IHP news 421: Global health in the T&T era

(2 June 2017)

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

Dear Colleagues,

In this week’s newsletter we will pay attention to the second week of the 70th World Health Assembly, the heaps of advice Dr Tedros is getting from all sides now that he’s about to lead WHO (see the special section on #WHA70 later in the newsletter), analysis of the huge challenges he faces, World Tobacco Day, the G7 summit in Italy, Trump’s (not really surprising) decision to pull out of the Paris agreement,… and many other global health policy & HPSR related issues and publications.

This week’s editorial, by Veena Sriram (EV 2016) reflects on some of the reasons why we don’t have more social science in health policy and systems research.

Enjoy your reading.

The editorial team

Featured Article

Integrating the social sciences into health policy and systems research – easier said than done?

Veena Sriram (EV 2016, Postdoctoral Fellow, University of Chicago)

The social sciences are critical to furthering our understanding of health policy and systems around the world. Political science, anthropology, sociology, economics, among other disciplines, provide a range of concepts that allow us to look at our research in a new light – offering new methodologies (process tracing from political science or extended engagement and observation from anthropology) and analytic tools (political economy analyses). These disciplines are increasingly being interwoven into health policy and systems research, facilitating the development of new lines of inquiry, and enabling us to deepen our understanding and analysis of inequity in health outcomes and access to health services. Researchers are also amplifying the call to apply more varied social science theory to
health policy and systems (see Van Belle et al 2017 and Daniels et al 2017), and are also organizing collaboration in this space through the SHAPES (Social science approaches for research and engagement in health policy & systems) thematic working group of Health Systems Global.

The application of social sciences to health policy and systems is growing, but still in a somewhat nascent stage. Further, there appears to be a perceived overuse of certain theories or the under-utilization of others (theoretical understandings of power for example). These are valid points, but perhaps there are some additional questions that we need to ask. Beyond calling for social science research, we must also consider why the social sciences have not been perhaps sufficiently integrated into HPSR. At a recent symposium on global health policy and the role of power, Sara Bennett raised an important point — why exactly don’t we have more social science in health policy and systems research? What are some systemic and structural reasons that explain this disconnect? As crucial as the social sciences are to health policy and systems research, the underlying causes are critically important to understand and address. In my view, the disconnect seems to emerge from a series of interconnected issues — the nature of our training in public health, the accessibility of much social science theory, and the ways in which we build networks.

First, many people engaged in health policy and systems have been trained primarily in public health. Globally, public health training programs have evolved to adopt a somewhat formulaic approach — structured around biostatistics and epidemiology and oriented towards programs and applied research. Factor in the short length of time for these programs and the lack of cross-disciplinary teaching, and there simply isn’t the space or ability to adequately teach key social science concepts. Students therefore don’t have the opportunity to pursue training in a particular discipline, or have the breathing room to determine what their interests actually might be.

Second, accessing social science theory in the ‘real world’ is not easy. Exploring these resources often requires good access to a library and an online database, major challenges in most low- and middle-income countries, particularly for those working outside of academic institutions. Engaging with this literature also requires an extended period to sift through materials in attempt to figure out the right kind of social science theory or approach to apply. Such time is often built into doctoral research, but quite rare for other types of researchers facing fast deadlines or competing projects. Social science theory can sometimes feel opaque, and at least in my case, requires a long hard stare before comprehension kicks in. Since self-teaching is often necessary in our field, the combination of dense material and time limitations is a possible barrier.

Third and finally, there is the issue of disparate professional networks and obligations. Despite considerable progress on this front, academics are often incentivized to speak to and write for their ‘people’ (with of course many notable exceptions), limiting opportunities for cross-network learning. The broader health policy and systems research community particularly benefits from such cross-disciplinary fora, providing more exposure to new methods, concepts and theories. At a recent international studies conference, a theme that emerged in a global health session was the limited opportunities for social scientists to cross boundaries and present their work in trans-disciplinary fora. There are certainly many more cross-disciplinary fora now than in years past, particularly with international conferences, but such opportunities could be more widespread, certainly in LMIC settings.

These three barriers listed here can be addressed, but will require a concerted and coordinated effort, particularly from academics. The SHAPES community has recently been discussing possibilities of expanding the reach of the social sciences, for example, through accessible learning resources. Gagnon and a group of political scientists recently published an excellent commentary suggesting...
avenues for collaboration between their discipline and public health. Other ideas include expanding joint offerings in public health schools between public health and social sciences (more common for example in economics than in political science), and introducing more online courses for those already in the workforce. Finally, a more challenging endeavor will be to bridge divisions, real or artificial, between those squarely in their social science disciplines, and those in the health policy and systems research realm. Taking these steps could allow us to address those structural issues that underpin the lack of social sciences in health policy and systems, and enable us to ask different questions, and go deeper in our analysis and thinking.

**Highlights of the week**

**70th World Health Assembly in Geneva (2nd week)**

Last week we covered already the first week (with the landslide victory of Dr Tedros as the main highlight). This week, the 70th WHA continued, and was also immediately followed by a WHO EB meeting (EB 141). For all documents (including resolutions, daily journals,...) see WHO.

In this short section under Highlights, we’ll just provide a short Devex read summarizing some of the key issues at this WHA, and a quick overview of different items (via WHO coverage & IP-Watch coverage, as well as civil society’s WHA Today daily updates). You’ll have to do some reading, if you’re interested in particular items.

As for the analysis, advice for Tedros, ... we refer to the (must-read) separate section on the WHA, later in this newsletter.

**Devex – 8 take-aways from the 70th World Health Assembly**


Must-read. Good overview of some of the key issues & take home messages, even if Kent Buse aptly noted on Twitter: “@JennyLeiRavelo summary of WHA70 fails to mention NCDs: arguably the most vexing item on @DrTedros agenda [http://bit.ly/2qBEPKT](http://bit.ly/2qBEPKT)”

**NCD Alliance (newsletter) – NCDs front & centre at WHA: A summary**


This article makes more than up for the neglect of NCDs in the Devex summary. Good NCD overview of WHA70. “...In an indication of the growing recognition and momentum around NCDs as a global health and development priority to Member States, civil society, and relevant private sector, there were at least 26 NCD-themed side events throughout the 70th World Health Assembly, and many more that touched on addressing NCDs in broader health contexts.
“...Strong wins for NCDs include the endorsement of WHO’s updated set of cost-effective policy options and interventions for NCD prevention and control (Appendix III), the endorsement of the global action plan on the public health response to dementia, the adoption of a resolution on cancer, as well as the adoption of a decision to welcome the WHO Implementation Plan on Ending Childhood Obesity....” Preparations for the 2018 UN High-level Meeting on NCDs have clearly begun.

Coverage & overview of the respective WHA days

See WHO newsreleases: (short reports of the respective days, and recommended reading)

- WHA update 25 May - related to polio (transition), the Pandemic Influenza Preparedness Network & the Health Workforce.
- WHA update 26 May: related to the International Health Regulations
- WHA update 29 May: on dementia, immunization, refugee and migrant health, substandard and falsified medical products, ...
- WHA update 30 May: on vector control, NCDs (incl tobacco control, cancer, ...), SDGs, ...
- New vector-control response seen as game-changer (if you want some more detail on WHO’s new strategic approach to reprioritize vector control) (see also a new Lancet Comment by P Alonso et al - Renewed push to strengthen vector control globally)

A civil society perspective on the various WHA days: WHA Today http://g2h2.org/posts/wha-today/ (6 episodes in total, including many statements by civil society actors) You also find short daily reports by the Global Health Watchers here.

IP-Watch in-depth coverage of WHA

https://www.ip-watch.org/health/

A wonderful resource, and only a few articles of the ones listed below are gated.

A Summary Of Key IP-Related Actions Taken By The 70th World Health Assembly (gated) “A notable fact during this assembly has been the rising volume of voices from developing countries, joined by developed countries on issues related to access to affordable, safe, and efficacious medicines. Resolutions and decisions were adopted, many with hopes of better addressing challenges such as antimicrobial resistance, cancer, substandard and falsified medical products, medicines access and shortages and more.”

Challenges Remain For Worldwide Immunization By Vaccination (short report of the technical briefing on vaccination at the WHA)

Global Health Now - “The Most Important Endangered Species?” Humans. (short report of the technical briefing on health and the environment) “‘Human beings really are the most important endangered species,” said Margaret Chan, WHO’s outgoing Director-General. The “harsh reality” is that the world is losing its capacity to sustain human life, and the health sector cannot provide all the solutions”. 
World Health Assembly Adopts Resolution To Fight Sepsis; Antimicrobial Resistance Major Threat

Will The Money Keep Rolling?: Innovative Global Health Financing And Governance (gated – on a session at the Graduate Institute – summary by Mara Pilinger) “We are in a liminal moment for global health financing. The “golden age” of increasing donor funding is clearly over, arrested by the 2008 financial crisis. But while donor contributions are no longer climbing, they have not been falling, either. And it is possible this status quo will hold... But it’s equally possible that this is just the pause before the roller-coaster drops. Considering that Gavi, the Global Fund, and the World Bank will all be launching another replenishment round in 2019—and given the uncertainty surrounding US foreign aid commitments and post-polio financing—that drop may prove very steep indeed.”

Expanding Access To Medicines: What Role For Transparency? (by M Pilinger) Report of a rather entertaining session at the Graduate Institute. “Transparency” and “accountability” are familiar buzzwords. Like salt and pepper, they pop up on nearly every list of ingredients for sound policy and good governance. But, as Ilona Kickbusch and Suerie Moon of the Graduate Institute Global Health Centre point out, their details are rarely specified: transparency for what? Accountability to whom? On Tuesday afternoon, ... ... at a panel co-sponsored by the Graduate Institute and FIND. In particular, discussion focused on transparency in terms of public access to two types of information: drug R&D costs and clinical trial data.”

WHA Committee Bans IP Reference In Substandard And Falsified Medicines

“The “delicious acronym SSFFC” – as described by Marie-Paule Kieny, assistant director-general for Health Systems and Innovation at the World Health Organization – will no longer be used by WHO to describe substandard and fake medical products, when a committee’s decision is adopted by the full World Health Assembly tomorrow. And key to this decision is that protection of intellectual property rights is not a competence of the UN health agency. A committee of the World Health Assembly agreed on 29 May to replace the awkward term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” (SSFFC medical products) with “substandard and falsified medical products....”

Global Health R&D: Evidence, Priorities, Coordination “World Health Assembly Agenda Item 13.5 is descriptively-yet-uninformatively labelled “Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG).” But that anodyne title actually masks an important milestone in the World Health Organization’s long-running efforts to increase R&D around neglected diseases and diseases of poverty.”

Health R&D Still Underfunded – WHO Members Concerned, NGOs Call For More Ambition

“Hopes of stimulating research and development for diseases affecting primarily poor countries and vulnerable populations, through a strategic work plan at the World Health Organization, are dimmed by the lack of funding. An R&D project on a single-dose malaria cure had to be cut short, while a global observatory for health research and development, recently launched, might be hampered in its progress, according to officials.”

Review Of WHO Public Health And IP Strategy: Help Needed On TRIPS Flexibilities
“International organisations, in particular the World Health Organization, should help poor countries implement the flexibilities enshrined in international trade rules, a number of developing countries said at the World Health Assembly on 26 May. WHO members in committee hailed and noted a report on the UN agency’s strategy on public health, innovation and intellectual property, the first part of an overall review. Civil society had another take on the report, and deplored slow progress on access to medicines....”

Unlikely Alliance Of India, US Could Keep Medicines Access On WHO Agenda

“It is not often that on the matter of access to medicines, India and the United States agree at the World Health Organization. But the issue of access to medicines is rising on the international agenda and developed countries are feeling the bite of prices of new medicines. Core beneficiaries of the patent system held steady this week, but among their defenders, the issue is blurring as some countries, such as the Netherlands, Greece and Portugal, are not putting up with industry prices and are saying it. Access to medicines was addressed in conjunction with the global shortages of medicines this week at the 70th World Health Assembly (WHA), taking place from 22-31 May....”

Cancer Drugs: Innovation ‘Blackmail’ Leads To Unaffordable Prices, Delinkage Needed, Speakers Say

“What if you get an aggressive form of breast cancer, and the treatment exists but it is too expensive for you to get? You die. Tragic stories and the possibilities to avert them were centre stage at a panel last week on the margin of the ongoing World Health Assembly. Delinking the cost of research and development from the market prices of medicines was urged by speakers on the panel: representatives of cancer patients, civil society, and a senior Brazilian official. Knowledge Ecology International (KEI), Oxfam, and Stichting Health Action International (HAI) organised a 24 May side event to the World Health Assembly, taking place from 22-31 May.

Resolution On Cancer Hailed By WHO Members, Easily Adopted In Committee

“...Members of the World Health Organization in committee yesterday adopted a resolution to improve prevention, diagnostics, treatment, and palliative care for cancer, in statements stripped of controversy....” (PS: no delinkage (yet)....)

Head Of WHO Health Systems Lays Out IP Issues At WHA (gated)

“The annual World Health Assembly will address several issues related to intellectual property and innovation, Marie-Paule Kieny, assistant director-general for health systems and innovation at the World Health Organization, said in an interview this week. But a new initiative at WHO on fair pricing of medical products may not be among them in a significant way....”

And as already flagged in last week’s IHP newsletter: A new Global Network for Health in All Policies (GNHiAP) was launched at an event at the Graduate Institute.

See WHO’s Public Health & Environment e-News: “it’s an initiative launched by five governments - Sudan, Finland, Thailand, State of South Australia and the Province of Quebec. They will work jointly to strengthen and institutionalize the HiAP approach and facilitate its implementation. The Network will help countries to achieve health-related SDG targets and move towards UHC. An event hosted by
Sudan, Thailand and Finland took place on 24 May 2017 at The Graduate Institute Geneva, Switzerland. As a follow up to the GNHiAP launch, an event was organized to identify innovative strategies for achieving SDG health-related targets based on successful HiAP approaches realised at different levels of government and in different contexts. This event took place on 26 May 2017 at the Permanent Mission of Canada, Geneva, Switzerland. For the GNHiAP mission statement click here.

As mentioned, for all the (mostly must-read) analysis of WHO (reform needed), the challenges Tedros faces, ... we refer to the separate section on the WHA below.

**Planetary Health**

Guardian – Donald Trump confirms US will quit Paris climate agreement


Can’t say I was really surprised, even if pretty much the whole world had urged Donald Trump not to dump the Paris climate agreement (Guardian), in the days before his decision. But no, Trump was in the mood to dump: “Donald Trump has confirmed that he will withdraw the US from the Paris climate agreement, in effect ensuring the world’s second largest emitter of greenhouse gases will quit the international effort to address dangerous global warming. The US will remove itself from the deal, joining Syria and Nicaragua as the only countries not party to the Paris agreement. ... “In order to fulfil my solemn duty to the United States and its citizens, the US will withdraw from the Paris climate accord, but begin negotiations to re-enter either the Paris accords or a really entirely new transaction on terms that are fair to the United States,” the US president told press in the White House rose garden on Thursday.” Apparently, he sounded rather paranoid about the harm that’s being done to his beloved USA.

The article also includes some early reactions.

Some other analysis, reactions & reads we recommend:


CGD (blog by Jonah Bush, written before the decision) - [Leaving the Paris Climate Agreement Would Be a Shameful Act of Self-Harm](http://www PalestinaTupac.org) (recommended)

“...Leaving Paris would be part of a pattern by the Trump Administration of disowning US leadership on multilateral issues that are too big for any nation to solve on its own: Global health and disaster response. Trade. Even defense. Each of these abdications in turn diminish America’s stature in the world even as they harm old friends who have counted on us. But when future
historians look back to pinpoint the exact moment when the US irrevocably ceded international leadership to others, leaving Paris would be it....”

UN Dispatch - Trump is Pulling out of the Paris Agreement? Here’s what will happen.

Devex - Development experts dismayed as U.S. exits Paris climate agreement

Vox - Researchers view Trump’s decision to pull out of Paris as a “turn to the medieval” (mainly quoting Horton)

The consensus on what leaving Paris does amount to? See these tweets: “Hurts planet somewhat - Hurts US, in different ways, more. A Paris exit may not doom climate action, but rather accelerate U.S. decline. World economy moves towards renewables; U.S. left behind.”

BMJ (Analysis) – Future Earth—linking research on health and environmental sustainability

Andy Haines et al; http://www.bmj.com/content/357/bmj.j2358

From Donald Trump to Andy Haines, is quite a leap, I hear you say. « Andy Haines and colleagues describe how new research platforms present an opportunity to advance understanding of how to safeguard health in the face of global environmental change.”

Read about Future Earth, a major international initiative that aims to facilitate research by linking disciplines, knowledge systems, and societal partners, and about Future Earth’s 2025 vision. The developing Future Earth Health Network will be launched later this year.

Lancet (Editorial) – Progress in environmental litigation
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31538-6/fulltext

“Ahead of June 5, which marks World Environment Day, the UN Environment and Colombia Law School’s Sabin Center issued a 40-page report, The Status of Climate Change Litigation—a Global Review, released on May 23, which brings together environmental cases of litigation to date..... The report shows that since the introduction of the Paris Agreement, citizens and non-governmental organisations have had increasing success in lawsuits related to development, resource extraction, and air quality. Legal action was also taken to demand that political statements issued by governments be backed up by concrete measures to address climate change....”

Key journal reads from this week

Global Health Governance –Special issue: Reform of the World Health Organization
http://blogs.shu.edu/ghg/2017/05/30/special-issue-reform-of-the-world-health-organization/
Very timely and fascinating reading.

Start with the editorial (by T Hanrieder & Adam Kamradt-Scott) Same, same but different: Reforming the WHO in an age of public scrutiny and global complexity and make sure you also read, at the very least, Larry Gostin’s Commentary - The WHO’s historic moment of peril and promise: Reimagining a global health agency fit for purpose in the 21st century. (I do think Tedros will ignore Larry, for a while, though 😊)

WHO Bulletin (special issue) – measuring quality of care

http://www.who.int/bulletin/volumes/95/6/en/

The editorial by M Kruk et al, Measuring quality of health-care services: what is known and where are the gaps? G ives an overview of the special issue.

‘...The focus on measuring access is not sufficient to capture whether people receive effective care; hence this month’s papers on measurement of quality of care in low- and middle-income countries.”

IJHPM - Priority Setting: Right Answer to a Far Too Narrow Question?; Comment on “Global Developments in Priority Setting in Health”

Ted Schrecker; http://ijhpm.com/article_3373.html

“In their recent editorial, Baltussen and colleagues provide a concise summary of the prevailing discourse on priority-setting in health policy. Their perspective is entirely consistent with current practice, yet they unintentionally demonstrate the narrowness and moral precariousness of that discourse and practice. I respond with demonstrations of the importance of ‘interrogating scarcity’ in a variety of contexts.”

My favourite sentence: “…better priority-setting that takes macrolevel resource constraints as given should not be the primary concern of health systems researchers. In setting priorities for their own work they could do more good, or at least less harm, by ‘interrogating scarcity’: directing their attention and that of their audiences to the political choices, made domestically and internationally, that mean resources are scarce in some settings, and for some purposes, but not in and for others.”

G7 summit in Taormina, Italy

G7 Leaders’ communiqué

http://www.g7italy.it/sites/default/files/documents/G7%20Taormina%20Leaders%27%20Communique_27052017_0.pdf

Rather short (6 pages), and the section on global health is also rather brief (see paragraph 38): “We are committed to advancing global health security and pursuing policies that advance physical and mental health improvements across the globe. Healthy lives and well-being are important to broader
economic, social and security gains. We recognize that women’s and adolescents’ health and healthcare must be promoted. We acknowledge the role of environmental factors in affecting human health. We remain committed to strengthening health systems, preparedness for, and a prompt, effective and coordinated response to public health emergencies and long-term challenges. On this basis, we have asked our Health Ministers to follow up on these issues during their November meeting.”

Among others, G7 leaders also unveiled a Roadmap for a Gender-Responsive Economic Environment.

Analysis of the G7 summit

Briefs Global Policy (Global Leadership Initiative) on various issues.

We recommend especially “Securitizing the Symptoms not Causes: The G7 Again Misses the Point on Collective Global Security (by G W Brown). We just can’t resist his use of Machiavelli “prudential logic” on this bunch of G7 leaders.

“By appealing to the prudential logic of Niccollo Machiavelli, this brief argues that collective global security requires longterm solutions that focus on tackling the causes of insecurity versus securitizing their symptoms. To do so, the brief examines the recent history of G7 policy on food security and global health and ties this to their lackluster commitments made at the 2017 Taormina G7 Leaders’ Summit. By doing so it is possible to understand that the sustained G7 focus on immediate responses to terrorism effectively ignores the many causal drivers of insecurity and, as a result, undermines the G7’s overall ambition to enhance global collective security and stability writ large.”

IISD - G7 Recognizes Persistent Inequalities, Does Not Reach Consensus on Climate Analysis by C Benson Wahlen.

We also didn’t see much of the bold commitments on human migration policies, as requested by MSF. Sometimes, the world doesn’t surprise you.

FT - World Bank helps Trump on US infrastructure plans

https://www.ft.com/content/c859c480-4425-11e7-8519-9f94ee97d996

You have to read this to believe it. As Horton lamented, “Dear Jim - Just one question. Why? You are better than this”.

FT- The World Bank’s dealings with Trump

https://www.ft.com/content/5c9f7f16-45f4-11e7-8d27-59b4dd6296b8

(must-read) “Pity the World Bank. Challenged by other lenders in its key role of providing finance to developing countries, it is battling for legitimacy as it tries to reflect the rising influence of emerging markets and grappling with discontent among its staff. On top of this comes hostility from the
administration of Donald Trump, who has threatened to cut the US funding contribution. The response of Jim Yong Kim, the bank’s president, appears to be to put bank services at Mr Trump’s disposal. He has offered to set up and administer a fund for women’s entrepreneurship championed by Ivanka Trump, the US president’s daughter, and offered to provide expertise for Mr Trump’s planned infrastructure plan....”

World No Tobacco Day

WHO - World No Tobacco Day 2017: Beating tobacco for health, prosperity, the environment and national development


“This action to stamp out tobacco use can help countries prevent millions of people falling ill and dying from tobacco-related disease, combat poverty and, according to a first-ever WHO report, reduce large-scale environmental degradation. On World No Tobacco Day 2017, WHO is highlighting how tobacco threatens the development of nations worldwide, and is calling on governments to implement strong tobacco control measures. These include banning marketing and advertising of tobacco, promoting plain packaging of tobacco products, raising excise taxes, and making indoor public places and workplaces smoke-free.”

See the WHO report - Tobacco and its environmental impact: an overview. “This overview assembles existing evidence on the ways in which tobacco affects human well-being from an environmental perspective – i.e. the indirect social and economic damage caused by the cultivation, production, distribution, consumption, and waste generated by tobacco products. It uses a life cycle analysis to track tobacco use across the full process of cultivation, production and consumption. In doing so it draws attention to gaps in the scientific evidence – particularly where the only data available are those currently self-reported by the tobacco companies themselves – and indicates where objective research could hold the greatest benefits to improving understanding of the relationship between tobacco and the environment.”

UNDP (Discussion paper): The WHO Framework Convention on Tobacco Control: an accelerator for sustainable development


Along the same lines.

Plos Medicine - Tobacco control: Developing an innovative and effective global strategy

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002308

“In this month’s editorial, the PLOS Medicine Editors discuss the campaign for World No Tobacco.”
Lancet (Editorial) – Advancing LGBTIQ rights

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31539-8/fulltext

“...According to a recent report by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) State-Sponsored Homophobia—A World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition, 72 jurisdictions (over a third of UN member states) currently criminalise private consensual sex between two adults of the same sex. Progress is slow—...”  “The Lancet suggests three areas of focus for the global health community to accelerate progress. ...”

Giving Pledge update


“Fourteen billionaires and billionaire couples have committed to donating most of their fortunes to philanthropic causes, joining Warren Buffett and Bill Gates in signing the Giving Pledge, the organization announced Tuesday. The new members of the Giving Pledge — a global organization started by Buffett and Bill and Melinda Gates to encourage the world’s wealthiest to donate a majority of their riches — hail from eight countries and built a diverse array of businesses. They include: private equity titan Dean Metropoulos; Dagmar Dolby, the wife of audio systems giant founder Ray Dolby; Leonard H. Ainsworth, the Australian founder of a casino gaming machines company; and Sir Stelios Haji-Ioannou, the Cypriot founder of easyJet who now lives in Monaco. The new additions bring this rarefied philanthropy club’s total membership to 168 pledgers from 21 different countries. ...”

Meanwhile, I came across the following tweet on new research: “The richer you are, the more likely you are to hide your wealth offshore, @gabriel_zucman’s new #panamapapers and #swissleaks study shows.” http://gabriel-zucman.eu/files/AJZ2017.pdf

More analysis of Trump’s 2018 budget proposal

It’s a new week, so Trump has again done something outrageously barbaric (I’m convinced he’s pre-Alzheimer, though, so there are mitigating circumstances) – see above. But here you find a few more reads on his Budget proposal from last week:

Global Health Now - Loyce Pace: Making Sense of the US Budget Proposal for Global Health  “At a World Health Assembly side event on Tuesday, US Health and Human Services Secretary Tom Price said the US “strongly, strongly” supports WHO.” That same day the Trump administration released an FY18 budget with a 26% reduction in global health funding among other massive cuts to UN agencies. To make sense of the budget dichotomy and get a preview of the global health community response, GHN turned to Loyce Pace, president and executive director of the Global Health Council. “
NPR (must-read) - Trump's Proposed Budget Would Cut $2.2 Billion From Global Health Spending

This piece says in plain English what the implications would be, if this budget were approved. Among others, “…the program that would be hit hardest would be family planning. The U.S. currently spends $607.5 million per year to provide women in poor countries with birth control and reproductive healthcare. Trump appears to want to zero that out entirely. His budget proposal explicitly calls for eliminating the largest source of this funding: $524 million disbursed by USAID, stating that the cut "achieves further savings" to the budget…”

Guardian - Trump’s aid budget is breathtakingly cruel – cuts like these will kill people’ “Humanitarian aid is about to be driven over a cliff, warns Obama’s former head of foreign disaster response, with a resurgence in HIV and other diseases likely.” (Analysis by Jeremy Konyndyk, now CGD senior policy fellow) (recommended)

Ebola outbreak in DRC

WHO update 30 May

Is the Ebola outbreak in DRC already over, some observers start to wonder. “…On 30 May 2017, no new confirmed, probable or suspected EVD cases were reported. The last confirmed case was reported on 11 May 2017. Two previous suspected cases have tested negative on PCR for EVD. Therefore currently there are a total of two confirmed, three probable and 12 suspected cases.”

Meanwhile, the Ebola vaccine was approved for use in the ongoing outbreak (Nature News). “Officials have signed off on an experimental vaccine in the Democratic Republic of the Congo, but the decision on whether to deploy it remains up in the air.”

For now, though, Authorities Holding Off Deployment of Experimental Ebola Vaccine in Congo (WSJ – 1 June)

And a few links:

Science news - Could pigs be involved in Congo's new Ebola outbreak?

Thomson Reuters - New Ebola cases may show effect of improved alerts, global official says.

Lancet (World Report) – Cholera outbreak in the horn of Africa

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31541-6/fulltext

“Cholera is spreading at an alarming rate in the horn of Africa, worsening dire situations in countries facing humanitarian crises. Andrew Green reports.”

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Inside Philanthropy – Hold the Malaria Nets: Bloomberg’s Contrarian Vision for Global Health Funding


(must-read) Related to Bloomberg Philanthropies’ annual letter. Bloomberg wants global funding (both from donors & governments) to focus more on NCDs. “…Bloomberg takes a strong stand, offering up a counter-narrative on global health. He writes: "None of us can escape death, but it’s time to change our view of it. Most of us can live longer, healthier lives if we take simple steps and demand that our governments adopt basic, and often inexpensive, protections.”” As you know, he works a lot with cities.

Lancet (Viewpoint) – Diagnostic preparedness for infectious disease outbreaks

M Perkins, JA Rottingen et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31224-2/fulltext

“Diagnostics are crucial in mitigating the effect of disease outbreaks. Because diagnostic development and validation are time consuming, they should be carried out in anticipation of epidemics rather than in response to them. The diagnostic response to the 2014–15 Ebola epidemic, although ultimately effective, was slow and expensive. If a focused mechanism had existed with the technical and financial resources to drive its development ahead of the outbreak, point-of-care Ebola tests supporting a less costly and more mobile response could have been available early on in the diagnosis process. A new partnering model could drive rapid development of tests and surveillance strategies for novel pathogens that emerge in future outbreaks. We look at lessons learned from the Ebola outbreak and propose specific solutions to improve the speed of new assay development and ensure their effective deployment.”

International Children’s Day

Thomson Reuters – War, marriage and hunger: one in four childhoods cut short

War, marriage and hunger: one in four childhoods cut short

“...At least 700 million children - around one in four - have been robbed of their childhoods too soon by factors ranging from illness and conflict to child marriage and being out of school, according to a new report and index by Save the Children. Most of these children live in disadvantaged communities in developing countries, where they have been bypassed by progress in health,
education and technology that has improved the lives of many of their peers, the charity said in the report.”

Emerging Voices

IHP - Asmat Malik: A generous and kind friend we won’t forget

Faraz Khalid; http://www.internationalhealthpolicies.org/asmat-malik-a-generous-and-kind-friend-we-wont-forget/

The EV community mourns the loss of Asmat Malik, who had been a companion on the EV journey from the beginning in Montreux, and was currently also co-chair of the EV governance team. Obituary by Faraz Khalid (EV 2016).

70th World Health Assembly – Analysis & advice to Tedros

Tedros already had an energizing 3-hour meeting with WHO directors, this week. So he seems to have started on a very positive note. If his transition team (co-chaired by Peter Singer) also introduces some of the tricks of nowadays’ top decision makers to Tedros, like ‘how to perform a healthy handshake’ or ‘how do you gently shove a US alpha male president’, then the future does indeed look bright for WHO in the Tedros era.

By the way, Tedros also reaffirmed (to Xinhua) the one-China principle early this week. Clearly, he has a far better (transition) team than the other T.

Below we list a number of must-reads:

BMJ (blog) – Ilona Kickbusch: The new director general of WHO and the politics of global health

Ilona Kickbusch: The new director general of WHO and the politics of global health

“Ilona Kickbusch discusses the challenges that Dr Tedros will face and how he will need to apply his political focus and determination.”

Kickbusch wrote this after she had tweeted: “Most advice to @DrTedros is still too timid - #globalhealth needs a profound paradigm shift and @WHO has a historic chance to lead #WHA70.”
Lancet – “Dear Tedros”


(you know you have to read this) “… You begin your term of office with more political capital than any Director-General I can recall. So what do you do with it? … … Some have said that it’s in Africa that WHO’s performance will be judged. That’s a nice sentiment. But it is wrong. WHO is a global institution, and you now represent the world, not Africa alone.”

The Conversation - Three ideas on how the new WHO DG can build health systems from the bottom up

Kabir Sheikh (chair HS Global) [The Conversation](https://theconversation.com);

Read this short piece, you won’t regret it. My favourite advice for Tedros is the last one.

Laurie Garrett & WHO/Tedros

Laurie Garrett is in a league of her own when it comes to WHO (and global health policy in general). Some reads from (or interviews with) her that we absolutely recommend:

CFR (Expert brief) - A Change of Guard at the WHO


“With the United States likely to pull back on global health funding, the World Health Organization, under its new director-general, will need to undertake serious structural and administrative changes.” (must-read)

Or as Laurie summarized it in a tweet: “Will World Health Org survive? I say Africa’s 1st @WHO leader has inherited an existential mess.”

Q&A (in two episodes) in “Global Health Now” with Laurie Garrett

As Brian Simpson told me, Laurie Garrett was virtually unstoppable when he interviewed her at the WHA. And it shows. Two must-read (and very entertaining!!) episodes:

**Part 1** “…Garrett reflected on the DG election process as well as priorities and prospects for Tedros’s tenure.”

**Part 2** “Global health expert Laurie Garrett has some surprising advice for WHO’s new Director-General Tedros Adhanom Ghebreyesus: Don’t travel too much. She also considers Tedros’s
challenges with the paltry WHO budget and how to give the people a voice at the World Health Assembly.

Finally, for the ones preferring a podcast with Laurie, see Humanosphere - A conversation with Laurie Garrett about the road ahead for the WHO

Lancet – When Big Men ruled global health: a cautionary tale

Laurie Garrett; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31410-1/fulltext

And a warning from global health’s history: “There was a time in world health efforts when Big Men (yes, all men, European and North American) had Big Ideas, backed by money and power. They had offices in places like the World Bank, UNICEF, and the Rockefeller Foundation. And they made scientific and programmatic decisions, financing and executing schemes that affected the survival and lives of hundreds of millions of people....” Tale of Kenneth Warren, Program Officer and Vice President at the Rockefeller Foundation, from 1977 till 1988.

Devex – WHO's budget and the tasks for the next director-general


( more than recommended)

Governance Now – Tedros becomes the first African to head WHO


In depth-analysis.

Plos (blog) - “Appendix III” is critical for accelerating progress on NCDs

http://blogs.plos.org/globalhealth/2017/05/appendix-iii-is-critical-for-accelerating-progress-on-ncds/
Must-read blog. NCD prevention is one of the key battles Tedros will face, and this (very interesting) blog already gave an idea of what awaits him. In the end, though, WHO’s menu of ‘best-buys’ was updated at this WHA. Including taxation of sugar-sweetened beverages (SSBs)!

Amit Sengupta (PHM) - The WHO has a new chief. Will India now find its voice at the global health organisation?

https://scroll.in/pulse/838722/the-who-has-a-new-chief-will-india-now-find-its-voice-at-the-global-health-organisation

"India has so far been reticent at the World Health Organisation but is seen as a natural leader for the cause of the global South." Amit Sengupta’s take.

“...The election this year was the first occasion when the entire Assembly voted through a secret ballot, as opposed to previous elections when only the executive board would select the new director general. The massive margin for Tedros indicates that, in all probability, the entire South voted for him – a virtual tri-continental alliance of developing nations. The margin of victory had not been anticipated and possibly marks a silent vote against big power machinations in the WHO. While it appears that the South has voted against the domination of big powers, it is yet to be seen if this unity will be maintained when the WHO debates different issues where the North and the South are often arrayed against each other. ... Tedros’ election is both an opportunity and a challenge for India. India is seen in the WHO as one of the natural leaders of the South and is usually heard with attention. India can possibly provide leadership to the South in pressing for decisions at the WHO that promote the interests of the South. ”

Do read also (in Third World Network) - WHO DG-elect faces herculean task on "Health as Rights issue". "As climate change and neo-liberal economic policies wreak havoc by increasing the disease-burden in the poorest and developing countries, the newly-elected director-general of the World Health Organization (WHO), Dr Tedros Adhanom Ghebreyesus from Ethiopia, face a herculean task in advancing his goal that "health is a rights issue" and "an end in itself."

FT Health Newsletter of last week

https://www.ft.com/content/9e276938-4155-11e7-82b6-896b95f30f58

If you haven’t done so yet, the intro (by Andrew Jack) & the three messages distilled from Tedros’ post-election briefing are well worth a read:

Andrew Jack: “...But the outcome, after three rounds of secret ballots, sends a strong signal: Mr Tedros is the first African to hold the post, and someone who has won considerable respect among his peers as a reforming health minister and past chair of two international infectious disease organisations. He will need all those skills and contacts in the years ahead.
His biggest challenge will be to boost the reputation of the WHO as a respected norm-setting agency and co-ordinator of pandemic response. Demonstrating its commitment to fulfil these functions well offers the best prospect of renewed donor support as the US turns in on itself. His other focus will be his pledge on universal health coverage. It is an appealing notion, focused on equity and the need to respond to the rising pressure of non-communicable disease. But its vagueness and the need for individual countries to take the lead raises questions over the precise role of the WHO.

**What is your view of universal health coverage?** “Health is a [human] rights issue and a means to development. It’s not actually a waste — it’s the smartest thing to invest in. All roads should lead to universal health coverage. It’s addressing the financial barrier, the challenge we are facing with regard to access to drugs, the barriers to equality, quality of care and diagnosis. Some countries want to use private services to achieve universal health coverage. Others use public services only. Yet others use a mix of private and public. Some countries use general tax, others use insurance. Others use a mix. There is no one way or [single] means of achieving [it]. …”

**Rockefeller foundation (blog) - An Inflection Point for Universal Health Coverage**

M Myers; [https://www.rockefellerfoundation.org/blog/inflection-point-universal-health-coverage/](https://www.rockefellerfoundation.org/blog/inflection-point-universal-health-coverage/)

“**Last week was the World Health Assembly**, an annual gathering where the world’s health leaders take stock of progress to improve health and wellbeing, and set the global health agenda for the year ahead. This year’s assembly was particularly newsworthy because it included the election of a new Director-General to lead the World Health Organization—more on that later. **For me, it stands out because it marked an inflection point in the movement to achieve universal health coverage.**”

“**At this year’s World Health Assembly, we saw the global community come together in agreement that it’s time to do the hard work of ensuring that all people can access the health services they need without the risk of financial ruin.**” Myers saw a number of key signals of this at the 70th WHA (not the least of course the election of Tedros), and lists them.

Then he goes on: “As we redouble our efforts to support meaningful, lasting change at the country level, we must accelerate action across four interrelated policy areas…. ” And he looks ahead to the Universal Health Coverage Forum in Tokyo, Japan, on UHC Day this December.

**Women in Global Health**

Tweet sums it up: “**Our ask to @DrTedros @DrTedros4WHO is straightforward, #GenderEquality at all levels & including the operations of @WHO #WHA70**” Tedros already responded positively.
“Jacqui Wise looks at the difficulties of WHO’s first open election for director general and the background of its new leader, Tedros Adhanom Ghebreyesus”

(including a slightly new twist in the Larry Gostin / Tedros saga)

“... But Gostin told The BMJ that the New York Times report of his allegations was not accurate. “Dr Tedros was at the time minister of health, but he may well have pushed hard to accurately report to WHO but was overruled by the government.” Gostin said: “Tedros has an unparalleled track record as minister of health in Ethiopia. His reforms of the health system and the investments and improvements in medical education are formidable. He has been a visionary in his advocacy for universal health coverage, which should be WHO’s highest priority.” Gostin added, however, that he did have two concerns. “Firstly, the Ethiopian government has a dismal record of human rights abuses, which needs to be recognised and transparent. Secondly, the government did not fully and honestly report several cholera outbreaks, which could have slowed the international response. These two concerns will impede civil society support for WHO, which is critical to its future success. These concerns would melt away if early in his tenure Tedros were to enthusiastically support human rights and the right to health, and raise his voice in favour of transparent and accurate disease reporting at the country level.”

IHP – UHC and global health security: two sides of the same coin?

Kristof Decoster; http://www.internationalhealthpolicies.org/uhc-and-global-health-security-two-sides-of-the-same-coin/

I have some trouble with this new mantra. Feels like spin. Based on a collection of tweets & quotes from last weekend.

Zika

Washington Post – Officials knew about India’s first Zika case for months. But they didn’t tell anybody.

“Officials in India knew about the country’s first case of Zika virus infection months ago. But they didn’t alert the public because they didn’t want “people to start panicking,” one health official said this week.”

Lancet Global Health (blog) - Zika virus and the need for pharmaceutical preparedness


“Epidemics are on the rise given globalisation, increasing vector populations, and rapid mutations of known viruses, yet our pharmaceutical development has largely played catch-up to the serious outbreaks of the past few years. While tactics such as rapid diagnostics, health systems strengthening, and epidemiologic response have attempted to mitigate the consequences of epidemic disaster, a fundamental restructuring of pharmaceutical research and development incentives is urgently needed to revolutionise our future preparedness for the next potential pandemic.” You won’t be surprised to hear that they mention the Health Impact Fund, as a potentially “...truly transformative approach for developing drugs for diseases primarily affecting the poor. The HIF could have had an immense impact by incentivising early R&D efforts against Ebola and the Zika virus.”

And a quick link:

Stat News - [Sanofi fires back at criticism of deal with Army for a Zika vaccine](https://www.statnews.com/2017/05/26/sanofi-zika/)  “In response to criticism of its arrangement with the US Army to produce a Zika virus vaccine, a Sanofi executive maintained the company is not pursuing the project based on “commercial return” and intends to price the vaccine in order to “facilitate access” in the interest of public health.”

Global health events

FT – Big pharma turns to immunotherapy combos to beat cancer

[https://www.ft.com/content/06f54222-4224-11e7-82b6-896b95f30f58](https://www.ft.com/content/06f54222-4224-11e7-82b6-896b95f30f58)

“World’s biggest oncology summit focuses on drugs that boost body’s ability to fight.” (for the ones among you with Big Pharma stocks)

PMAC 2017 Proceedings

PMAC
As you might recall, this year’s topic at PMAC 2017 in Bangkok was “Addressing the Health of Vulnerable Populations for an Inclusive Society”.

**Global governance of health**

**WHO – Ten years of transformation: Making WHO fit for purpose in the 21st century**

http://www.who.int/about/who_reform/ten-years-transformation/en/

(21 p.) “WHO has made extraordinary progress in its bold reform agenda over the past decade. Innovative leadership, managerial structures and systems have resulted in increased effectiveness, efficiency, responsiveness, transparency and accountability. This report tells the story of WHO’s transformation from 2007 through to the current day. The sections include: WHO appoints a new Director-General and faces the global financial crisis; WHO leads the global response to the influenza A H1N1 virus pandemic; WHO supports countries in tackling noncommunicable diseases; Strengthening performance at country level and focusing on the Ebola outbreak in West Africa; The new era of Sustainable Development Goals; Looking to the future: WHO in 2017 and beyond.”

**GHIT Fund Secures Commitments of Over US$200 Million to its Replenishment for the Acceleration of Japanese Innovation for Infectious Diseases of the Developing World**

GHIT fund;

“**The Global Health Innovative Technology Fund (GHIT Fund), which has been dedicated to leveraging Japanese expertise and capacity for health innovations to save lives in the world’s poorest countries, announced today that it has secured commitments of over US$200 million* to its replenishment for its next phase of work, allowing it to move the most advanced tools out of the lab, and into the hands of those who need them most. GHIT’s funding partners, including the Government of Japan (GOJ), private companies, the Bill & Melinda Gates Foundation, and the Wellcome Trust have committed over US$200 million in a significant vote of confidence in the institution’s work. The new commitment for GHIT’s second phase is double the initial US$100 million investment GHIT received when it was created in 2013.”**

**Project Syndicate – New Paths for Leadership in International Development**

Suzman (Gates Foundation) focuses here on the “Lives & Livelihoods Fund”, the Middle East’s biggest multilateral development initiative.

And yes, you guessed it, he also praises the wonders of ‘partnerships’:...Fortunately, governments in the Middle East seem to recognize this, and are increasingly seeking development partnerships. And there are plenty of opportunities. The UAE has been a major champion of polio eradication, an endeavor that the UK has funded generously. Qatar has joined recently as a donor to Gavi, the Vaccine Alliance, to which the UK has been the largest donor in recent years. Saudi Arabia is a longstanding donor to the Global Fund for AIDS, Tuberculosis and Malaria, another partnership in which the UK is a significant player.”   Great partner, Saudi-Arabia. Jim Kim also thinks so.

IMF (Finance & Development) – Beating Back Ebola


“Nimble action on the economic front was key to overcoming the (Ebola) health crisis”, M Cangul et al argue. “...From an economic perspective, the experience underscored the need for flexibility and speed in formulating a response. When government revenues fell, the right response was more spending to counteract the negative impact of the epidemic on the overall economy, despite the decline in revenues. But such policies to fight recession require rapid financing—and this is why it is so important for the international community to provide quick, massive, and coordinated financial support.”

Devex – Training the next generation of global health leaders in Africa


Interesting read on the University of Global Health Equity in Kigali, Rwanda, where 24 students from 12 countries just graduated as the first class.

Excerpt: “… Paulin Basinga, senior program officer at the Gates Foundation, described this as a one-time, special initiative investment to support the long-term vision of an organization that the foundation believes has the ability to change how health care training is done in developing regions. “UGHE plans to address the challenge of producing medical professionals with deep health system management expertise, which is an important gap in the field,” he told Devex by email. “Despite the special nature of this grant, we are excited by the impact [of] an increase in trained professionals who understand the whole arch of what is required in developing country settings,” he said. “Tools and technologies to improve health are only as effective and efficient as those people empowered to designate the resources and pathways for delivery.” “But the investment does seem to represent a growing interest on the part of the Gates Foundation in the future of global health education and training. For example, it recently launched the first cohort of its International Program for Public Health Leadership, a training program for health professionals from Africa, that
combines 16 weeks of distance learning with just over two weeks of residential programs at the University of Washington...."

See also:

IJHPM – University of Global Health Equity’s Contribution to the Reduction of Education and Health Services Rationing
A Binagwaho;
http://www.ijhpm.com/article_3371_0.html?utm_source=dlvr.it&utm_medium=twitter

“The inadequate supply of health workers and demand-side barriers due to clinical practice that heeds too little attention to cultural context are serious obstacles to achieving universal health coverage and the fulfillment of the human rights to health, especially for the poor and vulnerable living in remote rural areas. A number of strategies have been deployed to increase both the supply of healthcare workers and the demand for healthcare services. However, more can be done to improve service delivery as well as mitigate the geographic inequalities that exist in this field. To contribute to overcoming these barriers and increasing access to health services, especially for the most vulnerable, Partners In Health (PIH), a US non-governmental organization specializing in equitable health service delivery, has created the University of Global Health Equity (UGHE) in a remote rural district of Rwanda. The act of building this university in such a rural setting signals a commitment to create opportunities where there have traditionally been few. Furthermore, through its state-of-the-art educational approach in a rural setting and its focus on cultural competency, UGHE is contributing to progress in the quest for equitable access to quality health services.”

Mark Dybul - Megatrends and Maximizing Impact


“On 31 May, Mark Dybul completed a four-year term as Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The following is adapted from remarks he recently made to the Global Fund Board.”

GF – UNHCR and Global Fund Strengthen Partnership to Expand Health Services to Refugees


“UNHCR, the UN Refugee Agency, and the Global Fund to Fight AIDS, Tuberculosis and Malaria [today] signed an agreement intended to improve health services for refugees and other displaced communities. This new agreement will strengthen UNHCR’s humanitarian response - focusing on public health and education as well as emergency care.” “...Both agencies are already working together in Rwanda, where UNHCR is implementing a grant of US$2.09 million from the Global Fund
to address health needs for Burundian refugees. Further discussions are also underway to expand joint activities in the Middle East and East Africa. “We need to better connect pieces of the humanitarian response within the larger development continuum,” said Mark Dybul, Executive Director of the Global Fund. “This framework promotes innovation and advancing efforts that make sense and that work.”

Nordic prime ministers launch global initiative


“The Nordic governments are working together to drive progress toward the UN 2030 Agenda Sustainable Development Goals (SDGs). This DKK 74 million initiative will present Nordic knowledge of green transition, gender equality at work and sustainable food and welfare solutions. “The initiative— Nordic Solutions to Global Challenges will be an effective tool in Nordic work to achieve the UN Sustainable Development Goals 2030,” says Erna Solberg, Prime Minister of Norway and chair of the Nordic Council of Ministers 2017. The Nordic PMs decided to go ahead with the initiative back in 2015, at the time the historic Paris Agreement and the UN 2030 Agenda were adopted. When they meet again just outside Bergen, 29-30 May 2017, “Nordic Solutions to Global Challenges” will be ready for its international launch.”

Horton in Sweden for the launch of SIGHT

http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30643-8.pdf (article from March)

No update yet on this, but it appears Sweden’s role in global health is about to increase further. SIGHT stands for “The Swedish Institute for Global Health Transformation.”

New World Bank Report Calls for Health Sector Leadership on Climate


“Released at World Health Assembly, “Climate-Smart Health Care” Outlines Low-Carbon and Resilience Strategies for the Health Sector.”

“The World Bank Group’s health and climate directors released a report today establishing a new framework for health systems in every country to become leaders in addressing climate change. The report is a joint production with Health Care Without Harm. In its title, the report coins the term Climate-Smart Health Care, an approach that sets forth both low-carbon and resilience strategies. These strategies are designed for the development community, ministries of health, hospitals and health systems to deploy while addressing the health impacts of climate change.”
The Task force for Global Health - Universal Flu Vaccine Could Help Strengthen Pandemic Preparedness


“A universal influenza vaccine has long been the Holy Grail of protection against the disease and the threat of a pandemic, but progress has been slow in its development. Now a new initiative is being launched at The Task Force for Global Health to accelerate the development of a vaccine that could provide long-term protection against multiple flu strains. Called the Global Funders’ Consortium for Universal Influenza Vaccine Development, the project will bring together influenza experts and funding agencies to coordinate funding and develop a consensus vision for activities necessary for the development a game-changing universal flu vaccine.”

UNSCN Discussion Paper - Global Governance for Nutrition and the role of UNSCN


“This paper aims to describe the current nutrition architecture and provides a detailed overview of the main nutrition actors and their mandate. It highlights the role of UNSCN (United Nations System Standing Committee on Nutrition) in the architecture focusing on the UN.”

If a single tree takes the force of the wind, it falls”: Rationale, concept and work of the Pan African DrPH Consortium


“In a first for the continent, universities in West, East and South Africa, with the support of partners in the US and UK, are working on developing a Pan African Doctor of Public Health (DrPH) degree. This degree will have a focus on public health leadership in Africa and is aimed at current and potential strategic-level leaders who intend to advance a professional practice career in public health. In this blog, Irene Akua Agyepong tells us more about the rationale for this initiative, the programme’s concept and components, as well as initial implementation steps in Ghana and Nigeria.”

Global Fund update

The GFO new issue has a number of interesting articles, as usual.
We particularly would like to draw your attention to the following articles: Communities report reduced support from the Global Fund and other donors; Global Fund making “distinct progress” in managing risk: OIG; and Global Fund and other health financing mechanisms: synergy, duplication and distinction, Part 2. The latter is an analysis by Charlie Baran.

“...In an article in GFO 305, we reviewed some of the similarities among the biggest global health financing mechanisms: the Global Fund, the World Bank’s Global Financing Facility in Support of Every Woman Every Child (GFF), Gavi, the Vaccine Alliance (Gavi), and Unitaid. The purpose of this top-level review was to take some stock of the global financing landscape, and assess where there may be key values, and where there might be some real or perceived overlap or duplication among the mechanisms. Aidspan was motivated to conduct this review by the new context in which global health financing finds itself; one which is defined by major political shifts among top donors. In this article, which serves as a sort of rejoinder to Part 1, we look at some points of distinction between the same four mechanisms.”

Scientific American - Former CDC Head Warns of Threats Biological and Political


“Tom Frieden, head of the CDC from 2009 to 2017, told graduating medical students that we face challenges from pathogens, and from politicians.” (Let’s call it the PPPs – Pathogens Politicians Perils)

Global Health Governance programme: Public-Private Partnerships: Global Health Panaceas?

J Winters; http://globalhealthgovernance.org/blog/2017/5/26/p11nd55ehaabf5n16pnqtmzuyzfwtj

“This post aims to provide a broad-sweeping, introductory view on what health PPPs are, and why we should care about them as a society. “ First in a series of blogs that will discuss the wider drivers, risks, and evaluation frameworks for global health PPPs.

Global Policy Watch – Funding Needs for UN’s 2030 Development Agenda

https://www.globalpolicywatch.org/blog/2017/05/29/funding-needs-for-uns-2030-development-agenda/
In depth discussion on the funding needs for the SDG agenda, and why these estimates of trillions are sometimes a bit confusing, and can lead to perverse side effects. For example: “…Since it seems elusive that governments will be able to raise those amounts by themselves, there is a growing or rather over-reliance on the private sector and its potential contributions. “What is especially worrying is that governments seem to be under the impression that they have to incentivize the private sector with the creation of ‘enabling environments’ – so-called ‘de-risking’ and other such instruments, sometimes collected under headlines like “public-private partnerships” or “blending finance” – that by and large are devoid of any environmental and or social safeguards, and as such are unlikely to be suitable to implement an agenda that is one of “sustainable development”,” said Obeland, who participated in the four-day meeting…. Certainly worth a read, including also quotes from R Bissio & others.

UNAIDS and the Global Fund launch guidance on HIV human rights programmes


“To support countries to integrate human rights principles in their HIV prevention, testing and treatment programmes, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) jointly launched two mutually supportive technical documents on 29 May.”

HS Governance Collaborative

Cfr a tweet: “In 2017, will focus on the changing roles of the MoH in the 21st century, and definition, frameworks & measurements for HS governance. “ More to come soon from this (WHO-led) Collaborative, started end of last year.

Technology for human rights: Microsoft and UN Human Rights Office announce ground-breaking partnership

Microsoft:

News from a few weeks ago. “Microsoft and the Office of the UN High Commissioner for Human Rights have announced a landmark five-year partnership which will see the tech company provide a grant of USD $5 million as well as in kind support for the vital work of the UN Human Rights Office.”

Looking Into Sin Investments


The other side of ‘sin taxes’. Everything you need to know about sin stocks. As I heard last week, ‘sin taxes are nice, but there are not enough sinners’ (well....)
Bloomberg – Bill Gates Is Right: Corruption Isn't the Problem We Think It Is


(Unlike Jim Kim for example), “...Bill Gates doesn’t have constituents to worry about. That means he can paint a considerably more accurate picture of the world without facing the risk of his funding being slashed. Corruption is a serious problem in development. But according to businesses and entrepreneurs across Africa, Asia, and Latin America, it is far from the biggest challenge they face. ...”

AP – UN chief: Health care attacked in over 20 conflict countries

AP;

“Attacks on hospitals, doctors, ambulances, the wounded and sick took place in at least 20 countries affected by conflict last year, U.N. Secretary-General Antonio Guterres said Thursday. Guterres told a U.N. Security Council meeting on health care in conflict that in most of the countries “fragile medical systems were already at the breaking point” — and in most cases no one was held accountable.”

For the latest WHO data, see [here](https://www.who.int).”

Global Health, Epidemiology & Genomics: The time is now – a call to action for gender equality in global health leadership


“Gender equality is considered paramount to the success of the Sustainable Development Goals and incorporated into global health programming and delivery, but there is great gender disparity within global health leadership and an absence of women at the highest levels of decision making. This perspective piece outlines the current gaps and challenges, highlighting the lack of data and unanswered questions regarding possible solutions, as well as the activity of Women in Global Health and efforts to directly address the inequity and lack of female leaders. 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 equality and catalyzing change.”
UHC

Health Systems Reform – Making Fair Choices on the Path to Universal Health Coverage: Applying Principles to Difficult Cases


“Progress towards Universal Health Coverage (UHC) requires making difficult trade-offs. In this journal, Dr. Margaret Chan, the WHO Director-General, has endorsed the principles for making such decisions put forward by the WHO Consultative Group on Equity and UHC. These principles include maximizing population health, priority for the worse off, and shielding people from health-related financial risks. But how should one apply these principles in particular cases and how should one adjudicate between them when their demands conflict? This paper by some members of the Consultative Group and a diverse group of health policy professionals addresses these questions. It considers three stylized versions of actual policy dilemmas. Each of these cases pertains to one of the three principal dimensions of progress towards UHC: which services to cover first, which populations to prioritize for coverage, and how to move from out-of-pocket expenditures to pre-payment with pooling of funds. Our cases are simplified to highlight common trade-offs. While we make specific recommendations, our primary aim is to demonstrate both the form and substance of the reasoning involved in striking a fair balance between competing interests on the road to UHC.”

Reuters – Ban on foreign funds for non-profit PHFI may hurt India health programmes


“India’s ban on foreign funding for the Public Health Foundation of India (PHFI), a non-profit group backed by the Bill & Melinda Gates Foundation, may damage some government health programmes, according to the group and a health ministry official. In a letter to the health ministry dated May 3, the non-profit said many of its programmes linked to the ministry were in "suspended animation" and that its domestic funds would only help it run operations until June. Affected programmes included those on eliminating black fever, HIV prevention, tobacco control and universal health coverage, PHFI wrote in the letter, which was reviewed by Reuters....”

Project Syndicate - Too Many Health Clinics Hurt Developing Countries

Interesting view from Sierra Leone. He argues: “…Rather than continuing to pursue the uncontrolled proliferation of poorly equipped and operated health-care facilities, policymakers should consider a more measured approach. Of course, people living in remote areas need access to quality health care, without having to navigate rough and dangerous roads that can become virtually inaccessible during some periods of the year. But outreach services and community health workers could cover these areas much more effectively. The value of such an approach has recently been demonstrated in Ethiopia, where health outcomes have improved.”

**Planetary health**

Clearly the main news related to planetary health this week was the Trump & Paris Agreement question (see Highlights of the week). Will he pull out or not, or will he just “covfefe”? You know by now.

Some other reads:

**Guardian - China and EU strengthen commitment to Paris deal with US poised to step away**

[https://www.theguardian.com/environment/2017/may/31/china-eu-climate-lead-paris-agreement](https://www.theguardian.com/environment/2017/may/31/china-eu-climate-lead-paris-agreement)

China & EU were anticipating. “China and the EU will forge an alliance to take a leading role in tackling climate change in response to Donald Trump’s expected decision to pull the US out of the historic Paris agreement....”

**Foreign Policy – UN chief takes veiled swipe at Trump on climate abdication: our world is a mess**

[http://foreignpolicy.com/2017/05/30/u-n-chief-takes-veiled-swipe-at-trump-on-climate-abdication-our-world-is-a-mess/](http://foreignpolicy.com/2017/05/30/u-n-chief-takes-veiled-swipe-at-trump-on-climate-abdication-our-world-is-a-mess/)

Guterres was one of the many engaging in a last-ditch effort to convince Trump.

Excerpts: “Climate change is an unprecedented and growing threat,” he warned, announcing that he would host a U.N. climate summit in 2019 to promote international support for the Paris Agreement. “The arguments for action are clear.” Clean energy, Guterres said, will be an economic driver in its own right. “The falling cost of renewables is one of the most encouraging stories on the planet today,” he said. “Thousands of private corporations, including major oil and gas companies, are taking their own action. They know that green business is good business.” Guterres also suggested that placing a carbon tax on big carbon emitters could fuel economic activity. “Putting a price on carbon at a global scale could unleash innovation and provides the incentives that industries and consumers need to make sustainable choices,” Guterres said. My climate action message to leaders: The sustainability train has left the station. Get on board or get left behind.”
Leading Economists: A Strong Carbon Price Needed to Drive Large-Scale Climate Action


“Meeting the world’s agreed climate goals in the most cost-effective way while fostering growth requires countries to set a strong carbon price, with the goal of reaching $40-$80 per tonne of CO2 by 2020 and $50-100 per tonne by 2030. That’s the key conclusion of the High-Level Commission on Carbon Prices, led by Nobel Laureate Joseph Stiglitz and Lord Nicholas Stern. Convened by the Carbon Pricing Leadership Coalition (CPLC) at Marrakesh in 2016 and supported by the Government of France and the World Bank Group, the Commission brought together 13 leading economists from nine developing and developed countries to identify the range of carbon prices that, together with other supportive policies, would deliver on the Paris climate targets agreed by nearly 200 countries in December 2015...” Their report was released at the Think20 summit in Berlin.

See also IIID - Economists Call for Strong Carbon Price to Deliver on Paris Climate Goals, SDGs.

Quick links:

Add Nitrous Oxide to the List of Permafrost Melt Concerns

Guardian Long read - Barack Obama on food and climate change: ‘We can still act and it won’t be too late’

Guardian - Climate change could make cities 8C hotter -- scientists “Combination of carbon emissions and ‘urban heat island’ effect of concrete and asphalt gives rise to worst-case scenario by end of 21st century.”

IPS - Africa Drives Global Action Against Mercury Use. “With a new international treaty, an increasing number of African countries are committing to phasing out mercury, a significant health and environmental hazard.”

Infectious diseases & NTDs

UNAIDS – Accelerating the AIDS response in Western and Central Africa

“Only 1.8 million people of the 6.5 million people living with HIV in western and central Africa were on antiretroviral therapy at the end of 2015. This 28% treatment coverage of people living with HIV in the region contrasts with the 54% coverage in eastern and southern Africa in the same year. In response to this HIV treatment shortfall in western and central Africa, UNAIDS, the World Health Organization (WHO) and other partners in the region have developed country emergency catch-up plans to accelerate the AIDS response. These plans call for tripling HIV treatment coverage within the next three years. At a meeting on the sidelines of the 70th World Health Assembly to support the catch-up plan, health ministers and other representatives of countries in the region vowed to strengthen government leadership, make structural changes in their health systems and strengthen accountability....”

UN News – Local solutions, people-centred health systems key to ending AIDS epidemic – UN deputy chief


“While global optimism has fuelled a major push to end the AIDS epidemic by 2030 – the highest ambition within the 2030 Agenda for Sustainable Development – the United Nations today warned that the pandemic is far from over, and with more than 36 million people living with HIV, tackling it will require a life-cycle approach based on community-level solutions. “Achieving our aims on AIDS is interlinked and embedded within the broader 2030 Agenda. Both are grounded in equity, human rights and a promise to leave no one behind,” Deputy Secretary-General Amina Mohammed told delegations gathered for the General Assembly’s annual review of the Secretary-General’s report, this year calling for a reinvigorated global response to HIV/AIDS....”

For the report, see here.

BMJ Global Health - Global investment targets for malaria control and elimination between 2016 and 2030

E Patouillard et al; http://gh.bmj.com/content/2/2/e000176

“Access to malaria control interventions falls short of universal health coverage. The Global Technical Strategy for malaria targets at least 90% reduction in case incidence and mortality rates, and elimination in 35 countries by 2030. The potential to reach these targets will be determined in part by investments in malaria. This study estimates the financing required for malaria control and elimination over the 2016–2030 period.”

DW – UN humanitarian chief reports Yemen spiraling towards collapse

“United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Stephen O’Brien told the UN Security Council on Tuesday that the civil war, cholera outbreak and widespread hunger in Yemen could lead to the collapse of the country.”

AMR

Guardian - 'Magical' antibiotic brings fresh hope to battle against drug resistance


See also Science News - Superantibiotic is 25,000 times more potent than its predecessor

“The world’s last line of defense against disease-causing bacteria just got a new warrior: vancomycin 3.0. Its predecessor—vancomycin 1.0—has been used since 1958 to combat dangerous infections like methicillin-resistant Staphylococcus aureus. But as the rise of resistant bacteria has blunted its effectiveness, scientists have engineered more potent versions of the drug—vancomycin 2.0. Now, version 3.0 has a unique three-pronged approach to killing bacteria that could give doctors a powerful new weapon against drug-resistant bacteria and help researchers engineer more durable antibiotics. …” Not yet for humans, though... Still a long way off.

See also BMJ News - Modifications to vancomycin raise hope for combating antibiotic resistance.

NCDs

WHO Bulletin - Organizing health-care services to meet older people’s needs

I A De Carvalho: http://www.who.int/bulletin/online_first/BLT.16.187617.pdf?ua=1

“In most countries, a fundamental shift in the focus of clinical care for older people is needed. Instead of trying to manage numerous diseases and symptoms in a disjointed fashion, the emphasis should be on interventions that optimize older people’s physical and mental capacities over their life course and that enable them to do the things they value. This, in turn, requires a change in the way services are organized: there should be more integration within the health system and between health and social services. Existing organizational structures do not have to merge; rather, a wide array of service providers must work together in a more coordinated fashion. The evidence suggests that integrated health and social care for older people contributes to better health outcomes at a cost equivalent to usual care, thereby giving a better return on investment than more familiar ways of working. Moreover, older people can participate in, and contribute to, society for longer. Integration at the level of clinical care is especially important: older people should undergo...
comprehensive assessments with the goal of optimizing functional ability and care plans should be shared among all providers.

**BMJ Global Health – Chronic kidney disease in low-income to middle-income countries: the case for increased screening**

C George et al; [http://gh.bmj.com/content/2/2/e000256?cpetoc](http://gh.bmj.com/content/2/2/e000256?cpetoc)

“Chronic kidney disease (CKD) is fast becoming a major public health issue, disproportionately burdening low-income to middle-income countries, where detection rates remain low. We critically assessed the extant literature on CKD screening in low-income to middle-income countries. ... We found that low-income to middle-income countries are ill-equipped to deal with the devastating consequences of CKD, particularly the late stages of the disease. There are acceptable and relatively simple tools that can aid CKD screening in these countries. Screening should primarily include high-risk individuals (those with hypertension, type 2 diabetes, HIV infection or aged >60 years), but also extend to those with suboptimal levels of risk (eg, prediabetes and prehypertension). Since screening for hypertension, type 2 diabetes and HIV infection is already included in clinical practice guidelines in resource-poor settings, it is conceivable to couple this with simple CKD screening tests. Effective implementation of CKD screening remains a challenge, and the cost-effectiveness of such an undertaking largely remains to be explored. In conclusion, for many compelling reasons, screening for CKD should be a policy priority in low-income to middle-income countries, as early intervention is likely to be effective in reducing the high burden of morbidity and mortality from CKD. This will help health systems to achieve cost-effective prevention.”

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

**Lancet Infectious Diseases – Estimates of global, regional, and national morbidity, mortality, and aetiologies of diarrhoeal diseases: a systematic analysis for the Global Burden of Disease Study 2015**


In the GBD series: “Diarrhoea is largely preventable yet it still exacts a huge burden on health worldwide. This article quantifies this burden, and documents progress over the past 20 years.”
Guardian (Op-ed) – A study about how endometriosis affects men’s sex lives? That’s enraging


“Endometriosis affects 176 million women but there is no cure, no known cause and treatment is limited. There is no case for a study about its impact on men.”

The study referred to: “… the University of Sydney has recently approved research into how men’s sex lives are impacted by being in a relationship with someone who has endometriosis. This study is being conducted by master’s student who wishes to explore “the impact of endometriosis on men’s sexual wellbeing”. …Studies like this one make it look like the only way endometriosis will get attention is if we highlight how it hurts men.”

Lancet Global Health – Mortality among twins and singletons in sub-Saharan Africa between 1995 and 2014: a pooled analysis of data from 90 Demographic and Health Surveys in 30 countries

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30197-3/fulltext

“A new study shows how the decrease in early mortality has been slower in twins than singletons, potentially hampering further progress in reducing under-5 and neonatal mortality.”

For the accompanying Comment, see Twin–singleton early-life survival in sub-Saharan Africa.

Access to medicines

IP-Watch - WHO Official: Medicines Should Not Be Priced At The Value Of A Life


« Member governments of the World Health Organization are increasingly talking about how to bring about “fair” pricing of medicines. And what’s clear is that it should not be based on how much you would pay to save your life, a senior WHO official said [this week]. “The industry has been moving toward this notion of value-based pricing. This is very dangerous,” Marie-Paule Kieny, WHO assistant director-general for health systems and innovation, said in an interview with Intellectual Property Watch. “Getting out of the area of medicine, you can say if an airbag can save my life, why isn’t the cost of an airbag what I would be willing to pay for my life? And that would be a lot.”... »
Do also check out this website (run by Ellen ‘t Hoen) - Medicines Law & Policy

“Medicines Law & Policy brings together legal and policy experts in the field of access to medicines, international law, and public health. We provide policy and legal analysis, best practice models and other information that can be used by governments, non-governmental organisations, product development initiatives, funding agencies, UN agencies and others working to ensure the availability of effective, safe and affordable medicines for all.”

Social determinants of health

Guardian - Rural water access: why should countries follow Paraguay’s lead?


“With more than 94% of the rural population accessing safe water, nations across Latin America and beyond can learn from Paraguay’s phenomenal success.”

Human resources for health

Speaking of Medicine - New Health Workforce Action Plan Dodging the Difficult Questions


“Mit Philips and Marielle Bemelmans of Médecins Sans Frontières discuss the looming issue of how to afford an expanded health workforce in the countries that need it most.” They argue the Five-Year Action Plan for Health Employment and Inclusive Economic Growth 2017-21 developed from the Global Strategy on Human Resources for Health: Workforce 2030, and approved at the WHA dodges the difficult questions.
Guardian – Bilderberg 2017: secret meeting of global leaders could prove a problem for Trump

https://www.theguardian.com/us-news/2017/jun/01/bilderberg-trump-administration-secret-meeting

But then again, what is not a problem for Trump these days?

Economist – Peer review is a thankless job. One firm wants to change that


“Publons wants scientists to be rewarded for assessing others’ work.”

GHMe searches for global health mentors

http://globalhealthmentor.wixsite.com/ghme/mentor

“Global Health Me is a mentorship program which facilitates communication between global health professionals and students and young professionals (SYPs) to help the next generation of global health professionals. Applications are open till 15 June. “

Interagency Taskforce on Financing for Development - Financing for Development: Progress and Prospects, 2017


See also last week’s newsletter. “Continued slow global economic growth is likely to leave about 6.5 per cent of the world population extremely poor in 2030 without national actions supported by international cooperation, according to a new report issued by the United Nations today. A continuation of the status quo would severely hamper efforts to achieve the Sustainable Development Goals by 2030. The Goals call for eliminating poverty by 2030. According to the 2017 “Financing for Development: Progress and Prospects” report, under current trends, least developed countries (LDCs) are likely to fall short by large margins.”
Nature – Pay-to-view blacklist of predatory journals set to launch


“Private firm says its watchlist of untrustworthy journals will be objective and transparent — but not free.”

Plos (blog) - Mark Zuckerberg supports universal basic income

http://blogs.plos.org/publichealth/2017/05/29/mark-zuckerberg-supports-universal-basic-income/

Worth noting. Not the only one in Silicon Valley, clearly.

BBC - Call to raise retirement age to at least 70


Another view, clearly. “The retirement age should rise to at least 70 in rich countries by 2050 as life expectancy rises above 100, according to a new report. The World Economic Forum said that employees should continue working until 70 in nations such as the UK, US, Japan and Canada. The increase will be needed, as the number of people over 65 will more than triple to 2.1 billion by 2050.”

Brookings (blog) - Scorecard diplomacy: How grades drive behavior in international relations

https://www.brookings.edu/blog/future-development/2017/05/22/scorecard-diplomacy-how-grades-drive-behavior-in-international-relations/

A new form of soft power. “Using data to rate countries doesn’t just help us understand their behavior, it actually changes it. ...”

Devex – Bill Steiger to serve as USAID chief of staff

Devex;

“The United States Agency for International Development will have a new chief of staff on Monday. William “Bill” Steiger, who led U.S. engagement with a number of international health initiatives
during the George W. Bush administration, will take over the post according to a staff newsletter seen by Devex. **Steiger is well-connected and well-known among global health and development professionals.** He is the godson of former President George H.W. Bush, and his father was a U.S. representative who employed former Vice President Dick Cheney as an intern. Steiger was part of the Trump administration’s “beachhead team” at the State Department, helping to aid in the transition before political personnel are appointed.”

**Humanosphere - Does $40 billion leave Africa each year? It’s complicated**

http://www.humanosphere.org/basics/2017/05/does-40-billion-leave-africa-each-year-its-complicated/

Debate linked to the release of a Global Justice Now report last week (see last week’s IHP news).

Excerpt: “...Illicit financial flows is a major issue, but the numbers are not reliable and they lead us to look at the wrong areas,” Maya Forstater, a visiting fellow at the think tank the Center for Global Development, told Humanosphere. She agrees with some of the overarching points the report tries to make. Foreign aid is not the answer to the problems facing the continent. However, she worries that the framing of the report tries to flip the notion from countries providing foreign aid are good to the same countries are bad for exploiting the continent. Using headline-grabbing numbers to make an advocacy point helps start a conversation, but should not drive policy. By reducing the issue to numbers adding up how much goes in and out, the report misses the proverbial forest for the trees, Forstater said. “Fundamentally trying to look at an economy as a bucket and measuring what goes into the top and slow down what leaks out of the bucket misses the point that development is what happens inside the bucket,” she said.”

**Devex - Germany's 'Marshall Plan with Africa'**


“A proposal from Germany’s development ministry stands to rewrite the country’s — and possibly the G-20’s — aid relationship with Africa. The so-called Marshall Plan with Africa would prioritize encouraging private investment on the continent, possibly while reducing or shifting official development assistance. The plan is part of a broader German focus on Africa in 2017, in an effort to play a stronger role leading donor policy within Europe and the G-20....”

**ODI (blog) – One year on, has the World Humanitarian Summit deal delivered?**

C Bennett; https://www.odi.org/comment/10517-one-year-has-world-humanitarian-summit-deal-delivered
Guess we know the answer to that one.

Research

Developing world bioethics - Designing research funding schemes to promote global health equity: An exploration of current practice in health systems research


(from November 2016 but if you haven’t read it yet, recommended) “International research is an essential means of reducing health disparities between and within countries and should do so as a matter of global justice. Research funders from high-income countries have an obligation of justice to support health research in low and middle-income countries (LMICs) that furthers such objectives. This paper investigates how their current funding schemes are designed to incentivise health systems research in LMICs that promotes health equity. Semi-structured in-depth interviews were performed with 16 grants officers working for 11 funders and organisations that support health systems research: the Alliance for Health Policy and Systems Research, Comic Relief, Doris Duke Foundation, European Commission, International Development Research Centre, Norwegian Agency for Development Cooperation, Research Council of Norway, Rockefeller Foundation, UK Department of International Development, UK Medical Research Council, and Wellcome Trust. Thematic analysis of the data demonstrates their funding schemes promote health systems research with (up to) five key features that advance health equity: being conducted with worst-off populations, focusing on research topics that advance equitable health systems, having LMIC ownership of the research agenda, strengthening LMIC research capacity, and having an impact on health disparities. The different types of incentives that encouraged proposed projects to have these features are identified and classified by their strength (strong, moderate, weak). It is suggested that research funders ought to create and maintain funding schemes with strong incentives for the features identified above in order to more effectively help reduce global health disparities.”


« This paper seeks to systematically describe the length and content of quality checklists used in performance-based financing programmes, their similarities and differences, and how checklists...
have evolved over time…..” The authors “…conclude that performance-based financing offers an appealing approach to targeting specific quality shortfalls and advancing toward the Sustainable Development Goals of high quality coverage. Currently most indicators focus on structural issues and resource availability. There is scope to rationalize and evolve the quality checklists of these programs to help achieve national and global goals to improve quality of care.”

Global Policy (Supplement) – Special Issue: Health Care Policy, Resource Allocation and Financial Sustainability


“Given the growing complexity of health care, current global demographic and epidemiologic trends, adverse economic conditions in many parts of the world, and limited national budgets, it is increasingly difficult for policy makers and regulators to ensure continued access to affordable and high-quality health care. Decision-makers must implement policies that support efficient, equitable, and sustainable health systems. To that end, this special issue aims to foster dialogue on the current state of health-care financing and some of the challenges that lie ahead for health systems. The objectives of this special issue are threefold: (1) to analyse trends in health-care financing in a range of countries with varying degrees of economic development and political organization; (2) to review the viability of different financing models based on international experiences; and (3) to examine how efficiency in health care systems can be achieved without sacrificing quality. The issue consists of three sections and includes contributions from academic experts, health-care practitioners, and members of the broader stakeholder community.” (special issue from March 2017)

Annual Reviews - Engagement of Sectors Other than Health in Integrated Health Governance, Policy, and Action


“Health is created largely outside the health sector. Engagement in health governance, policy, and intervention development and implementation by sectors other than health is therefore important. Recent calls for building and implementing Health in All Policies, and continued arguments for intersectoral action, may strengthen the potential that other sectors have for health. This review clarifies the conceptual foundations for integral health governance, policy, and action, delineates the different sectors and their possible engagement, and provides an overview of a continuum of methods of engagement with other sectors to secure integration. This continuum ranges from institutional (re)design to value-based narratives. Depending on the lens applied, different elements can be identified within the continuum. This review is built on insights from political science, leadership studies, public health, empirical Health in All Policy research, knowledge and evidence nexus approaches, and community perspectives. Successful integration of health governance, policy, and action depends on integration of the elements on the continuum.”
Biosocieties – Mapping Global Health: A Network Analysis of a Heterogeneous Publication Domain

G Weisz et al;
https://www.researchgate.net/publication/316360193_Mapping_Global_Health_A_Network_Analysis_of_a_Heterogeneous_Publication_Domain

“This paper examines one of the most visible but oddly neglected aspects of the rapidly expanding Global Health (GH) enterprise: its vast literature. Basing our data on the PubMed MeSH term “World Health” (changed to “Global Health” in 2015) and utilizing the citation and funding metadata provided by Web of Science, we analyze nearly 20,000 articles using the software platform CorTexT for the automatic processing of large text corpora. ... The maps display the social, cognitive, and funding substructure of the GH publication field. We suggest that this somewhat fragmented and fuzzy domain is held together by: (1) a core group of authors who have for some time been co-authoring numerous papers and reports with one another; (2) several central journals, most notably the Lancet, addressing wider audiences and transcending the narrow specialization characteristic of scientific and biomedical fields; and (3) a growing body of large-data metrics, most prominently the Global Burden of Disease, which has become a rhetorical resource for numerous groups with different agendas.”