

# IHP news 415 : NTD summit & WB/IMF Spring meetings

(21 April 2016)

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

Dear Colleagues,

Last weekend I came across some really nice action pictures of Dr Tedros, [exercising](#) together with many other ordinary citizens while campaigning in Brunei. That inspired somebody on Twitter to already call him the “**People’s DG**”. As in the “People’s Princess”, I guess. That didn’t end well, I remember. But anyhow, I much prefer these sorts of healthy action (campaign) pictures over a couple of beaming high-level policy makers (also on Twitter) with the caption that they’re happy to (finally) get to know each other. So here’s me rooting for some more dynamic action pictures from the three main contenders in the final weeks before the World Health Assembly in Geneva. Tedros kicking some ass (of the likes of Ronaldo, Dybala et al) in a football match, Sania Nishtar showing Mr Modi how you properly practice yoga (and hopefully get rid of a nasty authoritarian streak in the process), David “daredevil” Nabarro showing Bill Gates and other Seth Berkleys the guts you need for bungee-jumping (while proclaiming he was born and raised for 40 years to dive from a high bridge) ... you name it. I’m sure it would focus the world’s attention on the upcoming World Health Assembly, and as we all know, you can tell a lot about leadership, courage and stamina from how people behave while doing sports.

Meanwhile, “[MakingSchistory](#)” or “[Wormzilla Invading Lake Geneva](#)” certainly managed to focus minds on the **NTD Global Partners’ summit** this week. This newsletter will zoom in on the summit in Geneva, but the annual **IMF/WB Spring meetings** will also get a fair amount of attention. On the one hand, you hear the (no doubt useful but by now somewhat (too) familiar?) ‘efficiency/value for money’ mantras [in some corners](#), on the other hand the search for ‘trillions instead of billions’ has clearly also started, and this all against a very volatile global outlook. The preferred option of the powers that be, since the Addis Ababa Action Agenda (AAAA), for SDG financing, is “[prioritizing domestic resource mobilization, while aligning public spending with sustainable development and partnership with the private sector and businesses is equally important](#).” Let’s hope the “AAAA label” will be more warranted than the triple A ratings of quite a few banks and countries from a few years ago. What happened to [Unilever](#) in recent months doesn’t seem all too promising, I have to say, for the ones hoping that multinationals, hedge funds and the like can be encouraged towards more long term sustainable & inclusive thinking... It’s a bit like hoping that Gargamel & Big Smurf will suddenly become good friends.

But as Jim Kim made clear, the [World Bank](#) and others now clearly aim for an “**exponential transformation**” in the **global financial system** that taps into all sources of funding (and aligns all this private money (more) with the social & ecological aims of the SDGs). Let’s hope this (very necessary) alignment will happen on the scale needed. Still, even if this preferred scenario were to materialize, given the stakeholders pushing this, this transformation would still not amount to [what Ann Pettifor describes as “the need for democracies to reclaim power over the global financial system”](#). “Democracy has failed to protect society from the predatory behaviour of global financial

markets”, she says, which is why we now see one ‘black swan’ event after another (in the West, certainly). In fact, I’m rooting for one in France this weekend (and in the second round)! Whether Trump is a “[con artist](#)” - see “Neocon Neoliberalism Camouflaged With Anti-Globalization Circus” – or not, is besides the question, in my opinion. The key issue is that vast parts of the population now understand or at least have a strong hunch that the system is fundamentally [rigged](#). Unfortunately, extremist/radical and often crooked politicians are exploiting that anger. Even if populist or authoritarian leaders fail to deliver in the coming years (and most of them will indeed get nowhere, I hope), that (mostly justified) anger won’t go away, unless something is done about the root causes. So if we really want to achieve the SDGs, we should probably start by reading Pettifor’s book. And then implement it.

Fortunately, **a new global health innovation** is already in the making. With a bit of LSD, humans [can reach a “heightened state of consciousness”](#), it was reported this week. In a scientific journal, not in your favourite yoga/tantra/meditation magazine. So if Bill Gates and others really want to push “global citizenship” in the decades that come, while allowing Big Pharma to make a handsome profit in the process, they know where to start 😊!

**Hélène Boisjoly**, who is in charge of the regional World Health Summit in Montréal (7-8 May), wrote this week’s Featured article. She looks ahead to the summit and tells us what can be expected from the meeting. We hope many of you can make it to Montréal!

*Enjoy your reading.*

*The editorial team*

## Featured Article

### WHS Regional Meeting - North America, Montreal 2017: Providing better care in a pluralistic North American society

*Hélène Boisjoly, President of the WHS; Dean, Faculty of Medicine, Université de Montréal, Canada*

In the last few years, the Faculty of Medicine at the Université de Montréal has developed an expertise in approaches towards diseases and patients. Take for example the approach that is most commonly referred to as “patient partnerships,” whereby interdisciplinary healthcare teams put to use the patient’s experiences, history, and expertise. The patient and their loved ones are therefore regarded themselves as members of the healthcare team. I firmly believe in collaboration between healthcare professionals, as well as in “patient partnerships,” especially in a pluralistic society like our own. Also important is the *Mindfulness* approach, whereby particular attention is paid to others as well as to yourself, so as to optimize the well-being of patients, students, and healthcare professionals alike. This approach allows greater communication and a better understanding of the unique context surrounding each patient.

Knowing the patient's background, being attentive and respectful of their life, their reality, their habits, as well as their environment, are all key to ensuring that state-of-the-art care is delivered efficiently and professionally in agreement with the patient.

As part of this vision, this year's theme, *Health and Healthcare Delivery in Pluralistic Societies*, was an obvious choice for the Université de Montréal and the Montreal Clinical Research Institute (IRCM) who have the honour of [hosting the 1<sup>st</sup> World Health Summit \(WHS\) Regional Meeting to be held in North America](#).

I believe this great international gathering will mark a new milestone that will allow us to meet head-on the challenges we face in the areas of health and social services, but also the challenges we face with issues related to migration and living together, especially in the case of First Nations and migrants. It's a unique opportunity to get together to find viable solutions to these problems. That's why this huge event, being held in Montreal on May 8-9 2017, is so important and relevant.

The world we live in today is unfortunately in a state of upheaval. The imbalance between northern and southern countries, between the rich and the poor, between those who are educated and those who don't have access to an education, to technology, and to healthcare, keeps getting worse. The migration of populations is increasing every day and it doesn't look like it will stop anytime soon. And now, even within rich and technologically advanced nations, we see significant gaps between citizens.

We want this conference to be a platform for exchanging ideas, so that solutions can emerge and become real priorities for the diverse groups attending. The ultimate goal is to improve health for all and to offer a better quality of life to the greatest number of people possible.

Respect, social accountability, discipline, and innovation — whether it be in biomedical research or education — are values that are essential to us. They must be placed at the heart of our actions in this pluralistic context. With 90 renowned speakers hailing from many different fields, this summit will reflect the significance of these values.

We will be receiving researchers from various disciplines, including basic sciences, medicine, public health, allied health sciences, urban planning, as well as professionals and teachers who work on the ground. Industry and civil society representatives will also be on-hand. And of course, students will be taking part as well. They are, after all, the future of health: passionate about world health issues, they themselves are becoming more and more mobile, looking for opportunities to travel and to be trained elsewhere in the world. This allows them to better understand the society in which they live in, as well as the wealth and diversity of knowledge and practices that exist.

Advanced societies should be judged by the way they take care of their most vulnerable citizens. Far too often, First Nations, migrants, women, children, seniors, and minorities suffer more because they have a higher risk of getting sick, have a shorter life expectancy, and have a harder time getting out of their precarious situations. They deserve access to healthcare that is tailored to their needs, that is efficient, and that is offered with great dignity.

Collectively, we have the capacity and the obligation to do better. Let's work together for better access to quality health and healthcare for all!

## Highlights of the week

### FT - India bars foreign funding for Gates-backed NGO

<https://www.ft.com/content/fe0e1160-2587-11e7-8691-d5f7e0cd0a16>

Shocking news from India. See also [Centre Cancels FCRA Licence of NGO](#) “ *India’s Ministry of Home Affairs has cancelled the licence of Public Health Foundation of India (PHFI) under the Foreign Contribution (regulation) Act, 2010. This means, the NGO will not be able to get any foreign funding, including that from Bill & Melinda Gates Foundation (BMGF), which is one of its biggest donors....*”

No matter how the Modi government “sells” this (see the article for some of the arguments used), it’s clear now that India is increasingly heading for a “Turkish” scenario. PHFI won’t be the last victim. Or as the FT puts it, rather diplomatically, “*The Indian government has widened its crackdown on NGOs and charities that receive funding from overseas.*” Let’s hope this situation can be reversed soon.

### Devex – What’s at stake for development in the French election?

<https://www.devex.com/news/what-s-at-stake-for-development-in-the-french-election-90040>

Well worth a read. This article zooms in on the (likely) development & aid positions of the main contenders in the **French election**. It’s impossible to predict what will happen on Sunday – see “[François Fillon moves back into contention in French presidential race](#)”. You gotta be kidding, I hear you say.

In case you’re wondering why we put the French elections so high in this newsletter, see also this **Analysis in the Guardian** - [How France’s presidential election could break – or make – the EU](#).

### IMF/WB Spring meetings (21-23 April)

<https://www.imf.org/external/Spring/2017/index.htm>

Even if they smack a bit too much of “Davos” to my taste, the annual IMF/WB Spring meetings are always interesting, both for the general development trends, and for the health financing debate more in particular. See below for some reads.

### Devex – In uncertain times, a clearer World Bank strategy emerges

<https://www.devex.com/news/in-uncertain-times-a-clearer-world-bank-strategy-emerges-90077>

Must-read. “... facing the external challenge of rising skepticism about global development institutions like the World Bank and headed into his second term, **President Kim is using these meetings in Washington, D.C., to communicate a clearer, more comprehensive strategy for the institution** — one that leverages all the core assets of the World Bank Group and could set it up for a new era of relevance even amid political turmoil in donor nations. **The strategy, simply put, calls for the World Bank to become the key leverage point that moves trillions of dollars in private capital into fragile and emerging economies to create jobs and stability and stem migration, climate change, and terrorism.** If it sounds tailor-made to appeal to the occupants of 10 Downing Street and the White House, that’s a feature, not a bug. But more than any fleeting political message, this is a strategy that recognizes the World Bank’s project-based approach of old is no longer as relevant when what’s required is trillions, not billions, of dollars of investment in global development. It’s a radical notion that **positions the bank more as a modern financial engineer than a lender of old...**”

See also - [The World Bank's new CEO Kristalina Georgieva lays out her vision for an agile bank](#) (Devex)

## Devex – IMF: Global economy has 'spring in its step' but protectionism fears loom

<https://www.devex.com/news/imf-global-economy-has-spring-in-its-step-but-protectionism-fears-loom-90082>

“After six years of disappointing growth, the world economy is finally on the upswing and predicted to grow at a pace of 3.5 percent in 2017 and 3.6 percent in 2018, but this recovery is being put at risk by the “sword of protectionism,” according to the **International Monetary Fund**. Emerging economies are predicted to drive three-quarters of this global growth on the back of rising commodity prices, while advanced economies are seeing an increase in manufacturing, according to the latest **World Economic Outlook**, titled ‘**Gaining Momentum?**’ The report was released on Tuesday at the start of the World Bank-IMF Spring Meetings in Washington, D.C. ...”

For some more general reads related to the Spring meetings, see [the Guardian - Trump, trade, interest and aid make for a challenging IMF summit](#); Devex; or [Bretton Woods project](#).

## WB – Second Annual Universal Health Coverage Financing Forum (April 20-21, 2017)

<http://www.worldbank.org/en/events/2017/04/20/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. ... **The focus of the 2017 Forum is efficiency, or value for money.** Building on last year’s topics of domestic resource mobilization, the Second Annual UHC Financing Forum will **focus on strategic policies and practical interventions to help governments use health system resources more efficiently.** ... “ You find the **agenda** here, a [background paper](#) & key messages.

Hashtag [#UHCFinance](#). From the opening plenary on **what ‘efficiency’ is: the 3 R’s** – doing the right things, in the right places, in the right way. It is NOT cutting budgets, or balancing revenues and expenditures.

The meeting is also being **livestreamed**. See <http://windrosemedia.com/windstream/worldbank/>

## Devex – World Bank ramps up work on preventing gender-based violence

<https://www.devex.com/news/world-bank-ramps-up-work-on-preventing-gender-based-violence-90089>

*“World Bank President Jim Kim has called gender-based violence against women and girls a “worldwide epidemic” that “undermines all our work to end poverty and boost shared prosperity.” Speaking during the World Bank and IMF Spring Meetings in Washington, D.C., Kim described GBV as “completely preventable” and **vowed to make its prevention a priority during his second term as head of the institution.**”*

Read also (on Devex ) - [World Bank President Kim: Time to 'come up with a new plan' for climate finance](#) *“World Bank President Jim Kim on Thursday outlined plans for a new effort to finance plans to combat climate change and warned that evidence about the impact of global warming was becoming “even more alarming every week.” Kim was speaking at the opening press briefing of the 2017 World Bank Spring Meetings and took a wide range of questions on issues ranging from the upcoming British snap election to Asian infrastructure projects. But it was climate change — and the role of the President Trump administration — that prompted a stern warning on funding the projects needed to prepare for a warmer world and rising sea levels....”*

*““...The \$100 billion of grants ... that at one point was promised — I don’t see it coming,” Kim said. “The Green Climate Fund is still at around \$7.5 billion after two or three years, and the estimation was that there would be many, many more billions of dollars in that. So we’re using this meeting to bring all of the leaders together to come up with a new plan. We’re going to put on the table a different kind of platform, where all the different groups that are trying to have an impact on climate can work together to put the financing tools together,” he said.”*

## CGD – Addressing the Global Refugee Crisis: 10 Recommendations to Design Refugee Compacts

C Huang et al; <https://www.cgdev.org/blog/addressing-global-refugee-crisis-10-recommendations-design-refugee-compacts>

Blog on a **new CGD report** – “Refugee Compacts: Addressing the Crisis of Protracted Displacement”. The summary: *“Low- and middle-income countries host 88 percent of the world’s refugees. The strain of refugee flows can threaten development and stability in these countries, with regional and global consequences. But if the situation is well managed, refugees can offer a net benefit to their host communities. A **compact agreement** is an innovative model for bringing together donors, development and humanitarian agencies, the private sector, and civil society under host-country leadership to achieve sustainable outcomes for refugees and host communities. We offer **three key principles and 10 recommendations for policymakers to build effective compacts for refugee-hosting nations.**”*

## CGD – Payouts for Perils - How Insurance Can Radically Improve Emergency Aid

<https://www.cgdev.org/app/reader/3125196?page=0>

Second new CGD report (by **Stefan Dercon & Owen Barder**, among others). *“It would have cost \$5 million to contain Ebola in West Africa after it was detected. Eight months later, the figure was two hundred times that. What countries need most after disaster strikes is predictable, guaranteed funding. But aid, although generous, is sometimes unpredictable and often arrives once need is already acute. CGD’s new report, Payouts for Perils: Using Insurance to Radically Improve Emergency Aid, sets out how we can use the principles and practice of insurance to save lives, money and time.....”* They propose two key innovations and 4 actions.

Some other reads related to the Spring meetings:

WB (blog) - [Why nutrition is a smart development investment](#). A ‘Spotlight on Nutrition’ event will be held at the Spring meetings.

WB - [The 2017 Atlas of Sustainable Development Goals: a new visual guide to data and development](#)

*“The World Bank is pleased to release the **2017 Atlas of Sustainable Development Goals**. With over 150 maps and data visualizations, the new publication charts the progress societies are making towards the 17 SDGs.”* See also IISD - [World Bank’s 2017 Atlas of SDGs Provides Tool for Tracking Implementation](#).

## NTD global partners’ meeting (19-22 April, Geneva)

<http://unitingtocombatntds.org/ntd-summit-2017>

*“2017 marks the 5th anniversary of the World Health Organization’s roadmap on NTDs and the London Declaration. **To celebrate this milestone, Uniting to Combat NTDs, the World Health Organization and the NTD community are hosting the NTD Summit in Geneva, Switzerland in April 2017.** [We’ll] celebrate the community’s achievements over the past 5 years and plan for the future as we aim to control, eliminate and eradicate 10 neglected tropical diseases. The summit will include technical discussions with our partners to define a clear path towards the 2020 goals and beyond.”*

You can **re-watch** the meeting (or at least the session on Wednesday) [here](#).

Some **key reads** related to this summit:

### WHO (news) – Unprecedented progress against neglected tropical diseases, WHO reports

<http://www.who.int/mediacentre/news/releases/2017/ntd-report/en/>

*“**WHO reports remarkable achievements in tackling neglected tropical diseases (NTDs) since 2007.** An estimated 1 billion people received treatment in 2015 alone. “WHO has observed record-breaking progress towards bringing ancient scourges like sleeping sickness and elephantiasis to their knees,” said WHO Director-General, Dr Margaret Chan. “Over the past 10 years, millions of people have been rescued from disability and poverty, thanks to one of the most effective global partnerships in*

modern public health". The [WHO report, Integrating neglected tropical diseases in global health and development](#), demonstrates how strong political support, generous donations of medicines, and improvements in living conditions have led to sustained expansion of disease control programmes in countries where these diseases are most prevalent." See also [Devex - Strides in progress on Neglected Tropical Diseases as global partners meet](#).

## WHO- The neglected tropical diseases: a rags-to-riches story

<http://www.who.int/publications/10-year-review/ntd/en/>

Second episode in the series on the track record of Margaret Chan. Recommended.

## Special report FT on NTDs

<https://www.ft.com/neglected-tropical-diseases>

Must-read series. *"Neglected tropical diseases affect more than a billion people. These diseases of the poor are notorious for their disabling symptoms. Progress has been slow, but the drug industry and communities are redoubling efforts to eliminate treatable conditions."*

Make sure you scan/read at least:

[Dr Margaret Chan: The tide is turning for neglected tropical diseases](#) "The World Health Organisation's director-general on why extra resources are vital in the fight against neglected tropical diseases." She concludes: **"...In the midst of progress, however, we must recognise that medical interventions alone cannot solve the problem of neglected tropical diseases. A broader attack on the social, environmental and economic determinants of health is needed. The targets set for water supply, sanitation, nutrition and housing by the 2030 Agenda for Sustainable Development will have the largest long-term impact. On current trends, though, many of these ancient diseases may be brought to their knees before that 2030 deadline arrives."** See also UN News - [Progress against tropical diseases must be backed by poverty alleviation efforts – UN health agency](#).

[The long road to elimination of neglected tropical diseases.](#)

[A guide to neglected tropical diseases prioritised by the World Health Organisation.](#)

## IP-Watch - Neglected Tropical Diseases: Gates Celebrates Industry Contribution, Chan Concurs

<https://www.ip-watch.org/2017/04/19/neglected-tropical-diseases-gates-celebrates-industry-contribution-chan-concurs/>

"[Today], an event hosted by the Bill and Melinda Gates Foundation celebrated the progress made on the declaration and praised the efforts carried out by endorsers of the London Declaration, and in particular pharmaceutical companies. The Gates Foundation committed US\$335 million in grants over the next four years to support diverse neglected tropical diseases (NTD) programmes

focussing on drug development and delivery, disease surveillance and vector control, according to a press release of the Uniting to Combat NTDs. **The Belgian government pledged an additional US\$27 million, spread over the next nine years, toward the elimination of sleeping sickness in the Democratic Republic of Congo.** This amount will be matched for the next three years by the Gates Foundation, said the release. Earlier this week, **the United Kingdom announced a pledge of close to US\$450 million over 5 years to support NTD control and elimination,** the release said.

Some more excerpts: “...WHO Director General Margaret Chan described the newly awarded Guinness World Record as “**amazing**,” and commended the pharmaceutical companies for their leadership and their contribution.” “... She also applied the adjective to the London Declaration and to the “**amazing Bill Gates**.”” “...Not working with the industry means that “you don’t have innovation, you don’t have the solutions to help people,” she added. “So let’s put that rhetoric aside,” she advised, “and learn from the NTDs partnership.”

The last sentence of the piece is also important, as somebody pointed out on Twitter: “The issue of the general absence of R&D on NTDs, which has been discussed for years at the WHO, was not mentioned during the event.”

All in all, though, we have to agree that the NTD story of the last five years is quite remarkable, even if lessons cannot be just transplanted to the fight against NCDs... (for example).

For some more info on the **Belgian commitment** (and ITM’s involvement in this) see: [Belgium, the Bill & Melinda Gates Foundation and the Institute of Tropical Medicine Antwerp join hands to eliminate sleeping sickness.](#)

As for the **UK commitment** from earlier this week, see the Guardian - [Britain doubles funding to fight tropical diseases.](#)

## Devex – Commitments made on neglected tropical diseases at WHO summit

<https://www.devex.com/news/commitments-made-on-neglected-tropical-diseases-at-who-summit-90094>

(recommended) Even more in-depth analysis of the respective commitments made on NTDs in Geneva. “**Endemic countries, bilateral donors, the pharmaceutical industry and philanthropists came together on Wednesday to pledge support in the fight against neglected tropical diseases, or NTDs, at the World Health Organization in Geneva, Switzerland. International organizations committed to prioritize the issue, with more than half a billion dollars worth of new support pledged in recent days, as Bill Gates of the Bill & Melinda Gates Foundation claimed that the eradication of at least one condition — Guinea worm disease — is within reach.**”

## Speaking of Medicine – Combatting Neglected Tropical Diseases: Much Progress, but Millions of Neglected Patients Lack Access to Care

<http://blogs.plos.org/speakingofmedicine/2017/04/19/combating-neglected-tropical-diseases-much-progress-but-millions-of-neglected-patients-lack-access-to-care/>

Must-read!!! “Julien Potet of Médecins Sans Frontières discusses recent successes and presents suggestions for the next steps in the fight against NTDs.” Brilliant (and short) overview of the challenges still ahead, and what needs to be done.

### **Economist –A global attack on long-neglected tropical diseases is succeeding**

<http://www.economist.com/news/international/21721133-donors-and-drug-firms-are-co-operating-defeat-ancient-plagues-global-attack>

“Winning the endgame” might not be that straightforward, though. (see especially the last section of this nice report)

### **Lancet Global Health (Comment) - Recognising the role of community-directed treatment and of women in the fight against NTDs**

U Amazigo et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30171-7/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30171-7/fulltext)

On the need to recognize the role of community-directed treatment & of women in the fight against NTDs. On the latter, “...At the NTD Summit in Geneva, Switzerland, April 19–22, the inaugural Women in Focus awards will commemorate the vital role that women play in conquering NTDs”.

And a few more links:

On ‘Wormzilla’ ( and Lake Geneva) - [MakingSchistory: Wormzilla Invades Lake Geneva](#) Wonder who still dares to swim in Lake Geneva from now on.

(recommended) blog by **Roy Anderson** et al in Lancet Global Health - [The top five investments we should be making to tackle NTDs.](#)

And a tweet from **Laurie Garret**, who has a knack for nailing it: “Perhaps it's time we drop “neglected” from NTDs and make it **Near-eradicated Tropical Diseases** . @PeterHotez @JeremyFarrar “

## **Global humanitarian crisis & famine**

Some reads on this slowly (and seemingly unstoppable) unfolding disaster:

**Humanosphere** - [U.N. re-ups historic famine warning as funding stagnates](#) (from late last week). “The U.N. again warned that as many as 20 million people are at risk of famine in Nigeria, Yemen, South Sudan and Somalia. Warnings in February were not enough to raise the money needed to prevent a global hunger crisis. So, new attempts are being made to convince donor countries to do more.”

IPS news on the situation in **Yemen** more in particular – [Yemen, World’s Largest Humanitarian Crisis](#)

*“... With 18.8 million people –nearly 7 in 10 inhabitants– in need of humanitarian aid, including 10.3 million requiring immediate assistance, Yemen is now the largest single-nation humanitarian crisis in the world, the United Nations informs while warning that the two-year war is rapidly pushing the country towards “social, economic and institutional collapse.” “...More worrying, the conflict in Yemen and its economic consequences are driving the largest food security emergency in the world, the UN Office for the Coordination of Humanitarian Affairs (OCHA) has reported. ... According to OCHA, over 17 million people are currently “food insecure,” of whom 6.8 million are “severely food insecure” and require immediate food assistance, and two million acutely malnourished children. The Yemeni population amounts to 27,4 million inhabitants. “We can avert a humanitarian catastrophe, but need 2.1 billion dollars in funding to deliver crucial food, nutrition, health and other lifesaving assistance,” the UN estimates....” “...The world organisation plans to hold a **high-level pledging meeting for the humanitarian crisis in Yemen**. Co-hosted by the governments of Switzerland and Sweden, the conference will take place **at UN in Geneva on 25 April 2017.**”*

## World Immunization week coming up (24-30 April)

See **WHO - Five years into the decade of vaccines** – <http://www.who.int/campaigns/immunization-week/2017/en/>

**“World Immunization Week, celebrated 24–30 April 2017,** promotes the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives and is widely recognized as one of the world’s most successful and cost-effective health interventions. Today, there are still 19.4 million unvaccinated and under-vaccinated children in the world.”

See also – as **part of the series on Margaret Chan’s legacy** - [The power of vaccines: still not fully utilized](#) *“Vaccines prevented at least 10 million deaths between 2010 and 2015, and many millions more lives were protected from illness. The global push to end polio has reached its final stages, with just 3 remaining countries still working to eradicate this debilitating disease. The ambitious Global Vaccine Action Plan to reach everyone with vaccines by 2020 started strong but is falling behind. WHO challenges all health leaders to make immunization one of the biggest success stories of modern medicine....”*

### Special report FT – vaccines

<https://www.ft.com/content/7839cf86-230f-11e7-8691-d5f7e0cd0a16>

**Must-read report.** Lots of very interesting articles. *“Vaccine research grows vigorously, propelled by rising world demand to fight existing diseases and to guard against new threats. Ebola and Zika have recently caused huge international alarm. Yet the Trump era may give voice to increased vaccine scepticism.”*

Make sure you read at least:

[Demands of disease drive vaccine science](#) “Producers aim much R&D at targets such as Ebola and HIV for which no vaccine exists”. “...The world vaccines market is worth about \$35bn a year and growing in value by at least 8 per cent annually. The “big four” vaccine companies, GSK of the UK, Merck and Pfizer of the US and Sanofi of France, account for 80 per cent of global vaccine revenues, says a new Access to Vaccines Index issued by the Access to Medicines Foundation, an independent Dutch body.”

[Partnership of nations set to combat pandemic health threats](#) (related to CEPI).

“... Some questions have been raised about Cegi’s choice of vaccines on which to focus initially alongside Ebola: MERS, Nipa and Lassa. These were selected in consultation with scientific advisers, based on assessments of the feasibility of the science and the threat and potential burden of the diseases. “Whatever you decide to do as your first step, you will be criticised,” says Mr Farrar. “Ten years ago, neither Zika nor Ebola would have been on my list. The worst thing is to be spread so thin that you don’t deliver anything. “Cegi initially needs to be focused for three to five years and to deliver. It needs to demonstrate its worth and inspire young people to come into the field. “In a decade’s time, my ultimate aim is that we have countermeasures, at least vaccines in development, for the top 20 pathogens we know could cause epidemics.”

## Time - WHO Approves World's First-Ever Dengue Vaccine

<http://time.com/4296193/who-dengue-vaccine/>

News from last week. “**The World Health Organization (WHO) on Friday endorsed the world’s first-ever vaccine for dengue fever**, a potentially deadly mosquito-borne virus that threatens to infect close to half of the world’s population. ... .. Known as **Dengvaxia**, the vaccine is the product of two decades of research by French-based Sanofi Pasteur. Four countries—Mexico, Brazil, El Salvador and the Philippines—have already licensed Dengvaxia, but Friday’s recommendation will likely spur a host of other developing nations to follow suit at a time when climate change and urbanization is putting increasing numbers of people at risk from the mosquito-borne disease...”

## WHO DG election

Only a few more weeks before it’s “money time” at the World Health Assembly (22-31 May). You also begin to see the **first explicit endorsements** of candidates, see for example [Future of Health: A Call for Leadership from the Western Pacific Region](#) (by R Bonita & R Beaglehole, rooting for Sania Nishtar).

A few (recommended) reads from this week:

**CFR (blog)** - [Will the Director General Election Bring About the Change the World Health Organization is Looking for?](#)

Insightful short blog by **Yanzhong Huang** (must-read), among others on the rather cautious (even if rational) campaign of the candidates so far. And “...Major powers will continue to be relevant in the game—the United Kingdom has pledged its support to Dr. David Nabarro, while China has signaled it

*will back Dr. Tedros Adhanom Ghebreyesus, although under the new election procedure, their support may no longer be crucial unless they are willing to use their diplomatic clout to persuade their friends and allies to follow suit. This highlights the importance of endorsement from regional international organizations. Dr. Tedros now has the formal endorsement of the African Union, which should guarantee fifty-four votes. Dr. Sania Nishtar is allegedly backed by the Organization of Islamic Cooperation, which consists of fifty-five member states...."*

**Guardian (Opinion) - [As member-states elect the next WHO leader](#)**

By **M A Jama, former assistant DG of WHO**. Recommended. "At this critical time, there are **five issues that will define the tenure of the next Director-General and on which their success will be measured...**"

Meanwhile, Laurie Garrett tweeted " #WHODG #WHOelection #wha70 Some countries will not be able to vote for the #NextDG. Will this make a difference?" See [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_41-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_41-en.pdf)

And for all info related to the **70th WHA** so far (agenda, background docs, ...), see [http://apps.who.int/gb/e/e\\_wha70.html](http://apps.who.int/gb/e/e_wha70.html)

## Trump & (global) health

Some reads from this week, related to Trump & (global) health (including "educating Trump on global health").

**NYT (Editorial) – Donald Trump Threatens to Sabotage Obamacare**

[NYT](#);

*"After Republican leaders in Congress failed to destroy the Affordable Care Act last month, President Trump tweeted that the law would "explode." Now he seems determined to deliver on that prediction through presidential sabotage. Mr. Trump is threatening to kill a program in the A.C.A. that pays health insurers to offer plans with lower deductibles and out-of-pocket expenses to about seven million lower-income and middle-class people. The president thinks that this will get Democrats to negotiate changes to the 2010 health law. This is cruel and incredibly shortsighted. Without these subsidies, health care would be unaffordable for many Americans, including people who voted for Mr. Trump because they were frustrated by high medical costs...."*

**Devex – What will happen to aid transparency under Trump?**

<https://www.devex.com/news/what-will-happen-to-aid-transparency-under-trump-90079>

*"**Openness and transparency** (of the new administration) have been so **poor** that ... .. This leaves some wondering what the impact could be on the nation's aid programs. For aid programs, openness, transparency and accountability are important terms that are associated with building public confidence in the program. But it goes further than that." Among others, "Reduced data*

availability will impact the ability to monitor and report on the SDGs: ....there are signs that open data has been dropping on the agenda of the United States Agency for International Development.”

## **Bloomberg - Gates Says He's Counting on Trump Pragmatism for Health, Aid**

<https://www.bloomberg.com/news/articles/2017-04-18/gates-says-he-s-counting-on-trump-s-pragmatism-for-health-aid>

*“Billionaire philanthropist Bill Gates says he’s counting on Donald Trump’s pragmatism when it comes to the president’s policies on health spending and foreign aid. “I’ve talked to him about HIV and how the U.S. should be proud of our work there,” Gates said in an interview with Bloomberg Television’s Manus Cranny in Geneva, less than a month after meeting with Trump at the White House. “This dialog is important: you’ve seen his pragmatism on a number of things, and I’m certainly hoping that these health-related budgets receive some of that attention.”...”*

## **Stat News - The education of President Trump by Bill Gates, global health advocate**

<https://www.statnews.com/2017/04/20/bill-gates-donald-trump/>

(must-read) Gates gives some information (in this interview with Stat) on the topics he discussed with Donald Trump a few weeks ago, among others vaccines & global health (funding). Whether Trump’s ears were receptive? Time will tell...

## **Guardian – Lives at risk if Tories choose to ditch UK foreign aid pledge, says Bill Gates**

<https://www.theguardian.com/politics/2017/apr/19/lives-at-risk-if-tories-choose-to-cut-uk-foreign-aid-target-says-bill-gates>

Busy lobbying days for Bill Gates, clearly. The MDG-style aid era seems well and truly over now. See also the UK, after the rather shock announcement of new elections by Theresa May (and her apparent unwillingness to recommit to the 0.7 % ODA target).

*“Bill Gates warned Theresa May that should the Conservatives go ahead and abandon the UK’s overseas aid spending pledge it would reduce the country’s influence in the world and mean more lives lost in Africa. Speaking to the Guardian on the second day of the general election campaign, the billionaire philanthropist spelled out the potential consequences of dropping the existing pledge to spend 0.7% of GDP on aid, hours after the prime minister refused to recommit to it. Downing Street sources also refused to say whether it would be included in the party’s election manifesto when questioned. Labour believes May wants to cut the £12bn budget and abandon the UK’s commitment to the developing world. Gates said: “The big aid givers now are the US, Britain and Germany – those are the three biggest and if those three back off, a lot of the ambitious things going on with malaria, agriculture and reproductive health simply would not get done. But the Microsoft founder said that the leadership role taken by the UK could determine whether ambitious efforts to eradicate malaria in Africa were launched....” See also FT - [Bill Gates defends Britain’s foreign aid spending](#)*

And Devex - [UK snap election: Are aid commitments at risk?](#)

Jim Kim said more or less the same thing – see the Guardian - [World Bank chief echoes Bill Gates's warning to Theresa May on aid](#). *“The president of the World Bank has told Theresa May that cutting the UK’s aid budget could lead to an increase in conflict, terrorism and migration and would damage Britain’s international reputation.”*

Gates & Kim are fighting an uphill battle. They still don’t seem to get the fact that as long as many ordinary citizens in the West don’t feel “Big Capital” contributes to society the way they should, many will oppose foreign aid. You might regret that – and so do I - but that’s the way it is. So Gates, Kim & Lagarde know what to do, if they want to get global public goods financed the way they should in the 21<sup>st</sup> century. That is, to the tunes of 1-2 % of GDP. Seek the money where it can be found.

## Key reads from global health journals

### Lancet Global Burden of disease – new study & comments

<http://www.thelancet.com/gbd>

*“A new GBD study estimates worldwide future spending on health between 2015 and 2040, including estimations of government spending and how health resource needs can be met in an ever-evolving global economy.”*

Check out the **series of articles and comments**.

You might want to start with the **Comment** (must-read)- [Patterns of global health financing and potential future spending on health](#)

*“...Two new Articles in The Lancet address a very relevant and timely topic in global health economics. In the **first Article, Joseph Dieleman and colleagues in the Global Burden of Disease Health Financing Collaborator Network** use a wealth of data to explore global health financing trends across a 20-year period for a vast number of countries. With adjustment of the data for inflation and purchasing power parity and using non-linear regression methods, the study shows that total health spending is positively correlated with economic development. However, there is substantial heterogeneity among countries....*

*“...In the second Article, Dieleman and colleagues in the Global Burden of Disease Health Financing Collaborator Network use frontier analyses to estimate future and potential health spending for 184 countries **between 2015 and 2040**. ...” “...The forecasts show that the group of high-income countries currently spending on health on average \$5221 per capita will increase their spending by more than \$3994 between 2014 and 2040. Meanwhile, low-income countries will increase their current per capita health expenditure (\$120) by only \$75 over the same period of time. **The widening of the health expenditure gap between developed and developing countries will clearly continue to impact the life expectancy and life-quality gaps, calling for the need to increase government spending in low-income and lower-middle-income countries, as well as maintain the promotion of development assistance for health policies.**”*

## **IHME – Financing Global Health 2016: Development assistance, public, and private health spending for the pursuit of universal health coverage**

<http://www.healthdata.org/policy-report/financing-global-health-2016-development-assistance-public-and-private-health-spending>

*“Financing Global Health 2016 is the eighth edition of IHME’s annual series on global health spending and health financing. In addition to describing the trends in development assistance for health (DAH), this year’s report features an expanded discussion of domestic spending across low-, middle-, and high-income countries to describe the context in which DAH operates, identify health financing gaps, and support the pursuit of universal health coverage. Also new in Financing Global Health this year are detailed data for the funding of specific program areas within DAH for malaria and more thorough analysis of DAH for health system strengthening. This adds to the existing detailed tracking of DAH by program area for HIV/AIDS, maternal, newborn, and child health, and non-communicable diseases (NCDs)...”* Building on the two (abovementioned) Lancet papers.

Check out also the key messages/**report highlights** in IHME’s [Disparities on the path to UHC - Findings from financing global health](#).

## **Plos Med (Essay) – An open source pharma roadmap**

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002276>

*“In an Essay, Matthew Todd, Els Torreele and colleagues discuss an open source approach to drug development.”*

## **IJHPM - “Enemies of the People?” Public Health in the Era of Populist Politics Comment on “The Rise of Post-truth Populism in Pluralist Liberal Democracies: Challenges for Health Policy”**

[http://www.ijhpm.com/article\\_3349\\_b48b05ffa088fbd37f548c691033b48c.pdf](http://www.ijhpm.com/article_3349_b48b05ffa088fbd37f548c691033b48c.pdf)

By firebrand Martin McKee & David Stuckler. *“In this commentary, we review the growth of populist politics, associated with exploitation of what has been termed fake news. We explore how certain words have been used in similar contexts historically, in particular the term “enemy of the people,” especially with regard to public health. We then set out 6 principles for public health professionals faced with these situations. First, using their epidemiological skills, they can provide insights into the reasons underlying the growth of populist politics. Second using their expertise in modelling and health impact assessment, they can anticipate and warn about the consequences of populist policies. Third, they can support the institutions that are necessary for effective public health. Fourth they can reclaim the narrative, rejecting hatred and division, to promote social solidarity. Fifth, they can support fact checking and the use of evidence. Finally, they should always remember the lessons of history, and in particular, the way that public health has, on occasions, collaborated with totalitarian and genocidal regimes.”*

## Health Systems & reform (Special issue): Taking Results-Based Financing from Scheme to System, sponsored by the Alliance for Health Policy and Systems Research

<http://www.tandfonline.com/toc/khsr20/current>

In previous IHP newsletters, we already referred to most of these articles before (when they appeared online), but it's more than worth emphasizing this collection again.

From the editors of the collection: *"The **Alliance for Health Policy and Systems Research** is pleased to announce the publication of a Special Issue Taking Results Based Financing from Scheme to System in the journal Health Systems and Reform. The issue consisting of eight journal articles, including four country case studies, two cross country analyses and two commentaries is **largely based on the Alliance's research programme on Results Based Financing (RBF)**. This programme supported by Norad and in collaboration with the Department of Health Financing and Governance, WHO sought to examine how RBF has moved from pilot projects to being integrated into national health systems in eleven countries. The Institute of Tropical Medicine, Antwerp provided technical support for this programme of work. **This collection of eight articles offers new insights on implementing and scaling up RBF.** At the national level it examines how and why RBF programs were scaled up (or not) as they were in Armenia, Cambodia, Cameroon and Chad. At the cross national level, the Special Issue proposes **new conceptual frameworks**, including a four phase model of scale-up, using empirical data from country studies to test its applicability."*

Do check out also **blogs on Financing Health in Africa** in the coming weeks, distilling some of the key lessons from this series. See for example [Scaling up and integrating your RBF scheme: a progression in four phases](#).

## IJHPM - Performance-Based Financing to Strengthen the Health System in Benin: Challenging the Mainstream Approach

E Paul et al; [http://ijhpm.com/article\\_3352.html](http://ijhpm.com/article_3352.html)

Not part of the abovementioned series, clearly. *"Performance-based financing (PBF) is often proposed as a way to improve health system performance. In Benin, PBF was launched in 2012 through a World Bank-supported project. **The Belgian Development Agency (BTC)** followed suit through a health system strengthening (HSS) project. This paper analyses and draws lessons from the experience of BTC-supported PBF alternative approach – especially with regards to institutional aspects, the role of demand-side actors, ownership, and cost-effectiveness – and explores the mechanisms at stake so as to better understand how the "PBF package" functions and produces effects."*

Looking forward to bloggers discussing this BTC "challenge to the mainstream PBF approach". True, or just a relatively limited variation? I leave it up to the health financing experts to debate this in the coming weeks.

## Science – Epidemic Insurance

<http://science.sciencemag.org/content/356/6334/125?rss=1>

Must-read on CEPI, and GSK's Biopreparedness Organization.

## Science –Global Fund lessons for Sustainable Development Goals

<http://science.sciencemag.org/content/356/6333/32>

**Jeffrey Sachs** isn't one to give up easily. In this article, he (and G Schmidt-Traub) draw GF lessons for the SDGs.

## The Lancet Infectious diseases – series on maternal immunisation

<http://www.thelancet.com/series/maternal-immunisation>

*“Maternal immunisation has the potential to substantially reduce morbidity and mortality from infectious diseases after birth. The success of tetanus, influenza, and pertussis immunisation during pregnancy has led to consideration of additional maternal immunisation strategies to prevent group B streptococcus and respiratory syncytial virus infections, among others. However, many gaps in knowledge regarding the immunobiology of maternal immunisation prevent the optimal design and application of this successful public health intervention.”*

*This Series of three reports identifies research priorities. Key topics were delineated through review of the published literature, consultation with vaccine developers and regulatory agencies, and a collaborative workshop that gathered experts across several maternal immunisation initiatives: pertussis, influenza, group B streptococcus, and respiratory syncytial virus.”*

Read also the related **Comment** - [Global perspectives on maternal immunisation.](#)

## Lancet (Health Policy ) – Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents

P Sheehan et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30872-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30872-3/fulltext)

*“This Health Policy estimates the costs and benefits of global investment in the capabilities of adolescents in low-income, lower-middle-income and upper-middle income countries.”*

From the **summary**: *“Investment in the capabilities of the world's 1.2 billion adolescents is vital to the UN's Sustainable Development Agenda. We examined investments in countries of low income, lower-middle income, and upper-middle income covering the majority of these adolescents globally to derive estimates of investment returns given existing knowledge. ... The initial analysis showed high returns for the modelled interventions, with substantial variation between countries and with returns generally higher in low-income countries than in countries of lower-middle and upper-middle income. For **interventions targeting physical, mental, and sexual health** (including a human papilloma virus programme), an investment of US\$4.6 per capita each year from 2015 to 2030 had an unweighted mean benefit to cost ratio (BCR) of more than 10.0, whereas, **for interventions targeting road traffic injuries**, a BCR of 5.9 (95% CI 5.8–6.0) was achieved on investment of \$0.6 per capita each year. **Interventions to reduce child marriage** (\$3.8 per capita each year) had a mean BCR*

of 5.7 (95% CI 5.3–6.1), with the effect high in low-income countries. **Investment to increase the extent and quality of secondary schooling** is vital but will be more expensive than other interventions—investment of \$22.6 per capita each year from 2015 to 2030 generated a mean BCR of 11.8 (95% CI 11.6–12.0). **Investments in health and education will not only transform the lives of adolescents in resource-poor settings, but will also generate high economic and social returns.** ... . Although the knowledge base on the impacts of interventions is limited in many areas, and a major research effort is needed to build a more complete investment framework, these analyses suggest that comprehensive investments in adolescent health and wellbeing should be given high priority in national and international policy.”

Do read also the related (and recommended) **Comment - [Securing investments to realise the social and economic rights of adolescents](#)** (by S Ameratunga & Kumaran Rasanathan) Among others, the authors say a similar **human rights approach** (as in the HIV fight) might be needed to shift the status quo and stimulate necessary investments to promote the health of adolescents.

## **Lancet (Review) – Global kidney health 2017 and beyond: a roadmap for closing gaps in care, research, and policy**

A Levin et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30788-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30788-2/fulltext)

*“The global nephrology community recognises the need for a cohesive plan to address the problem of chronic kidney disease (CKD). In July, 2016, the International Society of Nephrology hosted a CKD summit of more than 85 people with diverse expertise and professional backgrounds from around the globe. The purpose was to identify and prioritise key activities for the next 5–10 years in the domains of clinical care, research, and advocacy and to create an action plan and performance framework based on ten themes: strengthen CKD surveillance; tackle major risk factors for CKD; reduce acute kidney injury—a special risk factor for CKD; enhance understanding of the genetic causes of CKD; establish better diagnostic methods in CKD; improve understanding of the natural course of CKD; assess and implement established treatment options in patients with CKD; improve management of symptoms and complications of CKD; develop novel therapeutic interventions to slow CKD progression and reduce CKD complications; and increase the quantity and quality of clinical trials in CKD. Each group produced a prioritised list of goals, activities, and a set of key deliverable objectives for each of the themes. The intended users of this action plan are clinicians, patients, scientists, industry partners, governments, and advocacy organisations. Implementation of this integrated comprehensive plan will benefit people who are at risk for or affected by CKD worldwide.”*

## **The Lancet (Comment) – The Global Financing Facility—towards a new way of financing for development**

**Mariam Claeson** (director of the Global Financing Facility for Every Woman Every Child at the World Bank, seconded from the Bill & Melinda Gates Foundation) ;  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31000-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31000-0/fulltext)

Must-read. “...To respond to the tide of global change and prepare for the new development era, the UN, in partnership with the World Bank Group, launched the Global Financing Facility (GFF), the financing arm of Every Woman Every Child at the Third International Financing for Development Conference in 2015. The GFF is a new financing model for a different way of investing in health and

*development (panel). It uses a multistakeholder approach under country leadership, aiming to bring together the contributions in expertise and domestic and international resources of the World Bank Group, the UN, the Bill & Melinda Gates Foundation, The Partnership for Maternal, Newborn, Child and Adolescent Health (PMNCH), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, bilateral donors, private sector partners, such as MSD for Mothers, and civil society organisations across reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). ...”*

*“...The GFF focuses on low-income or lower-middle-income countries that face the greatest RMNCAH-N challenges as identified in the Countdown to 2015 initiative.... “*

Read about the GFF journey so far, how it works, the 16 countries leading the way, etc.

## **Vox - Science is already political. So scientists might as well march.**

<http://www.vox.com/science-and-health/2017/4/19/15282820/march-for-science-political>

You probably know the **March for Science is coming up in the US (22 April)**. Do read this rather smart article, ahead of the March.

*“...this post isn’t really about the march itself. It’s about some of the thornier issues it has raised regarding science’s place in society and its relationship to politics. I want to begin by distinguishing two different ways of thinking about science — or rather, two different things that “science” refers to. For the purposes of this post, I’m going to call them **science-theory**, or science-t, and **science-practice**, or science-p. (Hopefully that won’t get too annoying.)...”*

Towards a conclusion: **“... The conditions that make good science-t possible — robust, well-funded, independent institutions and a basic respect for accuracy — are under intense and immediate threat. We should not pretend that science-t itself dictates an answer to this debate, or to any political struggle. But we should also not pretend that science-p can remain silent. The institutions and people who do science, as well as all the people who value them, cannot remain neutral toward a threat to the conditions that make science possible....”**

See also Vox - [The March for Science, explained](#).

In somewhat related news, the [Lancet’s Offline from this week dwells on Dartmouth -](#)

*“...At an inspiringly timed conference held last week—Global Health in the Era of De-Globalisation—Dartmouth academics and alumni gathered to discuss what Ambassador Daniel Benjamin called “the great unravelling....” And Horton ends his weekly contribution like this: “...Dartmouth is on the front lines of what might turn out to be one of the greatest acts of civil protest since the Vietnam War—a **rebirth of the social role of the American university, triggered by the values of public, global, and planetary health.**”*

## Coming up - 25 April – World Malaria Day

<http://www.who.int/campaigns/malaria-day/2017/en/>

See also [WHO](#) for a brochure released a few weeks ago: *“On World Malaria Day 2017, WHO is placing a **special focus on prevention**, a critical strategy for reducing the burden of a disease that continues to kill more than 400 000 people annually. This new report offers a brief summary of WHO-recommended tools in the malaria prevention arsenal. It is divided into 2 parts: the first chapter focuses on core vector control measures, and the second on preventive treatment strategies for the most vulnerable groups in Africa. It addresses a key biological threat – mosquito resistance to insecticides – and highlights the need for new anti-malaria tools.”*

## Devex - Rajiv Shah on Rockefeller Foundation priorities, multilateralism and philanthropy

<https://www.devex.com/news/rajiv-shah-on-rockefeller-foundation-priorities-multilateralism-and-philanthropy-90100>

(recommended) *“Amid a mood of global distrust toward institutions, philanthropic foundations must prioritize winning public confidence, including by partnering together and taking risks, said **Rajiv Shah in some of his first public remarks since taking the helm of the Rockefeller Foundation about six weeks ago**. Philanthropists have a key role in addressing some of the root causes of the current global political environment, in which trust in large institutions — from governments, to businesses, to the news media — are near historic lows, he said.”*

*“...Shah said his organization and others will need to combat perceptions that they are elitist or removed from the difficulties of everyday citizens...”*

## Zika

### Lancet (World Report) – Zika in Africa—the invisible epidemic?

C Nutt et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31051-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31051-6/fulltext)

*“A growing body of evidence suggests that in Africa a Zika epidemic could be undetected and overlooked. Cameron Nutt and Patrick Adams report.”*

## Stat News - ‘They’re just hiding’: Experts say Puerto Rico may be underreporting Zika-affected births

[Stat News.](#)

*“...Some observers believe Puerto Rico, which is heavily dependent on tourism, is downplaying the scale of its Zika problem.”*

Quick links:

(new Scientist): [The World Health Organization is preparing a global “vector control” plan to track the movements of disease-spreading organisms worldwide.](#) *“The idea is to prevent outbreaks of disease instead of simply reacting to new ones,” says Raman Velayudhan, head of vector control for neglected tropical diseases at the WHO. The plan particularly focusses on the Aedes mosquitoes that can carry the viruses that cause Zika, dengue, chikungunya and yellow fever.”*

Lancet Letter (by K Blanchard & Anne Starrs) - [Contraception, safe abortion, and the Zika response](#)  
*“We agree with The Lancet Editorial (Feb 11, p 573)<sup>1</sup> that bolder leadership is needed to address the Zika virus epidemic and support individuals and families affected by the disease, however, the Editorial missed a crucial element of such leadership: ensuring that comprehensive sexual and reproductive health care, including safe abortion, is part of the Zika response...”*

## Global health events

### UN News – UN forum highlights importance of stronger partnerships for financing sustainable development

<http://www.un.org/apps/news/story.asp?NewsID=56577#.WPcpkmmLTIU>

*“Underlining the importance of sustainable finance for the implementation of the 2030 Agenda for Sustainable Development, **senior United Nations officials today called for stronger partnerships with a diverse range of stakeholders to ensure that resource requirements are met.** In her opening remarks at the **high-level event, SDG Financing Lab – How to finance the SDGs**, Deputy Secretary-General Amina Mohammed recalled the Addis Ababa Action Agenda, which was adopted in 2015 at the UN Third International Conference on Financing for Development. She said the agreement – which sets out a series of bold measures to overhaul global finance practices and generate investments for tackling a range of economic, social and environmental challenges – is a key component of the 2030 Agenda. “The Action Agenda provides the framework for global cooperation to finance and implement the Sustainable Development Goals (SDGs) by mobilizing public and private sources,” said Ms. Mohammed. The deputy UN chief also noted that in addition to prioritizing domestic resource mobilization, aligning public spending with sustainable development and partnership with the private sector and businesses is equally important. ...”*

For much more detail on this meeting see also IISD - [UNGA Launches Global Conversation on Financing SDGs](#) “Opening the SDG Financing Lab, UNGA President Peter Thomson said the private sector must orient its actions and investments in the direction of sustainable development needs, and that this work has begun but must be scaled up. UN Deputy Secretary-General Amina Mohammed said she has been tasked with leading a comprehensive review of the UN Development System. During a dialogue session and three workshops, participants noted that capital is abundant and it is therefore important to focus on the true problem to be fixed, which is putting capital to use behind the world’s agreed values.”

## **Coming up - “Strategic purchasing for UHC: unlocking the potential” (25-27 April 2017, at WHO Geneva, Switzerland)**

*“Participants from national health authorities and purchasing agencies, partner agencies, foundations, as well as researchers have been invited and will discuss five key themes: benefit package design, mixed provider payment system, governance for strategic purchasing, information management systems, and payment for performance & RBF system integration. The objective of the meeting is to further develop a global collaborative agenda on future work related to strategic purchasing in support of country efforts to progress towards universal health coverage.”*

There will be a **livestream** for some sessions.

More info here: [http://who.int/health\\_financing/events/strategic-purchasing-meeting-2017/en/](http://who.int/health_financing/events/strategic-purchasing-meeting-2017/en/)

## **Coming up - Fair pricing forum (Amsterdam, 10-11 May)**

<http://www.fairpricingforum2017.nl/home>

*“Access to medicines is a major challenge for all, including for patients, governments and industry. Both (public) health and innovation are at stake when access is not guaranteed. Fair pricing of essential medicines would mitigate these challenges while at the same time providing space for innovation for health technologies to address existing unmet needs. To discuss the challenges and the way ahead, a Fair Pricing Forum will be held on Wednesday and Thursday, 10 and 11 May 2017 in Amsterdam, The Netherlands. The main objective of this Forum is to discuss options for a fairer pricing system, that is sustainable for both health systems and innovation. The Forum is an initiative of the World Health Organization and is organized in collaboration with the Dutch Ministry of Health.”*

## **Coming up – The fifth international conference on family planning (Kigali, 12-15 November 2018)**

[FP planning conference Kigali;](#)

Was announced late last week. *“The fifth International Conference on Family Planning (ICFP) will take place in Kigali, Rwanda, from November 12 to 15, 2018. The announcement was made today by the Bill & Melinda Gates Institute for Population and Reproductive Health and the Ministry of Health of the Republic of Rwanda, the conference co-hosts. The ICFP will be held at the state-of-the-art Kigali Convention Centre, which in the past has hosted the 27th African Union Summit and other high-level meetings.”*

## **Coming up - Medico symposium - G20 Summit & Global Health - Control or Prevention? (Berlin, 15 May)**

<https://www.medico.de/en/control-or-prevention-16750/>

Check out the program.

As you know, the **first-ever G20 Health Ministers’ meeting is expected to take place on 19-20 May in Berlin**. The potential tension between health protection (health and social care) and health security (at the G20 health meeting but also elsewhere) sets the stage for the symposium of the German Platform for Global Health (DPGG).

## **Global governance of health**

### **Social Watch – European CSOs demand a tax on Financial Transactions**

<http://www.socialwatch.org/node/17611>

*“Nearly 7,000 civil society organizations and trade unions have signed a letter to their respective heads of state and government calling for redoubling efforts to implement a Financial Transaction Tax (FTT), also known as the ‘Robin Hood tax’. The petition was submitted on the occasion of the European summit held in Rome to commemorate the 60th anniversary of the Treaty of Rome.”*

### **LSE (blog) – To really take back control, democracies must reclaim power over the production of money**

[http://blogs.lse.ac.uk/politicsandpolicy/the-production-of-money/?utm\\_content=bufferdff9e&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://blogs.lse.ac.uk/politicsandpolicy/the-production-of-money/?utm_content=bufferdff9e&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

*“Democracy has failed to protect society from the predatory behaviour of global financial markets, writes **Ann Pettifor**. Drawing on her new book, she explains why the monetary system has made society vulnerable, and how it needs to be transformed.” See also this week’s intro.*

## **The New Silk Road – A Health Diplomacy and Governance Perspective**

Ilona Kickbusch ; <http://www.globalpolicyjournal.com/blog/19/04/2017/new-silk-road-%E2%80%93-health-diplomacy-and-governance-perspective>

“Ilona Kickbusch explores the potential role of health diplomacy along the new Silk Road.”

## **Project Syndicate - The Mullah-Led Development Model**

N UI Haque; <https://www.project-syndicate.org/commentary/muslim-world-development-model-by-nadeem-ul-haque-2017-04>

Interesting article. (Do forward to Breitbart ! ) “...Today, a new breed of Muslim “searchers” is offering bottom-up development solutions. As the mullah-led development model continues to spread in the Muslim world, “experts” in the West would do well to understand the reasons for its success.”

## **UN Secretary-General Appoints Panel for UN-Habitat Review**

<http://sdg.iisd.org/news/un-secretary-general-appoints-panel-for-un-habitat-review/>

*“UN Secretary-General António Guterres has appointed a high-level, independent panel to assess and enhance the effectiveness of UN-Habitat. The Panel’s report will be considered at a two-day meeting of the UNGA in September 2017 on the effective implementation of the New Urban Agenda and the positioning of UN-Habitat.”*

## **Project Syndicate - A Big Bond for Africa**

Nancy Birdsall & N Okonjo-Iweala; <https://www.project-syndicate.org/commentary/africa-regional-infrastructure-investment-bond-by-nancy-birdsall-and-ngozi-okonjo-iweala-2017-04>

The name is Bond. Big Bond. It’s a “strategy for leveraging foreign aid funds in international capital markets to generate financing for massive infrastructure investment.” Frontloading aid, so to speak. The authors conclude: “...The Big Bond approach represents a much-needed update to the ODA framework – one that supports higher and more sustainable growth in recipient countries, while

*lowering the burden on donor countries. At a time when aid is under political pressure, perhaps such a bold approach to maximizing the efficiency of donor resources is exactly what the world needs.”*

## **Stanford Visiting Professor David Heymann Urges Global Health Community To Position Needs To Resonate With Policymakers**

<http://scopeblog.stanford.edu/2017/04/17/visiting-scholar-urges-global-health-community-to-think-like-a-politician/>

*“With funding for global health on the chopping block in many nations, Stanford visiting professor David Heymann, MD, offered practical advice for the global public health community recently: **Think like a politician.**”*

Being a bit pre-Alzheimer myself, I'll kick off by trying to think like Donald Trump. Will let you know how that goes.

## **Health Affairs (blog) - Why President Trump Should Use Foreign Aid For Health To Make America Great**

Robert Hecht et al; <http://healthaffairs.org/blog/2017/04/17/why-president-trump-should-use-foreign-aid-for-health-to-make-america-great/>

I only included this blog to announce that from now on, anybody in global health who tries to make a case towards the Trump administration, while putting ‘to make America (really) great’ in the title, or ‘to save innocent babies’ will be stubbornly ignored by this newsletter.

## **The Globe and Mail - The collateral damage of legalizing marijuana**

Steven Hoffman; <http://www.theglobeandmail.com/opinion/the-collateral-damage-of-legalizing-marijuana/article34717440/>

Last Thursday, the (Canadian) federal government unveiled its long-anticipated legislation to legalize cannabis. Hoffman points out some of the possible collateral damage. *“...While there may be significant health and social benefits from legalizing cannabis, we must not allow international law to become collateral damage in the pursuit of other objectives. Taking advantage of the “scientific purposes” exemption would allow us to have our cannabis cake and eat it, too. Otherwise, Canada should immediately start negotiating with other countries and preparing to withdraw from the drug control treaties after negotiations inevitably fail.”*

Meanwhile, we also much “enjoyed” this piece in the Guardian on Justin Trudeau’s planetary health “credentials” - [Stop swooning over Justin Trudeau. The man is a disaster for the planet](#) (by Bill McKibben)

## Global Fund Observer – new issue

[http://www.aidspace.org/gfo\\_article/board-approves-grant-extension-and-new-grant-nigeria%E2%80%99s-malaria-program](http://www.aidspace.org/gfo_article/board-approves-grant-extension-and-new-grant-nigeria%E2%80%99s-malaria-program)

Always worth scanning.

## G7 - 2016 G7 Ise-Shima Summit Interim Compliance Report

<http://www.g8.utoronto.ca/evaluations/2016compliance-interim/>

Not sure it’s still much relevant, given the rather changed G7 composition now.

## G20 - Sustainably overstrained?

Adolf Kloke-Lesch; <https://www.dandc.eu/en/article/g20-needs-reaffirm-universality-2030-agenda-sustainable-development?platform=hootsuite>

Over to the G20 then. *“Under the Chinese presidency, the G20 came up with a surprise endorsement of an action plan on the 2030 Agenda for Sustainable Development. The group of nations is thus committed to taking collective and individual action, at home and abroad, aimed at implementing the Agenda. Germany has made the 2030 Agenda a frame of reference for its G20 presidency. But as the Hamburg summit approaches, there are growing doubts that the G20 can deliver.”*

And a tweet to conclude this section: “The #UNGA today confirmed appointment of **Achim Steiner** of Germany as Administrator of **#UNDP** for a four-year term of office” See also UN News - [General Assembly confirms appointment of Achim Steiner as new UN development chief](#)

## NEJM (Perspective) - The Art of Repeal — Republicans' Health Care Reform Muddle

J Oberlander; <http://www.nejm.org/doi/full/10.1056/NEJMp1703980>

A nice overview of the Republicans' failure in Congress of a few weeks ago.

Meanwhile, Politico reported [White House plans Obamacare showdown next week](#)...

## Rockefeller foundation (blog) - Bringing Universal Health Coverage Closer to Reality: Meet the Joint Learning Network

<https://www.rockefellerfoundation.org/blog/bringing-universal-health-coverage-closer-reality-meet-joint-learning-network/>

See also the JLN case study (2016) - "[Joint Learning Network for UHC](#) - A practitioner-to-practitioner learning network supported by The Rockefeller Foundation's Transforming Health Systems Initiative."

## BMZ - Cambodia's Integrated Social Health Protection Scheme

[http://health.bmz.de/events/News/Cambodias\\_Integrated\\_Social\\_Health\\_Protection\\_Scheme/index.html](http://health.bmz.de/events/News/Cambodias_Integrated_Social_Health_Protection_Scheme/index.html)

*"In Cambodia a recent study shows that the integrated Social Health Protection Scheme (iSHPH) has enhanced HEF beneficiaries' utilisation of public health services and reduced their out-of-pocket payments by opening Health Equity Fund (HEF) membership to the near-poor and by complementing it with other interventions that reduce access barriers."*

For the related GIZ working paper (by Bart Jacobs et al), see [here](#).

## Planetary health

### Politico -White House advisers postpone Paris climate deal meeting

<http://www.politico.com/story/2017/04/paris-climate-deal-meeting-trump-team-237327>

*“President Donald Trump's most senior advisers postponed a meeting Tuesday during which they had hoped to bridge the administration's divide over whether the U.S. should remain in the Paris climate change agreement....”* The Trump government is deeply divided over the issue, but by late May Trump needs to have made up his mind, as then he and other world leaders will travel to Italy for a G-7 summit.

### Guardian – Only Sweden, Germany and France among EU are pursuing Paris climate goals, says study

[Guardian;](#)

*“Sweden, Germany and France are the only European countries pursuing environmental policies in line with promises made at the Paris climate conference, according to a new ranking study.”*

### Mosaic – Climate change is turning dehydration into a deadly epidemic

[Mosaic;](#)

*“A **mysterious kidney disease** is striking down labourers across the world and climate change is making it worse. Jane Palmer meets the doctors who are trying to understand it and stop it.”*

### Vox - A closer look at how rich countries “outsource” their CO2 emissions to poorer ones

<http://www.vox.com/energy-and-environment/2017/4/18/15331040/emissions-outsourcing-carbon-leakage>

Interesting analysis.

## Euractiv – Climate change exacerbates threat of terrorism

<http://www.euractiv.com/section/climate-environment/news/climate-change-exacerbates-threat-of-terrorism/>

*“From South America to the Middle East, the effects of climate change appear to exacerbate the problems of organised crime and terrorism. The UN and German think tank Adelphi have raised the alarm.”*

Quick link - [The G20’s Time for Climate Leadership](#) (Project Syndicate)

## Infectious diseases & NTDs

### Plos Med (Policy Forum) - Clinical decision tools are needed to identify HIV-positive patients at high risk for poor outcomes after initiation of antiretroviral therapy

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002278>

*“Margaret McNairy and colleagues highlight the need for clinical decision tools to help identify HIV patients who would benefit from tailored services to avoid poor outcomes such as loss to follow-up and death.”*

## JAIDS – Special supplement

See UNAIDS -

[http://www.unaids.org/en/resources/presscentre/featurestories/2017/april/20170420\\_global-plan](http://www.unaids.org/en/resources/presscentre/featurestories/2017/april/20170420_global-plan)

*“The Journal of Acquired Immune Deficiency Syndromes (JAIDS) has released a **special supplement** on the incredible journey of the [Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive](#), which documents the history of the Global Plan and outlines what the future holds as efforts to end AIDS among women, children and adolescents accelerate.” For the **supplement in JAIDS**, see [here](#).*

## Humanosphere – Range of setbacks slow progress toward polio eradication

<http://www.humanosphere.org/science/2017/04/setbacks-slow-progress-toward-polio-eradication/>

*“While the **number of polio cases is at a historic low** (only 5 cases of polio globally so far this year), **new obstacles are delaying global eradication**. The three remaining endemic countries – Afghanistan, Nigeria and Pakistan – are hampered by insecurity that makes it difficult to vaccinate all children against the disease. And a vaccine shortage expected to be resolved this year will extend into 2018. Despite the challenges, health officials with the U.N. are optimistic that the end is near for polio....”* See also [Stat News](#).

See also the WHO series on Margaret Chan’s legacy - [Polio eradication: from deep trouble to likely triumph](#) (which includes, towards the end, the situation as it is now)

In other polio related news, a “**Polio Transition Planning: Meeting of Member States**” is scheduled to discuss the Advance Draft of the WHA Report <http://www.who.int/mediacentre/events/2017/polio-transition-planning/en/> (28 April, Geneva).

See also GPE’s [polio this week](#).

## **A big-picture look at the world’s worst Ebola epidemic**

[Fred Hutch](#);

(from late last week & recommended). *“An international effort to analyze the entire database of Ebola virus genomes from the 2013–2016 West African epidemic reveals insights into factors that sped or slowed the rampage and calls for using real-time sequencing and data-sharing to contain future viral disease outbreaks.”*

For the study itself, see **Nature** - [Virus genomes reveal factors that spread and sustained the Ebola epidemic](#)

## **The Royal society –The Ebola outbreak, 2013–2016: old lessons for new epidemics**

[http://rstb.royalsocietypublishing.org/content/372/1721/20160297?utm\\_source=hootsuite&utm\\_medium=social&utm\\_campaign=standard](http://rstb.royalsocietypublishing.org/content/372/1721/20160297?utm_source=hootsuite&utm_medium=social&utm_campaign=standard)

This article is part of the themed issue ‘The 2013–2016 West African Ebola epidemic: data, decision-making and disease control’.

## **The Conversation – Haiti’s cholera victims still can’t get what they need from the UN**

N Lemay-Hébert & Rosa Freedman; <https://theconversation.com/haitis-cholera-victims-still-cant-get-what-they-need-from-the-un-75788>

*“... After years of pressure through advocacy campaigns and a class action lawsuit, the UN has pledged to provide remedies through what it calls a “victim-centred approach”. But what’s fast becoming apparent is that any consultations with victims will only take place after the UN determines what those remedies will look like. And that means they won’t take into account victims’ own ideas of what they need...”*

Quick links:

Reuters - [German Merck aims to role out child formula for schistosomiasis drug](#)

BMC Public Health - [Progress in vaccination towards hepatitis B control and elimination in the Region of the Americas](#)

## AMR

### **Israeli infection diagnostic start-up wins \$9.2m funding boost - MeMed secures US Department of Defense contract to develop bacterial infection test**

<https://www.ft.com/content/a6e74552-2445-11e7-8691-d5f7e0cd0a16>

Interesting news. Both scientifically, and to see how closely involved/interested Defense is in this sort of research.

## NCDs

### **Guardian - First US sugar tax sees soft drink sales fall by almost 10%, study shows**

<https://www.theguardian.com/society/2017/apr/18/first-us-sugar-tax-sees-soft-drink-sales-fall-by-almost-10-study-shows>

*“The first sugar tax to be introduced on soft drinks in the United States to fight obesity has cut sales by nearly 10% and apparently increased the numbers of people buying water instead, a study has shown.”*

See Plos Med for the new study - [Changes in prices, sales, consumer spending, and beverage consumption one year after a tax on sugar-sweetened beverages in Berkeley, California, US: A before-and-after study.](#)

## Reuters - Women may be less apt to get surgery in war-torn countries

[Reuters:](#)

Dr Wren (a surgeon working in SSA), asked “...**Doctors Without Borders for data on surgeries conducted in its humanitarian projects in 12 war-torn countries in Africa and the Middle East.** Between 2008 and 2014, the nonprofit organization performed the majority - 69 percent - of its nearly 50,000 operations in those countries on men, Wren and her colleagues found. “Working in low-income countries, primarily in sub-Saharan Africa, it has become obvious to me that women are underrepresented in the hospitals,” said Wren, professor and vice chair of surgery at Stanford University School of Medicine in Stanford, California. “**I’m concerned that women are having less access to surgery in these countries,**” she said in a phone interview. “We don’t know causality here. My hypothesis is we’re looking at a societal judgment about how women are valued...”

## BMC Public Health – Network analysis of global tobacco control collaboration: data from the World Conference on Tobacco or Health (WCTOH)

S Leischow et al; <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4234-7>

“The World Conference on Tobacco or Health (WCTOH) is held every three years to foster communication and collaboration on global tobacco control. Very little is known about the nature of interactions between WCTOH attendees and their linkages to tobacco control organizations, so knowing this information could help improve tobacco control efforts. At the 2015 WCTOH, we implemented an online survey to assess barriers to global tobacco control activities, which information sources they use for tobacco control information, and with whom they interact regarding tobacco control...”

## Global mental health in HICs

Ross White;

[https://www.academia.edu/26654274/Global\\_Mental\\_Health\\_in\\_High\\_Income\\_Countries?auto=download](https://www.academia.edu/26654274/Global_Mental_Health_in_High_Income_Countries?auto=download)

Learning from innovation in the global South. “Over the last decade there have been significant efforts to scale up mental health services in resource-poor countries. A number of cost-effective innovations have emerged as a result. At the same time, there is increasing concern in resource-rich

countries about efficacy, efficiency and acceptability of mental health services. We consider **two specific innovations used widely in low and middle-income countries, task-sharing and a development model of mental health care**, which we believe have the potential to address some of the current challenges facing mental health services in high-income countries.”

And a few quick links:

WPRO - [Tobacco - China’s addiction to an outdated and impoverishing economy](#) “Smoking-related diseases are on track to claim more than 200 million lives in China this century, a new joint WHO/UNDP report warns. The majority of these deaths will occur in China’s poorest and most vulnerable communities unless critical steps are taken to reduce China’s dependency on tobacco. **The Bill China Cannot Afford: Health Economic and Social Costs of China’s Tobacco Epidemic** is a groundbreaking report co-authored by the World Health Organization (WHO) and United Nations Development Programme (UNDP). The report, launched [today], explores the current health, social and economic costs of tobacco on China’s development, and outlines the tobacco control measures that could avert many millions of deaths.”

BMJ Editorial - [Active commuting is beneficial for health](#) (tell me something new 😊)

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

We start with a **tweet from Richard Smith**: “Do you know what **LGBTQIA** stands for? If not, you are out of touch. (I must confess that I had to look up QIA, although I guessed the A.)”

We also had to look it up - <http://www.urbandictionary.com/define.php?term=LGBTQIA> “Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual - LGBTQIA is a more inclusive term than LGBT for people with non-mainstream sexual orientation or gender identity.”

## Devex – UNFPA assess extent and impact of US cuts

<https://www.devex.com/news/unfpa-assess-extent-and-impact-of-us-cuts-90065>

“The United Nations Population Fund is still assessing the full impact of the United States cutting \$32.5 million in core funding earlier this month. But the effects are already clear at almost all of the country offices and programs that rely on the U.S., the agency’s second largest donor, Arthur Erken, the agency’s head of communications and partnerships, told Devex....”

## KFF – UNFPA Funding & Kemp-Kasten: an Explainer

<http://kff.org/global-health-policy/fact-sheet/unfpa-funding-kemp-kasten-an-explainer/>

*“On March 30, the Trump Administration invoked the “Kemp-Kasten amendment” in order to withhold FY 2017 funding for the United Nations Population Fund (UNFPA, the lead U.N. agency focused on global population and reproductive health). FY 2017 funding for UNFPA was expected to total \$32.5 million in core support and potentially millions more for other project activities. This explainer provides an overview of the history of Kemp-Kasten and its current application.”*

## The Conversation – Will Trump’s global family planning cuts cause side effects?

R S Robinson; <https://theconversation.com/will-trumps-global-family-planning-cuts-cause-side-effects-75813>

You know the answer, I’m afraid.

## Human resources for health

A quick link on IHP: **Pietro Dionisio** - [Unsung heroes: Community Health Worker lessons in Sierra Leone post-Ebola.](#)

## Global Health Announcements

### Coming up – Executive course on global health diplomacy (Graduate Institute) (12-16 June, Geneva)

<http://graduateinstitute.ch/home/executive/for-individuals/global-health-diplomacy.html>

Application deadline is **24 April**.

### Coming up – COP webinars related to the recent WHO handbook “Strategizing National Health in the Twenty-First century- A Handbook”

The CoPs have scheduled a series of four webinars dedicated to the recent WHO handbook:

First webinar: **Priority Setting for Health Policies, Strategies & Plans** by **Agnes Soucat**- Director of Health Systems Governance & Financing at WHO HQ. This webinar will take place on Thursday the 11<sup>th</sup> of May from 12noon to 1.30pm GMT/ 2:00pm-3.30pm Europe summer time. Webinar

Link: <https://itg-training.webex.com/itg-training/k2/j.php?MTID=t5cf689b1ad6a92f144b8b7b7e247ff97>

Second webinar: **Strategic Planning: Transforming Priorities into Plans** by **Dheepa Rajan- Health Systems Expert at WHO HQ and one of the editors of the handbook**. This webinar will take place on Friday the 26<sup>th</sup> of May from 12 noon to 1.30pm GMT/ 2:00pm-3.30pm Europe summer time. Webinar Link: <https://itg-training.webex.com/itg-training/k2/j.php?MTID=ta425124a14071b0c956ff7c7001505be>

Third webinar: **Budgeting for Health with Helene Barroy, Senior Health Financing Specialist at WHO HQ**. This webinar will take place on Thursday 8<sup>th</sup> of June from 1:00pm to 2.30pm GMT/ 3:00pm-4.30pm Europe summer time. Webinar Link: <https://itg-training.webex.com/itg-training/k2/j.php?MTID=t1f30b6d888f20177323671f72838b75c>

Fourth webinar: **Monitoring and Evaluation of National Health Policies, Strategies and Plans by an expert from the Global Platform for Measurement and Accountability**. This webinar will take place on Thursday the 22<sup>nd</sup> of June from 1:00pm to 2:30pm GMT/ 3:00pm-4.30pm Europe summer time. Webinar Link: <https://itg-training.webex.com/itg-training/k2/j.php?MTID=tf04eb0e36a982098b038db4bbf030860>

## Miscellaneous

### Lancet (Editorial) – Achieving progress on ending the death penalty

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31052-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31052-8/fulltext)

*“...Global consensus on the use of the death penalty is still, disappointingly, lacking, but it may not be out of reach. On April 11, 2017, Amnesty International released its 2016 report on global death sentences and executions. This report points towards an overall trend of decline in the use of the death penalty worldwide.”* The Lancet’s take.

### Swedish stats icon Hans Rosling awarded posthumous prize by UN

<https://www.thelocal.se/20170418/swedish-stats-icon-hans-rosling-awarded-posthumous-prize-by-un>

*“Swedish statistics icon and health professor Hans Rosling has been posthumously honoured with a UN prize in recognition of his creative presentations on global health and poverty, it has been announced. First established by the UN General Assembly in 1981, the United Nations Population Award will this year be jointly awarded to Rosling and community organization the Association of*

*Traditional Chiefs of Niger. The award "recognizes outstanding achievements in population and health," according to the United Nations Population Fund (UNFPA)...."*

## **FT – Alphabet to help researchers predict disease; Google owner will provide funding and technology for study of more than 10,000 people**

<https://www.ft.com/content/25f2c748-2484-11e7-a34a-538b4cb30025>

*"Alphabet, the owner of Google, has teamed up with two leading academic institutions to collect health data on more than 10,000 people to help medical researchers unearth clues that can predict disease. Verily, formerly Google Life Sciences, has provided funding for the initiative and donated technology, including smartwatches and sleep sensors, to Stanford Medicine and Duke University, which will lead the study. ... .. The study, dubbed Project Baseline, is the latest instance of a technology company partnering with the medical establishment, as Silicon Valley tries to improve healthcare — and create new profit centres — by harnessing its experience in collecting and sorting large amounts of data."*

## **Oxfam (blog) - What are the obstacles to collaboration between NGOs and Academics?**

Duncan Green; <http://oxfamblogs.org/fp2p/what-are-the-obstacles-to-collaboration-between-ngos-and-academics/>

Kicked off a series of blogs summarizing some of the content of a chapter Duncan Green wrote recently on the NGO-academia interface.

For the second article in the series, see [What does Systems Thinking tell us about how INGOs and Academics can work together better?](#)

## **UN News - UN, African Union sign new partnership framework to better respond to evolving challenges**

<http://www.un.org/apps/news/story.asp?NewsID=56587#.WPhh3WmLTIU>

*"United Nations Secretary-General António Guterres and the Chairperson of the African Union, Moussa Faki Mahamat, [today] signed a new landmark framework to strengthen partnership between the two organizations on peace and security pillars and better respond to the changing dimensions and evolving challenges of peace operations." "...The new understanding will also help align the African Union's Agenda 2063 with the global 2030 Agenda for Sustainable Development to ensure that they are both a "success story" in the continent."*

## Afrobarometer (analysis) - Building on success: Citizens point to Africa's priority development challenges

C Logan et al; <http://afrobarometer.org/blogs/building-success-citizens-point-africas-priority-development-challenges>

Always worth a good look. “...Data from Afrobarometer public opinion surveys across more than 30 countries in 2014/2015 offer a window into the lived experiences and expectations of ordinary Africans. When asked what they consider the most important problem that government should address (three answers permitted), a plurality (37%) of Africans identify unemployment as their top priority, followed by health (31%), education (23%), infrastructure 22%), water (20%), and poverty (20%)”. But, also, “...we find strong evidence that Africans see the fight against corruption as critically important and regard democracy as the essential means for selecting governments that can solve their problems. Two-thirds of respondents (67%) say they support democracy as the best system of government, and 82% agree that leaders should be chosen through elections rather than some other method.”

## Observer research foundation (Commentary) - Currents of disruption: Not just a new world order, but a new world

<http://www.orfonline.org/research/currents-of-disruption-not-just-a-new-world-order-but-a-new-world/>

“The nation-state will remain the fundamental unit of reckoning in the international system, but it will have to reckon, almost Brownian-motion-like, with other units and stakeholders in a fluid medium where disorder may have both permanence and legitimacy.” We don't agree with everything in this piece, and of course there's quite some speculation involved, given the fact that it tries to look ahead till 2030, but well worth a read on likely trends such as 'Un-Enlightenment', 'Public goods, private provision', 'Old Westphalia, new social contract', ...

## Vox - This new tool will make it easier to spot hidden conflicts of interests in scientific studies

<http://www.vox.com/2017/4/19/15350048/pubmed-publishing-conflicts-of-interest-funding-information>

“...**PubMed** — a powerful taxpayer-funded search engine for medical study abstracts that doctors, patients, and the media rely on — just started **displaying conflict of interest data up front**. New information about funding sources and potential conflicts will now appear **right below study abstracts**, which means readers don't have even to open a journal article to be made aware of any possible industry influence over studies....”

## UNSCN - UNSCN Discussion Paper - By 2030, end all forms of malnutrition and leave no one behind

S Oenema; <https://www.unscn.org/en/resource-center/UNSCN-Publications?idnews=1674>

*“The paper aims to present the centrality of nutrition in the current sustainable development agenda. It provides an overview of the numerous and inter-related nutrition targets that have been agreed upon by intergovernmental bodies, placing these targets in the context of the SDGs and the UN Decade of Action on Nutrition. As such, this paper does not give a full technical analysis of the nutrition landscape but rather connects the dots between the various identified areas for policies and action. It aims to inform nutrition actors, including non-traditional ones, regarding opportunities to be engaged and connected in a meaningful way.”*

## Devex reports – Emerging Donors

<https://www.devex.com/news/devex-reports-emerging-donors-89626>

*“...Drawing on our industry-leading coverage of development finance and policy, this exclusive Devex report provides an in-depth assessment of the funding strategies and priorities of eight emerging donors: the BRICS economies (Brazil, Russia, India, China, South Africa), as well as South Korea, the United Arab Emirates and Turkey.” (gated)*

## Research

### Developing World Bioethics - Health Systems Research in a Complex and Rapidly Changing Context: Ethical Implications of Major Health Systems Change at Scale

Paul Ndebele and Adnan A. Hyder; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5111606/>

From 2016, but more than worth a read, if you didn't see this article yet.

### Global Fund Observer - More operational and implementation research initiatives should be included in funding proposals: Study

David Garmaise;

[http://www.aidspace.org/node/4173?utm\\_content=bufferd5ce0&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer#.WPdBcFv7Ofc.linkedin](http://www.aidspace.org/node/4173?utm_content=bufferd5ce0&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer#.WPdBcFv7Ofc.linkedin)

« **More needs to be done to promote the inclusion of operational and implementation research (OR/IR) initiatives in funding requests to the Global Fund.** The Secretariat, technical partners and countries all have a role to play in making this happen. This was the central message of a situational analysis of OR/IR and the Global Fund conducted by researchers affiliated with the Swiss Tropical and Public Health Institute; the University of Basel, Switzerland; and the Special Programme for Research and Training in Tropical Diseases at the World Health Organization. **A report on their research was published recently in the journal Globalization and Health....** » (see a previous IHP newsletter)

## **BMJ Global Health –Do changes to supply chains and procurement processes yield cost savings and improve availability of pharmaceuticals, vaccines or health products? A systematic review of evidence from low-income and middle-income countries**

G Seidman & R Atun; <http://gh.bmj.com/content/2/2/e000243>

*“Improving health systems performance, especially in low-resource settings facing complex disease burdens, can improve population health. Specifically, the efficiency and effectiveness of supply chains and procurement processes for pharmaceuticals, vaccines and other health products has important implications for health system performance. Pharmaceuticals, vaccines and other health products make up a large share of total health expenditure in low-income and middle-income countries (LMICs), and they are critical for delivering health services. Therefore, programmes which achieve cost savings on these expenditures may help improve a health system's efficiency, whereas programmes that increase availability of health products may improve a health system's effectiveness. This systematic review investigates whether changes to supply chains and procurement processes can achieve cost savings and/or improve the availability of drugs in LMICs.”*

## **Globalization & Health - Do International Health Partnerships contribute to reverse innovation? a mixed methods study of THET-supported partnerships in the UK**

K Kulasabanathan et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0248-2>

*“International health partnerships (IHPs) are changing, with an increased emphasis on mutual accountability and joint agenda setting for both the high- and the low- or middle-income country (LMIC) partners. There is now an important focus on the bi-directionality of learning however for the UK partners, this typically focuses on learning at the individual level, through personal and professional development. We sought to evaluate whether this learning also takes the shape of ‘Reverse Innovation’ –when an idea conceived in a low-income country is subsequently adopted in a higher-income country....”*

# Health Research Policy & Systems - Operations research in global health: a scoping review with a focus on the themes of health equity and impact

B D Bradley et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0187-7>

*“Operations research (OR) is a discipline that uses advanced analytical methods (e.g. simulation, optimisation, decision analysis) to better understand complex systems and aid in decision-making. Herein, we present a scoping review of the use of OR to analyse issues in global health, with an emphasis on health equity and research impact. ... ..”* The conclusion: *“Poor availability of representative and quality data, and a lack of collaboration between those who develop OR models and stakeholders in the contexts where OR analyses are intended to serve, were found to be common challenges for effective OR modelling in global health.”*