

IHP news 419 : Gearing up for the first G20 health ministers' meeting & the 70th World Health Assembly

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

Dear Colleagues,

You get this week's IHP newsletter one day earlier in your mailbox, as I'm heading for Geneva for the 70th World Health Assembly. Next week, if all goes well – that is, if terrorists don't shoot my plane out of the air instead of Air Force One (The Donald is expected in "hellhole" Brussels for a NATO summit on the 24th of May, when I also happen to fly back home) – you should again receive the newsletter on Friday.

*For once, we go for **two Featured articles** this week, both timely: the first piece (by my former colleague, **Rachel Hammonds**) is related to the upcoming (first ever) G20 health ministers' meeting and a pre-event that took place in Berlin earlier this week. In the other Featured article, related to the WHO DG election, I argue it's vital that the next WHO DG embraces the new planetary health paradigm and interprets it in a not politically correct way. The planetary health paradigm is the 21st century equivalent of Alma Ata, I reckon. No need to agree, though.*

Enjoy your reading.

The editorial team

Featured Articles

Control or Prevention? The G20 Summit and Global Health

Rachel Hammonds (Law and Development Research Group, Law Faculty, University of Antwerp)

As many of you know, global health is riding high on the G20 agenda. As Ilona Kickbusch notes this is largely thanks to Germany so it is no surprise then that the first ever G20 Health Ministers meeting is being [hosted by Germany on 19, 20 May](#). At the [meeting](#) in Berlin, themed "Promoting Health", G20 Health Ministers will tackle antimicrobial resistance and engage in a pandemic preparedness

exercise “to improve the resilience of health systems” (i.e. global health crisis management & HSS all in one, if you want).

To provide input into this, albeit limited, remit the [the German Platform for Global Health](#) convened an international symposium entitled “*Control or Prevention – the G20 Summit and Global Health*” in Berlin on 15 May. Thomas Gebauer of the German based NGO Medico International challenged symposium participants to question the tension between the global health security focus of the G20 Health Ministers and universalism – asking if global health security is simply about protecting “us” (people lucky enough to have access to quality UHC or wealthy enough to afford quality health care) from “them” (those lacking access to affordable, quality health care). The responses from the speakers were surprisingly similar for a geographically and professionally diverse group. Amit Sengupta (People’s Health Movement) and Anne Roemer-Mahler (University of Sussex) highlighted the tension between the health security agenda and health for all noting that focusing on technological solutions often circumvents important political discussions about who sets global health priorities and the need to address the social and economic determinants of health. Other speakers, like Odile Frank of the NGO Forum for Health, highlighted the importance of reconfiguring the deeply inequitable status quo by looking beyond health institutions, to other key players like the International Labor Organization.

For me, the audience’s contributions were as interesting as the speakers’ messages. The audience of approximately 100, was largely comprised of students under the age of 30 – and the speakers, were, well, all past that age. On average I would say there was a generation between the two groups. In their interventions audience members emphasized the importance of the environment to global health and wanted to know more about concepts like planetary health. They fully understood the One Health link between AMR and farming discussed by Christian Wagner-Ahifs of BUKP Pharma Kampagne and the importance of a multi-pronged strategy. Many audience members pointed out that the links between global health security, development, migration and planetary health require the political engagement of Health Ministers beyond the traditional health field. The discussions also explored the tensions between national solidarity, advocated by trade unions, and global solidarity and the importance of acknowledging this challenge.

I took away three main messages from the day. First, progress in global health requires engaging with big picture influences on health, like the planetary boundaries we hurtle towards. Second, a response to global health threats that focuses on “[medical countermeasures](#)” (that wonderful American term for e.g. drugs, devices, ...), while necessary, is certainly not sufficient for advancing global health goals like the SDGs or health for all, which require social counter measures like globalized social protection and an international tax body. Finally, all present noted that this systemic change will take time and commitment and that garnering support for hard to measure objectives is difficult. This is why engaging young people in this struggle is vital. Their active political engagement and challenging of a global health agenda rooted in health security is the only way we will get real change. This requires a long term commitment to education and activism for global health justice, like that shown by the Emerging Voices. So, while the first ever G20 Health Ministers meeting is a welcome development its value can be judged by whether discussions and commitments move beyond the limited health security agenda to include prevention.

The next WHO DG needs to be a planetary health champion, first and foremost

Kristof Decoster (ITM)

Global health security is again on everybody's minds, with the latest Ebola outbreak in the DRC. As Laurie Garrett put it in Foreign Policy, the ["new Ebola outbreak in the DRC Congo puts WHO and the global health system post-2014 reforms to the test"](#). It is thus quite likely that the DRC crisis (and the way WHO & others in the system respond to it) will feature prominently when the three WHO DG candidates make their final pitch (and unique selling proposition) in Geneva, before health ministers cast their vote.

No doubt, global health security is extremely important, and so are UHC (and many other vital global health goals in the SDG health era), but I'd argue that there's another concern even more urgent. The current climate change [acceleration](#) (with among others, a melting Arctic, decades ahead of IPCC scenarios) which should make it clear to all concerned – self-proclaimed "global" and other - citizens that human civilization itself is at stake, this century (and beyond).

Against this dire backdrop, the next WHO DG thus has to be, first and foremost, a [planetary health champion](#). And all the WHO DGs after him/her. Some friends and colleagues just consider "planetary health" as the latest fad, but as you might have guessed from the title of this piece, I disagree. The planetary health paradigm is the equivalent of Alma Ata in the 21st century.

So let me put it even more bluntly: the next WHO DG needs to have the guts to be a real "party pooper", taking on the (now nearly hegemonic) 'green growth' paradigm of the global elite, or at least [challenging the fact that it will suffice](#) to avert catastrophic climate change. So please, don't just interpret the new planetary health paradigm in a politically "palatable" way, Tedros/Nabarro/Nishtar, combining the (obvious) synergies with global health security (which are already on the G7/G20/...'s radar anyway) with an "easy" green growth discourse. Far more is needed, if you take planetary health in the 21st century and beyond seriously.

The reason is very simple, actually. It's called "common sense". If the ["Precautionary Principle"](#) is used in the EU for all sorts of regulations (for example, for what you get on your plate), we'd be incredibly dumb as a human species, not to start from this principle when trying to preserve our very habitat, the world. For the time being, though, we're still – collectively - pretending we can have our cake and eat it too. Which is why we put all our eggs into the Paris Agreement & green growth basket, who give us a cosy feeling that at least we're trying hard (that was before this disaster that dare not speak its name in the US got to power, of course).

To be clear, I'm all in favour of green growth, where possible, and the transition towards a low-carbon economy, deep decarbonization, etc.... better happen sooner than later. But it won't be enough. The sense of urgency at the highest levels is still not what it should be (even if no doubt the Pentagon (and not just Ivanka) is also putting pressure on the US president now to stay in the Paris agreement). The destructive track record of global capitalism (and its key "partner in crime", the global financial sector) also doesn't bode well for all this to happen in the required time frame. Profound social transformation will also be needed, as well as a transformative change of the core principles & "values" permeating the global economic system. And it's bloody urgent.

So let me frame in very simple terms what the next WHO DG needs to say, in my humble opinion: the American dream has to die. And the Chinese dream. Etc. It is just not possible, billions of people chasing their own version of the American dream in the coming decades, even with massive investments in clean energy. This is a war, no less, so like in every war, some rationing will be necessary, as well as massive global redistribution. Or perhaps, more accurately (and politically more

palatably), the next DG has to say the following: a very different kind of American/Chinese/Nigerian/... dream is required, sooner rather than later.

Clearly, somebody in a global leadership position has to tell the world we can't just have it all. The pope does so, yes. But the WHO Director-General is excellently placed too, given WHO's focus on 'the right to health' (including [for future generations](#) I'd hope). There will be no right to health to claim whatsoever if we destroy our very habitat. If nobody tells this to people, over and over, then we can all just conveniently pretend we're going strong in the fight against climate change. People like Michael "Optimism is a moral duty" Bloomberg, as much as I appreciate his efforts in this respect, (and other business-friendly climate "Pied Pipers of Hamelin") will certainly not tell us otherwise.

The WHO DG doesn't need to be a doomsayer. But he/she needs to say, eloquently and bluntly, what most people know now, or at least feel deep down, although many of us frantically try to suppress the thought while leading our daily lives. If we don't change our ways, the [bubble will explode](#), sooner or later. When that happens, it won't be pretty.

The current US president won't say it. Leaders in emerging economies won't say it (as their citizens still dream of catching up with western lifestyles, understandably). Jim Kim doesn't say it. So if not the WHO DG, who will say it?

This is the main war we need to fight in the coming decades, and we need a war-style effort as soon as possible, in each and every country. An [organized approach to degrowth](#) in countries that – at a collective level at least – already have more than enough, sustainable growth in countries that still need it very much to reach the basics of a human and dignified life; and redistribution, on a global scale, are some of the necessary ingredients of this war.

We can live better lives, yes, but only if we become more 'human' again- and share what we have with people who have less, live more slowly (instead of the frantic pace of living now, competing with everybody around the globe in a sort of 21st century version of a Hobbesian world, ...), share work instead of pushing many (not sufficiently "efficient" people) out of the labour market,

The next WHO DG shouldn't just get together at High-Level breakfasts with Angela Merkel, Bill Gates, Seth Berkley, Tim Evans and other Jim Kims to discuss global health policy. He/she needs to engage, structurally, with the ordinary citizens who already feel the impact of planetary ill-health in their daily lives. And he/she should certainly also invite the likes of [Kate Raworth](#), Tim Jackson and other Christian Felbers to the tables in Geneva, as their ideas will be vital when trying to conceive a global economy that respects planetary boundaries and ensures a dignified life for all.

So no, I don't think that "run-of-the-mill" campaign statements like ["On climate and environmental change, I will support national health authorities to better understand and address the effects on health with a particular focus on countries such as small island nations most affected by these events"](#) fit the planetary health bill. Many of these WHO DG candidates still seem to argue, mainly, for preparing health systems for climate change and other harmless sounding (needed but nowhere near sufficing) policies - making health systems "more resilient", anyone? Maybe the three candidates don't want to make the powers that be (that still have to vote them in !) anxious about their firebrand and revolutionary potential, so maybe it's just tactics. But I certainly hope that after his/her election, that'll change.

In sum: the next WHO DG has to mince no words on the planetary health challenge we face. We're at war. Not just with the 0.01 %, but with ourselves as well.

And yes, let the philanthrocapitalists and other "global health plutocrats" do at the same time what they're good at (I remember from my backpacking days that you always need to have a plan B :)): fund research into carbon capture and storage, all sorts of clean energy innovation (including

mechanisms to cope with market failure). And let them also fund research into geoengineering, as I'm afraid we will need it.

But that's not the role of the WHO Director-General. The next WHO DG must be a planetary health champion, and argue for profound social transformation and a different kind of dream for human beings. A dream that would make us all more human again. We need "real" planetary health leadership from the WHO DG. And we need it soon. The candidate who can deliver on this would get my vote.

(I'd give him/her 12 points, actually, if I could. Heck, I'd even start [yodeling](#) ! ☺)

Highlights of the week

WHO DG election – Final (& somewhat nasty) stretch

The “spectacle” at the beginning of the week between two of the three candidates wasn't nice to watch. Let's hope that, whoever becomes WHO DG next week, doesn't see his legitimacy tainted (with all implications on his authority & effectiveness) before he even starts.

(I wrote the above paragraph under the assumption that either Nabarro or Tedros will win. As you might have guessed by now, I'd prefer a Nishtar victory (but the chance of that to happen seems limited, unfortunately...))

NYT – Candidate to Lead the W.H.O. Accused of Covering Up Epidemics

Donald McNeil; <https://www.nytimes.com/2017/05/13/health/candidate-who-director-general-ethiopia-cholera-outbreaks.html?smid=tw-share& r=0>

(must-read) This piece caused the uproar. “Starring” Larry Gostin (informal advisor of Nabarro), Nabarro & Tedros. “A leading candidate to head the World Health Organization was accused this week of covering up three cholera epidemics in his home country, Ethiopia, when he was health minister — a charge that could seriously undermine his campaign to run the agency. The accusation against Tedros Adhanom Ghebreyesus was made by a prominent global health expert who is also an informal adviser to Dr. David Nabarro, a rival candidate in the race for W.H.O. director general. Dr. Tedros, who uses his first name in his campaign, denied the cover-up accusation and said he was “not surprised at all but quite disappointed” that Dr. Nabarro’s camp — which he said included high-ranking British health officials — had switched to running what he called a “last-minute smear campaign...”

By the end of the day (and after plenty of commotion on social media), a **Laurie Garrett tweet** summed it up, nicely: “The @NYT endorses @DrTedros same day as reporter does pc saying Tedros covered up #cholera epids/Ethiopia & all but endorses @davidnabarro.”

In a NYT Op-Ed shortly after, **Tom Frieden** endorsed Tedros - [a qualified candidate for head of WHO](#).

Emphasizing, among others, “...Although not optimal, many countries report cholera to the World Health Organization as acute watery diarrhea, as Ethiopia has. This allows reporting and response without laboratory confirmation, but in no way indicates that Tedros Adhanom Ghebreyesus, a former health minister of Ethiopia, is any less qualified to become director general of the WHO...”

IP-Watch - Attacks On WHO Candidate Are Defamatory, ‘Colonial’, Ambassador Says

<https://www.ip-watch.org/2017/05/17/attacks-candidate-tedros-defamatory-colonial-ambassador-says/>

*“The **African Union delegation to the United Nations** came in outspoken numbers to a press briefing [today] to express unshakable support for the Ethiopian candidate to be the next head of the World Health Organization, Tedros Adhanom Ghebreyesus. Asked about recent allegations in the press about Tedros’ part in a coverup of cholera epidemics in his country, the African ambassadors said those were defamatory allegations, done in desperation by a nervous competing candidate. Without citing which of the other two candidate that might be, an African ambassador said such attempt at destabilising the candidate reflects a “**colonial mentality**.” Tedros, as he is known, was not at the press briefing....”*

They also reiterated their support for Tedros in a [declaration](#).

Lancet Letter - Dr Tedros Adhanom Ghebreyesus is the best candidate for WHO DG

(By Peter Byass) <http://thelancet.com/pb/assets/raw/Lancet/pdfs/S0140673617313545.pdf>

Very strong case made by Peter Byass - for Dr Tedros. Recommended.

As for my own opinion, I still find it tricky if the next WHO DG were to come from a country with a bad human rights track record (and as Tedros was part of the Ethiopian leadership for over ten years, at the very least, I’d hope that Tedros tackles this issue head on next week, in his final address to the ministers of Health, avoiding lame talk on ‘nascent democracy’ etc).

Lancet Letter - Sania Nishtar is the health leader that the world needs

G Alleyne et al; <http://www.thelancet.com/pb/assets/raw/Lancet/pdfs/S0140673617313569.pdf>

Suffice to say: all three candidates are very qualified candidates.

Looking forward to early next week, for the vote!

Coming up very soon now – 70th World Health Assembly in Geneva (22-31 May)

<http://www.who.int/mediacentre/events/2017/wha70/en/>

With preliminary journal, provisional agenda, all background documents....

Some pieces with an overview of what's in store:

IP-Watch - Longest, Biggest World Health Assembly Ever Set To Open With Election, Budget Topping Agenda

<https://www.ip-watch.org/2017/05/12/longest-biggest-world-health-assembly-ever-set-open-election-budget-topping-agenda/>

*“The 70th World Health Assembly opening in a few days is the WHA of superlatives, according to a World Health Organization’s official. It is the longest assembly ever, with nine days of meeting, the largest number delegates, of agenda items, and of documents. It is also when the new **WHO new director general will be elected**, and when the WHO next budget is expected to be approved....”*

*“...**The long agenda of the WHA includes many issues**, including: the 2018/2019 budget; antimicrobial resistance; research and development for potentially epidemic diseases; and the review of the Pandemic Influenza Preparedness Framework. It also includes the global shortage of, and access to, medicines and vaccines, under which it is expected that the report of the 2016 UN Secretary General’s High-Level Panel on Access to Medicines will be discussed.Other subjects expected to be discussed at the WHA are the evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property; the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination; and the member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products. Also on the agenda are: the Global Vaccine Action Plan; the preparation for the third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases to be held in 2018; WHO engagement with non-state actors; and a potential agreement on a resolution on cancer drug, in particular prices....”*

IP-Watch - IP-Watch Guide To 2017 World Health Assembly: Election, Budget, Antibiotics, Cancer, R&D And More

<https://www.ip-watch.org/2017/05/16/ip-watch-guide-2017-world-health-assembly-election-budget-antibiotics-cancer-rd/>

(gated) – might be open access in a few days.

In general, we recommend you keep a close eye on **IP-Watch coverage** from now on, as it’s a great source, and updates will be published daily. See for example, already [World Health Assembly Topic: Flu Pandemic Financing, Virus Sharing, Extension](#).

Global Health Watch

Stay tuned for the **integrated Global Health Watch/PHM Comment on the WHA agenda**, which can now be released any day.

World Health Statistics 2017 - Almost half of all deaths now have a recorded cause, WHO data show

<http://www.who.int/mediacentre/news/releases/2017/half-deaths-recorded/en/>

Annual World Health Statistics (2017)

http://www.who.int/gho/publications/world_health_statistics/2017/en/

“The World Health Statistics series is WHO’s annual compilation of health statistics for its 194 Member States. **World Health Statistics 2017 compiles data on 21 health-related Sustainable Development Goals (SDG) targets, with 35 indicators, as well as data on life expectancy.** This edition also includes, for the first time, success stories from several countries that are making progress towards the health-related SDG targets.”

From the press release: **“Almost half of all deaths globally are now recorded with a cause, new data from WHO show**, highlighting improvements countries have made on collecting vital statistics and monitoring progress towards the Sustainable Development Goals (SDGs). **Of the estimated 56 million deaths globally in 2015, 27 million were registered with a cause of death, according to WHO’s annual World Health Statistics.** The report includes **new data on progress towards UHC.** Those data show that globally, ten measures of essential health service coverage have improved since 2000. Coverage of treatment for HIV and bed nets to prevent malaria have increased the most, from very low levels in 2000. Steady increases have also been seen in access to antenatal care and improved sanitation, while gains in routine child immunization coverage from 2000 to 2010 slowed somewhat between 2010 and 2015. Access to services is just one dimension of universal health coverage; how much people pay out of their own pockets for those services is the other. The most recent data from 117 countries show that an average of 9.3% of people in each country spend more than 10% of their household budget on health care, a level of spending that is likely to expose a household to financial hardship.... “

WHO – WHO improves transparency of financial data

<http://www.who.int/features/2017/transparency-financial-data/en/>

“WHO is improving transparency and accountability with the **launch of a redesigned Programme Budget Web Portal** that makes budget and spending information easier to access, use and understand.”

Trump & global health

It was a disastrous week (again) for the Donald, which is fine. Unfortunately, the news for the global health community was equally disastrous (although not unanticipated).

Devex - Trump expands 'global gag rule,' targeting \$8.8B in global health aid

<https://www.devex.com/news/trump-expands-global-gag-rule-targeting-8-8b-in-global-health-aid-90291>

(must-read) *“President Donald Trump’s administration will significantly expand the “global gag rule” to include much of the United States’ global health assistance, placing more than \$8.8 billion of funding on the line. The U.S. is rebranding the Reagan-era regulation — which is also called the Mexico City Policy — as the “Protecting Life in Global Health Assistance” policy. It previously impacted about \$600 million in family planning aid. This new measure will affect HIV/AIDS work, maternal and child health, malaria, global health security, and family planning and reproductive health programs supported by the State Department, U.S. Agency for International Development and the Department of Defense, the State Department announced Monday. “The policy will apply to all new funding agreements (grants, cooperative agreements and contracts) for global health assistance, and to existing agreements when amended to add funding,” the State Department said in a [statement](#) posted on its website....”*

Do also read, in **Foreign Policy** - [To "protect life", state department rolls out women's health policy critics call a 'death warrant'](#) “The State Department on Monday rolled out plans to drastically expand a Reagan-era ban on federal funding for international groups that perform or advocate for abortions. **The controversial ban won praise from pro-life groups who say it aligns U.S. foreign aid funding with conservative policies, but drew condemnation from many in the NGO community, who called it a “death warrant” for some women in developing countries.** While similar guidelines have been instituted under every Republican president since Ronald Reagan, under the Trump administration, the **policy’s scope is much more sweeping.** The “Protecting Life in Global Health Assistance” policy places new restrictions not just on funds that go to family planning assistance, but also money that supports malaria eradication, maternal and child health, and AIDS prevention and treatment, amounting to a total of \$8.8 billion....”

Guardian – Billionaire Bloomberg to fund \$5m public health projects in 40 cities worldwide

<https://www.theguardian.com/society/2017/may/16/billionaire-bloomberg-to-fund-5m-public-health-projects-in-40-cities-worldwide>

News related to the urban NCD agenda. On Bloomberg’s latest initiative: “... Now, appointed last year as the World Health Organisation’s global ambassador for non-communicable diseases the eighth richest person in the world, worth an estimated \$47.5bn, is taking his philosophy and his cash to 40 cities around the globe. His offer, taken up by about 40 cities so far and officially launched on Tuesday, is **\$5m in assistance from Bloomberg Philanthropies as well as technical support for cities that choose to focus on one of 10 healthy lifestyle issues, including curbing sugary drink**

consumption, air pollution, promoting exercise and bans on smoking. They range from affluent Melbourne in Australia to Cali and Medellin in Colombia, Accra in Ghana, Ulaanbaatar in Mongolia, Khatmandu in Nepal and Kampala in Uganda.”

See also the **Bloomberg press release** – [“WHO Global Ambassador Michael R. Bloomberg Launches Worldwide Effort to Fight Cardiovascular Disease, Cancer, Diabetes, Respiratory Diseases and Injuries”](#) “Global **‘Partnership for Healthy Cities’** aims to reduce noncommunicable diseases and injuries, sources of 80 percent of deaths worldwide. Joined by mayors from 40 cities, World Health Organization (WHO) Global Ambassador for NCDs and former New York Mayor Michael R. Bloomberg today launched the **Partnership for Healthy Cities**, a global network formed to reduce NCDs and injuries with proven policies to advance health and strengthen economies.”

40 cities already joined. Others will follow later.

With ever more “partnerships” popping up in the world, you kind of wonder why our world is still such a mess.

UHC 2030 Global Compact

[UHC 2030 Global Compact](#); (2-pager)

For a short article related to this Global Compact:

<https://www.internationalhealthpartnership.net/en/news-videos/ihp-news/article/new-uhc2030-global-compact-410165/>

“Signing the Global Compact is a formal requirement for partners interested to join UHC2030, and a great demonstration of commitment to take action to make progress towards universal health coverage...” When signing this Compact, stakeholders, organization & institutions “ ... collectively subscribe to the **following key principles to guide our action**: (1) Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach; (2) Transparency and accountability for results; (3) Evidence-based national strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery; (4) Making health systems everybody’s business – with engagement of citizens, communities, civil society and private sector; (5) International cooperation based on mutual learning across countries, regardless of development status and progress in achieving UHC, and based on development effectiveness principles.”

Belt and Road Forum - Beijing (last weekend)

Guardian – China's Xi lays out \$900bn Silk Road vision amid claims of empire-building

<https://www.theguardian.com/world/2017/may/14/china-xi-silk-road-vision-belt-and-road-claims-empire-building>

(recommended) “Speaking at a **two-day event in Beijing**, Xi Jinping hailed his multi-billion dollar infrastructure crusade “One Belt One Road” as a means of **building a modern-day version of the ancient Silk Road and a new “golden age” of globalisation.**”

India wasn’t amused and made that rather clear, unlike others (like the US) which just sent lower ranking officials to the event in Beijing. It turned out [the EU](#) was also not that convinced (yet?), aiming - ostensibly, I’m afraid - for more social and environmental safeguards but more likely, trying to kick the tenders open (so that also EU companies can get part of the bounty).

For some more background & analysis (on this initiative & the event in Beijing), read also [the FT - China’s Xi hails Belt and Road as ‘project of the century’](#)

*“Chinese President Xi Jinping hailed his country’s Belt and Road initiative as “the project of the century” as he announced scaled-up financing for a signature strategy that promises billions in investment and trade benefits. Delegates from more than 100 countries, including 28 heads of state, convened in a \$1bn complex north of Beijing for the two-day summit that began on Sunday. Pride of place went to Russian president Vladimir Putin, while the largest economies in Asia and the west sent lower-level representatives. **China used the forum to announce lavish new financing plans at a time when the US and Europe are scaling back their international commitments. Attendees pushed for greater clarity on the ambitious but hazily defined strategy. ...**”*

As for **UN SG Guterres**, [he stressed shared development goals](#) (UN News).

“ Speaking at a major international conference in Beijing, United Nations Secretary-General António Guterres today **drew comparisons between China's 'One Belt, One Road' initiative and the Sustainable Development Goals, saying both are rooted in a shared vision for global development.** “Both strive to create opportunities, global public goods and win-win cooperation. And both aim to deepen 'connectivity' across countries and regions: connectivity in infrastructure, trade, finance, policies and, perhaps most important of all, among peoples,” the Secretary-General said addressing Chinese President Xi Jinping and dozens of other state leaders at the Belt and Road Forum.

...“ ...In order for the participating countries along the Belt and Road to fully benefit from the potential of enhanced connectivity, **it is crucial to strengthen the links between the Initiative and the Sustainable Development Goals,**” Mr. Guterres noted, adding that the 17 Goals can guide the policies and actions under the Belt and Road towards true sustainable development.”

Yanzhong Huang tweeted (with some paragraphs as attachment) – “*President Xi Jinping has made health aid part of his Belt and Road Initiative.*” It looks more like the usual kind of Chinese health aid, though.

Recommended analysis:

Branko Milanovic (Guardian) - [The west is mired in 'soft' development. China is trying the 'hard' stuff](#)

Melissa Leach (IDS) - [China’s Belt and Road Initiative – a game-changer, but which game?](#)

Both are insightful reads.

World Bank update

After the OBOR related section, a quick update on the World Bank feels appropriate.

Social Justice Connection - World Bank president dismisses human rights, accepts that bad stuff is part of World Bank work

<https://sic-cjs.org/bad-stuff-happens/>

Bad stuff happens (does Jim Kim go Donald Rumsfeld?). “World Bank President Jim Kim set aside human rights concerns and accepted that certain “incidents” are unavoidable for hydroelectric development in a talk he gave at the seminary on April 6, 2016.” Have a look at what Jim meant to say.

World Development - Are “New” Donors Challenging World Bank Conditionality?

D Hernandez; <http://www.sciencedirect.com/science/article/pii/S0305750X17301055>

“This paper investigates whether World Bank conditionality is affected by the presence of “new” donors by using panel data for 54 African countries over the 1980–2013 period. Empirical results indicate that the World Bank delivers loans with significantly fewer conditions to recipient countries which are assisted by China. In fact these receive 15% fewer conditions for every percentage-point increase in Chinese aid. Less stringent conditionality is also observed in better off borrowers that are in addition funded by Kuwait and the United Arab Emirates, but this effect vanishes after the start of the new millennium. In contrast, World Bank conditionality is rarely affected by aid inflows from DAC donors, and when it is, conditionality is revised upward. These findings suggest that new donors might be perceived as an attractive financial option to which the World Bank reacts by offering credits less restrictively in order to remain competitive in the loan-giving market and thereby cope with excesses in the supply of development resources.”

(US) National Academies of Science, Engineering & Medicine (Report) - Global Health and the Future Role of the United States

<http://nationalacademies.org/hmd/reports/2017/global-health-and-the-future-role-of-the-united-states.aspx>

See the [press release](#) :

“A new report from the National Academies of Sciences, Engineering, and Medicine identifies global health priorities in light of current and emerging challenges and makes 14

recommendations for the U.S. government and other stakeholders to address these challenges, while maintaining U.S. status as a world leader in global health. ...

Coverage for example in *Science* (News) - [Global health spending good for U.S. security and economy, National Academies say](#)

*“The next epidemic—whether from nature or bioterrorism—is a question of “when,” not “if,” according to the authors of the report, titled *Global Health and the Future Role of the United States*. They say the 313-page tome is **intended to send a strong message that investing in public health beyond U.S. borders is more than a philanthropy project; it’s also a matter of economic stability and national security here at home.** “I have long argued that it is not just being altruistic to address these issues on a global basis, because sooner or later [they] will impact us,” says **Michael Osterholm**, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota in Minneapolis and a member of the panel that wrote the report. The report’s authors **make 14 recommendations** for intervening in global health **across four broad areas**: prepping for global disease outbreaks; sustaining funds for responding to AIDS, tuberculosis, and malaria; improving women’s and children’s health; and reducing incidence of cardiovascular disease and cancers in low- and middle-income countries. It **also calls for “the creation of an International Response Framework to guide the U.S. response to an international health emergency;..”***

Ebola outbreak in DRC

As you probably know by now, Ebola is back.

Stat News – WHO prepares experimental Ebola vaccine for possible first use in Democratic Republic of Congo

https://www.statnews.com/2017/05/16/ebola-drc-vaccine/?utm_content=buffer3e2fb&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“The World Health Organization and outside experts are making arrangements to send an experimental Ebola vaccine to the Democratic Republic of Congo, should officials there say they need it to quell an outbreak there. The DRC has not yet formally requested the vaccine, and it’s unclear if or when it will. The country’s drug regulatory agency would also have to authorize emergency use of the vaccine, which is not yet licensed. But the WHO and Gavi, the Vaccine Alliance, told STAT that preparations to have the experimental vaccine ready for use are being made on a parallel track with investigations in DRC into the scale of the outbreak....”

“...The outbreak, reported to the WHO last week, has grown to 20 suspected cases. Three of the infected have died. This Ebola epidemic, the country’s eighth, is in a remote part of northern DRC, a province called Bas-Uele....”

See also *Nature* news - [Ebola vaccine could get first real-world test in emerging outbreak](#).

Stat News - Ebola outbreak reported in the Democratic Republic of Congo

<https://www.statnews.com/2017/05/12/ebola-outbreak-congo/>

(Early analysis by Helen Branswell, from late last week). “...**While Ebola outbreaks are always dangerous, there is some reassuring news here.** The Democratic Republic of Congo has decades of experience containing Ebola outbreaks. The first known outbreak of the deadly disease occurred there in 1976, in Yambuku. A total of 318 cases were recorded in that outbreak, including 280 deaths. The country has fought seven outbreaks before the current one; the most recent was between August and November of 2014, and involved 66 cases. And **this time, for the first time in the history of Ebola outbreaks, there is an experimental Ebola vaccine that can be used to help contain the outbreak, if it’s needed.** Supplies of the vaccine, first tested during the widespread West African outbreak, have been stockpiled by Gavi, a public-private partnership that makes vaccines available to lower-income countries. “Gavi’s work with Merck means there are 300,000 doses of Ebola vaccine available if needed to stop this outbreak becoming a pandemic,” ...”

Foreign Policy – Ebola returns to Congo: a Test of ‘next time’

Laurie Garrett; <https://foreignpolicy.com/2017/05/12/ebola-returns-in-congo-a-test-of-next-time/>

Is the global health community now ready to stop another outbreak? As Laurie Garrett argues, **The Ebola outbreak in DRC Congo is a test of the reforms of WHO, NGOs & across the global system** (including the new African CDC), which were implemented after the 2014 Ebola crisis. **Are we ready now?**

So far, so good, it seems.

(First) G20 Health Ministers meeting in Berlin (May 19 – 20)

In addition to this week’s editorial by Rachel Hammonds, some other reads:

- Graduate Institute Global Health Centre – short report of lunch briefing in April, with Ilona Kickbusch [Health on the G20 agenda: German leadership in an interconnected world](#) (recommended)
- An IP-Watch article from April also, which you might want to (re-)read: [Germany Brings Health Issues To G20; First Health Ministers Meeting In May](#)

“The **first-ever G20 Health Ministers’ meeting** is expected to take place on 19-20 May in Berlin, she said. According to the G20 website, the **working group is expected to prepare a joint declaration by the health ministers, due to be adopted in Berlin on 20 May.** Main issues are antimicrobial resistance, the strengthening of health care systems, and global health crisis management....”

- **MSF letter**, released ahead of the G20 health ministers meeting-
<https://www.msfaccess.org/content/open-letter-msf-meeting-g20-health-ministers>

“Ahead of #G20 meeting, **we urge governments to address 3 major issues: hospital attacks, emergency preparedness and drug-resistant infections.**” “We call on #G20 to put the welfare of sick and wounded people wherever they live at the core of their concerns.”

Do keep an eye on this G20 Health ministers’ meeting in the coming days (& side-events).

Fair Pricing forum (Amsterdam, 10-11 May)

IP-Watch - WHO, Stakeholders Take ‘First Step’ On Fair Pricing For Medicines

<https://www.ip-watch.org/2017/05/12/stakeholders-take-first-step-fair-pricing-medicines/>

(must-read) “The World Health Organization has concluded a major one-day **forum on fair pricing of medicines, bringing a wide range of stakeholders together in Amsterdam and coming up with several possible actions for the way ahead.** Key points of discussion included a **definition of fair pricing, moving away from value-based pricing, delinkage of price from research and development costs, and greater transparency, according to participants.**” Report of the meeting in Amsterdam.

See also Politico - [WHO: Value-based pricing is for luxury goods, not medicines](#) (gated)

Adolescent Health

Guardian – Pregnancy problems are leading global killer of females aged 15 to 19

<https://www.theguardian.com/global-development/2017/may/16/pregnancy-problems-are-leading-global-killer-of-females-aged-15-to-19>

“Pregnancy complications are the leading cause of death globally among females aged 15-19, with self-harm in second place, a global study has found. **More than 1.2 million female and male adolescents die annually, the World Health Organization (WHO) report said – the majority from preventable causes** including mental health issues, poor nutrition, reproductive health problems and violence. The authors said that failing to tackle the health of 10- to 19-year-olds could undermine the improvements achieved in maternal and child health worldwide, pointing out that too often adolescent health was overlooked...”

See also WHO (news) - [More than 1.2 million adolescents die every year, nearly all preventable.](#) Also provides an overview of the key results of this new [report](#), “Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation”.

For a **Short introduction by Flavia Bustreo** of the report, see [here](#). Among others, she says that “the guidance provides much more than facts and figures. It brings a (three-fold) **paradigm shift about how we think about and plan for adolescent health:...**”

Excellent coverage of the report (by Tom Murphy) also in **Humanosphere** - [Small investments' in adolescent health care could yield enormous results.](#)

Global Adolescent Health Conference (Ottawa, 16-17 May)

Some info via the [PMNCH E-blast](#):

“The Global Adolescent Health conference takes place this week in Ottawa, 16 to 17 May, and is hosted by PMNCH, the Canadian Partnership for Women and Children’s Health, Global Affairs Canada, Every Woman Every Child and WHO. The conference will unite leaders from across the globe in shared action and understanding of adolescent health and well-being and solution-focused policies and programming. “

“...The Partnership [launches](#) the “**Advocating for Change for Adolescents Toolkit**” in collaboration with Women Deliver. Developed by young people, for young people, this toolkit is a practical guide for in-country youth networks to design, implement, and monitor an effective national advocacy action roadmap on adolescent health and wellbeing.”

The PMNCH Partnership **Board** will meet in Ottawa, on 18-19 May. “*Discussions will centre on key topics that include how to achieve closer alignment of core partners within the Every Woman Every Child (EWEC) architecture, strategic issues that impact on EWEC focus areas and the implications for PMNCH, as well as agreement on objectives and governance structure for the 2018 Partners’ Forum.* “

Finally, “**The Global Financing Facility Investors Group (GFF IG) [approved](#) the Civil Society Engagement Strategy at the World Bank Spring meeting in Washington, DC on 24th April.** The strategy, facilitated by PMNCH partners, aims to ensure that civil society is meaningfully engaged in the GFF from sub-national to global levels. “

Do read also **Katja Iversen’s** op-ed in **Devex** - [Investing in the future means investing in girls](#) in which she lists three ways for the world to invest in adolescent girls.

Global health journals & other key publications

WHO (Working Paper) – Earmarking for health: From theory to practice

Cheryl Cashin et al; http://www.who.int/health_financing/documents/earmarking-for-health/en/

« *Many countries are considering earmarking as a mechanism to increase fiscal space and mobilize resources for the health sector, to finance progress toward universal health coverage (UHC), or to fund other health priorities. Earmarking involves separating all or a portion of total revenue – or revenue from a tax or group of taxes – and setting it aside for a designated purpose. The arguments for and against earmarking are numerous, but they often remain theoretical. Despite vast country experience with this policy instrument – at least 80 countries earmark for health – little empirical evidence has been introduced into the debate. Few studies have examined the characteristics of earmarking policies and which country contexts may be conducive to the beneficial use of*

earmarking. **This paper discusses the theoretical foundations of earmarking, and it analyses country experience with earmarking for health and its impact on health sector budgets and the broader fiscal environment. ...**

« ...**The findings** suggest that the results of earmarking for health are highly context-specific and dependent on a country's political priorities and budget process. In some cases, earmarking has been a tool to advance and sustain a national health priority. The findings also suggest, however, that in most cases earmarking is unlikely to bring a significant and sustained increase in the priority placed on health in overall government spending. Budgets are fungible, and earmarking one revenue source is likely to result in offsets through cuts in other sources. Furthermore, earmarking can introduce rigidity into the budget process, and the inefficiencies in some cases can be severe. Earmarking has been more effective when practices come closer to standard budget processes – that is, softer earmarks with broader expenditure purposes and more flexible revenue–expenditure links. »

Health Systems & Reform –The economic transition of health in Africa: a call for progressive pragmatism to shape the future of health financing

C Ly, T Evans et al; <http://www.tandfonline.com/doi/full/10.1080/23288604.2017.1325549>

“The new financing landscape for the SDGs has a larger emphasis on domestic resource mobilization. But, given the significant role of donor assistance for health, the fungibility of government health spending, and the downward revision of global growth, this paper looks at what is possible with regard to country's own ability to finance priority health services. Using cross-sectional and longitudinal economic and health spending data, we employ a global multilevel model with regional and country random effects to develop GDP projections which inform a dynamic panel data model to forecast health spending. We then assess Sub-Saharan African countries' ability to afford to finance their own essential health needs and find that there are countries that will still rely on high out of pocket or donor spending to finance an essential package of health services. To address this, we discuss policy opportunities for each set of countries over the next 15 years. This longer-term view of the economic transition of health in Africa stresses the imperative of engaging policy now to prioritize customized strategies and institutional arrangements to increase domestic financing, improve value for money, and ensure fairer and sustainable health financing. We address the need for rhetoric on UHC to incorporate “progressive pragmatism” a proactive joint approach by developing country governments and their development partners to ensure that policies designed to achieve Universal Health Coverage align with the economic reality of available domestic and donor financing.”

Globalization & Health - Gender blind? An analysis of global public-private partnerships for health

Sarah Hawkes, Kent Buse et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0249-1>

“The Global Public Private Partnerships for Health (GPPPH) constitute an increasingly central part of the global health architecture and carry both financial and normative power. Gender is an important determinant of health status, influencing differences in exposure to health determinants, health behaviours, and the response of the health system. We identified 18 GPPPH - defined as global institutions with a formal governance mechanism which includes both public and private for-profit sector actors – and conducted a gender analysis of each...”

“...Gender was poorly mainstreamed through the institutional functioning of the partnerships. Half of these partnerships had no mention of gender in their overall institutional strategy and only three partnerships had a specific gender strategy. Fifteen governing bodies had more men than women – up to a ratio of 5:1. Very few partnerships reported sex-disaggregated data in their annual reports or coverage/impact results. The majority of partnerships focused their work on maternal and child health and infectious and communicable diseases – none addressed non-communicable diseases (NCDs) directly, despite the strong role that gender plays in determining risk for the major NCD burdens.”

And they suggest two areas of action in response to these findings.

Lancet (Health Policy) – The global health law trilogy: towards a safer, healthier, and fairer world

Larry Gostin et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31261-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31261-8/fulltext)

Perhaps not the best timing for Larry Gostin, this week, given his role in another “trilogy” of sorts (see the NYT), certainly with a lofty title like this one. *“Global health advocates often turn to medicine and science for solutions to enduring health risks, but law is also a powerful tool. No state acting alone can ward off health threats that span borders, requiring international solutions. **A trilogy of global health law—the Framework Convention on Tobacco Control, International Health Regulations (2005), and Pandemic Influenza Preparedness Framework—strives for a safer, healthier, and fairer world. Yet, these international agreements are not well understood, and contain gaps in scope and enforceability. Moreover, major health concerns remain largely unregulated at the international level, such as non-communicable diseases, mental health, and injuries. Here, we offer reforms for this global health law trilogy.”***

WHO (report) – Healthier, fairer, safer: the global health journey 2007–2017

Sir Liam Donaldson (on behalf of WHO) <http://www.who.int/publications/10-year-review/healthier-fairer-safer/en/>

“This independent report, commissioned by WHO and written by Sir Liam Donaldson, reflects on the trends, achievements and challenges in global health over the past decade during which Dr Margaret Chan has been Director-General of WHO. It discusses the role of WHO in dealing with such issues as the rise of noncommunicable diseases, leaps in life expectancy, and emerging threats like climate change and antimicrobial resistance.”

Alliance for HPSR (report) – A 20-year journey

http://www.who.int/alliance-hpsr/20th-anniversary/alliancehpsr_a20yearjourney.pdf?ua=1

This report focuses on the growth of & contributions to the field of HPSR over the past 20 years, and the role of the Alliance in this.

Global Citizen - Bill Gates Just Dropped This Life-Changing Advice: 'Start Fighting Inequality'

[Global Citizen](#):

Earlier this week, Gates “*tweeted 14 lessons he wish he had learned earlier in life to help you — and college grads — get there* (i.e. the place in the galaxy where the likes of Gates and others move around). *His advice was not focused on wealth, or how to become more intelligent. Instead, Gates’ message centered on how to make a positive impact in the world. An understanding of inequality and a belief in peace were central to his message, which was aimed at recent graduates. He said it took him decades to appreciate both....*”

Global humanitarian & refugee crisis

Humanosphere - Experts discuss critical role of refugee women in solving global displacement crisis

<http://www.humanosphere.org/human-rights/2017/05/experts-discuss-critical-role-of-refugee-women-in-solving-global-displacement-crisis/>

“Experts are gathering at the United Nations headquarters in New York [today] to discuss the importance of engaging some of the world’s most vulnerable people – refugee women and girls – in efforts to mitigate the global displacement crisis.”

Guardian – Traffickers and smugglers exploit record rise in unaccompanied child refugees

<https://www.theguardian.com/global-development/2017/may/17/traffickers-smugglers-exploit-record-rise-unaccompanied-child-refugees-migrants-unicef-report>

*“A record increase in the number of refugee and migrant children travelling alone has left many exposed to sexual abuse and exploitation at the hands of traffickers and opportunists. At least 300,000 unaccompanied and separated children were recorded in 80 countries in 2015-16, a rise of almost 500% on the 66,000 documented in 2010-2011, according to a **Unicef report** published on Wednesday.” “...**With a G7 summit taking place in Italy later this month, Unicef is calling on all governments to give refugee and migrant children better protection by adopting a six-point agenda.** The proposals include ending the detention of under-18s, keeping families together and combating discrimination.”*

Reuters – Ceaseless Middle East wars forcing change in approach to medical care

Reuters;

*“The Middle East's protracted conflicts have caused a region-wide health crisis that goes beyond war wounds to heightened resistance to antibiotics and a collapse in vaccination drives, leading to a resurgence of diseases tamed in peacetime. Health threats are so varied that **one of the Middle East's main teaching hospitals, the American University of Beirut Medical Center, has introduced a conflict-medicine program to equip students to cope in an environment afflicted by chaos.** “What you need is a completely **different way of viewing war-related ill health** that goes beyond the shrapnel, bullets and the blast injury and **looks at the bigger system,**” said Ghassan Abu-Sittah, co-head of the AUBMC program....”* Check out what this involves.

Lancet Letter – Attacks on health facilities and health workers: time for the Security Council to act

L Rubenstein (Chair of the Safeguarding Health in Conflict Coalition) ;

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31311-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31311-9/fulltext)

*“**May 3, 2017, marked the first anniversary of a UN Security Council resolution** that condemned attacks on health facilities and personnel in conflict and the “prevailing impunity” for these atrocities....” This letter is was published with a view on **“May 25, when the Security Council will be holding a review of its resolution, “and has an opportunity to end its passivity by following through on recommendations** made last August by then UN Secretary General, Ban Ki-moon, to implement it.”*

World Hypertension Day – 17 May

With among others, this news:

Novartis Foundation (press release) -

<http://www.novartisfoundation.org/news/more/2453/novartis-foundation-and-partners-launch-initiative-to-tackle-hypertension-in-low-income-urban-commun>

*“On World Hypertension Day 2017, the **Novartis Foundation** and its partners, including Intel Corporation, the NCD Alliance, city governments and local partners, announced the **launch of Better Hearts Better Cities**, an innovative initiative to address the high rates of high blood pressure (hypertension) in low-income urban communities....” The *“approach is being tested in three cities, Ulaanbaatar, Mongolia, Dakar, Senegal, and a city in Brazil to be announced later this year.”**

WHO – Major research funders and international NGOs to implement WHO standards on reporting clinical trial results

<http://www.who.int/mediacentre/news/releases/2017/clinical-trial-results/en/>

“Some of the world’s largest funders of medical research and international non-governmental organizations today agreed on new standards that will require all clinical trials they fund or support to be registered and the results disclosed publicly. In a joint statement, the Indian Council of Medical Research, the Norwegian Research Council, the UK Medical Research Council, Médecins Sans Frontières and Epicentre (its research arm), PATH, the Coalition for Epidemic Preparedness Innovations (CEPI), Institut Pasteur, the Bill & Melinda Gates Foundation, and the Wellcome Trust agreed to develop and implement policies within the next 12 months that require all trials they fund, co-fund, sponsor or support to be registered in a publicly-available registry. They also agreed that all results would be disclosed within specified timeframes on the registry and/or by publication in a scientific journal...”

Zika

BBC (news) - Zika virus: Brazil says emergency is over

<http://www.bbc.com/news/world-latin-america-39892479>

“Brazil has declared an end to a national emergency over the Zika virus after a sharp decrease in cases.”

The Scientist - Zika’s Economic Burden

<http://www.the-scientist.com/?articles.view/articleNo/49405/title/Zika-s-Economic-Burden/#.WRWSfqzEOag.twitter>

*“A new analysis estimates that the viral disease could cost between \$183 million and more than \$10 billion in the U.S. alone.” “...Depending on the rate of Zika infections in at-risk states, the virus could end up costing society as much as \$10.3 billion in direct medical costs and lost productivity, according to a study published on May 11 in **PLOS Neglected Tropical Diseases**. At the low end, Zika infections could cost \$183 million. “One of the problems is we do not do active surveillance for Zika along the Gulf Coast,” coauthor Peter Hotez, dean for the National School of Tropical Medicine at Baylor University, told CNBC. “...” And that is thus for the US alone.*

Stat – Sanofi rejects US Army request for ‘fair’ pricing for a Zika vaccine

<https://www.statnews.com/pharmalot/2017/05/17/sanofi-us-army-zika-vaccine/>

« As the US Army proceeds with plans to issue a license to Sanofi Pasteur to develop a vaccine for the Zika virus, **the company last month rejected a request to maintain affordable pricing for Americans**, according to an Army timeline of events that we have reviewed. **The rejection prompted anger from Senator Bernie Sanders**, who has pushed the US Army to negotiate a more favorable agreement with Sanofi, which is one of the world’s largest vaccine makers and has received a \$43 million US research grant. The deal, which could provide the company with another \$130 million in government funds, has sparked debate about pricing for products that are discovered with US taxpayer dollars....”

Global health events

The Graduate Institute’s Global Health Centre latest newsletter has a great **list of upcoming events, related to G7, G20, ...** global health events (including some at the WHA) (see ‘Agenda’): [Global Health Centre newsletter - April issue.](#)

Storify - Regional World Health Summit Montreal (7-8 May)

<https://storify.com/jamesgardner/memories-from-montreal-world-health-summit-2017>

Gives you a fairly good idea of the highlights (including a remarkable **keynote speech by MSF’s Joanne Liu**) at the [regional WHS](#) in Montreal from last week. We already flagged the M8 alliance declaration last week - [International health experts adopt joint call to action.](#)

Coming up – Makerere school of public health: Symposium on health financing for UHC in LMICs (16-18 August, Kampala)

<http://www.futurehealthsystems.org/news/2017/5/11/symposium-on-health-financing-for-universal-health-coverage-in-low-and-middle-income-countries>

The theme of the Symposium is *'Financing for Universal Health Coverage More money for health AND more health for the money'*, with a number of subthemes.

Global governance of health

FT Health newsletter – including 3 questions to Devi Sridhar & Chelsea Clinton (related to their book)

<https://www.ft.com/content/a8db3ee2-3726-11e7-bce4-9023f8c0fd2e>

In case you missed last week's FT Health (warmly recommended) newsletter: ***“What are the drawbacks of so much global health funding coming from the US, the UK and the Gates Foundation? The problem with concentration of donors is their individual priorities become the world's priorities and these are not always the same. Non-communicable diseases now constitute a high burden of morbidity and mortality in lower and middle-income countries but receive almost no funding or attention from the big health organisations. Pre-Ebola, health systems and basic primary healthcare including training of health workers were neglected in favour of delivering commodities and creating disease-specific programmes. Can you give examples of World Health Organization “slippage” and “shirkage” in its mandate, which you describe in your book? We would point to WHO's resistance to adopting an access to information policy and to creating an inspector-general office that reports to the [WHO] Board. The World Bank, the Global Fund and the GAVI alliance all have similar policies in place. What should be the three priorities for the next director-general of WHO? Getting outbreak preparedness and response right, including stronger health systems so that we never have the mistakes made with Ebola happen again. Supporting countries' efforts to reach universal health coverage, so that all people have access to care without being impoverished. Mitigating the health-related impacts of climate change, and getting countries planning already.”***

SDG update (with a focus on health)

Deliver 2030 - Do we need a common knowledge platform on SDG interactions?

Måns Nilsson, Research Director and Deputy Director at SEI;

http://deliver2030.org/?p=8265&utm_content=bufferaced4&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer.SEIresearch

Blog linked to a new (SEI – Stockholm Environment Institute) working paper - [Important interactions among the Sustainable Development Goals under review at the High-Level Political Forum 2017](#)

*“This Working Paper introduces and illustrates a new framework for mapping interactions within the Sustainable Development Goals. The proposed framework rates how a given target interacts with others in the SDGs framework on the **seven-point scale proposed by Nilsson et al. in the journal Nature last year**. It also looks at factors such as the “directionality” of the interactions, relevant contextual factors, and the current level of scientific evidence and agreement. To illustrate how the framework works, the Working Paper looks at samples of interactions with targets under the six SDGs in the spotlight at the 2017 High-Level Political Forum (including **Goal 3 (on health)**)...”* The paper concludes with a **call for an institutionalized knowledge base on SDG interactions**, which could among other things help countries to analyse and prioritize interactions even in the absence of

robust data. The paper is based on one commissioned by the UN Department of Economic and Social Affairs (UNDESA) and presented at an expert meeting in preparation for the HLPF in December 2016.” That sounds like an excellent idea – a common knowledge platform on SDG interactions.

IISD - ICSU Report Identifies SDG Synergies, Conflicts

[IISD](#);

More on SDG interactions. “The International Council for Science has presented a tool to promote policy coherence on the SDGs, which identifies conflicts and synergies across the SDGs. The report features detailed analysis of SDG 2 (zero hunger), SDG 3 (good health and well-being), SDG 7 (affordable and clean energy) and SDG 14 (life below water).”

For the **chapter related to SDG 3**, see [here](#).

IAEG-SDGs Reclassifies Tier III Indicators, Sets Plans to Add Indicators

[IISD](#) ;

Short report related to the IAEG meeting in Ottawa, end of March. “IAEG-SDGs 5 convened in Ottawa, Canada, from 28-31 March 2017, hosted by Statistics Canada. The meeting report notes that the ECOSOC will consider the agreed draft resolution on adopting the SDG global indicator framework at its June 2017 Coordination and Management Meeting.” For the latest update on the SDG indicators.

IISD - SEI Briefs Apply Planetary Boundaries Framework to SDGs

[IISD](#) ;

“The Stockholm Environment Institute released a policy brief exploring how the planetary boundaries framework can support national SDGs implementation. A second brief translates all the planetary boundaries to the level of the European Union and its member states, and finds that the EU is not living within planetary limits.”

UN News - Anaemic economic growth in some regions hampers progress on Global Goals, UN report finds

<http://www.un.org/apps/news/story.asp?NewsID=56770#.WRvwy-uLTIU>

“Over the last six months, global economic progress has predictably picked up, but **low-level growth in some regions has tempered efforts to meet globally agreed development goals**, according to a new United Nations report launched today in New York. In a statement on **themed-2017 UN World Economic Situation and Prospects (WESP) report**, Lenni Montiel, Assistant Secretary-General for Economic Development in the UN Department of Economic and Social Affairs, underscored the “need to reinvigorate global commitments to international policy coordination to achieve a balanced and sustained revival of global growth, ensuring that no regions are left behind.” “

Briefing - Developing national evaluation capacities in the sustainable development era: four key challenges

Kassem El-Saddik et al; <http://pubs.iied.org/17396IIED/>

“Developing National Evaluation Capacity (NEC) in the Sustainable Development Goal (SDG) era brings four dynamic and interrelated challenges. These are: developing a National Evaluation Policy, setting up the institutional processes, securing adequate evaluation capabilities and engaging with partners. The challenges affect both the supply of sound evaluations for development plans and also the demand for their relevant and useful evidence, which in turn informs national policy development. This briefing highlights areas to consider when developing NEC, and is the fifth in a collection of briefings on effective evaluation for the SDGs.”

Not quite sure what they recommend for Trump’s US, though.

IISD - Governments Negotiate 2017 FFD Forum Outcome

<http://sdg.iisd.org/news/governments-negotiate-2017-ffd-forum-outcome/>

*“In the first round of intergovernmental negotiations on the outcome of FfD (Financing for Development) Forum, governments exchanged views on the **zero draft**. The Forum will convene from 22-25 May 2017, at UN Headquarters in New York, US.”*

Read also (on **Global Policy Watch**) - [Civil Society comments on Draft Outcome of the ECOSOC FfD Forum 2017](#). Civil society lists several elements of common concern – among others, the private sector bias (which is the one, biased as we are, want to flag here 😊).

Global Health Now – series with Seth Berkley

Global Health Now has a series with Seth Berkley (GAVI) this week. On vaccines, among others 😊.

“In this 2-part Q&A with Global Health NOW, Berkley shares his insights on Gavi’s latest priorities, the challenges of vaccine hesitancy, why an imperfect malaria vaccine deserves pilot trials in 3-countries and other issues.” See [part 1](#) & [part 2](#).

And some quick links:

Petition Women in Global Health - [60/40 Gender Parity Rule in Global Health Panels](#)

IH Blog - [“You’re #fired”: Why the firing of the US @Surgeon General matters to #globalhealth](#)

UHC

UHC2030 at the World Health Assembly

<https://www.internationalhealthpartnership.net/en/news-videos/article/uhc2030-at-the-world-health-assembly-in-geneva-413170/>

*“UHC2030 partners and associate networks will organise **various side events on UHC** during the 70th World Health Assembly (WHA) in Geneva starting from 20 May, 2017. If you or your colleagues are planning to attend the WHA, please share this list. **UHC2030’s high-level event during WHA will be ‘Partnership matters - Achieving stronger systems for health in practice’ Wednesday, 24 May, 18:00 - 19:30, Palais des Nations, Salle VIII...**”*

Financing Health in Africa – At the crossroads: Allison Kelley’s newest challenge

<http://www.healthfinancingafrica.org/home/at-the-crossroads-allison-kelleys-newest-challenge>

For the **Financial Access to Health Services CoP, 2017 is a year of transitions. Allison Kelley is leaving her role as facilitator to direct a new international project supporting Universal Health Coverage. Allison joined Results for Development, a young institute working globally in health and education, but with an explicit strategy of supporting local change agents and building and sharing knowledge. She will be “directing a new project called “**African Collaborative for Health Financing Solutions**” that aims to strengthen the dynamic of participation and knowledge sharing around UHC in sub-Saharan Africa, while building countries’ capacity to translate knowledge into action to make real progress towards UHC. “**

Planetary health

Some quick links from this week, both positive & negative ones:

Guardian - [38,000 people a year die early because of diesel emissions testing failures](#) (based on new research published in Nature). “Global inventory of nitrogen oxide emissions shows **highly polluting diesel cars are ‘urgent public health issue.’**”

Climate change news - [India and China ‘on track to exceed Paris climate pledges’](#)

*“**Coal plant cancellations** mean the world’s two largest countries are cutting emissions faster than predicted a year ago, outweighing the effect of US policy rollbacks.”*

Guardian - [Fossil fuel lobby could be forced to declare interests at UN talks](#)

“Developing countries (among others, Ecuador) scored a significant victory for greater transparency from outside parties at UN climate negotiations.”

Infectious diseases & NTDs

Mosaic – How HIV became a matter of international security

[Mosaic](#)

We reckon you remember **Richard Holbrooke**. As the US ambassador to the UN in 2000, he was key for the 2000 Security Council meeting on HIV/AIDS, the first to frame a disease as a security threat. In-depth story.

“...The rhetoric of national security has shaped the way activists and officials address epidemic diseases today, solidifying partnerships and funding streams. And though there are clear advantages to this large-scale, top-down approach of military involvement, there is much to learn about the best way to stop a pandemic...” There are some downsides too, as we know. Well worth a read, this long read.

GFO (new issue)

http://www.aidspace.org/node/4210?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-312

Worth checking. Among others, articles on: *“The Technical Review Panel says it believes there has been a **resurgence of malaria in Central and Eastern Africa**. This observation emerged from the TRP’s review of the funding requests in Window 1 of the current funding cycle; **Tuberculosis advocates are calling on the expertise of the Global Fund Advocates Network to help them take advantage of several upcoming high-profile meetings to strategically advance efforts to combat the disease**; The Global Fund has announced that it has **signed an agreement with Pink Ribbon Red Ribbon to collaborate on programming to prevent cervical cancer**. HIV-positive women are up to five times more likely than other women to develop cervical cancer.”* & much more...

Lancet HIV systematic review - HIV and the criminalisation of drug use among people who inject drugs: a systematic review

K DeBeck et al; [http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30073-5/fulltext](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30073-5/fulltext)

“Mounting evidence suggests that laws and policies prohibiting illegal drug use could have a central role in shaping health outcomes among people who inject drugs (PWID). To date, no systematic

review has characterised the influence of laws and legal frameworks prohibiting drug use on HIV prevention and treatment.” That clearly changed with this article. Conclusion: “These data confirm that criminalisation of drug use has a negative effect on HIV prevention and treatment. Our results provide an objective evidence base to support numerous international policy initiatives to reform legal and policy frameworks criminalising drug use.”

NYT – The looming threat of yellow fever

Seth Berkley; https://www.nytimes.com/2017/05/15/opinion/the-looming-threat-of-yellow-fever.html?_r=1&mtref=t.co&gwh=032CD397CC946DDCA3A2A9FE3BF2A3DF&gwt=pay&assetType=opinion

As somebody put it on Twitter, “Attn World: When @GaviSeth tell us we have a yellow fever problem, we have a yellow fever problem.” (both in the US & globally) So you might want to read this piece.

It’s time to see yellow fever for what it is – an increasing global health security risk.

Guardian - State of emergency in Yemen's capital as cholera kills 115 people

https://www.theguardian.com/global-development/2017/may/15/state-of-emergency-in-yemen-capital-sanaa-as-cholera-kills-115-people?CMP=tw_t_a-global-development_b-gdndevelopment

“Cholera has killed at least 115 people in the Yemeni capital, Sana’a, the local Saba news agency said, after authorities on Sunday declared a state of emergency.”

Ebola exposure, illness experience, and Ebola antibody prevalence in international responders to the West African Ebola epidemic 2014–2016

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002300>

“In a cross-sectional study, **Catherine F. Houlihan** and colleagues surveyed international responders to the West African Ebola crisis after they returned to the UK or Ireland to analyze their experience of risk. “

Stat News - As bird flu spreads, US concludes its vaccine doesn't provide adequate protection

Helen Branswell; [Stat News](#);

As if the Americans aren't enough in trouble, these days... *"the human infections from a bird flu virus surging in China, US officials charged with preparing the country for influenza pandemics have been assessing the state of an emergency stockpile of vaccines against that strain. The conclusion: The stored H7N9 vaccine doesn't adequately protect against a new branch of this virus family, and a new vaccine is needed. Rick Bright, who heads the Biomedical Advanced Research and Development Authority, or BARDA, said the H7N9 vaccine in the stockpile would not fend off a new family of these viruses that has emerged in China, known as the eastern or Yangtze River Delta lineage of the viruses...."*

NCDs

IHME (study) – Cardiovascular disease causes one-third of deaths worldwide

<http://www.healthdata.org/news-release/cardiovascular-disease-causes-one-third-deaths-worldwide>

"Cardiovascular diseases (CVD), including heart diseases and stroke, account for one-third of deaths throughout the world, according to a new scientific study that examined every country over the past 25 years." "Alarming trend" for countries in all stages of development. Cfr a new paper in the Journal of the American College of Cardiology.

CGD (blog) - Tobacco Taxes Need to Be a Much Bigger Part of the Fiscal Policy Discussion

M Ahmed; <https://www.cgdev.org/blog/tobacco-taxes-need-be-much-bigger-part-fiscal-policy-discussion>

Ahmed lists **three common objections to tobacco taxes** and then argues why they don't hold up.

Read also Bill Savedoff's [The World's Most Profitable Slow-Motion Disaster: Tobacco.](#)

" In April, I attended a very hopeful event sponsored by the World Bank entitled, "Tobacco Taxation Win-Win for Public Health and Domestic Resources Mobilization." My optimism was

*buoyed by seeing people from different ministries, disciplines, and perspectives all recognizing the need to raise tobacco taxes and sharing ideas on how to reduce the death toll from smoking. Then **the bubble burst**. I got home and saw a Wall Street Journal article about the increasing profitability of cigarette corporations in the US domestic market—a reminder that, **unbelievably, we are still on the defensive against this large, growing, and completely avoidable disaster.***”

Savedoff concludes: “...**Deaths from smoking are an extremely profitable slow-motion disaster**. I’m hoping this recent event heralds an energetic campaign to educate staff at the World Bank, the IMF, and Finance Ministries around the world about the magnitude of the epidemic, the manipulation of policy debates, and the deceptions practiced through clever use of double-standards. It is the only way to confront and dispel the tobacco industry’s well-financed smokescreens.”

Journal of Medical Internet Research - Using mHealth to Predict Noncommunicable Diseases: A Public Health Opportunity for Low- and Middle-Income Countries (Editorial)

Ellen Roskam et al;

http://www.jmir.org/2017/5/e129/?utm_content=buffer0698f&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Editorial from a special issue. “...*This special Theme Issue of JMIR offers a step forward in documenting what is known about surveillance of risk factors for NCDs in LMICs using mobile phone surveys (MPS). The evidence illustrates that the state-of-the-art is sufficient to roll out population-level surveys in LMICs using mobile phone platforms while paying careful attention to issues such as ethics, methodology, and turning results into practice. The results offer guidance for policy and practice.*”

And a few quick links:

Inside Philantropy - [What's up with Bloomberg's push to stop this "silent killer" ?](#) (some more detail on Bloomberg’s initiatives vs **drowning**)

WHO Feature - [Bhutan making its people healthier, happier by beating noncommunicable diseases](#)

Bhutan “...*is also the first country in the WHO South-East Asian Region to implement **WHO’s package of essential noncommunicable (WHO PEN) disease interventions for primary health care in low-resource settings nationwide.***” For this WHO package, see [here](#).

Sexual & Reproductive / maternal, neonatal & child

UN News – On day against homophobia, UN officials urge respect for sexual and gender diversity

<http://www.un.org/apps/news/story.asp?NewsID=56776#.WRyCpOuLTIU>

*“Marking **the international day against homophobia**, senior United Nations officials today called for respect for sexual and gender diversity and urged the protection of lesbian, gay, bisexual, transgender and intersex (LGBTI) people from discrimination and harm. “Today, I am deeply concerned by the excessive trivialization of insults, sexist and homophobic remarks in the media, in everyday life, on social networks, even from political leaders,” said UN Educational, Scientific and Cultural Organization (UNESCO) Director-General Irina Bokova in her message for the International Day against Homophobia, Transphobia and Biphobia (IDAHOT), commemorated annually on 17 May....”*

See also a statement by **international HR experts** - [Embrace diversity and protect trans and gender diverse children and adolescents](#) .

KFF - UNFPA Funding & Kemp-Kasten: An Explainer

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

“On March 30, the Trump administration announced that it would withhold FY 2017 funding to the United Nations Population Fund (UNFPA), the lead U.N. agency focused on global population and reproductive health, citing the Kemp-Kasten amendment in its decision. This updated explainer from the Kaiser Family Foundation provides an overview of the history and application of this provision on global family planning funds.”

Devex - Why include men and boys in the fight for gender equality?

<https://www.devex.com/news/why-include-men-and-boys-in-the-fight-for-gender-equality-90245>

Certainly worth a read. « *At a time when women’s rights are under threat around the world — from moves to defund family planning services in the United States to Russia’s decision to decriminalize some forms of domestic violence — it may seem difficult to make the case for investing scarce gender program resources in projects which target men and boys. But **development groups are increasingly arguing that with patriarchal culture norms standing as the key barrier to women’s empowerment, projects must target changing attitudes among men and boys in order to create lasting improvements for women and girls.** “International development actors are now realizing that if you don’t change men’s attitudes towards women, then gender programs which focus on*

women first won't be successful, and in many cases can bring about increased dangers to women," said Christina Fink, director of international development studies at George Washington University. Women's economic empowerment projects often lead to initial increases in violence from male partners who feel threatened, she said. Fink's message is echoed by Gary Barker, co-founder of Promundo, a leading organization working on engaging men and boys in gender equality since 1997...."

Global Health Now – A Public Health Milestone for India

D K Myers; [Global Health Now](#);

Last week, "India's government announced a much-anticipated decision to include the pneumococcal conjugate vaccine (PCV) in the government's Universal Immunisation Programme (UIP). The vaccine will protect children against severe forms of pneumococcal disease, such as pneumonia and meningitis—a major cause of illness and death in the country and around the world." In other words, this is a milestone against pneumonia in India.

Reproductive Health - Availability of family planning services and quality of counseling by faith-based organizations: a three country comparative analysis

J Barden O'Fallon; <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0317-2>

"Faith-based organizations (FBOs) have a long history of providing health services in developing countries and are important contributors to healthcare systems. Support for the wellbeing of women, children, and families is evidenced through active participation in the field of family planning (FP). However, there is little quantitative evidence on the availability or quality of FP services by FBOs." In this article, "The descriptive analysis uses facility-level data collected through recent Service Provision Assessments in **Malawi** (2013–14), **Kenya** (2010), and **Haiti** (2012) to examine 11 indicators of FP service and method availability and nine indicators of comprehensive and quality counseling...." The conclusions: "**Results from this analysis indicate that there is room for improvement in the availability of FP services by FBOs in these countries.** Quality of counseling should be improved by all managing authorities in the three countries, as indicated by low overall coverage for practices such as ensuring confidentiality (22% in Malawi, 47% in Kenya and 12% in Haiti), discussion of sexually transmitted infections (18%, 25%, 17%, respectively), and providing services to youth (53%, 27%, 32%, respectively)."

Access to medicines

Reuters – India's drugmakers need more time to meet international standards: industry group

[Reuters:](#)

“ India's big drugmakers will need at least five more years to improve their manufacturing standards and data reliability to a level demanded by international regulators, said a senior industry official. The lengthy timeline is a concern not only in India but around the world, as India's pharmaceutical firms supply a third of the drugs sold in the United States and a large percentage in other countries. U.S. and European Union regulators have called on India's \$16 billion pharmaceutical industry to step up their efforts if it wants to continue to dominate the generic drugs sector....”

WHO list of priority medical devices for cancer management (WHO Medical device technical series)

http://www.who.int/medical_devices/publications/priority_med_dev_cancer_management/en/

“This publication addresses medical devices that can be used for management of cancer and specifically describes medical devices for six types of cancer: breast, cervical, colorectal, leukemia, lung and prostate.”

IP-Watch (Brief) - WHO Touts Its Past Work On Improving Access To Medicines

<https://www.ip-watch.org/2017/05/11/touts-past-work-improving-access-medicines/>

*“The World Health Organization [today] published an item entitled, [Access to medicines: making market forces serve the poor](#), a chapter from its report ‘Ten years in public health 2007-2017’ of outgoing WHO Director General Margaret Chan. The chapter reveals that **almost two billion people worldwide have no access to essential medicines**, and says this lack of access to medicines is a complex problem that prevents better health. The chapter investigates the role of WHO in addressing the problem of access to safe, effective and quality-assured medicines. **The chapter mentions that WHO together with its partners have launched several initiatives to let market forces serve the interests of the poor** since the landmark 2008 agreement on the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. The WHO prequalification programme is a WHO initiative that has become an established mechanism to improve access to medicines. The programme has increased supplies and decreased prices of medicines by allowing smaller manufacturers of quality products to compete on an equal footing with multinational companies.”*

Human resources for health

Important (global) HRH news - see the latest [“E-news” of the 4th Global Forum on Human Resources for Health, produced by the WHO Health Workforce Department / Global Health Workforce Network](#) - Dublin conference website online now.

“The **Fourth Global Forum on Human Resources for Health - Building the health workforce of the future - will be held in Dublin, Ireland, from 13-17 November 2017**. The Forum is intersectoral. It will welcome participation from a range of actors across education, health, labour/employment and finance sectors. It is the largest open conference on human resources for health related issues and is expected to gather over 1,000 delegates from across the globe. The adoption of the Global Strategy on Human Resources for Health: Workforce 2030 and the work of the UN High level Commission on Health Employment and Economic Growth - have made a bold economic case for investing in the health and social workforce and intensified intersectoral collaboration. The Forum programme will feature high-impact decision-makers, leaders, and investors representing all stakeholder groups to discuss and debate innovative approaches towards advancing the implementation of the Global Strategy and the Commission’s recommendations...”

The event was already scheduled, of course, but the **website** on the Dublin conference is **now live**, with all info, programme, deadlines, [call for submissions](#) etc. See [here](#).

Miscellaneous

JAMA – Fogarty International Center, a Linchpin of Global Health Research

M Friedrich ; <http://jamanetwork.com/journals/jama/fullarticle/2628440>

“This Medical News article discusses the Fogarty International Center’s contributions to global health research.”

BMJ (blog) - We need to prioritise cyber security in this age of global risks

Chris Simms; <http://blogs.bmj.com/bmj/2017/05/16/we-need-to-prioritise-cyber-security-in-this-age-of-global-risks>

[risks/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fblogs+%28Latest+BMJ+blogs%29&g=w_blogs_bmj-com](https://www.ft.com/content/79f1fe12-3713-11e7-bce4-9023f8c0fd2e)

You probably understand why we selected this nice short blog this week. But Chris Simms is always worth reading. “Earlier this year when the World Economic Forum launched its annual 2017 Global Risks Report, an obvious question was whether the global community had learnt from the previous 2016 Global Risks Report. The evidence suggested that it had not, or at least not enough to have prioritised and taken effective steps to mediate risk and avoid chaos. **This was particularly notable in the technological sector, where cyber attacks have dominated national elections and international relations. The report warned that the failure to understand and address the risks of cyber attacks could have far reaching consequences.** No sector has been harder hit by cyber attacks than the **healthcare industry**, where health records contain large amounts of personal information. **A 2016 analysis shows that the leading sector for cyber attacks was the healthcare industry** (more so than financial services and manufacturing), where more than 100 million health records were compromised....”

FT- Technology is the tool to spur a healthcare revolution

John Thornhill; <https://www.ft.com/content/79f1fe12-3713-11e7-bce4-9023f8c0fd2e>

And this is the opposite view, sort of, at least (though perhaps more focused on health systems in developed countries, for now). “Big data and artificial intelligence would address the productivity challenge.” “The malware attack on Britain’s National Health Service is hardly the best advertisement for digitising healthcare. Those hospitals that had to cancel operations and revert to pen and paper are unlikely to clamour for putting more medical records and services online. But if we want to address the spiralling costs of healthcare we may have no alternative but to invest in smarter — and more secure — technology. Healthcare systems desperately need a productivity revolution. Technology offers our best hope of achieving better outcomes at lower cost....”

Lant Pritchett (blog) - How did China Create “Directed Improvisation”?

<https://buildingstatecapability.com/2017/05/10/how-did-china-create-directed-improvisation/>

“Yuen-Yuen Ang, a Professor of Political Science at University of Michigan came to speak at Harvard the other day and I was lucky enough to hear her presentation. Her most recent book is *How China Escaped the Poverty Trap*, which is an original and insightful take on what is perhaps the biggest development puzzle of my lifetime: how did China escape from long-term stagnation and political chaos into the fastest and longest and most poverty reducing burst of economic growth in the history of humankind? Her framing of the fundamental problem is the conventional wisdom is that good institutions lead to greater wealth through higher levels of productivity and that greater wealth leads to better institutions. This obviously leads to a “chicken and egg” problem (metaphorically, this is not about real chickens (or cash)). Her unconventional insight is that this means **the first challenge of development is to harness ‘weak/wrong/bad’ institutions to create markets....**”

Pritchett then also adds three points related to 'directed improvisation' in the more general context of **development**.

ODI – The effects of aid on EU employment and trade: an econometric investigation

<https://www.odi.org/publications/10807-effects-aid-eu-employment-and-trade-econometric-investigation>

*“This working paper is an extensive investigation of the impact that EU overseas aid has on exports and employment in EU member states. Using econometric techniques, **this paper postulates that even untied aid can, and has, increased the volume of exports from donor countries, increasing export revenue and generating donor-country jobs.** It is found that for every \$1 the EU spends in aid, EU exports will expand by between \$1.02 and \$3.69, meaning that average annual aid spent by the EU sustains around 141,000 jobs, or 0.06% of the EU workforce. ”*

And finally: [Pay cut for UN's Geneva staff sign 'happy days' are over](#)

“...A 7.5 percent pay cut due to hit Geneva-based UN employees in August has triggered fierce resistance and stirred broader questions about the world body's future in the face of mounting financial pressures.” “... ..even if this proposed cut is amended, there is consensus that UN spending will be reined in, as the cost of responding to major international emergencies continues to soar.”

Emerging Voices

Driven By Passion: C-NES’s Boat Clinic Crew in North-East India

Anjali Mariam Paul; <http://www.internationalhealthpolicies.org/driven-by-passion-c-ness-boat-clinic-crew-in-north-east-india/>

Very uplifting story. Anjali spent 6 weeks last summer interning with C-NES where she came face to face with the adversities faced by the riverine islanders in Assam, India, which encouraged her to pursue an independent study on Assam's health system in her last semester. This is the story of the incredible commitment & passion of boat clinic crew.