Dear Colleagues,

I would have sworn Rob Yates came up with the title of this week’s IHP newsletter, but no, it’s the new WHO DG elect. By now, readers of this newsletter no doubt already know who that might be. Most will probably agree that the time seems now to rally behind the new DG, after a long and sometimes very “political” campaign. All in all, I’d say the pros definitely outweighed the cons of this new-style election process of a WHO DG. As for Tedros himself, only time will tell. I liked Horton’s two criteria for assessing the candidates, in advice to Ministers on Twitter, just before they were going to cast their votes. The first one was: “First, who has "Edge"? Who is the person with the inner strength of character to stand up to power and to be resilient under pressure?” “Second, pay more attention to candidates’ weaknesses. Choose the candidate whose weaknesses you can live with and whose flaws can be fixed.” I also concur with the wise words of Sridhar & Clinton, after the vote: “... What is clear as is generally true in UN elections, the result was a product of member states’ assessment of the candidates skills, liabilities, regional context and their interpretation of the global political zeitgeist.”

Anyway, this is one of the key global health weeks of the year and so I’ll keep it very short in this week’s intro and get straight to the weekly compilation. For once, in addition to the ‘Highlights of the week’ section (with some paragraphs dedicated to some of the key news from the 70th WHA in Geneva), I strongly encourage even the ones with little time to also check out the special (and lengthy) section on the WHA, later in the newsletter.

In this week’s Featured article, Shakira Choonara (EV 2014) dwells on the urgent need for a United States of Africa. The blog was published yesterday already, on Africa Day. Her case feels quite timely, now that the United States of America are imploding, and the WHO has for the first time an African DG. We hope Dr Tedros, among others, will have a good look at her editorial.

(PS: I still hear the ‘Dr Tedros! Dr Tedros! chants from outside Palais des Nations, by Tedros fans. It was (very) hot in Geneva, this week. In many respects. But before I say anything inappropriate, let’s get started with the news of this week 😊)

Enjoy your reading.

The editorial team
Featured Article

#AfricaDay2017 - The Rise of a United States of Africa

Shakira Choonara (EV 2014 & Regional Advocacy Officer of the Southern African AIDS Trust)

After a whirlwind of recent travel across Southern Africa, the realities of the continent hit home and pretty much keep me awake at night, but also close to tears and highly angered when I think of developmental issues on the ground. Against that backdrop, May 25th is the perfect day for reflection and hopefully action, as it marks Africa Day. So here I go.

Post-independence, several countries celebrated African Liberation Day, now more commonly known as Africa Day, to celebrate the continent, independence and also the formation of the Organization of African Unity (OAU), now labeled the “African Union” (AU). Unfortunately, there is little to celebrate given that the continent’s development hangs on two extreme threads. We have just over 10 years left to implement the ‘mission impossible?’ Sustainable Development Goals (SDGs) (and our own version of Tom Cruise has not yet ‘emerged’, as far as I can tell). On the other hand, Africa’s landmark and tortoise flagship development plan, Agenda 2063, makes it look as if the AU actually plays a meaningful role in Africa, and their reports certainly won’t tell you otherwise. The lofty Agenda makes provision for another forty-six years of talk shops and promises by some elected (and let’s not forget the many “self-elected” life-long) African leaders, and a deadline which the greatest resource that Africa has (i.e. its youth), may never even have the opportunity to see, given our present and overbearing dilemmas. Guess you figured out by now that I’m not exactly in a celebratory mood today. Damn right.

From the re-emergence of Ebola on the continent (which gets plenty of attention these days in Geneva and elsewhere) to listening to young girls between just ten and sixteen years old two weeks ago (yes, just ten to sixteen years old - I do have good things to say too, so congrats to conference organizers for true youth inclusion, totally loved this!), is arguably quite a leap.

Nonetheless, at the recent ‘End Child Marriage’ conference in Maputo, I was struck by just how much our health systems and laws, citizens and families/societies have essentially failed young girls in this age group in Africa over the past decades.

Some quotes:

“Two weeks ago I went to hospital, I had nowhere to sleep, I had to put the clothes I had over the sand outside (make a bed) and sleep. Please renovate the hospitals, I am not asking only for myself but for my people”.

A Victim of forced marriage now has a six-month old child - “I am thirteen years old, I did not know that if I had sex, I would get pregnant”.  

“I was a victim of a forced marriage, I wanted to go to school but could not afford to go to school. I had then been offered the opportunity to be sponsored to go to school. I did not
tell my husband about it, but he heard about it from the neighbours, he went out and returned with something to beat me with”.

So it is great (as well as long overdue) that adolescent health is finally getting more “High Level” attention: WHO Afro just launched an adolescent health flagship programme. As much as I could go on for hours and even years about Africa’s issues, who knows maybe even until 2063 (when I’ll be a cranky granny, presumably), this Africa Day (#AfricaDay2017), I am all about igniting a discussion around ways to address Africa’s woes and turn the brave new Trump era into the greatest opportunity for Africa, so that the continent can in turn contribute to a shifting and exciting new world order.

Other than tackling corrupt leadership of the worst kind which still reigns much of the continent, in order to meet our health needs and just about every other development need, there are two frank discussions we must push for and forge forward with.

Almost fifty years ago, Ghana’s first President, Kwame Nkrumah, and Tanzania’s first President, Julius Nyerere, who were also founding fathers of the AU, spearheaded the dream of achieving a “United States of Africa”. Nkrumah’s words still hold immense power in taking Africa forward:

“Divided we are weak; united, Africa could become one of the greatest forces for good in the world... [we] will emerge not as just another world bloc to flaunt its wealth and strength, but as a Great Power whose greatness is indestructible”

Other than the AU, and much debate (and controversy) around the somewhat aspirational idea of creating a Gold Dinar as a single currency for Africa, visions for the United States of Africa have fallen off the radar and pretty much fallen flat. Yet, I feel we must ask the question this Africa Day: how can we reinvigorate the vision of Nkrumah and Nyerere once again, so that the continent can make real progress on the SDGs & Agenda 2063 in the decade(s) ahead?

This begs the second and underlying issue of all our woes, or as Karl Marx eloquently puts it, the ‘economy which is the base of our society’. Clearly, economics played a role in Pan Africanism thus far, and that will likely remain the case. It was estimated that in 2012, developing countries received a total of $1.3tn of aid, investment and income from abroad, but in the same year $3.3tn flowed out of developing countries. The exact figures are disputed in some corners, but the trend is not. ‘Poor’ countries are (still) developing ‘rich’ ones, so perhaps Trump pulling aid may not be all that bad for the continent, but let’s just make sure it’s accompanied by reduced debt, questioning exploitation and while we’re at it, why not also start the discussion of reparations for colonialism? I wonder if there are any takers, new ‘young’ presidents/ prime ministers in the West perhaps?

The other (major) issue in Africa is not only limited to past colonialism and the Western world. I, for one, find it rather odd - I’m guessing the language here because I can’t read the symbols - but it seems Mandarin signage is becoming a dominant trend in airports, hotels and even on air-conditioner remotes in Africa. Now, perhaps World Peace and catering for the minority populations in Africa are some of the aims, and that would be totally fine with me, of course. However, while not yet a cranky nanny, I’m getting a bit too old for fairytale stories. Frankly, we should ask, are such neo-colonial impositions even legal in our modern-day society?

Now, I am not rooting for populist economic transformation here, but raising questions in the hope that as the African youth (and thus the future of this continent), we will be inspired by Kwame
Nkrumah’s vision and kick-start the much needed change, at least economically, so that no child should ever sleep outside a health facility again! On a higher note, perhaps some of the following suggestions will get us started:

- **Youth must begin to engage with existing policies and hold leaders accountable:**
  I was so impressed by a young colleague in Malawi who during a recent country discussion pulled out a policy document, quoted the content of the document and essentially gave stakeholders a run for their money.

- **(More) female leadership is clearly much needed to achieve a shift in developing Africa. A favourite during Africa Month was perhaps the “Goodwill Ambassador for the Campaign to end Child Marriage in Africa”, Nyaradzayi Gumbonzvanda.** A recent quote from her: “We can’t end child marriage through donor-funding... We have our resources, we do. If we don’t buy guns, we can buy books for our daughters...I am tired of Africa begging when Africa is rich”. I couldn’t help but wonder where Zimbabwe would be if President Mugabe relinquished leadership to a leader of this stature.

- **This piece comes clearly too late to still influence the selection of the new Director-General of the World Health Organization (WHO) at the 70th World Health Assembly.** But Dr Tedros, the WHO DG-elect, would do well to keep in mind the (looming) recolonisation by the Chinese, the need for reparations from the old colonial powers, and the ‘achievable dream’ of a more united Africa, during his first 100 days in office and beyond. UHC, one of his core priorities for Africa and elsewhere, will certainly benefit from a frank discussion along these lines.

Last but not least, some recommended tracks to get us started on this journey, from my namesake, “Waka Waka (This Time for Africa)” and “Kenya Kenya”! Cranky grannies and grumpy grandpas in health systems, feel free to join!

**Highlights of the week**

**70th World Health Assembly (Geneva) – ongoing (22 May-...)**

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

As mentioned in the intro, the 70th WHA is ongoing and already feels historical. We refer to the WHA section later in this newsletter for a “comprehensive” (well, sort of) (and more or less chronological) overview of the main action, reports, quotes, .... at the assembly & side-events at the “Palais des Nations” and elsewhere in town. So you find everything on Chan’s last address to Ministers, the DG election of Dr Tedros, WHO’s budget, the many side events on NCDs, global health security, SDGs, ... and much more below.

Here we already want to flag where you can find a good overview of the main agenda items, including critical analysis:
WHO Watch & WHA Today

http://who-track.phmovement.org/wha70

Great resources. Check out, among others:

- Integrated commentary PHM on the entire agenda
  (David Legge and others’ usual “magnum opus” with critical analysis of the entire agenda).

- Policy briefs PHM on important issues (about 20 pages – recommended)
  Focus on HRH, Access to Medicines (including cancer prevention), Nutrition, Childhood Obesity and NCDs & FENSA (Framework for Engagement with Non State Actors).

Civil society also produced a daily WHA Today. Check out the respective episodes so far.

IP-Watch – Mara Pilinger: World Health Assembly 70: A Spectator’s Guide To Program/Budget, Election, Polio Transition Excellent short report of the introductory briefing for delegates, hosted by the Global Health Centre at the Graduate Institute (on Sunday). Four items, in particular, stand out. The DG election; the program budget for the next two years; polio transition planning; access to medicines & other cross-cutting issues.

Global Health Now - 8 Things To Look For At The 70th World Health Assembly (by our colleagues from Global Health Now, published ahead of the WHA)

In general, IP-Watch has excellent coverage of the WHA. See below for more detail.

Trump budget proposal for 2018 & global health/development

KFF – White House Releases FY18 Budget Request

KFF:

Must-read breakdown (of the impact of Trump’s budget, if Congress were to pass it (quod non), on respective global health programs): “The White House released its FY 2018 budget request to Congress on May 23, 2017, which includes significant cuts to global health funding. It seeks to shift the U.S. approach to development, stating that, the request “prioritizes and focuses foreign assistance in regions and on programs that advance U.S. national security by helping countries of strategic importance meet near- and long-term political, economic, development, and security needs.””

“…Funding provided to the State Department and USAID (through the Global Health Programs account), which represents the bulk of global health assistance, would decline by more than $2.2 billion (-26%), from $8,725 million in FY 2017 to $6,481 million, which would be the lowest level of funding since FY 2008. Funding for global health provided to CDC would decline by $85 million (-20%),
from $435 million in FY 2017 to $350 million in FY 2018. Funding for almost all global health programs is reduced or eliminated in the budget request. “

Only GAVI would see an increase. All the rest face significant cuts. But as mentioned, now it’s in the hands of Congress. Meanwhile, Leading Humanitarian, Development, and Global Health Organizations are joining Forces Against the Cuts to Foreign Assistance.

Some more reads related to this Trump 2018 “suggested” budget:

Stat News - Trump budget proposes massive cuts to Medicaid, science, and biomedical funding

CGD (blog) - President Trump’s First Budget Slashes Foreign Aid (by Erin Colinson)

Devex - Trump budget thrusts US foreign aid into a political fight “President Donald Trump’s budget request released Tuesday marked the end of an era when global development programs could generally fly under the radar, enjoying quiet bipartisan support and — with a few exceptions — steering clear of big political battles, according to development experts who shared their reactions to the proposal....” (PS: Tedros, for one, still hopes global health will remain a bipartisan effort, we learned later this week in Geneva)

CGD (blog by Scott Morris) (& must-read) - There is an Emerging Trump Philosophy for Foreign Assistance “... Emerging from the president’s budget proposal is an approach that sees foreign aid overwhelmingly as an instrument of geostrategic interests. Protecting military aid to Israel and Egypt amidst deep cuts elsewhere is one striking element of this approach. But it’s also reflected in the elimination of the USAID-based “development assistance” account, which has had clearly defined development-related objectives, in favor of a more strategically-oriented “economic support and development fund” based at the State Department. …”

(I admit: an “Emerging Trump Philosophy” sounds a bit odd)

FT - State department funding to take a hit from Trump cuts
https://www.ft.com/content/20a4d298-3fd4-11e7-9d56-25f963e998b2

“The budget would drastically reduce funding for social and development programmes such as HIV/Aids, malaria, sanitation, education, economic development and protections for the vulnerable. It would refocus spending on combating terrorism and include a “robust” $3.1bn for Israel, the lead US ally in the Middle East. …”

“Including contingency funding, the state department would receive $38bn in 2018, a fraction of the $603bn, a 3 per cent increase, proposed for defence spending.” (PS: WHO also got a 3 % increase this week, but we’re talking slightly different figures here ...)

Laurie Garrett remarked, on Twitter, “While #POTUSTrump is mtg w/the Pope his DC staff is giving budget horror incl’ing 32% slash of @USAID & 17% cut of global hlth/CDC. Senate?”

So CDC would also get a huge cut – which inspired Tom Frieden (former head of CDC) to the following remark:
“In essence, the proposed budget would force CDC to fight epidemics and health threats with both hands tied behind their back while wearing a blindfold.”

Devex – US budget chief explains deep foreign aid cuts

Fortunately, budget director Mick Mulvaney offered some insight into why the Trump administration sees fit to slash foreign aid spending, for us dummies who just don’t get it. “Speaking generally about programs slated for cutbacks, Mulvaney told reporters Monday that the White House is particularly skeptical of programs it feels haven’t sufficiently demonstrated a positive impact, as well as programs the U.S. Congress has not authorized with legislation.”

“...Mulvaney said this was “the first time in a long time an administration has written a budget from the perspective of people paying the taxes,” instead of from the perspective of the people implementing the programs they fund. The Trump White House prioritized programs not according to the number of people they purport to benefit, but by whether or not they could be justified to a hypothetical “family in Grand Rapids, Michigan,” the budget director said....”

The billions for weapons to the Saudis and Israel, on the other hand, have clearly demonstrated a “positive impact” in recent years, at least in the pre-Alzheimer brain of Trump et al.

NYT: Cuts to AIDS programs could cost a million lives

Newsweek – Head of the African Development Bank - Trump’s foreign aid cuts could turn Africa into a "terrorist recruiting field".

NYT – U.N. Says Trump Budget Cuts Would ‘Make It Impossible’ to Do Its Job

“The United Nations said on Wednesday that the Trump administration’s proposed budget cuts would ‘simply make it impossible’ for the global organization to maintain essential operations.”

The statement came from a United Nations spokesman. American financial support for the United Nations would be reduced vastly, including for its peacekeeping operations and international aid programs, according to the budget proposal.

Finally, related to the Trump global health news from last week:

WP - How a Trump order on abortion could hurt the fight against AIDS in Africa. “A Trump administration order took effect this week barring U.S. aid for global health organizations that discuss or provide referrals for abortion. But the new policy put another program in the crosshairs: America’s global HIV/AIDS effort....” “...Experts say Trump’s policy could especially affect girls and young women, who are now the most likely people to contract the disease.”
G20 health ministers summit in Berlin (19-20 May)

News from late last week, on the 1st G20 health ministers’ meeting. All documents related to this meeting you find here (including one on the crisis management exercise for G20 health leaders).

Berlin declaration


A couple of tweets perhaps to get the gist of this Declaration, and on the G20 health ministers meeting:

“#G20Health declaration agreed - focus on crisis management, #healthsystems strengthening and #AMR”.

“Alongside some weaker language in particular on #WHO (not great signal ahead of #WHA70), disappointing to see migrant health cut.”

Kent Buse: “1st #G20Health declaration frames #globalhealth in security & public goods terms; less human development or rights”

We’re applauding (& whoop from me on twitter): Argentinian MoH just confirmed #globalhealth will stay on #G20 agenda!

#Merkel underlines the importance of health systems - and mentions the right to #UHC at #G20Health - and support to #SDGs

First time - @WHO at a #G20 meeting - Margaret Chan speaking at opening of #G20Health - welcomes healthsystem focus For Chan’s keynote speech at the G20, see here. A trend that was also noticeable at the WHA, actually: increasing convergence of global health security agenda with UHC. In the words of Tim Evans: it’s not a trade-off.

Chancellor #Merkel at #g20health called for better cooperation in managing, combating infectious diseases + putting health on G20 Agenda.

The biggest risks to our health are not national, yet our cross-border governance structures are often weak #WHODG.

IP-Watch - No Free Lunch, G20 Health Ministers Find At First Meeting

https://www.ip-watch.org/2017/05/20/no-free-lunch-g20-health-ministers-find-first-meeting/

(must-read report of the meeting). “Group of 20 health ministers today finished their first joint table top exercise to simulate the outbreak of a new deadly viral pandemic in “Anycountry” and passed a seven-page final resolution on pandemic preparedness and antimicrobial resistance. Non-governmental experts and health organizations welcomed the first ever meeting of health ministers in the G20 format, but see a risk of framing the debate from a global North security perspective. And despite a call of urgency with regard to antimicrobial resistance, the G20 could not agree to include the de-linking of the cost of investment in R&D from the price of medical products.”
As Kickbusch noted, Angela Merkel looked quite sternly when she told G20 Health ministers that “there is no such thing as a free lunch” when it comes to global health security & funding WHO for it. Still, most seem to think so far that a Big Mac will do just fine for lunch. Or one of these veggie wraps with lots of mayonnaise and few vegetables.

See also Reuters - G20 health ministers agree to tackle antibiotics resistance & G20 health ministers seek to avert return to "pre-penicillin era".

Ahead of the meeting in Berlin, G20 Health Ministers Receive Flurry Of Requests Ahead Of Their First-Ever Meeting (IP-Watch)

And a recommended piece by Marijke Wijroks (interim-CEO Global Fund) - Investment in health is the foundation for sustainable development. Wijroks eloquently made the case for G20 investment in health in this piece. “...This inaugural ministerial meeting signals a growing understanding that strong economies are the product of more than fiscal or trade policy. There are many avenues to achieve growth, and investing to end epidemics creates a rising tide that lift all boats.”

Last but not least, a quote from Angela Merkel - “I believe that health deserves a place on the G20 agenda in our networked world,” Chancellor Angela Merkel said in her opening speech. “It is a question of humanity that every man and every woman should have a fully functional health system to fall back on.

Second Annual Forum on Financing for Development (FfD) (till May 25)

Devex - Innovative financing needed to counter stalled SDG progress

“Innovative sources of financing are necessary to advance stalled progress on eradicating global poverty by 2030, United Nations ambassadors said Tuesday, cautioning that governments alone do not have the required funds to meet the Sustainable Development Goals on poverty, health, environment and justice. Member states gathered early this week at the U.N. for the second annual forum on financing for development, almost two years after the Addis Ababa Action Agenda, which established a framework for implementing the 2030 development goals. Their agreement etches out a range of issues — including gender equality and infrastructure investment — that require further investment in a bid to make good on the SDGs. U.N. member states reached an agreement on SDG financing on Tuesday, reaffirming their commitment to the 2030 Agenda for Sustainable Development but also recognizing “the global trajectory will not deliver the goal of eradicating poverty in all its forms by 2030,” said Marc Pecsteen de Buytswerve, Belgium’s U.N. permanent representative. The agreement specifically calls for government approaches to improve national tax systems, development banks to consider the impact investments could have on women and girls, and work to strengthen data collection on the value of unpaid work, among other measures....”

UN News - UN forum aims to ensure 'promises made are promises kept' on financing for development


Short report of the opening day of the meeting, with speeches etc.
“...Meanwhile, a new UN report launched today says that continued slow global economic growth would likely leave about 6.5 per cent of the world population extremely poor in 2030 without national actions supported by international cooperation....”

IISD – Governments Agree on FfD Forum Outcome

“Governments agreed on the conclusions and recommendations of the UN Economic and Social Council’s (ECOSOC) second Forum on Financing for Development Follow-up (FfD Forum), which were subsequently adopted during the Forum. Unlike the conclusions and recommendations of the first FfD Forum, which were short and strictly procedural, this year’s outcome tackles substantive issues. This year’s outcome tackles substantive issues, including the cross-cutting topics of climate change, gender equality, infrastructure and social protection.”

International Day to end Obstetric Fistula (23 May)

Lancet Global Health – Ending fistula within a generation: making the dream a reality
E Anastasi et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30226-7/fulltext

“1 year ago, on May 23, 2016, the International Day to End Obstetric Fistula, the then UN Secretary-General challenged the international community to end obstetric fistula within a generation. This is a goal not only worthy of but mandatory for achieving the Sustainable Development Goals (SDGs) by 2030....” Indeed, “Women and girls living with fistula are among the most “left behind”: the world must ensure that obstetric fistula is eliminated.”

On International Day, UN agency urges 'hope, healing, dignity' for fistula sufferers

“Obstetric fistula has largely been eliminated in developed countries, but more than two million women and girls still live with the condition, the head of the United Nations women’s health agency [today] said, calling for investment and support to eliminate the debilitating and stigmatizing condition. “With strong political leadership, investment and action, we can end this scourge in our lifetime,” the Executive Director of the UN Population Fund (UNFPA), Babatunde Osotimehin, said in his message for the Day....”

Some key reads of the week

Remark: the reports and other key reads related to (or released at) the World Health Assembly will be covered below, in the section on the WHA.
BMJ Analysis – Building resilient health systems: a proposal for a resilience index

M Kruk et al; http://www.bmj.com/content/357/bmj.j2323

You know this is a must-read. “Health system resilience begins with measurement of critical capacities ahead of crisis say Margaret E Kruk and colleagues.” They developed a resilience index.


GBD 2015 Health Care Access and Quality Collaborators; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30818-8/fulltext

Quality is now also on the GBD agenda. This new GBD study ranks health care access and quality for 195 countries, according to 32 diseases. The authors developed a Healthcare Quality and Access (HAQ) Index on a scale of 0 to 100.

Read also the accompanying Comment in the Lancet - Account for primary health care when indexing access and quality.

Lancet - campaign against Factory Farming

Scott Weathers & Sophie Hermanns; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31358-2/fulltext?elsca1=tlxpr

This open letter (by 200 + experts from very different sectors) urges WHO to take action on industrial animal farming. “Margaret Chan, the Director-General of WHO, spoke at last year’s World Health Assembly (WHA) to call for action from the international community on three “slow motion disasters” that she expected would soon “reach a tipping point where the harm done is irreversible.” These issues are climate change, antibiotic resistance, and the rise of non-communicable diseases. The election of a new Director-General at WHO this May brings an opportunity to set a new agenda. WHO has already taken leadership on the crises outlined by Chan, especially on antibiotic resistance. We believe that WHO now has the opportunity and mandate to take action on one issue that is essential to mitigating all three disasters: the rise of industrial animal farming....”

See also Devex.

Extremely important issue, and so I hope Tedros will take this up as soon as possible.

In somewhat related news, the Global Campaign to Stop the Machine was also kicked off this week. “We can feed an extra 4 billion people a year if we reject the bloated and wasteful factory farming systems that are endangering our planet’s biodiversity and wildlife, said farming campaigner Philip Lymbery on Monday night, launching a global campaign to Stop the Machine....”
IJHPM – Polycentrism in Global Health Governance Scholarship

J Tosun; http://www.ijhpm.com/article_3370_0.html?utm_source=dlvr.it&utm_medium=twitter

“Drawing on an in-depth analysis of eight global health networks, a recent essay in this journal argued that global health networks face four challenges to their effectiveness: problem definition, positioning, coalition-building, and governance. While sharing the argument of the essay concerned, in this commentary, we argue that these analytical concepts can be used to explicate a concept that has implicitly been used in global health governance scholarship for quite a few years. While already prominent in the discussion of climate change governance, for instance, global health governance scholarship could make progress by looking at global health governance as being polycentric. Concisely, polycentric forms of governance mix scales, mechanisms, and actors. Drawing on the essay, we propose a polycentric approach to the study of global health governance that incorporates coalition-building tactics, internal governance and global political priority as explanatory factors.”

Policy Practice (Brief) - The Evolving Role of Political Economy Analysis in Development Practice


Very neat summary of big trends in international development. “In 2007 The Policy Practice issued two Policy Briefs on “Tackling the Political Barriers to Development: the New Political Economy Perspective” and “Making the New Political Economy Perspective more operationally relevant for development agencies” (Landell-Mills et al 2007; Williams et al, 2007). The present Brief summarises how this approach has evolved in the light of the major shifts in the development context over the last decade and draws out the implications for development practice going forward.”

Plos (blog) - Contemporary issues in global health


One of our heroes and he doesn’t disappoint in this blog. The first point even seems directed at me: “We don’t understand what Planetary Health is, but we know it’s important.” The blog goes on about Bilateral/Supranational bifurcation and ‘glocalism’; the securitization of health, ...

Resilience - A House on Shaky Ground: Eight Structural Flaws of the Western Worldview


Not directly related to global health, perhaps, but the read of the week in our opinion. For each structural flaw of the western worldview, Lent also offers an alternative.
Guardian - Wealth redistribution and population management are the only logical way forward


(recommended) “Globalisation and trade have enabled too many countries to overshoot their capacities and run ‘ecological deficits’ with other nations.” Viewpoint based on planned de-growth (for developed countries).

Blog – Five minutes with Robert O Keohane: we shouldn’t fool ourselves by believing that global governance will soon be made democratic


That no doubt also goes for global health governance. But we need to keep trying. It’ll be a generation-long effort, so we hope the generation of the Emerging Voices will pull this off. “Can global governance through organisations such as the United Nations and the World Trade Organization ever be made properly democratic? In an interview with EUROPP’s editor Stuart Brown, Robert O. Keohane discusses the problems with establishing global democratic governance, the distinction between liberal constitutionalist achievements and democracy, and why we should be sceptical of claims that a global democracy is just around the corner.”

Global humanitarian crisis


“The number of unaccompanied child refugees globally has increased five-fold since 2010, according to new figures by UNICEF. In a report released late on [Wednesday], the United Nations Children’s Fund counted 300,000 unaccompanied and separated children worldwide in 2015 and 2016 - up from 66,000 in 2010 and 2011....”


“From Libya to Syria, grinding conflicts in North Africa and the Middle East have damaged health infrastructure and compromised water and sanitation services, threatening the health of 24 million children, the United Nations Children’s Fund (UNICEF) warned today. “Violence is crippling health systems in conflict-affected countries and threatens children’s very survival,” said Geert Cappelaere, UNICEF Regional Director for the Middle East and North Africa. “Beyond the bombs, bullets and explosions, countless children are dying in silence from diseases that could easily be prevented and treated.”...”
Guardian - Business as usual isn't enough: we need a new approach to humanitarian crises


Assessment one year after the world humanitarian summit in Istanbul. Recommended read.

See also UN News - One year after humanitarian summit, UN stresses reforms to put people ‘at heart’ of decision-making - UN News

Guardian – Outnumbering refugees two to one: how the world ignores war’s greatest scandal


“Conflict, violence and natural disasters forced more than 31 million people to leave home and settle elsewhere within their countries last year, the equivalent of one person every second. But while the number of people uprooted by conflict outnumbers refugees by two to one, they have been largely ignored by the international community, according to a report by the Norwegian Refugee Council’s Internal Displacement Monitoring Centre.”

Coming up this weekend: G7 (Taormina) summit in Italy

Special feature full of analysis - http://www.g8.utoronto.ca/newsdesk/taormina/index.html

See for example John Kirton’s analysis ahead of this meeting. “Three pillars underpin Italy’s G7 presidency, supporting the mission of putting citizens first. ... ... Together the leaders will address Italy’s formal agenda of, first, citizen safety; second, economic, environmental and social sustainability, and the reduction of inequalities; and, third, innovation, skills and labour in the age of the next production revolution. The first pillar begins with the management of “human mobility”, framed not as an economic benefit but a security threat, and covers stability in the proximate sub-Saharan African and Middle East and North Africa regions, and the prevention of terrorism. The second pillar consists of inclusive growth, energy and climate change, food security and nutrition, health, women’s and girls’ economic empowerment and education, with the traditional topic of trade, which does not have a place of its own. ...” In short, “Taormina will thus be primarily a security summit, with development and especially the economy taking a secondary place.”

I have a hunch global health won’t be very prominent, even if I agree with Ilona Kickbusch that global health needs to pay urgently more attention to migration. But presumably not the way it is framed here, mainly as a security concern...
This Foreign Policy article certainly doesn’t bode well - Trump advisor Stephen Miller blocked G7 migration proposal.

And of course we’ll also be watching out for an American stance on the Paris climate agreement. Will they stay in or pull out? Or just postpone their decision indefinitely?

Ebola outbreak in DRC

Lancet World Report – Ebola outbreak in the DR Congo

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31424-1/fulltext

“International agencies are implementing response protocols after an Ebola virus disease outbreak was confirmed in the DR Congo. Andrew Green reports.”

Reuters – Tackling Ebola outbreak in remote Congo presents huge challenge: WHO

Reuters;

WHO news from late last week. “…Peter Salama, the WHO’s executive director for health emergencies, said the agency’s risk assessment on the outbreak was that it is high at a national level, medium at African regional level and low at global level. However, he added: “We cannot underestimate the logistic and practical challenges associated with this response in a very remote and insecure part of the country.”

However, this week Stat News reported - Ebola outbreak may be smaller than feared, WHO indicates. “…Given what appears to be the limited scope of the outbreak, the use of an experimental Ebola vaccine may not be required.”

FT – Congo to test experimental vaccine as disease re-emerges

FT;

Nevertheless, “Health authorities in the Democratic Republic of Congo are preparing to use an experimental vaccine to help fight an outbreak of Ebola, in what could be an important step towards getting regulatory approval for the world’s first vaccine against the deadly virus...”.

See also Science News - Vaccine could soon be enlisted in the fight against Ebola in the DRC. “The Democratic Republic of the Congo has moved a step closer to using an unlicensed vaccine to battle an Ebola outbreak that began last month in a remote northeastern part of the country. Yesterday, the country’s government submitted a formal vaccine trial protocol, developed with Epicentre, the Paris-based research arm of Doctors Without Borders (MSF), to an ethical review board. If the plan gets the green light, the first doses of the vaccine could go into the arms of people at risk within 2 weeks, according to an official at the World Health Organization (WHO) in Geneva...”

It might not be necessary, though.
Cholera in Yemen

Guardian – Scientists race against time as Yemen’s deadly cholera outbreak spirals


The cholera situation in Yemen is extremely concerning. “As Yemen’s cholera outbreak gathers pace, an investigation is under way to determine whether a new and more deadly strain of the disease is responsible for a second wave of cases that hit the country last month....”

See also Humanosphere - Humanitarians alarmed by rapid spread of cholera in Yemen.

And UN News reports - Senior UN official appeals for aid to stop 'unprecedented' spread of cholera in Yemen.

Coming up: Family planning summit in London (July 11)

Devex - Plans for major family planning summit take shape in Europe as US cuts back

Devex:

“Work is underway for a repeat of a major reproductive health summit, which raised $2.6 billion when it was first held in 2012, as the international community braces itself for the knock-on effects of the United States cuts to family planning services. The 2017 London Summit on Family Planning will be held in London, United Kingdom on July 11, organized by the U.K. Department for International Development, the United Nations Population Fund and the Bill & Melinda Gates Foundation. It is designed to accelerate progress towards the Sustainable Development Goal of universal access to sexual and reproductive health by 2030.”

70th World Health Assembly more in detail

Below you find a somewhat more detailed report of the 70th WHA so far. Not comprehensive, of course, that’s impossible, but rather some of the agenda items that stood out (for me and many others) so far, reports of key events, new publications, ...
Final Analyses before the start of the WHA & the DG election

Lancet Editorial (last week) - WHO: Director-General campaign closes amid anxiety and hope
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31347-8/fulltext

We bet you read that by now. If not, please do so!

By the way, Horton tweeted also: “When asked who we want to be DG, I stay silent. Based on past experience, The Lancet’s support is the kiss of death.”

A few other tweets from Horton related to the election:

“Time to pack for Geneva, and the most important election of the year, more important than Trump, Brexit, or May. Yes, it’s the DG of WHO.”

“Still lingering disappointment over the personal attacks in the latter stages of the campaign. Don’t trash opponents. Stress your strengths.”

Guardian - Vote for WHO top job takes place after weeks of mud-slinging

As already flagged last week, the race got a bit nasty in the final weeks. Read the detail here, in case you’re interested (including on the feud between Kapila & Nabarro, the allegations of ‘dirty tricks behind the scenes’ in spite of the greater transparency of the process, ...)

FT - An election that could seriously improve our health
https://www.ft.com/content/047e245e-3a87-11e7-821a-6027b8a20f23

Must-read analysis by Andrew Jack. Among others, he stressed the importance for the next WHO DG to engage in NCD prevention, including tackling the commercial determinants of health: “Another priority is to shift the focus from treatment to prevention in combating non-communicable diseases, such as diabetes. This means confronting the food and pharmaceuticals industries, as the WHO did with tobacco.”

Laurie Garrett – Who’s going to be the next leader of WHO
http://foreignpolicy.com/2017/05/22/whos-going-to-be-the-next-leader-of-who/

Brilliant piece by Laurie, published just ahead of the election. “…For poor countries, the fight is about scarce resources, the paucity of trained health professionals, rising costs of medicines, and transfer of biomedical technologies from the West and developed nations. Middle-income countries want to build national health systems that meet the standards set by the likes of Singapore and Japan, bringing long life expectancies to nations as infectious threats diminish. And for the wealthier nations, including the United States, the future of WHO is strongly tied to health security: rapid
control of epidemics, ensuring no lethal pandemic sweeps the planet as HIV did in the 1980s and influenza did in 1918, claiming the lives of tens of millions of people...”

And if you really can’t get enough of it, read also (Devex) - What we know as WHO heads into historic election.

Bloomberg – 10 reasons why the election is of interest to the global business community


Very “interesting” piece.

Chan’s final address & 1st day at WHA

This is Margaret Chan’s farewell Assembly, and it was also the last time she addressed the Ministers of Health. I will certainly miss her, “rollerskating” as she was once again from session to session.

- Before, though, Richard Horton (who of course has something of a “history” with WHO), tweeted a series of 10 suggestions for Chan for her last speech:

  1. Global health is about global democracy. But today nations with the greatest needs have the least power and influence. That must change.

  2. Health is political. WHO must argue that advancing health demands not only political commitment but also courageous political activism.

  3. WHO is a member-state organisation. But WHO must never be a slave to its member states. WHO’s success also depends on its leadership.

  4. WHO’s success depends on empowering and amplifying the work of civil society. WHO’s primary responsibility is to people, not governments.

  5. WHO cannot do everything. WHO must be a better partner, willing to concede roles and responsibilities to others when appropriate.

  6. WHO’s future success depends on taking strategic risks for health and for the people it serves. Today, WHO is too far risk averse.

  7. WHO is a science-based institution. WHO must do more to strengthen science in countries. Science is a powerful force for social change.

  8. Global health needs more accountability. The promises + commitments of global health actors are often little more than veiled untruths.
WHO is its staff. The achievements of WHO depend on the skills + talents of its people. They deserve thanks, and they deserve investment.

Finally, please thank the 3 candidates who are campaigning to follow you. Their integrity and commitment have enhanced WHO’s reputation.

WHO – Chan’s Address to the Seventieth World Health Assembly


Do read it in full, it is a must-read. Or read the nice summary in Bryan Simpson’s (Global Health Now) Margaret Chan’s Farewell. Or IP-Watch’s Chan’s Last Speech To WHA Opening: Affordable Medicines, Innovation, Listen To Civil Society, Partner With Industry.

Margaret Chan received a (well-deserved) standing ovation, after her farewell address to the assembly.

- Also on the first day of the WHA, there were some “incidents” with the observer status of Taiwan, the Russian President of the Assembly, and with a noisy intervention by an anti-Tedros protestor inside the Assembly. Read it all (Global Health Now) here: “Not quite all together”.

As I mentioned, the atmosphere was quite “hot” in Geneva. This was really a political election, with everything that goes with it.

See also a few tweets: “Anti @TedrosforWHO disruption at start of afternoon #WHA70. Accuses of repression and deaths in Ethiopia and urges not to elect him #NextDG

Man was escorted out of press area from #WHA70 assembly after shouting “Africa think again!”

I wonder what @JoanneLiu_MSF & others think of Russia assuming Presidency of World Health Assembly #WHA70.”

- Finally, we also recommend a series of 17 tweets by Laurie Garrett on Margaret Chan’s legacy over these ten years. She ended her series of tweets like this: “Chan (final) her legacy may always be tied 2 #ebola but no DG ever faced 10 yrs of relentless crises on the scale she did, always cool-headed.”

Election Tedros

The three DG candidates got each 15 minutes to address the Assembly.
Horton tweeted extensively on the speeches of the three candidates, with as my personal favourites: “Why choose me?”, David asks. “I know how the kitchen works in the UN”, he answers. I’m not sure that’s the best reason to vote for him.”

“But after boasting about his culinary skills, he does end with an invigorating appeal to "our truly remarkable world", which it is.”

Anyway, as you know by now, Nabarro didn’t make it, although he put up a fight.

At some point, Rob Yates just couldn’t control himself anymore and tweeted: “Enough fence-sitting: I am sure I speak for many in the #UHC community when I say that @DrTedros would be the best @WHO DG #NextDG #WHO70”

So Rob & many other UHC advocates will no doubt be happy Dr. Tedros will lead WHO from the 1st of July on. David Nabarro had a bit more a “global health security” profile, it was said.

Devex – The next WHO director-general is Tedros Adhanom Ghebreyesus

Nice overview of the different voting rounds (and results). See also Sarah Boseley (Guardian) - WHO elects first ever African director-general after tense vote.

Lancet – Tedros elected as next WHO Director-General

(must-read) “Ethiopia’s Tedros Adhanom Ghebreyesus elected next WHO Director-General, and first African to head the global agency. John Zarocostas reports.”

Some excerpts:

“The overwhelming feeling was that “it’s time for an African developing country Director-General”, a senior health diplomat from a major western power, who spoke on condition of non-attribution, told The Lancet... …. Many senior health diplomats said Tedros’ strong results record during his tenure as health minister (2005–12), and support by influential US-base philanthropists played an important role in the final outcome. ….

…. The topics covered by Tedros in a press conference the next day set the tone for his mandate. He mentioned the emergency response has to be implemented with a sense of urgency; WHO needs to help countries to invest in the implementation of International Health Regulations; preparedness for epidemics control is crucial. The fundraising capacities of WHO need to be strengthened and funding of projects needs to be addressed, since some projects are overfunded and others underfunded. He also stated that health as a means to development is the smartest thing to invest in, and that all roads lead to universal health coverage, but the states need to address financial barriers and barriers to access to drugs. As long as countries agree on a goal of universal health coverage, the means can be public, private, or mixed, Tedros said…..”
1st press conference Tedros & priorities


A few reads related to this press conference (where he made quite an impression, apparently):

**IP-Watch - Tedros Warms Up To Press In First Meeting, Sees Clear Mandate In “Landslide” Victory**


(recommended)

“In his first meeting with the United Nations press corps the morning after his historic election as the next director general of the World Health Organization, Tedros Adhanom Ghebreyesus began to unfold his vision for the organisation and fended off questions about the United States budget by saying WHO has to diversify its funding base. He also signaled a variety of possible issues to come such as increased assessments on governments, and consideration of the recommendations of a recent UN report on access to medicines.

Tedros, who takes office on 1 July for five years, has put forward a five-point vision but so far has declined to elaborate substantially on it.

In his comments to press today, he said the decisive outcome of the election was clear that his platform has the support of member states, noting that his vision was not created by him but by his meetings with those member states and others. And he said his “landslide” victory (garnering 133 votes of a possible 185 or so in the secret ballot) gives his office “legitimacy” and “confidence.”…"

Another excerpt:

“With the Trump Administration yesterday releasing a draft budget that drastically cuts support for international organisations, several American journalists called on by the American press officer of the WHO pressed Tedros on what he will do in response. The journalists did not ask about another funding issue for the WHO, which is the approaching end of its other major funding source: Gates Foundation funding for defeating polio. In answer, Tedros calmly said it will be necessary for WHO to look at its funding as part of a bigger picture, where it could come from other sources like the Global Fund for AIDS, Tuberculosis and Malaria, or GAVI, the vaccine alliance.

Second, the agency needs to expand its donor base, so it is not like an “oil-dependent” nation goes into economic shock when its major source of funding dries up. He will focus on installing a “shock absorber,” he said. A model to follow is UNICEF, he said, which has been successful in diversified fundraising.”

And it’s very clear that his focus is first of all on UHC. He even put it like this: “…In fact, on UHC, he said if programs at WHO do not fit that goal, they may be axed.”
PS: In a technical briefing on UHC (see below), on Wednesday, he would elaborate a bit more on why he prioritizes UHC so much. (in a session together with two other (former) WHO DGs, Brundtlandt & Chan)

Analysis & advice for Tedros by stakeholders & global health commentariat

Many must-reads, actually:

Devex – A 'new era' for WHO as first African head elected — but challenges await

Devex;

"... One of the big tasks facing Tedros is the challenge of rebuilding WHO’s legitimacy and reputation, which has been damaged in recent years, in part due to its weak response to the Ebola epidemic. He will need not only to rebuild faith in the organization, but also to show that it can evolve with the times. Some think that may be a difficult task, in part due to the issues that hounded Tedros’ candidacy, including his association with the government of Ethiopia — which stands accused of human rights abuses — and allegations about cover-ups of disease outbreaks during his time in government.

“WHO’s success is vital to health around the world, and Dr. Tedros will have to restore its reputation as a competent, professional and accountable organization,” said Lawrence Gostin, a professor at Georgetown University who became embroiled in controversy with Tedros a few days before the election, alleging his complicity in covering up a cholera outbreak in Ethiopia. “I call on the new director-general to embrace a progressive, rights-based leadership of WHO,” he added.

Gostin said that, given Ethiopia’s human rights record, Tedros must speak out early to condemn human rights abuses, and work to include civil society in his conversations....”

See also Science magazine: “Some observers suggest the attacks on Tedros may actually have helped him because countries felt they were unfair. Gostin admits that is a possibility. "It may have made a difference as his campaign turned it against Dr. Nabarro, accusing him [off] criticizing another candidate." But Gostin says as an academic he had to insist on the highest possible standards. He now wants Tedros to succeed, he adds. "But to do that he should make a clear statement of the importance of human rights and rapid reporting of outbreaks. And be clear that he will be willing to call out abuse wherever he sees it.”"

Analysis by Ben Duncan - Ethiopian beats Brit in race to be next Director-General of WHO


An excerpt:
“Among the “global health commentariat” (informed journalists, bloggers and experts) there was the view that Dr Nabarro might be able to overtake him in the final lap. Dr Tedros had the political baggage of Ethiopia’s less than perfect record on human rights and democracy. Dr Nabarro was strongly supported by the UK, one of the world’s largest aid donors, which could maybe make promises of extra spending on health projects. In the end the world’s health ministers voting in the World Health Assembly proved less interested in Ethiopia’s human rights record than the “global health commentariat” (who don’t get a vote). And maybe the UK is less popular and less credible in the age of Trump and Brexit than we sometimes appreciate.

In the medium term, though, we can expect a change of priorities and emphasis. During the campaign Dr Tedro put access to universal health coverage at the centre of his agenda. As Director-General he is likely to champion the expansion of health infrastructure across the developing world. He is likely to prize long term work to expand provision of basic health care above short term initiatives to respond to the latest “health scare”. From the point of view of people in Africa and the rest of the developing world, this makes sense. They would benefit much more from having better basic health care in the long term than ad hoc initiatives to fight specific disease outbreaks. The problem is that 80% of WHO’s funding comes from donors who specify how the money is to be used. Most of these donors are the rich countries of North America, Europe and East Asia. Their agenda is often driven by self-interest: they want WHO to fight disease outbreaks in poor countries so that they don’t threaten the health of people in rich countries. Reconciling the agendas of the rich world and the poor world will be the biggest challenge the new Director-General has to face....”

Devex – Priorities for the next WHO director-general


(must-read) Advice by the likes of Tom Price (MoH US), Ashish Jha, Mark Dybul and others. Especially Mark Dybul had some very sensible advice, we feel, stressing among others the importance of the first year. And “Score some quick wins to demonstrate competency and vision for the organization, he advised. “There are big, big changes to be made so you need good will,” he said. Dybul also urged the new DG to rally staff around a common mission and making sure all their work relates to that mission....”

Horton had already tweeted before about the importance of the new WHO DG’s transition team, as early impressions count (see Trump).

Stat News – ‘The clock is ticking’: WHO’s next chief faces sobering challenges

https://www.statnews.com/2017/05/25/tedros-who-challenges/

Analysis by Helen Branswell (and well worth a read). “Huge challenges face Tedros, as he is known, when he takes over the embattled global health agency’s top job on July 1. Those problems don’t all boil down to inadequate funding — and threatened funding cuts from the WHO’s second largest donor, the US government. But the question of how to secure the cash the agency needs to do the job expected of it is pretty much top of the list, people familiar with the organization and its troubles said....” The article also zooms in on the polio struggle end (and financial implications that will have for WHO).
And “ensuring that the WHO is ready for the next disease crisis will be key to establishing confidence in the world’s capitals. Tedros “has got a lot of clean up to do — and the clock is ticking,” said Ron Klain. “What we’ve seen over the past five years with an acceleration of outbreaks and epidemics of emerging and re-emerging infectious diseases means that his do-or-die moment here on the world stage is coming,” Klain said. “Whether it’s coming in weeks or months or a year or two, it’s not off in the distant future. So whatever he’s going to do to make improvements in the WHO, reform the WHO, increase its capacity to respond to epidemics, he’s going to have to do very quickly.”

Devi Sridhar & Chelsea Clinton – Dr Tedros Adhanom: the next DG of the WHO

They list 5 priorities Tedros should focus on. (must-read)

The Conversation - The WHO’s new African leader could be a shot in the arm for poorer countries
David Sanders; The Conversation;

(must-read) “Dr Tedros Ghebreyesus is the first African to be elected as the Director-General of the World Health Organisation (WHO) in its 70 year history. The WHO is the United Nations body that directs its member states on international health issues. David Sanders explains to The Conversation Africa some of the main challenges Ghebreyesus will face in his five-year term.”

“… The vote almost certainly represents a vote against big power domination and machinations in the WHO which often appears to ignore the main challenges and aspirations of low and middle income countries.”

Global Health Now – Tom Price’s 5 Priorities for a Better WHO
Global Health Now;

Somewhat surprisingly, the new US Secretary of Health & Human Services strongly endorsed WHO, and then also spelled out 5 priorities for the new WHO DG.

Tweet: “GREAT to hear @HHSGov Secretary Price reiterate USG commitment to #globalhealth security, curbing impact on economy & stability.”

WHO Budget

AP – AP Exclusive: Strapped UN health agency spends big on travel
Washington Post;
“The World Health Organization routinely spends about $200 million a year on travel — far more than what it does out to fight some of the biggest problems in public health including AIDS, tuberculosis or malaria, according to internal documents obtained by The Associated Press. As the cash-strapped U.N. health agency pleads for more money to fund its responses to health crises worldwide, it has also been struggling to get its own travel costs under control.....”

Well timed, this piece, and not coincidentally timed either, as was noted at a Graduate Institute event on Sunday by Ian Smith (WHO). He found the piece factually incorrect in some places, and didn’t seem too worried about the implications on WHO’s budget. His prediction (that a 3% increase in assessed contributions was a done deal) turned out right (see below).

You find the reply by WHO here: WHO Travel to Support Programme Work.

A tweet by Andrew Harmer is perhaps also worth noting: “The bigger issue is less the $$ and more the CO2 emissions generated by such excessive travel. There's an opportunity here for next @WHO DG.”

WHO Budget approved

“Delegates at the World Health Assembly today approved the Organization’s proposed programme budget of US$ 4421.5 million for the biennium, which includes a 3% (or US$ 28 million) increase in Member State assessed contributions for 2018–2019. This approved budget sets out the Organization’s priorities in line with the Sustainable Development Goals. It includes increased investments in the new WHO Health Emergencies Programme (US$ 69.1 million) and combating antimicrobial resistance (US$ 23.2 million)....”

28 million doesn’t sound like a lot of money, but the symbolic value is huge, people say. Well...

As noted in a tweet by Ilona Kickbusch, Germany had actually pleaded for a 10% increase, but hadn’t managed to gain support of all #G7 #g20 countries.

Devex - Tedros' fundraising strategy for WHO, global health

(must-read!!!!) “Ensuring a well-funded World Health Organization is one of the biggest responsibilities — and headaches — Tedros Adhanom Ghebreyesus will have to bear in the next five years when he officially takes over as director-general of WHO in July.”

Excerpts:

“... WHO, he said, is the “leader of the global health agenda” and therefore should look at raising funding not just for its own programs, but also for multilateral institutions such as the World Bank, GAVI, the Vaccine Alliance, and the Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria, whose programs help fill gaps in health financing and service delivery in countries.

“I will help Global Fund, the World Bank and GAVI to really raise funding, which will really be channelled to the countries, and which I believe should be significantly increased. And WHO should believe that even if the money’s not in its cover, it’s money,” he said.
WHO’s assessed contributions — the more flexible funding stream — has remained the same for the past decade, although on Wednesday, the World Health Assembly finally approved a budget that reflected a 3 percent increase in member states dues. This is lower however than Chan’s original ask for a 10 percent increase in contributions. It is also likely to still be insufficient to meet WHO’s increasing requirements, and significantly lower than the 51 percent increase the newly elected director-general would have wanted, as told to Devex in an interview during the WHO election campaign period.

See also BMJ News - New WHO chief pledges to strengthen fundraising capacity.

Reuters – New WHO head seeks U.S. bipartisan support for global health

Tedros hasn’t given up on the US yet. “The new head of the World Health Organization (WHO) voiced hope on Wednesday that bipartisan support would prevail in the U.S. Congress to fund global health initiatives, despite deep budget cuts proposed by the Trump administration.”

“... The United States currently provides nearly $835 million to WHO’s budget of $5.8 billion for 2016-2017, WHO figures show, combining both U.S. assessed and voluntary contributions.

Tedros said he preferred to see global agencies including WHO, the World Bank, GAVI vaccine alliance and Global Fund as part of one “big envelope”.

Reports, coverage & some key sessions at the WHA

As already mentioned, this will be a rather “personal” selection. A comprehensive overview is near impossible, especially as the global health agenda seems to be expanding like our universe, every year a bit more. Wonder whether it’ll contract again also, at some point in the future.

In general, in addition to WHA Today (civil society daily reports & critical comments, see Highlights of the week), we recommend you keep an eye on IP Watch Global Health Policy News’ excellent coverage of events & days. See https://www.ip-watch.org/health/

WHO (report) – Stand up for human rights to – and through – health, experts urge Governments


“The world is at a watershed moment that could lead to greater dignity for everyone throughout their lives, but only if Governments invest in the integral relationship between human rights and health specifically for women, children and adolescents, a UN-backed group of politicians and health and human rights experts has said. “Leadership is fundamental to maximize the benefits of the interplay between health and human rights. If human rights to – and through – health are not at the centre of what we do, the 2030 Sustainable Development Agenda will surely fail,” said Tarja Halonen, former President of Finland and co-chair of the High-Level Group on the Health and
Human Rights of Women, Children and Adolescents, which today published a report on realizing human rights to and through health.” For the report, see here.

See also a related Lancet Comment - Realisation of human rights to health and through health (by Flavia Bustreo et al)

Lancet (Comment) - Financing of international collective action for epidemic and pandemic preparedness

Gavin Yamey et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30203-6/fulltext

See also last week’s IHP newsletter. Financing pandemic preparedness was a very important concern at this WHA, and as usual Tim Evans was omnipresent (as well as eloquent).

IP-Watch - New World Bank Report: World Unprepared To Face Next Inevitable Pandemic


“A new report released today by the World Bank shows that the world is not quite prepared to face the next pandemic. As for many other issues, money, or rather the lack of it, is at the heart of the problem, according to the report, which provides 12 recommendations to tackle the issue at the country level. In the plush environment of the Intercontinental Hotel near the United Nations in Geneva, the World Bank Group launched the report “From Panic and Neglect to Investing in Health Security,” on the side of the 70th World Health Assembly. The report was prepared by the World Bank International Working Group on Financing Preparedness (IWG).” See also the WB press release.

And a tweet perhaps: Peter Sands - "Health risks must be added to all country market assessments: IMF, @WorldBank, Economist Intelligence Reports, etc." #WHA70

See also a Lancet Comment by Peter Sands et al Financing preparedness at a national level They argue this report is different for 3 reasons:

“...first, the recommendations are specific and time bound: second, they are practical and supported by tools and templates; and third, the recommendations include mechanisms to change policy-makers’ incentives. Of course, the ultimate test of this report’s impact will be in whether it results in actual change. The launch of the report on May 25 at the 2017 World Health Assembly is just the first step. The report must be used to make the argument with individual governments, with development partners, and at international gatherings such as the UN, International Monetary Fund/World Bank annual meetings, the G7, and the G20...” We all have a stake in global health security, and should argue as such.
A general trend. “...IP-Watch’s Global Health Policy News took a look at a selection of these events and found this year a stronger focus has emerged on the subject of health security and the new UN Sustainable Development Goals (SDGs). These are occurring alongside the usual disease-specific events and those on various sectors of humanity, the focus on access to medical products, and a variety of other current topics....” (with a near complete list of events)

UHC & UHC 2030

New website UHC 2030

https://www.uhc2030.org/

Check it out.

UHC 2030 – Healthy systems for universal health coverage - a joint vision for healthy lives


(must-read, this Joint Vision (I almost wrote “Joy Division”)”

“UHC2030 is delighted to present a joint vision for health systems strengthening to achieve universal health coverage. In the spirit of collaboration across agencies that UHC2030 aims to foster, the vision was developed by a group of experts working under the umbrella of UHC2030. It is intended to be a key reference document for UHC2030, as well as a broader resource for the global community to inform collaboration on the health systems strengthening (HSS) and universal health coverage (UHC) agenda. The vision outlines performance and policy entry points to promote UHC through HSS, including critical action for the way forward and principles to guide action. This shared vision argues that HSS should focus on five dimensions of health system performance: equity, quality, responsiveness, efficiency and resilience. Improved health systems performance requires national, regional and global action in the three inter-related health systems policy areas of service delivery, health financing and governance. The report also acknowledges that there is no one-size-fit all approach to HSS....”

The UHC 2030 joint vision for healthy lives was launched at a high-level event in Geneva, on Wednesday, also a Global Compact signing ceremony. For more info on this event, 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, see here.
In this event, UHC2030 Secretariat will arrange a ceremonial signing session of the UHC2030 global compact for those who newly join UHC2030: Chile, Indonesia, Jordan, Thailand, South Africa, Rockefeller Foundation, OECD and two CSO Engagement Mechanism partner NGOs. In addition to the signing of the UHC2030 global compact, the main objectives of this side event will be: Present the new features of UHC2030; Welcome new members into UHC2030; Launch of the Joint Vision paper “Healthy systems for universal health coverage: a joint vision for healthy lives”; Present and discuss on how UHC2030 can improve coordination and the alignment of investments for UHC and good practice examples for successful and coherent Health System Strengthening."

Apparently, Margaret Chan made a surprise “rock star” visit to the event as well. Well, her UHC drive is well known by now.

If you want to watch it all again (and also other UHC events at the WHA), see https://www.facebook.com/UHCDay/

UHC technical briefing (on Wednesday)

The technical briefing on UHC on Wednesday featured 3 (former) WHO DGs – Chan, Brundtland & Tedros. I briefly watched the 3 “celebrities” online. And paid especially attention to Tedros’ emphasis on UHC, a core priority of his campaign.

This tweet summed it up: “Tedros on WHO’s role w/ #UHC - ID best practices - mobilise resources - build political support, frame it as rights issue”. Tedros also emphasized the importance of UHC at the individual level, giving a powerful example.

You can also re-watch the session on Facebook (see above).

Some other UHC (2030) related tweets & news:

Ministry of Health, Labour & Welfare of Japan announces the 2017 UHC Forum to be held in Tokyo this #UHCDay! #HealthForAll #UHC2030

"Universal Health Coverage is not just a technical issue but a social contract” IHP+ Secretariat #wha70 #uhc2030

"#UHC is a social contract" is becoming a slogan at #wha70 , though you have to make sure ppl get and agree on what it means #UHC2030 #cesm

The HS Governance Collaborative is becoming more known, and teams up with UHC 2030.

The UHC 2030 Civil Society Engagement Mechanism also had some discussions (or at least the people involved in this).

Official launch of “Strategizing national health in the 21st century: a handbook”

Readers of this newsletter probably already know this handbook. “This handbook is designed as a resource for providing up-to-date and practical guidance on national health planning and strategizing for health. It establishes a set of best practices to support strategic plans for health and represents the wealth of experience accumulated by WHO on national health policies, strategies and plans (NHPSPs). WHO has been one of the leading organizations to support countries in the development of NHPSPs. The focus on improving plans has grown in recent years, in recognition of the benefits of anchoring a strong national health sector in a written vision based on participation, analysis, and evidence.”

IP Watch - NCD Alliance Event: Time For Action Against Noncommunicable Diseases

Another trend at this WHA, the rise of NCDs on the agenda (not yet in terms of money, though). “It might be said it is a “golden moment” for fighting noncommunicable diseases. There have never been as many side events on noncommunicable diseases during the World Health Assembly as this year, according to speakers at an event of the NCD Alliance this week....”

“Among the messages of the event were that it is time for action, as there is tremendous evidence for noncommunicable diseases, and that partnerships and coalitions need to be formed to address the problem of noncommunicable diseases. A lot of social mobilisation is required and we all have to play a role, concluded Richard Horton, the moderator of the panel.”

See also the NCD Alliance newsletter on this event: “Moderated by Richard Horton, Editor-in-chief of The Lancet, the panel explored good practice and effective solutions to stimulate progress on NCDs at national and regional level; catalytic strategies in NCD prevention policies and sustainable health systems for NCDs; and highlighted the upcoming 2018 UN High-level Meeting on NCDs as the next global milestone and opportunity to review and accelerate progress.”

Lancet (Comment) – A new chapter for the NCD Alliance: stronger together
Katie Dain: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31372-7/fulltext

(must-read) “The 70th World Health Assembly (WHA) coincides with a milestone in the history and development of the NCD Alliance (NCDA), and a new chapter for non-communicable disease (NCD) advocacy....”

“...The 2017 WHA marks a new step in NCDA’s organisational development. After an extensive review process, NCDA is evolving from an informal alliance to a standalone NGO registered in Switzerland with a newly appointed President, Board, and consolidated membership base. This transition will not change NCDA’s operating model and strategy but has important implications. NCDA now has the potential to invigorate the NCD community at a crucial time with the upcoming 2018 UN High-Level Review on NCDs, which will examine progress achieved in the prevention and control of NCDs....” Dain then lists 4 implications.
And some tweets:

“Kudos to @ncdalliance - #civilsociety movement key to move #NCDs agenda(s): incentivise action & accountability “

“Katie Dain announces that the NCD Alliance is now a fully fledged NGO, ready to put the patient voice at the centre.”

“Exciting announcement on the eve of #WHA70 as we formalize our alliance to further the #NCD agenda & promote #health & wellbeing for all”

Jose Luis Castro @JLCastroGarcia “Today I announce that the @ncdalliance will shift from an informal alliance to a formal and legally registered NGO. “

“José Luis Castro emphasises that the 4x4 approach to NCDs has had its day—it’s time to build a broader movement. Now.”

 Somebody replied on Twitter: “Maybe if this was not so deep in bed with drug companies they could talk about disparities in access to new cancer drugs.”

Speaking of which, on the intersection between NCDs & access to medicines:

IP Watch - Draft Cancer Resolution Might Be Set For Approval At World Health Assembly

“According to sources, countries have agreed in the nick of time on a draft resolution on cancer prevention, control, and access to cancer medicines, and in particular the price of new cancer medicines, to be examined at the World Health Assembly next week. Agreement on the draft resolution, which seeks to address the price of new cancer medicines in the context of increasing burden of the disease, has been near for several weeks.”

IP-Watch - Partnership For Healthy Cities To Prevent Noncommunicable Diseases
https://www.ip-watch.org/2017/05/24/partnership-healthy-cities-prevent-noncommunicable-diseases/

“Bloomberg Philanthropies and the World Health Organization launched a Partnership for Healthy Cities on 23 May. The partnership embodies the vision of Michael Bloomberg, the Ambassador of the World Health Organisation of Noncommunicable Diseases. The establishment of 100 percent tobacco-free indoor public spaces has been his signature as a “public health mayor” of New York City. The interventions of the partnership are directly linked to Goal number 11 of the United Nations Sustainable Development Goals for 2030, and with the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development of 2016. The partnership aims at giving people in cities the opportunity to make a choice for themselves and for their health...”

NCD Alliance – Our Views, Our Voices
https://ncdalliance.org/what-we-do/capacity-development/our-views-our-voices
“Our Views, Our Voices is an initiative that seeks to meaningfully involve people living with NCDs in the NCD response, supporting and enabling individuals to share their views to take action and drive change. Our Views, Our Voices is a five year initiative (2016-2020) built around four main pillars of work: consultation, campaigns, communications, and capacity development.”

Finally, Alessandro Demaio also flagged that WHO released 2 new policy briefs focused on the double burden of malnutrition and double-duty actions for nutrition. See also WHO.

WHO Afro – Unprecedented New Organizational Reforms for WHO in the African Region Announced

WHO Afro press release:

“Three years after Ebola crisis, Dr. Matsidisho Moeti’s Transformation Agenda yields numerous achievements by WHO in the Africa region; sets stage for new focus on adolescent health and establishment of emergency response hubs”.

GFF annual report 2016-2017

GFF annual report;

Check it out.

Lancet (Editorial) – National progress on antimicrobial resistance

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31433-2/fulltext

“One May 22, in the shadow of WHO Director-General elections, WHO, the Food and Agriculture Organization of the UN, and the World Organisation for Animal Health presented progress on the first open survey of countries’ national action plan preparedness on Antimicrobial Resistance (AMR) at the 70th World Health Assembly.” The Lancet gives an overview of the progress so far in countries, and also points out two issues to correct in future surveys.

IP-Watch - Expanding Access To Medicines: What Role For Transparency?

Mara Pilinger; https://www.ip-watch.org/2017/05/25/expanding-access-medicines-role-transparency/

Report of a Graduate institute event on Tuesday. Well worth a read. Access to medicines is also a key issue this week, cross-cutting several agenda items. This event focused on transparency, among others, and there were some “interesting” exchanges between panel members (and with the audience).
As you can imagine, there were many other events going on & key messages emanating. Some quick mentions perhaps:

- **Gender parity** (see the very active ‘Women in Global Health’ team)
- **Polio transition discussions & GAVI transition discussions.**
- A nice session at the Graduate institute on **innovative financing & transformative governance** & what it means for countries and stakeholders (stay tuned for a report of that session) see here. In the session, Tim Evans & others made quite clear how they see the new financing for development paradigm: as ODA catalyzing (but not replacing) domestic revenue, among others.
- Related to the High-Level Panel on Health employment & inclusive growth, an ILO OECD WHO Five year action plan for health employment & inclusive economic growth was adopted.
- **Health of refugees & migrants** will also be a key agenda item.
- AMR, among others Antimicrobial Resistance Needs New R&D Models, NGOs Say (IP-Watch)
- “CEPI is sexy” (Joanne Liu (MSF) at a session on CEPI)
- The Launch of a Health in All Policies network
- .... (and so much more)

I also quite enjoyed Ilona Kickbush’s introduction (on Sunday) to some of the key global health trends of the current era, and some of the main gaps global health has to address in the coming years. It is quite clear that civil society also has a (strong) point when expressing its reservations about FENSA – the devil will be in the detail, when it FENSA is being implemented (even if it’s also clear that FENSA is seen in some circles as a ‘role model’ for how UN institutions should engage with non-state actors. But I’ll leave this all for some other time.

**Global governance of health**

**Lancet Infectious Diseases – Ending neglected tropical diseases**

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30253-0/fulltext?rss=yes

“Efforts to control NTDs are making progress, but eliminating them will be a tall order without funding, political will, and eradicating poverty. Vijay Shankar Balakrishnan reports. “

Excellent report, linked to the new (worrying) US funding situation (aka Trump cuts), prospects for financing of NTDs via the G20 in Berlin & Argentina next year, ...
Euractiv – ‘New Consensus’ on Development adopted – and immediately condemned


“The ‘New Consensus on Development’ was adopted by EU foreign affairs ministers today (19 May) – and immediately condemned by NGOs working in the field.”

JEE Alliance met on 20 May in Geneva


“...The agenda of the meeting includes information about Australia’s role in sharing the chairmanship of the JEE Alliance Advisory Group and discussion on the work of the JEE Alliance subgroups; update on the WHO-led external evaluations and country planning processes, as well as evidence-based capacity building for health security; discussion on financing pandemic preparedness at global, regional and national levels; and on different stakeholders’ potential contribution in analyzing the JEEs and the post JEE work.” Currently there are 59 members in the JEE Alliance.

Guardian – How to stop the global inequality machine


Hickel argues for a global minimum wage in this piece. “...If capitalism is going to be globalised, it makes sense that we should globalise the rules and standards that protect people from it as well. Economist Thomas Palley recommends a floor set at 50% of each country’s median wage, so it would be tailored to local economic conditions and cause minimum disruption to comparative advantage. The International Labour Organization has already proven that they have the capacity to manage such a system. And it would make good sense to couple it with a universal basic income. By allowing people to opt out of exploitative jobs, a basic income would force employers to raise wages – and would provide a crucial cushion for the workers who will soon be displaced by the rising tide of automation....”

IJHPM - Innovative Use of the Law to Address Complex Global Health Problems; Comment on “The Legal Strength of International Health Instruments - What It Brings to Global Health Governance?”

Helen Walls & Gorik Ooms; http://ijhpm.com/article_3367.html
“Addressing the increasingly globalised determinants of many important problems affecting human health is a complex task requiring collective action. We suggest that part of the solution to addressing intractable global health issues indeed lies with the role of new legal instruments in the form of globally binding treaties, as described in the recent article of Nikogosian and Kickbusch. However, in addition to the use of international law to develop new treaties, another part of the solution may lie in innovative use of existing legal instruments. A 2015 court ruling in The Hague, which ordered the Dutch government to cut greenhouse gas emissions by at least 25% within five years, complements this perspective, suggesting a way forward for addressing global health problems that critically involves civil society and innovative use of existing domestic legal instruments.”

(PS: Gorik Ooms also gave his inaugural lecture at the London School this week, you can re-watch it here - Global Health inequalities as human rights violations)

IJHPM - WHO FCTC as a Pioneering and Learning Instrument; Comment on “The Legal Strength of International Health Instruments - What It Brings to Global Health Governance?”

Pekka Puska; http://ijhpm.com/article_3369.html

“The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is a unique global health instrument, since it is in the health field the only instrument that is international law. After the 10 years of its existence an Independent Expert Group assessed the impact of the FCTC using all available data and visiting a number of countries interviewing different stakeholders. It is quite clear that the Treaty has acted as a strong catalyst and framework for national actions and that remarkable progress in global tobacco control can be seen. At the same time FCTC has moved tobacco control in countries from a pure health issue to a legal responsibility of the whole government, and on the international level created stronger interagency collaboration. The assessment also showed the many challenges. The spread of tobacco use, as well as of other risk lifestyles, is related to globalization. FCTC is a pioneering example of global action to counteract the negative social consequences of globalization. A convention is not an easy instrument, but the FCTC has undoubtedly sparked thinking and development of other stronger public health instruments and of needed governance structures.”

Chatham House – New website & guide: Sharing the Data and Benefits of Public Health Surveillance

Chatham House;

“Sharing public health surveillance data improves and protects public health. It will be an essential element in achieving the UN Sustainable Development Goals (SDGs), particularly SDG 3 – to ensure healthy lives and promote well-being for all at all ages. Sharing public health surveillance data enables regional collaborations, capacity strengthening and insight into public health system performance, leads to overall improvements in risk management, and enhances public health responsiveness. This guide is intended to facilitate both informal and formal data sharing, and to be used when a need to share public health surveillance data has been identified or when obstacles to sharing have been encountered. It aims to help create the right environment for data sharing, to
facilitate good practice in addressing technical, political, ethical, economic and legal concerns that may arise, and to ensure to the greatest extent possible that any benefits arising from the use of the data are shared equitably. ... ... The Guide to Sharing the Data and Benefits of Public Health Surveillance has been developed as part of the Chatham House Centre on Global Health Security project Strengthening Data Sharing for Public Health.”

Devex – This fund seeks a traditional return and grantlike impact for global health R&D


In-depth look at “the Global Health Investment Fund, or GHIF, a social impact investment fund that would ensure both a social return to neglected populations and a financial return to investors.” With the BMGF involved, Goldman Sachs etc...

Part of a Devex series on “the innovative financing mechanisms driving forward the 2030 sustainable development agenda”.

ODI – Bilateral donors and the age of the national interest: what prospects for challenge by development agencies?


“Foreign aid agencies represent and champion global development priorities within a donor nation. Increasingly however, these agencies sit within donor governments that are strongly committed to upholding the national interest through their development commitments. This journal article is concerned with how bilateral aid agencies manage this tension and how they might continue to serve the altruistic aims of development. The main research question asks if autonomy – or a combination of autonomies – can improve a development agency’s ability to defend the humanitarian imperative of development against normative pressures privileging the national interest?”

IISD – Africa Region prepares for HLPF during Forum on Sustainable Development

Africa Region Prepares for HLPF during Forum on Sustainable Development

“Participants at the third session of the Africa Regional Forum on Sustainable Development (ARFSD 3) prepared for the July 2017 session of the High-level Political Forum on Sustainable Development (HLPF). Pre-events included the tenth Session of the Committee on Sustainable Development (CSD-10) and the Preparatory and Capacity Development Workshop for MGSoS. An outcome document from
ARFSD3 identifies Africa’s desire to stimulate sustainable growth on the continent, create employment and eradicate poverty in all its forms and dimensions, among others.”

G20 related publications

G20 Insights – SDGs and health: A vision for public policy


Published ahead of the G20 Health ministers’ meeting. “Ensuring ‘health for all’ remains a persistent and entrenched global challenge. G20 governments should elevate the priority accorded to health, and acknowledge the centrality of health to attaining the SDGs. We call on G20 leaders to build nations that are more inclusive and less divided, by: adopting a Health-in-All-Policies approach, prioritizing the most vulnerable, engaging citizens in policy processes, and filling health data gaps.”

G20 insights - Coherent G20 policies towards the 2030 Agenda for Sustainable Development


From March. “Policy coherence is essential to achieve the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda. We recommend that the G20 (a) puts policy coherence for sustainable development (PCSD) to the forefront of its actions and (b) focuses on policy areas, where coherent actions can make a difference. Priority should be given to (i) improved coherence in the context of trade and investment policies, (ii) a comprehensive approach towards climate policy that extends beyond climate targets, (iii) these issues in the context of the partnership with Africa, and (iv) the policy coherence set-up within the G20.”

ODI (Briefing paper) – Taxation and the Sustainable Development Goals: do good things come to those who tax more?


“This briefing note has three objectives. These are to discuss: the reasons for the renewed interest in domestic resource mobilisation in developing countries; the reasons why tax revenues tend to be lower in the poorer countries; and the potential risks associated with trying to squeeze too much taxation out of the poorest economies. The purpose is not to argue the merits of more versus less taxation, but rather to provide food for thought on the management of expectations around taxation and the development agenda, as articulated in the SDGs.”
Foreign Service Journal – May issues focuses on global health diplomacy

Special issue. True, ‘global health diplomacy’ sounds a bit funny (outdated even) in the Trump era, at least in the US.

FIAN International - Strong call by Treaty Alliance as UN process enters new phase


“To be successful, the next session should encourage constructive negotiations between States about concrete and detailed elements of the future treaty, so too for the establishment of a road map for their completion, says the Alliance in a recent statement. The UN Open-ended Intergovernmental Working Group (OEIGWG) on Transnational Corporations and Other Business Enterprises with Respect to Human Rights will be holding its third session October 23-27, 2017. With two successful sessions behind it, negotiations will now begin on the basis of a draft presented by the OEIGWG Chair-Rapporteur. As discussions are expected to get more detailed and concrete, constructive and cooperative States’ participation is needed....”

If you want to sign the statement of the Treaty Alliance for a global movement for a binding treaty, see http://www.treatymovement.com/statement (both organizations & individuals can sign).

Global Health, Epidemiology & Genomics (paper) - The role of women's leadership and gender equity in leadership and health system strengthening


“Gender equity is imperative to the attainment of healthy lives and wellbeing of all, and promoting gender equity in leadership in the health sector is an important part of this endeavour. This empirical research examines gender and leadership in the health sector, pooling learning from three complementary data sources: literature review, quantitative analysis of gender and leadership positions in global health organisations and qualitative life histories with health workers in Cambodia, Kenya and Zimbabwe. The findings highlight gender biases in leadership in global health, with women underrepresented. Gender roles, relations, norms and expectations shape progression and leadership at multiple levels. Increasing women's leadership within global health is an opportunity to further health system resilience and system responsiveness. We conclude with an
agenda and tangible next steps of action for promoting women’s leadership in health as a means to promote the global goals of achieving gender equity.”

UHC

Commonwealth – Health ministers commit to practical action on UHC


“Commonwealth health ministers concluded their one-day meeting on Sunday with agreements on universal health coverage, global security and violence prevention. They committed to practical actions which included mobilising political commitment by heads of government for universal health coverage to be a national priority; making the economic case for investing to accelerate the achievement of universal health coverage; and support for workforce training on emergency planning, preparedness and response. More than 200 ministers, senior officials and observers attended the annual Commonwealth Health Ministers Meeting (CHMM), which takes place each year in Geneva ahead of the World Health Assembly…”

Guardian - Republican healthcare plan will cost 23 million people their coverage, CBO says


“The hastily redrawn Republican plan to overhaul Obamacare would leave an extra 23 million people without health insurance over the next decade, the first official independent analysis of the plan has found. The health reforms, forced through the House earlier this month and exuberantly celebrated by Donald Trump and scores of Republicans in the White House rose garden, would reduce the federal budget deficit by $119bn over the same period, according to an estimate by the nonpartisan Congressional Budget Office on Wednesday…”

Financing Health in Africa – Can WANEL help to build a bridge to link up the health systems in West-Africa?

http://www.healthfinancingafrica.org/home/can-wanel-help-to-build-a-bridge-to-link-up-the-health-systems-in-west-africa

“Health System researchers from Western Africa have set up their own network: WANEL. We asked Felix Obi to present us this regional initiative - its objectives and its governance structure. We hope that many researchers from the region will join. “
Planetary health

The Economist focuses this week on the ill-health of oceans.

Infectious diseases & NTDs

Outbreak News Today – Meningitis established as cause of Liberia cluster

Outbreak news today.

Case closed (WHO).

FT - Scientists ‘way behind the curve’ on threat of Zika virus

https://www.ft.com/content/e5137540-4064-11e7-9d56-25f963e998b2

A new study shows the disease was circulating in Brazil a year before cases were recognized.

In other Zika news (Nature), Drop in cases of Zika threatens large-scale trials.

Stat News – As hopes for polio eradication rise, the endgame gets complicated, and a vaccine runs short

Stat News;

News from late last week, related to the polio ‘endgame’.

AFP – UN wants to shift $40 mln to Haiti cholera fund

AFP.
The United Nations is proposing that $40.5 million from the unspent budget of the UN mission in Haiti be poured into a special fund to help its cholera victims, according to a report released Tuesday. UN Secretary-General Antonio Guterres made the proposal to the UN General Assembly to address a major shortfall in the $400 million needed to help Haiti recover from the epidemic.

AMR

Devex – New drug industry alliance will tackle antibiotic resistance

Devex;

“Industry leaders from the drug industry have come together to tackle the growing threat of drug-resistant infection, which experts warn could cause the deaths of 10 million people each year by 2050. The AMR Industry Alliance, officially launched (last week) on Thursday at the B20 Health Conference in Berlin, brings together pharmaceutical research companies, generic drug companies, and biotech and diagnostic companies, to drive and measure industry progress toward eradicating antimicrobial resistance, which leads to drug-resistant infections.”

In other AMR related news, you might want to check out (Stat News) “She’s got a radical approach for the age of superbugs: Don’t fight infections. Learn to live with them” (on the work of researcher Janelle Ayres)

NCDs

Campaign victory disarms big tobacco’s lobby front in developing countries

http://taxtobacco.org/2017/05/62/

The ITIC (International Tax and Investment Center) has decided they will no longer accept tobacco executives on their board and will end all tobacco company sponsorship.

Comment by Alex Cobham, CEO of the Tax Justice Network on this great news:

“The joint campaign of development, anti-smoking and tax justice groups first managed to reduce the ITIC’s traction with lower-income country governments, by getting groups like the World Bank and Nestle to stop their names being used to mislead. Now we’ve actually eliminated what is big tobacco’s main lobbying channel in many lower-income countries. ITIC will no doubt seek to take credit for this shift – but nobody should forget that this is an organisation that has lobbied for big tobacco for decades. This shows that ITIC should not be trusted by governments to advise on taxes – whether tobacco or otherwise.”
Lancet - Looming threat of Asian tobacco companies to global health

**Kelley Lee et al;** [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31223-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31223-0/fulltext)

Comment in last week’s Lancet.

The Conversation - Big alcohol is poised to expand into Africa. Why this is bad news for health


“The alcohol industry is doing exactly what the tobacco industry did several decades ago to ensure growth and increase profits: expanding into Africa as an underdeveloped market. As a result, exposure to alcohol in African countries is expected to increase in the next few years. With it comes alcohol-related health and social problems. Strategy hints coming out of the US$ 103 billion merger between SAB Miller and AB InBev provide a good reference point. The merged entity’s strategy clearly shows that Africa will be a critical driver for growth. Competitors like Pernod Ricard and Diageo are not far behind....”

BMJ Global Health - New global surgical and anaesthesia indicators in the World Development Indicators dataset

**N Raykar et al;** [http://gh.bmj.com/content/2/2/e000265?cpetoc](http://gh.bmj.com/content/2/2/e000265?cpetoc)

“Although 5 billion people lack access to surgery and anaesthesia care, little systems-level data exist to address this health inequity and social injustice....” Recently, there’s been some change in this, for the better.

Journal of Epidemiology & global health - Are we facing a noncommunicable disease pandemic?


By Luke Allen. Worth a (re-) read.

And a quick link:

Bloomberg - [War on Sugar Turns Years of Growth Into Market Tipping Point](http://www.sciencedirect.com/science/article/pii/S2210600616301009)

Check who the world’s top sugar sellers are. Hint: on number 1: Coca Cola.
Sexual & Reproductive / maternal, neonatal & child health

HP&P – Where women go to deliver: understanding the changing landscape of childbirth in Africa and Asia


“Growing evidence from a number of countries in Asia and Africa documents a large shift towards facility deliveries in the past decade. These increases have not led to the improvements in health outcomes that were predicted by health policy researchers in the past. In light of this unexpected evidence, we have assessed data from multiple sources, including nationally representative data from 43 countries in Asia and Africa, to understand the size and range of changing delivery location in Asia and Africa. We have reviewed the policies, programs and financing experiences in multiple countries to understand the drivers of changing practices, and the consequences for maternal and neonatal health and the health systems serving women and newborns. And finally, we have considered what implications changes in delivery location will have for maternal and neonatal care strategies as we move forward into the next stage of global action. As a result of our analysis we make four major policy recommendations. (1) An expansion of investment in mid-level facilities for delivery services and a shift away from low-volume rural delivery facilities. (2) Assured access for rural women through funding for transport infrastructure, travel vouchers, targeted subsidies for services and residence support before and after delivery. (3) Increased specialization of maternity facilities and dedicated maternity wards within larger institutions. And (4) a renewed focus on quality improvements at all levels of delivery facilities, in both private and public settings.”

Guttmacher institute – Very Young Adolescents’ Sexual and Reproductive Health Needs Must Be Addressed


“As of 2016, an estimated 545 million very young adolescents aged 10–14 live in developing regions. Early adolescence is a time of physical, social, emotional and cognitive changes, including the onset of puberty and, for some, the initiation of sexual activities. It is therefore a critical time to lay the foundation for healthy and fulfilling sexual and reproductive lives. A new report published by the Guttmacher Institute examines and contributes to the existing evidence on the sexual and reproductive health (SRH) needs of very young adolescents in developing countries. The report includes a new analysis of data on sexual debut, marriage and childbearing before age 15 from national surveys conducted in more than 100 developing countries. Drawing on these data and published literature, the report maps out ways to advance efforts to meet young adolescents’ SRH needs....”
Lancet – Informing health choices in low-resource settings

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31290-4/fulltext

“Two articles evaluate the Informed Health Choices project, which provides lessons to school children and parents in Uganda about how to assess claims relating to the benefits and harms of health treatment. ”

Lancet - Involving adolescents in the discussion about SDGs

A Bandara; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31318-1/fulltext

“...Kleinert and Horton argue that “adolescents should be actively involved in working towards the SDGs at all levels—as agents for change at the school, community, societal, national, and international levels. Thus, the Lancet Commission is a powerful reminder that there is more to do to meet the unique needs of adolescents. Too often the global community creates solutions for adolescents rather than with them. ...Therefore, I suggest that The Lancet takes a leading role in this regard and creates a forum for adolescents across the globe to meaningfully exchange their perspectives on how we could collectively achieve the SDGs by 2030....”

Access to medicines

BMJ (News) - Governments must be open about prices they pay for drugs, says WHO

http://www.bmj.com/content/357/bmj.j2341?utm_medium=email&utm_campaign_name=201705143&utm_source=etoc_daily

Short report of the Fair Pricing meeting in Amsterdam from a few weeks ago.
Humanosphere – Report says basic income may not reduce poverty, advocates firmly disagree

http://www.humanosphere.org/basics/2017/05/report-says-basic-income-may-not-reduce-poverty-advocates-firmly-disagree/

“As the global economy stares down the barrel of rising inequality and increased automation, more countries are toying with the idea of a universal basic income. But a new report by the Organization for Economic Cooperation and Development (OECD) is less than enthusiastic, saying that without significant tax hikes, a basic income would do little to reduce poverty and even exacerbate it in some cases.”

Humanosphere – India’s ‘successful’ toilet campaign may be missing its mark

http://www.humanosphere.org/basics/2017/05/indias-successful-toilet-campaign-may-missing-mark/

“I ndia’s campaign to end open defecation has been widely celebrated by officials as an innovative and aggressive success. Even Bill Gates recently declared that the country is “winning its war on human waste” with a 360-degree video. But independent surveys and investigations have come to a vastly different conclusion – that victory, unfortunately, is not in sight.”

Guardian - World is plundering Africa's wealth of 'billions of dollars a year'


“More wealth leaves Africa every year than enters it – by more than $40bn (£31bn) – according to research that challenges “misleading” perceptions of foreign aid. Analysis by a coalition of UK and African equality and development campaigners including Global Justice Now, published on Wednesday, claims the rest of the world is profiting more than most African citizens from the continent’s wealth. It said African countries received $162bn in 2015, mainly in loans, aid and personal remittances. But in the same year, $203bn was taken from the continent, either directly through multinationals repatriating profits and illegally moving money into tax havens, or by costs imposed by the rest of the world through climate change adaptation and mitigation. This led to an annual financial deficit of $41.3bn from the 47 African countries where many people remain trapped in poverty, according to the report, Honest Accounts 2017....”
Guardian - What the UK election will mean for aid and development: key manifesto vows


Overview for the three main parties.

Research

HP&P - Building a middle-range theory of free public healthcare seeking in sub-Saharan Africa: a realist review


“Realist reviews are a new form of knowledge synthesis aimed at providing middle-range theories (MRTs) that specify how interventions work, for which populations, and under what circumstances. This approach opens the ‘black box’ of an intervention by showing how it triggers mechanisms in specific contexts to produce outcomes. We conducted a realist review of health user fee exemption policies (UFEPs) in sub-Saharan Africa (SSA). This article presents how we developed both the intervention theory (IT) of UFEPs and a MRT of free public healthcare seeking in SSA, building on Sen’s capability approach....”

National Collaborating Centre for Healthy Public Policy (WP) - The Advisors of Policy Makers: Who Are They, How Do They Handle Scientific Knowledge and What Can We Learn About How to Share Such Knowledge with Them?

F Morestin (Quebec); http://www.ncchpp.ca/docs/2017_PC-KS_ConseliersAdvisors_EN.pdf


Stanford Social Innovation review - The Generalizability Puzzle

M A Bates et al; https://ssir.org/articles/entry/the_generalizability_puzzle
“The practice of using rigorous scientific evaluations to study solutions to global poverty is relatively young. Although researchers continue to advance our knowledge of the mechanisms at work, confusion about their role and value persists. Having evidence from specific studies is fine and good, but for policy makers, the point is not simply to understand poverty, but to eliminate it. Do decisions always need to be informed by evidence from the local context? What potential and limits do randomized controlled trials have for improving our knowledge and finding effective answers? Two leaders in anti-poverty research—J-PAL and IPA—dispel some of the myths about their field. In this article, authors from J-PAL argue that rigorous impact evaluations tell us a lot about the world, not just the particular contexts in which they are conducted....”

« ...Policy makers repeatedly face this generalizability puzzle—whether the results of a specific program generalize to other contexts—and there has been a long-standing debate among policy makers about the appropriate response....

...They examine four common, but misguided, approaches about evidence-based policy making that our work seeks to resolve.....

“... At J-PAL we adopt a generalizability framework for integrating different types of evidence, including results from the increasing number of randomized evaluations of social programs, to help make evidence-based policy decisions. We suggest the use of a four-step generalizability framework that seeks to answer a crucial question at each step:

Step 1: What is the disaggregated theory behind the program?
Step 2: Do the local conditions hold for that theory to apply?
Step 3: How strong is the evidence for the required general behavioral change?
Step 4: What is the evidence that the implementation process can be carried out well? ...”