IHP news 412 : The T-word & global health: it gets worse every week

(31 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,

After the Trump victory last year, like many others I thought it'd be good to follow some people on Twitter I normally wouldn't follow. I started with [Ann "In Trump we trust" Coulter](#) – but heck, that woman lives in another universe (and I'm no Elon Musk). So this week, after seeing some advertisement from Duncan Green, I signed up for a "curated list of analysis from different political perspectives", the ["Echo Chamber club"](#). Looking forward to their weekly newsletter. Can't be worse than reading Coulter's "pearls of wisdom"☺.

*Meanwhile, in the global health universe, Community Health Workers are increasingly the talk of the town, this week for example at the **Institutionalizing Community Health Conference** in Johannesburg. Not everybody is convinced of the sincere intentions of all global health stakeholders pushing CHWs higher on the agenda – conspiracy thinking is not just a Coulter/far right prerogative -, but as far as I am concerned, I hope this increased interest in CHWs will provide an opportunity for the global health and 'decent work' communities to find (ahum) more "synergies" in the years to come.*

As for Donald "Health In No Policies Whatsoever" Trump, after his defeat in US Congress last week, the man quickly moved on from Dumpcare to ending "the war on coal" and more in general his masterplan to fuck up the planet's health even more. The Trump administration [didn't pull out](#) from the Paris agreement, though, so far.

This week's IHP Featured article is from **Gorik Ooms**. He reviewed **Alan Whiteside's HIV/AIDS: A very short Introduction (2nd Edition**).

Next week, IHP skips an issue (early Easter holidays). We'll be **back on April 14th**.

Enjoy your reading.

The editorial team

Featured Article

Global health: a midlife crisis, early retirement, or growing pains?

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Only eight years separate Alan Whiteside's HIV/AIDS: A Very Short Introduction: 2nd Edition from the original edition of 2008, but the sticker on the cover does not lie: it is a "fully updated new edition". The content has been updated, the tone has changed too. Reading the original edition filled me with optimism; the 2nd edition made me sad.

At the end of the original edition, Whiteside compared HIV/AIDS with other global equity issues:

> "AIDS is a harbinger, the first of many new and alarming challenges, and has given us the opportunity to learn. Only time will tell if we did."

The global AIDS response as a harbinger, a frontrunner, a pioneer of addressing global challenges with global responses: that is exactly how I felt about it at the time. Almost 17 years after the International AIDS Conference in Durban – where Justice Cameron compared the attitude of affluent countries observing how poorer countries in Africa were unable to provide antiretroviral treatment, with the attitude of watching the Holocaust unfold or accepting the persistence of Apartheid – we seem to have forgotten how innovative the global AIDS response was. For the first time in the history of global public health, the international community accepted long-term responsibility for a global health policy: a policy that was contingent on humanity being accountable for it. If that was possible for HIV/AIDS, it should be possible for other health policies as well. At least to some extent, that is what happened: international assistance for health increased dramatically, from $12 billion in 2000 to $38 billion in 2013. The global AIDS response took a big share of that increase, but even if we subtract all funding earmarked for the global AIDS response from the total, the increase remains impressive (from $10 billion in 2000 to $26 billion in 2013).

In 2012, the Institute of Health Metrics and Evaluation already predicted the end of the golden age of global health, way before Donald Trump had political ambitions. Since 2013, international assistance for health has been shrinking. The global AIDS response is starting to adapt, emphasising national responsibility, and trying to fit into universal health coverage (UHC). As Whiteside describes it:

> "HIV and AIDS have been the exception. The global trend is towards universal health care (UHC) in various forms. This is more appropriate for mainstreaming and normalizing AIDS. UHC would be expected to include ART [antiretroviral therapies] and possibly prevention activities."

Conceptually, I agree, on one condition: that the international community accepts shared responsibility for UHC, as it once did for the global AIDS response. However, despite the 'universal' in its name, UHC seems to be understood under the old terms of 'sustainability': adapted to what countries can afford, in the long run, without international assistance. That does not bode well for the mainstreaming of the (no longer) global AIDS response. Even with the cheaper generic versions of antiretroviral medicines, and even if many poorer countries are less poor than they were in the

year 2000, many of them are still too poor for an appropriate domestic response. Neither does it bode well for global health in general. International assistance for other global health programmes is likely to shrink too, but far more important than that (in my opinion): we seem to be returning to the 'Westphalian' era, in which all countries, supposed to be equal and sovereign, are also expected to take care of their own problems.

In a different [paper](#), David Wilson and Alan Whiteside describe "AIDS at 35" (35 years after the first medical report about the syndrome that was called AIDS later) as "a midlife crisis". Humanity knows, much better than 35 years ago, what HIV and AIDS are, how they spread and what can be done about it. At the same time, (a big part of) humanity is retrenching behind state borders, leaving countries to their own devices. I wonder if this is indeed a 'midlife crisis', or rather a kind of 'early retirement': the job of the global response is only half done, but it is leaving the remaining tasks to a system that was unable to start the job in the first place.

I prefer to see the present situation of the global AIDS response as 'growing pains'. The global AIDS response did lead to "a lack of local ownership and dependency mind-set", as explained in [HIV/AIDS: A Very Short Introduction: 2nd Edition](#), instead of a correct allocation of national and international responsibility. The global AIDS response did not sufficiently spread to other areas of global health and global social policy. Unless we correct these flaws, the global AIDS response will go into (an inappropriately) early retirement. However, our window of opportunity is not closed yet. Even President Donald "[I'm Not Representing the Globe](#)" Trump seems [reluctant to cut USA programmes to fight AIDS](#). The exceptionality of the global AIDS response appears to be more robust than we believed it was, at least for the time being. All in all, however, the election of this US President, together with the 'Brexit' and other political events in other parts of the world, seem to signal a deep fatigue with globalisation itself, not only with shared responsibility for global challenges.

Globalisation is not 'motherhood and apple-pie', as some wanted us to believe, it is tough and mostly unfair. Yet I cannot see a viable path towards a pre-globalisation era. How can we deal with global challenges such as global warming, increasing inequality due to tax competition, and global health security, if every country is supposed (and allowed) to decide on its own? Globalisation is here to stay, and we have to manage it. It is difficult, we do not yet have the appropriate tools for it, and we do not even know exactly what global equity would look like. We must discover and learn it, step by step, issue by issue, through trial and error. [HIV/AIDS: A Very Short Introduction: 2nd Edition](#) documents one of these important trials. Read it (and keep it, to compare with the 3rd edition of 2024).

Highlights of the week

Global humanitarian crisis & famine

Readers of this newsletter are surely aware of this unfolding tragedy. Some reads & links:

AP - [Worst humanitarian crisis hits as Trump slashes foreign aid](#) "*The world's largest humanitarian crisis in 70 years has been declared in three African countries on the brink of famine, just as President Donald Trump's proposed foreign aid cuts threaten to pull the United States from its historic role as the world's top emergency donor. If the deep cuts are approved by Congress and the U.S. does not*

contribute to Africa's current crisis, experts warn that the continent's growing drought and famine could have far-ranging effects, including a new wave of migrants heading to Europe and possibly more support for Islamic extremist groups…."

UN News - [Around 22 million children could soon starve without urgent aid, UNICEF warns](link). *"Millions of children are on the brink of starvation in the worst humanitarian crisis in decades, the United Nations Children's Fund (**UNICEF**) [today] warned, urgently calling for nearly $255 million to respond to immediate needs in northeast Nigeria, Somalia, South Sudan and Yemen. "Time is running out," UNICEF said, noting the threat from famine, drought and war. **Some 22 million children are hungry, sick, displaced and out of school in the four countries, according to the UN agency. Nearly 1.4 million are at imminent risk of death this year from severe malnutrition**."*

Inspired a **tweet of Laurie Garrett**, among others: "*How will we all handle televised mass famine in the post-globalization world? It's a test*. "

Some pundits reckon the Trump administration should, instead of ignoring this tragedy, consider it a **national security threat**. See also **FT** - [Aid officials sound warning on Trump's proposed cuts - Critics of president's budget warn it **may inflame extremism and destabilise nation**s].

Meanwhile, while **Nigeria, Somalia & South Sudan (in addition to Yemen) face famine**, **19 countries in Africa are facing acute crisis-level food security**. See [Africa center for strategic studies]. Ten of these are experiencing internal conflict.

Special Issue Health Economics, Policy & Law: Towards a Global Framework for Health Financing

T Ottersen et al; https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue

Start with the [Editorial] and then read the rest of the issue. They all look like must-reads, frankly. And open-access!! The Editorial provides the background of this issue (i.e. **Chatham House Centre on Global Health Security Working Group on Health Financing** and its **final report** 'Shared Responsibilities for Health: a Coherent Global Framework for Financing') and an overview of what the special issue contains.

The issue ends with a final article listing the **20 recommendations** offered by the Chatham House working group.

In just 2 hours (or was it 1 hour)**, Rob Yates** already knew: "*Take home message from this whole series: "PUBLIC financing is the key to universal health coverage*""

WHO DG election campaign

All candidates are frantically campaigning in the weeks & months before the WHA. Some reads from this week:

The wire – WHO is Electing a New Leader. Here's What's at Stake

https://thewire.in/118372/who-director-general-elections/

"*A look at member states' considerations, candidates plans for the future of global public health management and contemporary issues for the WHO.*"

Must-read from late last week. **Tedros "in the lead"** (at least so far), **Sania a "dark horse"** in the race, etc.

All in all, for some reason, it seemed David Nabarro & Dr Tedros were most in the media, this week. See:

Devex – My vision for the WHO

https://www.devex.com/news/opinion-my-vision-for-the-who-89917

By **David Nabarro**. Check out also an interview with Nabarro in Planet Earth.

Scroll in - Health needs to be looked at as a rights issue, says front-runner for post of WHO chief

Interview with **Dr. Tedros**; https://scroll.in/pulse/832982/interview-health-needs-to-be-looked-at-as-a-rights-issue-says-front-runner-for-post-of-who-chief

"In **Delhi** to campaign for the WHO elections, Tedros spoke to *Scroll.in* about his vision for the organisation." See also an interview with him in Planet Earth.

Meanwhile, as for **South-America**, "*Following the meeting of the UNASUR Health Council (in **Quito March 31**), which gathers Health Ministers from the 12 South American countries, the authorities will take part in a **roundtable with Sania Nishtar, Tedros Ghebreyesus Adhanom and David Nabarro** to ask specific questions of interest to the region and hear their proposals. It is the **first time a regional bloc set up such a forum hoping to provide the best insights in order to assist its Health Ministers' decision-making.**" (event organized by ISAGS, the UNASUR health think tank). "*

Trump

This section will focus on (1) Trump & US health (care); (2) Trump & global health; (3) Trump & planetary health. In that order.

Trump & US health (& health care reform)

We all much enjoyed Trump & House Speaker Ryan's humiliating defeat end of last week, when Ryan pulled the Republican health care bill from voting. And it's clear that **grassroots action** played a huge role. **But now what?**

Some reads & links:

Laurie Garrett – A huge sigh of relief on health care   By way of example.   Laurie pointed out more in particular that the AHCA act would have eliminated 1 billion in disease prevention funds from CDC (12 % of CDC's funding).

(Worth noting, also: **Angus Deaton** – in a **Book review** in the NYT – **It's not just unfair: inequality is a threat to our governance.** He singled out the health system in the US, in one paragraph, and suggested: "…*I would add the creation of a single payer health system, not because I am in favor of socialized medicine but because the artificially inflated costs of health care are powering up inequality by producing large fortunes for a few while holding down wages; the pharmaceutical industry alone had 1,400 lobbyists in Washington in 2014. **American health care does a poor job of delivering health, but is exquisitely designed as an inequality machine**, commanding an ever larger share of G.D.P. and funneling resources to the top of the income distribution*.")

While Rob Yates was still nodding in agreement, we read on:

Guardian - **Donald Trump blames everyone but himself** for healthcare legislation failure Being an compulsive narcissist, that was to be expected: "*President's targets include conservatives, Democrats and a possible veiled jab at Paul Ryan as Republican hand-wringing over repeal-and-replace failure continues…*"

By the end of this week, **Trump** already sounded quite optimistic again (Trump tells lawmakers he expects deal 'very quickly' on healthcare (Reuters)) and **GOP House leaders** said "they are 'closer ' than ever to Obamacare repeal, but won't commit to timeline". Yeah, right.

Meanwhile, it's not that clear (yet) what the Trump administration might(/intends to) do now on the health care front. There are various hypotheses (as well as stakeholder positions).

Washington Post - Affordable Care Act remains 'law of the land,' but Trump vows to explode it

"Although House Speaker Paul D. Ryan (R-Wis.) acknowledged Friday that "Obamacare is the law of the land**," its survival or collapse in practical terms now rests with decisions that are in President Trump's hands**. **In the coming weeks and months, the White House and a highly conservative

health and human services secretary will be faced with a series of choices over whether to shore up insurance marketplaces created under the Affordable Care Act — or let them atrophy. These marketplaces are currently a conduit to health coverage for 10 million Americans, but they have been financially fragile, prompting spiking rates and defections of major insurers. In an interview on Friday with The Washington Post, Trump made his inclinations clear: "The best thing politically is to let Obamacare explode."…"

See also **The Guardian** - [Republicans' choice after AHCA failure: back Obamacare or undermine it?](#)

See also the **'sinister plan'** as put forward as a key option in a recent O'Neill Institute [blog](#). "…*The path forward is perhaps far more sinister. The journey ahead may lie in executive power and with Tom Price as Secretary of the Department of Health and Human Services. According to Spencer Perlman, director of health-care research at Veda Partners: "If they want to completely sabotage it they probably could, and call it a self-fulfilling prophecy." He added, "purposefully sabotaging the exchanges and the ACA probably isn't difficult. [And the HHS is] probably the only game in town right now [that can do it.]" President Trump, himself, tweeted on Saturday: "ObamaCare will explode and we will all get together and piece together a great healthcare plan for THE PEOPLE. Do not worry!" Presumably, the administration could purposefully undermine the Affordable Care Act through executive* power *and force new legislation after causing sufficient damage to the healthcare landscape."*

Others are more optimistic, though, or at least hoping for collaboration between the two parties.

BMJ News - [**US doctors' groups** call for parties to work together on healthcare reform](#) – which is perhaps not very surprising.

Washington Post - [With AHCA defeat, some Democrats see chance to push for universal coverage](#) Egged on by **Bernie Sanders**, for one. Or see [Republicans for Single-Payer Health Care](#) (NYT) (with some political thinking ahead…). In any case, **Americans increasingly seem to endorse a right of all to health care**.

You might also want to read **Ashish Jha**'s take (on **BMJ Opinion**) - [The ABC of healthcare reform— understanding the Republican debacle](#).

Check out also a **JAMA infographic - [US Public Opinion on Health Care Reform, March 2017](#)**

FT – [**How healthcare reform affects Trump tax plans**](#)

"*Donald Trump signalled after last week's bruising decision to pull the Republican bill to repeal Obamacare that he was moving on to tackle tax reform. But the two policy priorities are intertwined in complex ways.*"

Guardian - ['Death by a thousand cuts': LGBT rights fading under Trump, advocates say](#)

Meanwhile, "***Gay rights advocates are sounding the alarm over what they say is a quiet campaign being waged by Donald Trump's administration to chip away at hard-fought protections for LGBT***

*Americans. While the White House has insisted Trump is a vocal supporter of the LGBT community, breaking from previous Republican presidents, advocacy groups were left questioning that commitment following a series of recent actions dubbed by one gay rights lawyer as "**death by a thousand cuts**". The latest missive arrived on Wednesday, when the US Census Bureau said a proposal to count LGBT Americans in its 2020 report and annual survey had been a mistake…."*

Trump & global health

KFF – White House Submits FY17 Reduction Options to Congress

http://kff.org/news-summary/white-house-submits-fy17-reduction-options-to-congress/

*"This **budget summary** highlights global health-related funding contained in **the White House's proposed cuts for FY17, submitted to Congress on March 24, 2017**. The proposal identifies reduction options for PEPFAR's HIV efforts, TB, family planning and reproductive health, polio, global health security, neglected tropical diseases, nutrition, and vulnerable children, as well as provides descriptions and justifications for the funding cuts."* Including a **breakdown**.

See also **Science Speaks** - Trump proposes $18 billion cuts to spending this year, with steep, immediate drops in science, health, human services investments *"From slowing HIV treatment access, to an immediate $1.2 billion cut in biomedical research funding, to eliminating a program providing income for older Americans, **Trump proposal to slash domestic and overseas aid spending this year is deemed unlikely to be accepted, but further highlights administration priorities**."*

(see also Bloomberg & Stat News - White House proposes new, sweeping budget cuts at NIH or Vox).

http://globalhealthgovernance.org/blog/2017/3/24/trumps-proposed-cuts-in-us-foreign-aid-will-put-lives-at-risk

Devex on PEPFAR - Is PEPFAR a Trump budget winner? Not so fast... From a week ago. And apparently the caution was warranted, as we saw this week already. (**recommended read**)

Worth noting also – New York Times Editorial: **The Trump Administration's War on Science**
*" …Some research cuts, particularly to the NIH, aren't likely to make it past Congress. But they show **Mr. Trump's lack of understanding of science's role in national and domestic security**, in protecting air and water and other resources, and in preventing disease and lowering the cost of health care ... In service to small-government ideology, it proposes to whack 18 percent from the NIH's budget, and even more from the Department of Energy and the EPA's science programs. ... The cuts in human health programs have drawn the heaviest criticism..."*

NEJM – Scientific Drought, Golden Eggs, and Global Leadership — Why Trump's NIH Funding Cuts Would Be a Disaster

http://www.nejm.org/doi/full/10.1056/NEJMp1703734?query=featured_home

Analysis of the Trump budget blueprint from March 16, 2017 - "America First," with a proposal to cut the 2018 National Institutes of Health (NIH) budget by 18.3%, or approximately $5.8 billion.

Trump & planetary health

Vox – Trump's big new executive order to tear up Obama's climate policies, explained

http://www.vox.com/energy-and-environment/2017/3/27/14922516/trump-executive-order-climate

"..*In a **sweeping new executive order**, President Trump ordered his Cabinet to **start demolishing a wide array of Obama-era policies on global warming** — including emissions rules for power plants, limits on methane leaks, a moratorium on federal coal leasing, and the use of the social cost of carbon to guide government actions*."

We reckon you got this (disastrous) news via the media already this week. Trump won't be able to implement everything he has in mind – if only because activists & lawyers will put up a fight, but it's clear his administration is already doing a lot of damage, even if he's fighting a now unstoppable (but far too slow) trend towards low-carbon economies.

So far, no mention of pulling out of the Paris Climate agreement.

Some other reads:

CGD (blog) (J Bush) (recommended) - Trump's Retrogressive Executive Order on Climate Change: A Development Perspective in Three Charts

Even if it wasn't mentioned, a key question is **what will now happen to the Paris climate Agreement**. There are different perspectives on this:

Blog – **Neil Bird (ODI)** – Trump's climate move will put **rich and poor countries at odds**.

Guardian - **EU leads** attacks on Trump's rollback of Obama climate policy "*The European Union has led criticism of Donald Trump's effort to unravel Barack Obama's measures to combat climate change, suggesting that Europe will now take the lead in global efforts.*" Together with **China**.

(recommended) **Foreign Policy** - [Is the Paris Climate Agreement dead? Trump's new enviro-rollback seeks to undermine the landmark accord, but an America First energy plan might not mean pulling out entirely.](#)   No, this pundit reckons. But,

*"…**More interesting is the absence of any mention of the landmark Paris Agreement**, which was adopted by 197 countries in 2015 to ratchet global carbon pollution to net-zero levels over the course of this century. **Trump promised during the campaign to "cancel" that accord, but the realities of governing seem to have given the White House pause**. And rightly so — you don't have to be an environmentalist, or even a Democrat, to appreciate why walking away from the Paris Agreement would harm the material interests of the United States…."*

Institutionalizing Community Health Conference (ICHC) - 27-30 March Jo'Burg

http://ichc2017.org/?utm_content=bufferd1904&utm_medium=social&utm_source=linkedin.com&utm_campaign=buffer

Quite some heavyweight sponsors of this conference, I have to say... "*Advancing community health is central to achieving sustainable development and universal primary healthcare. The foundations of community health within the context of primary health care are increasingly recognized as crucial components of national policies and strategies to accelerate progress in health. We need to further integrate community health approaches into national and local health policy and systems in order to achieve the SDGs and the implementation of the new UN Global Strategy for Women's, Children's and Adolescents' Health. **The U.S. Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF) in collaboration with the World Health Organization (WHO), The Bill and Melinda Gates Foundation, and USAID's flagship Maternal and Child Survival Program (MCSP), [will] host a four-day conference** focused on supporting countries to strengthen partnerships with communities as resources to transform the future and ensure that every mother, newborn, and child not only survives, but thrives. … … **The Institutionalizing Community Health Conference [will] focus on**: Sharing state-of-the-art lessons and experience; Enabling country stakeholders to share progress and identify solutions to persistent challenges; Informing national policies and plans though evidence, success, and adaptive learning; and Engaging communities as dynamic resources and agents within national and local systems. **Anticipated outcomes of the conference** include: Advancing the understanding of the opportunities and challenges – financial and human resources, programmatic, socio-political – for institutionalizing viable and resilient platforms for community health investments, Learning from community health programs in diverse systems contexts, with documented processes and impact on comprehensive RMNCAH issues, Forging new and strengthening existing partnerships between governments, civil society (i.e. international and local NGOs, professional associations, academia), private sector, and other relevant development partners, to leverage new resources and achieve results with equity, shared accountability, and national ownership, Developing country-specific action plans for addressing priority issues/challenges to guide country action and harmonize donor support around those actions; Prioritizing learning themes within and across countries towards a comprehensive learning agenda to inform community health policies and program*s."

You might want to check out a USAID blog series on CHWs -
http://www.mcsprogram.org/institutionalizing-community-health-conference-blogs/

We quite enjoyed this **blog** (20 March) (by **N Kureshy & J Pfaffmann**) - [Transforming the Community Health Landscape: From Alma Ata to the Institutionalizing Community Health Conference](#) "… *Could more countries have achieved the MDGss if community participation had been an integral part of the health system?* **Are we prepared to work differently in the SDG era, elevating community engagement as a priority area for action within the framework of the new Global Strategy for Women's Children's and Adolescents' Health? Can we finally deliver on the promise of the Alma Ata declaration in 1978 to ensure access to primary health care for all?** *2018 will see the 40th anniversary of the Alma Ata Conference. Though important successes have been achieved in increasing access to health, there is much work to be done. Years of vertical, horizontal, diagonal approaches to primary health care have not yet been successful in providing a fair chance for all women and children to thrive and transform their communities and societies. Are we ready to lead a paradigm shift in health systems thinking? Has the time finally come for building robust community health systems– supported by empowered and engaged communities – as a foundation of effective health systems?...*"

See **hashtag** [#HealthforAll](#) for some of the action and quotes. Some **examples of tweets**:

Community health does not refer to CHWs only, it includes community empowerment by groups & local volunteers. Anthony Costello #HealthForAll

@globalhlthtwit CHWs r important but they are not the sole actor or solution 2 community health systems #HealthForAll

U. K. Tarigopula, @gatesfoundation India on partnerships to elevate CH: What are success metrics? Who should be at the table? #HealthForAll

Ask not what the CHW can do for the health system but what the health system can do for the CHW (quoting @RobinKaruga) #HealthForAll (**an EV 2016 going JFK** !)

David Sanders of U of Western Cape asks: What are the costs & benefits to health sector in long run for community health? #HealthForAll

Luwei Pearson UNICEF: our 23 country plans and commitments to strengthen community health systems come from our hearts @stefanswartpet

Africa Centres for Disease Control and Prevention launches five-year strategic plan to improve surveillance, emergency response and prevention of infectious diseases

[African Union press release;](#)

Last week on Friday, the Africa Centres for Disease Control and Prevention launched its strategic plan to improve surveillance, emergency response, and prevent infectious diseases on the continent. The plan requires 34.4 million United States dollars for 2017 and 2018.

UN Commission on the Status of Women (CSW) – 61st session

Guardian - Nations pledge to cut women's unpaid work and close the gender pay gap

https://www.theguardian.com/global-development/2017/mar/27/nations-pledge-to-close-gender-pay-gap-commission-status-women-un

"**UN member states have pledged to close the gender pay gap and reduce and redistribute unpaid care and domestic work that falls disproportionately on women**. After two weeks of intense discussions in **New York**, the **Commission on the Status of Women** ended with commitments by states to advance women's economic empowerment by implementing equal pay policies, gender audits and job evaluations. The gender pay gap stands at 23% globally, according to UN figures…."

Devex – Top takeaways from the UN's largest women's rights gathering

https://www.devex.com/news/top-takeaways-from-the-un-s-largest-women-s-rights-gathering-89904

Complementary read on the 61st session of CSW. Includes this paragraph: *""…There was this big boo-ha-ha made of creating **UN Women** and bringing gender to all of the work of the U.N. in a way that is consistent — and then you look at the budget and it **has by far the tiniest budget of any institution within the U.N. system**. It is almost embarrassing and it is a mockery and a lie to say the U.N. is committed when you look at the numbers across the board," said Kavita Ramdas, an independent consultant and philanthropic advisor who formerly served as CEO for the Global Fund for Women."*

World Autism Awareness Day – 2 April

http://www.un.org/en/events/autismday/

The #UN has announced the theme of World #Autism Awareness Day 2017 (2 April): "Toward Autonomy and Self-Determination" /

Coming up – World Health Day: 7 April

Reuters – "Let's Talk", WHO says, as depression rates rise 18 percent in a decade

http://in.reuters.com/article/health-depression-idINKBN1711BB

"**Depression is now the leading cause of ill health and disability worldwide, the World Health Organization (WHO) said on Thursday**, with more than 300 million people suffering. Rates of depression have **risen by more than 18 percent since 2005**, but a lack of support for the mental

*health combined with a common fear of stigma means many do not get the treatment they need to live healthy, productive lives. "**These new figures are a wake-up call for all countries to re-think their approaches to mental health and to treat it with the urgency it deserves**," Margaret Chan, the WHO's director-general, said in a statement from the U.N. agency's Geneva headquarters*."

7 April is World Health Day. See also **WHO** - ["Depression: let's talk" says WHO, as depression tops list of causes of ill health](#)

*"Depression is the leading cause of ill health and disability worldwide. According to **the latest estimates from the World Health Organization, more than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015**. Lack of support for people with mental disorders, coupled with a fear of stigma, prevent many from accessing the treatment they need to live healthy, productive lives. **The new estimates have been released in the lead-up to World Health Day on 7 April, the high point in WHO's year-long campaign "Depression: let's talk"**. The overall goal of the campaign is that more people with depression, everywhere in the world, both seek and get help…"*

WHO –WHO Launches Global Effort to Halve Medication-Related Errors in 5 Years

http://who.int/mediacentre/news/releases/2017/medication-related-errors/en/

*"WHO today launched a global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% over the next 5 years. The **Global Patient Safety Challenge on Medication Safety** aims to address the weaknesses in health systems that lead to medication errors and the severe harm that results. It lays out ways to improve the way medicines are prescribed, distributed and consumed, and increase awareness among patients about the risks associated with the improper use of medication."*
"..This challenge is WHO's third global patient safety challenge, following the Clean Care is Safe Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008."

Lancet – Health care must mean safe care: enshrining patient safety in global health

K Flott et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30868-1/fulltext

*"The drive to universal health coverage (UHC) has gathered momentum and features across the UN's Sustainable Development Goals, with major UHC gains in countries such as Brazil, Chile, China, Mexico, Thailand, and Turkey.1 But efforts to advance UHC are mainly focused on improving access to health services and the financing structures behind them. Quality and patient safety are largely neglected, especially in low-income and middle-income countries (LMICs). **On March 29–30, 2017, Germany's Federal Ministry of Health [will] host the Second Global Ministerial Summit on Patient Safety alongside WHO.** It is crucial that this meeting reiterates the role of patient safety in LMICs, and makes the case that unsafe care is no care at all…."*

Devex – For first time, WHO as implementer in Mosul trauma 'chain of care'

https://www.devex.com/news/for-first-time-who-as-implementer-in-mosul-trauma-chain-of-care-89840

"… *Mosul has been the rare humanitarian emergency that everyone could see coming as the Iraqi government telegraphed its intent to retake the city. That has allowed an enormous amount of innovation to happen on the frontlines. One of the most unexpected players close to the battle has been the World Health Organization, a U.N. agency that usually prefers to coordinate from the sidelines. **In Northern Iraq, WHO is essentially running a referral chain for trauma cases** that sees patients from inside Mosul move through stabilization points, field hospitals, and eventually tertiary facilities within the "golden hour" — the crucial 60 minutes in which critical patients must get care to survive….*"*

"… **The story of how and why WHO stepped in offers a look at what the agency can do — and hopes to do more of here in Iraq — if and when circumstances call for a more activist role**. *The work comes **at a transformative time for WHO itself**, which is wrapped in an intense debate about how it should reform and what sort of role it could and should play across the globe, ahead of elections in May for a new director-general. The West Africa Ebola crisis of 2014 sparked difficult discussions about how and why the WHO fell short both in its coordinating and implementing role — and raised some questions about whether the organization should scale back its role in the field altogether. **The Iraqi work makes a case for a frontline role in emergencies**….*"*

BMJ Global Health –Towards an agenda for implementation science in global health: there is nothing more practical than good (social science) theories

Sara Van Belle et al; http://gh.bmj.com/content/2/2/e000181

Summary box - "*There have been calls for more use of theory in implementation studies and implementation science. There is currently little attention for systematically using theories from social sciences in implementation science. Realist evaluation, and other theory-driven evaluation and research approaches, provide a useful approach to better build implementation science studies on theories as well as to test and develop theories.*" Recommended!

Dementia

Plos Medicine (Editorial) –Dementia and aging populations—A global priority for contextualized research and health policy

C Brayne et al; http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002275

Editorial from the **Dementia Special issue** from this month in Plos. « …*There is increasing realization that public health measures will play an important role in the drive to protect world populations from cognitive impairment and dementia, but there is relatively little research in this area, acknowledgement of lack of knowledge (e.g., recent road map) and a wide variability in actions taken to address these in different societies and certainly in their effectiveness. **In the public health domain, this special issue of PLOS Medicine explores potential for addressing reversible factors in varied cultural and socioeconomic environments**. Not surprisingly, **a "one size fits all" approach does not appear to work**. In parallel, research studies published in this special issue also help to advance understanding of genetics and dementia, emphasizing a heterogeneity of risk factors for different individuals and populations….* » "*… As science improves our understanding of dementia as well as its relationship to ageing in different populations, better prediction and prevention will be greatly facilitated by studies such as those reported in this month's PLOS Medicine issue, with progress being made around public health and the genetic and behavioral risks for dementia….*"

Plos – Dementia in low-income and middle-income countries: Different realities mandate tailored solutions

C P Ferri et al; http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002271

"In a Perspective for the Dementia Special Issue, Cleusa Ferri and K. S. Jacob discuss people living with dementia in low- and middle-income countries."

Global Policy –The Paris Agreement – Protecting the Human Right to Health?

A Dietzel; http://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12421/full

"The Paris Agreement was largely viewed as a resounding success by those who took part in its negotiation. This paper examines whether these claims hold up to closer scrutiny. More specifically, the paper will assess whether the Paris Agreement protects the human right to health…."

Global Health Promotion – Using sustainability as a collaboration magnet to encourage multi-sector collaborations for health

A K-Mahani, R Labonté et al; http://journals.sagepub.com/eprint/ZIHZyGBsagNn3jJtfczH/full

"*The World Health Organization Commission on Social Determinants of Health (SDH) places great emphasis on the role of multi-sector collaboration in addressing SDH. Despite this emphasis on this need, there is surprisingly little evidence for this to advance health equity goals. One way to encourage more successful multi-sector collaborations is anchoring SDH discourse around 'sustainability', subordinating within it the ethical and empirical importance of 'levelling up'. Sustainability, in contrast to health equity, has recently proved to be an effective collaboration magnet. The recent adoption of the Sustainable Development Goals (SDGs) provides an opportunity*

for novel ways of ideationally re-framing SDH discussions through the notion of sustainability. The 2030 Agenda for the SDGs calls for greater policy coherence across sectors to advance on the goals and targets. The expectation is that diverse sectors are more likely and willing to collaborate with each other around the SDGs, the core idea of which is 'sustainability'."

IP-Watch – Funding Injection For New Antibiotics: The CARB-X Transatlantic Partnership

https://www.ip-watch.org/2017/03/30/funding-injection-new-antibiotics-carb-x-transatlantic-partnership/

*"A partnership of government agencies and organisations in the United States and United Kingdom have **announced an investment of up to US$48 million into the development of new antibiotics and products to fight antibiotic resistant bacteria**, with the aim of having two new antibiotics in human trials in the next five years. **CARB-X, the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator, is a partnership between public and private organisations in the US and UK….".***

*For the press release, see **CARB-X**. "…This is the first phase of funding by CARB-X, launched July 28, 2016 as one of the world's largest public-private partnership to accelerate global antibacterial innovation, including drugs, vaccines, rapid diagnostics and devices."*

Lancet Infectious Diseases (Editorial) - Antibiotic research priorities: ready, set, now go

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30140-8/fulltext

Must-read. Assessment of the compilation of pathogens on which research and development of new antimicrobials should be focused (see the WHO list from a few weeks ago), including some of the omissions, and the link with the upcoming G20 meeting. The editorial concludes:" *…The top priority now for antimicrobial research and development is not A baumannii S aureus, or MDR-TB. It is to find a way to bring together pharmaceutical companies, governments, civic society, and academics to overcome decades of stagnation, to stimulate research, and to generate some effective new medicines.*"

Guardian - Africans are rising – we can hold our leaders to account and build a better kind of future

Kumi Naidoo; https://www.theguardian.com/global-development-professionals-network/2017/mar/26/africans-are-rising-we-can-hold-our-leaders-to-account-and-build-a-better-kind-of-future

"Fed up with ineffective leaders who aren't dealing with the crises on the continent, people are coming together to **launch a pan-African solidarity movement**."

*"The expression "**Africa rising**" was popularised by the Economist and focuses on GDP growth. … … But while GDP has been rising across Africa, Africans themselves have been sinking – into deepening inequality, increasing corruption, shrinking civic space and in low lying areas, literally due to climate change. This is why 272 people from 44 African countries (and the diaspora) founded **Africans Rising for Justice, Peace & Dignity**, in August last year, out of a deep desire to rewrite the rising narrative. The vision is a decentralised, citizen-owned future. Social inclusion, peace and shared prosperity are the key touch points of this new pan-African movement. … … Africans Rising is about calling out our leaders on [these failures] and building a better, more just, more peaceful and sustainable Africa. **On 25 May** – commonly known as Africa Day and officially as African Liberation Day – there will be a **series of actions and events across the continent to mark the launch of the movement**…."*

ODI (blog) – Take development off the Article 50 negotiation table

David Watson ; https://www.odi.org/comment/10501-take-development-article-50-negotiation-table

For the many Brexit fans among you: "…So rather than waste time on phoney negotiations, the UK and EU should immediately pledge to meet their obligations to partners in the Global South through development programming, support and partnerships…. "

SDG implementation

IISD - UN Member States Discuss Climate-SDGs Linkages at High-Level Event (23-24 March, New York)

http://sdg.iisd.org/news/un-member-states-discuss-climate-sdgs-linkages-at-high-level-event/

"President of the UN General Assembly (UNGA) Peter Thomson convened a **High-Level Event**, titled '**Climate Change and the Sustainable Development Agenda**,' in collaboration with the Secretariat of the UN Framework Convention on Climate Change (UNFCCC). The event sought to provide an opportunity to highlight synergies between actions to address climate change and the 2030 Agenda for Sustainable Development. **The event sought to provide an opportunity to highlight synergies between actions to address climate change and the 2030 Agenda for Sustainable Development**. Tajikistan, the Philippines, Armenia and Andorra announced that they just submitted their respective instruments of ratification of or accession to the Paris Agreement. **Discussions focused on, inter alia, the possibilities for changes in the energy sector, financing sustainable development, and the role of big data and information in accelerating change**…."

Deliver 2030- Taming complexity: From SDG interactions to policy priorities

C Trimmer http://deliver2030.org/?p=8177

Must-read on the **Stockholm Environment Institute** (SEI) which is "*developing practical ways to reflect the interplay of goals and targets in Agenda 2030 implementation strategies*."

 "*…faced with the reality of governance and policy set-ups and the sheer variety of ways that the 169 targets under the Sustainable Development Goals (SDGs) can interact, policy-makers tasked with drawing up national implementation strategies have often found themselves quickly overwhelmed. "From the policy-makers we've spoken to in Sweden, and from what we're hearing from partners around the world, there is a real demand for practical ways to translate this integrated agenda into realistic policy ambitions," says SEI's Nina Weitz. To meet this urgent need**, SEI is developing a range of decision-support tools and methods to help identify strategic priorities, high-synergy pathways and cross-sectoral partnerships for practically implementing the 2030 Agenda**.*" Stay tuned for an SEI working paper soon: "*…A **forthcoming SEI Working Paper** applies this scale to characterize interactions emanating from six SDG goals. It looks at how targets under these goals interact with other SDG targets, how far this interaction is affected by context, and the state of the evidence and knowledge base around the interaction.*" *Based on analyses by Måns Nilsson for the UN Department of Economic and Social Affairs (UNDESA), the paper focuses on the six SDG goals that will come under the spotlight at this year's High-Level Political Forum process: Goals 1, 2, **3**, 5, 9 and 14.*"

See Nilsson et al's paper in **Nature** last year - [Policy: Map the interactions between Sustainable Development Goals.](#)

IISD – Monthly forecast – April 2017

http://sdg.iisd.org/commentary/policy-briefs/monthly-forecast-april-2017/

It'll be a lot about "show me the (sustainable development finance) money": "*The spring meetings of the World Bank and the IMF will include the gathering of the joint Development Committee and the IMF's International Monetary and Financial Committee. In the first week of April, two meetings on mobilizing domestic resources through taxation will focus on how institutions and governments can better coordinate to make the most of this key MOI. … *"

HP&P - Performance-based financing: the same is different

D Renmans et al ; https://academic.oup.com/heapol/article-abstract/doi/10.1093/heapol/czx030/3091187/Performance-based-financing-the-same-is-different?redirectedFrom=fulltext

Must-read. "*Although it is increasingly acknowledged within the Performance-Based Financing (PBF) research community that PBF is more than just payments based on outputs verified for quality, this narrow definition of PBF is still very present in many studies and evaluations. This leads to missed opportunities, misunderstandings and an unhelpful debate. Therefore, we reinforce the claim that **PBF should be viewed as a reform package focused on targeted services with many different aspects that go beyond the health worker level**. Failing to acknowledge the importance of the different elements of PBF negatively influences the task of practitioners, researchers and policymakers alike. **After making the case for this wider definition, we propose three research pathways (describing, understanding and framing PBF) and give a short and tentative starting**"

point for future research, leaving the floor open for more in-depth discussions. From these three vantage points it appears that when it comes to PBF 'the same is different'. Notwithstanding the increased complexity due to the use of the wider definition, progress on these three different research pathways will strongly improve our knowledge, lead to better adapted PBF programs and create a more nuanced debate on PBF."

Global immunization impact constrained by outdated vaccine delivery systems, researchers say

https://eurekalert.org/pub_releases/2017-03/b-gii032317.php

*"Outdated vaccine supply and distribution systems are delaying and limiting the impact that vaccines have on safeguarding people's health, according to the editors of a **collection of new articles published today in Vaccine journal.** Among the challenges of ensuring a consistent supply of potent vaccines identified by researchers: one in every three countries in the world experiences at least one stockout of at least one vaccine for at least one month; and 19 to 38 percent of vaccines worldwide are accidentally exposed to freezing temperatures, potentially compromising the potency of those vaccines…." "…The **29 articles are part of a special supplement to Vaccine coordinated by the global health nonprofit, PATH--with guest editors from the Bill & Melinda Gates Foundation, UNICEF, and the Johns Hopkins Bloomberg School of Public Health**--that identify challenges and point to solutions that countries can employ to modernize their immunization supply chains."*

See also **the Economist** - [Managing supplies of vaccines is a huge problem](#).

Lancet – Offline : Difficult truths about a post-truth world

Richard Horton ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30878-4/fulltext

*"…At our Global Health Lab, which The Lancet holds jointly with the London School of Hygiene & Tropical Medicine, Mark Petticrew, Director of the Public Health Research Consortium at the School, **discussed how the tobacco and alcohol industries distort health policy by claiming that expertise and evidence are just other forms of bias**. His prize exhibit of the post-truth world was the **Brussels Declaration**. This document, published in February this year, purported to set out "ethics and principles to inform work at the boundaries of science, society, and policy". In one recommendation, the Declaration stated that, "Scientists need to recognise that they are advocates with vested interests too—in their case, in their own science*."…" Horton's take on that (and on other stances on how global health should deal with 'post-truth', for example that "Global health should "embrace the trend and play the emotional game".

In the end, Horton seems to agree with Pettigrew's suggestion on how to deal with this, as his concluding lines are: "… **Instead, Mark Petticrew urged our recommitment to independence, objectivity, science, and peer review. Truths are contested and contextual. But a rigorous quest for fact is all that separates us from chaos and damnation**."

Zika

Stat - Why were there fewer microcephaly cases from Zika last year?

https://www.statnews.com/2017/03/29/microcephaly-zika-2016/

*"…Of the many mysteries that remain about the Zika virus and its attack on the Americas, perhaps the most puzzling one relates to the bizarre distribution of babies born with Zika-induced microcephaly. After so many such births were recorded in Northeastern Brazil in the last quarter of 2015, the country — and other places where the virus fanned out to from Brazil — braced themselves for a similar tsunami in 2016. But it didn't materialize — at least not to the same degree. **A new and intriguing letter to the New England Journal of Medicine offers a theory for how to explain the missing microcephaly cases, the babies that were predicted to be born in Northeastern Brazil after Zika's second wave of infection in the early part of 2016**. The authors suggest the region's **first wave** of Zika may have been its **only wave of Zika to date**. Something that caused similar illness, likely the **chikungunya virus**, was **probably responsible for the high level of fever and rash illnesses Brazil recorded in 2016**, they theorized…."*

Global health events

UHC2030 working group on Sustainability, Transition from Aid and Health System Strengthening

https://www.internationalhealthpartnership.net/en/news-videos/article/uhc2030-working-group-on-sustainability-transition-from-aid-and-health-system-strengthening-401839/

"*The **UHC2030 working group on Sustainability, Transition from Aid and Health Systems Strengthening** is **holding its first face-to-face meeting on 30-31 March** 2017 in Geneva, Switzerland*." "… health system strengthening (HSS) is at the core of the response to transition if progress towards UHC is to be sustained.   The focus of work for this new working group will be to build consensus around core issues and objectives in response to the transition from aid, develop guidance and principles for good practice and explore the types of reforms and investments needed to support an effective transition process…."

Fifth meeting IAEG-SDGs (Ottawa, 28-31 March)

https://unstats.un.org/sdgs/news/

The fifth meeting of the Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs), is being **held from 28 to 31 March 2017 in Ottawa, Canada**. The meeting is hosted by

Statistics Canada. You find agenda & background documents on the website.   See also [Medium](#) for a quick overview of the objectives.

Coming up - Africa Development week (31 March-5 April)

UN Economic Commission for Africa ; http://www.uneca.org/stories/register-now-african-development-week

Some info on this week: ***"The inaugural Africa Development Week is being hosted by the Economic Commission for Africa and the African Union from 31 March to 5th April****. Close to thirty side events on topical issues including migration, industrialization, regional integration, and recent global agreements such as the Paris Agreement and the SDGss, will also be convened during the week. The annual high-level joint ECA-AU ministerial Conference, bringing together AU Ministers of the Economy and Finance and the ECA Ministers of Finance, Planning and Economic Development, will also take place during the week under the theme* **Towards an Integrated and Coherent Approach to Implementation, Monitoring and Evaluation of Agenda 2063 and the SDGs***…"*

Africa Development Week: ways to increase health budgets for universal access

http://www.cnbcafrica.com/uncategorized/2017/03/25/health/

"**Africa's health experts gathered in Dakar [Saturday] to discuss health financing and social protection to ensure there's universal access to health on the continent amid worries that commitments by most governments and stakeholders on this issue were not being translated into action on the ground**. Speaking at the **joint Economic Commission for Africa-World Health Organization event on health financing in Africa**, the ECA's Social Development Policy Division Director, Takyiwaa Manuh, said though African governments committed through the Abuja Declaration of 2001 and more recently the Tunis Declaration and others to put more money into health, many such commitments remain untranslated into concrete actions for reasons that range from inadequate resources to weak administrative and institutional mechanisms."

WHO 21st meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines

http://www.who.int/selection_medicines/committees/expert/21/en/

The meeting of **the 21st WHO Expert Committee on the Selection and Use of Essential Medicines** is held at WHO Headquarters, Geneva, **from 27 to 31 March 2017** to revise and update the WHO Model List of Essential Medicines (EML) including Essential Medicines for Children (EMLc).

Let's see what they come up with. See also **[KEI](#)** (statement focusing on cancer drugs)

IP Watch – WHO Flu Framework Looks At Virus Genetic Information Sharing, Private Sector Contribution

https://www.ip-watch.org/2017/03/28/flu-framework-looks-virus-genetic-information-sharing-private-sector-contribution/

"*How to deal with genetic information rather than physical samples of pandemic influenza virus continues to be discussed at the World Health Organization. For the moment, only physical samples are part of a framework of access and benefit sharing set up and run by the WHO. [This week], the* **framework advisory group** *is meeting and according to sources, suggested steps to establish guidance on how to address virus genetic information will be shared by the WHO during the meeting. Other topics are expected to include the industry contribution to the framework and the next-level implementation plan from this contribution, starting in 2018*. The **Pandemic Influenza Preparedness (PIP) Framework Advisory Group** is **meeting from 28-31 March**. …"

Health Systems Governance Collaborative constitutive forum in Brussels (26 March)

Last week, @asoucat kicked off the **Health Systems Governance Collaborative's constitutive forum in Brussels**. For more on this constitutive forum and the aims of this Collaborative, do keep an eye on IHP next week! Sneak preview already on Twitter.

Health in All Policies: What is its role in progressing the SDGs (Adelaide, Australia – 30-31 March)

http://www.wcph2017.com/satellite-events.php

The Government of South Australia in partnership with the World Health Organization (WHO) holds a (satellite) conference in Adelaide, in the run-up to the **World Congress on Public Health in Melbourne (to start very soon).**

"*The Adelaide Conference will explore the role of Health in All Policies in successful implementation of the Sustainable Development Goals and will reflect upon the South Australian experience, and that of other countries, of Health in All Policies over ten years. The conference will build on the outcomes of the 9th Global Conference on Health Promotion in Shanghai November 2016*. " With Ilona Kickbush as keynote speaker, among others.

See hashtag **#HIAP2017**

Coming up: World Health Worker Week (2-8 April)

https://www.frontlinehealthworkers.org/worldhealthworkerweek/?utm_content=buffer250a8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Global governance of health

A new Steering Group and renewed commitment for the Joint Learning Network

http://www.jointlearningnetwork.org/news/a-new-steering-group-and-renewed-commitment-for-the-jln

"*During the past month, the JLN's 16 full member countries came together for the first time to elect a new and expanded Steering Group since its inception in 2013. The voting process across three continents reinforced the commitment of the JLN's member countries and their shared vision for the network in its next phase.   The democratic process concluded successfully last week, reflecting the interests of JLN's growing country membership base. Five new full member countries were inducted to the JLN's Steering Group: Bangladesh, Ethiopia, Mexico, Mongolia and South Korea, while Ghana, India, Indonesia, Malaysia, Nigeria, Philippines and Vietnam will continue their existing participation. This brings the new Steering Group to a total of 12 country representatives, along with 4 development partners – World Bank, Bill and Melinda Gates Foundation, GIZ, and the Rockefeller Foundation….*"

Global Health Governance (blog) – Five reasons why you – a global health scholar – should visit the WHO's archives

J Winter; http://globalhealthgovernance.org/blog/2017/3/29/five-reasons-why-you-a-global-health-scholar-should-visit-the-world-health-organizations-archives

Recommended. In this blog, **Janelle Winter** presents "*an argument for why policymakers and health researchers should make use of often neglected resources housed in archives and special collections of multilateral organizations*". She uses examples from her research on the contributions of the World Bank and World Health Organization (WHO)'s river blindness program – the Onchocerciasis Control Programme of 1974-2002 – to global health.

UK Government (DFID) (Policy paper) – Agenda 2030: Delivering the Global Goals

https://www.gov.uk/government/publications/agenda-2030-delivering-the-global-goals

"The UK Government's approach to delivering the Global Goals: at home and around the world."
Includes a short section on goal 3.

Global Fund update

Global Network of People living with HIV - The Next Global Fund Executive Director: The Qualities We Will Look For

http://www.gnpplus.net/the-next-global-fund-executive-director-the-qualities-we-will-look-for/

Bet you'll want to read this.

GF - Global Fund and Inter-Parliamentary Union Sign MOU

https://www.theglobalfund.org/en/news/2017-03-23-global-fund-and-inter-parliamentary-union-sign-mou/

"**The Global Fund and the Inter-Parliamentary Union (IPU) have signed a memorandum of understanding** *to promote mutual advocacy, engage in joint technical work and raise awareness in the fight against AIDS, TB and malaria and building resilient and sustainable systems for health. The agreement is **aimed at coordinating activities to engage parliamentarians around the world and inspire parliamentary action in the fight against the three diseases**, including supporting national budget allocations in alignment with Global Fund counterpart financing principles….*"

GF - Japan Secures US$313 million Contribution to the Global Fund

https://www.theglobalfund.org/en/news/2017-03-27-japan-secures-us313-million-contribution-to-the-global-fund/

Still a reliable GF (and global health) partner, Japan.

Globalization & Health – Operational and implementation research within Global Fund to Fight AIDS, Tuberculosis and Malaria grants: a situation analysis in six countries

S Kiefer et al; http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0245-5

"Operational/implementation research (OR/IR) is a key activity to improve disease control programme performance. We assessed the extent to which malaria and tuberculosis (TB) grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") include support for OR/IR, and discuss the implications of the current Global Fund operating mechanisms for OR/IR support…."

Science Insider – Trump recruits controversial Bush-era global health official

http://www.sciencemag.org/news/2017/03/trump-recruits-controversial-bush-era-global-health-official

"**William "Bill" Steiger, a global health official under former President George W. Bush who crossed swords with many scientists**, *is now* **advising President Donald Trump**. *Steiger is working at the U.S. Department of State on a so-called "beachhead team," which helps agencies transition from the Obama to the Trump administration. Several sources tell ScienceInsider that* **Steiger attended the executive board meeting of the World Health Organization (WHO) in Geneva, Switzerland**…"

Excerpt: "…On 10 January, Steiger spoke at a conference held at Georgetown University in Washington, D.C., that focused on pandemic preparedness in the incoming Trump administration." Among others, *"…Steiger suggested that the* **global health security agenda "offers an easy win for the new administration" and that Trump "at a minimum preserve what has been working well so far."** *The new WHO director-general, Steiger said, should also be willing to "call member states out" who aren't transparent and cooperative during public health emergencies and should put "aside this deep hostility toward the private sector that we've seen out of Geneva for the past 10 years or so…."*

Simon Maxwell (blog) – A new case must be made for aid. It rests on three legs.

http://oxfamblogs.org/fp2p/a-new-case-must-be-made-for-aid-it-rests-on-three-legs/

A nuanced discussion of aid matters. Aid guru Simon Maxwell wrote how best to go about this in the new era. *"First, understand the problem. Second, match the instruments to the need. Third, tell a better story and take the public on a journey. "* (recommended blog)

The Broker - New wine in an old bottle? The German 'Marshall Plan with Africa'

J Leininger; http://www.thebrokeronline.eu/Blogs/Inclusive-Economy-Africa/New-wine-in-an-old-bottle-The-German-Marshall-Plan-with-Africa

"*The German government is effecting a paradigm shift in its cooperation with the African continent. In line with this, the 'Cornerstones of a Marshall Plan with Africa' has been launched by the Federal Ministry of Economic Cooperation and Development and a 'Compact with Africa' by the Federal Ministry of Finance under the German G20 presidency. The European Union has echoed the need for these plans. But can Germany's plans capitalize on the momentum to create this paradigm shift in cooperation between African countries and the world?* "

UNAIDS – Top Donors value UNAIDS' contribution to change

http://www.unaids.org/en/resources/presscentre/featurestories/2017/march/20170328_MOPAN

"*A group of 18 of UNAIDS' top donors have published a **report** highlighting UNAIDS' unique value to the communities it serves and its partners and key stakeholders. The assessment, carried out by the **Multilateral Organisation Performance Assessment Network (MOPAN**), which was set up to monitor the performance of multilateral development organizations at the country level, found UNAIDS' use of strategic information, convening power and mutual accountability systems to be among its key strengths. UNAIDS was assessed on areas that include strategic and operational management and delivering results. The assessment identified a set of core areas in which UNAIDS scored most highly, including achievement of results, organizational and financial framework, relevance to partners and results focus....*"

René de Jong (Wemos) – Public-private Partnership Paradox: the Case of Gavi and Health System Strengthening

http://www.peah.it/2017/03/public-private-partnership-paradox-the-case-of-gavi-and-health-system-strengthening/

Well worth a read. "*The WHO model for Health System Strengthening (HSS) includes improving its six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes.... It appears that **Gavi** maintains a very different interpretation of HSS....where the interconnectedness between the building blocks is hardly taken into account.*"

Devex – Possible development funding windfall looms as Europe debates FTT

https://www.devex.com/news/possible-development-funding-windfall-looms-as-europe-debates-ftt-89929

Some positive news on the Financial Transactions Tax (FTT). "*A proposed financial transaction tax that would cover 10 European Union nations and potentially provide a major windfall of development funding has passed a major hurdle, as finance ministers offered national opt-outs for levies on pensions to address concerns voiced by Belgium, Slovenia, and Slovakia. International development advocates have been closely following the FTT negotiations, which include heavyweights Germany and France, because parallel proposals would formally or informally earmark some of the projected 15 billion-plus euros in new revenues for international aid. "We are confident that this work can be wrapped up at the technical level," said Vanessa Mock, European Commission spokesperson for Taxation and Customs Union.*"

CGD (blog) – Congress Looks at World Bank, Asks How It Can Do Better

G Portelance; https://www.cgdev.org/blog/congress-looks-world-bank-asks-how-it-can-do-better

"*With big cuts to US bilateral and multilateral assistance looming, the House Committee on Financial Services convened a hearing to investigate accountability and results at the World Bank. Scott Morris, CGD's director of the US Development Policy initiative (DPI), was joined by the International Consortium of Investigative Journalists' Sasha Chavkin, CalTech's Jean Ensminger, and BIC's Elana Berger. With the latter three witnesses focusing on project-level failures at the bank, you might have expected the hearing to be driven by finger pointing, but it was a generally thoughtful conversation with everyone on the panel agreeing that it is in the United States' interest to continue engagement with the World Bank…*." Portelance's takeaways from the hearing.

UHC

The Wire - National Health Policy Reflects Conflict Between Public Health and Neoliberalism

A Shukla; https://thewire.in/119362/national-health-policy-reflects-conflict-between-public-health-and-neoliberalism/

Sharp analysis of the new Indian health policy (reform). "*The [new Indian health] policy falls somewhere between a comprehensive plan for major expansion of public health services, socialisation of the private sector and extreme privatisation.*"

Healthy Developments - Fostering leadership for UHC in Francophone Africa

http://health.bmz.de/where_we_work/global_regional/Fostering_leadership_for_UHC_in_Francophone_Africa/index.html

"*Four French-speaking African countries embark on the P4H Leadership for Universal Health Coverage (L4UHC) programme.*"

Brookings Institute (report) – Health governance capacity: Enhancing private sector investment in global health

https://www.brookings.edu/research/health-governance-capacity/

"A new study published as part of the Brookings Private Sector Global Health R&D Project **examines the capacity of selected low- and middle-income nations to make effective use of external investment in global health research & development.** The study assesses overall health governance capacity of 18 nations in sub-Saharan Africa and Asia by examining 25 indicators related to the five dimensions of management capacity, regulatory processes, health infrastructure and financing, health systems, and policy conditions in those countries…" "…**Of the 18 countries studied, Vietnam, South Africa, China, and Ghana rank highest on the authors' Health Governance Capacity Index (HGCI), indicating that these nations have a strong ability to attract and leverage private investment in health R&D**."

BMJ Analysis –New approaches to measurement and management for high integrity health systems

A Mulley et al; http://www.bmj.com/content/356/bmj.j1401

« *We need better tools to achieve the next generation reforms essential for delivering care that matters most to patients, say Albert Mulley and colleagues.*"

"…***A high integrity health system*** *is one dedicated to providing services that people need and want— no less but no more—and that puts the interests of patients and the public above those of all other stakeholders. **In this analysis, we discuss how next generation reforms towards a high integrity health system will need to move from the "what" to the "how" of change, to reflect a greater understanding of the sources of resistance, and to take new approaches to measurement and management to guide system performance and innovation**."

Planetary health

Irin News (Analysis) – Paris Discord: Is Trump unravelling the climate change agreement?

Lou del Bello; Irin;

Recommended. "*US President Donald Trump's campaign promise to "cancel the Paris Agreement" is one step closer to reality, **after leaders from the Group of 20 richest economies backtracked on pledges to allocate $100 billion per year by 2020 for climate change response**.*"

Excerpts: *"… The Paris Agreement itself is now at risk, despite years of tough negotiations that finally produced the accord in 2015, bringing together 196 nations and uniting them in the fight against climate change and its impacts. … … **Public funding, she said, is the backbone of the climate finance architecture…"***

*"…**The G20s change of heart on climate finance "is a major turning point in international cooperation***", said Bangila. "From now on, each country will have to address the climate issue according to its own economic interests (as opposed to a global strategy*)."*

G7/G20 - Insurance Against Disaster - Lessons Learned from the African Risk Capacity

http://www.g7g20.com/articles/ekhosuehi-iyahen-insurance-against-disaster-lessons-learned-from-the-african-risk-capacity

*"G7 leaders endorsed the **African Risk Capacity (ARC) as a model for climate insurance**. The organisation works with countries to improve their preparedness for extreme weather events and disasters. In the **interview**, Ekhosuehi Iyahen, Director of Policy & Technical Services, shares new insights on innovative mechanisms to create climate-resilience, challenges on the way, and next steps.*"

Includes also the following **paragraph on insurance for disease outbreaks & epidemics**:

In February 2015, it was also announced that ARC would be developing insurance for disease outbreaks and epidemics. How is this initiative progressing?

"Ekhosuehi Iyahen: *The outbreak and epidemic (O&E) insurance product is currently also in the research and development phase, with a goal of insuring its first member states in 2018. While the basics of O&E are similar to ARC's drought insurance, ARC will need to build a new parametric model for O&E to underpin the insurance contracts and work with countries to define the appropriate contingency plans for responding and hopefully containing an epidemic. The most challenging part will be building the underlying parametric model – this has never been done in Africa at the national level before. A lot of work is currently being undertaken in partnership with other African institutions such as the African Union Centre for Disease Control to think through some of these issues. Some interesting results are emerging.*"

WB (Feat story) – Forecasting for Catastrophes: How Investment in Weather Services Can Save Lives and Grow Economies

WB;

"*Hydrological and meteorological (or "hydromet") hazards* *are responsible for 90% of total disaster losses worldwide. Improving the prediction of hydromet hazards—by getting accurate, timely predictions into the hands of decision-makers and the public—can save lives and money. On **World Meteorological Day (23 March),*** *learn how the World Bank is working with countries around the world to help build resilience to the growing economic, environmental, and social challenges we face today.*"

Excerpt: "…*In fact, for the past decade, the **World Bank and the Global Facility for Disaster Reduction and Recovery (GFDRR)** have been working with assorted partners to **increase awareness of, and investment in, the hydromet sector.** GFDRR's Hydromet team and the World Bank have partnered with leading national meteorological services across the globe – including agencies from Austria, China, Finland, Japan, Switzerland, Sweden, United Kingdom, and United States – and work closely with the World Meteorological Organization (WMO)….*"

Lancet (Correspondence) – A planetary health approach to emerging infections in Australia

Grant A-Hill Cawthorne et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30830-9/fulltext

In the global health security agenda, Australia "*has a unique opportunity to display leadership in the Asia-Pacific region, which contains multiple areas that have not met core IHR capacity requirements and are potential hotspots for disease emergence. The Marie Bashir Institute for Infectious Diseases and Biosecurity at the University of Sydney organised a meeting to examine how inclusive One Health, EcoHealth, and Planetary Health approaches to emerging infections could be promoted in Australia….*"

And a quick link:

Economist (on Global air pollution) - Rich countries export air pollution, and its associated mortality, as they import goods

Humanosphere - Study: Empowering women reduces exposure to indoor air pollution "*Elevating the status of women reduces risk of exposure to harmful indoor air pollution – a leading cause of premature death in the developing world – according to new research. Kelly Austin, a Lehigh University sociologist and lead author of the study, said reducing gender inequality will be critical if developing countries are to reduce the health impact of air pollution on women and girls.*"

Infectious diseases & NTDs

TB

Plos Speaking of Medicine - Why Tuberculosis is an R&D priority

Speaking of Medicine;

"*On World Tuberculosis Day 2017, Grania Brigden of the International Union Against TB and Lung Disease discusses the importance of developing new treatments for TB.*"

Plos Speaking of Medicine) - Announcing the PLOS Tuberculosis Channel

http://blogs.plos.org/speakingofmedicine/2017/03/24/announcing-the-plos-tuberculosis-channel/

World TB Day saw "*the launch of the* *Plos Tuberculosis channel*. *Channels are resources for communities: a single destination that features curated content selected from PLOS journals as well as the broader literature, supplemented by commentary, blogs, news and discussions. The content included in a Channel is selected by experts in their field, known as Channel Editors….*"

In other TB related news, check out also (on the **WB's 'Investing in health' blog**) - For tuberculosis, it's time to do business unusual.

GF – Drug-resistant TB: A Growing Global Health Threat

J Lomoj (Norad) & M Dybul (GF); https://www.theglobalfund.org/en/blog/2017-03-29-drug-resistant-tb-a-growing-global-health-threat/

"*…To defeat drug-resistant TB and other antimicrobial resistant superbugs around the world, we need to invest more, develop better tools, and expand approaches and programs that have been proven to work. If not, we risk losing the progress made in the past two decades, and tuberculosis will steadily grow as a global health threat – at a magnitude we have never seen before.*"

HIV/AIDS

PNAS - Effectiveness of UNAIDS targets and HIV vaccination across 127 countries

http://www.pnas.org/content/early/2017/03/14/1620788114.abstract

"*Despite extraordinary advances in the treatment of HIV, the global pandemic has yet to be reversed. We developed a mathematical model for 127 countries to evaluate UNAIDS targets for expanding diagnosis and treatment of the infected, and partially efficacious HIV vaccination. Under the current levels of diagnosis and treatment, we estimated 49 million new HIV cases globally from 2015 to 2035. Achieving the ambitious UNAIDS target is predicted to avert 25 million of these new infections, with an additional 6.3 million averted by the **2020 introduction of a 50%-efficacy vaccine**. Our study provides country-specific impacts of a partially effective HIV vaccine and demonstrates its importance to the elimination of HIV transmission globally.*"

Plos Speaking of Medicine –PLOS Medicine Special Issue: Advances in HIV Prevention, Treatment and Cure

Speaking of Medicine

"*The editors of PLOS Medicine are delighted to **announce a forthcoming Special Issue** focused on HIV research, along with guest editors Drs Linda-Gail Bekker, Steven Deeks and Sharon Lewin. Submissions are now being invited, with a **deadline of June 9, 2017.**"

Polio

Science Translation Medicine –Estimation of polio infection prevalence from environmental surveillance data

http://stm.sciencemag.org/content/9/383/eaaf6786

Via Stat News: *"Researchers have devised a **new way to catch polio outbreaks early** by **keeping tabs on sewage** — and a polio vaccination campaign underway in Pakistan this week suggests that's a good place to start."* See this new paper in Science Translational Medicine which *"finds that monitoring sewage for low levels of the virus could provide an earlier warning sign of the virus's circulation than traditional epidemiology can"*.

Meanwhile, in Africa, a massive synchronized polio vaccination campaign from coast to coast ended on 28 March.

Cholera

Slate - What They Knew, and When They Knew It

J Katz;
http://www.slate.com/articles/news_and_politics/foreigners/2017/03/when_the_u_n_sowed_cholera_in_haiti_how_fast_did_americans_know.html

"New emails reveal just how soon American officials realized the U.N. had brought cholera to Haiti. What they did next helped pave the way for Trump."

NTDs

Plos NTDs (Editorial) – Will a new 2017 global leadership commit to NTDs?

Peter Hotez et al; Plos NTDs;

"By 2017 we will experience a nearly wholesale shift in global governance as it relates to the world's neglected tropical diseases (NTDs)…." The authors conclude: *"…At the start of 2017 we will see new leadership at the UN, WHO, and the US and UK governments. Together with the World Bank and other UN agencies, there will be a need to regroup, refocus, and redouble global efforts towards NTD elimination. A multipronged and multinational approach will be required that includes expanding MDA, advancing additional disease elimination targets, and creating an ambitious R&D agenda. So far, the US and UK governments together with the governments of Japan, Germany, the Netherlands, and the EU have been mostly alone in providing external funds for the NTD programs. **This situation must change to a broader G20 remit**, hopefully through an expansion in NTD support and activities initiated by the new global leaders in 2017."*

Yet **another global health community looking in the direction of the G20** for salvation…

Dengue

Lancet - Safety and immunogenicity of one versus two doses of Takeda's tetravalent dengue vaccine in children in Asia and Latin America: interim results from a phase 2, randomised, placebo-controlled study

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30166-4/fulltext

"*An article in the Lancet Infectious Diseases presents interim results from a trial assessing safety and immunogenicity of a tetravalent dengue vaccine candidate in children and adolescents between 2 and 17 years of age*".

Yellow Fever

WHO - WHO dispatched 3.5 million doses of yellow fever vaccine for outbreak response in Brazil

http://www.who.int/csr/disease/yellowfev/vaccination-in-Brazil/en/

"*In response to the yellow fever outbreak currently on-going in Brazil some 3.5 million doses of vaccine from the emergency stockpile were deployed to the country through the **International Coordinating Group (ICG) on Vaccine Provision** for yellow fever. The ICG oversees a continuously replenished emergency stockpile of 6 million doses of yellow fever vaccine. The ICG includes four agencies: the World Health Organization (WHO), United Nations Children's Fund (UNICEF,) the International Federation of Red Cross and Red Crescent Societies (IFRC), and Médicines Sans Frontières (MSF). The Government of Brazil will reimburse the cost of the 3.5 million doses sent through the yellow fever emergency stockpile financed by Gavi Alliance….*"

Finally, a **tweet from Laurie Garrett**: "**Outbrks of #Mumps all over world**: Has virus evolved around vaccine or are too many people refusing vax? e.g. LA, CA"

AMR

An Irish-led team of EU researchers has compiled an extensive report into our preparedness for the onset of a major pandemic. Unfortunately, the news isn't good.

https://www.siliconrepublic.com/innovation/nui-galway-pandem-pandemic-research

"…*An extensive report compiled by the EU called Pandem – led by research from NUI Galway – has come to the conclusion that* **we are now, more than ever**, *at risk of a global event that could potentially cost human lives*."   While you can't argue with that, "Now more than ever" must be the global health equivalent of the 'ever closer union' (EU lingo from the good old days).

The Conversation - It's the age of the antibiotic revolution, not apocalypse

Jonathan Cox; https://theconversation.com/its-the-age-of-the-antibiotic-revolution-not-apocalypse-73476?utm_campaign=Echobox&utm_medium=Social&utm_source=Twitter#link_time=1490368387

Still, do read also this no nonsense take on AMR from a microbiologist. "… *So when I read doomsday reports of a coming "antibiotic apocalypse", I question their legitimacy. Are we really all standing on the edge of the medical precipice, about to tumble into an oblivion of death-by-superbug? We most certainly are not. The end of the world may well be on the horizon, but it surely won't be due to antibiotic resistance. In order to understand why, you need to understand resistance: where it comes from, what it can do, and crucially, what scientists are doing about it….*"

And a tweet on a **Chatham House meeting** from this week:

"*#amrvaccines David Salisbury overview -* **vaccines consistently undervalued** *by AMR Review, G8, G20 and all other initiatives in fighting AMR*".   For more tweets from this meeting, see *#AMRvaccines*.

NCDs

Quick links:

WHO - France becomes one of the first countries in Region to recommend **colour-coded nutrition labelling system**. Not quite sure what they do for color-blind customers, but a great initiative.

WHO - WHO QualityRights guidance and training tools "*As part of the QualityRights Initiative, WHO has developed a comprehensive package of training and guidance modules. The modules can be used*

*to build capacity among mental health practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, NGOs, DPOs and others on **how to implement a human rights and recovery approach in the area of mental health in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards**."*

Lancet Letters on the **economics of managing blood pressure** :
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30832-2/fulltext Check it out.

Sexual & Reproductive / maternal, neonatal & child health

Devex – Q&A: UNFPA West Africa director on the security benefits of family planning

https://www.devex.com/news/q-a-unfpa-west-africa-director-on-the-security-benefits-of-family-planning-89595

Tu quoque, family planning… ? The security angle/framing, now also from a FP perspective. "*Family planning in West Africa has increased in popularity in recent years, as local religious leaders, community groups and health outreach programs have gotten behind the message. This multi-pronged approach is responsible for rising contraceptive use, according to the **United Nations Population Fund West Africa Regional Director Mabingue Ngom**. … … However, a 2015 United Nations research on trends in contraceptive use still points to Africa as the region with the lowest contraception use, at just 33 percent of reproductive-aged women. High population growth rates in persist in sub-Saharan Africa, where women average six children in places such as Chad and Mali. Other figures suggest that the population of African youth will increase 42 percent by 2030. **Ngom warns that these growth rates could be the basis for increased radicalism and youth involvement in extremist groups**. Though messaging is crucial to progress, Ngom told Devex that **family planning needs to remain a priority to avoid future security issues in the region**….*"

Reuters – Cambodia bans breast milk exports

Reuters;

"***Cambodia on Tuesday banned the export of breast milk, putting a stop to the business of a U.S.-based company that had been selling the milk in the United States**. The decision was welcomed by United Nations child agency UNICEF, worried at a decline in breastfeeding in Cambodia. Ambrosia Labs - known in Cambodia as Khun Meada, which means "gratitude of mothers", had been exporting milk from more than 90 Cambodian women for more than two years*." Interesting detail: the US based company was pioneered by a former Mormon missionary.

New Yorker – The trauma of facing deportation

[New Yorker](#);

*"In Sweden, hundreds of refugee children have fallen unconscious after being informed that their families will be expelled from the country." "… diagnosis of uppgivenhetssyndrom, or **resignation syndrome**, an illness that is said to exist only in Sweden, and only among refugees. The patients have no underlying physical or neurological disease, but they seem to have lost the will to live…."*

WB (Policy Research Note) – The Economic costs of stunting and how to reduce them

E Galasso & A Wagstaff; http://pubdocs.worldbank.org/en/536661487971403516/PRN05-March2017-Economic-Costs-of-Stunting.pdf?utm_content=buffer0a6bb&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

New research.

Lancet World Report –Health and rights challenges for China's LGBT community

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30837-1/fulltext

"Despite some progress in recent years, China's lesbian, gay, bisexual, and transgender community still face substantial barriers to protecting their health and human rights. Talha Burki reports."

Quality of Care Network for maternal, newborn and child health - First webinar on quality improvement: point of care quality improvement for maternal and newborn health

http://www.qualityofcarenetwork.org/about/network-activities

Have a look. "The Quality of Care Network hosted its first webinar on 29 March 2017 to explore what Quality Improvement (QI) is and how health care workers can carry out QI at health facility level."

Access to medicines

MSF Access - MSF joins Europe-wide action challenging patent on key hepatitis C drug

https://www.msfaccess.org/about-us/media-room/press-releases/msf-joins-europe-wide-action-challenging-patent-key-hepatitis-c

"*The international medical humanitarian organisation Médecins Sans Frontières (MSF) has [today]* **filed a patent challenge on the hepatitis C drug sofosbuvir with the European Patent Office (EPO) in an effort to increase access to affordable hepatitis C treatment**. *MSF has joined Médecins du Monde (MdM) and other civil society organisations from 17 countries in simultaneously filing patent challenges on the pharmaceutical corporation Gilead's monopoly on sofosbuvir, in a bid to remove the barriers that prevent millions of people receiving treatment. "With an estimated 80 million people worldwide living with hepatitis C, treatment should be available to everyone who needs it, no matter where they live – including in Europe", said Dr Isaac Chikwanha, Hepatitis C Medical Advisor for MSF's Access Campaign. "…*"

Lancet Infectious Diseases - Access to medicines: lessons from the HIV response

S Vella & D Wilson; http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30052-8/fulltext

Recommended. "*In a world facing growing inequalities, the HIV response has lessons for low and middle-income countries (LMIC)—but also for high-income countries—on access to care and treatment for communicable diseases and for non-communicable chronic diseases, a global pandemic that dwarfs the HIV epidemic in scale….*"

BMJ Global Health - Quality assurance of medicines supplied to low-income and middle-income countries: poor products in shiny boxes?

A Nibot Giralt et al; http://gh.bmj.com/content/2/2/e000172

"*In today's context of globalisation of pharmaceutical production and distribution, international and national procurement agencies play a de facto key role in defining the quality of medicines available in sub-Saharan Africa. We evaluated the compliance of a sample of pharmaceutical distributors active in sub-Saharan Africa with the standards of the WHO guideline 'Model Quality Assurance System (WHO MQAS) for procurement agencies', and we investigated factors favouring or hindering the adequate implementation of the guideline….*"

Reuters - Venezuela's Maduro asks U.N. to help ease medicine shortages

Reuters;

Last week on Friday, Venezuelan President Nicolas Maduro *"said he had asked the United Nations to help the South American nation alleviate medicine shortages, which have become increasingly severe as the oil-producing nation's economic crisis accelerates. "*

Globalization & Health (Debate) – Obstacles and opportunities in Chinese pharmaceutical innovation

Jingyun Ni et al; http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0244-6

"*Global healthcare innovation networks nowadays have expanded beyond developed countries with many developing countries joining the force and becoming important players. China, in particular, has seen a significant increase in the number of innovative firms and research organizations stepping up to the global network in recent years. Nevertheless, the intense Research and Development input has not brought about the expectable output. While China is ascending at a great speed to a leading position worldwide in terms of Research and Development investment, scientific publications and patents, the innovation capabilities in the pharmaceutical sector remain weak. **This study discusses the challenges and opportunities for pharmaceutical innovation in China…**"*

And a quick link: EU recommends suspending hundreds of drugs tested by Indian firm (Reuters)

Human resources for health

FT - Chinese 'facilitators' seek boom in organ donors

https://www.ft.com/content/a73be274-0e24-11e7-b030-768954394623

Looks like we'll have to add a new category to the 'health workforce', at least in some countries. *"…China has hired about 2,000 "**donation facilitators**" in recent years, a quarter of whom were trained in 2016, with salaries of up to Rmb10,000 ($1,450) a month*." The new profession marks a change of tack after a ban on using executed prisoners' body parts.

Kampala Statement from the 1st International Symposium on Community Health Workers

http://www.hifa.org/sites/default/files/publications_pdf/Kampala_CHW_symposium_statement-FINAL.pdf?utm_content=bufferb5c12&utm_medium=social&utm_source=linkedin.com&utm_campaign=buffer

3-pager and well worth a read. As you might recall, "from **21-23 February 2017, Kampala hosted the first International Symposium on Community Health Workers**. The symposium theme was Contribution of Community Health Workers in attainment of the SDGs…."

For a related **blog** (by EV 2014 **David Musoke** in the **Huffington Post**), see Uganda Hosts First International Symposium on Community Health Workers.

BMJ - Indian doctors take to streets to demand better security

http://www.bmj.com/content/356/bmj.j1571

"*Nearly 40 000 doctors in Delhi and Mumbai have gone on strike to demand better security in government hospitals, after a spate of attacks on medical professionals.*"

Miscellaneous

Gates Foundation announces open-access publishing venture

http://www.nature.com/news/gates-foundation-announces-open-access-publishing-venture-1.21700

The Gates Foundation is the latest funder to start its own publishing 'channel' — and the European Commission is considering its own service. See also The Economist.

And see **Science** - European Commission considering leap into open-access publishing.

Humanosphere – Strong words, but few details, from Haley on cuts in U.N. funding

http://www.humanosphere.org/world-politics/2017/03/strong-words-but-few-details-from-haley-on-cuts-in-u-n-funding/

"**The new U.S. Ambassador to the U.N. Nikki Haley wants to see some changes.** While she championed human rights at an event Wednesday hosted by the Council on Foreign Relations, she also **criticized the United Nations without evidence or solutions. Her comments echoed the White House's plan to reduce U.S. contributions to the U.N., taking particular aim at peacekeeping**…."

Right to Health – first issue of the newsletter (March/April)

http://www.world-psi.org/en/right-health-issue-01-marchapril-2017

The **Right to Health newsletter** will bring you news and perspectives on the campaign and struggles around the world to realise health as a fundamental human right. This is the first issue.

Branko Milanovic (blog) –The welfare state in the age of globalization

http://glineq.blogspot.be/2017/03/the-welfare-state-in-age-of.html

Developed welfare states face a vicious circle in the era of globalization. Read why.

Vox – The March for Science is forcing science to reckon with its diversity problem

http://www.vox.com/science-and-health/2017/3/24/15028396/march-for-science-diversity

See also last week's IHP news. "Science has long been a white men's club".

International Food Policy Research institute - Global Food Policy report 2017

http://gfpr.ifpri.info/

"*The 2017 Global Food Policy Report shines a spotlight on the unique challenges and opportunities presented by **urbanization** for ending hunger and malnutrition and advancing the 2030 Agenda.*" A review of major developments in food and nutrition policy around the globe, featuring an in-depth look at the **impact of rapid urbanization**. Make sure you read at least the synopsis.

Guardian – MPs criticise cuts to aid projects based on negative media coverage

https://www.theguardian.com/global-development/2017/mar/28/mps-criticise-cuts-to-aid-projects-based-on-negative-media-coverage-development-committee?CMP=twt_gu

There was no doubt bigger news this week in England, but this is also worth noting: "*MPs have criticised the Department for International Development (DfID) for closing aid programmes based on negative media coverage and expressed concern over its handling of reputational risk.*"

Development Policy Review –Aid Effectiveness: On the Radar and Off the Radar

M Husain; http://onlinelibrary.wiley.com/doi/10.1111/dpr.12211/full

Even if only published in February, feels a bit dated already – given the very volatile international environment. "*Poverty is a human construct, yet the Euro-American development assistance programmes that aim to reduce poverty remain a function of systemic problems, profit and politics. Critics argue that widened global income inequality and neoliberalism's ineffectiveness in the Global South can be reflected in recent geopolitical and epistemic tensions. China's rise as an economic and military power and its authority in setting up the Asian Infrastructure and Investment Bank directly threaten Euro-American dominance in development discourse. These changes can bring multiple perspectives in the aid effectiveness debate. While these views introduce alternatives to the business approach of poverty reduction, they also make the Sustainable Development Goals appear more significant than ever.*"

University of Cambridge awarded £40m to create world-leading health care improvement research institute

http://www.health.org.uk/news/university-cambridge-awarded-%C2%A340m-create-world-leading-health-care-improvement-research

"*The Health Foundation, an independent charity, has today announced the University of Cambridge has been chosen to establish and run a new **improvement research institute**, the first of its kind in Europe. Led by Mary Dixon-Woods, RAND Professor of Health Services Research and Wellcome Trust Investigator at the University of Cambridge, the institute will work closely with a wide range of partners across the UK including RAND Europe and Homerton College, Cambridge. Seeking to strengthen the evidence-base for how to improve health care, it will produce practical, high quality learning about how to improve patient care and will grow capacity in research skills in the NHS, academia and beyond….*"

Oxfam (report) - Europe's biggest banks register €25 billion profit in tax havens

https://www.oxfam.org/en/pressroom/pressreleases/2017-03-27/europes-biggest-banks-register-eu25-billion-profit-tax-havens

"*Europe's 20 biggest banks are registering over a quarter of their profits in tax havens – well out of proportion to the level of real economic activity that occurs there, according to a new report by Oxfam and the Fair Finance Guide International today. The* **report, 'Opening the Vaults***,' suggests the discrepancy may have arisen because some banks are using tax havens to avoid paying their fair share of tax, to facilitate tax dodging for their clients, or to circumvent regulations and legal requirements.* "

Oxfam (blog) Doughnut Economics is published next week. Here's why you should be excited

Duncan Green; http://oxfamblogs.org/fp2p/doughnut-economics-is-published-next-week-heres-why-you-should-be-excited/

'**Doughnut Economics: Seven Ways to Think Like a 21st-Century Economist'** (from Oxfam's **Kate Raworth**) comes out next week. It sounds very much like a must-read.

Research

HS& Reform - From Scheme to System (Part 1): Notes on Conceptual and Methodological Innovations in the Multi-Country Research Program on Scaling Up Results-Based Financing in Health Systems

Bruno Meessen et al; http://www.tandfonline.com/doi/full/10.1080/23288604.2017.1303561

Must-read. "*This paper presents conceptual and methodological developments made in analyzing the scale up of Results-Based Financing (RBF) as part of a multi-country research program supported by the Alliance for Health Policy and Systems Research. Following a brief overview of the research process, the paper proposes a new five-dimensional conceptualization of scale up (population coverage, service coverage, health system integration, cross-sectoral diffusion and knowledge expansion) to capture various facets of RBF scale up. It also presents how Walt and Gilson's health policy triangle framework was modified to identify the enablers and barriers to scale up in the country case studies included in this research program. The paper then puts forth a four phase model of scale-up comprising phases of generation, adoption, institutionalization and expansion, developed for the purpose of this research program. The paper concludes by providing some lessons learnt on*

the use of the methods and theoretical frameworks developed for this multi-country research program."

HP&P – From favours to entitlements: community voice and action and health service quality in Zambia

M Schaaf, S Topp et al;
https://academic.oup.com/heapol/article/doi/10.1093/heapol/czx024/3091419/From-favours-to-entitlements-community-voice-and

"Social accountability is increasingly invoked as a way of improving health services. This article presents a theory-driven qualitative study of the context, mechanisms and outcomes of a social accountability program, Citizen Voice and Action (CVA), implemented by World Vision (WV) in Zambia…."

March issue – Global Health Science & Practice

http://www.ghspjournal.org/content/current

Check it out.

Journal of Epidemiology & Community Health -Return on investment of public health interventions: a systematic review

http://jech.bmj.com/content/early/2017/03/07/jech-2016-208141.full

"Public health cuts are a false economy - findings from a systematic review of economic evaluations." (in OECD countries)