IHP news 418: On the WHO DG race, Netflix & more

(12 May 2017)

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

Dear Colleagues,

Only a few weeks remain till we know who will be the new WHO Director-General, and boy, what a world he (or hopefully she) will face! The trainwreck formerly called “the US democracy” took a Nixonian turn this week – although that’s perhaps a tad generous for the plutocratic & nepotist rogue republic it is fast becoming. With Secretary of #Brands Ivanka as one of the few adult people remaining in the administration, the future certainly looks shiny across the ocean. Meanwhile, “En France”, Macron got his victory, and I was glad with it (for 30 seconds at least). Reactions are mixed, in France and elsewhere. As you might have expected, I tend to side with the ones on the left who opined that Macron is “opium for the elites and established politics” (and let’s not forget the stock markets), but on the other hand, in today’s world you should perhaps reckon yourself lucky if your country is run by a smart technocrat, as compared to an ‘ignorance isn’t exactly bliss in politics’ phenomenon, an a-moral simpleton or a thinly veiled fascist. Macron is certainly smart, now let’s hope he’ll also show some wisdom in the years to come (and convince enough of his fellow leaders in Europe to do the wise thing as well and make the continent a fairer place again, with the required sense of urgency). I wish him well, if only for geopolitical reasons: Americans are frantically trying to figure out in what sort of polity they actually live these days (hint: it starts with a ‘B’), China remains firmly authoritarian, India isn’t much better since “Mr M” came to power, and let’s not go into Russia. So no, in line with a recent CFR survey, we don’t expect to see much improvement in international cooperation (let alone decisive tackling of the many urgent collective action problems) anytime soon, even if we agree with UN Secretary-General Guterres that “a multi-polar world needs more multilateral governance, not less”.

Many progressives must feel like mental health patients these days, not recognizing the world of old anymore and feeling terrible about it, with a nagging sense of ‘the worst is yet to come’. The world can indeed look like a terrifying place if you go through the headlines or your Twitter feed, especially if you haven’t had a cup of strong coffee yet. But you know us, we did spot some comforting news as well this week! One example: the Macron victory implies that The Donald will now be totally “out-IQ’d” and outclassed at the next G7 summit in Italy. If US citizens think they reached rock bottom when hearing that Xi Jinping taught their president about Korea at Mar a Lago, they probably need to think again. The world will certainly have a good laugh when the likes of Merkel & Macron try to bring Trump up to speed on some of the global & interconnected challenges. (True, Trump usually has the last laugh)

Even more uplifting news: in an early sign of how Macron will bridge the huge divide between cosmopolitans and nationalist fans in France and all over the world, the new French president looked
distinctly “French” on his victory night, in spite of his cosmopolitan values and ‘Ode an die Freude’ statement. You might have noticed already: for some reason, even in an era of globalization, citizens in most countries keep voting for statesmen and women who at least “look” as if they can represent their country. The French clearly take this representation role of their presidents very seriously. Sarkozy was perhaps not much fun for many French people, policy wise, but we certainly enjoyed his Napoleonic tics and attitude on the world stage. Hollande (certainly if you imagine him on his ‘mobyltte’ heading for his beautiful mistress in Paris, early in the morning) was a lovely caricature of a French lover as well. (in case the Americans among you are wondering about their leader: I hate to break it to you, guys, but yes: “Only in America ☺ ”).

In this week’s Featured article, Dena Javadi reflects on a recent Netflix series – “13 Reasons Why”. Watching a recent episode led to a viewpoint on the perils & promises of TV mass customization, and the (potential) role of public health in this.

Enjoy your reading.

The editorial team

Featured Article

Netflix & ill: perils and promise of TV’s mass customization

Dena Javadi (EV 2014)

Ninety seconds. That’s the amount of time an algorithm has to convince you to start your next binge-watching session. Lights, camera, inaction. Given its increasing monopoly over entertainment, Netflix seems to have perfected its tantalizing algorithm, seducing millions of people to endlessly consume the rabbit hole of tailor-made TV. "There’s never too much TV," according to Netflix’s chief content officer. The turnstile success of ever-changing hit series confirms this. But this isn’t about how binge-watching is a health hazard (there are plenty of pieces dedicated to how binge-watching is making us sadder and fatter). This is more about how mass customization is normalizing certain behaviours at breakneck speeds. For example, statutory rape is sexy; feminism is confused and selfish; and suicide comes in a baker’s dozen (more on 13 Reasons Why later).

TV’s culture-defining role has been studied since people first started tuning in, and now a myriad of other variables have been added that alter the nature of the beast. Instead of linear programming, you have options spanning in all directions. Based on your preferences, you can live in a world where popular culture is becoming more accepting and diverse, or you can live in one where tradition is king. Instead of a week between episodes, you have 15 seconds. The speed of consumption is so high that there’s little time for reflection – no time to digest the onslaught of images and information.

In public health, we’ve long acknowledged the role of our physical spaces in determining our health. We build bike lanes and parks to encourage physical activity; we establish community gardens and
tackle food deserts to address malnutrition; we improve road signs and traffic patterns to promote road safety. More broadly, as explored by IHP editorials over the last month, we increasingly push for healthy ecosystems and planetary health as essential elements of health and wellbeing. But what about navigation of the digital space? What are the public health recommendations for wading through digital noise? What about health-sensitive regulations for content creators (reducing on-screen smoking has had some success here)? We’ve gone as far as trying to come up with innovative ways to use digital technology to communicate public health messages or to increase access to healthcare and other social determinants of health (employment, housing, education, etc.), but often these are done in parallel to – and in competition with – glitzier entertainment options.

This is where I’d like to come back to the show, 13 Reasons Why, which follows a high schooler through experiences of bullying, rape, depression and ultimately suicide. I originally considered writing this post while feeling entirely overwhelmed after the last episode. My thought was, if I feel this way, as an adult, how would a teenager, who may be experiencing some of the depicted pain in real-time, feel... Would it be helpful? An ally? A trigger? Or worse, a more concrete option? Clearly, given the storm of articles on the topic in the last couple of weeks, I was not alone in the unease. The controversy has sparked an important conversation around how we talk about mental health in pop culture. The show has the kind of “impact factor” academia dreams of; it’s the most talked-about show on Netflix and has reached millions of young people, some of which could very well be going through their own mental health crises. It simultaneously presents a public health threat and opportunity, which requires careful navigation by educators, parents, health professionals, and young people themselves. While many professionals are quibbling about the various elements of the show deemed as problematic, others are using it to have conversations with schools that were simply not happening.

What’s followed the aftermath of the show’s bulk release also points out the importance of availability and use of public health knowledge in entertainment. Instead of competing for fleeting attention spans, public health advocacy would be better served to embed itself in the improved design of programs similar to this one where there is an opportunity for education on topics affecting population health. The show’s popularity itself is also data to help inform public health policy and programming. Something has resonated with the target audience, and while it may not be a focus group, 11 million tweets is certainly a strong indicator that the experiences portrayed by the show have pushed more than a few buttons worth exploring.

**Highlights of the week**

**WHO DG election – the last weeks**

It was sort of Tedros’ week, this week, in a way.

**Update on Dr Tedros**

Check out the very interesting (interview) series from our colleagues from Global Health Now:
Global Health Now – Q & A with Dr Tedros (4 episodes): “Having served as Ethiopia’s Minister of Health and its Minister of Foreign Affairs, Tedros Adhanom Ghebreyesus brings unique qualifications to the race to be the next Director-General of WHO. Tedros cites his leadership in reforming Ethiopia’s health system “in an environment that was resource-constrained with a heavy disease burden” as a key indicator of his ability to achieve results. He promises to bring a “fresh perspective” to WHO. Considered by many to be the front runner in the race, Tedros has the support of the African Union yet has also been called out by critics of his country’s human rights record. In this 4-part Q&A with GHN, Tedros discusses his background, the greatest global health threats, the changes that he will bring to WHO, the idea that the next DG should be from a low- or middle-income country, as well as his country’s record on human rights.”

All are must-reads. Still, on the HR issue in Ethiopia, Tedros sounds as if he has a Chinese PR firm.

For a quick overview of the 4 episodes of the interview, see here.

For even better news for Tedros, see this tweet from Helen Branswell (Stat): “If the UK is heading @UNOCHA, does that affect the race for @WHO DG?”

Branswell referred to the news that UN SG Guterres will appoint Mark Lowcock (UK) as new UNOCHA boss. “UN Secretary General Antonio Guterres has decided to appoint Mark Lowcock, the head of Britain’s international development department, to be the world body’s new humanitarian aid chief, diplomats and UN officials said Wednesday,...”

Update on Sania Nishtar

Lancet Letter – Open letter to WHO DG candidates: reply from Sania Nishtar

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31254-0/fulltext

Sania Nishtar’s stance on FENSA (implementation). She reacted to this letter from a few weeks ago in the Lancet - Open letter to WHO DG candidates: keep policy and priority setting free of commercial influence (by K Brown et al).

Update on David Nabarro

Press release - Dr David Nabarro, candidate to be the next Director-General of the World Health Organization (WHO), has outlined his immediate actions if successful in the election on May 23rd.

“As Director-General Dr. Nabarro will set out a unifying vision for the WHO so it is ready to take on the challenges of the 21st century and ensures that we leave no one behind. Using his experience as the United Nations’ Special Envoy on Ebola and Chair of WHO’s Advisory Group on Outbreak and Emergency Reform, Dr Nabarro will ensure that WHO’s responses to outbreaks and emergencies offer dependable and impartial action in the face of disease outbreaks. The focus is on supporting communities and nations to take rapid effective action. In addition, Dr Nabarro will focus on non-communicable diseases (NCDs), currently responsible for 70% of all deaths across the world. He will bring together governments, NGOs, academics and the private sector as a unifying force to stem this epidemic and reduce suffering. He is also committed to addressing the stigma of mental health, including depression which affects a staggering 300 million people globally....”

Lancet - Dr David Nabarro is the best candidate for WHO Director-General


“... In January, 2016, I wrote a Comment in The Lancet setting out the essential criteria that I thought the future DG would need. This was coauthored by global health leaders from Brazil, Thailand, Japan, and South Africa. As coauthors we agreed with WHO’s established criteria for the role (panel)2 and added others. We wrote that WHO needed a leader who would engage confidently with science and evidence; who would communicate dynamically and effectively with both the people of the world and their political leaders; who would build on the post-Ebola reforms of current DG Margaret Chan and deliver real organisational change; and, most crucially, would be someone who cared about the health of everyone everywhere and brought unimpeachable character to the role....” Sally Davies thinks David Nabarro fits the bill (best).

Perhaps also worth mentioning, this tweet from Owen Barder: “IMHO, this kind of lobbying by government officials for their compatriots to be given prestigious international jobs should be made illegal.”

Some general interview & reads related to the WHO DG race (and reform)

UNAIDS - interviews with the 3 candidates about AIDS & global health

Check it out.

Devex – Q&A: Former MSF president on the WHO leadership race

(recommended) “… For Dr. Unni Karunakara, a senior fellow at the Jackson Institute for Global Affairs at Yale University and former international president of Médecins Sans Frontières, reform begins with recentering the WHO’s activities around its norm-setting mission. “In a globally
interconnected world, we need an organization with the mandate of WHO to be able to kind of set
global norms and standards,” said Karunakara during a conversation with DeveX. A critic of the new
Health Emergencies Programme, created by the agency in 2016 to develop its operational capacities,
he urged the incoming WHO director-general to preserve its core activities and programs amid a
difficult funding climate....”

Guardian - We need a revolution in mindsets at the top of the World Health Organization

Mukesh Kapila (Prof Global Health, Manchester) https://www.theguardian.com/global-
development-professionals-network/2017/may/09/we-need-a-revolution-in-mindsets-at-the-top-of-
the-world-health-organization?CMP=twt_gu

This piece caused quite a stir on social media this week, so you might want to read it. Business as
usual won’t do it, Kapila says. Towards the end of the article he also reflects on the WHO DG needed
at this time: “... Who will transform WHO and not just navigate it better? The main determinants of
population health are social and political, and the health struggle is too important to be left to
technical experts....”

And he concludes: “A trustworthy director general is a sine qua non. They must have strong moral
values, and demonstrated the courage of having lived them without fear or favour. The DG is
required to stand up to vested interests and confront tough dilemmas consistently. They must know
the fine dividing line between pragmatic expediency and cowardice. The electors of the DG should be
wary of anyone who promises quick technical fixes to ‘make WHO great again’. It is the personal
character of the new leader that will ultimately determine whether the organisation can renew its
moral and practical purpose and give us the WHO we need.”

Politico – Meet the world’s most powerful doctor: Bill Gates

http://www.politico.eu/article/bill-gates-who-most-powerful-
doctor/?utm_content=bufferfa585&utm_medium=social&utm_source=twitter.com&utm_campaign=
buffer

Recommended. “The software mogul’s sway over the World Health Organization spurs criticism
about misplaced priorities and undue influence.” But that’s a bit exaggerated, it appears.

Global multilateral system & reform

Humanosphere – Don’t expect to see improvement in international cooperation
anytime soon

Tom Murphy; http://www.humanosphere.org/world-politics/2017/05/dont-expect-to-see-
 improvement-in-international-cooperation-anytime-soon/
“In the face of tremendous global turmoil related to conflict, migration and trade, nations increasingly turned their backs on one another and international cooperation suffered in 2016, according to a new survey. The world score a C- in 2016 on its report card on international cooperation from the leaders from 26 international policy institutes, down from a B in 2015. The success of Brexit and Donald Trump dragged down scores in global trade and conflict prevention, and it is expected that the trend will continue this year....”

As for CFR’s report card for global health, see here (B, down from B+ in 2015). Check out the short report.

Guardian - UN must reform to defend enlightenment values, secretary-general says

https://www.theguardian.com/world/2017/may/10/un-reform-secretary-general-antonio-guterres

(must-read) “International institutions such as the United Nations must reform and adapt, in order to defend enlightenment values, the UN secretary general, António Guterres, has said. Giving his first speech in London since his appointment in January, Guterres said: “Europe’s greatest gift to the world was the values of enlightenment. Now they are being called into question and under threat. We are seeing the human rights agenda losing ground to the national sovereignty agendas. We see more and more irrational behaviours, including an aggressive nationalism.” Challenging the rise of isolationism and protectionism, Guterres, a former Portuguese prime minister, said the challenge facing the world today required a multilateral response. “We now have a multi-polar world that will not solve its own problems. A multi-polar world needs more multilateral governance, not less,” he said, adding that a multi-polar world without multilateral institutions had led directly to the first world war. ... ... He argued that the UN remained as relevant as ever, but said its unwieldy bureaucracy and structure needed to be reshaped for a more interconnected world. He pointed to three separate pillars of the UN – peace and security, human rights and sustainable development – and questioned whether these issues could any longer be addressed separately, saying: “There is no peace and security without human rights.”...

“... Calling for the three approaches to be combined into a single program, he said: “This approach must be at the centre of our strategy of reform.” He called for improved coordination and cooperation between the UN’s development and humanitarian agencies....”

For somewhat related (UN reform) news, see Deputy Secretary-General Rallys Economic and Social Council around ‘Shared Opportunity’ to Reposition United Nations Development System.

Trump & global health

Laurie Garrett’s May (newsletter) update

http://www.cfr.org/about/newsletters/onthefly.php?id=4518

(must-read!!!) Excerpts:
“... Despite early signals that global health would be a decidedly low priority under his leadership, Secretary of Health and Human Services Tom Price will attend the May 22–28 World Health Assembly in Geneva, with a small official U.S. delegation. Sources tell me that Price is keeping his preferences for the next leader of the World Health Organization (WHO) close to his chest and that the delegation will include some individuals with diplomatic experience....”

(on the Trumpcare bill in the making) “... It is very unlikely to pass in the Senate. Not only is the Republican majority far slimmer in the Senate compared to the House, but GOP senators are concerned about holding onto their control after the 2018 midterm elections. As the Washington Post put it, “With one hasty and excruciatingly narrow vote, House Republicans have all but guaranteed that health care will be one of the most pivotal issues shaping the next two election cycles—including congressional, gubernatorial and state legislative races in the 2018 midterms and President Trump’s likely reelection bid in 2020.”

“... Still, the real battle has simply shifted from the House to the Senate and from May to September. That is when Congress and the White House will wrangle over the FY 2018 budget, and Trump’s “skinny budget” will guide its broad outlines. A careful look at a leaked foreign assistance portion of the FY 2018 budget proposal shows many columns displaying “-100%,” meaning the budget allocation is completely eliminated. The final two pages of that leaked section display “-100%” alongside nearly every global health program.”

See also Laurie Garrett on CNN - “GOP’s message to Americans: You’re on your own”.

Devex – Trump nominates Mark Green as USAID administrator

“Donald Trump announced his intent to nominate Mark Green, a former U.S. ambassador to Tanzania and president of the International Republican Institute, to be the next administrator of the U.S. Agency for International Development Wednesday. Green is well known in the development community and had been considered a frontrunner for the position....”

“... Aid groups and U.S. development experts largely welcomed Green’s nomination — while also noting that if confirmed by the Senate, Green will face the difficult task of reconciling his stated belief in the value of U.S. development programs with service to an administration that has, through its budget proposal, deemed those programs to be outside of America’s core interests. “It’s certainly a reassuring choice at a time when the foreign assistance community desperately needs some reassurance,” said Scott Morris, senior fellow at the Center for Global Development....”

You might want to read Scott Morris’ take (in a CGD blog) more in detail here - A Sound Choice for USAID Administrator.

CGD (blog) - Ivanka Trump Spearheads New Fund for Women Entrepreneurs: Four Questions to Answer Before the Cheers
C Huang; https://www.cgdev.org/blog/ivanka-trump-spearheads-new-fund-women-entrepreneurs-four-questions-answer-cheers
Our weekly Ivanka entry. Recommended (the blog, that is).

Finally, a link: Humanosphere (Analysis) Trump’s foreign aid cuts pose threat to development in Latin America.

“... Foreign policy experts warn that the cuts would be felt deeply by countries across Latin America and the Caribbean. In 2016, the United States provided more than $1 billion in development aid to countries in the Western Hemisphere. The draft budget seeks to reduce that figure by almost 40 percent, zeroing out funding for development programs in the region’s most economically stressed countries – El Salvador, Guatemala, Haiti, Honduras, Mexico, Brazil, Paraguay and Peru, among others.”

Macron & development/global importance

Some reads:

The new French President, E Macron, committed to the 0.7 % aim (by 2025 & intermediary target of 0.55 % by 2022) - see here (in French).

World Politics Review – Macron’s Victory in France Will Keep Europe Globally Relevant—for Now (by R Gowan) (Gated... ).

“Emmanuel Macron has never said anything noteworthy about the United Nations. But his victory in this weekend’s French presidential election increases the chances that France and Europe still have a role to play in defending international cooperation. It is probable that the three main European powers—Britain, France and Germany—will be active supporters of the U.N. and other multilateral bodies for at least the rest of this decade. They may be able to offset, at least in part, the Trump administration’s retreat from multilateralism. ... ”

CGD (blog by A Käppelli) How New President Emmanuel Macron Can Be a Leader for France and for International Development

Project Syndicate (Dani Rodrik – focusing more on what needs to happen in the Eurozone, ideally) - Can Macron Pull it Off?

Lancet Global Health June issue

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

Must-read issue.

We recommend to read, at least:
• The Editorial - Vector control: time for a planetary health approach. “...The next stage in our battle with these small but deadly creatures (i.e. all kinds of “vectors”) will involve commitment by countries to a community-centred, situation-specific, interdisciplinary approach encompassing urban design, forestry, aquatic ecology, entomology, agriculture, and water and sanitation: a planetary health approach, if ever one was needed.”

• Comment - Women Leaders in global health

“...In October 2017, Stanford University (Stanford, CA, USA) in partnership with the US National Institutes of Health and a number of leading academic and global health institutions will host a conference for Women Leaders in Global Health. This event will highlight accomplished and emerging leaders and will create a space for shared conversation to explore the challenges as well as the opportunities for women aspiring to play leadership roles in global health. The Women Leaders in Global Health conference (#WLGH17) aims to go beyond the call for parity at top leadership levels. The intention is to call for the advancement of women leaders at all levels of global health activity and to translate leadership intent into everyday actions—in communities, academia, non-profit organisations, scientific societies, boardrooms, and government. ... Women in Global Health, an implementing partner of the event, defines their vision for gender parity as a goal of 50–50 representation in top global health leadership positions by 2030. As the gender gap in global health closes, what else will be different? We provide seven goals: ....”

• Comment - Research capacity building—obligations for global health partners “We believe that addressing the gap in research capacity in LMICs is pivotal in ensuring broad-based systems improvement, with local knowledge and training being central to responsive health system development, proper governance, and responsible government....” The authors call on all organisations and individuals involved in global health research to ensure that capacity building in LMICs is no longer neglected.

(for a somewhat related message (on the need for research capacity building in LMICs), see this blog in the Lancet Global Health - Patient-centred R&D: where is the culture of inquiry and innovation in LMICs?)

• And last but not least, check out the Lancet Global Health Correspondence - The Lancet Global Health Commission on High Quality Health Systems—where’s the complexity? (by Steph Topp) and Kruk et al’s reply.

2017 High-Level Political Forum - Thematic Review of SDG3: Ensure healthy lives and promote well-being for all at all ages

https://sustainabledevelopment.un.org/content/documents/14367SDG3format-rev_MD_OD.pdf

For a very nice quick summary of this short report, published ahead of the High-Level Political Forum in NY (July), see a tweet by Kent Buse: “Review of #SDG3 published in run up to #HLPF2017: good data on targets; little on trends; or ‘how to’ “
Global Fund update

The Last GFO issue is a must-read!


Among others, with info on the main decisions taken at the GF Board meeting in Kigali, and a new process to select the next Executive Director. The aim is to have somebody replacing Mark Dybul by mid-November (next GF Board Meeting).

Friends of the Global Fight - Key Takeaways: The Global Fund’s 37th Board Meeting

http://www.theglobalfight.org/key-takeaways-global-funds-37th-board-meeting/

Recommended.

Learning Across Health Systems Literature Review of International Health Policy Transfer Processes


Must-read. “Learning across health systems is an emerging field of research in policy and international relations. The transfer of health policies between countries has been identified as a significant trend in the development of effective health services in low- and middle-income countries. As such, it is important to understand how and why health policy transfer takes place and the processes which facilitate and hinder transfer. Policy transfer is encouraged by collaboration between stakeholders on a global level, contextualisation of policies to fit changing socio-political environments, and effective mobilisation of policy networks and resources. There is a growing base of literature addressing processes for international health policy transfer, which this review aims to summarise. The following report will proceed with an overview of the methodology used for the literature search, the theoretical frameworks used by current research, the stakeholders of policy transfers (international agencies, national elites, political systems, non-governmental organisations (NGOs), civil society, policy beneficiaries, and the private sector), and the phases of policy transfer (conceptualisation, formation, internalisation, contextualisation, operationalisation, and evaluation). The review will end with a discussion and summary of areas for future research.”
Fourth UN Global road safety week – 8 till 14 May 2017

“Spotlighting the relationship between speeding and traffic fatalities – speeding contributes to one in three traffic deaths – the UN health agency, ahead of Global Road Safety Week, is urging countries to take measures to curb dangerous driving behaviour. According to the World Health Organization (WHO), 1.25 million people die every year on the world’s roads. Close to half of those tragic deaths are caused by drivers going faster than posted speed limits. “Speed is at the core of the global road traffic injury problem,” WHO Director-General Dr. Margaret Chan said in a news release issued on the eve of the week...”.

WHO (news) - Speed management key to saving lives, making cities more liveable

“Managing speed”, a new report from WHO, suggests that excessive or inappropriate speed contributes to 1 in 3 road traffic fatalities worldwide. Measures to address speed prevent road traffic deaths and injuries, make populations healthier, and cities more sustainable. “Managing speed” was released in advance of the Fourth UN Global Road Safety Week, 8–14 May 2017. The week and its related campaign “Save Lives: #SlowDown” draw attention to the dangers of speed and the measures which should be put in place to address this leading risk for road traffic deaths and injuries.”

And the cozy relationship between M Chan & M Bloomberg continued, with a joint piece in Project Syndicate - Reducing Speed to Save Lives (still find it a bit awkward that Bloomberg is WHO’s Global Ambassador for NCDs)

TB

Lancet Infectious Diseases (Comment) - Drug-resistant tuberculosis threatens WHO's End-TB strategy
M Andrei et al; http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30246-3/fulltext

Comment linked to a new (modelling) study in the Lancet Infectious Diseases - Estimating the future burden of multidrug-resistant and extensively drug-resistant tuberculosis in India, the Philippines, Russia, and South Africa: a mathematical modelling study.

Coverage in Humanosphere for example - Projected spread of drug-resistant tuberculosis threatens elimination targets

“...Drug-resistant tuberculosis is projected to spread over the next 20 years in four countries that already have a high burden of the disease: Russia, India, the Philippines and South Africa. The expected rise in cases jeopardizes elimination targets set by the World Health Organization...”
A new study by the U.S. Centers for Disease Control and Prevention published yesterday projected that by 2040, one-third of tuberculosis (TB) cases in Russia will likely be drug-resistant. One in 10 cases in India and the Philippines will be drug-resistant as well, while one in 20 cases will be drug-resistant in South Africa.

However, according to the study, the cases in Russia, India, the Philippines and South Africa will not steadily increase because of strains acquiring resistance to drugs. Instead, it will likely be due to an increase in person-to-person transmission of strains that are already either “multidrug-resistant” – to more than one of the vital first-line drugs – or “extensively drug-resistant” – to fluoroquinolones and at least one of the second-line injectable drugs as well.” See also Science News - Drug-resistant tuberculosis strains gain foothold in Russia.

Finally, a tweet to scare the shit out of you: “Drug-resistant #TB is now in EVERY country, says @TheLancet”;

Lancet Planetary Health – May issue

http://www.thelancet.com/journals/lanplh/issue/current

At least 2 must-reads in this new issue.

Comment (by S Ruegg et al) – Expectations for a new WHO Director General: health in a rapidly changing environment

Includes a brilliant last paragraph: “…The clear dominance of anthropogenic change on our planet has changed the requirements for governance and leadership. The leadership of WHO in the Anthropocene should reflect a holistic approach to health. In this respect, we expect the future Director-General to facilitate shifting the global health conversation from a solely health security narrative towards a narrative of mutual benefits for the whole planet. We would hope that they consider decisions that are detrimental for future generations as important as decisions made for the benefit of our generation. Now more than ever, WHO should have the forethought to constructively engage diverse stakeholders and broaden the agenda to address underlying drivers of disease—including predatory economy, landscape change, rapidly changing food systems, and climate change, among other pressures. It is imperative that we optimise development investments for the future. For this, the Director-General will rely on a cabinet that include diverse perspectives, ensuring a focus beyond solely human health security aims, and a balanced approach that respects the necessity of healthy animals and ecosystems. We expect the Director-General to show exceptional courage by incorporating the importance and immediacy of an integrated health approach for future generations.”

Kate Raworth - A Doughnut for the Anthropocene: humanity’s compass in the 21st century.

Includes an update of her (2012) doughnut framework.
On International Day, UN honours midwives as family 'partners for life' (5 May)


Last Friday, “the United Nations population agency urged governments and development partners to expand midwifery programmes and promote an environment where midwives can effectively serve the needs of women and their families.”

“...This year’s theme for the Day – ‘Midwives, Mothers and Families: Partners for Life!’ – underscores the important roles that these women and girls have in preventing maternal and newborn deaths and empowering women to make informed, healthy choices.”

IPS - The Very Survival of Africa’s Indigenous Peoples ‘Seriously Threatened’

IPS

“Africa’s indigenous populations face gross human rights violations, forced evictions and land dispossession, gendered violence, and other major challenges, according to a new report on indigenous peoples around the world. The continent’s estimated 50 million indigenous people, the report says, have little political and economic clout and often live in remote areas. Their plight is made worse because some African states refuse to recognize indigenous people as separate populations, arguing that such a designation is divisive or that all Africans are indigenous.”

G20 & health

Devex - G20: Can the world’s richest economies innovate for global health?


Recommended (in-depth) analysis. “...advocates are pushing for the health ministers of the G-20 — gathering in Berlin later this month for the first meeting of its kind — to do their bit in supporting global health R&D in tackling neglected diseases, antimicrobial resistance and pandemic preparedness. Advocates point to the economic and political benefits of mobilizing a platform such as the G-20 toward better collaboration in global health, and emphasize the intersection of global health and security as one way to collectively drive new resources. But how is the case being made, and what can the G-20 bring to the table?…”

(PS: Berlin wants the G20 also to focus on strengthening WHO, see https://www.letemps.ch/monde/2017/05/04/premier-g20-sante-berlin-but-renforcer-loms )
Reuters – Australia wins landmark WTO tobacco packaging case - Bloomberg

We already reported this in last week’s IHP issue. But these tweets (by Robert Marten/Tom Bollyky) are worth mentioning:

Robert Marten - “States strike back! #globalhealth”

@TomBollyky “Big #Tobacco has taken a beating in recent #trade deals & disputes”

WHO – Sustainable Financing for UHC – Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing (new webpage)

http://www.who.int/health_financing/topics/sustainable-financing-for-uhc/en/

New webpage. Do check it out! “…Public financing is essential for countries to make sustainable progress towards universal health coverage (UHC). These funds need to be used efficiently and directed to priority populations and services to ensure equitable access to quality health services and financial protection for all. Recognizing this, WHO has been implementing the jointly agreed upon Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing since the end of 2014. This program of work focuses on ensuring health financing policy decisions, including implementation planning and sequencing, and are: 1. Guided by evidence of what works and does not work; 2. Directly consider overall macroeconomic and fiscal realities; 3. Focus on strengthening and aligning PFM systems that determine how budgets are formulated, allocated and executed with health financing functions and health system objectives.”

Global humanitarian crisis

WHO - WHO calls for immediate action to save lives in Somalia


“…WHO is concerned by the chronic shortage of funding for life-saving work in Somalia in response to the ongoing drought that has plunged the country further towards famine, disease, and health insecurity. …… WHO commends the Government of the United Kingdom for its leadership in hosting an international conference [today] to tackle the country’s most urgent challenges, and calls on the international community to take decisive action to help avoid a humanitarian catastrophe. So far in 2017, health sector requirements of US$ 103 million are only 23% funded and WHO has received less than 10% of US$ 25 million required for an organizational response. WHO urgently appeals for
additional support from the international community to ensure the health response can continue and expand, to save lives and alleviate the suffering of millions of Somalis.”

See also the Guardian - UN chief seeks $900m for drought-hit Somalia, And “… The UK has made Somalia a diplomatic priority as proof that Brexit does not mean it will retreat from a global role.”

UN News – UN-backed network brings together thousands to help tackle mosquito-borne diseases


“In an effort to escalate the global fight against mosquito-borne diseases, the United Nations environment agency (UNEP) together with partners has launched a new collaborative platform that seeks to track and control the vector responsible for close to 2.7 million deaths annually. Dubbed the Global Mosquito Alert, the new initiative brings together thousands of scientists and volunteers from around the world working against mosquito borne viruses, such as Zika, yellow fever, chikungunya, dengue, malaria and the West Nile virus. “The Alert will offer for the first time a shared platform to allow people on the ground to share their observations and information with a large body of scientists to help them monitor emerging trends in real time and leverage citizen science for the global surveillance and control of disease-carrying mosquitos,…”

See also the press release - Pioneering UN-Backed, Citizen-Led Alliance against Mosquito-Borne Diseases Joins Global Fight to Save 2.7 Million Lives Every Year.

Lancet (Editorial) – Drowning: a silent killer

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31269-2/fulltext

“...In 2014, the WHO Global Report on Drowning documented the scale of the problem and proposed preventive measures. Last week, WHO released a follow-up implementation guide for policy makers, government officials, and non-governmental organisations, with the aim of providing practical steps towards tailoring preventive measures to local settings....”

“Advancing drowning prevention in a meaningful way, however, must also involve substantial new political commitment”, this Editorial argues.

Lancet (Editorial) – Improving access to biosimilars in low-income countries

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31272-2/fulltext
“From September, 2017, WHO will accept applications for prequalification into their Essential Medicines List for biosimilar versions of two biologics: rituximab (for non-Hodgkin’s lymphoma) and trastuzumab (for breast cancer). This pilot project is an effort to increase access to these costly cancer treatments in low-income countries.”

This editorial hopes that WHO prequalification will increase competition in the biosimilar market to further reduce the price and increase access to these medicines in low-income countries.

Lancet Offline - The message of mental health


It’s been said before but it can’t be repeated enough: “One entirely avoidable and indefensible tragedy of the global response to non-communicable diseases has been its extraordinary failure to embrace mental health. Instead, advocates and international institutions, such as WHO, have preferred to emphasise the simple (and simplistic) message of “four-by-four”—four key diseases (heart disease, cancer, diabetes, and chronic respiratory diseases) and four key risk factors (tobacco use, alcohol, unhealthy diets, and physical inactivity). It is not that those who preside over global health today have been ignorant of the mental health crisis befalling our world. The importance of anxiety and depression, for example, as major causes of disability has been understood ever since the first efforts to measure the global burden of disease in the 1990s. But the wise eminences of global health thought that death mattered more than disability, and so they chose to exclude mental health from their manifestos and strategies.” (even if WHO has been trying to correct this a bit recently, for example with this year’s World Health Day)

But do read also the rest of this Offline contribution.

Lancet Correspondence - Health economics – Authors' reply


Dieleman et al respond to some reactions to their recent article that projected long term health spending. Do check them out! Among others, Dieleman et al acknowledge (in line with the letter from T Papaoiannou et al) that “Many factors—environmental, epidemiological, demographic, cultural, political, economic, and scientific— Influenced the creation and evolution of complex health systems, and have coalesced to determine current health spending levels. These same factors will undoubtedly also influence health spending in the future, although how these factors will interact and determine precise spending is difficult to predict.” But Dieleman also stresses “…Our projections describe a baseline that policy-makers can choose to accept or work to reach beyond. Our hope is that national governments and the global health community can use these projections to ensure health systems have the resources needed to provide necessary health services for all.”
U.S. Philanthrocapitalism and the Global Health Agenda

A-E Birn et al; [http://www.peah.it/2017/05/4019/](http://www.peah.it/2017/05/4019/)

Advance preview of Chapter 10 from Health Care under the Knife: Moving Beyond Capitalism for Our Health, Howard Waitzkin and the Working Group for Health Beyond Capitalism, eds. Monthly Review Press

“Collective activism to overturn philanthrocapitalism’s hold on global health is an urgent necessity. This effort should draw from, and build upon, the resistance to the UN’s promotion of “multi-stakeholder partnerships” and neoliberal global restructuring since the 1990s. Those actors who have contributed either unwittingly, or through silent assent, or even with active collaboration, to the global health plutocracy also share responsibility in re-democratizing it”

Interesting term – global health plutocracy.

Global health events

Fair Pricing Forum (Amsterdam, 10-11 May)

Our colleagues from Stat News summarized the stakes of this meeting like this: “The World Health Organization is tackling the thorny issue of drug pricing and access to medicines in a global forum [today]. The agency is bringing together the pharma industry, patient groups, insurers, and government officials to talk about how they can collaborate to improve access to costly drugs. WHO officials want to use today’s meeting to raise all the options that might create fairer drug prices, and then get those groups talking. The goal: Help countries take steps toward universal health coverage that includes access to essential medicines. An advisory group within the WHO says “the time is ripe to rethink how medicines are priced.””

Given the setting (Amsterdam), they really should have invited Bono.

#fairpricingforum

WHO - Fair Pricing Forum Informal Advisory Group Meeting report


(recommended) Advisory report for this meeting, released in March already. “This is a report of the proceedings of the informal WHO Advisory Group meeting on fair pricing that met on 22-24 November 2016 at WHO headquarters in Geneva, Switzerland. The meeting was to discuss challenges in the current system of pricing medicines and provide advice to WHO on how to move forward with organizing a Fair Pricing Forum. The group discussed a number of background papers
that were produced for the meeting. This report provides a summary of the deliberations. A list of attendees and the meeting agenda are included as appendices.”

For coverage of this report and some background on the Fair Pricing Forum meeting in Amsterdam, see IP-Watch - WHO Advisory Group Report On Fair Pricing Forum Released (22/3)

Among others, the objectives of the Fair Pricing meeting are: “...To start a process with all relevant stakeholders (including patients and third party payers) to exchange experience with the current price setting and pricing systems and discuss options that could lead to a fairer price setting and pricing system that is sustainable for health systems and for innovation; • To have a preliminary discussion about the wanted but also unwanted consequences of the current business model including ideas about possible alternative business models; • To identify the price related factors that contribute to shortages of essential medicines • To identify suitable measures and approaches for countries to remedy shortages of essential medicines that may be due to low profit margins; • To provide a platform for these discussions and provide relevant background research; • To expand current networks of payers to include other relevant players and countries to facilitate better exchange of experience; • To identify for action with the current innovation and pricing system, including the need for transparency of prices paid, research and development (R&D) costs, production costs, and profit margins.”

WHO – Q&A page on the Fair Pricing Forum
http://www.who.int/medicines/access/fair_pricing/q_a-fair_pricing_meds/en/

You might also want to read a short Reuters article, published ahead of the meeting - How drugmakers face global push-back on high prices

Third WHO Global Forum on Medical Devices (10-12 May, Geneva)


“The 3rd Global Forum on Medical Devices [will be] organized in Geneva, 10 to 12 May 2017 and ... will build on the success of the 1st Global Forum in Bangkok, 2013 and 2nd Global Forum in Geneva 2013. Objectives of the meeting: To define methods of increasing access to priority medical devices under UHC in compliance with the SDGs; To share evidence of best practices in regulating, assessment and management of medical devices; To demonstrate development and use of innovative appropriate affordable technologies to respond to global health priorities; To share WHO tools and guidelines on medical devices for better implementation; To present the outcomes of the implementation of the World Health Assembly resolutions on medical devices and the EMP strategy for 2030.”

Coming up - 70th World Health Assembly (Geneva, 22 May- 1 June)

http://apps.who.int/gb/e/e_wha70.html
Background docs, preliminary agenda & journal all available on this webpage.

- You might already want to have a look also at some of the specific PHM (Global Health Watch) analysis of & feedback on various agenda items. (while awaiting their integrated comment, which will probably be released soon)

See the Index page
https://docs.google.com/document/d/1zZaxWZmSekZ0U32KalGn9OOPAC6sOjGjp31ysqMzlCk/edit

You might also want to check some of David Legge’s tweets (linked to specific agenda items, such as WHO’s (invariably dire) funding situation, or the health emergencies programme, ... and many others ) on Twitter.

A few examples: “@WHO faces severe funding shortfall; must cut spending if donors do not step up. See @PHMglobal comment at…”
https://docs.google.com/document/d/1KTpdoQq5EkivAARV09KtGQev1H614DMbmVfB5jZ7W/edit

. @PHMglobal announces new tool for following debate in @WHO governing bodies: the ‘WHO Tracker’: http://www.who-track.phmovement.org “

As for the agenda, we haven’t spotted an overall & easy-to-read analysis yet, about the key agenda items. Stay tuned for that. Anyway, apart from the WHO DG election, among others, (see WHO) “This year the World Health Assembly will receive the first review of the Pandemic Influenza Preparedness (PIP) Framework – an agreement helping to prepare the world for the next influenza pandemic by ensuring that all countries, whether rich or poor, have access to influenza vaccines”. Cancer will also be high on the agenda, ...

See also the section NCDs (for the NCD Alliance’s take on the agenda at the WHA), with a rather good overview of agenda items (although with a focus on NCDs, naturally).

Meanwhile, there has been a bit of diplomatic commotion around the fact that ‘uninvited Taiwan’ is going to the WHA, one way or another. See Reuters - Uninvited Taiwan says going to U.N. health meeting, warns China on ties and CAN/Focus Taiwan - U.S. voices strong support for Taiwan’s WHA participation “The United States Department of State on Tuesday voiced its strong support for Taiwan’s participation in the annual World Health Assembly (WHA) as an observer, after Taipei was excluded from this year’s WHA session. ”The United States recognizes Taiwan’s continued leadership on global health issues and continues to strongly support Taiwan’s participation as an observer at the World Health Assembly,” said East Asia Pacific Affairs Bureau spokesperson Grace Choi....” “...Even though it has not been invited (by WHO), Taipei has said it still plans to send a delegation to Geneva for the duration of the 10-day global health session.”

World Health Summit

Montreal regional World Health Summit (8-9 May)
https://www.worldhealthsummit.org/regional-meeting.html
See the press release after the meeting. Among others, Joanne Liu (MSF) made quite an impression, it appears.

M8 Alliance Declaration (after the meeting in Montreal) -

Starts like this: “On May 8th and 9th, international health leaders gathered in Montreal for the World Health Summit’s (WHS) North American regional meeting. More than 700 researchers, physicians, allied health professionals, industry representatives, policy-makers, government officials, students, and civil society and community stakeholders from around the world were on-hand to discuss ways to improve population’ health and healthcare services. The theme for this WHS interdisciplinary meeting — the first to be held in North America — was Health and Healthcare Delivery in Pluralistic Societies...” With a call to action and several key demands linked to the 4 themes of the conference.

Coming up - World Health Summit Berlin (October 2017) & Global Health Hackathon

A hackathon will be organized by KfW Development Bank in cooperation with the World Health Summit on October 15-17, 2017 in Berlin Germany. More info: see https://www.kfw-entwicklungsbank.de/International-financing/KfW-Development-Bank/Topics/Health/Hacking-Global-Health/

“On October 15-17, KfW Development Bank will organize a hackathon in Berlin in cooperation with the World Health Summit (WHS). Small and multi-disciplinary teams will create and develop ideas on how to improve urban health in Africa, Asia and Latin America and present these to an audience of experts from all over the world. The winning team will receive a complementary one year membership in the German Healthcare Partnership (GHP) and the possibility to present their idea to the GHP network....” Do apply!


“Global health academic researchers, practitioners, and policy makers will gather in Geneva, Switzerland on 14 June to discuss critical questions around quality of care and its measurement.

The seminar will serve as a launch event for the WHO Bulletin theme issue on quality of care in the era of SDGs. The papers of the theme issue provide a glimpse into the current landscape of quality of
care research in low- and middle-income countries. They make a strong case for investing in more and better data on health system quality, an area where countries must lead but where development partners can also add critical value through the production of public goods as well as data collection tools and technologies.”

The event will be live streamed via WebEx. “...The theme issue being launched at this event will include original research articles on quality of care in low- and middle-income countries. The research explores specifically two themes: the measurement of health-care quality and associations between quality improvement measures and health outcomes.”

16th International conference on Integrated care (Dublin, 8-10 May)

http://www.integratedcare4people.org/

“The 16th International Conference in Integrated Care “Building a platform for integrated care: delivering change that matters to people” [will] incorporate the 5th World Congress on Integrated Care as it comes to Europe for the first time. It will take place in Dublin, Ireland, from 8-10 May 2017. The conference themes include: Promoting the health and welfare of people, families and communities; Timely transitions: optimizing patient flow across care settings: Preventing and managing chronic disease: engaging and empowering people; Ageing health and wellbeing; and Implementing integrated care.” More info on this website.

“...IPCHS (Integrated People-Centred Health Services” are the best approach for building robust and resilient health services and are critical for progress towards universal health coverage and the Sustainable Development Goals. ... The IntegratedCare4People web platform was launched in May 2016 to support the implementation of the WHO Framework on integrated people-centred health services. The web platform is a global network that supports knowledge exchange and interaction among stakeholders around the five strategies proposed by the Framework. This collaborative web platform fosters the generation and dissemination of implementation knowledge, lessons learnt and tools, contributing to the transformation of service delivery by promoting the translation of knowledge into action.”

Launch of website UCL-Lancet Commission on Migration and Health

http://www.migrationandhealth.org/

Check it out. Good resource about the Commission.
Global governance of health

Global Health Governance Programme (blog) – So what is the World Bank’s business model?


Nice blog. The author concludes, after elaborating on the WB’s business model: “…one tendency that can be expected based on the structural features outlined above is that with the Bank’s involvement in global health, concerns for healthcare, economic growth and financial markets are likely to become much more closely intertwined than has previously been the case. The Bank’s strong structural reliance on financial markets means that its work in healthcare is likely to occur if, when and where this goes hand in hand with economic growth.”


“This is a critical moment for the world’s economy. Recent events around the world have challenged the principles that have governed commerce for the past several decades. In transitional times like these, I believe business and government must work together to solve the issues affecting us all,” said Michael R. Bloomberg, founder of Bloomberg LP and Bloomberg Philanthropies, and 108th Mayor of New York City....”

Friends of the Global Fight Against AIDS, TB & Malaria (blog) - Health Requires a Healthy Voice for Civil Society

Mark Lagon; http://www.theglobalfight.org/health-requires-healthy-voice-civil-society/
Preserving and expanding space for civil society throughout the developing world is crucial to progress on global health. And yet over the last dozen years, that space has been squeezed by many governments. CIVICUS, a South Africa-based international alliance of organizations devoted to monitoring and strengthening citizen participation, has documented the trend. Its April 2017 report is the first comprehensive analysis of civic space covering all UN Member States. It concludes that over half the world’s nations – 106 – face serious threats when asserting rights to expression and assembly, and when taking non-violent action to improve their societies. These include civil society actors speaking out on public health. The findings show that a majority of countries facing high incidence of HIV/AIDS, tuberculosis (TB) and malaria are among those ranked as “Obstructed,” “Repressed” (more severe), and “Closed” (most severe). The report highlights, in fact, that only 3 percent of the world’s population lives in countries where space for civic activism is truly open.

Lagon concludes: “... The Global Fund and U.S. bilateral programs like the President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI) and USAID’s TB program as a collective effort have made great progress in the past 15 years against the three diseases — in part by getting civil society at the table to demand, help shape, and implement solutions. Continued U.S. resources for these programs are crucial, and cannot be taken in isolation. Funding for international affairs programs to foster development, pluralism, vital civil society voices, and more accountable and democratic governance are important, too. Under such a strategy, PEPFAR, PMI, and the Global Fund would achieve even more progress toward ending epidemics.”

South-South Cooperation Crucial for Global Goals and Climate Action - New Report Launched at SB46

http://newsroom.unfccc.int/unfccc-newsroom/south-south-cooperation-crucial-for-global-goals-and-climate-action/

“A new report highlighting the role of South-South Cooperation in sustainable development and climate change challenges was launched today at the UN Climate Change Conference SB46 (to 18 May) in Bonn. The report, called “Catalyzing the Implementation of Nationally Determined Contributions in the Context of the 2030 Agenda through South-South Cooperation,” was created in a joint effort by the United Nations Executive Office of the Secretary-General, and the Secretariat of the United Nations Framework Convention on Climate Change (UNFCCC).”

“The study focuses on the linkages of national climate action plans (nationally determined contributions, or "NDCs") and sustainable development goals (SDGs), and highlights how a country can further climate action through South-South Cooperation....”

NCD Alliance – new Board


Excerpts from the NCD Alliance newsletter:
“The NCD Alliance (NCDA) has come a long way since it was formed in 2009, uniquely positioning itself in the response to NCDs through the core functions of global advocacy, accountability, capacity development and knowledge exchange. ... ... This World Health Assembly will mark an important step forward for NCDA as an organisation, as we evolve from being an informal alliance to being a standalone NGO registered in Switzerland with a President, Board and consolidated membership base. ... ... Above all, these changes are geared to make NCDA more inclusive, strengthen its sustainability, and harness members’ and partners’ strengths and activities... ... Whilst this transition will not change the operations and strategic priorities of NCDA, it signals a new era and has important governance implications. ... ... As part of this evolution, I am pleased to announce the first NCDA Board for the period 2017-2019: ...” (announcement by the new chair of the NCD Alliance, José Luis Castro).

NYT (Op-Ed) – Why we must support human rights


Mc Cain didn’t really like Secretary of State’s Rex Tillerson’s stance on HR from last week. But for now, McCain seems in the defensive (vs the other camp).

CNBC Africa (Op-ed): Africa needs an insurance policy against future epidemics

Dr Richard Hatchett, CEO of CEPI (Coalition for Epidemic Preparedness Innovations);


From late last week. “...African nations stand to be among the biggest beneficiaries of these vaccines. Tropical climates are home to far denser and more varied populations of pathogens, and with increasing ecological pressure and denser urbanisation, these infections have the potential to spread and travel like never before. Three of the four viruses CEPI will target initially for vaccine development – Ebola, Nipah virus, Lassa virus and MERS-CoV – are found in Africa. And of the 25 countries considered most vulnerable to an infectious disease epidemic, 22 are on the African continent. Partnership from African governments is therefore crucial to CEPI’s success. Clinical trials of CEPI-funded vaccines will often need to be conducted in-country, during an outbreak, and CEPI must work to ensure that the necessary capacity to do so is in place in countries that are vulnerable. In the longer-term, we hope partnership with CEPI will help countries to strengthen their own capacity for vaccine development and outbreak prevention by creating new partnerships and providing access to previously unavailable expertise. In short, engaging with CEPI will give African countries an insurance policy against future epidemics....”
Devex - Australia's aid budget in the spotlight


Analysis. “Though Australia’s development budget has increased for the first time in four years, groups said Wednesday they are reeling from the new round of cuts announced in the 2017 federal budget. 303.3 million Australian dollars ($223.2 million) will be lost in future budget cycles, effectively amounting to one third of the aid budget vanishing since 2012-13. At the 2017 aid budget breakfast, hosted by the Crawford School of Public Policy, the mood was one of frustration and resignation....”

Devex - A look back at the World Economic Forum on Africa


(Analysis of the regional WEF forum in Durban ) This paragraph in particular caught our attention: “The Gates Foundation and the Wellcome Trust sought to raise awareness for a new initiative bringing together philanthropists, governments and academics — the Coalition for African Research and Innovation — which will aim to improve research capacity, boost investment, enable career pathways for scientists and help countries meet the African Union target of spending 1 percent of gross domestic product on research and development. “

ODI – Five steps to smarter multi-bi aid: a new way forward for earmarked finance


“Multi-bi aid – donor contributions to multilateral organisations earmarked for specific purposes – is an important channel for financing development, and is expected to grow. Yet multi-bi aid poses significant challenges for both multilateral and bilateral actors, including lack of alignment with recipient-country priorities, aid fragmentation, and increased transaction costs. This report explores the potential for smart reforms of multi-bi aid. A five-step plan to improve multi-bi aid requires: better data-access and management; recovering the full economic cost of earmarking; fee structures for improving impact; stronger internal rules to curb fragmentation; and better country ownership and participation. These reforms can make multi-bi aid more effective and efficient while enhancing its legitimacy in the eyes of recipients.”
CGD (blog) - Three Reasons the Spring Meetings Remained Glum—Despite Better Global Economic News

M Ahmed; https://www.cgdev.org/blog/three-reasons-spring-meetings-remained-glum-despite-better-global-economic-news

A short account of the IMF/WB Spring meetings from a few weeks ago. The third reason why the mood was rather glum was this one: “...Finally, there was a generalized sense that the liberal, open, cooperative economic model, for which the World Bank, IMF and many of the policymakers at the meetings have been advocates, is under serious threat from the backlash against the downside effects of globalization and technology, exploited by populist political forces (the meetings took place before the first round of voting in France). The more thoughtful participants recognized that fixing this will require more than tinkering at the margins of current policies (a bit more money on worker retraining and some action on ‘fair’ trade). They also saw that technology induced changes yet to come will impact the nature and organization of work in ways that will pose deep and difficult challenges for most rich countries, challenges which their institutional political systems are not yet equipped to bear....”

True, this was before Macron’s victory in France – which gave the establishment around the globe (and the many other people hoping that we can prop up the multilateral system) some new hope, and has led already some people to say (hope?) that we might have reached ‘peak populism’, but that remains to be seen. The coming years will be crucial in this respect.

Euractiv – health leadership in a multipolar world: a view from Europe

J Ralston; Euractiv;

Worth a read. “Europe is still the most powerful international player in global health. But in an increasingly multipolar world, where differences between the developing and developed health worlds are dissolving, the way we look at global health is outdated, writes Johanna Ralston.”

For example: “...One of the areas in healthcare with the greatest promise for improved efficiencies and health outcomes is electronic medical records (EMR), however the complexities associated with ensuring the integrity and security of such records have hampered progress. Most promisingly, a new model using blockchain to protect these records is highly promising for a major expansion of EMR, across institutions and even borders. The government that is leading the way in blockchain for over one million EMRs? One of the youngest countries in Europe and among the newest EU members: Estonia. The emergence of Estonia as an important player in global health technology illustrates changes that are taking place within Europe and around the world....”

For more on the trailblazer (digital) role of Estonia, see for example Euractiv - Estonia to lead debate on the future of social systems in the digital era.
If you want to know more about blockchain, see for example Duncan Green’s blog - Blockchain for Development: A Handy Bluffers’ Guide (I’m personally happy to leave this to the millennials’ generation 😊)

Save the Children (blog) – Japan builds momentum for nutrition with launch of global report


Blog linked to the launch of the Global Nutrition Report, in April, in Tokyo, Japan.

And a quick link:

SDGs - Draft programme of the HLPF is available now

UHC

Lancet series – Health in Israel

http://www.thelancet.com/series/health-in-israel

“These five Lancet Series papers and accompanying comments outline Israel’s achievements in health and health care, towards a goal of attaining universal health coverage for an unusually diverse population. The papers explore Israel’s unique history, challenges, and accomplishments, and the religious and regional influences that have had an impact on health. The Series also offers an insight into existing collaborations and potential future opportunities, and outlines extensive recommendations to address the persisting inequalities between population groups, and to further strengthen health-care delivery systems.”

Lancet (World Report) – Macron's vision for the French health system

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31268-0/fulltext

“Centrist candidate Emmanuel Macron's presidential win promises a bottom-up health reform in France, but its future is still uncertain. Barbara Casassus reports.”
US – Some reactions on last week’s House of Representatives’ “Repeal & Replace” action

FT – Democrats find reason to celebrate Trump’s healthcare victory

https://www.ft.com/content/38ea5472-31b0-11e7-9555-23ef563ecf9a

“... Every House Democrat voted against the American Health Care Act — which would radically overhaul Barack Obama’s Affordable Care Act — because they think it would raise premiums and result in millions of people losing access to health insurance. But they cheered in the hope that it would also help them win back the House in 2018.”

After Cruel Trumpcare Vote, Sanders Calls on California to Lead Nation on Single Payer


“Days after Republicans in the U.S. House of Representatives voted to pass the “atrocious” American Healthcare Act (AHCA), also known as Trumpcare, U.S. Senator Bernie Sanders (I-Vt.) called on the state of California to “send a message” to the nation and pass a proposed single-payer healthcare bill. Sanders, who is expected to introduce a Medicare-for-all bill in the Senate this month, made the call at events this past weekend in Beverly Hills....” I know who’s cheering Bernie forward on this issue.

Guardian - Barack Obama urges Congress to find courage to defend his healthcare reforms


“For the first time since leaving office, Barack Obama addressed his landmark healthcare legislation in a speech, reminding supporters of the courage and integrity of junior congressmen that it took to pass the bill. ...” Slowly, but steadily, Obama is getting into the political game again. This was a speech also targeting Republican Congressmen & women, in a way. The latter are a bit anxious about facing their constituencies in town hall meetings (after passing last week’s bill) – see the Guardian.

Japan, Asia Development Bank to promote universal health care in Asia-Pacific

In response to rapidly aging populations in Asia and the Pacific, the Japanese government and the Asian Development Bank have agreed to cooperate on strengthening efforts to boost universal health coverage in the regions based on Japan’s health system. The Manila-based financial institution and the Japan International Cooperation Agency (JICA), a governmental entity that carries out Japan’s official development assistance, signed a memorandum of understanding to cooperate in areas such as health policy formulation and medical workforce development. The two institutions will also cofinance the building of basic health- and welfare-related infrastructure....”

New P4H Network web platform – coming soon!


“On 1 June 2017, P4H launches its exciting new interactive web platform designed to reach users across the world. It is the first global digital network on health financing and social health protection, and offers a unique pathway to knowledge, multi-dimensional collaboration and a marketplace to connect with others in the global health community.”

FT – Private providers sense opportunity in Africa healthcare

https://www.ft.com/content/a3c4bf38-33d8-11e7-bce4-9023f8c0fd2e

Interesting report. “…Slowly but surely, health is becoming a business in Africa. As countries urbanise, disease patterns change and more people become able to pay for healthcare or buy health insurance. Private companies sense an opportunity.”

Health Economics, policy & Law – The efficiency of the local health systems: investigating the roles of health administrations and health care providers


Quantification of the important role played by health administrations. “The analysis of efficiency in health care has largely focussed either on individual health care providers, or on sub-national health systems conceived as a unique decision-making unit. However, in hierarchically organized national health services, two separate entities are responsible for turning financial resources into services at the local level: health administrations and health care providers. Their separate roles and the one of health administrations in particular have not been explicitly considered in efficiency analysis. We applied stochastic frontier analysis to district-level panel data from Mozambique (2008-2011) to assess district efficiency in delivering outpatient care. We first assessed the efficiency of the whole district considered as an individual decision-making unit, and then we assessed separately the
efficiency of health administrations and health care providers within the same district. We found that on average only 73% of the outpatient consultations deliverable using available inputs were realized, with large differences in performance across districts. Individual districts performed differently in administrative or health care delivery functions. On average, a reduction of administrative inefficiency by 10 percentage points, for a given expenditure would increase by 0.2% the volume of services delivered per thousand population per year. **Identifying and targeting the specific drivers of administrative inefficiencies can contribute to increase service.**

And a quick link:

**Economist** - China needs many more primary-care doctors “But memories of barefoot ones put some people off seeing them.”

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**Planetary health**

**Vox** – A new book ranks the top 100 solutions to climate change. The results are surprising.


The book (written by Paul Hawken) is called “**Drawdown: The most comprehensive Plan Ever proposed to reverse global warming**”. “...The number one solution, in terms of potential impact? A combination of educating girls and family planning, which together could reduce 120 gigatons of CO2-equivalent by 2050 — more than on- and offshore wind power combined (99 GT).”

**ODI (blog)** – Bonn climate talks: world presses on despite US retreat


Nice helicopter view blog on the mood in Bonn “...As the sun came out today, there is relief that some decisions on the US’ future role in the UN process have been postponed, and are likely dependent on the influence of the Trump grandchildren (ahum)” and the global (climate policy) picture.
Climate Change News - Trump warned leaving Paris accord risks bad deals at G7, G20

http://www.climatechangenews.com/2017/05/09/china-warns-trump-leaving-paris-accord-risks-bad-deals-g7-g20/

“Delegates at Bonn climate talks (among other, the Chinese) warn of wider diplomatic repercussions if the US withdraws from the Paris climate deal.” (PS: climate diplomats are working in Bonn, Germany, to assemble a technical “rulebook” to guide implementation of the Paris Agreement)

See also BBC - Climate change: China vows to defend Paris agreement “Chinese President Xi Jinping has vowed to protect the landmark Paris agreement, which aims to curb climate change and fossil fuel emissions. He made the promise in a phone call with incoming French President Emmanuel Macron, the Chinese foreign ministry said in a statement.”

Meanwhile, Trump et al have postponed their decision to withdraw from Paris (or not) once again – this time until after the G7 summit. There are two camps in the Trump administration, it is said. See for example Vox - Bannon is pulling one over on Trump. There is zero reason to exit the Paris climate accord.

IISD - Climate Finance-related Documents Released Ahead of Bonn UNFCCC Meeting

IISD;

“At the UN Climate Change Conference in Bonn, taking place from 8-18 May, finance will be discussed under the two Subsidiary Bodies. Parties will address issues related to the review of climate finance institutions, transparency of climate finance and the UNFCCC budget. In preparation for the two-week negotiating session, the UNFCCC Secretariat released a number of documents on related agenda items.”

Devex - As Trump mulls a Paris exit, climate advocates pivot to the private sector


“… Regardless of Trump’s decisions, advocates say they aren’t expecting to see climate leadership from the White House. Instead, they working to build a new climate action coalition among businesses and sub-national leaders.”
BMJ Editorial – Red and processed meat, and human and planetary health

John Potter; http://www.bmj.com/content/357/bmj.j2190

Another ‘Inconvenient Truth’ (including for the writer of this newsletter). “Contemporary meat consumption harms human health and is equally bad for the planet.”

Some quick links:

Science (news) - Are methane seeps in the Arctic slowing global warming? Surprising news.

Washington Post - EPA dismisses half of key board’s scientific advisers; Interior suspends more than 200 advisory panels Some more disturbing news from Trumpland.

Guardian - World Bank: let climate-threatened Pacific islanders migrate to Australia or NZ “World Bank argues structured migration program would prevent forced migration in future generations.”

FT - 200 large investors urge G7 to keep climate change promises

“A coalition of large investors that collectively oversee $15tn in assets have sent a letter to the G7 group of influential countries calling on their governments to uphold their promises to tackle climate change.”

Infectious diseases & NTDs

HIV

BBC - Young people on the latest HIV drugs now have near-normal life expectancy because of improvements in treatments, a study in The Lancet suggests.


For the study in the Lancet HIV, see here. See also Reuters - In Europe, U.S., modern AIDS drugs add extra 10 years of life expectancy.

UNAIDS – Speaking in a united voice: new Indigenous HIV group launched

“Indigenous groups from all over the world have joined together to speak in a united voice on HIV. The Canadian Aboriginal AIDS Network, the International Indigenous Working Group on HIV and AIDS and the Māori, Indigenous & South Pacific HIV & AIDS Foundation have together created a new nongovernmental organization, the International Indigenous HIV & AIDS Community (IIHAC). “I am here to tell you that indigenous people have been left behind and, unless things change, we will continue to be left behind,” said Marama Mullen, Chair of the IIHAC, at its launch in New York, United States of America, on 24 April. At the launch, IIHAC released a 10-point statement to serve as an action plan for indigenous communities all over the world....”

Malaria

New UCI Malaria Initiative aims to disrupt deadly disease transmission in Africa

News Medical Life Sciences:

“University of California, Irvine vector biologist Anthony James will lead a multimillion-dollar effort to cultivate new strains of mosquitoes to fight malaria in Africa. A world leader and pioneer in creating genetically altered mosquitoes, James will direct the UCI Malaria Initiative, which will bring together experts in molecular biology, entomology, public health, community engagement and regulatory control to further develop and one day test these insects in the field. To aid this endeavor, the Bill & Melinda Gates Foundation is providing $2 million for the generation of sustainable, genetics-based approaches to controlling malaria parasite transmission by the vector mosquito Anopheles gambiae. Grants from the National Institutes of Health and other funding sources will also support the highly collaborative work involving scientists from other University of California campuses.... ”

Emerging diseases

There are diseases hidden in ice, and they are waking up: Long-dormant bacteria and viruses, trapped in ice and permafrost for centuries, are reviving as Earth’s climate warms


Hollywood will no doubt savour this. The rest of us probably not (although it’s hard to assess to what extent this will really be a danger).

Yellow Fever

Yemen war: Surge in cholera outbreak kills 34 - WHO

See also Associated Press - Aid group (i.e. MSF) sees ‘drastic’ cholera increase in war-torn Yemen
MSF teams have seen at least 780 patients since late March.

Meningitis

Science – Liberian mystery disease may be solved

http://www.sciencemag.org/news/2017/05/liberian-mystery-disease-may-be-solved

It’s probably Meningitis. “...On Monday, just 13 days after the first cases were reported, the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta announced that samples from four patients tested positive for Neisseria meningitidis serotype C, a bacterium that infects the membranes surrounding the brain and, if untreated, can kill up to half the people it sickness. The disease spreads through close contact such as kissing and often causes devastating epidemics across what is known as the meningitis belt stretching across Africa. But it is unfamiliar in Liberia....”

Meanwhile, as for the Meningitis outbreak in Nigeria, see a recent MSF report - Nigeria: Fighting the worst meningitis C outbreak since 2008. “...the slow reaction of the country and a global shortage of vaccines have hampered the response.”

Medical Press - Next Ebola outbreak 'inevitable' but world better prepared: WHO


On last week’s Ebola vaccine related event in Guinea & Chan’s visit there: “A new outbreak of the Ebola virus is “inevitable” but a new vaccine and rapid-response measures mean it will be more effectively contained, the head of the World Health Organization said [last week on Thursday]. ... ... Speaking at an event in the Guinean capital dedicated to individuals who fought to control the disease in their communities, WHO chief Margaret Chan also thanked the Guinean government for its role in developing the vaccine, announced in December, but added a note of caution. “Scientists do not yet know exactly where in nature the Ebola virus hides between outbreaks, but nearly all experts agree that another outbreak is inevitable,” she said, speaking to an audience of scientists, Ebola response coordinators and dignitaries. "When this occurs, the world will be far better prepared," Chan added. ...” Let’s hope so.

See also WHO for some coverage & pictures - Ebola vaccines for Guinea and the world: photos “More than 11 000 people in Guinea participated in a WHO-led trial to develop the world’s first vaccine against Ebola virus disease. The ground-breaking trial, which ended in January 2016, resulted in a vaccine that is highly protective against the deadly virus. Dr Margaret Chan, Director-General of WHO, visited some of the communities who participated in the vaccine trial in the city of Conakry.”
UN News - Amid spreading cholera outbreak, UN migration agency aids South Sudanese. “United Nations humanitarian workers are responding to a growing cholera outbreak in Ayod, the Greater Upper Nile region of South Sudan, one of multiple counties throughout the country where the disease has spread since June 2016. The UN International Organization for Migration (IOM) said it deployed a rapid response team to Jonglei late last month, to support local health partners and try to contain the outbreak.”

AMR

Pfizer unveils global antibiotic resistance surveillance data site


“Pfizer has launched the Antimicrobial Testing Leadership and Surveillance (ATLAS) website, which is designed to provide physicians and the global health community with easy access to critical data on the efficacy of various antibiotic treatments and emerging resistance patterns across more than 60 countries.”

FT - Fears over farm links to pharma

https://www.ft.com/content/fbd489c2-28fe-11e7-bc4b-5528796fe35c

“Overuse of antibiotics in food supply chains poses financial risks.”

Excerpts: “…A small but growing number of investors are now concerned that the rise of antimicrobial resistance could have a big financial impact on portfolios, hitting pharmaceutical companies, restaurants and food producers in particular. “Investors cannot fail to take note of how this issue could pose potential material financial risks to portfolios,” says Fiona Reynolds, managing director of the Principles for Responsible Investment, a United Nations-backed network of asset managers, agrees.

“…In 2016, more than 50 big investors including Coller Capital, Aviva Investors (the £319bn asset management arm of Aviva, the UK insurer) and US investment house Boston Common Asset Management formed a coalition to put pressure on restaurant companies to limit antibiotic usage in their food supply chains. The Farm Animal Investment Risk & Return now comprises 71 members and oversees $2tn of assets. It wants to end the routine usage of antibiotics, particularly the use of so-called “last line of defence” drugs, in animals. …”  “…As concerns about antibiotic resistance rises up the agenda of policymakers, food producers could be hit with restrictions and fines, leaving them less profitable and driving up costs. Changing consumer preferences could also result in
decreasing demand for meat and poultry that is factory farmed and routinely exposed to antibiotics, says Abigail Herron, head of engagement in the global responsible investment team at Aviva Investors. Food producers and restaurants that reduce their reliance on antibiotics will be best placed to deal, she adds. “There is an enormous financial risk [for food companies]....”

The Bureau of Investigative Journalism – Big Pharma’s pollution is creating deadly superbugs while the world looks the other way

_Bureau of Investigative journalism_

“Industrial pollution from Indian pharmaceutical companies making medicines for nearly all the world’s major drug companies is fuelling the creation of deadly superbugs, suggests new research. Global health authorities have no regulations in place to stop this happening. A major study published [today] in the prestigious scientific journal Infection found “excessively high” levels of antibiotic and antifungal drug residue in water sources in and around a major drug production hub in the Indian city of Hyderabad, as well as high levels of bacteria and fungi resistant to those drugs....”

“... Yet while policies are being put into place to counter the overuse and misuse of drugs which has propelled the crisis, international regulators are allowing dirty drug production methods to continue unchecked. Global authorities like the Food and Drug Administration and the European Medicines Agency strictly regulate drug supply chains in terms of drug safety - but environmental standards do not feature in their rulebook. Drug producers must adhere to Good Manufacturing Practices (GMP) guidelines - but those guidelines do not cover pollution...”

WHO Bulletin –Antimicrobial resistance: from global agenda to national strategic plan, Thailand


“In Thailand, antimicrobial resistance has formed a small component of national drug policies and strategies on emerging infectious diseases. However, poor coordination and a lack of national goals and monitoring and evaluation platforms have reduced the effectiveness of the corresponding national actions. On the basis of local evidence and with the strong participation of relevant stakeholders, the first national strategic plan on antimicrobial resistance has been developed in Thailand.....”
NCDs

NCD Alliance – webinar pre WHA

https://ncdalliance.org/resources/ncd-alliance-webinar-10-may-2017

You can re-watch it again (+ document). Excellent preparation for the 70th WHA.

WHO - Governance: Development of a draft global action plan to promote physical activity

http://www.who.int/ncds/governance/physical_activity_plan/en/#.WRSmJUHDO8M.twitter

Can’t wait. “The Executive Board at its 140th session decided to request the Director-General to develop a draft global action plan to promote physical activity for consideration by Member States at the 71st World Health Assembly in May 2018, through the 142nd Executive Board in January 2018....”

Let’s start with Donald Trump. Golf is not a sport 😊. And apparently the guy believes exercise is detrimental to one’s health.

Stat News – Gender gap in Alzheimer’s disease rates, caregiving needs more attention

Stat News;

“...Women make up nearly two-thirds of the more than 5 million Americans with Alzheimer’s disease. A woman in her 60s is now about twice as likely to develop Alzheimer’s as breast cancer during her lifetime. And as described in a Viewpoint article published this week in JAMA Neurology, women shoulder the majority of caregiving for those with dementia. In fact, two and a half times as many women as men reported living full time with a person with dementia....”

FT – Unrealistic expectations put millennials at risk of burnout

https://www.ft.com/content/be3289be-2c3e-11e7-bc4b-5528796fe35c

Burnout hits millennials now too. Read why.
And some links related to obesity & fast food (ads):

**CNN - Are fast food ads killing us?** Perhaps something similar needs to be done as for tobacco advertising.

**The Conversation - Junk food packaging hijacks the same brain processes as drug and alcohol addiction.**

**Plos (blog) - "Real" fast food?**

“"We’re doing this for modern moms...discerning dads...and all those parents who have a fresh perspective on parenting.... We haven’t forgotten our loyal fans who like to keep things fresh.” It might come as a shock to some to learn that this text is from a McDonald’s ad. For others who have watched the food industry slowly pivot towards the alternative food movement, and acquisition by acquisition, appropriate and capitalize on the most marketable aspects of the movement—this campaign is almost expected. For decades, food researchers such as Belasco, Nestle, and Simon have documented how the largest food and beverage companies have been working to appeal to foodies, nutritionists, and other critics of the industrial food system. Here, I will briefly consider three recent corporate strategies to illustrate some of the challenges and opportunities the food industry faces and the inherent contradictions in these strategies.....”

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

**Plos Med (Perspective) – Rotavirus vaccine will have an impact in Asia**

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002298

“Carl Kirkwood and Duncan Steele discuss the evidence supporting rotavirus vaccine deployment in Asian countries.”

**Pfizer – Collaboration helps broaden access to Pfizer’s contraceptive for women in some of the poorest countries**

Pfizer;

“Pfizer Inc., the Bill & Melinda Gates Foundation, and the Children’s Investment Fund Foundation (CIFF) [today] announced a multi-year extension of their collaboration to further broaden access to Pfizer’s all-in-one injectable contraceptive, Sayana® Press (medroxyprogesterone acetate), for women most in need in some of the world’s poorest countries. Sayana Press will now be available to
qualified purchasers at a guaranteed price of US $0.85 per dose, a reduction from the previous price of US $1.00 per dose.”

Reducing maternal mortality in LICs: a Societal challenge?


By my colleague Vincent de Brouwere.

Health Research Policy & Systems - Research capacity building through North–South–South networking: towards true partnership? An exploratory study of a network for scientific support in the field of sexual and reproductive health

K Van der Veken, V De Brouwere et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0202-z

“We explored the perceptions of members of the Network for Scientific Support in the field of Sexual and Reproductive Health (NetSRH) on North–South–South networking and on constraints and perspectives for South-led research.”

Global Health Promotion - Menstrual hygiene management among adolescent girls in sub-Saharan Africa

D Ssewanyana et al; http://journals.sagepub.com/doi/full/10.1177/1757975917694597

“Menstruation is a delicate physiological process through which a shedding of uterine lining occurs each month in females of reproductive age. Often considered a taboo subject, menstruation is seldom openly discussed in developing parts of the world. This article explores menstrual hygiene management (MHM) in sub-Saharan Africa and emphasizes the urgent and neglected need for feasible solutions, especially among adolescent girls. Optimizing menstrual hygiene interventions will require an integration of both knowledge and skill training gained through education on MHM alongside an improvement of access to girl-friendly water, sanitation and hygiene facilities in addition to access to low-cost hygienic sanitary products. To facilitate the identification and implementation of feasible and cultural relevant programs we recommend the utilization of public health intervention research.”

True. A bit out of my comfort zone.
“Each decrease of $10 million in U.S. funding (for international family planning & reproductive health programs) would result in the following: 433,000 fewer women and couples would receive contraceptive services and supplies; 128,000 more unintended pregnancies, including 57,000 more unplanned births, would occur; 55,000 more abortions would take place (the majority of which are provided in unsafe conditions); and 250 more maternal deaths would occur...”

“Demographic characteristics of women who obtain abortions vary widely by country and region, according to an article recently published in PLOS ONE, “Characteristics of Women Obtaining Induced Abortions in Selected Low- and Middle-Income Countries,” by Guttmacher Institute researchers Dr. Sophia Chae and colleagues....”


Well worth a read. “The letter from Tetsuya Tanimoto and colleagues raises important questions that deserve a response....” The letter dealt with a falsified product in Japan.
IP-Watch (Brief) – MSF Warns Of Threats To Public Health In Asian Trade Agreement IP Proposals


“The 18th round of the Regional Comprehensive Economic Partnership (RCEP) trade agreement negotiations is taking place this week in Manila, Philippines. Health activists warn that Japan and South Korea are pushing for measures that go beyond international trade rules on intellectual property, including extending patent terms and data exclusivity in countries such as India, a primary source of cheaper generic medicines....”

PharmacoEconomics (Systematic review) - Defining and Measuring the Affordability of New Medicines: A Systematic Review

F Antonanzas et al; https://link.springer.com/article/10.1007/s40273-017-0514-4

“In many healthcare systems, affordability concerns can lead to restrictions on the use of expensive efficacious therapies. However, there does not appear to be any consensus as to the terminology used to describe affordability, or the thresholds used to determine whether new drugs are affordable. The aim of this systematic review was to investigate how affordability is defined and measured in healthcare..... ...” The authors conclude: “...Current methods of assessing affordability in healthcare may be limited by their focus on budget impact. A more effective approach may involve a broader perspective than is currently described in the literature, to consider the long-term benefits of a therapy and cost savings elsewhere in the healthcare system, as well as cooperation between healthcare payers and the pharmaceutical industry to develop financing models that support sustainability as well as innovation.”

IP-Watch –WHO Studies On Local Pharma Production Provide Key Contrasts Between China, India

https://www.ip-watch.org/2017/05/11/studies-local-pharma-production-provide-key-contrasts-china-india/

(gated) “Two new studies published by the World Health Organization provide insight on the production of pharmaceutical products in India and China. According to the studies, China has a substantial local pharmaceutical manufacturing sector which the Chinese government is closely linking to its policy objective of universal health care. India, the main global provider of generic medicines is not pursuing a comparable focus on universal health care. India is increasingly faced with Chinese pharmaceutical sector competition, with China being its main provider of commoditized active pharmaceutical ingredients (APIs).”
And a few links to make clear how much access to medicines is also a HIC issue nowadays (with focus on the US here):

CFR - Can Drug Importation Address High Generic Drug Prices? (by T Bollyky et al)

FT - Sanofi pledges to cap US drug price increases

Social determinants of health

Business Insider – Bill Gates is helping India win its war on human waste


Not everybody likes Bill Gates in India (including in the Indian government), but Bill himself supports (with aid & grant money) the Clean India plan – India’s plan to set up millions of toilets around the country.

Human resources for health

IJHPM - Managing In- and Out-Migration of Health Workforce in Selected Countries in South East Asia Region

Viroj T et al; http://www.ijhpm.com/article_3357_0.html?utm_source=dlvr.it&utm_medium=twitter

“There is an increasing trend of international migration of health professionals from low- and middle- income countries to high-income countries as well as across middle-income countries. The WHO Global Code of Practice on the International Recruitment of Health Personnel was created to better address health workforce development and the ethical conduct of international recruitment. This study assessed policies and practices in 4 countries in South East Asia on managing the in- and out-migration of doctors and nurses to see whether the management has been in line with the WHO Global Code and has fostered health workforce development in the region; and draws lessons from these countries....”
Miscellaneous

Guardian - Venezuela's infant mortality, maternal mortality and malaria cases soar


“Venezuela’s infant mortality rose 30% last year, maternal mortality shot up 65% and cases of malaria jumped 76%, according to government data, sharp increases reflecting how the country’s deep economic crisis has hammered at citizens’ health....” See also Humanosphere - Venezuela: Unusual release of health data reveals soaring infant, maternal mortality rates.

Guardian - Life expectancy gap between rich and poor US regions is 'more than 20 years'

https://www.theguardian.com/inequality/2017/may/08/life-expectancy-gap-rich-poor-us-regions-more-than-20-years

“Your average life expectancy now varies by more than 20 years depending on where you live in the United States, according to an in-depth study by the University of Washington. America’s “life expectancy gap” is also predicted to grow even wider in future, with 11.5% of US counties having experienced an increase in the risk of death for residents aged 25–45 over the period studied (1980-2014). No previous study has put the disparity at even close to 20 years. “This is way worse than any of us had assumed,” said Ali Mokdad, professor of global health at the University of Washington’s Institute for Health Metrics and Evaluation and one of the authors of the study, published by the journal JAMA Internal Medicine....”

Guardian - Philippines senator tells UN reports of drug war killings are 'alternative facts'


Was to be expected, sadly.

UN Special - The Global Guardian of Public Health (May 2017)

We noted especially this article: **Staff pack the Palais to denounce 7.5 percent pay cut.**

**Nature (news) – Science publishers try new tack to combat unauthorized paper sharing**


“Rise in copyright breaches prompts industry to discuss ways to allow ‘fair sharing’ of articles.”

**WHO – Alliance 20th anniversary**

http://www.who.int/alliance-hpsr/20th-anniversary/en/

Short report of the recent meeting in Stockholm. “From 25 to 26 April 2017, more than 50 health experts, donors, researchers and policy-makers gathered in Stockholm, Sweden, to commemorate the 20th anniversary of the inception of the Alliance. The meeting was hosted by the Norwegian Agency for Development Cooperation (Norad) and the Swedish International Development Cooperation Agency (Sida) and sponsored by WHO and the World Bank...” Check out also the short statement **read at the closing of the meeting - a short summary of the event.** “HPSR: 20 years on”.

**Africa Ponders Challenges As WTO Steps in Way of AU Self-Financing Model**

http://allafrica.com/stories/201705090021.html

“The World Trade Organisation and the US government have written to a number of African Union member states on the legality of the implementation of the new self-financing mechanism. In July last year, the African Union adopted a self-financing mechanism proposed by Dr Donald Kaberuka whereby a 0.2 per cent levy on eligible imports would be imposed on products from outside Africa.”

**UN News – Task of eradicating poverty must be met 'with a sense of urgency,' says deputy UN chief**


Spot on, this ‘sense of urgency’. Time is running out, if we want to avoid a re-run of the 30s, with the climate challenge adding an additional layer of urgency. “Eradicating poverty remains the greatest global challenge, United Nations Deputy Secretary-General Amina Mohammed said today,
calling for a collective and comprehensive approach that recognizes the multidimensional nature the issue and its interaction with other aspects. “Addressing poverty, inequality, climate change, food insecurity and a sluggish and unpredictable global economy requires integrated responses and engagement by all actors,” Ms. Mohammed said at the opening of the 2017 Integration Segment of the UN Economic and Social Council (ECOSOC)....”

**Euractiv – EU facing up to deficits of globalisation**


Looks like at least in the EU, some things might be changing, at last. “After almost two decades of neglecting the flaws of free trade, the European Commission admitted yesterday (10 May) that it is high time to share the benefits of globalisation.” Check out a [reflection paper](http://www.euractiv.com/section/economy-jobs/news/eu-facing-up-to-deficits-of-globalisation/) released on Wednesday, on harnessing globalization.

**Rising Powers – Brazil: the Next OECD Member?**


“According to recent reports, there are serious ongoing talks of Brazil requesting full membership to the OECD in the next couple of weeks. If this process does indeed go through, the country would be the largest emerging economy in the Organization, and the third in Latin America, following Mexico and Chile. This would also make Brazil the first of the OECD’s “Key Partners” – the others being China, India, South Africa, and Indonesia – to take the leap from the “Enhanced Engagement” programme to a full membership status.”

**Research**

**Cities & Health – Cities and health: an evolving global conversation**


“The Cities and Health journal sees its launch in 2017. Looking back over half a century of growth and global expansion in economic activity, although there have been societal benefits, negative impacts are starting to take their toll on planetary resources and human health. As we enter what is being termed The Anthropocene, the city is becoming the preferred habitat for humanity. The imprint of city lifestyles, in terms of both resource use and waste, is found across the globe, threatening the ecosystem services that support our health. In cities themselves, due to risks and challenges to health, we are witnessing a rise in non-communicable disease, twinned with infectious disease for the many who live increasingly in informal or slum urban development. High levels of health inequity are found within urban populations. The resultant health problems are placing}
increasing strain on health services, with pressure only set to increase due to continuing urbanization and ageing populations. Evidence increasingly demonstrates that many aspects of city and neighbourhood form, urban and transport design, and residential environments play an important role in mediating health and health equity outcomes. The new journal Cities & Health is being launched to support political, academic and technical leadership and transdisciplinarity in this field. For this endeavour we will need to re-examine the nature of evidence required before we act; to explore how academics, policy-makers, practitioners and communities can best collaborate using the city as a laboratory for change; and to develop capacity building for healthier place-making at professional and community levels.”

PAHO – Improving Program Implementation through Embedded Research (iPIER)

http://www.paho.org/journal/

“...In the Region of the Americas, relevant and demand-driven research has the potential to make significant improvements to implementation and scale-up of health interventions. It also aligns with PAHO’s aims to promote universal health coverage. In light of this, since 2014 PAHO and the Alliance for Health Policy and Systems Research (an international partnership hosted by WHO) have carried out an embedded research initiative in the Region, entitled Improving Program Implementation through Embedded Research (iPIER), to address context-specific factors and advance toward population health impact. iPIER places affected stakeholders—policy makers, district health officers, program managers, and frontline health workers—at the center of the research process in order to apply relevant, evidence-driven improvements to preexisting health policies and programs. This special series of the Pan American Journal of Public Health presents the rationale that underpins the embedded research initiative and the findings of 10 of these projects conducted within various health system settings in the Region. The series aims to provide critical knowledge emanating from the research, while documenting the general embedded research process and its potential outcomes. Through the iPIER initiative, PAHO brings its expertise supporting research in the Region to advocate for this innovative way of developing and using science.”

Do start with the Editorial (by Etienne Langlois et al) - Embedding Research in Health Policy and Systems in the Americas and then the special report (by Nhan Tran et al) - Embedding research to improve Program implementation in Latin America and the Caribbean.

Archives of Public Health - Living on the edge: precariousness and why it matters for health


From a few months ago but well worth a read. “The post-war period in Europe, between the late 1940s and the 1970s, was characterised by an expansion of the role of the state, protecting its citizens from risks of unemployment, poverty, homelessness, and food insecurity. This security began to erode in the 1980s as a result of privatisation and deregulation. The withdrawal of the state further accelerated after the 2008 financial crisis, as countries began pursuing deep austerity. The
result has been a rise in what has been termed ‘precariousness’. Here we review the development of the concept of precariousness and related phenomena of vulnerability and resilience, before reviewing evidence of growing precariousness in European countries. It describes a series of studies of the impact on precariousness on health in domains of employment, housing, and food, as well as natural experiments of policies that either alleviate or worsen these impacts. It concludes with a warning, drawn from the history of the 1930s, of the political consequences of increasing precariousness in Europe and North America.” (Interesting how they mostly see the rise of the Precariat as a political threat, inspired by history. I do think that the ecological sense of urgency adds for an extra layer, compared with the 30s)

HP&P Review Collections


“Our review collections are designed to draw together evidence on topics pertinent to current debates and discussions around health systems in low- and middle-income countries. They are an essential first stop for those academics, policy-makers and health care practitioners seeking a clearer picture of what is already known on a particular topic and how their own research can build on this. ...” Check out review collections on health policy, financing and resource allocation, ...

BMC public health - The epidemiology of drowning in low- and middle-income countries: a systematic review

M D Tyler et al; https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-017-4239-2

Systematic Review. “According to the World Health Organization, drowning is the 3rd leading cause of unintentional injury-related deaths worldwide, accounting for 370,000 annual deaths and 7% of all injury-related deaths. Low- and middle-income countries are the most affected, accounting for 91% of unintentional drowning deaths.... ...” The authors conclude: “...Drowning is a significant cause of injury-related deaths, especially in LMICs. Young males who are unsupervised in rural areas and have limited formal swimming instruction are at greatest risk of drowning in small bodies of water around their homes. Preventative strategies include covering wells and cisterns, fencing off ditches and small ponds, establishing community daycares, providing formal swimming lessons, and increasing awareness of the risks of drowning.”