IHP news 414 :  Happy Easter?

( 14 April 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,

We’ll keep this intro short as many of you are probably gearing up for a long Easter weekend. Compassion and insight, as the Buddhist monk in my local community likes to say, while gently smiling & radiating peace, are key in the world (and to some extent connected). Today more than ever, I’m afraid. Not sure we’re making much progress. When I asked the monk after last Saturday’s meditation what he thought of the world these days when reading newspapers, he sighed and said he felt as puzzled as anybody else about current trends, and even admitted getting angry sometimes and wanting to become more involved politically. Five years of meditation in a Japanese monastery going to waste, some more collateral damage of Trump et al! Or perhaps God/the Buddha/Allah/the alien teenagers handling the matrix machines of our world/… just work in mysterious ways?

By way of example, Richard Horton (also a monk of sorts) went to Rome last week (see Offline - When The Lancet went to the Vatican ), and came back thinking “of productive collaborations where religion and medicine can work together. We will try to build an extraordinary new coalition to help solve our present emergencies.” I happen to agree, and it’s certainly the right Easter spirit.

This week’s IHP featured article, from IHP intern Adie Vanessa Offiong ( from the West African network of Emerging Leaders, WANEL ) who will soon join our team, is a very topical read. We hope her report will provide you with some of this much needed insight & compassion.

Enjoy your reading. (And then have a nice long weekend break!)

The editorial team

Featured Article

IDP children: Silent sighs of the first 1000 days

Adie Vanessa Offiong, member WANEL Commommunity of Practice
The first one thousand days of a child’s life—from conception till age two—are very crucial in terms of nutrition and also for the mother. With the Boko Haram insurgency in North East Nigeria forcing many to flee and now settle in IDP (Internally Displaced People) camps across the country, this report takes a look at the nutrition challenges amongst internally displaced children in some IDP camps in Nigeria’s Federal Capital Territory (FCT).

Hauwau Gana, born prematurely on October 7, 2016 lost her mother, Hadiza, to delivery complications. For two weeks she was in an incubator at the National Hospital, Abuja until she was released to her father, Baba, who signed an undertaking to pay up her medical bill within a given period. From the onset keeping up with her dietary requirements was a problem: he had three other children and made a meager income working as a commercial motorcycle operator in Masaka, one of Abuja’s unofficial IDP camps. Hauwau died on March 5 due to ill health, probably accelerated by complications from malnutrition. Her death was a rude shock for her father still mourning his wife.

The situation is not very different for the first one thousand days in the lives of other children in Abuja’s IDP camps, as was revealed during a visit to the New Kuchigoro IDP camp.

A sight that immediately hits the eyes upon entering the camp is of children eating unripe cashew or hugging branded bottles of water which now carry kunu (gruel made from guinea corn). They sip on this or their mothers are seen feeding it to them.

Ramatu Ayuba, 23, from Gwoza, Borno State, gave birth to her son on October 8th, 2016. Unlike her two previous pregnancies, where she nursed her children exclusively on breast milk, she said she’s not producing enough, “That is why I give him kunu. I don’t know why the milk doesn’t flow. Back in my village, breastfeeding was one of the things we were encouraged about during antenatal, but not here.” Ramatu knows nothing about maternal or infant health. Her son has never been ill and has received BCG inoculation and polio immunization. To enhance her milk flow, the housewife said, “In the morning I ate kunu, I am making some beans and pasta for lunch and will have rice for dinner. When I drink tea, I put some milk in it. Then my milk flows a little and I feed my son. He hasn’t yet started eating solid foods; I mostly feed him kunu.” Ramatu said that her son would have some kunu again for dinner and didn’t have problems with bowel movement.

Most of Nigeria’s official and identified unofficial IDP camps are found in states like Borno, Adamawa, Yobe, Taraba, Edo and the FCT among others where measures are being taken to curb malnutrition. But apparently they are insufficient.

IDP data collected by NGOs and UNICEF-supported teams in Yobe and Borno states, say the proportion of children with global acute malnutrition [as identified by mid-upper arm circumference (MUAC) and/or oedema] is over 80%. These initial assessments provide an indication of increasing levels of acute malnutrition.

The United Nations Office on the Coordination of Humanitarian Affairs (OCHA) estimates 300,000 children in Borno State alone will suffer from severe acute malnutrition over the next 12 months and up to 450,000 in total across Adamawa, Borno and Yobe, if adequate assistance is not received.

The situation is dire for IDP such as Maryam Amos, 25, who had her first child on March 8th, 2016, in her room, assisted by a midwife on the camp. She considers herself fortunate to have participated when NGOs gave health talks and antenatal services. “They advised us to eat a lot of banana, fish, oranges, fruits and groundnuts. When I gave birth they advised me to eat a lot of energy-giving
foods, meat, vegetables and milk among others, to help my breast milk. But I can’t afford some of them, so I make do with what I have,” Maryam recalled. The Gava, Borno State indigene added, “I was advised to breastfeed my baby and what kind of foods to eat to help my breast milk. I breastfed him exclusively for 11 months and introduced artificial food as he approached 12 months. He has rejected the foods like *kunu*. Today, he’s eating it. He often suffers stomachache and I’ve had to take him to the camp’s infirmary, where he was given medication. The illness isn’t completely cured yet.”Maryam, who considers her son to be healthy but for the stomachache, wants him to become a teacher, “I would like him to teach others the way of life.”

Malnutrition among IDPs has been *news* and despite government’s claims to be on top of the situation, the statistics are still on the high. The Borno Emergency Management Agency (BEMA) reported malnutrition-related deaths of about 450 children, ages one to five, in 28 IDP camps. BEMA said, “about 6,444 severe cases of malnutrition were recorded in the camps, 25,511 have mild to moderate symptoms.”

According to UNICEF, the 2017 *nutrition requirement* for IDPs is $40, 217 105. In 2016 it said 97,777 children under 5 years received micronutrient supplementation.

The significance of a child’s first one thousand days is a phenomenon many are unfamiliar with. Dr. Bamidele Omotola, a nutrition specialist at UNICEF, Abuja, shed light on the issue: “The first one thousand days of life start from conception within the first one day of the pregnancy until the child is two-years-old. The pregnancy normally lasts for nine months, which is 270 days, and the two years at an average of 365 days per year multiplied by two, which is 730, plus the 270 days give the 1,000 days that we refer to.”

Omotola said, “When a woman realizes she’s pregnant, the first thing is to go to the clinic, register for antenatal services and from there her health will be managed including the regular pills for blood because in pregnancy she needs to feed for herself and for the baby inside her. She must take what we refer to as adequate diet. She must take at least three meals and encourage herself to eat. “He described the components of an adequate diet as having animal source which is what a lot of people call protein, beans, cereals, maize, rice, millet, sorghum roots and tubers like yams, cassava, coco yam, plantain, vegetables, fruits and oils.

On how this relates to women in Ramatu’s situation he said, “Ideally, the fact that you’re IDP does not imply that your diet should be compromised. Also, knowing full well their circumstances and that they depend on what food donations they can get, whoever is making such donations must be aware of the need of such women.”

Speaking on what it portends for children being fed *kunu* in their first one thousand days, he said, “A child less than six months must be completely breastfed. “The mother should be supported to adequately breastfeed. After six months that child would require other foods in addition to breast milk. Those other foods must come from the varied sources. But nothing stops a mother from mixing the gruel with groundnut paste or soya beans and oils to enrich it. “When there is no such mixture, these children are the ones who eventually become emaciated and may become severely malnourished because they won’t grow well and their mental formation is compromised and this has implications for such a child in later life. By the time a child is two years, 90 percent of his brain formation is attained.”
Malnutrition is a plague bedeviling children across Nigeria and the situation is twice as bad with internally displaced children. The cause of children suffering stunted growth has in several cases been traced to poor nutrition in their first 1,000 days of life. “It is irreversible and associated with impaired cognitive ability and reduced school and work performance,” UNICEF says.

It is a crisis that needs immediate and clear-cut government and international intervention. Not just in Nigeria, by the way, as headlines of the past months sadly point out. With insurgency ravaging countries across the world, the humanitarian crisis is deepening by the day, provoking ripples of problems, with malnutrition and famine being on the forefront. Earlier this week, UNHCR, the UN Refugee Agency, warned that the risk of mass deaths from starvation among populations in the Horn of Africa, Yemen and Nigeria is growing.

Since Boko Haram’s seven-year terror in Nigeria, about 2.6 million have been displaced. All in all, “In northern Nigeria, seven million people are now struggling with food insecurity and need help. The situation is particularly bad in parts of Borno, Adamawa and Yobo states where by June it’s expected that some 5.1 million people will be in Integrated Food Security Phase classification levels of between 3 and 5 (worst).”

Let’s hope help doesn’t come too late for all these people in dire need.

**Highlights of the week**

**WHO Bulletin - Strengthening health systems for universal health coverage and sustainable development**

MP Kieny et al; [http://www.who.int/bulletin/online_first/BLT.17.187476.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.187476.pdf?ua=1)

“We argue that UHC contributes to the SDGs in several ways. The impact of health system strengthening on UHC, and how health system strengthening, through UHC, contributes to different sustainable development goals” is elaborated by these authors. Must-read. (Make sure you also check out Fig. 1. for a nice visual overview, at the end of the article.)

**Health Systems & Reform (Commentary) – Pay-for-Performance Debate: Not Seeing the Forest for the Trees**


Commentary part of the special issue in HS & Reform. “…In this commentary, we argue that it is crucial to pay greater attention to the “forest”—that is, overall health system reforms and how provider payment arrangements interact with these to influence health outcomes, as opposed to looking almost solely and more narrowly at the “trees”—that is, the details and impact of a P4P mechanism divorced from the underlying health system. P4P is a category of strategic purchasing, the effectiveness of which depends critically on its connections with the wider environment of...”
purchaser–provider relations. In the following paragraphs, we unpack the potential health system benefits of P4P. Next, we briefly outline our concerns around the current P4P debate that has too often focused on the trees (e.g., specific payment arrangements focused on boosting a few indicators) but ignoring how these fit within and are affected by the wider forest (larger health system reforms). We conclude by suggesting some ways forward as to policy framing and country reform.

Health Economics, politics & law - What level of domestic government health expenditure should we aspire to for universal health coverage?

Di McIntyre et al; [https://www.cambridge.org/core/journals/health-economics-policy-and-law/article/what-level-of-domestic-government-health-expenditure-should-we-aspire-to-for-universal-health-coverage/B03E4FAA9DB51F4C9738CB584C9C8B31/core-reader](https://www.cambridge.org/core/journals/health-economics-policy-and-law/article/what-level-of-domestic-government-health-expenditure-should-we-aspire-to-for-universal-health-coverage/B03E4FAA9DB51F4C9738CB584C9C8B31/core-reader)

Last week we already referred to this special issue (Towards a Global Framework for Health Financing) & must-read.

As a reminder (to go through the whole issue in-depth), check out for example this article from the series. “Global discussions on UHC have focussed attention on the need for increased government funding for health care in many low- and middle-income countries. The objective of this paper is to explore potential targets for government spending on health to progress towards UHC. An explicit target for government expenditure on health care relative to gross domestic product (GDP) is a potentially powerful tool for holding governments to account in progressing to UHC, particularly in the context of UHC’s inclusion in the Sustainable Development Goals. It is likely to be more influential than the Abuja target, which requires decreases in budget allocations to other sectors and is opposed by finance ministries for undermining their autonomy in making sectoral budget allocation decisions. International Monetary Fund and World Health Organisation data sets were used to analyse the relationship between government health expenditure and proxy indicators for the UHC goals of financial protection and access to quality health care, and triangulated with available country case studies estimating the resource requirements for a universal health system. Our analyses point towards a target of government spending on health of at least 5% of GDP for progressing towards UHC. This can be supplemented by a per capita target of $86 to promote universal access to primary care services in low-income countries.”

Lancet (Letter) – Health systems resilience: meaningful construct or catchphrase?


Important letter. “Resilience is an emerging concept in the health systems discourse, further highlighted by infectious disease outbreaks including Ebola virus disease, Zika virus disease, and Middle East respiratory syndrome. However, the definition and exploration of resilience within health systems research remains a source of debate, as underscored at the recent 4th Global Symposium on
Health Systems Research; Vancouver, BC, Canada; Nov 14–18, 2016. ...” Check out what these authors propose. They conclude: “...21st century health systems will face simultaneous challenges, and the concept of resilience must be dynamic enough to reflect the complexity and change inherent in diverse health systems. We should encourage a view of health systems resilience that is grounded in the understanding that each health system is unique, influenced by context and circumstances. The meaning of resilience should then emerge from and be shaped by the context in which it is applied. The conceptualisation of resilience should therefore not be prescriptive, but have breadth and flexibility, recognise complexity, consider shocks and cumulative stresses, attempt to deal with disruptions, and anticipate future failures.”

Winners of the first-ever Alliance essay competition announced


“The Alliance is pleased to announce the winners of its first-ever essay competition on the future of health policy and systems research. .... The winning paper will be presented as a background paper to stimulate discussions of a high-level conference on “Health policy and systems research: 20 years on,” in Stockholm, Sweden from 25-26 April 2017. .... The winning paper titled, “Expanding the boundaries of HPSR: A southern perspective,” by Edwards, Whyle and fellow writers identify, “navigating the gaps between global and local health agendas, conducting trans-disciplinary HPSR...developing and furthering theory-building for HPSR” as critical challenges for achieving the SDG Agenda 2030. The solutions lie in amongst others in building and strengthening partnerships between stakeholders, especially between policy-makers, researchers and other multidisciplinary actors.” Eleanor Whyle is an EV 2016 (congrats!). You also find the two other winning papers here.

Famine & humanitarian crisis

UNHCR – UNHCR says death risk from starvation in Horn of Africa, Yemen, Nigeria growing, displacement already rising


Earlier this week, “UNHCR, the UN Refugee Agency, warned that the risk of mass deaths from starvation among populations in the Horn of Africa, Yemen and Nigeria is growing. This warning is in light of droughts that are also affecting many neighbouring countries and a funding shortfall that has become so severe that an avoidable humanitarian crisis in the region, possibly worse than that of 2011, is fast becoming an inevitability....”
Oxfam (F2P blog) - Drought in Africa – How the system to fund humanitarian aid is still hardwired to fail


Post by D Hillier (Oxfam humanitarian policy advisor). Recommended. She also offers suggestions on what needs to be done instead, and concludes: “To prevent the next forecast crisis, we need a recognition that the current system is not fit for purpose and concerted efforts to address this. Humanitarians need to prioritise funding for early response; development agencies need to design programmes that can reduce risk and vulnerability and donors need to be braver, using their funding in the most cost effective way possible for prevention, even if that doesn’t get media attention.”

Meanwhile, in Berlin, at an international meeting 'Berlin Humanitarian Call - Together against Famine', in the Foreign Office (12 April 2017), German Foreign Minister Sigmar Gabriel, the Minister of Economic Cooperation and Development, Gerd Mueller, and the United Nations High Commissioner for Refugees (UNHCR) Filippo Grandi, met with representatives of humanitarian aid organisations to find solutions for the draught and famine stricken region in East Africa. Including a financial appeal. See Berlin Humanitarian Call – mobilising aid to combat hunger around the world. Intended as a wake-up call to the international community.

And a quick link on the deteriorating crisis in Iraq: UN News - Urgent action needed to stave off ‘hunger crisis’ in Iraq – UN food relief agency

Lancet (Comment) – Palliative care in humanitarian crises: always something to offer

R Powell et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30978-9/fulltext

« More than 128·6 million people across 33 countries require life-saving humanitarian assistance, 92·8 million of whom are particularly vulnerable. Palliative care, however, has been omitted from efforts to tackle humanitarian crises. Palliative care is, according to WHO, “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering”. We propose holistic palliative care as an integral component of relief strategies....”

Lancet Global Health (Editorial) – Community health workers: emerging from the shadows?

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30152-3/fulltext

From the new Lancet Global Health issue ( May issue ). Must-read editorial.
It concludes with some info on how change is coming, when it comes to CHWs: “…WHO is currently developing guidelines for the design, implementation, and management of CHW programmes, which should be available later this year. Regional efforts are also in the works. At the Africa Health Agenda International Conference in Nairobi, Kenya, in March, as part of a campaign backed by the African Union to make CHWs available everywhere on the African continent, Amref Health Africa released a toolkit on integrating CHWs into the formal health system that includes the considerations mentioned above, including remuneration. These efforts put a welcome spotlight on CHWs, whose critical role deserves and requires the recognition that comes with a formal job description and a stable paycheck.”

Do also have a look at other Comments & Letters in the issue, including “Understanding the linkages between violence against women and violence against children”; quality of basic maternal care functions in LICs” etc.

**BMJ Collection – Health in South Asia**

[http://www.bmj.com/health-in-south-asia](http://www.bmj.com/health-in-south-asia)

With plenty of must-read articles. “The BMJ’s collection on "Health in South Asia" brings together leading health experts from across the region to discuss health priorities and advance the health agenda for the future.”

Start perhaps with the editorial - *On the brink of conflict: the people of South Asia deserve better*

**NPR - Why Chinese Scientists Are More Worried Than Ever About Bird Flu**


At a prominent Hong Kong lab, some people are getting really worried. And so is Laurie Garrett. Among others, because they noted “H7N9’s ability to mutate from low pathogenic to highly pathogenic — deadly and infectious — in chickens”. Also, more than a third of people who contracted the virus have died. So far no human to human transmission, though.

**Guardian - Finally, a breakthrough alternative to growth economics – the doughnut**

George Monbiot considers Kate Raworth already as “the John Maynard Keynes of the 21st century”, because of her new book “Doughnut Economics: Seven ways to think like a 21st century economist”. (see also last week’s IHP news)

Guardian – Recorded childhood cancers rise by 13% worldwide, study finds


“Childhood cancers have risen across the globe by 13% over 20 years, according to data from the World Health Organization’s cancer section.” Only partly due to better diagnosis.

In another new report, see the Lancet Haematology: “New data (from CONCORD-2) show that global inequalities in survival for childhood leukaemia persist, and highlight the need for better health care.”

Lancet (Comment) – Tallying the bills of mortality from air pollution

D Dockery et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30884-X/fulltext

A new GBD study in the Lancet provides worldwide estimates and trends for the attributable mortality and burden of disease due to ambient air pollution over the past 25 years. This is the accompanying Comment.

HP&P – Realizing the promise of The Partnership for Maternal, Newborn and Child Health


“Reflecting on Storeng and Béhague (“Lives in the balance”: the politics of integration in the Partnership for Maternal, Newborn and Child Health. Health Policy and Planning Storeng and Béhague (2016).) historical ethnography of the Partnership for Maternal, Newborn and Child Health (PMNCH), this commentary provides a more current account of PMNCH’s trajectory since its inception in 2005. It highlights PMNCH’s distinct characteristics and how it is positioned to play an instrumental role in the current global health landscape.”
Complement your reading of this article with the (swift) response by Storeng & Béhague: **HP&P – Policy ideals and everyday politics in the partnership for maternal, newborn and child health—the role of ethnography** (also a must-read!!)

**Trump & global health**

While we and many others are afraid Trump will do something really dumb about North Korea, as in dropping the ‘Father of all Bombs’, here’s the by now familiar ‘Trump & global health’ section. Some reads from this week:

**Lancet (Editorial) – Defunding the UNFPA: sign of the times**

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30995-9/fulltext

“It was expected but still devastating. The US State Department on April 3 announced a defunding of the UN organisation for family planning and reproductive health, the UNFPA,… the dismay over the UNFPA defunding masks the depressing reality of the low-level and priority of health funding for women. With the USA's annual foreign assistance budget of about $40 billion, its $75 million for UNFPA is a tiny drop in the bucket. … To follow the US lead would send a message that the world does not care for women. Other countries should stridently reject this misogyny and harken support for UNFPA to continue its essential work.”

Meanwhile - The Hill - **Dems press Trump to restore family planning funding** “Scores of House Democrats are pressing the Trump administration to reinstate funding for an international program dedicated to family planning and women’s reproductive health. … (i.e. UNFPA)… In a letter to Secretary of State Rex Tillerson, the Democrats contend those concerns are unfounded, warning that the decision to halt U.S. funds — slated to top $32 million this year — threatens the lives of countless low-income women around the globe....”

Devex - **Anti-‘global gag rule’ campaign seeks private sector, philanthropic support** Update on the She Decides initiative. (must-read) “The She Decides fund for family planning — launched by the Dutch government as a reaction against the U.S. “global gag rule” — is continuing to attract support ahead of a change of leadership in the Netherlands. Lilianne Ploumen, the Dutch minister for foreign trade and development cooperation who made headlines after creating the fund in January, told Devex that Europe will be “a beacon of stability” on women’s issues in the coming years. The project aims to replace family planning funding withdrawn by the U.S., and has attracted broad support from governments and other stakeholders....” (don’t hold your breath, I say instead, whenever somebody calls Europe a ‘beacon of stability’...)

Other Trump & global health related news:

**WP – The Trump administration is ill-prepared for a global pandemic** (In-depth analysis, with views by many global health observers & scholars).

**Washington Post – PEPFAR saves millions of lives in Africa. Keep it fully funded,** (by George Bush himself). “Stay the course”, in other words. Unlike some years ago, we agree with Bush.
US Leadership coalition - The Case for Keeping USAID and the State Department Separate
Interesting piece on the different culture & priorities of these two.

Lawmakers Propose Emergency Response Fund for Pandemics. “Citing warnings from senior Obama administration officials, lawmakers from both parties are calling on Congress to establish a dedicated funding source to combat infectious disease outbreaks, according to a letter released Monday. The fund, which 21 lawmakers requested in a letter to senior House appropriators, would appropriate $300 million to help the Trump administration “contain and eradicate future infectious disease epidemics.” …” (i.e. an intra-US fund)

Globalization & Health – A systematic tale of two differing reviews: evaluating the evidence on public and private sector quality of primary care in low and middle income countries

J Coarasa et al.; https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0246-4

“Systematic reviews are powerful tools for summarizing vast amounts of data in controversial areas; but their utility is limited by methodological choices and assumptions. Two systematic reviews of literature on the quality of private sector primary care in low and middle income countries (LMIC), published in the same journal within a year, reached conflicting conclusions. The difference in findings reflects different review methodologies, but more importantly, a weak underlying body of literature. A detailed examination of the literature cited in both reviews shows that only one of the underlying studies met the gold standard for methodological robustness. Given the current policy momentum on universal health coverage and primary health care reform across the globe, there is an urgent need for high quality empirical evidence on the quality of private versus public sector primary health care in LMIC.”

WHO – Radical increase in water and sanitation investment required to meet development targets


“Countries are not increasing spending fast enough to meet the water and sanitation targets under the Sustainable Development Goals (SDGs), says a new report published by WHO on behalf of UN-Water – the United Nations inter-agency coordination mechanism for all freshwater-related issues, including sanitation. "Today, almost two billion people use a source of drinking-water contaminated with faeces, putting them at risk of contracting cholera, dysentery, typhoid and polio," says Dr Maria Neira, WHO Director, Department of Public Health, Environmental and Social Determinants of Health...."

See also Humanosphere - Universal water goals impossible without ‘radical’ funding, says WHO, U.N.
CGD (blog) – The Bad News Is Good News? The Problems of Graduating from Foreign Health Aid

W Savedoff; https://www.cgdev.org/blog/bad-news-good-news-problems-graduating-foreign-health-aid

(must-read) “Last month I attended a working group set up under the auspices of UHC2030 to look at the problems facing countries that lose external funding for their health programs. For many countries, the bad news is good news—their incomes and capacities have improved so much that donors no longer view them as needing the assistance. But the bad news is still bad news—how are they going to deal with the loss of support? For me, three questions permeated the presentations and discussions: Is there anything specific to losing external funding that isn’t already part of a country’s strategy to strengthen its health system? If coordination among donors is needed, can that be achieved centrally or will it only happen within the countries receiving aid? What is the right way to gauge a country’s own effort to mobilize resources?…”

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

Check out already some of the documents & reports available, as well as the preliminary agenda.

http://apps.who.int/gb/e/e_wha70.html


A tweet from last week perhaps: “#WHA70 "So the 10% proposed increase in assessed contributions for @WHO has become 3%. Para 46” And the related comment from PHM.

And another tweet: “Launch of the report #Financing #pandemic #preparedness and #response on May 24 at #WHA.”

WHO DG election

Some key reads & news from this week, mostly focusing on Dr Tedros:

Allafrica - Ethiopian Candidate for Top WHO Job Gets Full Backing From Africa

FT health (a weekly must-read!!) has a short interview with Dr Tedros this week, in which among others he says he will prioritize UHC, and also answers a question on Ethiopia’s human rights record while he was a minister. FT Health
His answer reminds me, at least partially - “a nascent democracy” - of how the Chinese tend to respond to tricky questions like this. But he complements this by pointing out some of his achievements in the past. Smart answer, all in all.

Quartz - Word for word, a perfect example of how we treat women seeking power Perhaps the read of the week (in the DG election). Many feel Sania Nishtar was treated unfairly in the recent NYT article on the WHO DG race (as compared to her male counterparts). Great analysis in this article by A Merelli.

(PS: Women in Global Health pointed out, that in its survey one of the most telling responses was: “78% respondents of the survey felt that “Gender factors into the perceived leadership qualities of the candidates and will impact how the next WHO Director-General is selected.” Let’s hope that won’t be the case.

HIV/AIDS

Plos Med – A new cascade of HIV care for the era of “treat all”
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002268

“Matthew Fox and Sydney Rosen discuss a cascade of HIV care adapted to WHO-recommended antiretroviral therapy irrespective of CD4 cell count.”

Plos Med - Community-based strategies to strengthen men's engagement in the HIV care cascade in sub-Saharan Africa
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002262

“Monica Sharma and colleagues discuss evidence-based approaches to improving HIV services for men in sub-Saharan Africa.”

Plos - Status and methodology of publicly available national HIV care continua and 90-90-90 targets: A systematic review
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002253

“In a systematic review, Reuben Granich and colleagues assess the quality and comparability of publicly available data on national HIV care continua and progress towards the 90-90-90 targets.”
Humanosphere - The end of the new age of humanitarianism: Insights from the Skoll World Forum


(must-read “helicopter view” piece). “The world is in crisis, a loss of confidence in institutions or humanitarian values once thought widely shared that has confused those who want to emphasize global progress against poverty and inequity. As one of the thousand or so attendees at the Skoll World Forum in lovely old Oxford last week, I went as a journalist hoping to gain some reassurance that the emphasis on progress was justified – that there was consensus on the cause of this turmoil, and on the best strategies for moving forward out of crisis. Alas, I was not reassured....”

“...Humanitarianism 2000’s basic assumptions of a charting a better way also were informed by the rise of the web, the Information Age, and the win-win belief that we can fight poverty and inequity without having to resort to politics, without having to deal with truly redistributing wealth, with little (until recently) attention given to inequality or power imbalances – or other notions that require a messy disruption of the established order of things. The Skoll World Forum’s theme this year, Fault Lines: Finding Common Ground, comes from the scientific field tectonics – the tearing apart and collision of the massive crustal plates on Earth. We are definitely dancing on some big social and political fault lines these days....” “...So maybe there’s a need for this community to engage in some self-critical analysis, to re-evaluate and reboot humanitarianism, moving on from Humanitarianism 2000 to version 2.0, or 3.0 or whatever. Perhaps we should start by identifying the cause of this crisis, without taking the easy way out and simply blaming it on external forces of darkness. You can’t arrive at a solution, as they say, if you don’t first accurately define the problem. If my sense of the community at the Skoll forum is any indication, it may be time for a new theory of change.”

WHO – Ten years in public health 2007-2017


“[Today] we begin the launch of “Ten years in public health 2007-2017” – a report that chronicles the evolution of global public health over the decade that I have served as Director-General at WHO. This series of chapters, which will be published over the next 6 weeks, evaluates successes, setbacks, and enduring challenges during my administration. They show what needs to be done when progress stalls or new threats emerge. The chapters show how WHO technical leadership can get multiple partners working together in tandem under coherent strategies. The importance of country leadership and community engagement is stressed repeatedly throughout the chapters....”

Check out already the 1st chapter - From primary health care to universal coverage – the “affordable dream” (and the key role of WHO in this)
CIDRAP – Report highlights Ebola research hurdles, recommends steps

CIDRAP: An expert committee assembled by the US government to sort out thorny clinical research issues that arose during West Africa’s 2013-2016 Ebola outbreak published its report [today], weighing in on the trials that took place and recommending steps for streamlining the process in future outbreak settings. The 16-member group’s work was sponsored by the US Assistant Secretary for Preparedness and Response (ASPR), the Food and Drug Administration (FDA), and the National Institute of Allergy and Infectious Diseases (NIAID). The team held a series of public workshops and committee meetings, did an extensive literature review, and considered written submissions. Findings and recommendations were published in a report from the National Academies of Sciences, Engineering, and Medicine."

You find the press release of the report here: Successful Clinical Trials to Create Drugs and Vaccines for Next Pandemic Disease Will Rely on Building Capacity, Community Engagement, and International Collaboration Before and During Outbreak.

For more coverage of this report, see also Stat News - New report charts ways to expedite critical research during epidemics. Read for example what the role is they see for CEPI, and even suggest to set up a new institution.

OECD – Development aid rises again in 2016 but flows to poorest countries dip


"Development aid reached a new peak of USD 142.6 billion in 2016, an increase of 8.9% from 2015 after adjusting for exchange rates and inflation. A rise in aid spent on refugees in donor countries boosted the total – but even stripping out refugee costs aid rose 7.1%, according to official data collected by the OECD Development Assistance Committee (DAC)...."

Germany is now also part of the 0.7 % club.

For coverage, see Devex - OECD aid reaches record high but more money is spent domestically or the Guardian - 'Worrying trend' as aid money stays in wealthiest countries.

Meanwhile, as for Canada, more specifically, see Devex - 5 takeaways from Canada’s 2017 aid budget:

“Advocates had high hopes for Canada’s aid 2017 budget. As United Nations agencies and international NGOs brace for promised cuts from the United States, some saw Canada as a candidate to fill gaps in aid funding. Prime Minister Justin Trudeau’s doggedly optimistic statements
and open stance toward refugees bolstered the hopes. After Canada’s lead role in hosting the latest Global Fund replenishment conference in Montreal last fall, and as the resettlement program of Syrian refugees reached the 40,000 mark, local civil society organizations expected new financial commitments to the aid program. Instead, the budget, released on March 22, does not foresee increases for the next five years...” Five key takeaways of the budget in this article. One of them being: “Don’t expect Canada to fix global funding shortfalls.

See also Harper lite? The Trudeau government on foreign aid. (analysis by Stephen Brown)

Coming up (next week) – WB/ IMF spring meetings

Some reads & news from this week, ahead of the meetings.

Bretton Woods project (Analysis) – Pre-meetings background


“This year’s spring meetings will take place in a context of global uncertainty generated by the election of president Trump in the US, the formalisation of Brexit in Europe, and the rise of anti-trade movements across the developed world which once championed it. Making the case for trade as essential to global economic health is likely to be front and centre at the meetings. Meanwhile, civil society will continue to bring to light the persistent disparity between the World Bank and Fund’s rhetoric and the realities of their policies on the ground. Issues such as the negative impact of the IMF’s fiscal policies on women and girls and the Bank’s continued push for privatisation, including the leveraging of private sector investments, will feature prominently at the meetings.”

Guardian - Free trade warning – IMF, WTO and World Bank say it must be defended


“Fears that Donald Trump’s arrival in the White House is threatening a new era of protectionism have prompted a joint defence of trade from the International Monetary Fund, the World Bank and the World Trade Organisation. Warning that the role of trade in the global economy was at a critical juncture, the three multilateral bodies said the opening up of markets had been good for growth but admitted that action was needed to help “left behind” individuals and communities....”

For their joint stance, see “Making Trade an Engine of growth for all - the case for trade and for policies to facilitate adjustment.”

Dani Rodrik thinks this comes too late (Project Syndicate) - Too late to compensate free trade’s losers See this tweet - “To bring the losers along, we’ll need to consider changing the rules of globalization itself — Must-read @rodrikdan”
Speech Jim Kim ahead of the Spring meetings

Devek - World Bank President Kim calls for a ‘different and difficult conversation about development finance’

“The World Bank is moving away from traditional project finance and instead taking on the role of “honest broker” and “strategic advisor” to channel and multiply private investment going to developing countries, but it will not mean a return to the “bad old days of privatization,” the institution’s president said. During a speech given to students at the London School of Economics yesterday, Jim Kim called on development finance institutions, including the World Bank, to stop competing with each other to finance projects, and instead focus their efforts on making projects and countries more attractive to commercial investors....”

Guardian - Developing nations' demands for better life must be met, says World Bank head

“Failure to meet the internet-inspired aspirations of people in poor countries runs the risk of creating the conditions for war, terrorism and increased migration, the president of the World Bank has warned. ... ... Jim Yong Kim said an urgent development push was needed in order to meet the demands for a better life by those in developing countries, increasingly aware through their smartphones of how rich people lived....”

Spring meeting & upcoming global health events

PS: The Spring Meetings itself will, among others, include the launch of a new CGD report - Payouts for Perils: Using Insurance to Radically Improve Emergency Aid

And this, of course : Second Annual Universal Health Coverage Financing Forum “The World Bank Group and USAID will host the Second Annual UHC Financing Forum from April 20-21, 2017, in advance of the World Bank Group – International Monetary Fund Spring Meetings.” For the agenda, see here

Graduate Institute - Why is the G20 Getting Interested in Health? (11 April, lunch meeting)

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

For a rather detailed report report of Ilona Kickbusch’s views on this, see IP-Watch - Germany Brings Health Issues To G20; First Health Ministers Meeting In May “Global health matters are entering into the Group of Twenty (G20) agenda under the German presidency of the group, which started in December 2016. The first-ever G20 Health Ministers’ meeting is scheduled to take place in May, before the regular G20 meeting in July. This week, a professor from the Graduate Institute of Geneva explained how health has become part of the G20 agenda....” (must-read!!!)
Zika

The Conversation – Four reasons why we shouldn’t forget about Zika


The last one being: the social impact has been (and still is) devastating.

Huffington Post – To fight Zika, fight poverty & inequality

Huffington Post;

“The blog is co-authored by Magdy Martínez-Solimán, UN Assistant Secretary-General and Director of UNDP’s Bureau for Policy and Programme Support AND Jessica Faieta, UN Assistant Secretary-General and Director, Regional Bureau for Latin America and the Caribbean, UNDP.” They refer to a recent report by UNDP & IRFC - “A Socio-economic Impact Assessment of the Zika Virus in Latin America and the Caribbean: with a focus on Brazil, Colombia and Suriname.”

Global health events

Global Health Now - CUGH 2017 (Washington DC, April 7-9) – coverage & key messages

Global Health Now;

Our colleagues from “Global Health NOW” covered the April 7-9, 2017 Consortium of Universities for Global Health conference (#CUGH2017) with news bursts. Do check out the key stories from the conference as covered by them. (recommended!!)

In addition to Richard “we have 1 generation to get this right” Horton’s keynote on planetary health, and a paragraph on how you should go about things if you want some money from the 5 billion the Gates Foundation has to spend every year, we also noted this section in particular:

Why is Mark Dybul Optimistic in This Challenging Moment?

“There are obvious downsides for global health in today’s turbulent economic, social, technological and political times. To survive, the global health community has to do a better job on multiple levels, starting with communications, said Mark Dybul.... ...We don’t position data in ways that policymakers want to look at. Problems are all over the place. They want solutions.” ... ... . Dybul
recalled Vice President Mike Pence’s recent defense of PEPFAR. Pence cited PEPFAR’s ability to save literally millions of lives and shunted budget cuts away from the popular program. Also key to moving policymakers is tying global health to national security and economic growth, Dybul said. Global health advocates need to tell policymakers, “If you want to be safe and prosperous, we need health and education,” he said. The global health case can be made more strongly by bringing in others. He pointed to US Secretary of Defense Jim Mattis as “an excellent advocate for global health development.” Similarly when a CEO meets with heads of state in Africa and elsewhere and emphasizes health, leaders will listen, Dybul said. “I’m actually more than cautiously optimistic. I think we are in a position where if we are careful, smart and strategic, we can have tremendous opportunities in this moment of challenge.”

Interesting, certainly against the backdrop of the (ostensible?) demotion of Steve Bannon (from the US NSC & perhaps Trump’s inner circle). No need to agree with Dybul though (at least not on everything).


Adelaide statement II - Outcome Statement from the 2017 International Conference Health in All Policies: Progressing the Sustainable Development Goals

http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf?ua=1

This conference took place last week in Australia. Among others, the statement mentions that:

“\textbf{Health is a political choice,} and as such any political, economic, social and ecological decision has health and equity impacts. Mayors play a critical role in contributing to the targets of Agenda 2030 for sustainable development and health.

\begin{itemize}
\item The SDGs are indivisible and universal and should not be addressed in silos but rather through taking into consideration their interconnectedness.
\item Transformative strategies for implementing SDGs require joint action and policy coherence through various levels of the government. Thus, health literacy is critical to good governance. \end{itemize}

See also \textbf{WHO - Health in All Policies: Progressing the Sustainable Development Goals} for more info on this conference on 30-31 March. “The conference represented a major step in follow-up to the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (SDGs), and focused on the aspect of good governance for wellbeing and health as a key pillar of health promotion to advance the 2030 Agenda 2030 as called for by the Shanghai Declaration....”
EC DG Devco lunchtime conference - Universal Health Coverage (UHC): the Road to 2030  (April 7)


You can watch the livestream again.

Some of the presentations: “World Health Day 2017 – Depression, HSS, UHC and the SDGs” (Walter Seidel) ... ; World Health Day, Universal Health Coverage (UHC): the Road to 2030 (The EU/LUX-WHO UHC Partnership), ...

Coming up – WHO: Strategic purchasing for UHC: unlocking the potential  (25-27 April 2017 - WHO Headquarters, Geneva, Switzerland)


“WHO’s Department of Health System Governance will convene participants from national health authorities and purchasing agencies, development agencies, foundations, as well as researchers, to discuss current work on strategic purchasing. The objective of the meeting is to identify key priorities for the future and to develop a global collaborative agenda on strategic purchasing to progress towards universal health coverage....”

“...This meeting builds upon the earlier “setting the agenda” meeting on strategic purchasing in Geneva in April 2016 organized by WHO, and the practitioners workshop “strategic purchasing: an emerging agenda for Africa” held in September 2016 in Rabat in the wake of the AfHEA conference which was co-organized by WHO, the Institute of Tropical Medicine, and the Communities of Practice “Financial Access to Health Services” and “Performance-Based Health Financing”.”

Coming up – 20 April: The Future of Global Health Financing Amid a Changing Policy Landscape


“On Thursday, April 20 from 2:30-4 p.m., the Kaiser Family Foundation and the Center for Strategic and International Studies will host a policy briefing to discuss the current state of global health financing and the future landscape, with a panel of leading experts.” With the likes of Joseph Dieleman, Tim Evans, Chris Murray et al.
Coming up - EU Development Days (7-8 June, Brussels)

https://www.eudevdays.eu/

Registrations are now open. Check out the themes, key speakers etc. “The EDD 2017 will promote a new global strategy to address the most pressing current global development challenges and bring together development actors committed to tackling poverty worldwide with a particular emphasis on engaging the private sector as a partner in economic development. The private sector’s role in international development policies will be discussed and spotlighted throughout the forum. Overarching objectives of the private sector engagement include the promotion of inclusive growth and the creation of decent jobs in particular for women and youth, which leads to improved living conditions.”

PS: make sure you master your ‘harnessing/leveraging/investing…’ jargon by then! Draft agenda: here. Alexander De Croo will be one of the key speakers. Can’t wait.

Global governance of health

JEE (Joint External Evaluation) Alliance

https://www.jeealliance.org/

“The JEE Alliance is a platform for facilitating multisectoral collaboration on health security capacity building and International Health Regulations (IHR 2005) implementation.” And it’s clearly growing. Just this week, for example, it was tweeted: “@EcoHealthNYC joins the @JEEAlliance. #OneHealth and human-animal-environment linkage & cooperation further strengthened”.

For some more info on JEE, see here and here (current members). The JEE Alliance is open to all countries, international organizations, financial institutions and non-governmental actors willing to support external assessments and capacity building for health security.

Lancet Global Health (blog) Refugee and migrant populations and the International Health Regulations


“While disease knows no boundaries, we rely upon governance structures delineated by national borders to prevent, detect, and respond to epidemics and pandemics. But what happens in ungoverned spaces? Or geographical regions under the auspices of the UN, such as many refugee
camps, refugee areas, or internally displaced persons’ camps? There is currently little to no policy
guidance on how to govern infectious disease control in regions not under the aegis of a sovereign
nation, nor in populations that are displaced in disputed areas or displaced as a result of
destructive climatic conditions, nor is there a clear understanding of the obligations of the UN and
other international organisations in protecting populations from disease events.”

**AFP - UN chief names German to head UNDP**

[https://au.news.yahoo.com/world/a/35018626/un-chief-names-german-to-head-undp/?cmp=st#page1](https://au.news.yahoo.com/world/a/35018626/un-chief-names-german-to-head-undp/?cmp=st#page1)

“UN chief Antonio Guterres has named a German with extensive experience at the world
organization, Achim Steiner, as the new administrator of the UN Development Programme (UNDP).
Steiner, who previously served at the UN Environment Programme (UNEP) and headed the UN office
in Kenya, was selected to succeed Helen Clark, a former New Zealand prime minister, who has
steered the UNDP since 2009, according to a letter by Guterres dated Tuesday....”

**Guardian – Donald Trump’s tax holiday 'would help top US companies save $300bn'**


You probably read this in the news earlier this week, related to a new Oxfam report. “Donald
Trump’s plan to encourage US companies to repatriate profits held offshore will allow the 50 biggest
American corporations to save at least $300bn (£240bn), according to research by Oxfam. The US
president has promised that he will get America’s biggest companies to bring their vast offshore cash
piles back to US soil by offering a one-off tax holiday. The plan is to tax repatriated money at 10%
rather than at the statutory rate of 35%. America’s 50 biggest companies had combined offshore
cash piles of more than $1.6tn in 2015, according to Oxfam’s research. Corporate America has been
keeping the money overseas because through legal loopholes corporations can defer US taxes
continually so long as income is not repatriated to the US. The amount of money held offshore,
much of it in tax havens, increased by $200bn in 2015, according to Oxfam’s Rigged Reform paper.”

As see Humanosphere: Oxfam: Trump can ‘drain the swamp’ by ending corporate tax avoidance.

Time to go for an all-out assault on these corporate tax dodgers.
Bretton Woods Project (Briefing) - World Bank undermines right to universal healthcare


“This briefing analyses the role the World Bank Group, and in particular the International Finance Corporation (IFC), plays in promoting health care privatisation in low income countries. The IFC’s push for the PPP model, as well as its preference for healthcare ‘provision’ and the results-based payment approach, collectively undermine the human right to universal healthcare and the achievement of the SDGs.”

Canadian journal of development studies - Canada’s flagship development priority: maternal, newborn and child health (MNCH) and the Sustainable Development Goals (SDGs)

K Proulx, A Ruckert & R Labonté; http://www.tandfonline.com/eprint/jkfVYTUSqnxHmnqrF5X/full

From August 2016. “This article explores the process through which Canada has positioned maternal, newborn and child health (MNCH) as its flagship development priority, first at the 2010 Muskoka Initiative and more recently in negotiations surrounding the United Nations’ Sustainable Development Goals (SDGs). This emphasis conflicts with the government’s recent alignment of development assistance with security and trade-related interests. We argue that a combination of policy path dependency with a constructivist focus on international identity and reputation building best explain the centrality of MNCH in Canada’s promotion of MNCH in the SDG process.”

CFR Backgrounder – How does the US spend its foreign aid?

J McBride; http://www.cfr.org/foreign-aid/does-us-spend-its-foreign-aid/p39034

Meanwhile, the US is engaged in a ‘fast & furious’ game of reputation destroying, as you know. But do have a look at how US Foreign aid looks like (as Trump’s axe is falling), how it is managed, which are the focal countries, etc.

ODI resilience scan October-December 2016


Always worth a read/scan, this quarterly resilience scan. “...It comprises an ‘expert view’ on an aspect of resilience in practice, analysis of blogs from the past six months, and summaries of high-impact grey literature and academic journal articles. The final chapter synthesises the insights from
Global challenges to human rights - Speech by Zeid Ra'ad Al Hussein, UN High Commissioner for Human Rights, delivered at Vanderbilt Law School, Nashville


Recommended. Very worrying global HR picture, indeed. “…These centrifugal forces acting on the multilateral system are individual and complex, but taken together they appear to stem from amnesia. We seem to have forgotten, very simply, why the system came to exist in the first place. We have forgotten where the classroom is, the classroom of world history; we have forgotten even its most basic lessons. The principal international and European institutions, built in the second half of the last century, were not constructed by visionaries acting on ideals alone. They were put together because upward of 100 million humans died, hideously, in two global catastrophes....”

Nature - Philanthropy: The politics of giving

http://www.nature.com/nature/journal/v544/n7648/full/544031a.html?WT.mc_id=TWT_NA_1704_FHBOOKSARTMEGAPHILANTHROPY_PORTFOLIO


Social Watch – Development: can the SDGs be financed?

A Chowdury et al; http://www.socialwatch.org/node/17605

“Investment in the least developed countries (LDCs) will need to rise by at least 11 per cent annually through 2030, a little more than the 8.9 per cent between 2010 and 2015, in order for them to achieve the Sustainable Development Goals (SDGs). The United Nations' World Economic Situation and Prospects (WESP) 2017 report focuses on the difficulties in securing sufficient financing for the SDGs given the global financial system and current economic environment....”
Trade and Investment Agreements (TIAs) have been widely criticized for their potentially negative effects on health. Many governments, particularly from low- and middle-income countries, have voiced concerns that mega-regional agreements such as the Trans-Pacific Partnership agreement, and the Transatlantic Trade and Investment Partnership, will erode governments’ scope for health protection, weakening for instance those options that remain permissible under World Trade Organization rules. Further, these mega-regional agreements will set default standards and rules of the game that even non-signatories will need to emulate in order to be competitive in the global market. This article begins by reviewing the changing structure of trade and investment policy, global production, and the relation between the two. The effects of TIAs on health are then analysed, based on some of the most relevant evidence. Key power asymmetries within the global trade and investment architecture are described, and the way they influence how trade rules are made, implemented and adjudicated. Section 5 examines a particularly striking and topical instance of such power asymmetries, investor-state dispute settlement provisions in TIAs, and their relevance to health. The article concludes with recommendations to mitigate the potential negative health externalities of TIAs.

Building a movement for health - a tool for (health) activists

Edited by Chiara Bodini et al; https://twha.be/phm-manual

“TWHA (i.e. a Belgian NGO) and the People’s Health Movement (PHM) developed this interactive manual together. Are you a student, scholar or activist who’s looking for inspiration and best practices from all over the world? Fasten your seatbelt and dive into the manual!”

Social Science & Medicine - The IMF and government health expenditure: A response to Sanjeev Gupta

T Stubbs et al; http://www.sciencedirect.com/science/article/pii/S0277953617302058

Naturally, Stubbs et al don’t agree with Gupta (IMF)’s analysis from a while ago, Can a causal link be drawn? A commentary on “the impact of IMF conditionality on government health expenditure: A cross-national analysis of 16 West African nations” Read why.

And they conclude: “…We welcome that the IMF—through its senior staff members—responds to and engages with academic researchers. After all, we believe that we share the view—long expressed by the United Nations (1988)—that structural adjustment programmes should be judged by their effects on the human condition. In an era of global uncertainty and important challenges to
international organizations (Babb and Kentikelenis, 2017), the IMF could best address criticism by reforming its practices, thereby living up to its own standards on social protection, rather than continuing to deny evidence.”

G7/G20 (Analysis) - Germany seeks to boost climate and development on G20 agenda

http://www.g7g20.com/comment/deutsche-welle-germany-seeks-to-boost-climate-and-development-on-g20-agenda

From a month ago, but worth a read. It’s a bit “Germany vs the US” these days...

UN News – Rights of refugees and migrants with disabilities must be priority in new global action plan – UN experts

UN News

“Accessible social and health services, with dedicated human and financial resources must be addressed and made available for persons with disabilities in the new global framework on refugees and migrants, a group of United Nations human rights experts have urged, as UN-led intergovernmental talks on the issue are set to launch consultation in 2018. The framework, entitled Global Compact for Migration will set out a range of principles and commitments among governments to enhance coordination on international migration and is due to be adopted in 2018. The Compact is one of the key outcomes of last year’s UN Summit on Refugees and Migrants. “The new Global Compact is a unique opportunity to address the shortcomings of a migration and refugee system built on policies that lack consideration for persons with disabilities, said Theresia Degener, the Chair of the Committee on the Rights of Persons with Disabilities....”

“...On 6 April, the UN General Assembly adopted a resolution on the modalities for negotiations for the next 12 months in the run-up to the adoption of the Global Compact on Migration.”

UHC

Rockefeller Foundation – Transforming Health Systems: Learnings from Four Country Case Studies

V Olazabal et al; https://www.rockefellerfoundation.org/blog/transforming-health-systems-learnings-four-country-case-studies/
Just shy of a decade ago, Rockefeller began to focus on health systems. Among others, “… With the understanding that health systems can vary significantly across cultural and geopolitical contexts, the Foundation invested in country-level work in Bangladesh, Ghana, Rwanda, and Vietnam. The Foundation chose to support projects within these countries to glean learnings that could ground the four strategies underlying its Transforming Health Systems (THS) initiative: Promoting Universal Health Coverage (UHC) Policy and Advocacy; Defining health systems stewardship and management; Supporting the design and implementation of eHealth systems; Developing health financing strategies…”

“…These valuable learnings proved critical in refining the course of the THS initiative, which ultimately landed on two priority workstreams: the UHC Movement and the Joint Learning Network (JLN). Now, the Foundation is taking stock of its THS portfolio and will make the results of this work available over the course of the next few months.”

Financing Health in Africa – National Health Insurance in LMICs: a suggestion for a component-based sequencing


“Many countries in sub-Saharan Africa are looking to set up national health insurance with the ambition of achieving universal coverage. In the classic approaches, launching national health insurance requires building a large infrastructure all at once. I argue that the components for national health insurance could be sequenced over time, and that small-scale strategic purchasing should be a starting point.”

JLN – Making Budgets Work Better to Sustain Progress Towards UHC


Must-read blog by Cheryl Cashin & Joe Kutzin. “Public funds are central to making progress toward UHC. But the practicalities of how budget allocations are made and funds actually flow to frontline health providers are often ignored. What is the country’s process for deciding on budget allocations for health, and does this process ensure funding matches priorities? How do public funds flow through the system? How is the pooling of these funds constrained by fiscal decentralization and institutional boundaries? Does the public budget process make it possible to pay health providers, public and private, based on service outputs and results to get the most value from limited funds?”
Guardian – Universal healthcare supporters see their chance: 'There's never been more support'


Over to the US then (as alerted to by ‘special Twitter correspondent’ Rob Yates). ‘After the Republicans’ failed attempt to replace Obamacare, activists across the country rally on behalf of a single-payer system: ‘It’s a right, not a privilege’.”

My guess is that some states will indeed experiment with “Berniecare” in the years to come. Provided Trump doesn’t nuke North-Korea, Syria and Iran in the meantime.

Planetary health

IHP – A few suggestions to boost the likelihood of planetary health within the timeframe needed

Kristof Decoster; http://www.internationalhealthpolicies.org/a-few-suggestions-to-boost-the-likelihood-of-planetary-health-within-the-timeframe-needed/

Last week, at the Consortium of Universities for Global Health conference in Washington DC, planetary health was one of the key themes. Richard Horton told attendees in a keynote speech, “What climate change is about is the fate of civilization. We have 1 generation—20 years—to get this right. If we miss this opportunity over the next 20 years, we are in seriously bad trouble, irreversibly bad trouble.” In this blog, I offer some suggestions to increase the likelihood of transformative change within the (rather generous, I’m afraid) estimated timeframe.

The Elders - The Elders urge G20 leaders to take “bold and decisive action” on climate change

The Elders; (press release 12 April)

“...the Elders said G20 leaders must show greater urgency and commitment to meet the objectives of the Paris Agreement. “One of the most powerful and effective ways to do this would be to take immediate action to phase out fossil fuel subsidies, a goal that the G20 committed to in 2009....”

“... For relevant G20 countries, The Elders urged the reallocation of public funds away from fossil fuel subsidies to free healthcare. They noted that funding free health services can make reducing fossil fuel subsidies more politically achievable as well as protecting the vulnerable....”

(Rob Yates seems to have infiltrated The Elders now)
Likewise – see IIID - **A Low-Hanging Fruit for Financing and Implementing SDGs: End fossil fuel subsidies.** “Phase-out and reallocation of fossil fuel subsidies (FFS) is a low-hanging fruit for financing and implementing SDGs. FFS reform has been included in the SDG architecture as a means of implementation for SDG 12 on sustainable consumption and production, but its linkages with other Goals should be taken into account to catalyze action on multiple issue areas.”

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**Harvard climate week (24-30 April)**

http://harvard-climate-week.com/events/?utm_source=twitter&utm_medium=social&utm_campaign=OFS

Have a look at all events organized in Harvard (24-30 April), leading up to “the Inaugural Planetary Health/GeoHealth Annual Meeting, a two-day event showcasing the extraordinary momentum that is taking place around the world in the field of planetary health while highlighting institutional developments, emerging investigators, research developments, and applications to policy-making and natural resource management.”

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**Zilient - Hundreds of millions of poor menaced by 'silent killer': heat**


“...The world has already experienced three record-breaking hot years in a row, and the rising global temperature could have profound effects for health, work and staple food supplies for hundreds of millions of people, climate scientists told the Thomson Reuters Foundation. The poor in urban slums in developing nations are particularly at risk, they said, while solutions to cool homes and bodies that do not hike climate-changing emissions remain elusive. Even if the world is able to limit global temperature rise to 1.5 degrees Celsius above pre-industrial levels - a goal set by governments in Paris in 2015 - by 2050, around 350 million people in megacities such as Lagos in Nigeria and Shanghai in China could still be exposed to deadly heat each year, according to a recent study by British researchers....”

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**Trump & planetary ill-health**

Some links:

Politico - **Trump's climate demands roil U.S. allies** “Documents show the administration pushed other G-7 countries to embrace larger roles for nuclear power and fossil fuels. They refused.”

Euractiv - **US asks for more time on climate policy at G7 meeting**
“The G7’s advanced economies did not sign a joint declaration at the end of an energy meeting in Rome as the administration of US President Donald Trump needs more time to work on its climate policy” (including whether to pull out of the Paris Agreement or not, that is)

Vox - **How carbon capture could become a rare bright spot on climate policy in the Trump era**

**Infectious diseases & NTDs**

**Japanese Encephalitis**

NEJM (Correspondence) Autochthonous Japanese Encephalitis with Yellow Fever Coinfection in Africa


« Evidence of local transmission of Japanese encephalitis virus has now been identified in Angola, raising questions about the potential spread of this mosquito-borne pathogen to Africa. ”

**Malaria**

Global Challenges (Communication) – Unlocking Nanocarriers for the Programmed Release of Antimalarial Drugs


“A programmable release system with wide range of release profiles of the antimalarial artemisone (ART) from fibrous nanocarriers (NFN) is presented. This is achieved following a new paradigm of using ART-loaded NFN in infusion system of hydrophobic drug eluting nanocarriers, adapted to clinical applications. Very importantly, under these conditions ART did not degrade as it was observed in solution.”

**Polio**

UN News - Millions of children in Yemen vaccinated against polio through UN-backed campaign

[UN News](http://www.un.org/);
“Despite daunting challenges, United Nations agencies and partners in war-torn Yemen have completed a major nationwide polio inoculation campaign, vaccinating nearly five million children under the age of five against the paralyzing disease....”

In other polio news, Rotary emphasizes they need $1.5 billion more to finish the job. I suggest they start with their members.

Lancet World report – Accounting for polio survivors in the post-polio world
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30999-6/fulltext

(interesting & important read) “International organisations promise that we can soon hope to live in a polio-free world, but for millions of polio survivors the struggle is not over. Sophie Cousins reports.”

TB

Lancet Infectious diseases - Post-migration follow-up of migrants identified to be at increased risk of developing tuberculosis at pre-migration screening: a systematic review and meta-analysis
I Chan et al; http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30194-9/abstract

“Post-migration follow-up of migrants considered at increased risk of developing tuberculosis based on pre-migration screening abnormalities (high-risk migrants) is implemented in several low-incidence countries. We aimed to determine the rate of tuberculosis in this population to inform cross-border tuberculosis control policies....”

For the accompanying Comment (by G Sotgiu et al), see Effectiveness of post-migration tuberculosis screening

TMIH (Editorial) – Can infant vaccination prevent pneumococcal meningitis outbreaks in sub-Saharan Africa?


“The WHO Strategic Advisory Group of Experts is reviewing the technical evidence to inform policy on optimal use of infant pneumococcal conjugate vaccines (PCV). Since 2010, multivalent vaccines (PCV-10, PCV-13) have been successfully introduced with the support of Gavi, the Vaccine Alliance into infant immunisation programmes across the developing world. One recommended schedule consists of three doses under the age of 6 months (3 + 0), with the aim of providing maximum protection to infants, the age group at highest risk of pneumococcal disease. An alternative schedule consists of two vaccine doses under the age of 6 months with a booster at 9–15 months (2 + 1). This schedule
may have more impact on reducing carriage and transmission of vaccine serotypes to unvaccinated individuals, leading to indirect or herd protection. The question around the most cost-effective policy to achieve both direct and indirect protection has particular importance for the meningitis belt of sub-Saharan Africa...."

NYT – Volcanic Minerals, Not Worms, Caused Disease Outbreak in Uganda


“Medical detectives in western Uganda recently discovered that the wrong culprit had been blamed for an outbreak of crippling elephantiasis — legs so swollen that they resemble those of an elephant. As it turned out, one rare, neglected tropical disease had been mistaken for another.” In fact, the victims had podoconiosis, a disease caused by walking in volcanic soils, not a worm disease.

Path (blog) - Waking from sleeping sickness in the DRC


“One of the world’s deadliest diseases may be eliminated through new tools and a commitment from the Democratic Republic of the Congo.” “...Sleeping sickness is one of the most neglected—and fatal—diseases in the world. Nearly 85 percent of cases occur in the DRC, but efforts over the last decade reduced the number to fewer than 2,500 in 2015. Now, thanks to a global pledge to control, eliminate, or eradicate 17 neglected tropical diseases by 2020, its days may be numbered. The DRC’s Ministry of Health is developing a national strategic plan to eliminate the disease with support from a consortium of partners, including the Belgian Institute of Tropical Medicine, the Bill & Melinda Gates Foundation, the Drugs for Neglected Diseases Initiative, FIND, PATH, and the World Health Organization. The key is to stop transmission of the disease, but that requires treating people with the disease during the first phase, when it’s much harder to diagnose....”

Lancet World Report – Research needed to prevent MERS coronavirus outbreaks

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30998-4/fulltext

“After a recent outbreak of MERS coronavirus was contained in Saudi Arabia, WHO calls for more research for a better control of the disease. Sharmila Devi reports.”
AMR

IP-Watch - The Deepening Debate Over Vaccines And Antimicrobial Resistance Involves IP


“(gated)”With the looming threat of antimicrobial resistance (AMR), there is growing pressure to use vaccines because they obviate the need to prescribe antibiotics in the first place.”

The Conversation - Why we should tax meat that contains antibiotics


“The use of antibiotics in meat production is a major contributor to one of the biggest threats facing human health in the 21st century: antibiotic resistance. Finding a solution to this requires us to start taking responsibility for our actions. While one person eating meat has an imperceptible effect on antibiotic resistance, multiply that by millions of people around the world and you have a global crisis. One way to tackle this would be to introduce a tax on meat produced with the use of antibiotics, to take account of our moral responsibility for the cost of our actions. And most meat eaters are responsible….” Now that tax would hit me. Long overdue, though.

WSJ – KFC to Stop Using Chicken Raised With Human Antibiotics


My son used to love KFC food when he lived in China. Fortunately, he’s beyond that now. “Fast-food giant KFC committed to halting the use of chicken raised with antibiotics commonly used to treat humans, yielding to consumer groups that have warned for years that such practices can help foster dangerous bacteria…” By 2018. Guess it’s just for the US, though, for the time being.
**NCDs**

Journal of Public Health Research (Editorial) - The tobacco industry: the pioneer of Fake News


UNRWA – International conference explores how to improve diabetes prevention and care  (10-12 April, Jordan)


“In a conference organized by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Diabetes Foundation (WDF), experts in health-care service delivery for refugees from different sectors are gathered at the Dead Sea in Jordan this week. They will address an urgent issue – how to improve the quality of health-care services delivered to refugee populations with diabetes – and discuss the best prevention and treatment practices used internationally....”

BBC – Uruguay to sell cannabis in pharmacies from July

**BBC:**

“Uruguay will begin selling cannabis in pharmacies from July, the final stage in the country’s pioneering regularisation of the drug. The South American country will be the first in the world to legally sell the drug over the counter for recreational use....”

Guardian - UK eats almost four times more packaged food than fresh

https://www.theguardian.com/society/2017/apr/07/uk-eats-almost-four-times-more-packaged-food-than-fresh

Euromonitor analysed data from 54 countries – including some BRICS & other developing countries. “....Euromonitor has analysed data from 54 countries and shown that the balance has shifted from fresh to packaged food in the most developed. In some of the other populous but less developed
nations – China, India and Vietnam – the nutrition transition, as obesity experts term it, has not yet reached tipping point and they are still getting most of their calories from fresh food....

**Sexual & Reproductive / maternal, neonatal & child health**

PMNCH newsletter – April 2017

[http://us7.campaign-archive2.com/?u=132295b999daef3b91bd0f4c0&id=dcb24a7af8&e=67acfded34](http://us7.campaign-archive2.com/?u=132295b999daef3b91bd0f4c0&id=dcb24a7af8&e=67acfded34)

With among others, the following:

- “PMNCH is partnering with the Canadian Partnership for Women and Children’s Health (CanWaCH), Global Affairs Canada, Every Woman Every Child and the WHO to convene the Global Adolescent Health Conference to be held in Ottawa, 16 to 17 May....”
- “The Every Woman Every Child High-level Steering Group (EWEC HLSG) will meet in Washington, DC on 20 April to define and align action around six focus areas. The six focus areas—Early Childhood Development; Adolescent Health and Well-being; Quality, Equity and Dignity in Service; Sexual Reproductive Health & Rights; Empowerment of Women, Girls and Communities; and Humanitarian and Fragile settings—aim to inspire and facilitate collective political advocacy, accelerate action and streamline efforts across the EWEC ecosystem. UN Secretary-General Antonio Guterres recently accepted an invitation to join the EWEC HLSG as a senior co-chair and will lead the meeting alongside fellow co-chairs President Bachelet of Chile and Prime Minister Desalegn of Ethiopia....”

**ODI – President Trump, the facts show that defunding the UN Population Fund won’t work**

Nicola Jones; [ODI](https://odi.org/);

« The global community should view [last week’s] cuts to UNFPA as just the start of a major assault on women’s and girls’ rights. It should call out the US government accordingly and identify ways to innovatively plug these critical gaps....”

**Lancet (Letter) – Maternal deaths and humanitarian crises**


“I would like to respond to Helena Nordenstedt and Hans Rosling’s Comment (Oct 15, p 1864) about maternal deaths in humanitarian settings. The comment is timely and valuable, given the urgency of
locating where maternal deaths are occurring to guide Sustainable Development Goal-related interventions and save lives.” Certainly worth a read, this letter. Excerpt: “… that (UNFPA) estimate cannot be taken to suggest that 61% of maternal deaths are occurring in humanitarian settings, but rather they are occurring in countries that include areas of humanitarian crisis—often called fragile states. The estimate is large because it includes countries such as Nigeria, Democratic Republic of the Congo, and Pakistan, which have both high numbers of maternal deaths as well as areas of humanitarian crisis....”

IPS – Women’s health policies should focus on NCDs

http://www.ipsnews.net/2017/04/womens-health-policies-should-focus-on-ncds/

Prof Robyn Norton feels “it’s time the global health agenda expands from a predominant focus on women’s reproductive organs to include women’s whole bodies — and the NCDs, such as heart disease, stroke, cancer, chronic respiratory disease and diabetes.” Long overdue indeed.

BMJ (blog) - A call for action to treat the untreated million children a year with heart disease

Richard Smith; BMJ blog:

“...Children’s HeartLink, a US-based charity that has been serving children with heart disease in low and middle income countries for nearly 50 years (and where I’m on the International Advisory Board), has issued a call for action on children’s heart disease, which has been covered in a Lancet Commentary (Dec 2016). The call for action was preceded by three papers outlining the scale of the problem, identifying barriers to improvement, and exploring the need for sustained investment....”

Quick links:

UN News - Malala was designated (by the UN SG) as the UN’s youngest Messenger of Peace, with a focus on girls’ education.

Humanosphere - Fertility apps: The ‘next wave’ in solving global family planning crisis.
Access to medicines

Public Eye - Compulsory licensing in Colombia: Leaked documents show aggressive lobbying by Novartis


“Novartis has threatened Colombia with international investment arbitration to avoid the issuance of a compulsory license. The Swiss pharma giant is also turning to Colombian courts in an attempt to kill the price reduction imposed by the authorities over its cancer blockbuster Glivec. Both of these moves are confirmed by confidential documents obtained by Public Eye.”

Book – Pharmaceutical Policy in Countries with Developing Healthcare Systems


“A comprehensive and granular insight into the challenges of promoting rational medicine, this book serves as an essential resource for health policy makers and researchers interested in national medicines policies. Country-specific chapters have a common format, beginning with an overview of the health system and regulatory and policy environments, before discussing the difficulties in maintaining a medicines supply system, challenges in ensuring access to affordable medicines and issues impacting on rational medicine use. Numerous case studies are also used to highlight key issues and each chapter concludes with country-specific solutions to the issues raised. Written by highly regarded academics, the book includes countries in Africa, Asia, Europe, the Middle East and South America.”

Human resources for health

Human resources for Health - Does task shifting yield cost savings and improve efficiency for health systems? A systematic review of evidence from low-income and middle-income countries

“Task shifting has become an increasingly popular way to increase access to health services, especially in low-resource settings. Research has demonstrated that task shifting, including the use of community health workers (CHWs) to deliver care, can improve population health. This systematic review investigates whether task shifting in low-income and middle-income countries (LMICs) results in efficiency improvements by achieving cost savings....” The authors “found that substantial evidence exists for achieving cost savings and efficiency improvements from task shifting activities related to tuberculosis and HIV/AIDS, and additional evidence exists for the potential to achieve cost savings from activities related to malaria, NCDs, NTDs, childhood illness, and other disease areas, especially at the primary health care and community levels.” and conclude: “.... Task shifting presents a viable option for health system cost savings in LMICs. Going forward, program planners should carefully consider whether task shifting can improve population health and health systems efficiency in their countries, and researchers should investigate whether task shifting can also achieve cost savings for activities related to emerging global health priorities and health systems strengthening activities such as supply chain management or monitoring and evaluation.”

BMJ Global Health – Governing the mixed health workforce: learning from Asian experiences

Kabir Sheikh et al; http://gh.bmj.com/content/2/2/e000267

“Examination of the composition of the health workforce in many low and middle-income countries (LMICs) reveals deep-seated heterogeneity that manifests in multiple ways: varying levels of official legitimacy and informality of practice; wide gradation in type of employment and behaviour (public to private) and diverse, sometimes overlapping, systems of knowledge and variably specialised cadres of providers. Coordinating this mixed workforce necessitates an approach to governance that is responsive to the opportunities and challenges presented by this diversity. This article discusses some of these opportunities and challenges for LMICs in general, and illustrates them through three case studies from different Asian country settings.”

Miscellaneous

IISD - Denmark, Norway Announce National SDG Plans


“Denmark launched a national action plan by which new legislation will be assessed in relation to the SDGs. Denmark is one of 44 countries presenting a Voluntary National Review to this year’s HLPF. And Norway launched a white paper on its policy for development, outlining several contributions to the achievement of the SDGs.”

Keenly awaiting Belgium’s SDG action plan now.
Stat – CRISPR cousin SHERLOCK may be able to track down diseases, scientists say

https://www.statnews.com/2017/04/13/crispr-diagnostic-tests-sherlock/

Lab news. See also New Scientist - Fast CRISPR test easily detects Zika and antibiotic resistance.

Global Policy Watch - The UN Tax Committee holds out the begging bowl


Some of the latest news in global tax (reform/treaty) land. Read about the dilemma for developing countries (vs OECD), among others.

“Unseen Enemy” - urgent call to action on pandemics

LSHTM:

The London school partners on a major documentary exploring the growing risk of global outbreaks.

In a Tweet from Laurie Garrett : “Outbreak Fail + Epidemic Fail + Pandemic Fail = Endemic. The disease is now part of our bio landscape - @Laurie_Garrett #UnseenEnemy”

Hope we’re not heading for an “epic fail” in this area.

Or another tweet: “Tonight, 10pm ET @CNN: #UnseenEnemy shows why prevention > response. Strong, equitable health systems = our best defense @ItTakesAllofUs”

Curious whether this high-profile documentary could turn into some ‘pandemic risk’ version of ‘An ‘Inconvenient Truth’ in the coming months, in terms of global impact on public opinion (minus the polarization, I’d hope).

Lancet World Report – Syria chemical attacks: preparing for the unconscionable

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30997-2/fulltext
“The suspected chemical attack in Khan Shaykhun comes off the back of the systematic targeting of Syria’s health system. John Zarocostas reports.”

**IP-Watch (Brief) - New Large-Scale Initiative Aims To Increase Open Access To Scholarly Research**

https://www.ip-watch.org/2017/04/06/new-large-scale-initiative-aims-increase-open-access-scholarly-research/

“The Wikimedia Foundation, Public Library of Science (PLoS), and other publishers and research organisations have announced an initiative aimed at increase the amount of scholarly citation data freely available online, called the Initiative for Open Citations. The I4OC initiative is accessible here. At present, there are 66 participating organisations, including 29 publishers and 33 stakeholders, including the Wellcome Trust, Mozilla, and the Bill and Melinda Gates Foundation....”

**Asian Review - Showdown looms for US cola makers in India**


“As India’s clean water shortage grows, environmental campaigns against Western soft-drink companies are gaining momentum.” A sign of things to come in an era of increasing water scarcity...

**Emerging Voices**

**Resyst (blog) - A journey to being Woman of the Year 2017**


Shakira Choonara (EV 2014) is pretty much a fixture in this newsletter. For obvious reasons. Read in this blog about what drove and drives her to improve health systems.
Research

IJHPM - How Are New Vaccines Prioritized in Low-Income Countries? A Case Study of Human Papilloma Virus Vaccine and Pneumococcal Conjugate Vaccine in Uganda

L Wallace et al; http://ijhpm.com/article_3345_6cb07d2432aa05a366da233eed5ed45b.pdf

“To date, research on priority-setting for new vaccines has not adequately explored the influence of the global, national and sub-national levels of decision-making or contextual issues such as political pressure and stakeholder influence and power. Using Kapiriri and Martin’s conceptual framework, this paper evaluates priority setting for new vaccines in Uganda at national and sub-national levels, and considers how global priorities can influence country priorities. This study focuses on 2 specific vaccines, the human papilloma virus (HPV) vaccine and the pneumococcal conjugate vaccine (PCV)....”

Global Challenges (Review) – Agriculture, Food Systems, and Nutrition: Meeting the Challenge


“Malnutrition is a global challenge with huge social and economic costs; nearly every country faces a public health challenge, whether from undernutrition, overweight/obesity, and/or micronutrient deficiencies. Malnutrition is a multisectoral, multi-level problem that results from the complex interplay between household and individual decision-making, agri-food, health, and environmental systems that determine access to services and resources, and related policy processes. This paper reviews the theory and recent qualitative evidence (particularly from 2010 to 2016) in the public health and nutrition literature, on the role that agriculture plays in improving nutrition, how food systems are changing rapidly due to globalization, trade liberalization, and urbanization, and the implications this has for nutrition globally. The paper ends by summarizing recommendations that emerge from this research related to (i) knowledge, evidence, and communications, (ii) politics, governance, and policy, and (iii) capacity, leadership, and financing.”

PS: in somewhat related material, check out also Stability in the 21st century: integrating engagement on food security and national security (report by the Chicago Council on global affairs)

“Food and nutrition security are too often treated as secondary issues within the US national security agenda, considered relevant only to development or poverty reduction. But hunger and malnutrition have a much broader impact and are directly related to many of the most pressing security issues facing the world today. For years, improving global health has been a strong component of the US government’s national security strategy—and for good reason. Cultivating global food and nutrition security should play an equally prominent role in national security strategy. As such, the Council recommends that the US government make global food and nutrition security a pillar of US diplomatic and national security engagement and strengthen the integration and coordination of activities both within the United States and around the world....”
“Given the growing complexity of health care, current global demographic and epidemiologic trends, adverse economic conditions in many parts of the world, and limited national budgets, it is increasingly difficult for policymakers and regulators to ensure continued access to affordable and high-quality health care. Decision-makers must implement policies that support efficient, equitable, and sustainable health systems. To that end, this special issue has three aims: (1) to analyse trends in health-care financing in a range of countries with varying degrees of economic development and political organization; (2) to review the viability of different financing models based on international experiences; and (3) to examine how efficiency in health care systems can be achieved without sacrificing quality. The issue consists of three sections and includes contributions from academic experts, health-care practitioners, and members of the broader stakeholder community.”