

IHP news 417 : Global health's complicated relationship with populism

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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,

By now you probably know all about Donald Trump, including everything you never wanted to find out about the guy. Over the past few months we noticed (with many others, no doubt) that The Donald likes to repeat things – exactly once. As in: “Cle-e-an co-a-al. Clean co-a-al-I-I...”. Or ‘Fake Ne-e-wz. Fake Ne-e-ewz’ (enter Trump’s notoriously pursed lips). Maybe he does this to remember these wise words better, or perhaps it’s his equivalent of [Ivanka's transcendental meditation](#) practice, to “stay in the moment”, we don’t know. (PS: next time Ivanka pops up on a global health/female empowerment stage, the crowd might want to chant: “[Cle-an Clo-o-thes. Cle-an clo-o-thes!](#)”).

Not being the youngest anymore, we empathize with Trump on this issue. Many of our leaders could certainly use a reminder now and then, among others to stop them from using silly arguments to convince public opinion to ‘do the right thing’ after they have paved the road towards populism (and to some extent even fascism) for decades. For a recent example, see [the one](#) used by the likes of Guy Verhofstadt et al in the final week of the French presidential elections towards Mélenchon, when the latter showed himself not so keen to support Macron in the second round: “He’ll be the first one to be persecuted if Le Pen gets to power”. That sort of “killer argument” (what’s in a name) reminded me of the Catholic Church in the Middle Ages – “you’ll burn in hell if...” As in [other cases in recent months](#), Verhofstadt’s message is perhaps not entirely wrong, but the messenger is. The fact that Verhofstadt, Blair and other Schäuble’s [don't seem to get that](#), is evidence of the precarious situation our democracies find themselves in nowadays. So having to choose between the plague and cholera, I’m rooting for a 48 % (Le Pen) versus 52 % (Macron) result this weekend. Don’t want Le Pen to win, clearly – she’s far more a fascist in her veins than Trump ever will be, and downright frightening – but somehow the European establishment needs to understand they can’t continue their neoliberal ways of the past. A close call election result would be an apt reminder, even if I agree with Varoufakis that [“the imperative to oppose racism trumps opposition to neoliberal policies”](#).

Focusing a bit more on the global health and scientific community then, what surprises me a bit these days is that although many in the global health community [-rightly - emphasize](#) that “public health is political”, at the same time (too) many scholars don’t want to have much to do with “populism” (including some of the ones studying the political determinants of health!). Perhaps they’re afraid of the ‘death of experts’, or maybe it’s because they know that populism often leads to authoritarianism or worse, or because “When science is under threat, public health is also threatened”. These are all very legitimate (and accurate) concerns. Still, “populism” is too often equated with the far (and xenophobic) right version of it, including among the ones with real power in global health corridors. There’s also a [left-wing populism](#), as well as politicians who’ve been trying to push mainstream ‘centre-left’ parties towards a more radical-left worldview and policies in recent years. They often ask justified questions, even if they can sound utopian in their recipes, certainly in the short term. But

they understand that most ordinary citizens [want Fairness](#), far ahead of 'Facts'. Yet, they aren't very popular with many global health experts (certainly not with the British ones, traumatized as they are by the Brexit ☺) or judged as 'irresponsible'. The same was true in the US (with many respected global health experts supporting Hillary rather than Bernie Sanders), often for strategic ("politically feasible") reasons. Yes, many of these more radical leftwing firebrands lose elections in the short term, but some of their (better) ideas might survive (Berniecare?) and come back with a vengeance later, when the time is perhaps more ripe. (After a new World War, I hear you say ☺.) For now, though, focusing on the UK, I agree with Simon Jenkins - [Jeremy Corbyn should do a Bernie Sanders, and go for broke](#). "Let Jeremy be Jeremy!"

From France, over the UK, coming back to the EU, then: Ilona Kickbusch might regret it, but it's for a reason that ['Pulse for Europe'](#) draws much smaller crowds (and none in Greece whatsoever) than climate marches around the world.

In sum: if you agree that "politics is a key component of public health locally, nationally and internationally", it feels a bit shortsighted to ridicule left-wing populism or radical "centre-left" leaders who seem unable to win elections in the short term. In the words of a [recent piece in New Internationalist](#), "...While the intelligentsia will always be suspicious of populism of whatever stripe, these days, without Left populist parties and movements, the political polarization is between racist and xenophobic movements of the populist Right and the sterile consensus politics of the Centre Right and Centre Left. It is becoming apparent that this Centre simply cannot hold. The notion that we as a species are in profound crisis is rapidly spreading. The problems we face of wrenching inequality and the carbon countdown to climate degradation do not lend themselves to a little technocratic tinkering. The basic structures of capitalist society need a thorough rethink that must involve a broadening of democracy. ..."

And although I don't want to generalize to populism elsewhere in the world, as populism is always context-specific, in a [recent Devex article](#) I also came across this quote, "... There's a temptation to blame all of Africa's woes on avaricious populist leaders, but their support is often based on real complaints about structural inequality and a lack of opportunity." Sounds familiar.

The respective **WHO DG candidates** have by now offered their views on a lot of issues, but so far none of them have really dwelled on populism, as far as I can tell, although it's a key issue now in our world, with plenty of ramifications for global health (policy) in the years to come. Would be nice to hear from them on this topic in the final weeks before the World Health Assembly, hopefully going beyond the platitudes that tend to pit "progressive, free-market, pro-European politicians against nationalistic populist movements" or discern "nationalism and protectionism versus globalisation and solidarity." It might not win them much votes, but with a view on the triangle that will (hopefully) move planetary health and health for all in the 21st century, it **would be unwise not to capitalize on some of this left-wing populist rage**, even if there are many caveats.

Speaking of planetary health, I reckon the new **Planetary Health paradigm** will need a nice "holistic" song for rallies around the world in the coming years and decades. I vote for **Granddaddy's "He's simple, he's dumb, he's the pilot"**. Although the song is from a while ago, it feels strangely apt for the Trump era.

In this week's Featured article, **Erlyn Macarayan, Jason Haw, Mariam Parwaiz and Latha Swamy** reflect on the 2017 Consortium of Universities in Global Health held in Washington DC, USA, early April. Check out their takeaway messages for health systems researchers from this event.

Enjoy your reading.

The editorial team

Featured Article

Healthy ecosystems as a building block of resilient health systems: Challenging health systems researchers to take action

Reflections on the 2017 Consortium of Universities in Global Health held in Washington DC, USA (April 6-9)

Erlyn Macarayan, Jason Haw, Mariam Parwaiz, Latha Swamy

Health systems are getting more complex than ever, encompassing no longer just the typical [building blocks](#) of health systems and their interactions, but also venturing to include areas of study on planetary health - or “galactic health” as some speakers called it - at the recent *2017 Consortium of Universities in Global Health (CUGH) Conference held in Washington DC*, which we were fortunate to attend. Indeed, the realm of health systems has expanded more than ever to highlight the importance of framing human health within the wider context of the environment and Earth’s natural ecosystems, focusing on how vital this is to save current and future generations. Unfortunately, while ecosystems are undeniably important to the future of humanity, efforts to protect them are continuously threatened by changing political paradigms. Most recently, at the pinnacle of concerns about environmental impacts on health (and related policies) is the new US administration. Coincidentally, the 2017 Annual CUGH Conference was held in the epicentre of U.S. (and to some extent also global) politics – Washington D.C.

Here, we outline our top three takeaway messages for health systems researchers from the conference.

1. **Calling upon health systems researchers to become ecosystem advocates:** The current political climate in the United States means there are threats to the funding of key U.S. institutes and agencies involved in global health activities. U.S.-based attendees were urged to contact their Congressperson to advocate for continued funding of global health. We wondered, are there opportunities for other health systems groups to also join this call? More broadly, a strong case has been made for the [political argument for investing in global health](#). Political will and international collaboration led to the MDGs, the SDGs, and even the eradication of smallpox. Public policies affect global health outcomes, and academia (in any field or expertise) has a moral obligation to engage politically, to present the science and evidence that can guide policymaking. As Richard Horton said in the closing plenary session of the Conference, “Science can be a lever for holding those with power accountable for their commitments.” Health systems researchers around the world should heed this message. In the planetary health era,

this not only implies advocacy for global health funding and commitment, but also ecosystem advocacy based on the best available science.

2. **Integrating ecosystems in service delivery:** Under the planetary health framework, we need a genuinely multi-scalar, transdisciplinary approach to achieve substantial health and environmental gains. [EcoHealth](#) and [One Health](#) approaches have long since tackled local-level challenges including micro- and macronutrient deficiencies, livestock health, infectious diseases, and land-use change – themes that underscored several conference sessions. Local efforts are best supported by complementary national and international policies – a key principle underlying the planetary health approach. For example, researchers at [EcoHealth Alliance](#) highlighted the [Global Health Security Agenda](#), suggesting we can build stronger health systems by accounting for local socio-ecological practices, and incorporating ecosystem and biodiversity disturbance indicators. These systems would in turn be better able to swiftly address pandemic threats on a regional or global level. Without collective action, [annual costs of zoonotic spillover](#) events will continue to rise. In this case, a clear economic rationale exists – the hefty cost of inaction far outweighs the cost of cooperative pandemic prevention. The [next challenge is to examine the trade-offs and develop the economic rationale](#) for each scenario that contributes to the broader planetary health framework. Ultimately, the goal is to incentivize the global community to adopt and integrate a “planetary health ethos” from consumer behaviour to international policymaking.
3. **Adding environmental vulnerability as a mark of health system resilience:** More and more countries are making evidence-based policy decisions on priority-setting of health needs. The Global Burden of Disease (GBD) Collaboration is responding to this need by releasing GBD results yearly, developing more subnational estimates, and refining their methods. As countries focus more of their resources on tackling high-burden diseases, it is important that they do not neglect low-burden diseases that disproportionately affect vulnerable populations, such as neglected tropical diseases that may not rank high in terms of overall burden, but often rank high among the poor or those living in urban slums or hard-to-access rural areas. Investing in upstream policies is also important, such as those addressing planetary health. A health in all policies approach with the inclusion of environmental vulnerability discussions should be the guiding framework, not just in the health sector, but all other related sectors.

Against this backdrop, it was no doubt appropriate that, for the first time, the conference was co-chaired by a member institution from a low- and middle-income country, a practice which they intend to continue in the coming years - the 2018 CUGH conference will take place in New York. As a side note, perhaps this kind of commitment to representation of LMIC institutions as co-organizers or conference hosts could be considered by other upcoming global health conferences, since it exposes participants to the struggles in LMICs (including visa concerns faced by many participants from LMICs when attending conferences in high-income countries).

The need to integrate environmental issues into health systems is more critical than ever. While many engaging and thought-provoking discussions occurred during the conference, some sessions still felt too focussed on the problem, without due attention to the potential solutions. Academics are accustomed to clearly defining the problem, but often feel hesitant to venture into the policy domain. However, as the underlying message of the Conference emphasized, we as academics and as part of the global health community need to engage in political advocacy for better global health policies, inclusive of planetary health. Human wellbeing and health, indeed, are [ecosystem services](#). It is vitally important to keep it that way for the generations that follow.

Erlin Macarayan is a postdoctoral researcher at Yale University and was part of the 2014 Emerging Voices program. She is interested in the areas of health systems, epidemiology, and infectious diseases.

Nel Jason Haw works in public health in the Philippines and is currently a Masters of Science (MSc) in Global Health student at Georgetown University.

Mariam Parwaiz is a Public Health Medicine Trainee from New Zealand, currently studying towards her MPH. She recently joined the Trainee Advisory Committee of the CUGH, and is also the social media coordinator for Women in Global Health, a global movement that calls for gender equality in global health leadership.

Latha Swamy is Senior Advisor in Planetary Health to Ernesto Zedillo, Chair of the Rockefeller Foundation Economic Council on Planetary Health and former President of Mexico. She also serves as UN Ambassador for Women's Environment and Development Organization and is a Junior Board Member of EcoHealth Alliance.

Highlights of the week

WHO DG election race: It's the final countdown ...!

Just a few more weeks before we will know who will head WHO in the coming years.

Open letter calling upon candidates to commit themselves (and WHO) to replace user fees with public financing

In the run up to the elections for WHO DG, civil society organisations (led by Oxfam) are organising an open letter to the candidates calling on them to (publicly) commit themselves and WHO, to replace user fees with public financing, sorry – PUBLIC FINANCING. **We hope many of you will sign this letter, either individually or on behalf of your institution!** See <https://www.surveymonkey.co.uk/r/KTL7FPZ>

Signatures will be accepted until 18:00 BST Wednesday 10 May.

Let's keep up the pressure on the candidates and WHO (as well as the WB, UHC 'partners in crime'...)! Stay also tuned for a related **Twitter action on 11-16 May**.

Devex - A new deal for health

Sania Nishtar; <https://www.devex.com/news/opinion-a-new-deal-for-health-90171>

You probably know by now that we're fans of Sania Nishtar. Read why. In this op-ed, she explains her vision on WHO and 'new deal for health' in eloquent terms. (PS: among others, she vows 'no deals to gain the helm of WHO')

Next stop, Geneva

<http://www.researchresearch.com/news/article/?articleId=1367615>

Remarkable piece. **“David Nabarro is confident he has enough votes to become the next director-general of the World Health Organization. Others are less sure, as Lila Randall reports.”**

“My mantra is going to be ‘relevance, response and results’,” says David Nabarro, who is in the final stages of a campaign to become the next director-general of the World Health Organization.

*... ... Ministers from the WHO’s 194 member states will vote **in a secret ballot on 22 and 23 May** at the World Health Assembly in Geneva, where the winner will be announced before midnight on 23 May. Speaking to Research Fortnight by phone from New York, Nabarro was nearing the end of a gruelling 45-country tour to persuade health ministers that he deserves their vote. **He needs 98 votes to safely win, but he is confident that he has secured about 100.**”*

I would imagine this Macron-style early “leak” (see Macron celebrating at a brasserie in Paris after the first round of the presidential elections) will hurt Nabarro’s case, when push comes to shove, but then again, I’m rather naïve on how these things work at the highest diplomatic level. ...

AMR Times - newsletter

<http://us12.campaign-archive1.com/?u=e0843acdad65f1015abe3d62b&id=2790d54aa9>

The latest issue of this AMR newsletter has all the candidates’ stances on what needs to be done to tackle AMR.

Plos (blog) – Where do the (3) candidates for the next WHO Director General stand on the most challenging global health issues of the decade?

A E Birn et al; <http://blogs.plos.org/yoursay/2017/05/04/where-do-the-3-candidates-for-the-whos-next-director-general-stand-on-the-most-challenging-global-health-issues-of-our-time/>

The 3 WHO DG candidates are asked to address critical issues in global health, with their unedited answers provided. **“... While there have been profiles and interviews of the candidates in such leading venues as the Lancet and the New York Times, these pieces have not covered the most crucial political economy issues facing the organization and the range of actors involved in global health, and, most importantly, how these issues affect the health of the public.** As co-authors of Oxford University Press’s just-published *Textbook of Global Health* (4th edition), we **have drawn from the book’s critical political economy of health framing** (that is, how health and disease are produced and influenced by political, economic, and social structures [practices, institutions, and policies] and social [class, race, and gender] interrelations) to pose a series of direct questions to the three candidates: Dr. Sania Nishtar (SN), of Pakistan; Dr. David Nabarro (DN), of the United Kingdom; and Dr. Tedros Adhanom Ghebreyesus (TAG), of Ethiopia....” Check out their answers.

Questions were: (1) How seriously will you take the societal determinants of health and what specific actions will you lead in this regard? (2) How will you ensure that non-state actors do not capture the WHO and thereby neuter the role of UN member states in decision-making? What

specific novel policies will you propose to improve health equity and strengthen health outcomes in LMICs? What specific plans do you have to counter the climate change denialists, given the wealth of data on the negative impact of climate change on health?

And read also the **authors' final observations** (at the end of the blog – they aren't that impressed, it seems...), including their conclusion: *"In sum, in order to address global health's most fundamental challenges, each of the candidates for WHO Director-General ought to pay greater attention to, and act antagonistically around, the structural issues—global trade and financial governance arrangements and rules, patterns of wealth and ownership, production processes, imperialism, militarism, and class, race, and gender oppression—that shape ill health and health inequities both within societies and across the world."*

Inaugural Planetary Health/Geohealth conference (Boston, MA April 28-30)

<https://planetaryhealthannualmeeting.org/>

(See also last week's IHP featured article by **Renzo Guinto** - [Building the social foundations of planetary health](#))

Some key reads related to this **inaugural conference**, more or less the official launch of the new **planetary health paradigm** (or is it already the second milestone after the publication of the planetary health report last year?):

See also hashtag **#PHGH2017** or the **abstract booklet in the Lancet** (special issue with all the abstracts) - [Inaugural Planetary Health/GeoHealth Annual Meeting](#)

As Climate Protesters March, Researchers Gather For New Field: 'Planetary Health'

[Common Health;](#)

Must-read. *"... The changing environment is affecting human health in all kinds of unpleasantly surprising ways — to the point that researchers are launching a new field, "planetary health," to explore them. They're holding their **first annual conference this weekend in Boston, funded by the Rockefeller Foundation and also backed by Harvard, the Wellcome Trust, medical journal The Lancet and two big scientific societies.** So while marchers are out in the streets calling for action on climate change, nearly 400 conference-goers at Harvard Medical School will be discussing just what the changing environment is doing — and likely to do — to our health. I spoke with **Harvard's Dr. Sam Myers, director of the Planetary Health Alliance and lead organizer of the conference.**"*

*"...I would very carefully not say 'climate change.' The whole concept of planetary health is that human activity is increasingly disrupting all of our planet's natural systems, including the climate system but also including land use, land cover, global fisheries, freshwater systems, bio-geochemical cycles, and a variety of other natural systems." ... So it's not specific to climate change. But **it's a bringing-together of the earth and natural scientists, the ecologists and the mainstream public***

health professionals who have all been feeling different parts of the elephant. They've all been recognizing in their own ways — within their societies and their disciplines — that the changes that they're seeing in the earth and natural sciences are increasingly having very immediate impacts on the health of particular populations."

"..And, meanwhile, you're helping to launch the field of planetary health at a time when the administration of the U.S. government seems to be going in the other direction. "

There's no reason to feel despondent, though. "As former EPA administrator, Gina McCarthy, [put it](#) at the conference, it's time to stop sulking over the Trump administration's anti-climate-science stance, to get to work, and **to speak out**. "*Get the mopes off your faces and pull up your big-boy pants.*"

(and in the worst case, we will – [Billy Joël style](#) – all go down togetherrr-r-r !)

GeoHealth (Commentary) - A case for Planetary Health/GeoHealth

<http://onlinelibrary.wiley.com/doi/10.1002/2017GH000084/full>

Must-read. "*Concern has been spreading across scientific disciplines that the pervasive human transformation of Earth's natural systems is an urgent threat to human health. **The simultaneous emergence of "GeoHealth" and "Planetary Health" signals recognition that developing a new relationship between humanity and our natural systems is becoming an urgent global health priority**—if we are to prevent a backsliding from the past century's great public health gains. Achieving meaningful progress will require collaboration across a broad swath of scientific disciplines as well as with policy makers, natural resource managers, members of faith communities, and movement builders around the world in order to build a rigorous evidence base of scientific understanding as the foundation for more robust policy and resource management decisions that incorporate both environmental and human health outcomes.*"

The Broker – Decoupling: a key fantasy of the SDG agenda

Robert Fletcher; <http://www.thebrokeronline.eu/Blogs/Inclusive-Economy-Africa/Decoupling-a-key-fantasy-of-the-SDG-agenda>

*"At the core of the new SDGs is the idea that economic growth (defined as money flow or market value) can be 'decoupled' from the physical growth of the economy (resource consumption) and the associated environmental pressures (degradation, pollution). **Paradoxically, however, the concept's main promoters admit that there is virtually no evidence that decoupling works, that the conceptual basis for it is weak, and that even if it were possible it is not politically feasible.** Decoupling is, thus, a dangerous fantasy sustained by disavowal – the simultaneous admission and denial – of its impossibility in practice."*

You find the **paper** on which this article is based [Decoupling: A Key Fantasy of the Post-2015 Sustainable Development Agenda](#) (in Globalizations)

Bloomberg – More than 60,000 Children Under the Age of Five Drown Every Year. Bloomberg Philanthropies Commits \$25 Million to Address the Problem

<https://www.bloomberg.org/press/releases/60000-children-age-five-drown-every-year-bloomberg-philanthropies-commits-25-million-address-problem/>

*“The World Health Organization (WHO) estimates that drowning claims the lives of more than 60,000 children under the age of five and more than 360,000 people globally. [Today] **Michael R. Bloomberg, WHO Global Ambassador for Noncommunicable Diseases and founder of Bloomberg Philanthropies, announced a \$25 million expansion of Bloomberg Philanthropies’ global drowning prevention program at a convening of experts.**”*

“...Bloomberg Philanthropies will be working with several partners in this effort, including the World Health Organization, Johns Hopkins Bloomberg School of Public Health, and Synergos for implementation and monitoring through 2022. Bloomberg Philanthropies’ initial funding for drowning prevention also included support for the [WHO report - Preventing drowning: an implementation guide](#). The **report, released** [today], outlines the severity of drowning as a global crisis and presents a range of effective drowning prevention strategies and recommended measures to be taken by national and local governments...”

PS: In case you want some more evidence of the rather cozy relationship between M Chan & M Bloomberg (call it the “Maggie-Michael partnership”), see this tweet: *“Commemorating his leadership in preventing NCDs and injuries, Director-General Dr. Margaret Chan has awarded @MikeBloomberg The @WHO Med”* .

French presidential elections & global health/development impact

A few more reads:

ODI (blog) - Macron vs Le Pen: how the next French president will tackle international development

R Faure; <https://www.odi.org/comment/10510-macron-vs-le-pen-how-next-french-president-will-tackle-international-development>

Guess you know what Faure is gonna say ☺.

Project Syndicate - Lessons from the Anti-Globalists

J Stiglitz; <https://www.project-syndicate.org/commentary/macron-fight-against-populism-by-joseph-e--stiglitz-2017-05>

(recommended) Even if a Macron win is rather likely, “...it would be a mistake to conclude that discontent with the global economy – at least how it treats large numbers of those in (or formerly in) the middle class – has crested. If the developed liberal democracies maintain status quo policies, displaced workers will continue to be alienated. Many will feel that at least Trump, Le Pen, and their ilk profess to feel their pain. The idea that voters will turn against protectionism and populism of their own accord may be no more than cosmopolitan wishful thinking.”

“...the lesson should be obvious: In the absence of progressive policies, including strong social-welfare programs, job retraining, and other forms of assistance for individuals and communities left behind by globalization, Trumpian politicians may become a permanent feature of the landscape.”

Stiglitz points out Scandinavian countries understood “that the only sustainable prosperity is shared prosperity”. “It is a lesson that the US and the rest of Europe must now learn”. (or re-learn)

Trump & Obamacare repeal

Thursday was again a nail biting day for Rob Yates and many others. And it ended badly. A first major hurdle is taken for Trump et al. Let’s hope the Senate come at the rescue of Obamacare.

NYT - House Passes Measure to Repeal and Replace the Affordable Care Act

https://www.nytimes.com/2017/05/04/us/politics/health-care-bill-vote.html?smid=tw-nytimes&smtyp=cur&_r=0

“The House on Thursday narrowly approved a bill to repeal and replace major parts of the Affordable Care Act, as Republicans recovered from their earlier failures and moved a step closer to delivering their promise to reshape American health care without mandated insurance coverage. The vote, 217-213, on President Trump’s 105th day in office, keeps alive the Republican dream to unwind the signature legislative achievement of former President Barack Obama. The House measure faces profound uncertainty in the Senate, where the legislation’s steep spending cuts will almost certainly be moderated. Any legislation that can get through the Senate will again have to clear the House and its conservative majority....” Still, this is Trump’s first major legislative win.

Republicans had spent much of the week tinkering with new proposals – with \$ 8 billion to help cover people with pre-existing conditions playing a key role to convince some ‘moderate’ republicans (see **Vox** - [The little tweak that's about to give Trump a big win on health care](#)); and the Donald himself had put in some of his notorious “deal making skills”, apparently (*humpf*).

As the **FT** [put it](#), “... Repealing and replacing Obamacare would help serve two ends — giving Mr Trump a much-desired victory and easing the way for tax reform.” Still, “success in the House on Thursday by no means guarantees the bill would become law because of Republican resistance in the Senate....”

As for the parties’ reaction, “**Republicans** hailed the vote as a significant step towards scrapping Obamacare, which was one of the top issues for core Republican voters in the 2016 general election. But **Democrats**, who label the measure “Trumpcare”, said the new bill would raise premiums and

force millions of Americans to lose health insurance. “Trumpcare is a billionaire’s tax cut disguised as a healthcare bill,” said Nancy Pelosi, the top Democrat in the House. “It is Robin Hood in reverse.””

See also the Guardian - [House Republicans pass healthcare bill in first step toward replacing Obamacare](#).

NYT – Pre-Existing Conditions: Evaluating Competing Claims

[NYT](#);

Analysis of this specific (key) issue. “In the debate over how the effort to replace the Affordable Care Act would affect those with pre-existing health conditions, **opponents and supporters alike have offered misleading talking points**. Faced with polling indicating public support for protections, and after an emotional appeal by the television host Jimmy Kimmel that has gone viral, **Republicans are making a dubious case that their updated bill provides similar coverage for those who are less healthy, while Democrats are overstating claims about how many are affected.**”

Vox – 4 winners and 4 losers from the Republican vote to replace Obamacare

<https://www.vox.com/policy-and-politics/2017/5/4/15544238/acha-winners-losers-obamacare-plan>

More analysis. Unsurprisingly, “rich people do well. Sick people don’t”.

And Stat News - [CDC faces budget loss of hundreds of millions of dollars after AHCA passes House](#).

NYT – The Next Step for the Republican Health Care Bill: A Skeptical Senate

https://www.nytimes.com/2017/05/04/us/politics/senate-health-care-bill.html?partner=rss&emc=rss&smid=tw-nythealth&smtyp=cur&_r=0

“...On the Senate side, where several Republicans have long been deeply skeptical of the House effort, the bill is expected to undergo sweeping changes that might leave it unrecognizable — perhaps stripping away some of the provisions that helped earn the support of hard-right House members and ultimately secure its passage....” Read the detail.

Trump & global health

Devex – Budget bill puts Congress in US aid driver's seat

<https://www.devex.com/news/budget-bill-puts-congress-in-us-aid-driver-s-seat-90174>

Some uplifting news from earlier this week. “Late Sunday night, the United States Congress agreed to a budget deal to fund the federal government for the remainder of the fiscal year and avoid a government shutdown. But the **spending plan also sent a reassuring message from lawmakers to the U.S. global development community**, whose programs have been under threat from the Trump administration. Less than a week after a leaked document outlined massive cuts to U.S. foreign

assistance under consideration by the White House, **the fiscal year 2017 omnibus deal struck a reassuring tone about the future of U.S. global engagement.** The trillion-plus dollar budget deal maintains spending for most foreign aid programs, includes additional funding for international famine relief, and requires the administration to consult with Congress before closing missions or restructuring departments.” Also the **scientific community was fairly happy** (see Nature news) - [Congress gives National Institutes of Health a big boost and avoids cuts to research agencies sought by Trump.](#)

The one-billion dollar question, though, in the words of our colleagues from **Global Health Now:** “Does this deal on the FY2017 budget represent a rejection (by Congress members, that is) of Trump’s plans for massive cuts to NIH, EPA, NOAA and other agencies—or does it just reflect the desire to avoid a government shutdown?”

We’ll find out in the coming months, I guess....

KFF - Congress Releases FY17 Omnibus

<http://kff.org/news-summary/congress-releases-fy17-omnibus/>

The breakdown. “On May 1, 2017, Congress released the FY 2017 Omnibus bill, which provides funding for the U.S. government through the rest of the fiscal year including for U.S. global health programs at the U.S. Agency for International Development (USAID), the Department of State, and the Centers for Disease Control and Prevention (CDC). Total known* funding for U.S. global health programs in the FY 2017 Omnibus is \$9.4 billion, which is approximately \$235 million (2.6%) higher than the FY 2016 enacted level....”

CGD (blog) - Our First Peek at Trump’s Aid Budget: Big Changes, but Will Congress Play Along?

J Konyndyk; <https://www.cgdev.org/blog/our-first-peek-trumps-aid-budget-big-changes-will-congress-play-along>

On the budget picture for 2018 then... (recommended) “After months of speculation inside the foreign aid community, President Trump’s vision for development assistance is coming into clearer focus. Foreign Policy [this week] published a leaked copy of an **Administration planning document on the FY2018 foreign aid budget request. The bottom line: less aid, done less effectively.** Here are a few major takeaways from the document:...”

And a worrying tweet from **Laurie Garrett:** “Look at all these -100% budget cuts in global health in new FY2018 bipartisan budget - a travesty! (more coming)”

Politico - Trump's USAID pick stuck in the mud

<http://www.politico.com/story/2017/05/01/trump-usaid-green-237845>

“Former GOP Rep. **Mark Green** is the Trump administration’s expected pick to lead the United States Agency for International Development, but has struggled to close a deal with the Trump

administration, according to four sources with knowledge of the talks. For weeks, Green has been the sole candidate to lead USAID, the agency that sends help to foreign countries in times of disaster. In addition to trying to secure a title bump for himself, Green has been unable to get solid assurances that the agency won't be gutted or devoured by the State Department during Trump's tenure...."

Still, it seems very likely that he will lead USAID.

Foreign Policy – In Trumps plan to gut foreign aid, battles lines drawn over global women's issues

<http://foreignpolicy.com/2017/05/01/in-trumps-plan-to-gut-foreign-aid-battle-lines-drawn-over-global-womens-issues/>

*"Women's issues remain a heated area for debate in Washington as the federal budget battle plays out. And there's a **crucial office in the State Department** now facing its own existential battle amid Trump's plans to gut funding for foreign aid and diplomacy. Several congressional sources told Foreign Policy one of the sharpest disputes between Congress and the White House over the budget is the **proposed elimination of the ambassador-at-large for global women's issues — a State Department posting that coordinates the U.S. government's women's development and empowerment programs around the world**. Trump's proposed foreign aid and development budget completely zeroes out the \$8.25 million allotment for the ambassadorship, created by President Barack Obama in 2009...."*

In related news, [U.S. Senators \(31 of them\) "Ask Trump To Stop Being Terrible For Women"](#) In a letter "asking him to cease his 'despicable attacks' on women's health and women's rights".

Finally, a few (recommended) links -

[What would US cuts to the UN look like?](#) (Brookings)

Foreign Policy - [Ivanka Trump wants to tackle the humanitarian crises her father ignores](#)

*"Ivanka Trump's White House resume will soon include famine and the Syrian humanitarian crisis. The First Daughter scheduled an unannounced meeting Thursday at the White House with **Nikki Haley, the U.S. ambassador to the United Nations**, to explore ways to address some of the world's worst humanitarian crises, including looming famines from Somalia to Yemen and aid blockades in Syria." The **State Department is not amused**. "The collaboration by two of the administration's most influential women signaled an intent to raise the profile of American support for humanitarian relief around the world at a time when President Donald Trump's budget advisors have been calling for steep financial cuts in foreign aid. The initiative provides a counterpoint to the "America First" approach advocated by Secretary of State Rex Tillerson, who has expressed little interest in promoting human rights around the world or making humanitarian relief an American foreign policy priority. In fact, Tillerson has routinely declined to meet, or cancelled scheduled meetings, with the heads of U.N. relief agencies, including Filippo Grandi, the U.N. High Commissioner for Refugees."*

Coming up – 70th World Health Assembly (22-31 May)

<http://apps.who.int/gb/gov/>

You already know that the first few days of this WHA will be dominated by Nabarro, Nishtar & Tedros (see above).

For the **Preliminary journal** see http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_JourP-en.pdf

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

Some reads, links & events already related to the upcoming WHA:

IP-Watch - [WHO Members Urged To Support Resolution Delinking Cancer Drug Prices From R&D Costs](#) “A group of civil society organisations and health experts have sent a letter to delegates to this month’s annual World Health Assembly urging support for a study on the delinkage of the costs of research and development from the prices of cancer medicines. Member states reportedly met on the issue today and are still undecided.”

A tweet from **Charles Clift** related to the [Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme](#) (on its conclusion):

“#WHA70 Nice summary of where WHO is at with its emergencies programme. **Some progress but many challenges.** “

The conclusion in full: “**WHO is making efforts at all levels to transform itself into an operational organization in emergencies.** Since the launch of the WHE Programme, progress has been noticed in emergency response at country level, with consistently positive feedback on WHO’s expanded role in humanitarian crises. WHO is demonstrating that it can be a reliable and competent partner to governments, organizations in the United Nations system, health cluster partners, implementing nongovernmental organizations and the donor community. **However, progress is fragile.** WHO’s administrative systems and business processes are not effectively supporting its operations, and the WHE Programme is struggling with a funding shortage. Cultural constraints on the emergency response throughout the Organization remain the main challenge for adopting a “no regrets” policy in practice. The Organization must ensure that the WHE Programme can fulfil its potential. Ensuring this success is ultimately a shared responsibility between Member States, WHO’s partners and the Secretariat.”

(PS: for more on this Committee, see [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme](#))

South Centre reports on outcomes of the WHO 140th Executive Board that will impact key decisions of the World Health Assembly in May

<http://mailchi.mp/southcentre/southnews-non-aligned-movement-and-bandung-principles-as-relevant-today-as-ever-south-centre-222453>

“...the South Centre has prepared a timely summary report in the form of a policy brief of the discussions that took place at the EB, to assist delegates and other stakeholders in their preparation for the discussions in the WHA. The 140th session of the EB of the WHO took place from 23 January – 1 February 2017 in Geneva, Switzerland.”

For the **policy brief** (10 pager), see <https://www.southcentre.int/policy-brief-39-may-2017/>

Last but not least, do also have a look on the website of the **Geneva Global Health Hub** - <http://g2h2.org/> (including for other events in the sidelines of the WHA, civil society meetings, etc)

HSG (blog) – The next twenty years of health policy and systems research

By **Kumanan Rasanathan**, HSG Board Member ; [HSG](#);

(recommended) K Rasanathan highlights **two big issues** that came up during the meeting last week in Stockholm to celebrate the 20 years since the launch of the Alliance of Health Policy and Systems research. As you recall from last week’s IHP news, this meeting “also launched the **first World Report on Health Policy and Systems Research**, a comprehensive document on the current status of HPSR – an essential read for everyone in HSG. “

The issues Rasanathan focuses on are: (1) In 2017 is health policy and systems research truly a global enterprise, or something for “LMIC”? (2) How do we better engage policy-makers in HPSR?

He then looks ahead to the next 20 years in HPSR.

In other HPSR related news, check out this **nice film from HSG and the Alliance [advocating for HPSR](#)** (about 10 mins). “...*The new film highlights the crucial roles that the generation and use of health policy and systems research (HPSR) plays. It shows how HPSR informs and guides the development of policies and the implementation of interventions for stronger and more equitable health systems around the world. This short film is intended for interested members of the public, media, donors, NGOs, and for those teaching and learning about health policy and systems, as well as an advocacy tool to be used by members of the HPSR community.*”

G20 & Global Health

As you know, the **G20 Ministers of Health meeting will take place in Berlin** (May 19-20).

Preparations & advocacy related to this meeting are ongoing. A few reads & events coming up:

AP – Top health officials to simulate disease outbreak response

<https://www.apnews.com/036d27bea22f49da8232c15922d55b71/Top-health-officials-to-simulate-disease-outbreak-response>

“Top health officials from the 20 leading and emerging economies are planning to simulate their response to a possible global disease outbreak. A memo on the May 19-20 summit in Berlin states the meeting will include a four-hour “tabletop exercise” involving ministers and representatives from international organizations. The Associated Press obtained a copy of the memo on Tuesday.”

Guardian - G20 must invest to deal with pandemics

<https://www.theguardian.com/politics/2017/apr/27/g20-must-invest-to-deal-with-pandemics>

Late last week, an Alliance of medical charities and institutions called upon the G20 to invest long term in pandemic preparedness, poverty related and neglected diseases and AMR. Among the ones who signed this letter: The Sabin Vaccine Institute, Sovereign Strategy, PATH, Medicines for MalariaVenture (MMV), the TB Alliance, the Coalition for Epidemic Preparedness Coalitions (CEPI) UNITAID, CARB-X, the Global Health Technologies Coalition (GHTC) and the Global Health Innovative Technology Fund (GHIT).

For more coverage, see **Devex** - ['Call to action' for G20 health ministers ahead of Berlin meeting](#)

And a tweet: **“Important that pandemic preparedness stays on the #G20 agenda, CEPI CEO Richard Hatchett says #Innovate4Health.”**

B20 Health Conference

<https://www.b20germany.org/program/event-details/details/b20-health-conference/>

*“ The **B20 Health Initiative** aims at providing an exchange platform between the global health care industry, governments, international organizations and civil society to jointly drive change towards innovative health systems. **On May, 18th, 2017 the B20 Health Initiative hosts the B20 Health Conference: Resilient Health Systems – Shaping the Future of Health Care Together.** In accordance with the B20 Germany motto, the B20 Health Conference focusses on the role global businesses can play in delivering resilient, responsible and responsive health systems. At the conference, the final communiqué of the B20 Health Initiative will officially be handed over to a representative of the G20 Health Minister.”*

Safeguarding Health in Conflict Coalition (Report) - Impunity must end

<https://www.safeguardinghealth.org/sites/shcc/files/SHCC2017final.pdf>

*“Intense violence against health workers persisted in 2016—and accountability for the attacks remains inadequate or non-existent, according to a new report released today by the Safeguarding Health in Conflict Coalition. **Released to mark the 1-year anniversary of the UN Security Council’s adoption of Resolution 2286**, which aimed to protect health in conflict, “Impunity Must End” documents attacks on health care in 23 countries.”*

For coverage of this report, see for example Devex - [‘Staggering’ number of attacks on health care workers reported in 2016](#)

Civil society engages with UHC2030 to help build the movement

<https://www.internationalhealthpartnership.net/en/news-videos/ihp-news/article/civil-society-engages-with-uhc2030-to-help-build-the-movement-409929/>

The game is on. “As part of transforming IHP+ into UHC2030, CSOs are playing a critical role in building their constituency for a strong equity-focused and people-led movement for UHC. Through a broad consultative process, **CSOs have set up the Civil Society Engagement Mechanism (CSEM) of UHC2030** to represent their constituency. An interim group of CSOs with an interim secretariat will operate until December 2017 when the CSEM will become fully operational. Right now, there is a **call for CSO representative nominations for UHC 2030**. The **CSEM wants to strengthen a broad and inclusive UHC movement**, which can influence policy design and implementation and facilitate citizen-led accountability. The aim is to build strong CSO voices and contribute significantly to UHC2030, ensuring systematic attention is paid to the needs of the most marginalised and vulnerable populations so that ‘no one is left behind’. **“Through the UHC2030 CSEM, we are able to deliver stronger advocacy for UHC in Africa,”** said Mr Itai Rusike, Executive Director of Community Working Group on Health (CWGH) and Coordinator of the African Platform for UHC. ...”

Legacy of Margaret Chan series – Ten years in public health

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

By now, many more chapters were added in this nice series. Do have a look, for example at ‘A global health guardian: climate change, air pollution and antimicrobial resistance’; ‘health security: is the world better prepared?’; or ‘**NCDs: the slow motion disaster**’.

(Maybe we should add Trump to the list of NCDs – or at least to the list of NCD risk factors 😊)

WHO Bulletin – May issue

<http://www.who.int/bulletin/volumes/95/5/en/>

Check out the **Editorials** first - [Time for a global response to labour rights violations in the manufacture of health-care goods](#) & certainly [Tuberculosis and antimicrobial resistance – new models of research](#) (which zooms in on the **3P Project**): “... Several nongovernmental organizations, medical research councils, civil society representatives and the South African government have recently developed a new funding framework to support research and development of tuberculosis treatments – the 3P Project (pull, pool and push). This initiative (i) uses a pull incentive, by rewarding research through prizes; (ii) pools intellectual property and data; and (iii) uses push incentives through research grants.⁷ The 3P project is a collaborative research initiative that aims to support the discovery and development of a one-month treatment regimen that can be used to cure all cases of tuberculosis. ...”

Make sure you also check out the Policy article – “**Tobacco growing and the sustainable development goals, Malawi**”.

PS: “[Understanding and measuring quality of care: dealing with complexity](#)” (by J Hanefeld et al) was already flagged when it appeared online. Must-read.

World Press Freedom day – 3 May

A **strong, independent, pluralistic & free press is vital for public health**. Agnes Soucat noted last week (in a tweet), that the pendulum doesn’t seem to be going in the right direction, unfortunately.

UN expert urges governments to end “demonization” of critical media and protect journalists

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21557&LangID=E>

*“Speaking ahead of World Press Freedom Day, the **UN Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression**, David Kaye, who was appointed by the UN Human Rights Council to monitor freedom of the media and the safety of journalists globally, released this statement: ...”*

In 'post truth' era, leaders must defend objective, independent media, UN says on Press Freedom Day

<http://www.un.org/apps/news/story.asp?NewsID=56672#.WQtWV1WLTIV>

*“In a “post-truth” world with “fake news” on the rise, and media accountability and credibility falling under question, free, independent and professional journalism has never been more important, the United Nations today said. “**We need leaders to defend a free media. This is crucial to counter prevailing misinformation. And we need everyone to stand for our right to truth,**” Secretary-General António Guterres said in a message to mark World Press Freedom Day. This year's theme highlights media's role in advancing peaceful, just and inclusive societies and builds on the theme 'Critical Minds for Critical Times.'”*

AMR update

The 1st meeting of the Interagency Coordination Group on AMR global policy took place this week.

A key read related to AMR, meanwhile, on the **language problem** of antibiotic resistance :

Stat News – Don't call it a 'war on superbugs': Experts call for new ways to talk about crisis

<https://www.statnews.com/2017/05/03/superbugs-war-langugae/>

Language matters, also in the AMR fight. ***“Don't call it a war on superbugs. That's the latest advice from international public health experts who have been watching with alarm as bacteria and fungi that cause disease have become ever more adept at evading the drugs we deploy against them. The vocabulary we use to debate what to do about this rising resistance is so confusing that it may actually be an obstacle to success, the experts argued in a commentary published Wednesday in the journal Nature. They're urging a new UN group established to coordinate the fight against drug resistance to come up with a common and easily understandable lexicon for the problem.”***

For the piece in **Nature**, see [here](#). ***“A failure to use words clearly undermines the global response to antimicrobials' waning usefulness. Standardize terminology, urge Marc Mendelson and colleagues.”***

Global Social Policy - Global health policy in Sustainable Development goals

M Koivusalo; <http://journals.sagepub.com/doi/pdf/10.1177/1468018117703442>

Must-read!! ***“SDGs represent global policy goals in contrast to MDGs, which had developmental focus. This is the global potential of SDGs for global health policy. However, the large number of goals bear the risk of prioritisation between different goals and broad global frameworks and specific targets may not be useful in shaping policy guidance and global approaches in policy areas, where we already have a global institutional and normative presence. In contrast to some other global social policy areas, global health policy has also something to lose. SDGs are thus likely to be better for global health in other policies, than for global health policy priorities, institutions and practice. This is a particular concern for the global health policy role of the World Health Organisation, global health policies seeking normative action as well as for such health policy priorities, which contrast or conflict with other policy areas or strong corporate interests. This has particular relevance to multistakeholder partnerships and the role of private sector in implementation of SDGs.”***

One of the paragraphs that struck us (in the section on SDGs & global governance of health): ***“ ... The role of the WHO can also become more marginalized in the process as the SDGs are governed under the United Nations (UN) and ministries of foreign affairs rather than ministries of social affairs and health.*** In global health policy, the poor financing situation of the WHO is already putting its existing responsibilities in danger, including with respect to coordination and antimicrobial resistance (Chan, 2016). As the SDGs are shared goals with many international agencies and stakeholders, it is likely that funding for health will become channeled through several routes. Thus,

the strong presence of health-related goals might be good for health in other policies, but not necessarily for the WHO...”

Health Affairs - Vast Majority Of Development Assistance For Health Funds Target Those Below Age Sixty

<http://content.healthaffairs.org/content/36/5/926.full>

By J Dieleman et al. Not much of a surprise perhaps.

Huffington Post – Bill Gates Won’t Save You From The Next Ebola: The Gates Foundation says responding to deadly outbreaks isn’t its forte. But the Ebola crisis showed just how much global public health depends on the foundation.

http://www.huffingtonpost.com/entry/ebola-gates-foundation-public-health_us_5900a8c5e4b0026db1dd15e6?ncid=engmodushpimg00000004

Investigative journalism at its best. The **Ebola Epidemic response** provided an **example of the global health influence of the Gates foundation**. Do read it for yourself. And check in the process how Tom Frieden gets in touch with Bill Gates – via Chris Elias.

In other Ebola related news (see [STAT news](#)), this week **WHO Director-General Margaret Chan was in Conakry, Guinea, with leaders from that country, Liberia, and Sierra Leone**. They recognized the people who helped bring the West African Ebola outbreak under control and those who have been at work developing a vaccine for Ebola.

For Chan’s opening address there, see WHO - [Opening remarks at the Ebola vaccines for Guinea and the world event](#) Among others, she referred to CEPI.

WHO – WHO to begin pilot prequalification of biosimilars for cancer treatment

<http://www.who.int/mediacentre/news/releases/2017/pilot-prequalification-biosimilars/en/>

“This year WHO will launch a pilot project for prequalifying biosimilar medicines, a step towards making some of the most expensive treatments for cancer more widely available in low- and middle-income countries. In September, WHO will invite manufacturers to submit applications for prequalification of biosimilar versions of two products in the WHO Essential Medicines List: rituximab (used principally to treat non-Hodgkin's lymphoma and chronic lymphocytic leukemia), and trastuzumab (used to treat breast cancer). The decision comes after a two-day meeting in Geneva

between WHO, national regulators, pharmaceutical industry groups, patient and civil society groups, payers and policymakers to discuss ways to increase access to biotherapeutic medicines. WHO also plans to explore options for prequalifying insulin. Biotherapeutic medicines, which are produced from biological sources such as cells rather than synthesised chemicals, are important treatments for some cancers and other non-communicable diseases. Like generic medicines, biosimilars can be much less expensive versions of innovator biotherapeutics. They are usually manufactured by other companies once the patent on the original product has expired. As the patents of some biotherapeutics have expired, more biosimilars are being produced. Like generic medicines, biosimilars could help to increase access to treatment in lower-resourced countries and provide a solution to escalating health costs in high-income countries....”

For coverage, see Reuters - [WHO to help bring cheap biosimilar cancer drugs to poor](#).

Global Fund update

Global Fund - Global Fund Board Selects New Chair and Vice-Chair

<https://www.theglobalfund.org/en/news/2017-05-03-global-fund-board-selects-new-chair-and-vice-chair/>

News from Kigali then. *“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria selected Aida Kurtović as its new Chair, after serving as Vice-Chair for the past two years. The Board also selected Ambassador John Simon as incoming Vice-Chair. Kurtović, who is from Bosnia and Herzegovina, was selected for a two-year term during a Board meeting that is being hosted by the government of Rwanda.”*

“[Opening the board meeting Wednesday morning](#), Rwandan President Paul Kagame stressed the importance of strengthening systems of health, of orienting all financial support around a country's strategic plan for health, and of long-term improvement through constant learning.”

Global Fund – Global Fund Accelerates Efforts To End Epidemics

<https://www.theglobalfund.org/en/news/2017-05-04-global-fund-accelerates-efforts-to-end-epidemics/>

Short report of the 37th Board meeting in Kigali (with among others Mark Dybul’s final address to the Board). (must-read)

As for the **GF Board’s decision points**, see [here](#).

HIV/AIDS

Plos Med- Towards control of the global HIV epidemic: Addressing the middle-90 challenge in the UNAIDS 90-90-90 target

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002293>

“In a Perspective, Collins Iwuji and Marie-Louise Newell discuss early findings from Richard Hayes and colleagues' PopART study on HIV testing and treatment.”

UNAIDS – Global Review panel encourages UNAIDS to build on its strengths

http://www.unaids.org/en/resources/presscentre/featurestories/2017/may/20170501_refining-reinforcing-un aids

“The Global Review Panel on the Future of the UNAIDS Joint Programme Model has issued its final [report](#), *Refining and reinforcing the UNAIDS Joint Programme Model*, which offers guidance on ways the Joint Programme can step up efforts to deliver more results for people living with and affected by HIV.”

Malaria

Bloomberg - DNA Fingerprinting Throws Doubt on Glaxo Malaria Vaccine Effort

[Bloomberg](#):

“Groundbreaking research has shown the potentially deadly malaria parasite has greater genetic diversity than scientists previously understood, a finding that throws doubt on the efficacy of vaccines in development by companies such GlaxoSmithKline Plc. A study involving more than 600 children from a single village in the West African nation of Gabon found that each had malaria caused by a different strain of the Plasmodium parasite -- or a different composite of as many as 60 genes. The research, published Tuesday in the Proceedings of the National Academy of Sciences, is the first to rely on DNA fingerprinting to show how malaria's genetic diversity enables it to evade the human immune system and establish a chronic infection....”

In related news, you might also want to read this week's **Lancet Editorial - [The next chapter in malaria eradication](#)** which dwells on the pilots of RTS,S in 3 African countries. The edito concludes: “Cautious optimism is understandable, but it must be emphasised that the vaccine is but one additional tool in the current limited armamentarium for making progress against malaria. Adequate support and scrupulous monitoring will determine whether the pilot programme is a success or a cautionary tale.”

Richard Smith – Must doctors believe in progress?

[BMJ](#);

Lovely blog.

Excerpts: “...**The Sustainable Development Goals are an embodiment of the religion of Progress; its Ten Commandments.** Preventable deaths will not occur. Poverty will disappear. All children will be educated. We in rich countries will live as well as now if not better, and the other six billion people will live as well as we do now but all in a way that will put no strain on the planet. **There will be universal healthcare coverage.** The very existence of medical journals like The BMJ and Lancet implies a belief in progress....”

Smith has a soft spot for John Gray: “...**John Gray is the philosopher who is sceptical about progress.** He concedes that science is progressive in that we steadily understand more and will not revert to suddenly understanding less. He would not concede, however, that the social and political consequences of science will be beneficial. It’s science that has allowed us to overheat the planet, build bombs that could wipe out the species, and create machines that might replace us. His argument is that if you look back at history, what seems like progress—like the growth of democracy or the liberation of women—can be rapidly reversed.

And concludes: “**Progress is not inevitable and is a religion. But as a politician, doctor, research scientist, or public official you’d better believe.**”

WEF’s Africa Summit in Durban

Oxfam – African poverty far worse than thought, says Oxfam

<http://www.heraldlive.co.za/news/2017/05/03/african-poverty-far-worse-thought-says-oxfam/>

“In the past two decades, Africa’s rich have benefited immensely from unprecedented economic growth, while there are more citizens living in poverty than ever before. Social justice organisation **Oxfam on Tuesday released a [new report](#) titled “Starting with people”,** which details the crisis facing Africa’s poor and issues a challenge to African leaders “to **champion new economic models**”. “New data reveals Africa’s inequality crisis is greater than feared,” Oxfam said in a statement accompanying the release of the report, just **a day before the World Economic Forum (WEF) on Africa**, which will be hosted in Durban from Wednesday to Friday. “African leaders must build a new more ‘human economy’ to tackle inequality and poverty. The WEF will bring political and business leaders together from across the continent to discuss how to achieve inclusive growth.””

Devex - Should Africa 'hurry up and wait' amid development crisis?

<https://www.devex.com/news/should-africa-hurry-up-and-wait-amid-development-crisis-90184>

Another interesting analysis published ahead of the **World Economic Forum’s Africa summit** in Durban.

Excerpts: “...Another big theme for the delegates gathered in Durban is **how to finance the Sustainable Development Goals for African nations**. As major donors face nationalist backlashes at home, **more focus is being placed on mobilizing private sector investment in infrastructure, health systems and education**. The money is certainly available — languishing in pension funds and insurance companies in a low interest rate environment — but **can more African countries create the kinds of investment environments that will attract this risk-averse capital? The world's development finance institutions, in particular the World Bank, are focused on this "billions to trillions" agenda**, but many countries in the region are a long way from being able to attract significant amounts of private capital for their development.

... Of course, **domestic resource mobilization is an important topic too** — for example, the African Union receives only 1 percent of its budget from African member states — but improving tax systems and generating the political will to increase funding for education and health care is not straightforward in many places.”

PHFI predicament

Lancet World report –Concern over India’s move to cut funds for PHFI

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31198-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31198-4/fulltext)

(must-read for the HPSR community)“A cancellation notice from the government to prevent the Public Health Foundation of India from receiving funding from foreign donors raises concerns. **Dinesh C Sharma** reports.”

Excerpt: “...The MHA action comes in the wake of a heightened vigil against foreign funding of civil society in the past few years. The ministry and its intelligence wing have been monitoring the flow of foreign funds in certain sectors. FCRA licences of 20 000 societies and voluntary agencies were cancelled for various reasons up to December, last year. The list includes Greenpeace India, the Lawyers Collective—an HIV and TB patients' rights based in New Delhi—and Institute of Public Health, Bengaluru, an anti-tobacco group. “Those who are seen to be against the present government are facing the attack on FCRA front. The purpose appears to be to silence different views and channel the funds to pro-government NGOs”, Anand Grover of the Lawyers Collective told The Lancet.”

“With the latest action under FCRA, the role of foreign funding in health sector is coming into focus. ...”

The report concludes: “...As an immediate measure, PHFI has decided to freeze several of its ongoing projects funded by agencies including US NIH, DFID, the Queen Elizabeth Diamond Jubilee Trust, USAID and BMGF. The course it takes will depend on the decision of the Prime Minister's Office which is currently examining the dispute.

Lancet (Correspondence) – Who is responsible for the health care of refugees?

Q Syed et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31159-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31159-5/fulltext)

The authors share in this Correspondence their reflections from their involvement in a medical mission in Greece, and highlight the need for global collaboration to improve health care for refugees.

They conclude: *“Refugee health is a public health crisis of this century and a stronger collaboration of the global community, including private organisations such as the Clinton Health Access Initiative and the Bill & Melinda Gates Foundation, is needed in the same way that these resources have been effectively used to fight global epidemics such as poliomyelitis and HIV/AIDS.”*

Zika

Stat – Feud erupted between CDC, Puerto Rico over reporting of Zika cases, document shows

[Stat News](#);

Investigative health journalism. *“US health officials have privately expressed deep concern that Puerto Rico is downplaying the extent of its Zika problem and have struggled to get a grasp on the issue because of a protracted and ugly dispute with health officials in the territory, according to a document obtained by STAT.”*

Global health events

ILO - Tripartite Meeting on Improving Employment and Working Conditions in Health Services (24-28 April, Geneva)

http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_508523/lang--en/index.htm

“The purpose of the meeting was to discuss decent work strategies that effectively address health workforce shortages, as a prerequisite to enable provision of equal access to health care for all in need, with a view to adopting conclusions on future programme development and to inform policy-making on the selected topic at the international, regional and national levels.” This was the report for discussion - [report for discussion](#).

PMNCH - Steering Group for Every Woman Every Child, highlights commitment to women's, children's and adolescents' health and wellbeing (21 April, NY)

<http://www.who.int/pmnch/media/events/2017/ewec/en/>

Short report of the '**steering group for EWECs' meeting in NY (21 April)**, one year into the implementation of the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. We already flagged (in last week's IHP news) that **UN SG Guterres was added as senior co-chair of the group**.

For the **PMNCH Annual report**, see [here](#). *"The 2016 Annual Report sets out the key achievements of the Partnership in the first year of implementing its new Strategic Plan 2016-2020. The report highlights key moments, including the work of the Adolescent & Youth Constituency, the Partnership's role in operationalizing the Unified Accountability Framework and extensive work done in 2016 to raise the profile of SRMNCAH in broader global health and development agendas. The partner-centric approach is evident throughout and the achievements documented are a testament to the power of partnership."*

Coming up soon – Fair Pricing Forum (FPF) (10-11 May, Amsterdam)

http://www.fairpricingforum2017.nl/home/part_program

For the objectives of this forum, see [here](#).

Coming up – Global Adolescent Health conference (Ottawa, 16-17 May)

See Flavia Bustreo's monthly "[Update from the desk of the Assistant Director-General](#)"

*"Together with Canadian and global partners, WHO is proud to co-host the Global Adolescent Health Conference, for which registration is now open. **It will take place in Ottawa from May 16 - 17, just before the PMNCH Board meeting.**"* See also [Adolescent Health: Accessing everyone, everywhere - Unleashing the power of a generation](#).

Coming up : series of four webinars on the “Strategizing national health in the 21st century: a handbook” released by WHO.

The first webinar on “**Priority Setting for National Health Policies, Strategies and Plans**” starts next week, **Thursday 11th of May**, with **Dr Agnes Soucat**, Director of Health Systems Governance and Financing at WHO HQ. See this link for more information on the time, brief description of the webinar, speaker biography and the link of the webinar on the D date:

<https://www.hspg-afro.org/webinar.php>

Coming up: MSF scientific days (19-20 May, London) &...

<https://www.msf.org.uk/msf-scientific-days-overview>

“The MSF Scientific Days is a conference without borders. Research and innovation from the frontline of humanitarian action is presented and debated at events in the UK, India and Southern Africa that are streamed live online to a global audience that in 2016 reached over 11,000 people in 125 countries. The next MSF Scientific Days will take place on 19 & 20 May 2017 in London (livestreamed in English and French); on 27 May in New Delhi (livestreamed in English); and 22 June in Blantyre, Malawi.” More info on this site. Focus on Research & Innovation.

Coming up - G7 Summit (26-27 May 2017, Italy)

One of the main focuses for 2017 will be on ‘Africa and Migration.’

Coming up in June: expert group meeting on SDG 3 (health)

See IISD’s preview of May: <http://sdg.iisd.org/commentary/policy-briefs/monthly-forecast-may-2017/>

“...Other activities in May will focus on several of the SDGs that are up for in-depth review at this year’s High-Level Political Forum. Eradication of poverty (Goal 1) will be the topic of the UN Economic and Social Council (ECOSOC) integration segment, where participants will seek to identify recommendations for “integrated policymaking.” The World Bank is leading the organization of an expert group meeting/preparatory conference on SDG 1. The outcomes of both the Integration Segment and the Copenhagen gathering will comprise inputs to the HLPF session. **Similar expert group meetings (EGMs)** will focus on SDG 5 (gender equality), also in May, and SDGs 2 (zero hunger) **and 3 (good health and well-being) in June.**”

Global governance of health

Japan Times - Japan and U.S. pledge to play leading role in global health

http://www.japantimes.co.jp/news/2017/05/04/national/science-health/japan-u-s-pledge-play-leading-role-global-health/#.WQs_SlXyjIX

*“Japan and the United States agreed Wednesday to take a leadership role in global health, including the fight against infectious diseases, according to Japan’s health minister. “We agreed that Japan and the United States cooperate in the event of health crises and take a leadership role in global health,” Yasuhisa Shiozaki, the minister of health, labor and welfare, told reporters after meeting with U.S. Health and Human Services Secretary Tom Price in Washington. As part of efforts to promote such partnership, the two ministers signed a **memorandum of cooperation** between the Ministry of Health, Labor and Welfare and the U.S. Department of Health and Human Services...”*

Science Speaks – Future of global health funding uncertain during time of great need, panelists say

<http://sciencespeaksblog.org/2017/05/03/future-of-global-health-funding-uncertain-during-time-of-great-need-panelists-say/>

On a recent KFF panel on the future of global health financing with the likes of Joseph Dieleman, C Murray & Tim Evans. Certainly worth a read. “...A **“pretty dystopian vision” lies ahead for three-quarters of a billion people who will reside in low-income countries by 2040**, Steve Morrison of the Center for Strategic and International Studies said, if development assistance for health further decreases.” Now where are these chaps from a ‘Grand convergence by 2035’ ... ?

JEE Alliance - WHO IHR Country Capacity Monitoring and Evaluation Newsletter

<https://www.jeealliance.org/uutiset/who-ihr-country-capacity-monitoring-and-evaluation-newsletter-42017/>

“The World Health Organization’s monthly newsletter on the IHR (2005) Monitoring and Evaluation Framework is produced by the WHO Country Health Emergency Preparedness and IHR (CPI) Department of the WHO Health Emergencies Programme. The April newsletter contains timely information on the assessment of capacities at the human animal interface in Mauritania (27 – 31 March), the meeting of the national IHR Focal Points in the Eastern Mediterranean region (6 – 8 April), and the WHO Technical Review Meeting (19 – 21 April). Professor Abderrahmane Maaroufi, Director of Epidemiology and Disease Control in the Morocco Ministry of Health, presents his views on the IHR Monitoring and Evaluation Framework. **The newsletter also informs about the work of**

WHO and the World Bank on developing a tool for financing preparedness and the new publication *A Strategic Framework for Emergency Preparedness*.” For the latter, see [A strategic framework for emergency preparedness](#).

As for the short section with **info on this tool for financing preparedness**: ““WHO is working with the World Bank to develop a tool for financing preparedness. Delegations from WHO’s Regional Office for the Western Pacific Region (WPRO), WHO country Office in Vietnam and WHO headquarters (HQ) are attending a **meeting on 27-28 April 2017, in Da Nang, Vietnam**, to review and discuss the draft of the **Health Security Financing and Institutional Assessment Tool (HSFAT)** and its implementation in countries. Participants will also review the indicators on financing to be included in the JEE tool.”

In related JEE news, a tweet perhaps: “*Dr Stella Chungong @WHO presents #JEE health security financing indicator proposal developed together with @WBG_Health @JEEAlliance* “

Global Financial Integrity (report)

<http://www.gfintegrity.org/issue/illicit-financial-flows/>

See [New Study: Illicit Financial Flows in Developing Countries Large and Persistent](#). “**Illicit financial flows (IFFs) from developing and emerging economies kept pace at nearly US\$1 trillion in 2014**, according to a **study released [today] by Global Financial Integrity (GFI)**, a Washington, DC-based research and advisory organization. The report pegs illicit financial outflows at 4.2-6.6 percent of developing country total trade in 2014, the last year for which comprehensive data are available.”

MMS Bulletin – Health cooperation in fragile contexts

http://www.medicusmundi.ch/en/bulletin/mms-bulletin/health-cooperation-in-fragile-contexts?set_language=en

See the **editorial** in this issue: “*A growing number of countries are experiencing fragile contexts where the general environment is marked by instability, weak public institutions and infrastructures and by a lack of the rule of law. **International health organisations are being increasingly required to work in such contexts**. This poses great challenges to acting in the appropriate manner, alleviating suffering, providing the required healthcare and setting up health structures without adding to a further destabilisation of public institutions and thus to fragility and instability. **Building upon an earlier conference on “Health in Fragile Contexts” (August 2016), the MMS Symposium in November 2016 drew upon the many lessons learnt and facilitated networking and mutual learning – about a topic which does not provide easy solutions.***”

IISD - FfD Forum Co-facilitators Circulate Zero Draft

<http://sdg.iisd.org/news/ffd-forum-co-facilitators-circulate-zero-draft/>

“Negotiations on the outcome of the ECOSOC’s second Financing For Development Follow-up Forum will begin on 2 May. The co-facilitators (Belgium and South Africa) circulated the [zero draft](#) following a series of informal consultations.”

*“The **2017 FfD Forum will convene from 22-25 May 2017, in New York, US.** The Forum is mandated by the Addis Ababa Action Agenda (AAAA) to produce intergovernmentally agreed conclusions and recommendations, which **feed into the UN High-level Political Forum on Sustainable Development’s (HLPF) follow-up and review of the implementation of the 2030 Agenda for Sustainable Development.** The FfD Forum is held annually at the UN Headquarters in New York with universal intergovernmental participation. It identifies obstacles and challenges to the implementation of the FfD outcomes and the delivery of the means of implementation (MOIs) of the Sustainable Development Goals (SDGs). It also promotes the sharing of lessons learned from experiences at the national and regional levels, addresses new and emerging topics of relevance and provides policy recommendations for action by the international community.”* Have a look at what’s in the zero draft.

PS: the **High-Level Political Forum 2017** itself is scheduled for July. See <https://sustainabledevelopment.un.org/hlpf> for all info.

(updated) Tier classification for SDG indicators

https://unstats.un.org/sdgs/files/Tier%20Classification%20of%20SDG%20Indicators_20%20April%202017_web.pdf

See also [here](#). *“...the **updated tier classification as of 19 April 2017 for the Global SDG indicators as developed by the IAEG-SDGs.** The tier classification for many indicators is expected to change as methodologies are developed and data availability increases. Therefore, **the IAEG-SDGs has developed a mechanism to annually review the tier classification at its Fall (or 4th quarter) meetings.** The updated tier classification is expected to be released following those meetings unless otherwise noted. ... As of 19 April 2017: The updated tier classification contains 82 Tier I indicators, 61 Tier II indicators and 84 Tier III indicators. In addition to these, there are 5 indicators that have multiple tiers (different components of the indicator are classified into different tiers).”*

CGD (working paper) – Ethnic Politics and Ebola Response in West Africa - Working Paper 453

S Soumahoro; <https://www.cgdev.org/publication/ethnic-politics-and-ebola-response-west-africa>

“In this paper, I examine the effects of power sharing on vulnerability to adverse shocks in a multiethnic setting. Combining a unique dataset on the allocation of ministerial posts across ethnicities with the spatial distribution of Ebola, I provide evidence that ethnic representation mitigated the transmission of Ebola in Guinea and Sierra Leone. The findings suggest that one percentage point increase in proportional cabinet shares reduced Ebola transmission by five percent, as reflected in the total number of confirmed cases. I also provide suggestive evidence that this

relationship goes beyond a simple correlation and operates through public resource capture and trust in political institutions.”

UNAIDS: China-Africa partnership to improve access to care

http://www.unaids.org/en/resources/presscentre/featurestories/2017/april/20170428_China-Africa

Sidibé shrewdly links the CHW agenda to the Chinese barefoot doctors.

(see also last week’s IHP news) *“China and Africa have come together to find new ways of improving access to health care. More than 30 Ministers of Health from across Africa joined the Vice-Premier of China Liu Yandong, and the Chinese Minister of National Health and Family Planning Commission Li Bin at the **China-Africa Ministerial Conference on Health Cooperation**. The event was held in Pretoria, South Africa on April 24 under the theme **China-Africa Health Cooperation, From Commitments to Actions**. ... In his address, the UNAIDS Executive Director, Michel Sidibé, outlined three critical initiatives that need to be put in place. **He said that, together with the African Union, partners should create a workforce of 2 million community health workers for Africa, learning from the Barefoot Doctors of China organization**, which trains people on basic medicine to work in rural areas of China. Trilateral cooperation between China, Africa and UNAIDS should focus on disease surveillance for accelerating action to achieve Sustainable Development Goal 3. He added that UNAIDS will continue to support the scale-up of the local production of medicines and health commodities.*

***Following his speech, participants signed a five-point plan for China–Africa cooperation on health** which focuses on improving access to health-care services through Chinese medical teams working in Africa and by strengthening public health preparedness and capacity-building, particularly through the African Centre for Disease Control. The plan also includes a special focus on key populations, women and young people and urges an increase in training opportunities for African and Chinese people. Increasing China–Africa cooperation, specifically around accelerated action for technology and local production, is also part of the plan...”*

Devex – Experts disagree on whether Europe can fill gap left by US aid cuts

<https://www.devex.com/news/experts-disagree-on-whether-europe-can-fill-gap-left-by-us-aid-cuts-90157>

I side with the pessimists. (No surprises there, you’ll say.)

Science – Syria, slums, and health security

Seth Berkley; [Science](#);

Health security needs to pay more attention to people in slums, argues Seth Berkley. *“The risk of epidemics of deadly infectious disease is elevated by millions of vulnerable people converging on and taking refuge in urban areas. Large numbers of unvaccinated people living in close proximity and with limited access to clean water and sanitation represent a fertile breeding ground for infectious disease—traditional pathogens, and new and emerging ones—and the spread of antimicrobial resistance. Urban slums are not new, but the scale and prevalence we are seeing is. We are ill-prepared for their rate of growth, and the associated increase in risk of infectious outbreaks....”* And they seem hard to reach, these people in slums.

Devex - UK aid organizations fall silent ahead of the election

<https://www.devex.com/news/uk-aid-organizations-fall-silent-ahead-of-the-election-90160>

Fortunately, Martin McKee is still alive and kicking on Twitter, taking on Theresa May and gang all by himself!

Devex – Q&A: Abdelmoneim on how Ebola and armed conflict are changing MSF

<https://www.devex.com/news/q-a-abdelmoneim-on-how-ebola-and-armed-conflict-are-changing-msf-90153>

MSF staff, among others, might want to read this interview with an MSF board member and how the organization tries to deal with its rising global health policy influence. *“Ebola unmistakably changed global health, revealing gross failings and recasting the roles of a host of aid groups, agencies and community first responders. **That reckoning also happened on an organization-wide level, including at Médecins Sans Frontières**, which was a leader in on-the-ground treatment during the crisis and an outspoken critic of the broader response. After leading much of the response and outcry on Ebola, **MSF found itself with a newly-influential voice in the public health community**. Now, the organization is grappling with how to take a seat at the global policymaking table while keeping its identity as a fiercely independent emergency responder. The question carries ever greater weight as MSF sits at the center not just of **outbreak response** but of **growing health crises in conflict zones across the globe**. In Syria, Yemen and Afghanistan, the organization’s facilities have been attacked or bombed in violation of international humanitarian law, or IHL. So great is the threat that MSF is now rethinking the risks it faces and asking warring parties directly what their rules of engagement are, if they do not abide by IHL. **MSF board member Dr. Javid Abdelmoneim has been at the heart of MSF’s rising prominence in international health policy**. He was part of a team working on the ground to respond to Ebola in Sierra Leone, and helped set up a support network for doctors inside Syria, where MSF is unable to send its own personnel. He spoke to Devex during a visit to the United Arab Emirates. ...”*

AP - Tillerson calls for balancing US security interests, values

https://www.apnews.com/7aff2131d7b4b10b2c84b89c721b6c9?utm_campaign=SocialFlow&utm_source=Twitter&utm_medium=AP_Politics

You probably already noticed in recent months, but now it's also official, **human rights and the US don't rhyme very well anymore**. (PS: some of you might say "what's new, though"?) "...*Translating "America First" into diplomatic policy, Secretary of State Rex Tillerson on Wednesday declared the United States can't always afford to condition its foreign relationships and national security efforts on countries adopting U.S. values like human rights. He spoke to a State Department eager for answers about changing priorities and a sweeping, impending overhaul. ... The former Exxon Mobil CEO distinguished between U.S. "values," which he described as enduring, and "policies," which Tillerson said must adapt to the times. ... "In some circumstances, if you condition our national security efforts on someone adopting our values, we probably can't achieve our national security goals," Tillerson said. "It really creates obstacles to our ability to advance our national security interests, our economic interests." Still, he insisted the U.S. won't abandon core values.*"

Devex – Neglected tropical diseases: Funding the next stage of the fight

<https://www.devex.com/news/neglected-tropical-diseases-funding-the-next-stage-of-the-fight-90176>

Well worth a read. "**The recent NTDs Summit in Geneva, Switzerland**, highlighted the massive strides that have been made against neglected tropical diseases over the past five years with relatively small sums of money. ... Foreign aid for NTDs amounted to about \$200 million to \$300 million a year between 2012 and 2014, according to a report from the World Health Organization. "A relatively small amount of financing is needed to have big impact on NTDs," Christopher Fitzpatrick, a health economist for the WHO, said at the summit. Yet delegates also highlighted that while NTDs are considered one of the best buys in public health, they continue to be underfunded, and remain largely dependent on donors. **More of the much-needed resources for the next stage of the fight** — which in 2015 the WHO estimated at \$750 million a year up to 2020, and \$460 million a year thereafter — **must come from national governments and innovative financing**, they said...."

IHP for UHC 2030 – Monitoring effective development cooperation in health has benefits in DRC and Vietnam

<https://www.internationalhealthpartnership.net/en/news-videos/ihp-news/article/monitoring-effective-development-cooperation-in-health-has-benefits-in-drc-and-vietnam-409930/>

"In 2016, thirty countries participated in the IHP+ exercise to monitor effective development cooperation (EDC) in health. Findings are being discussed at multi-stakeholder meetings at country level and there are now results from 16 countries published online...." "Positive multi-stakeholder relationships and changes in health policy have occurred as a result of the IHP+ monitoring exercise."

Economist - A growing share of aid is spent by private firms, not charities

<http://www.economist.com/news/international/21721635-they-need-diversify-growing-share-aid-spent-private-firms-not-charities>

But they need to diversify, this Economist article says.

Quick links:

FT Health - [Ping An to launch \\$1bn fintech and healthcare fund](#)

“Ping An is launching a \$1bn fund to invest in financial and healthcare technology globally in a sign of the Chinese insurance group’s desire to expand its brand and business outside its home market.”

FT Health newsletter (later today) – *“Interview with Prof Agnes Binagwaho about Rwanda’s University of Global Health Equity.”* You can sign up for this newsletter here: <https://www.ft.com/companies/health>

UHC

WHO/R4D – Aligning Public Financial Management and health financing: Sustaining progress towards UHC

C Cashin, J Kutzin et al;

<http://www.r4d.org/sites/resultsfordevelopment.org/files/resources/Aligning%20PFM%20and%20HF.pdf>

*“This paper was commissioned by the World Health Organization (WHO) and jointly prepared by Results for Development Institute (R4D) and WHO under the auspices of WHO’s Department of Health Systems Governance and Financing, Health Financing Unit. It is part of the Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing Policy. . . . It was motivated in part by work conducted by Cheryl Cashin of R4D and the World Bank on the macroeconomic, fiscal and public expenditure context of health financing policy. **The paper considers how public financial management (PFM) and health financing systems can be better aligned in support of universal health coverage (UHC).** It provides a framework for examining common challenges and offers strategies for addressing those challenges. A companion process guide builds on the framework to help health and finance authorities at the country level engage in productive dialogue, assess alignment between a country’s PFM system and health financing system, and work toward a joint policy roadmap to improve alignment.”*

ODI (report) – Public financial management and health services delivery: Public financial management and health service delivery Necessary, but not sufficient?

B Welham et al; <https://www.odi.org/publications/10787-public-financial-management-and-health-services-delivery>

*“The issues of public financial management (PFM) and healthcare have long been of interest to the development policy community. Both issues are relatively well discussed and studied in their own right, but the relationship between them is comparatively under-theorised and under researched. More recently, the debates in both policy fields have started to place more of a premium on understanding the links between the two issues. To support this closer alignment, **this research report looks in more detail at the theoretical and empirical links between these two concepts, predominantly from a PFM perspective.** The report concludes that there is evidence that at least some of the identified problems in health service delivery are clearly associated with weaknesses in core PFM systems. Most obviously, problems related to the level and flow of resources were typically identified as stemming from weaknesses in the overall budget process, in terms of both the original budgetary allocations and the subsequent use of cash-budgeting practices during execution.”*

See also the ODI literature review - [Public financial Management and health service delivery: a literature review.](#)

Access Health International - India’s Fiscal Devolution and Impact on Healthcare

<http://accessh.org/indias-fiscal-devolution-impact-healthcare/>

*“The health system in India is undergoing significant change, moving from a system that was heavily reliant on the central government to one that encourages decreased central control and increased decision making at the state level. The move to more decentralized operations is also accompanied by a significant increase in the transfer of untied tax funds from central to state governments. All this is consistent with a growing trend toward regional over pan Indian political power. These changes will have important implications for state governments and for citizens in each state who seek care. The changes will require state governments in India to plan and manage resources more deliberately. States will need to decide how much of the untied funds will be allocated to health versus other sectors, and which programs within the health sector will continue. This means residents of each state may start to see changes in how healthcare is delivered and the quality of that care. **ACCESS Health International conducted a qualitative study around these recent changes.** The study seeks to understand four main issues: the drivers behind the devolution process; what effect it might have on allocation of funds to health; the extent to which states will be accountable to the central government for their spending; and whether the capacity of state governments is sufficient to manage these changes. Twenty stakeholders—from the central government, from think tanks, and from three states with different socioeconomic profiles—were interviewed, and transcripts were analyzed qualitatively to identify main themes. The study shows that while there is a good baseline capacity for managing devolution, capacity across states differs and technical assistance will be helpful for some states.”*

The Global Financing Facility- Driving Health System Efficiency at the Country Level (video of session at 2nd UHC financing forum)

https://cdnapisec.kaltura.com/index.php/extwidget/preview/partner_id/619672/uiconf_id/26723402/entry_id/1_v4jaojj2/embed/dynamic

“During the second annual universal health coverage financing forum, driving health system efficiency at the country level was discussed.”

Planetary health

IISD - Climate Finance Update: Major Emerging Market Green Bond Fund Launched

<http://sdg.iisd.org/news/climate-finance-update-major-emerging-market-green-bond-fund-launched/>

Monthly climate finance update.

Global Policy - The G20 and Climate Change: The Transnational Contribution of Global Summitry

Steven Slaughter; <http://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12442/full>

“This article examines the prospective role of the G20 (Group of Twenty) in contributing to current efforts to address climate change. This article contends that the G20 has the potential to be a site of policy coordination of economically significant states and transnational policy actors which could support the implementation of the Paris Agreement reached at the 21st conference of the parties (COP21) of the United Nations Framework Convention on Climate Change (UNFCCC) in 2015. While this article demonstrates that the G20 and its predecessors have considered the topic of climate change without great success, it articulates the ways that recent developments within the operation of the G20 offers new prospects for addressing this crucial policy issue. These prospects rest primarily upon seeing the G20 as a form of global summitry which is not only an international forum but also a transnational framework of policy makers which offer the possibility that G20 deliberations can be more open to a wider variety of perspectives and more effectively engage with transnational efforts to address climate change.”

Science (Policy Forum) – A climate policy pathway for near- and long-term benefits

<http://science.sciencemag.org/content/356/6337/493>

“The Paris Climate Agreement under the United Nations Framework Convention on Climate Change (UNFCCC) explicitly links the world's long-term climate and near-term sustainable development and poverty eradication agendas. Urgent action is needed, but there are many paths toward the agreement's long-term, end-of-century, 1.5° to 2°C climate target. We propose that reducing short-lived climate pollutants (SLCPs) enough to slow projected global warming by 0.5°C over the next 25 years be adopted as a near-term goal, with many potential benefits toward achieving Sustainable Development Goals (SDGs). As countries' climate commitments are formally adopted under the agreement and they prepare for its 2018 stocktaking, there is a need for them to pledge and report progress toward reductions not just in CO₂ but in the full range of greenhouse gases (GHGs) and black carbon (BC) (plus co-emissions) in order to track progress toward long-term goals.”

Infectious diseases & NTDs

CIDRAP (news) – WHO vaccine advisors weigh in on polio, cholera, Ebola, diphtheria

<http://www.cidrap.umn.edu/news-perspective/2017/04/who-vaccine-advisors-weigh-polio-cholera-ebola-diphtheria>

*“World Health Organization (WHO) vaccine advisors wrapped up a **3-day meeting (25-27 April)** in Geneva [yesterday] and made recommendations regarding immunization for several diseases, including polio, cholera, Ebola, and diphtheria. Today, the agency released a **summary of its 15-member Strategic Advisory Group of Experts (SAGE) meeting** and will publish a full report in a June issue of its Weekly Epidemiological Record...” For the **summary**, see [“Summary of the April 2017 meeting of the Strategic Advisory Group of Experts on immunization.](#)*

Polio

Polio - Health body urges polio vaccine dose cut amid global shortage

<http://pulse.ng/health/who-health-body-urges-polio-vaccine-dose-cut-amid-global-shortage-id6599867.html>

Focusing here on their polio message. *“Faced with a shortage of polio vaccine, the World Health Organization urged countries (last) Friday to resort to smaller, fractional doses to ward off outbreaks of the crippling disease.”*

“... “We do have a problem with the vaccine in the sense of not having enough of it,” Alejandro Cravioto, head of **WHO’s Strategic Advisory Group of Experts (SAGE)**, told reporters in a telephone conference. “But the recent evidence that we reviewed shows that even if we give a smaller dose of vaccine under the skin instead of inside the muscle, we can have the same impact of protection as before,” he said. SAGE, which advises the UN health agency on immunisation policies, called for two smaller doses of the vaccine to be injected under the skin at six and 14 weeks after birth, instead of a single, larger intermuscular dose. This makes it possible to “reduce the volume” of vaccine administered, WHO senior health advisor Philippe Duclos told AFP. French group Sanofi and Serum Institute of India make the main vaccine used to combat polio, the inactivated polio vaccine (IPV). But there have been “problems” in the production, Duclos said, adding that the stocks of the vaccine should be fully replenished by the end of 2018....”

HIV

MSF - HIV/AIDS: MSF publishes study on the accuracy of HIV rapid diagnostic tests

<http://www.msf.org/en/article/hivaids-msf-publishes-study-accuracy-hiv-rapid-diagnostic-tests>

“An evaluation of the accuracy of HIV tests in five sub-Saharan African countries has been carried out by Médecins Sans Frontières (MSF). The study was conducted in collaboration with the Institute of Tropical Medicine in Antwerp, and co-investigators from the respective ministries of health. It confirmed the need to carefully select multiple HIV rapid diagnostic tests (RDTs) in an algorithm/sequence for making an HIV diagnosis.”

And a quick link – **Economist: [How to protect women against both HIV and pregnancy](#)** “A newly-developed vaginal ring releases small doses of drugs over a three-month period.”

See also **Humanosphere - [Study will see if new vaginal ring effectively stops HIV and pregnancy](#)** “A vaginal ring that is designed to prevent both HIV and pregnancy – two of the greatest threats to women’s health – will be tested on women to see whether the novel dual-protection approach works and is safe. The nonprofit International Partnership for Microbicides (IPM) announced on Wednesday the launch of a clinical trial assessing the safety and efficacy of the three-month vaginal ring that releases the antiretroviral drug dapivirine to prevent HIV as well as the contraceptive hormone levonorgestrel....”

Yellow Fever

Stat News - Shortage of yellow fever vaccine hits the US, and could be long-lasting

<https://www.statnews.com/2017/04/28/yellow-fever-vaccine-shortage-2/>

Meanwhile, on the dire situation in Brazil, the **NYT** reported **[Brazil Yellow Fever Outbreak Spawns Alert: Stop Killing the Monkeys](#)**. “... As fears spread in Brazil over the resurgence of yellow fever, health officials are issuing a warning: Stop killing the monkeys. Some assailants clubbed monkeys to death in panicked reactions to Brazil’s most alarming outbreak in decades of a virus that haunted the

country in the 19th and early 20th centuries. Authorities found other monkeys dead with fractured skulls after having been being attacked with stones. One monkey was burned to a crisp. Infectious disease specialists say people are taking aim at the wrong target. Mosquitoes, not monkeys, are actually the vector for the virus, and the monkeys are dying from yellow fever in much higher numbers than people in Brazil. Those who kill the monkeys are making matters worse by depleting primate populations that serve as beacons for where yellow fever is spreading, epidemiologists said..."

As Laurie Garrett tweeted, "an entire nation is at risk. It's urbanizing, bad news". See [here for a map of Brazil & the current Yellow fever](#) situation.

NTDs (in general)

Plos NTDs –The first “London Declaration”: The Commonwealth and its neglected tropical diseases

Peter Hotez et al ; [Plos NTDs](#);

Hear, hear, ...: "...Together with DFID, the Commonwealth [of Nations] Secretariat has a unique opportunity to elevate the profile of [neglected tropical diseases (NTD)] elimination efforts by including NTDs on the agenda of the annual Commonwealth Health Ministers meeting in Geneva and the **biannual Commonwealth Heads of Government meeting, to be hosted by the U.K. in 2018**. As we mark the fifth anniversary of the London Declaration on NTDs this year, we increasingly recognize the urgent need for increased domestic country leadership across NTD programs and research investments. Without this political prioritization, human resources and finances at current levels will not be enough to meet the social and economic challenges these debilitating diseases present to the world's poorest people. ... **Ultimately, the Commonwealth of Nations and its secretariat, DFID, and partner organizations could take on a powerful role in eliminating these ancient scourges of the world's poor and perhaps the most common diseases of people living in poverty**. In doing so, the Commonwealth and DFID could actually lift hundreds of millions of people out of poverty..." The Commonwealth, for Christ's sake!

Death toll rises as mysterious Ebola-like illness spreads to Liberia's capital

[South China Morning Post - Africa](#);

Interesting paragraph, perhaps, on the progress made in Liberia:

"...Joanne Liu, president of medical charity Medecins Sans Frontieres (MSF), said the **swift reaction to the mysterious outbreak demonstrated a positive change after the horrors of Ebola**. "People are on the starting block now when something happens, at least in terms of confirming, and I think that this sort of reactivity is the legacy of Ebola," she said. Liu said that the Liberian illness "might be food intoxication," but that more information was needed..."

AMR

FT - Food groups warned about overuse of antibiotics in supply chain

<https://www.ft.com/content/d9656106-2c0d-11e7-bc4b-5528796fe35c>

*“Denny’s, Greene King and eight other food businesses have come under pressure from big investors to end the unnecessary use of antibiotics in their supply chains. Concerns are mounting that overuse of these drugs is damaging human health. **A coalition of 71 investors, which collectively oversee more than \$2tn in assets, warned that excessive use of antibiotics in meat and poultry supply chains could have “frightening” health and financial consequences.** Papa John’s, the pizza company, Whitbread, the British company behind Costa Coffee, and the Cheesecake Factory, the US restaurant chain, will also be targeted by the coalition this year. The fear is that regular use of the medicines in animals is leading to antibiotic resistance in humans, leaving food companies at risk of losses if governments attempt to tackle the growing threat to public health....”*

WHO – World Hand Hygiene Day (5 May): “Fight antibiotic resistance It’s in your hands”

<http://www.emro.who.int/media/news/fight-antibiotic-resistance-its-in-your-hands.html>

“World Hand Hygiene Day, marked globally on 5 May, highlights the importance of hand hygiene in health care. The slogan of this year’s campaign is “Fight antibiotic resistance ... it’s in your hands”, illustrating the important relationship between good infection prevention and control practices like washing your hands and preventing antibiotic resistance. ...” “...Through this year’s campaign, the World Health Organization (WHO) is calling on countries and health care facilities to strengthen infection prevention and control programmes based on WHO guidelines on core components of infection prevention and control programmes. A key component of which is adequate hand hygiene, which plays a critical role in combating antimicrobial resistance.”

World Veterinary Day (29 April) & AMR

http://www.internationalaffairs.org.au/australian_outlook/antibiotic-resistance-global-food-chain/

“World Veterinary Day on 29 April draws attention to the role of farmed animals in spreading antimicrobial resistance and diminishing the effectiveness of antibiotics. Large global investors are leading efforts to eliminate the risk, but governments must catch up.”

NCDs

Initiative launched to measure hypertension burden globally

<http://health.economictimes.indiatimes.com/news/diagnostics/initiative-launched-to-measure-hypertension-burden-globally/58469083>

See also last week's IHP news. "Aiming to measure the actual burden of people with hypertension globally, several health bodies... on Monday launched **May Measurement Month** -- an initiative to screen Blood Pressure (BP) cases -- to tackle the global epidemic. ... As part of the initiative, the International Society of Hypertension (ISH) and the World Hypertension League (WHL) will get volunteer countries, government and municipal corporations from May 1 to May 31, 2017 to screen 25 million people globally..." More in the Lancet from last week - [May Measurement Month: a global blood pressure screening campaign](#).

Reuters – Australia wins landmark WTO tobacco packaging case: Bloomberg

[Reuters](#);

"Tough tobacco packaging laws implemented by Australia are a legitimate public health measure, according to a World Trade Organization dispute panel ruling reported by Bloomberg news. It cited two people close to the situation as saying the panel had rejected a case made by Cuba, Honduras, Dominican Republic and Indonesia, which argued the laws constituted illegal barriers to trade. The ruling is not expected to be published until July, but a confidential draft has been circulated to parties in the case, Bloomberg reported."

WB (brief) – Tobacco control program

<http://www.worldbank.org/en/topic/health/brief/tobacco>

Good overview of what the **World Bank's Tobacco Control program** is doing. Among others (see **tweet from Robert Marten**) – "Glad to see @WBG_Health @JLN4UHC are now developing a Tobacco Tax Module to promote cross-country shared learning."

World Asthma day – Tuesday 2 May

[BMC Central \(blog\)](#);

“World Asthma Day aims to increase asthma awareness and provide support to those affected by the disease. This day is celebrated in over 35 countries, and focuses on educating the public about effective ways to control and treat asthma worldwide.”

For an updated **factsheet** related to Asthma, see [WHO](#).

Plos (blog) - Water security: the key ingredient for soda tax success

J Renzella; <http://blogs.plos.org/globalhealth/2017/04/water-security-the-key-ingredient-for-soda-tax-success/>

*(must-read) “Recommended by the World Health Organization, sugar-sweetened beverage taxes have become an attractive policy to reduce the burden of noncommunicable diseases (NCDs). However, in contexts where water safety and security are equally important issues, there is an **imperative need to simultaneously promote water sanitation and access policies** to ensure the benefits of a soda tax don’t dry up. “*

The Lancet Diabetes and Endocrinology - The global economic burden of diabetes in adults aged 20–79 years: a cost-of-illness study

C Bommer et al; [http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30097-9/abstract](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30097-9/abstract)

“Researchers used epidemiological and economic data for 184 countries to estimate the full global economic burden of diabetes in adults aged 20–79 years. Their results suggest that the global cost of diabetes for 2015 was US\$1.31 trillion (95% CI 1.28–1.36) or 1.8% (95% CI 1.8–1.9) of global gross domestic product (GDP). On average, the economic burden as percentage of GDP was larger in middle-income countries than in high-income countries.”

For the linked **Comment** (by Ping Zhang et al), see [Global economic burden of diabetes and its implications](#). *“... Their study of the global economic burden of diabetes showed that two thirds of these total costs (i.e. US\$ 1.3 trillion in 2015) were direct medical costs (\$857 billion) and one third were indirect costs, such as lost productivity. These results are an important reminder that diabetes is not only a global health problem because of its effect on mortality and morbidity and quality of life, but also a major problem for national economies...”*

Oxfam (blog) – Why is so little being done to stop traffic killing 1.25m people per year, and costing 3% of global GDP? Good new paper.

<http://oxfamblogs.org/fp2p/why-is-so-little-being-done-to-stop-traffic-killing-1-25m-people-per-year-and-costing-3-of-global-gdp-good-new-paper>

Nice review of a recent (March) ODI paper - [The political economy of road safety](#).

“My takeaways from this are that Road Traffic Accidents act as a lens on the modern world, highlighting issues of power, inequality, and the importance of thinking about systems, not just linear interventions....”

Sexual & Reproductive / maternal, neonatal & child health

KFF – What Is the Scope of the Mexico City Policy: Assessing Abortion Laws in Countries That Receive U.S. Global Health Assistance

[KFF](#);

*“On January 23, 2017, President Trump reinstated and expanded the Mexico City Policy requiring foreign NGOs to certify that they will not “perform or actively promote abortion as a method of family planning,” using any funds (including non-U.S. funds), as a condition for receiving U.S. government global health assistance. The U.S. government issued initial guidance related to U.S. global family planning assistance on March 2, and further guidance on other U.S. global health assistance is expected soon. **This data note assesses how the Mexico City Policy affects the provision of legal abortion services in U.S. assisted countries.** It finds that the majority of countries that received U.S. bilateral global health assistance in FY 2016 (37 of 64), allow for legal abortion in at least one case not permissible by the MCP. These countries accounted for 53% of bilateral global health assistance. In all other countries, abortion is not legal beyond what is permissible by the MCP, although other activities are prohibited by the policy. While foreign NGO recipients of U.S. global health assistance will be required to certify that they are in compliance with the MCP regardless of where they work, where countries’ laws allow for abortion in cases not permitted by the MCP, they will be prohibited from providing legal services with non-U.S. funds as a condition of receiving U.S. assistance....”*

USAID (HFG) - Essential Package of Health Services Country Snapshot Series

<https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

“A new series of country profiles analyzes the governance dimensions of Essential Packages of Health Services (EPHS) in the 24 Ending Preventable Child and Maternal Deaths (EPCMD) priority countries. An EPHS can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care.”

Financing Health in Africa (blog) – Incentivizing respectful maternity care: could PBF promote comprehensive change?

S McMahon et al; <http://www.healthfinancingafrica.org/home/incentivizing-respectful-maternity-care-could-pbf-promote-comprehensive-change>

*“The PBF Community of Practice is initiating a collaborative learning program on ‘PBF & Quality of Care’. Health Financing in Africa welcomes testimonies, opinion pieces and presentations of research findings. In this first blog of our series, Shannon McMahon (Heidelberg University, Germany), Christabel Kambala (College of Medicine, Malawi), and Manuela De Allegri (Heidelberg University, Germany) present findings from two evaluations in Malawi. **The authors urge that Respectful Maternal Care (RMC) attracts more attention within the PBF community, and they offer insights into how PBF programming could be used to bolster elements of RMC.**”*

Guardian - Mexico’s lost generation of young girls robbed of innocence and education

<https://www.theguardian.com/global-development/2017/may/02/mexico-lost-generation-young-girls-innocence-education>

*“Hundreds of thousands of young girls across Mexico are being driven into relationships and marriages with older men, denying them a childhood and an education, new research reveals. The data represents **part of a wider trend across Latin America, the only region in the world where child marriage is increasing rather than in decline...**”*

BMJ (blog) - Diabetes in pregnancy—a neglected cause of maternal mortality

Katja Iversen; [BMJ blog](#);

“In the lead up to the 70th World Health Assembly (22-31 May), president and CEO of Women Deliver, Katja Iversen, highlights a neglected health problem that must be addressed in order to reduce global rates of maternal mortality and fulfil Sustainable Development Goal targets: diabetes in pregnancy”.

She concludes: “...There is a strong need to build bridges between the diabetes and the maternal and newborn health communities to promote joint action around diabetes in pregnancy—particularly in the high burden countries of India, China, Indonesia, Pakistan, Bangladesh, Nigeria, Mexico, and Brazil. Without this cooperation, the global development sector risks curtailing the great progress that has been made in improving maternal health over the past two decades. By including universal screening for diabetes as a standard of care for pregnant women, there is an opportunity to improve health; save lives; and promote prevention efforts, like nutrition and physical activity, which will improve wellbeing for generations to come.”

Guardian – How can you leave no one behind when millions of children are uncounted?

https://www.theguardian.com/global-development-professionals-network/2017/may/03/how-can-you-leave-no-one-behind-when-millions-of-children-are-uncounted?CMP=share_btn_tw

... more than 250 NGOs have called on the UN to include these children in its statistical map. The **All Children Count campaign**, spearheaded by Lumos and SOS Children’s Villages, wants the SDGs monitoring framework to ensure that all children who live outside of parental care are represented in disaggregated data, and that the ways data is collected are expanded and improved to make this possible. ... **The All Children Count campaign is running in parallel with other efforts to make sure uncounted children are no longer invisible....”**

Access to medicines

HHR (blog) - International Drug Control Limits Access to Medicines: A Human Rights Breach?

M Elseke Gipsen; <https://www.hhrjournal.org/2017/05/international-drug-control-limits-access-to-medicines-a-human-rights-breach/>

“The interface between the human rights and drug control frameworks is subject to much international debate and controversy. This is particularly the case in the context of access to controlled medicines: serious negative health, socioeconomic, and human rights consequences can occur with insufficient access to pharmaceuticals. Consumption data reveals that between 2010-2014 there was a global health inequity: internationally controlled opioid analgesics, such as morphine for pain alleviation, had low to nearly zero consumption in 80% of the global population. The world is also facing a lopsided supply/demand chain of opioid analgesics reinforcing the Global South vs Global North divide. In 2009, 90% of all morphine consumption was traced to industrialised countries with the African region, which makes up about 15% of the global population, consuming only 0.2%. The strict control by international drug control treaties contribute to this limited access. In critically assessing the poor availability of controlled medicines globally, **my recently published book—Human Rights and Drug Control—flags two key messages...** “...First, access to medicines ought to be at the forefront of drug control laws and policies, that is, it should be the rule rather

than an exception. ... Second, the current international drug control system is hampering rather than fostering the enforcement of a 'medical access-led' model of drug control....”

The Conversation - Meningitis: Africa needs to join forces (again) to secure a lower cost vaccine

<https://theconversation.com/meningitis-africa-needs-to-join-forces-again-to-secure-a-lower-cost-vaccine-76852>

“...This year alone 750 people have died and more than 8,000 cases have been reported in a **Meningitis C outbreak in the north of Nigeria**. This is the fourth meningitis C outbreak in the past five years, countering claims that the strain can't be prepared for because it occurs too infrequently. ... There are two kinds of these vaccines on the market: those that offer short-term protection – called polysaccharide – or those that last longer and have a greater impact – called conjugate. One of conjugate's greatest benefits is that it's essentially able to stop the disease from spreading and it protects babies that are too young for most vaccinations. **The only way to break the endless cycle of meningitis deaths is to introduce a low-cost conjugate vaccine for multiple serogroups and to regularly vaccinate people before there is an outbreak. But the challenge is that conjugate meningococcal vaccines are mostly unavailable in Africa.** Developed by the largest pharmaceutical companies in the western world, they are expensive, and sometimes out of the reach of even wealthy countries. **To change this, African governments must find fresh ways to collaborate with others to fight for lower cost vaccines – just as they did when they impelled global health partners to get an affordable Meningitis A vaccine.** They also need to **start funding and developing sufficient amounts of vaccines instead of bartering with large-scale pharmaceutical companies....”**

Miscellaneous

NYT – Is China the world's new colonial power?

<https://www.nytimes.com/2017/05/02/magazine/is-china-the-worlds-new-colonial-power.html?smprod=nytcore-iphone&smid=nytcore-iphone-share>

“The rising superpower has built up enormous holdings in poor, resource-rich African countries — but its business partners there aren't always thrilled.”

Washington Post – Ethiopia is facing a killer drought. But it's going almost unnoticed

https://www.washingtonpost.com/news/worldviews/wp/2017/05/01/ethiopia-is-facing-a-killer-drought-but-its-going-almost-unnoticed/?utm_term=.b4a37134a0ee

“The announcement by the United Nations in March that 20 million people in four countries were teetering on the edge of famine stunned the world and rammed home the breadth of the humanitarian crisis faced by so many in 2017. Yet even as donors struggle to meet the severe needs in the war-torn nations of Nigeria, South Sudan, Somalia and Yemen, another crisis, more environmental in nature, is taking place nearby — nearly unnoticed. On Thursday, the Ethiopian government increased its count of the number of people requiring emergency food aid from 5.6 million to 7.7 million, a move that aid agencies say was long overdue. The figure is expected to rise further as southeast Ethiopia confronts another fierce drought...”

Rights of indigenous peoples ‘not in a very good state,’ UN expert says

<http://www.un.org/apps/news/story.asp?NewsID=56660#.WQhMKxOLQdU>

Understatement of the year. *“The rights of indigenous peoples are being abused by authorities and corporations that want access to their land and the resources – such as petrol – that lie beneath it, the United Nations expert on the issue [today] said **on the sidelines of the 2017 session of the UN Permanent Forum on Indigenous Issues**, currently under way in New York. “The situation of indigenous peoples’ rights is really not in a very good state these days because there are policies and laws used to criminalize them,” **Victoria Tauli-Corpuz, Special Rapporteur on the rights of indigenous peoples**, said in a press briefing alongside three other indigenous leaders....”*

ODI (Briefing paper) - 10 things to know about the global labour force

<https://www.odi.org/publications/10770-10-things-know-about-global-labour-force>

Some nice infographics.

Report - What might peer review look like in 2030?

https://figshare.com/articles/_/4884878

Bet you’ll want to read this. *“‘What might peer review look like in 2030’ examines how peer review can be improved for future generations of academics and offers key recommendations to the academic community. **The report is based on the lively and progressive sessions at the SpotOn London conference held at Wellcome Collection Conference centre in November 2016.** It includes a collection of reflections on the history of peer review, current issues such as sustainability and ethics, while also casting a look into the future including advances such as preprint servers and AI applications. The contributions cover perspectives from the researcher, a librarian, publishers and others. “ Check out especially the take of the ‘frustrated scientist’ ☺.*

See also, for key messages & recommendations, [Peer Review 2030: New report looks to the future of peer review](#) (Springer)

Guardian launches important new Website on Inequality

<http://oxfamblogs.org/fp2p/guardian-launches-important-new-website-on-inequality/>

Worth checking out.

Using people power to promote public health

<https://www.hsph.harvard.edu/news/features/using-people-power-to-promote-public-health/>

The Times are really changing if the Harvard School of Public Health (of all schools) offers a piece on “Using people power to promote public health”. “A renowned community organizer told a rapt audience that organizing—bringing people with a common purpose together to create change—could be an effective way to improve people’s health at a time when political realities appear to threaten it. **Marshall Ganz**, senior lecturer in public policy at the Harvard Kennedy School’s Ash Center for Democratic Governance and Innovation, **offered strategies for organizing** before a crowd of hundreds who gathered at Harvard Medical School’s Joseph B. Martin Center Amphitheater on April 4, 2017. The event, “**Organizing for Health: People, Power and Change**,” was hosted by the deans of Harvard University’s three health schools.”

JAMA special issue – Conflicts of interest

<http://jamanetwork.com/journals/jama/currentissue>

Lot of focus on conflicts of interest, from all different angles. “While endeavoring to protect the interests and well-being of their patients and maintain professional competence, physicians may develop secondary interests such as the competition for patients and trainees, extramural research funding, and high-profile publications. Financial and other rewards of medical practice can create conflicts of interest. **This issue of JAMA features 23 Viewpoint articles on conflict of interest for physicians in settings such as academic medicine, biomedical research, medical education, guideline development, health care management, and medical publishing.** Two Editorials discuss the pervasive opportunities for conflict of interest in health care and medical journalism.”

Guardian - 'International development' is a loaded term. It's time for a rethink

<https://www.theguardian.com/global-development-professionals-network/2017/may/03/international-development-is-a-loaded-term-its-time-for-a-rethink>

Well worth a read.

Emerging Voices

'You're disabled, why did you have sex in the first place?' An intersectional analysis of experiences of disabled women with regard to their sexual and reproductive health and rights in Gujarat State, India

<http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1290316>

"Globally, disabled people have significant unmet needs in relation to sexual and reproductive health (SRH). Disabled women in India face multiple discrimination: social exclusion, lack of autonomy with regard to their SRH, vulnerability to violence, and lack of access to SRH care. While they may face shared challenges, an intersectional perspective suggests that considering disabled women as a uniform and 'vulnerable' group is likely to mask multiple differences in their lived experiences...." By EV 2016 **Laura Dean**. (For some reason, her name always reminds me of Laura Dern, actress in David Lynch movies among others, like "Wild at Heart".)

Research

Canadian journal of Development studies - Que cache le consensus des acteurs de la santé mondiale au sujet de la couverture sanitaire universelle? Une analyse fondée sur l'approche par les droits

Emilie Robert, Valéry Ridde et al;

<http://www.tandfonline.com/doi/abs/10.1080/02255189.2017.1301250?journalCode=rcjd20>

(article in French) *"There is an international consensus around the merits of universal health coverage. It is expressed through a shared concern for facilitating the right to good health by implementing the right to healthcare. Nevertheless, tensions persist between the willingness of*

global health actors, whose discourse is often framed in terms of human rights, and the scant implementation measures on the ground. Furthermore, the readiness of these actors to implement the right effectively is debatable. This article illuminates these tensions through an analysis anchored in the rights-based approach.”

IJHPM – Passed the Age of Puberty: Organizational Networks as a Way to Get Things Done in the Health Field; Comment on “Evaluating Global Health Partnerships: A Case Study of a Gavi HPV Vaccine Application Process in Uganda”

Patrick Kenis;

http://www.ijhpm.com/article_3355_0.html?utm_source=dlvr.it&utm_medium=twitter

*“In this commentary I will demonstrate that the **case study of Uganda’s Human papilloma virus (HPV) vaccine application partnership** provides an excellent example of widening our lens by **evaluating the successful HP vaccine coverage from a network-centric perspective**. That implies that the organizational network is seen as the locus of production and that network theories become indispensable to analyze the situation at hand. The case study is, as said, an excellent example of how this can be done and my comments have to be read as an endorsement and a broadening of the discussion of what Carol Kanya and colleagues have presented. It is demonstrated that an organizational network approach can be considered a serious and mature way in understanding public health issues.”*

Policymaker experiences with rapid response briefs to address health-system and technology questions in Uganda

R Mijumbi-Deve; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0200-1>

“Health service and systems researchers have developed knowledge translation strategies to facilitate the use of reliable evidence for policy, including rapid response briefs as timely and responsive tools supporting decision making. However, little is known about users’ experience with these newer formats for presenting evidence. We sought to explore Ugandan policymakers’ experience with rapid response briefs in order to develop a format acceptable for policymakers...”

Health Promotion International (Special Issue): Health Promoting Schools

H Turunen et al; <https://academic.oup.com/heapro/issue/32/2>

Check out the [editorial](#) first – “Health Promoting Schools—a complex approach and a major means to health improvement”.