Nations Sustainable Development Goals by 2030, according to the Foundation Center. But philanthropy alone cannot foot the \$3.5 trillion bill. Enter the [SDG Philanthropy Platform](#), a new collaboration between philanthropy and the international development community, aiming to maximize resources through coordination and collaboration and to address some of the challenges that have limited the impact of foundations....”

ODI (report) – Why do countries become donors? Assessing the drivers and implications of donor proliferation

N Gulrajani et al; <https://www.odi.org/publications/10747-why-do-countries-become-donors-assessing-drivers-and-implications-donor-proliferation>

“Despite growing aid fatigue in the global North, the number of bilateral aid-providing states is at an all-time high and continues to expand. This increase presents both an opportunity and a challenge for the global development community. This report examines the paradox of new donor countries’ (NDCs) dramatic growth by asking two questions: (1) What is driving donor proliferation? (2) What sort of donors are emerging from this rapid increase? The report draws on sociological theories of normative diffusion and quantitative analysis of 26 NDCs, comparing their achievements to those of traditional donors.”

Guardian – UN experts denounce 'myth' pesticides are necessary to feed the world

<https://www.theguardian.com/environment/2017/mar/07/un-experts-denounce-myth-pesticides-are-necessary-to-feed-the-world>

From late last week. “The idea that pesticides are essential to feed a fast-growing global population is a myth, according to UN food and pollution experts. **A new report**, being presented to the UN human rights council [on Wednesday], is severely critical of the global corporations that manufacture pesticides, accusing them of the “systematic denial of harms”, “aggressive, unethical marketing tactics” and heavy lobbying of governments which has “obstructed reforms and paralysed global pesticide restrictions”. The report says pesticides have “catastrophic impacts on the environment, human health and society as a whole”, including an estimated 200,000 deaths a year from acute poisoning. Its authors said: “It is time to create a global process to transition toward safer and healthier food and agricultural production.”

See also Euractiv - [UN report calls for end to industrial agriculture.](#)

GESI network: call to join

<http://www.gesiinitiative.com/gesi-network/details/GESI-Network---Call-to-join-now-open->

“The GESI Secretariat will build a network of Evidence Synthesis Centres in Low & Middle-Income Countries (LMICs) to build partnerships and collaborations and strengthen capacity in multidisciplinary evidence synthesis production and use in LMICs. The call for submission of Expressions Of Interest (EOI) to help build a network of evidence synthesis centers in LMICs is now open....” GESI stands for the Global Evidence Synthesis Initiative.

Oxfam (blog) - Can economic growth really be decoupled from increased carbon emissions in Least Developed Countries? Ethiopia’s Story

S Baines; <http://oxfamblogs.org/fp2p/can-economic-growth-really-be-decoupled-from-increased-carbon-emissions-in-least-developed-countries-ethiopias-story/>

Well worth a read.

Emerging Voices

Resyst (blog) - Shakira Choonara announced Woman of the Year in Healthcare

<http://resyst.lshtm.ac.uk/news-and-blogs/shakira-choonara-announced-woman-year-healthcare-0>

“Shakira Choonara (EV 2014 from South-Africa) was presented with this prestigious award at the Woman of Stature Awards Ceremony in Johannesburg, beating a shortlist of distinguished academics and other medical professionals. Launched in April 2013, The Woman of Stature Awards aim to inspire and empower women from a variety of backgrounds and endeavours while also raising awareness and funds for charity....” Many congratulations, Shakira!

Do read also [Economics in “Global Health 2035”: a sensitivity analysis of the value of a life year estimates](#) (by EV 2016 Angela Chang) in the Journal of Global Health.

Research

Social Science & Medicine - Can a causal link be drawn? A commentary on "the impact of IMF conditionality on government health expenditure: A cross-national analysis of 16 West African nations"

S Gupta; <http://www.sciencedirect.com/science/article/pii/S0277953617301685>

(must-read – and not just for methodological wonks...) “A recent article by Stubbs et al. (2017)—which tried to draw a causal link between IMF program and government health expenditure—raises several broad methodological issues: drawing causal inferences from qualitative methods, addressing endogeneity when the counterfactual is almost never observed in reality; and interpreting findings from qualitative and quantitative methods....” Gupta concludes: “...A closer look at the analysis by Stubbs et al. (2017) reveals that the findings on the impact of IMF program on government health expenditure does not substantially differ from those in the literature: IMF programs, on average, tend to have a positive impact on government health expenditure. While the proposed new methodology by the authors represents an improvement, the results derived from it are inaccurate and misleading.”

HP&P –Ethics of health policy and systems research: a scoping review of the literature

B Pratt, A Hyder et al ; <https://academic.oup.com/heapol/article-abstract/doi/10.1093/heapol/czx003/3072655/Ethics-of-health-policy-and-systems-research-a?redirectedFrom=fulltext>

“Health policy and systems research (HPSR) is increasingly funded and undertaken as part of health system strengthening efforts worldwide. HPSR ethics is also a relatively new and emerging field, with numerous normative and descriptive questions that have largely not been considered. Normative questions include what ethical principles and values should guide HPSR. Descriptive questions include what ethical concerns arise when conducting HPSR. A small but growing body of scholarly work characterizes the various ethics issues inherent in HPSR. Towards informing the future development of ethics guidance for HPSR, a scoping review was undertaken to: (1) identify the range of ethics issues relevant to the conduct of HPSR—with a deliberate (though not exclusive) focus on low- and middle-income country settings and (2) describe existing guidance on key ethics issues relevant to HPSR. ... Ethical issues in four main categories were identified: upholding autonomy, identifying and balancing risks and benefits, justice and determination of ethical review requirements. The review indicated that the ethical values behind HPSR place an emphasis on its contributing to the reduction of health disparities. Unsurprisingly then, numerous ethical concerns relating to justice arise in HPSR. However, the majority of existing guidance focuses on obtaining or waiving informed consent and, thus, appears to be insufficient for HPSR. A list of priority ethics issues in HPSR in need of guidance development is provided.”

GHSP (review) - Quality of Care in Performance-Based Financing: How It Is Incorporated in 32 Programs Across 28 Countries

J Gergen et al; <http://www.ghspjournal.org/content/early/2017/02/27/GHSP-D-16-00239.full.pdf+html>

“Structural aspects of quality such as equipment and infrastructure were the most frequently measured, with some measurement of processes of clinical care. Further examination is warranted to

assess whether variations in how quality of care is incorporated into performance-based financing programs lead to differential effects.”

Read also the accompanying **Editorial** - [Can We Expect Results-Based Financing to Improve Quality of Care?](#) *“Performance-based incentives as currently employed appear poorly adapted for improving quality of clinical processes. They mainly measure structural items that, while easier to measure, are remote from actual clinical quality, and they could even perversely lead to heightened attention to those factors at the expense of clinical quality.”*

BMC Health Services - Exploring implementation practices in results-based financing: the case of the verification in Benin

M Anthony et al; <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2148-9>

“Results-based financing (RBF) has been introduced in many countries across Africa and a growing literature is building around the assessment of their impact. These studies are usually quantitative and often silent on the paths and processes through which results are achieved and on the wider health system effects of RBF. To address this gap, our study aims at exploring the implementation of an RBF pilot in Benin, focusing on the verification of results....”

F 1000 Research - Evidence-informed capacity building for setting health priorities in low- and middle-income countries: A framework and recommendations for further research [version 1; referees: awaiting peer review]

R Li, K Chalkidou, K Hofman et al; <https://f1000research.com/articles/6-231/v1>

“Priority-setting in health is risky and challenging, particularly in resource-constrained settings. It is not simply a narrow technical exercise, and involves the mobilisation of a wide range of capacities among stakeholders – not only the technical capacity to “do” research in economic evaluations. Using the Individuals, Nodes, Networks and Environment (INNE) framework, we identify those stakeholders, whose capacity needs will vary along the evidence-to-policy continuum. Policymakers and healthcare managers require the capacity to commission and use relevant evidence (including evidence of clinical and cost-effectiveness, and of social values); academics need to understand and respond to decision-makers’ needs to produce relevant research. The health system at all levels will need institutional capacity building to incentivise routine generation and use of evidence. Knowledge brokers, including priority-setting agencies (such as England’s National Institute for Health and Care Excellence, and Health Interventions and Technology Assessment Program, Thailand) and the media can play an important role in facilitating engagement and knowledge transfer between the various actors. Especially at the outset but at every step, it is critical that patients and the public understand that trade-offs are inherent in priority-setting, and careful efforts should be made to engage them, and to hear their views throughout the process. There is thus no single approach to capacity building; rather a spectrum of activities that recognises the roles and skills of all stakeholders. A range of methods, including formal and informal training, networking and engagement, and support through collaboration on projects, should be flexibly employed (and tailored to specific needs of each country)

to support institutionalisation of evidence-informed priority-setting. Finally, capacity building should be a two-way process; those who build capacity should also attend to their own capacity development in order to sustain and improve impact.”

BMJ Epidemiology & Community Health - Twenty years of social capital and health research: a glossary

S Moore et al; <http://jech.bmj.com/content/early/2017/01/13/jech-2016-208313>

“Research on social capital in public health is approaching its 20th anniversary. Over this period, there have been rich and productive debates on the definition, measurement and importance of social capital for public health research and practice. As a result, the concepts and measures characterising social capital and health research have also evolved, often drawing from research in the social, political and behavioural sciences. The multidisciplinary adaptation of social capital-related concepts to study health has made it challenging for researchers to reach consensus on a common theoretical approach. This glossary thus aims to provide a general overview without recommending any particular approach. Based on our knowledge and research on social capital and health, we have selected key concepts and terms that have gained prominence over the last decade and complement an earlier glossary on social capital and health.”