IHP news 423 :  On Tedros’ US tour, NCD reframing, End Polio Now & more ...

( 16 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,

This week’s intro comes from Vanessa Offiong, our new IHP contributor & intern. It took quite some effort to get her in Antwerp, but we’re happy she finally made it!

Enfin, je suis arrivée à Anvers!

I thought it was simply a question of renewing my passport and then getting a new Schengen visa from the Belgian embassy in Abuja, but each of these took a month to process, it turned out. As the days went by, the excitement turned into anxiety and anxiety gradually into frustration. But just before frustration would become anger, the forces came together on my account and thanks to the interventions of “team ITM” Antwerp, my visa was issued et voilà, here I am in Antwerp!

I’ve practiced journalism for nine years now, working in print media at Daily Trust newspaper, Abuja. Although I’m the head of the Arts & Entertainment desk, in the last four years I have covered development issues with a human angle and solutions-based approach while also infusing data represented in infographs and charts into my reports. Maternal and child health as well as nutrition are some of the areas I have covered.

I am looking forward to my three months as an intern at ITM as I leverage on the opportunity to interact with the intellectuals whom I like to consider as the flip side of journalists but with a different approach towards achieving the same goals and purposes. (I’ve already been told some of these intellectuals don’t like the word ‘leveraging’ much but I’m using it anyway 😊).

I first came to this realization last year when I attended the 2016 Global Symposium on Health Systems Research in Vancouver. At the time I didn’t even know what HSR meant.

Whilst working on the IHP newsletters and editorials amongst other tasks, I am looking to equip myself and most of all have loads of fun!

Adie Vanessa Offiong, Journalist and member of the WANEL CoP, www.wanelhps.org
**Featured Article**

“Lackeys or liberators” revisited: Community health workers and health system accountability

*Kerry Scott* (EV 2014, independent researcher, Bangalore India), *Stephanie Topp* (EV 2013, James Cook University, Townsville, Australia), *Marta Schaaf* (Columbia University, New York, USA)

Earlier this week, a group of 30 researchers, program implementers, and activists met in Washington, DC, to develop a research agenda on “community health worker voice, power, and citizens’ right to health.” The meeting was convened by Columbia University’s Averting Maternal Death and Disability Program and American University’s Accountability Research Centre. Participants drew from social accountability theory and CHW experiences in India, South Africa, Brazil, Guatemala, Pakistan, Ethiopia, Malawi, Peru, and the USA to explore the factors that can promote or undermine community health workers’ ability and interest in fostering health system accountability to the community.

Some early notes and reflections:

**Accountability goes in multiple directions:** In order to understand CHWs as agents to improve the accountability of the health system to communities, we needed to discuss the accountability of CHW to their communities and to the health system. While CHWs are often intended to be accountable to their communities, many ultimately serve as the nurse’s helper, promoting reproductive control and immunization but unable to work on issues beyond a narrow biomedical lens. Some even serve private healthcare providers, taking commissions from private hospitals to bring patients. And what about the health system’s accountability to CHWs? Many CHWs lack employment rights, have minimal career progression opportunities, and experience stress and physical danger while going about their work.

**He who pays the piper:** Remuneration of CHWs remains contested. The participants were not afraid to re-examine this debate from the perspective of social accountability. If CHWs are paid by the government, how can they hold it to account? Isn’t it the case that he who pays the piper calls the tune? But insisting that CHWs work as volunteers brings out questions of exploitation, particularly since most CHWs are women. Moreover, voluntarism can also undermine the capacity to work towards social accountability: unpaid CHWs may lack time to devote to monitoring and planning and may lack the status required to raise their voices. Several participants emphasized that CHWs must be empowered themselves in order to empower communities. How does not being paid for one’s work affect empowerment? Do CHWs gain moral currency as volunteers or lose community respect?
**Social accountability is a collective process.** There are hundreds of thousands of CHWs in a number of countries represented at the meeting. If these CHWs are health system employees delivering quality health care, then they are indisputably advancing the right to health in the communities served. However, improved provision of services may not have a visible social impact. Social accountability is defined by Joshi and Houtzager (2012) as the “ongoing engagement of collective actors in civil society to hold the state to account for failures to provide public goods.” In the context of CHWs, this would require CHWs working together with their communities or with other CHWs. What programmatic components and contextual conditions enable collective identities and agendas to be developed among CHWs themselves and between CHWs and their communities? We discussed CHW labor rights organizing, their engagement with civil society, and their involvement in Village Health Committees as possible routes. Of course, CHW ability to participate in these processes depends on their interest and relative power in the health system and larger political context. Which brings us to our next point.

**CHWs as people:** Community health workers are not saints, liberators, or lackeys. They are people, often women, doing their best within weak health systems, difficult social hierarchies, and systems of deep economic inequity. Accountability is ultimately about power, and regardless of what CHW policy dictates, CHWs do feel accountable to someone. Demanding accountability from the state involves challenging systems that benefit the powerful. How much can and should be expected of CHWs, in terms of taking on the risks associated with accountability functions? In what conditions can CHWs make these demands?

It is remarkable that against all odds, we heard many examples of CHWs finding mechanisms to try to improve the responsiveness of government systems and engage in collective activism: CHWs fighting against government-sanctioned deforestation; CHWs striking and marching to demand better employment conditions and the resources necessary to provide health care in their communities; CHWs helping individuals to overcome systematic social exclusion; CHWs who could not directly protest health system failures using their insider knowledge to tip off community monitoring groups. CHWs are diverse and capable. Researchers, policymakers, and activists should listen to CHWs to identify when and how to support CHWs to engage in the larger, collective project of claiming their own rights and those of their fellow community members.

**Highlights of the week**

**Lancet Global Health (July issue)**


Dare I say, a must-read issue of the Lancet Global Health this month (even if I have a slight ‘conflict of interest’ for once). Below, we’ll focus on NCDs (and the issue has quite some content on that), but do first check out:
Lancet Global Health Editorial – Gravitating towards universal health coverage in the new WHO era

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30224-3/fulltext

Dr Tedros, whose first priority is UHC, has qualified the lack of political commitment, rather than lack of resources, as the biggest constraint for progress in UHC.

The editorial concludes: “Venturing into politically-charged terrain is tricky for WHO. The level of comfort is high on technical issues like financing and governance, but work on the political determinants and the political economy of UHC, while key for successful reforms, is not as conspicuous. Yet advocating for the outcome rather than the means to get to UHC, as Tedros has said should be WHO’s strategy, requires it. “

Fortunately, Tedros has plenty of political skills, as his “tour in the US” this week proved (see below), where he met the likes of Bill Gates, Ivanka Trump (ahum), ...

Other must-reads in the issue:

**Uncovering difference: a glimpse at patients with heart failure in low-income and middle-income countries.** “Almost all the information we have on clinical epidemiology of patients with heart failure is collected in North America or in western European countries. Therefore, the work of Hisham Dokainish and colleagues in this issue of The Lancet Global Health, is very welcome. Their study provides a clear picture of clinical characteristics and outcomes of patients with heart failure managed in regions of the world where these details are rarely reported, such as Africa, China, India, the Middle East, southeast Asia and South America....”

**Counting disability: emerging consensus on the Washington Group questionnaire**


Rifat Atun et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30198-5/fulltext

“Development assistance for health (DAH), the value of which peaked in 2013 and fell in 2015, is unlikely to rise substantially in the near future, increasing reliance on domestic and innovative financing sources to sustain health programmes in low-income and middle-income countries. We examined innovative financing instruments (IFIs)—financing schemes that generate and mobilise funds—to estimate the quantum of financing mobilised from 2002 to 2015. We identified ten IFIs, which mobilised US$8·9 billion (2·3% of overall DAH) in 2002–15. The funds generated by IFIs were channelled mostly through GAVI and the Global Fund, and used for programmes for new and underused vaccines, HIV/AIDS, malaria, tuberculosis, and maternal and child health. Vaccination programmes received the largest amount of funding ($2·6 billion), followed by HIV/AIDS ($1080·7 million) and malaria ($1028·9 million), with no discernible funding targeted to non-communicable diseases.”
A rather important week for NCDs, in terms of discourse (& suggested reframing as STCs), meetings, & publications.

The Lancet Global Health - Reframing non-communicable diseases as socially transmitted conditions


(must-read) “In a Comment (February, 2017), we argued that action on the conditions currently referred to as non-communicable diseases (NCDs) may be hampered by the inadequacy of their label. We received a remarkable amount of feedback on this suggestion, and in this Comment we synthesise the responses garnered from a Lancet Facebook poll, Correspondence letters, and a related GHD Online discussion. We also propose a new definition based on shared social drivers....”

“...We feel that the greatest need is for a reorientation towards addressing the commercial and social determinants of NCDs, and the socioeconomic inequalities within and between countries. We would also like to see more funding for NCDs, commensurate with the global health and economic levies they impose, as well as concerted action toward the structural social and commercial determinants of health. ... We feel it is most appropriate to bind NCDs together using their common upstream drivers. We therefore propose the new term “socially transmitted conditions” (STCs). This label stresses the anthropogenic and socially contagious nature of the diseases: STCs are driven by urbanisation, industrialisation, and poverty, the availability of tobacco, alcohol, and processed foods, and physical inactivity. STCs also share a common set of solutions focused on addressing the complex and often unjust structure of society....”

Do read also the 4 letters in the Lancet Global Health - see [here](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30200-0/fulltext); [here](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30200-0/fulltext); [here](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30200-0/fulltext). The last letter (by Zou et al) makes the link with the SDG & planetary health era. “.... Reframing NCDs alone [in this letter, the suggestion is ‘biosocial and development diseases’ (BDDs)] will not change the behaviour and policies of international donors, at least in the short term. In the long run, however, reframing NCDs along the lines we suggest should facilitate NCD movements and vital alliances for poverty reduction, social justice, global health equity, and planetary health. This could in turn lead to more international funding for NCDs, through traditional routes and new mechanisms such as those associated with fairer global taxation. In short, reframing NCDs will help to place BDDs more centrally within the SDG agenda, where they belong. Indeed, although NCDs fall, ostensibly, only under SDG target 3.4, the links and possible synergies with other SDG goals and targets are many, and probably more numerous than for other diseases.”

Finally, a few tweets related to this ‘NCD reframing’ debate:

“I wonder if the power base in public health, i.e. the biomedical model, has anything to do with the persistent use of #NCDs frame?”

Kent Buse – “Years ago, S Hawkes & I provocatively proposed to rename #NCDs pestilentia lucro causa or ‘profit-driven disease” [https://www.project-syndicate.org/commentary/kent-buse-and-](https://www.project-syndicate.org/commentary/kent-buse-and-).
Global Health Action - Financing national non-communicable disease responses

You have Luke Skywalker and you have Luke Allen. Not being too fond of Star Wars, I much prefer the latter. “Non-communicable diseases (NCDs) (also known as socially transmitted diseases) were conspicuously absent from the MDGs and seemed to miss out on the ‘golden years’ of health funding despite causing more death and disability than any other disease group worldwide. The share of ‘development assistance for health’ dedicated to NCDs has remained at 1–2% of the total since 2000. This level of funding is insufficient to attain the nine targets in the WHO Global Action Plan on NCDs. In 2015 the SDGs – which include the target of reducing premature NCD mortality by a third – were endorsed by 193 countries. Whilst this commitment is welcome, the same text stresses the primacy of domestic financing, which is currently dominated by out-of-pocket payments in low- and middle-income countries (LMICs). This paper presents the findings of the WHO Global Coordination Mechanism on NCDs financing working group. The group was convened to explore NCD financing options with an emphasis on LMICs. The main sources of available finance include taxation, loans, engagement with the private sector, impact investment and innovative financing mechanisms. There is a role for development assistance to increase in the interim as raising additional revenue from these sources will take time. In the medium term it may be appropriate for international NCD funding to remain low where LMICs successfully assume financial responsibility for preventing and controlling NCDs. Countries will have to manage blends of innovative and traditional funding sources, whilst finding ways to boost tax revenue for NCDs.”

The NCD challenge: Current status and priorities for sustained action (8-9 June, Geneva)

“The Graduate Institute and WHO convened a meeting of international experts and selected representatives of other relevant stakeholders to brainstorm about priority actions to reinforce collective global action on NCDs.”

Check out the concept note, background paper, discussion paper, … (must-reads!!)

Globalization & Health - Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure

“… Risks for many of the major NCDs are associated with the production, marketing and consumption of commercially produced food and drink, particularly those containing sugar, salt and transfats (in ultra-processed products), alcohol and tobacco. The problems inherent in primary prevention of NCDs have received relatively little attention from international organizations, national
governments and civil society, especially when compared to the attention paid to secondary and tertiary prevention regimes (i.e. those focused on provision of medical treatment and long-term clinical management). This may in part reflect that until recently the NCDs have not been deemed a priority on the overall global health agenda. Low political priority may also be due in part to the complexity inherent in implementing feasible and acceptable interventions, such as increased taxation or regulation of access, particularly given the need to coordinate action beyond the health sector. More fundamentally, governing determinants of risk frequently brings public health into conflict with the interests of profit-driven food, beverage, alcohol and tobacco industries. **We use a conceptual framework to review three models of governance of NCD risk: self-regulation by industry; hybrid models of public-private engagement; and public sector regulation.** We analyse the challenges inherent in each model, and review what is known (or not) about their impact on NCD outcomes.” The Conclusion: “While piecemeal efforts have been established, we argue that mechanisms to control the commercial determinants of NCDs are inadequate and efforts at remedial action too limited. Our paper sets out an agenda to strengthen each of the three governance models. We identify reforms that will be needed to the global health architecture to govern NCD risks, including to strengthen its ability to consolidate the collective power of diverse stakeholders, its authority to develop and enforce clear measures to address risks, as well as establish monitoring and rights-based accountability systems across all actors to drive measurable, equitable and sustainable progress in reducing the global burden of NCDs.”

**WHO - ECOSOC’s latest Task Force resolution calls for more investment in NCDs**


“**To accelerate global and national responses to NCDs, the UN Economic and Social Council (ECOSOC) has called for greater financing to respond to the global epidemics of heart and lung diseases, cancers and diabetes, including providing sufficient resources for the work of the UN NCD Task Force.”** “...ECOSOC Member States highlighted the progress made by the 40-plus member **UN Task Force in supporting countries to tackle NCDs.** Such actions include a joint programme supporting national NCD efforts in areas such as cancer, mobile technologies and action across government.”

**NEJM – Global Health Effects of Overweight and Obesity**


Based on a new **GBD study** - **More than two billion people overweight or obese.** “**New study launched at EAT Food Forum reveals 30% of the world’s population affected by weight problems.”**

“**Globally, more than two billion children and adults suffer from health problems related to being overweight or obese, and an increasing percentage of people die from these health conditions, according to a new study published by the Institute for Health Metrics and Evaluation (IHME), University of Washington. The study, entitled “**Health Effects of Overweight and Obesity in 195 Countries over 25 years”, was launched at the 2017 EAT Food Forum in Stockholm and published in The New England Journal of Medicine....”

Time for the movie. ‘**Eat, Drink, Die’**.

Coverage, among others, by Sarah Boseley in the **Guardian - Being overweight – not just obese – kills millions a year, say experts**. Including the quote, apparently directed at me (and many others):
“...Those half-serious New Year resolutions to lose weight should become year-round commitments to lose weight and prevent future weight gain.”

Or perhaps it’s time for the global health community to make some New Year’s resolutions on tackling the commercial determinants of health. “Kill ‘em all!”

**Expert Group Meeting on Integrated Approaches to Implementing SDG 3** (New York, 15-16 June)

http://sdg.iisd.org/events/expert-group-meeting-on-integrated-approaches-to-implementing-sdg-3/

“This Expert Group Meeting (EGM) will address 'integrated approaches to implementing SDG 3’ (good health and wellbeing). It is being organized by WHO, the UN Department of Economic and Social Affairs (DESA), UNICEF, UNAIDS, the UN Foundation and the UN Population Fund (UNFPA). The meeting will provide a platform for experts from a range of sectors to come together and discuss challenges, opportunities and emerging issues that could have an impact on SDG 3 implementation. The outcome of the meeting will serve as a substantive input to the HLFP session on SDG 3 and to other parts of the Forum’s deliberations. The indivisible nature of the SDGs will be a fundamental assumption of the discussions. Key questions to address include: What are the bottlenecks to implementing SDG 3? What are key emerging issues with relevance to implementing SDG 3? How can links between SDG 3 and other SDGs help to advance implementation of SDG 3 and the Agenda in general? What lessons and best practices exist from MDG implementation which could be applied for SDG3 and the Agenda as a whole?”

**Polio**

**End Polio Now event (Atlanta, 12 June)**


(must-read) “Last week, a polio outbreak was confirmed in Syria — a setback for polio eradication efforts, which have managed to reduce the number of endemic countries to just three: Afghanistan, Nigeria and Pakistan. But that blow was followed by a boost. On Monday, leaders gathered at the Rotary Convention in Atlanta, Georgia to pledge $1.2 billion toward efforts to end the disease. Together, the Bill & Melinda Gates Foundation and Rotary International have pledged $450 million to end polio over the next three years, building on a partnership that has been key to the success of efforts so far. Polio is now close to becoming the second human disease to be eradicated....”

“...The $1.2 billion in funding commitments announced on Monday is just $300 million short of what global health experts have said is needed to ensure eradication. Pledges included $75 million from Canada; $61.4 million from the European Commission; and $55 million from Japan. The United States remains the largest government funder of the Global Polio Eradication Initiative — something Gates acknowledged in his remarks, before expressing concern about cuts to foreign aid in the U.S. and elsewhere.”
See also Reliefweb - Global leaders unite to bring polio one step closer to eradication.

Read all about the polio related efforts for decades from “Rotarians”, the view of John Germ - president of Rotary International - a name which should provide him with easy access to @RealDonaldTrump in our opinion, ...

And a quote from Tedros at the event: "We have the virus cornered" - Dr Tedros @WHO on #polio need for #onelastpush announcing global pledge of $1.2 b"

Guardian – Polio outbreaks in DRC set back global efforts to eradicate the disease

Later this week, a (new) setback was again reported, though, this time in the DRC. See also WHO.

CFR (blog) GPEI's Funding Decline Among Tedros' Top Challenges as WHO Director-General

Indepth analysis. We were struck, among others, by this paragraph: “...In addition to programmatic gaps, WHO also confronts a self-acknowledged “reputational risk” if it doesn’t handle polio transition well. The historic success of polio eradication would be tainted if low-income country immunization systems subsequently begin to falter. Although the GPEI is an international partnership comprised of the U.S. Centers for Disease Control, Rotary International, UNICEF, and the Bill & Melinda Gates Foundation along with WHO, it is WHO that likely will bear the brunt of any criticism if polio transition fails. “

See also Devex - As polio approaches elimination, transition poses risk.

And a quick link (Fox) - Polio, Eliminated: As former CDC Directors we are optimistic that the complete eradication of the disease is close. View of 3 former CDC directors.

Trump & global health

Our weekly ‘disaster’ section.

KFF (Brief) - What Could U.S. Budget Cuts Mean for Global Health?
“President Trump’s FY 18 budget request to Congress includes unprecedented cuts to global health. If enacted, they would total approximately $2.5 billion and bring funding below FY 08 levels. Still, the President’s budget is just the first step in a longer process where Congress now takes center stage. We developed “budget impact models” to assess the impact of funding cuts. We modeled three budget scenarios – the Administration’s proposed cuts as well as two more modest decreases – in countries that receive U.S. global health assistance for HIV, TB, family planning, and maternal, newborn, and child health.

Based on our models, the potential health impacts of these one-year cuts is significant across all three budget scenarios. For example, depending on the size of the cut, we estimate that starting next year: Additional new HIV infections would range from 69,200 to 280,100; the number of people on antiretrovirals could decline by almost one million in the steepest budget cut scenario; Additional new TB cases would range from 7,600 to 31,100; The number of women and couples receiving contraceptives would decline, ranging from 6.5 million to almost 25 million; the increase in the number of abortions would range between 819,000 to more than 3 million; and additional maternal, newborn, and child deaths would range between 7,000 and 31,300.”

This brief came out just before Rex Tillerson (Secretary of State) had to face Congress.

Devex – Senators promise rewrite of Trump’s foreign aid budget in hearings

(recommended) “Senators dismissed United States President Donald Trump’s proposed cuts to foreign assistance in two hearings on Tuesday, with members from both parties promising to not use the White House proposals as a guide in 2018 appropriations for aid. Members of both the Senate Committee on Foreign Relations and the Senate appropriations Subcommittee on State, Foreign Operations made it clear that the budget Congress puts forward is likely to look quite different from the administration’s proposals. ... ... U.S. Secretary of State Rex Tillerson testified at both hearings, which centered around the president’s budget request for the State Department. The hearings are being highly watched by diplomats and aid professionals as an indicator of if and where they should brace for dramatic budget cuts.”

For more info & analysis on these hearings, see


Humanosphere – Tillerson’s ‘less is more’ strategy for foreign aid meets bipartisan skepticism in Senate (recommended)

“...Tillerson defended the reduction arguing that the foreign affairs agencies “have not evolved” in the face of a changing world. U.S. foreign policy, he said, needs to change. The Trump administration is prioritizing security over aid, Tillerson said. The strategy, he said, is to shift funds from the foreign affairs budget to increase funding of the Defense Department. The goal is to alter the way the State Department and USAID work to better align with the new administration’s emphasis on national security. Put another way, helping people overseas doesn’t fit an “America First” mindset.”
CGD analysis - Rex Tillerson’s Hearings Before Congress: What Was Said and What CGD Experts Think. (which includes the view of Amanda Glassman on funding cuts foreseen)

(and also focusing on global health funding cuts) - Science Speaks - When Senators question Tillerson on global health impacts of State Department cuts, numbers speak louder than words

BMJ (blog) – Chris Simms: Russian dolls—revealing Trump’s diminution of the common good

BMJ Blog:

One of our favourite bloggers. Concluding paragraph: “...The assertion by Trump’s advisers that there is no “global community” is similar to Margaret Thatcher’s observation “there is no such thing as society.” Thatcher’s statement—“there are only individual men and women and there are families . . . and people must look after ourselves first”—reads much like Trump’s advisers’ declaration: “An arena where nations, nongovernmental actors, and businesses engage and compete for advantage.” In these circumstances, without a moral code, a sense of the greater good, or a commonweal, the last of the Russian dolls (which in folklore is meant to be a pleasant surprise) is neither surprising nor pleasing.

Plos Med (Perspective) - Malaria control adds to the evidence for health aid effectiveness

Plos Med:

“In this Perspective, Eran Bendavid discusses the broader political and health consequences of US foreign aid in light of the study by Aleksandra Jakubowski and colleagues of the President’s Malaria Initiative in sub-Saharan Africa.” The study itself: “In a difference-in-difference analysis, Aleksandra Jakubowski and colleagues show that the introduction of the U.S. President’s Malaria Initiative in 19 African countries was associated with a significant reduction in the annual risk of under-five child mortality.”

The chance that Trump & advisors will pay much attention? Unfortunately, near nil.

Naomi Klein – Daring to dream in the age of Trump


(longread) “Resistance is necessary, but it’s not enough to win the world we need.” Well worth a read. Among others, we all need to kill our ‘inner Trump’. Some info on your “Trump within”: “…Maybe it’s the part whose attention span is fracturing into 140 characters, and that is prone to confusing “followers” with friends. Maybe it’s the part that has learned to see ourselves as brands in the marketplace rather than as people in communities. Or the part that sees other people doing similar work not as potential allies in a struggle that will need all our talents, but as rival products competing for scarce market share....”
Tedros’ first weeks (even if he only starts on 1 July, officially)

Tedros “touring” in the US

IP-Watch – WHO Director-Elect Tedros In US, Meeting With Funders, International Organisations, Governments


HL Health diplomacy @work. “World Health Organization Director-Elect Tedros Adhanom Ghebreyesus is touring the United States this week, visiting key funders of the WHO, partner international organisations, US government agencies and nongovernmental organisations, and a Canadian ministry. … Tedros is in the United States of America 12-17 June to share his vision for the WHO with global leaders, before taking up his new position on 1 July.”

… Over five days Dr Tedros will meet with Bill Gates, co-chair of the Bill & Melinda Gates Foundation; Jim Kim, World Bank Group President; Anthony Lake, UNICEF Executive Director; Tom Price, Secretary of US Health and Human Services; and others, including leadership for the Canadian Ministry of International Development and La Francophonie, Carter Center, United Nations, US Agency for International Development, US Centers for Disease Control and Prevention, and the US State Department.” (must-read)

Some tweets:

Richard Horton – “Tedros’s 1st act as DG-elect is to get US committed to global health—and WHO. I’d drop into the WH too if I were you.”

Tedros duly complied: “Paid a visit to @IvankaTrump at the #WhiteHouse Enjoyed our exchanges on global health issues. https://www.facebook.com/photo.php?fbid=1285175408218615 Impressed by her commitment to advance WHO’s mission” (not sure this is what Richard had in mind)

Bono hasn’t been spotted yet, but hey, this is the age of Ariana Grande & other Justin Biebers, millennials & teenagers tell me.

“Stefan Peterson (UNICEF) - We are keen to discuss how #Community #healthsystems can operationalize #UHC, universal HEALTH coverage.”

“WHO Director-General elect Dr Tedros meets w/ Bill Gates & discussed on @WHO & @gatesfoundation collab initiatives on primary health care”

CFR - Tedros, Taiwan, and Trump: What They Tell Us About China’s Growing Clout in Global Health

Must-read analysis by Yanzhong Huang. “With China’s rapid advancement in global health and U.S. retreat from this area, we will see a WHO increasingly looking toward China for leadership.”

Certainly, Tedros knows how to talk to the Chinese.

Laurie Garrett on Global Health – 9 June newsletter

http://links.cfr.mkt5175.com/servlet/MailView?ms=NTQyNDcwMzQS1&r=NTIzMzIzOTIxMzcS1&j=MTE4MTU2MTk0MQS2&mt=1&rt=0

Always worth reading. There are troubles ahead for Tedros, Laurie ominously warns. Nobody can ominously warn like Laurie.

The conversation - With an African running the WHO, it’s time for the continent to get hands on


Great read & ditto message. “African leaders have a role to play in helping the new Director-General achieve [his] objectives. And the best way for them to contribute is by dusting off the 2001 Abuja Declaration in which AU member states resolved to increase their health budgets to at least 15% of the state’s annual budget.”

Devex - New WHO chief Tedros says 'no more excuses' on delivering universal health coverage


From late last week, at the EDD in Brussels: “Tedros Adhanom Ghebreyesus, the new director-general of the World Health Organization, has called on governments to stop dragging their heels and making excuses, and to “walk the walk” when it comes to achieving global universal health coverage. Tedros, who was elected to the top WHO position in May, said that achieving “health for all” should be put front and center in all development efforts since “if there is no health, there is nothing.” His remarks came during the final session of the European Development Days summit in Brussels.”

Global Health Governance Programme (blog) – An Introduction to UHC

M Tichenor http://globalhealthgovernance.org/blog/2017/6/15/an-introduction-to-universal-health-coverage

The author (from Devi Sridhar’s team) dissects Tedros’ view on UHC.
Washington Post (Monkey Cage) – The World Health Organization just picked a new leader. These are the challenges he faces.


You know you have to read this analysis. “Tedros may be in the impossible position of trying to satisfy too many demands with not nearly enough money.”

Devex – The World Bank and Ivanka Trump — an unlikely alliance


An update on this (unsavoury) story/blossoming relationship.

Devex – Q&A: Jeff Sachs on anti-poverty financing — a failure of moral imagination and will?


Well worth a read. Interview with Sachs on the sidelines of the EDD 2017 conference in Brussels.

Excerpt: “...Do you think the transformation of development finance to private sector or domestic resources is — first — a good thing, and — secondly — happening quickly enough to actually make up for likely decreases in official development assistance?

On the whole, it’s not a good thing in that it’s an abdication of responsibility of rich and powerful people; in the U.S. you have some of the most powerful and richest people in the world fighting for further tax cuts. And so I’m not too happy about all of this rhetoric that it’s all domestic resource mobilization and it’s all private sector [responsibility]. They have their role but so do the 2,034 billionaires on the Forbes list for 2017 with a combined net worth of $7.7 trillion. Or take the case of Saudi Arabia with Trump’s visit recently; $110 billion of new arms purchases — is that really the best use of money in a low oil price world when you have so many social problems throughout the Middle East?

So I think people need to think hard about how we’re using our vast wealth right now. This is a world of $727 trillion; 1 percent of that — 1.7 trillion dollars — could solve all the problems of poverty in the world. Our failure to do so is a failure of moral imagination; it’s a failure of will. Let’s use some of those resources by taxation or by these wealth holders giving their funds so that we can actually get the job done. We could put a tax on the deposits in these tax havens; that would be a simple thing to do. We could say that we’re going to take out of the $1.5 trillion dollars of military
spending per year, just 10 percent of it, and shift it to development aid — that would be $150 billion, and that would be enough to get a lot of this job done as well.”

Eat that, Tim “leveraging, harnessing & catalyzing” Evans 😊.

**Lancet (Editorial) – What is a Global Britain?**


The Lancet’s Definition of a Global Britain differs substantially from the Conservative Party’s, I’m afraid. (so the message is clear: get rid of the Tories sooner rather than later!)

**Canada’s new “feminist” foreign policy**


Devex – Canada’s new foreign aid policy puts focus on women, rights


“Canada is placing women and girls at the heart of its poverty eradication efforts. Minister of International Development Marie-Claude Bibeau released the country’s long-awaited international assistance policy last Friday, a strategy that calls itself “feminist” and represents a major shift of the country’s vision for international development onto the world’s most vulnerable and marginalized populations. Within five years, 15 percent of Canadian aid will be dedicated to gender equality programs, compared to 2 percent in 2015-2016, Bibeau said.”

But, see also "Liberals' 'Feminist' Foreign Aid Policy Doesn't Include New Spending"

“...The Liberal government’s new feminist development policy makes no new spending commitments for foreign aid, despite numerous calls by international agencies to do so. The new plan, unveiled Friday by International Development Minister Marie-Claude Bibeau, does reallocate $150 million of the existing aid budget to women’s organizations in 30 countries over the next five years....

... Defense minister Sajjan’s announcement in particular committed the government to a $62-billion increase in defence spending over the next 20 years. ... “The juxtaposition of a recommended 70 percent increase to the defence budget with a recommended zero per cent increase to the development budget is simply stunning,” said Stuart Hickox, the Canadian head of the anti-poverty group One.”

We have a hunch our Belgian minister will follow suit. Little (new) money, maximum visibility. That’s how some politicians like it.
For a more upbeat analysis, see UN Dispatch - This What a Feminist Foreign Policy Looks Like (recommended)

Devex – Europe alone cannot plug the family planning funding gap — Sweden's Modéer


“The international family planning community needs to look beyond the “usual suspects” of the Nordic countries when it comes to filling the funding gap left by the United States’ recent reimposition of the “global gag rule,” a top Swedish development official told Devex. Ulrika Modéer, Sweden’s state secretary for international development, said it will also take more than actions by the European Union to make up for America’s cessation of family planning funding.”

Lancet Planetary Health (June issue)

http://www.thelancet.com/journals/lanplh/issue/current#.WTuYTfW4QfQ.twitter

Check out certainly the editorial - Climate change—the wider threat which zooms in, among other things, on rising ecoanxiety. “…On March 29, a report by the American Psychological Association and ecoAmerica was released on this subject. The report proposes that the worsening state of the environment is causing a sense of stress—so-called ecoanxiety—that influences the way people interact in their communities. The report calls for more to be done to mitigate climate change’s effect on mental health.”

But read also One planet regions: planetary health at the local level with info on the “One Planet Principles”, ten principles for local and global sustainable living. And on the HPI: “…There is also a pressing need to change the way societal and community progress is measured to more accurately reflect an ecosocial approach to health. We are thus interested in applying the Happy Planet Index (HPI) at a community as well as at a national level. The HPI, an innovative measure developed by the New Economics Foundation, measures precisely what population and planetary health is interested in: life quality (life expectancy × life satisfaction × equity factor) per unit of ecological footprint.”

And a letter: The inexorable death of first peoples: an open letter to the WHO

BMJ Global Health – Health policy and systems research: towards a better understanding and review of ethical issues

V A Luyckx, Nhan Thran et al; http://gh.bmj.com/content/2/2/e000314?cpetoc
“Given the focus on health systems in the post-millennium development goal era and moving towards the sustainable development goals, there is a compelling need for a common framework for health policy and systems research ethics to guide researchers and facilitate review by research ethics committees. A consultation of global health policy and systems research and ethics experts was convened to identify ethical considerations relevant to health policy and systems research based on existing knowledge and to identify knowledge gaps through a scoping review and further expert deliberation. Health policy and systems research is highly complex and, in the absence of guidance documents, there is significant variability in ethics review. Although fundamental ethical principles pertain to both traditional clinical research and health policy and systems research, the application of these principles requires a comprehensive understanding of the nature of health policy and systems research with its distinct challenges. Such awareness must be raised among researchers and research ethics committees. Current research ethics committees lack familiarity with health policy and systems research and because health policy and systems research is conducted in real-world contexts, committees often have difficulties in determining whether a project is indeed research and/or requires ethical review. Given the strong current focus on health policy and systems research to rapidly improve health and health systems functioning globally, greater engagement and dialogue around the ethical concerns is required to optimise research review and research conduct in this rapidly evolving field.”

World Day against Child labour (12 June)


“The International Labour Organization (ILO) launched the World Day Against Child Labour in 2002 to focus attention on the global extent of child labour and the action and efforts needed to eliminate it.”

“Globally over 1.5 billion people live in countries that are affected by conflict, violence and fragility. At the same time, around 200 million people are affected by disasters every year. A third of them are children. A significant proportion of the 168 million children engaged in child labour live in areas affected by conflict and disaster. The 2017 World Day Against Child Labour focuses on the impact of conflicts and disasters on child labour.”

“Urgent action is needed to tackle child labour in areas affected by conflict and disaster. If the SDG Target 8.7 which aims to “eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour” is to be achieved by 2030, we need to intensify and accelerate action to end child labour, including in areas affected by conflict and disasters.”

ILO - “Children in areas affected by conflict and disasters are among the most vulnerable. No child must be left behind.” says ILO Director-General Guy Ryder in his statement for World Day Against Child Labour.

See also Reliefweb - World Day against Child Labour 2017: "In conflicts and disasters, protect children from child labour"
A reality check from India: World Against Child Labor Day: Celebrations Noisier Than Reality?

https://www.dissdash.com/2017/06/world-against-child-labor/

“One child in India disappears every 8 minutes. He disappears forever into a dark shadow world of slavery, never to return. What becomes of him is a tale too horrendous for words.”

https://www.theguardian.com/law/child-labour

Global humanitarian crisis

Humanosphere - As US get stingy on foreign aid, Germany calls on others to step up

http://www.humanosphere.org/world-politics/2017/06/as-us-get-stingy-on-foreign-aid-germany-calls-on-others-to-step-up/

“Germany wants to start a new global emergency relief fund just as the U.S. announces its intention to leave the United Nation’s Green Climate Fund, the latest move by the Trump Administration to diminish America’s role in foreign aid. The announcements come roughly a week apart and show how diverging priorities for some of the world’s largest economies may reshape the humanitarian system. German Development Minister Gerd Mueller re-upped his call for a 10 billion Euro emergency fund, over the weekend. He cited the rising hunger rates in East Africa as an example. It is a part of a broader hunger emergency where more than 20 million people are at risk of dying from starvation in Nigeria, Somalia, South Sudan and Yemen. Nearly $5 billion is needed to avert famine.... “

Humanosphere - Global spread of cholera amid famine are symptoms of political collapse


“The world is witnessing a resurgence of cholera accompanying several hunger crises that threaten more than 20 million people in four countries.” That is no coincidence.

See also a Chatham House Comment - Yemen’s Cholera Outbreak Can Be Stopped

Reuters - Record hunger in Horn of Africa pushes development banks to step in.

“With a record-breaking 26.5 million people going hungry in the Horn of Africa, development banks are increasing their humanitarian funding to fill a gap left by traditional donors, a high-level mission said on Tuesday. ... ... In an unprecedented move, the World Bank is giving $50 million to the International Committee of the Red Cross (ICRC) and the U.N. Food and Agriculture Organization to
distribute emergency food, water and cash in Somalia. ... The African Development Bank (ADB) has also announced $1.1 billion to combat drought in six countries, mostly in the Horn of Africa.”

**Humanosphere** - [Ethiopia running out of food aid money, magnifying regional threat](#).

And a link (Guardian): [Child refugees held in ‘harrowing’ conditions across south-east Asia](#) (based on a report from Save the Children and the Asia Pacific Refugee Rights Network).

**UN Dispatch** - [The Secretary of State Accused Saudi Arabia’s Foes of Stealing Humanitarian Aid in Yemen. Aid Agencies Do Not Agree](#). This could get really ugly.

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**Lancet – A global research agenda on migration, mobility, and health**

J Hanefeld et al (on behalf of the Researchers on Migration, Mobility and Health Group)


“With 1 billion people on the move globally—more than 244 million of whom have crossed international borders—and a recognised need to strengthen efforts towards universal health coverage, developing a better understanding of how to respond to the complex interactions between migration, mobility, and health is vital...” “... The specific challenges we have encountered in our fieldwork in migration contexts highlight the need for better evidence to improve health-system responses to migration, mobility, and health. We have identified five core areas in which action is needed to support the development of a global research agenda on migration, mobility, and health. ...”

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**Lancet – The need for a complex systems model of evidence for public health**


“Despite major investment in both research and policy, many pressing contemporary public health challenges remain. To date, the evidence underpinning responses to these challenges has largely been generated by tools and methods that were developed to answer questions about the effectiveness of clinical interventions, and as such are grounded in linear models of cause and effect. Identification, implementation, and evaluation of effective responses to major public health challenges require a wider set of approaches and a focus on complex systems.”

In public health, even in the age of fake news, ‘Dumb & Dumber’ politicians & distorted reality, we courageously continue to pursue the path of complexity. And rightly so.
Lancet Child & Adolescent Health: first publication

http://www.thelancet.com/journals/lanchi/article/PiIS2352-4642(17)30001-9/fulltext

This first publication from the Lancet Child and Adolescent Health zooms in on cerebral damage in congenital Zika virus syndrome.

Health & Human Rights (June issue)

https://www.hhrjournal.org/

This issue features two special sections: Abortion and Human Rights, and Drug Control and Human Rights.

Third World Quarterly – Is global inequality getting better or worse? A critique of the World Bank’s convergence narrative


“The dominant narrative of global income inequality is one of convergence. Recent high-profile publications by Branko Milanovic and the World Bank claim that the global Gini coefficient has declined since 1988, and that inter-country inequality has declined since 1960. But the convergence narrative relies on a misleading presentation of the data. It obscures the fact that convergence is driven mostly by China; it fails to acknowledge rising absolute inequality; and it ignores divergence between geopolitical regions. This paper suggests alternative measures that bring geopolitics back in by looking at the gap between the core and periphery of the world system. From this perspective, global inequality has tripled since 1960.”

World Elder Abuse Awareness Day (15 June)

WHO – Abuse of older people on the rise – 1 in 6 affected

“Around 1 in 6 older people experience some form of abuse, a figure higher than previously estimated and predicted to rise as populations age worldwide. A new study, supported by WHO and published in the Lancet Global Health, has found that almost 16% of people aged 60 years and older were subjected to either psychological abuse (11.6%), financial abuse (6.8%), neglect (4.2%), physical abuse (2.6%) or sexual abuse (0.9%). The research draws on the best available evidence from 52 studies in 28 countries from different regions, including 12 low- and middle-income countries.”
“Although robust prevalence studies are sparse in low-income and middle-income countries, elder abuse seems to affect one in six older adults worldwide, which is roughly 141 million people. Nonetheless, elder abuse is a neglected global public health priority, especially compared with other types of violence.”

WHO – WHO to develop Essential Diagnostics List


“The 20th WHO Model List of Essential Medicines was published on 6 June this year, with a number of important new additions, including a recommendation by the Expert Committee on the Selection of Essential Medicines that WHO develop an Essential Diagnostics List (EDL). Based on that recommendation, WHO has begun to lay the ground for the preparation of the list, which will become an important contribution to UHC.”

See also GHTC’s stance on this news.

HSG directory online

https://healthsystemsglobal.wildapricot.org/

Log in and look for peers and establish connections.

Global health events

UHC 2030 - First meeting of new UHC2030 steering committee (Geneva, 15-16 June)


On the agenda: “Take stock of progress to date in establishing UHC2030 and consolidate working arrangements; Review initial progress on UHC2030 workplan and agree on where more attention is needed in going forward; Discuss findings of ECD monitoring and follow-up, including forward-looking discussion on role of development cooperation in support of health systems strengthening and UHC; Agree on approach to develop strategies for accountability, knowledge sharing and advocacy under UHC2030; Agree on co-chairs and functioning of constituencies.”
Check the tweets from Simon Wright (Save the Children) for some of the key messages from this meeting.

Web stream from WHO Advanced Course on Health Financing for Universal Coverage in Low- and Middle-Income Countries: Keynote session (14 June)


You can watch it again. This year's keynote session (in Barcelona) was on the use of global and local evidence to inform health financing policy for universal health coverage. Midori de Habich Rosspigliosi, former Minister of Health, Peru & Eyitayo Lambo, former Minister of Health, Nigeria were the keynote speakers.

UN News – 'Unprecedented' conference on rights of persons with disabilities gets under way at UN


“A major intergovernmental meeting got underway at the United Nations [today], bringing together a wide range of stakeholders to ensure the full implementation of a landmark treaty on the rights of persons with disabilities. “The Convention [on the Rights of Persons with Disabilities, or CRPD] is one of the most progressive human rights treaties, recognizing the role of the people it is trying to impact,” Georgi Panayotov, the Permanent Representative of Bulgaria to the UN and the President of the 10th session of the Conference of States Parties to CRPD, said at a press conference today at the UN Headquarters in New York. “This is the beginning of the second decade of the CRPD...”

G20 Africa summit (Berlin)

Devex – G20 Africa summit seeks greater private investment in Africa


“Germany used its G-20 presidency to call on governments and business to boost private investment in Africa, during a two-day conference with leaders from the continent in Berlin this week. The meeting highlighted Germany’s bid to use its G-20 presidency to urge donors to move beyond traditional development assistance and toward more private investment in African countries. The conference, themed “Investing in a Common Future,” comes ahead of next month’s G-20 summit in Hamburg....”
Coming up – 1st WHO Africa Health Forum: Putting People First: The Road to Universal Health Coverage in Africa (Kigali, 27-28 June)

http://africahealthforum.afro.who.int/

“The Forum will cover WHO AFRO’s vision for health and development across the continent including how to improve health security, progress towards equity and Universal Health Coverage (UHC), and the unfinished agenda of communicable diseases while exploring the new Sustainable Development Goal (SDG) targets. The forum looks to address the following objectives: Provide a platform to discuss innovative strategies on persistent challenges in public health in the African Region; Promote reinforced country ownership and governance for health; and Explore concrete ways for partners to contribute in reforming the work of WHO in the African Region and fulfill the aims of the Africa Health Transformation Programme 2015-2020.”

In related news, you might also want to read an interview with WHO Afro boss Moeti, in Devex - WHO AFRO reforms: A conversation with Dr. Matshidiso Moeti.

Devex – Women Deliver 2019 to be held in Canada


More specifically, in Vancouver, from 3-6 June 2019. “The fifth Women Deliver Conference — the world’s biggest gathering on women’s health and rights — will be held in Canada in 2019, it has been announced. Canadian Prime Minister Justin Trudeau said today that the conference — which brings together more than 6,000 political leaders, health experts, advocates and other stakeholders every three years — will be held in Vancouver from June 3-6, 2019. It will be seen by many as confirming Canada’s position as a global leader on women’s issues….” “...The news comes as Canada positions itself as a major champion of gender equality and women’s rights through its foreign assistance efforts, outlined in its self-styled “feminist” International Assistance Policy released last week.”

Coming up - PBF & Family Planning: a participatory meeting (Antwerp, 14-15 September)


“A group of international experts on Family Planning and/or Performance Based Financing (PBF) are preparing an international meeting entitled “Improving quality of care measurement of family planning in Performance Based Financing systems”. This meeting is part of a larger effort aiming at updating how PBF and other results-based financing programs address quality of care in low- and middle-income countries. The meeting is co-organized by several partners: the WHO, Population Council, Blue Square, the Institute of Tropical Medicine – Antwerp and the PBF Community of Practice. The concept note of the event is available here.”
Coming up: webinar - How do we manage the delicate balance between ‘technical’ and ‘social’ in translating evidence to action? (29 June)

IDS:

“In the first of the Research to Action Roundtable webinar series the Institute of Development Studies, the Impact Initiative and Health Systems Global (HSG) Thematic Working Group (TWG) ‘Translating Evidence to Action’ will host an expert panel to discuss their experiences in turning evidence into impact. The webinar will build upon the issues discussed in The Social Realities of Knowledge for Development, an edited collection of articles by IDS and the Impact Initiative. The panelists will shed light on their challenges and successes in translating evidence to action and their experiences of balancing the ‘technical’ and the ‘social’.”

And finally, a few tweets from Richard Horton: “The Institute for Health Metrics and Evaluation holds its annual board meeting this week. How can we make data transform health outcomes?”

“Chris Murray celebrates 10 years of the Institute for Health Metrics and Evaluation.”

Global governance of health

Global Fund Executive Director – vacancy


(For the high potentials/high achievers among you) And that the best may win!

See also GFO - Global Fund advertises executive director position on The Economist’s Jobs Board.

ODI – Donor resilience index

https://www.odi.org/opinion/10423-donor-resilience-index

“Are donor countries well-prepared to address future development challenges? Explore using this interactive index to compare current spending priorities.”

“The index proposes a hierarchy of aid allocations, with priority to fragile and high poverty gap countries and for global public goods, compared to growth and social sectors. More resilient donors on the index are those, firstly, with a larger share of the portfolio going to high poverty gap and/or fragile countries, relative to all other countries; and, secondly, with a larger share of global public goods spending, relative to spending on growth and social sectors.”
G20

G20 – First G20 Health Ministers’ meeting demonstrates benefits of Merkels ownership of G20 agenda

H Jorghensen; http://blog.t20germany.org/2017/06/08/first-g20-health-ministers-meeting-demonstrates-benefits-of-merkels-ownership-of-g20-agenda/

Recommended analysis of the G20 health ministers’ meeting of a few weeks ago & Merkel’s brinkmanship/ownership. “In her pursuit for stronger global health governance cooperation under the aegis of the G20, Angela Merkel is showing what can be achieved when leaders are both experienced and driven enough to steer the G20 towards achieving useful and effective outcomes. Although the challenge of finding meaningful consensus between leaders in global governance forums appears to have increased in recent times – the recent G7 leaders meeting at Taormina being a notable example – small wins can and should still be pursued.”

Among others, Merkel’s global health interest fits in her focus on ‘inclusive growth’ for the G20.

T20 present proposals for G20 to German government

http://www.t20germany.org/2017/05/30/20-solutions-g20/

“International think tanks in the Think 20 group (T20) [today] presented twenty policy proposals for the twenty largest industrialized and emerging countries (G20) to German Chancellery Minister Peter Altmaier. Unveiled at the T20’s Global Solutions Summit in Berlin, the document “20 Solution Proposals for the G20” contains recommendations about dealing with global challenges like climate change, inequality, and digitalization. The T20 called on the G20 to follow up on the proposals by agreeing concrete steps for implementation.”

Global Governance Futures - Pandemonium: Risk Factors for Future Pandemics

http://www.gg futures.net/ggf-publication/article/pandemonium-risk-factors-for-future-pandemics/

“Following the containment of Ebola, reforming global health governance and improving pandemic detection and response capabilities have been high on the agendas of actors within both the public health and global security sectors. Looking forward to the next decade, this report explores how global health governance and pandemic responses could evolve. It presents two hypothetical pandemic scenarios and considers how both global health actors and the broader geopolitical landscape could shape preparedness and response to these health threats. The scenarios could be considered “stress tests” for global health governance: which components of the global health preparedness and response system would be challenged, and which would prove resilient...”
IISD SDG data portal

https://sustainable-development-goals.iisd.org/country-data

“Our portal, the first of its kind, provides visualizations of the indicators that countries are choosing to report on for the SDGs: a bottom-up view of national indicator reporting, based on the top-down indicators selected by the United Nations (UN). The indicator data is compiled, as it becomes available, based on reviews of countries’ voluntary reports to the UN High-Level Political Forum. The data will be updated periodically as more countries submit these reports.”

WHO –WHO strengthens surveillance, alert and response using an innovative electronic system in South Sudan

Reliefweb:

“In collaboration with the Ministry of Health, WHO has rolled out an electronic surveillance system called Early Warning, Alert and Response System (EWARS) to enhance the collection, management and analysis of Integrated Disease Surveillance and Response (IDSR) data. The overall objective of the web based system is to overcome the reporting challenges of the transmission of paper-based standardized data tools and strengthen surveillance and response capacities and ultimately reduce morbidity and mortality from epidemic prone diseases as well as other public health events.”

OpenWHO

https://openwho.org/

“OpenWHO is WHO’s new interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. OpenWHO enables the Organization and its key partners to transfer life-saving knowledge to large numbers of frontline responders.”

Devex – A Devex guide to EuropeAid


“The European Union and its member states together make up the world’s largest donor of development funding, collectively providing 68 billion euros ($74 billion) of aid — more than half of global efforts — in 2015, according to OECD data. A single EU institution, the European Commission, alone disbursed 10.3 billion euros ($11.2 billion) of development aid that year, money that was directed both toward recipient government budget support and specific projects. … … Most of the money the Commission disburses is channeled through the Union’s aid agency, popularly known as EuropeAid. But what does EuropeAid do and how does it work? Here’s what you need to know....”
In related news, you might also want to read (on IISD) - New European Consensus for Development Aligns with 2030 Agenda (see also last week’s IHP newsletter)

“...The new Consensus, which replaces the 2006 European consensus on development, sets out a vision for the EU’s engagement with the world, and provides the cornerstone for its development aid, with the SDGs as a cross-cutting dimension of its work. It also references the Addis Ababa Action Agenda (AAAA) as an integral part of the 2030 Agenda, and the Sendai Framework for Disaster Risk Reduction (DRR) and Paris Agreement on climate change as being complementary to it. In the Consensus, EU Member States commit to spending 20% of European official development assistance (ODA) on social inclusion and human development. They seek to strengthen resilience against environmental and economic shocks, and to step up efforts to address the root causes of irregular migration and forced displacement. The Consensus will guide policy coherence across EU Member States on many issues, including trade, finance, environment and climate change, food security, migration and security, with particular attention to combating illicit financial flows and tax avoidance....”

Devex – A fair global tax system is imperative for development, experts say


Damned right. An update on the current state of affairs (BEPS, etc) in this respect, according to experts at the EDD in Brussels. For the moment, “...revenues are low in many (developing) countries due to tax evasion and avoidance by multinational companies, which is (still) leading to a “race to the bottom” as countries compete to offer the lowest tax rates to corporations.” Even Lagarde is worried: “While such practices disproportionately affect developing countries who rely more on these revenues than their richer neighbors, Lagarde said that all nations would ultimately lose out.”

Guardian - The obscure legal system that lets corporations sue countries


Longread. « Fifty years ago, an international legal system was created to protect the rights of foreign investors. Today, as companies win billions in damages, insiders say it has got dangerously out of control.”

WHO & FENSA read

Imaxi - Fix FENSA and Inform INGOs  “...FENSA is essential as it defines how civil society, including the private sector, academic institutions and NGOs, can interact with the WHO. Yet for those most
impacted by WHO policies, FENSA is an obstacle to participation and institutionalises our exclusion. The agreement makes no provisions for enabling those from affected communities that lack the resources to develop an international NGO (INGO) needed to be in Official Relations with the WHO, nor provides for any means of seeing if the few ‘official’ big INGOs that claim to represent marginalised communities actually do.”

**The Conversation – Effective giving: how the world’s wealthy could help millions more people for free**

T Pummer; [https://theconversation.com/effective-giving-how-the-worlds-wealthy-could-help-millions-more-people-for-free-79060](https://theconversation.com/effective-giving-how-the-worlds-wealthy-could-help-millions-more-people-for-free-79060)

The author hopes that billionaires sign up to an “Effective Giving Pledge” (as compared to just the well-known “Giving Pledge”). As for me, I hope they’re first of all “Effectively Taxed”, so that no dollar feels “left behind.”

**WHO (report) – Ten years in public health**

[http://apps.who.int/iris/bitstream/10665/255355/1/9789241512442-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/255355/1/9789241512442-eng.pdf?ua=1)

The full report of Chan’s legacy is now online.

**IJHPM – All Health Partnerships, Great and Small: Comparing Mandated With Emergent Health Partnerships; Comment on “Evaluating Global Health Partnerships: A Case Study of a Gavi HPV Vaccine Application Process in Uganda”**

E Green et al; [http://ijhpm.com/article_3375.html](http://ijhpm.com/article_3375.html)

“The plurality of healthcare providers and funders in low- and middle-income countries (LMICs) has given rise to an era in which health partnerships are becoming the norm in international development. Whether mandated or emergent, three common drivers are essential for ensuring successful health partnerships: trust; a diverse and inclusive network; and a clear governance structure. Mandated and emergent health partnerships operate as very different models and at different scales. However, there is potential for sharing and learning between these types of partnerships. Emergent health partnerships, especially as they scale up, may learn from mandated partnerships about establishing clear governance mandates for larger and more complex partnerships. By combining social network analysis, which can detect key actors and stakeholders that could add value to existing emergent partnerships, with Brinkerhoff’s comprehensive framework for partnership evaluation, we can identify a set of tools that could be used to evaluate the effectiveness and sustainability of emergent health partnerships.”
Branko Milanovic (blog) - The hidden dangers of Fukuyama-like triumphalism


We all need to calm down, according to Branko. “Tomorrow, I am attending a conference that deals with the decline of Western “liberalism capitalism” and how it should be arrested. In the past year, I have been submerged with articles and books that discuss the same topic. They come from all parts of social sciences: economics, politics, sociology, anthropology, geopolitics...It seems that you cannot write anything meaningful today unless you first address “populism” and the crisis of “liberal democracy”. Throughout all of this I have had a strong feeling of “unreality”. Not only because the people who write about the crisis live the lives that are, by far, the best lives in the history of humankind, but that the talk of the crisis seems vastly exaggerated. And I was wondering where does this extravagant fear, “the end is nigh”, come from. The cause I think, is twofold: lack of knowledge of history and more importantly the Fukuyama-like narrative of post 1989 triumphalism.”

He concludes “...When you have in your mind this much more accurate narrative of the past half-century, the current crisis can only be seen as one of the many crises of capitalism.”

Nice read, even if I still insist that “the end is nigh” (well, give mankind a few more decades) 😊.

Global Policy - We Need to ‘Fear-guard’ Economies During Health Emergencies

Global Policy:

“The discussion on how to protect countries from pandemics should also include strategies aimed at curbing potential ‘pandemics of fear’.” (by the WB’s Sulzhan Bali)

Modernizing Foreign Assistance Network: More Than 100 Endorsers Agree: Effectiveness Principles Should Guide Foreign Aid Reform

http://modernizeaid.net/2017/06/principles/

Guess which country we’re talking about: “Reforms to U.S. foreign assistance should be conducted jointly by Congress and the Administration – in consultation with the development community – and guided by these principles, a comprehensive review of U.S. efforts, and a coherent Global Development Strategy.” Check out what they involve.

And then compare with Tillerson’s stance (see also Highlights of the Week): https://blogs.state.gov/stories/2017/06/13/en/secretary-tillerson-speaks-us-senate-foreign-relations-appropriations “...U.S. Secretary of State Rex Tillerson testified on the Fiscal Year 2018...
Budget before the Senate Foreign Relations Committee and before the Senate Appropriations Committee on Foreign Operations. The budget request supports the President’s “America First” vision with a commitment to four key national priorities: Defending U.S. National Security; Asserting U.S. Leadership and Influence; Fostering Opportunities for U.S. Economic Interests; Ensuring Effectiveness and Accountability to the U.S. Taxpayer.”

Will be quite a “balancing act” for Tillerson in the months & years to come...

Some quick links:

IISD - ECOSOC Adopts SDG Indicator Framework (see previous IHP newsletters)

Open Democracy - A new international municipalist movement is on the rise – from small victories to global alternatives

And finally, a tweet from Robert Marten:

“Existing #globalhealth governance designed for Millennium Development Goals, when will we reform to meet the Sustainable Development Goals? “

UHC

Humanosphere - Brazil’s healthcare strategy has reduced racial inequality, study says


“Brazil’s efforts to expand access to primary health care has led to dramatic reductions in health inequalities between racial groups, a new study contends.”

The Academic Health Economists’ blog - Why insurance works better with some adverse selection

Guy Thomas; https://aheblog.com/2017/06/14/why-insurance-works-better-with-some-adverse-selection/

For the health economists’ among you.
WHO CHOICE – Cost effectiveness and strategic planning

http://who.int/choice/en/

“The WHO-CHOICE team works with policy makers at the country level, providing information on cost-effectiveness, costs and strategic planning which can help guide policy decisions. We assist countries to ensure that money spent on health is allocated in a way that the greatest possible health outcomes are achieved in the most feasible manner. We also collaborate with international agencies contributing to resource allocation decisions. Member States, countries and organizations use the CHOICE tools to undertake cost-effectiveness analysis, whilst the OneHealth Tool assists in costing and measuring the feasibility of strategic plans.”

And some news on UHC 2030 related events at the 70th WHA in Geneva:

Civil society meets to discuss progress towards UHC - short report on a “meeting of the UHC2030 Civil Society Engagement Mechanism in May during the 70th World Health Assembly. The UHC2030 civil society engagement mechanism organised a briefing to inform each other and exchange about how CSOs can engage meaningfully in UHC2030. The event was an opportunity for CSOs and others actors to better understand the aims and processes of UHC2030 and discuss the best roles for CSOs....”

World Health Assembly high-level side event (On UHC 2030’s event on the 24th of May)

Planetary health

Vox – Donald Trump is handing the federal government over to fossil fuel interests


Depressing reading, even if written in an entertaining way. An excerpt: “...None of this has deterred the Trump administration, which is taking energy independence up a notch. The new goal? “Energy dominance.” This term apparently traces directly back to Trump, and is quintessentially Trumpian in both its vapidty and its boastful belligerence.”

The conclusion: “...Trump has been erratic and unpredictable in many ways, but when it comes to fossil fuels, there is no wavering. The administration has moved with remarkable speed and consistency to prosecute the industry’s interests — stocking government agencies with industry-friendly staff, removing regulatory constraints, and hacking away at support for competitors — without any resistance from Congress or its base. The Washington Post calls the takeover of the federal government by fossil fuel interests a “breathtaking power grab.” But they didn’t have to grab anything. They barely had to lift a finger. Trump and the GOP are already united in doing their bidding.”
IISD – analysis/Indepth summary of the UN HL Ocean’s conference (5-9 June, New York)

http://enb.iisd.org/vol32/enb3233e.html

The Ocean conference focused on SDG 14.

Recommended, and not just because “...nautical metaphors abounded. It thus was no surprise that Co-President Lövin, in closing, told participants that “We have put wind in our sails, now we have to stay on course. But navigating the route to SDG 14 implementation will require maneuvering across the fragmented and choppy ocean governance seascape...” .

Important: ocean acidification is the reason why we should call the Paris Agreement the ‘Paris agreement on climate and ocean change’.

“...Increasing concentrations of greenhouse gases in the atmosphere have two distinct impacts: ocean acidification and climate change. Rising concentrations of CO2 in the atmosphere increase the acidity of ocean water, which affects a wide range of species and ecosystems, most prominently large-scale coral bleaching. In addition, global warming leads to higher water temperatures, sea level rise, changes in salinity and other impacts, which in turn disrupt ocean currents and marine ecosystems, causing damage to coasts and altered weather patterns, including extreme weather events. The partnership dialogue on ocean acidification, numerous side events and multiple interventions during the general debate showed that, while there are measures to adapt to the impacts of climate change and to increase ecosystem resilience, very little can be done to adapt to ocean acidification. In other words, mitigating CO2 emissions by implementing the Paris Agreement is the most effective approach to addressing both ocean warming and acidification. In the eyes of many, the conference succeeded in boosting momentum for implementing the Paris Agreement “on climate and ocean change,” particularly in the face of the announcement of the US withdrawal. ...”

WB (blog) - Connecting Climate Change and Health for Better Development


With some info on the ‘World Bank Group Approach to Climate Change and Health’.

Quick links:

Politico - U.S. rejects G-7 pledges on climate efforts and aid

“The U.S. refused Monday to sign up to a joint G-7 environment statement that said it was committed to reducing its carbon dioxide emissions or any section on climate change and multilateral development banks. The communiqué adopted by G-7 environment ministers includes a footnote stating that the U.S. will continue to engage with "key international partners" in a way that is
consistent with its domestic priorities — a "strong" economy and a "healthy" environment. But not much else.”

Reuters - Germany, California to tackle climate change together Always knew they’d find each other. California used to have a half-German/half-human governor.

World Resources Institute - Are Multilateral Development Banks Supporting a Low-Carbon Future?

“... It’s time to ask: To what extent are MDBs financing projects that are consistent with a low-carbon future? WRI’s new working paper looks at energy supply investments of three MDBs: the World Bank, International Finance Corporation (IFC) and Asian Development Bank (ADB). We analyzed recently approved (2015-2016) and planned energy supply projects—nearly 300 infrastructure projects, representing $35 billion of finance in developing countries. We found that while only a small fraction (3 percent) of this financing is clearly misaligned with the goal of limiting temperature rise to 2°C, about half of the projects fall into a “conditional” category; their alignment with a low-carbon future depends on how they’re designed and implemented, and often on the policy context in which they operate. Whether and how this is happening is an important policy discussion for MDB shareholders, MDB management and civil society....”

Infectious diseases & NTDs

Stat (News) - Snakebite finally makes a WHO list of top global health priorities

https://www.statnews.com/2017/06/12/snakebite-who-priority/

“In a decision public health activists are calling both landmark and long overdue, the World Health Organization has placed snakebite envenoming on its list of top 20 priority neglected tropical diseases — giving it the highest possible ranking for diseases of its kind. The move could spur new efforts in the decades-long battle to limit the global toll of snakebite, which kills more than 100,000 each year and maims and cripples millions more....”

Online Consultation on the Zero Draft of the Declaration proposed for the Global Ministerial Conference on Ending TB in the Sustainable Development Era

http://mailchi.mp/who/ministerial-conference-on-tb-draft-declaration?e=026534b12a

“WHO is inviting feedback via an online consultation on the zero draft of the Declaration proposed for the First WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable
Development Era: A Multisectoral Response, which will be held in Moscow on 16-17 November 2017. The consultation is open to the public- including Member States of the WHO, institutions, networks, civil society groups, individuals and relevant organizations with interest in TB and health issues. The online consultation will close on 30 June 2017.”

Nature (News) – Bats are global reservoir for deadly coronaviruses

http://www.nature.com/news/bats-are-global-reservoir-for-deadly-coronaviruses-1.22137

“Bats are the major animal reservoir for coronaviruses worldwide, according to a survey of thousands of animals across Africa, Asia and the Americas. The animals had previously been linked to the coronaviruses that caused outbreaks of severe acute respiratory syndrome (SARS) and Middle East respiratory virus (MERS), but until now researchers were not sure whether that was a coincidence or a sign of a broader trend. The findings suggest that researchers who study infectious diseases can improve their predictions of where coronaviruses are likely to leap from animals to people by looking at the geographical distribution of different bat species and the behaviour of the viruses that they carry....” (based on a study published in “Virus Evolution”)

HPV vaccine could drastically reduce cervical and other cancers globally

Science Daily;

“The latest HPV vaccine could prevent most HPV infections — and millions of cancers — worldwide, according to new researchers.”

WHO – Bhutan, Maldives eliminate measles


“Bhutan and Maldives have eliminated measles... ... The two countries have become the first in WHO South-East Asia Region to be verified for having interrupted endemic measles virus transmission, ahead of the 2020 Regional target.” WHO’s goal is to eliminate measles in 11 countries in Southeast Asia by 2020.

And a few quick links:

Uganda fails to target gay men and sex workers in fast-track HIV initiative

Warmer climate ‘threatens malaria spread in Ethiopia’
AMR

Global Public health - Understanding media publics and the antimicrobial resistance crisis

M Davis et al; http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1336248

“... Individuals need to be reached outside clinical settings to prepare them for the necessary changes to the pharmaceutical management of infections; efforts that depend on media and communications and, therefore, how the AMR message is mediated, received and applied. In 2016, the UK Review on Antimicrobial Resistance called on governments to support intense, worldwide media activity to promote public awareness and to further efforts to rationalise the use of antimicrobial pharmaceuticals. In this article, we consider this communications challenge in light of contemporary currents of thought on media publics, including: the tendency of health communications to cast experts and lay individuals in opposition; the blaming of individuals who appear to ‘resist’ expert advice; the challenges presented by negative stories of AMR and their circulation in public life, and; the problems of public trust tied to the construction and mediation of expert knowledge on the effective management of AMR.”

Nature (News) - Resistance to last-ditch antibiotic has spread farther than anticipated

Nature (News);

“Emergence of colistin resistance in farm animals around the world takes researchers by surprise”.

Cidrap News – Market-entry rewards seen as good option for getting new antibiotics


“A system in which drug companies would win sizable government payments for bringing new antibacterial drugs to market may be the best of various possible ways to encourage the development of such products by boosting their profitability, according to a new report from the Transatlantic Task Force on Antimicrobial Resistance (TATFAR). The report, published yesterday in Clinical Infectious Diseases, looks at six “pull” incentives for promoting the development of new antibacterial drugs in the face of rising antimicrobial resistance worldwide...”

And a quick link:
Regulators in EU, Japan and US take steps to facilitate development of new antibiotics

NCDs

IJHPM – The Untapped Power of Soda Taxes: Incentivizing Consumers, Generating Revenue, and Altering Corporate Behavior

S Roache & L Gostin; http://www.ijhpm.com/article_3376_0.html?utm_source=dlvr.it&utm_medium=twitter

(recommended – & uplifting read!) “Globally, soda taxes are gaining momentum as powerful interventions to discourage sugar consumption and thereby reduce the growing burden of obesity and non-communicable diseases (NCDs). Evidence from early adopters including Mexico and Berkeley, California, confirms that soda taxes can disincentivize consumption through price increases and raise revenue to support government programs. The United Kingdom’s new graduated levy on sweetened beverages is yielding yet another powerful impact: soda manufacturers are reformulating their beverages to significantly reduce the sugar content. Product reformulation – whether incentivized or mandatory – helps reduce overconsumption of sugars at the societal level, moving away from the long-standing notion of individual responsibility in favor of collective strategies to promote health. But as a matter of health equity, soda product reformulation should occur globally, especially in low- and middle income countries (LMICs), which are increasingly targeted as emerging markets for soda and junk food and are disproportionately impacted by NCDs. As global momentum for sugar reduction increases, governments and public health advocates should harness the power of soda taxes to tackle the economic, social, and informational drivers of soda consumption, driving improvements in food environments and the public’s health.”

Journal of Rural studies - The idea of food as commons or commodity in academia. A systematic review of English scholarly texts


“Food systems primary goal should be to nourish human beings. And yet, the current industrial food system, with its profit-maximising ethos, is not achieving that goal despite producing food in excess. On the contrary, this system is the main driver of malnutrition on the planet, as well as environmental degradation. Nonetheless, food systems also play a double role as Nature’s steward. Deciding which role we want food systems to play will very much depend on the idea we have about food. What is food for humans? The dominant narrative of the industrial food system undeniably considers food as a tradeable commodity whose value is mostly determined by its price. This narrative was crafted and disseminated initially by academics, who largely favoured one option (commodification of food) over the others (food as commons or public good). In this research, the author aims to understand how academia has explored the value-based considerations of food as
commodity and private good (hegemonic narratives) compared to considerations of food as commons and public good (alternative narratives). ....”

The Lancet Oncology – WHA passes resolution on cancer prevention and control

T K Burki et al; http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045%2817%2930454-0/fulltext#

In-depth analysis of the #WHA70 resolution on cancer prevention & control. “... But elsewhere on the agenda there were encouraging signs of increasing prominence for cancer care on the global stage. The member states passed a resolution on cancer prevention and control, and accepted updates to passages in the 2013–20 global plan for non-communicable diseases [NCDs], several of which pertained to cancer. “It had been more than 10 years since the WHA discussed cancer specifically, so it was very important that the assembly took it up this year”, said Etienne Krug (WHO, Geneva, Switzerland)....”

Quick links:

Jama Internal Medicine – “Association Between Indulgent Descriptions and Vegetable Consumption: Twisted Carrots and Dynamite Beets” Ah, if only my mother had known, when I refused spinach, and other virtually “uneatable” vegetables! “...In response to increasing rates of obesity, many dining establishments have focused on promoting the health properties and benefits of nutritious foods to encourage people to choose healthier options. Ironically however, health-focused labeling of food may be counter-effective, as people rate foods that they perceive to be healthier as less tasty. Healthy labeling is even associated with higher hunger hormone levels after consuming a meal compared with when the same meal is labeled indulgently. How can we make healthy foods just as appealing as more classically indulgent and unhealthy foods? Because healthy foods are routinely labeled with fewer appealing descriptors than standard foods, this study tested whether labeling vegetables with the flavorful, exciting, and indulgent descriptors typically reserved for less healthy foods could increase vegetable consumption.”

Reuters - FDA delays rolling out new nutrition facts label  Meanwhile, in Trump land... (sigh). Bet it wasn’t because Trump had just read abovementioned JAMA article.

Economist - Around the world, beer consumption is falling  “...The overall decline is almost entirely because of downturns in three of the five biggest markets. China, Brazil and Russia accounted for 99.6% of the global decrease in the volume of beer drunk in 2016.”
Sexual & Reproductive / maternal, neonatal & child health

Relief Web - South Sudanese Women and Girls Arriving in Uganda Traumatized from Sexual Violence; in Urgent Need of Assistance


“Ahead of the ‘Uganda Solidarity Summit on Refugees’ on June 22-23, CARE International warns of the alarming health and safety risks for refugee women and girls fleeing the continuous fighting and famine in South Sudan. An average of 2,000 refugees are arriving daily into northwestern Uganda.”

“...providing urgently needed sexual, reproductive and maternal health services for pregnant and breastfeeding mothers. To date, CARE has reached over 42,000 refugees with reproductive health and violence prevention, care and support services…”

HRW - Syria: Key Concerns for Raqqa Battle

https://www.hrw.org/news/2017/06/13/syria-key-concerns-raqqa-battle

“...humanitarian organizations working to meet the needs of those affected by fighting in Raqqa have told Human Rights Watch that civilians there will require access to health care, especially sexual and reproductive health for women and girls, food assistance, and potable water.”

CGD – Safer Women, Safer World

Charles Kenny: https://www.cgdev.org/publication/safer-women-safer-world

“A Fund to Increase the Number of Women UN Peacekeepers and Better Protect Women and Girls in Conflict Situations.” “Having more women peacekeepers is linked with large reductions in sexual misconduct by peacekeepers and more sustainable peace. The UN could potentially raise the proportion of women peacekeepers to 20 percent for around $75 million. A small multilateral trust fund would offer supplementary payments to troop-contributing countries for each woman peacekeeper provided.”
WHO Bulletin – A global database of abortion laws, policies, health standards and guidelines

B R Johnson et al; http://www.who.int/bulletin/online_first/BLT.17.197442.pdf?ua=1


Barot zooms in on the potential impact of the global gag rule – Trump version – on global health, medical ethics & democracy.

UNICEF (report) – Building the future: Children and the SDGs in rich countries

https://www.unicef-irc.org/publications/890/

The SDG agenda is really a universal agenda. This new UNICEF report (a Report Card offering an assessment of child well-being in the context of sustainable development across 41 countries of the EU & OECD) shows that also in presumably ‘rich countries’, (far too many) many children are left behind. 20 percent of children in developed countries are living in poverty.

Guttmacher institute - The Role of Publicly Funded Family Planning Sites In Health Insurance Enrollment

https://www.guttmacher.org/journals/psrh/2017/04/role-publicly-funded-family-planning-sites-health-insurance-enrollment
Guttmacher institute: “Publicly funded family planning providers are well positioned to help uninsured individuals learn about health insurance coverage options and effectively navigate the enrollment process. Understanding how these providers are engaged in enrollment assistance and the challenges they face in providing assistance is important for maximizing their role in health insurance outreach and enrollment.”

Guttmacher - Implementation of a Family Planning Clinic-Based Partner Violence and Reproductive Coercion Intervention: Provider and Patient Perspectives


“Despite multiple calls for clinic-based services to identify and support women victimized by partner violence, screening remains uncommon in family planning clinics. Furthermore, traditional screening, based on disclosure of violence, may miss women who fear reporting their experiences. Strategies that are sensitive to the signs, symptoms and impact of trauma require exploration.”

Access to medicines

Time for cancer patients to come before corporate profits

http://www.globalhealthcheck.org/?p=1973

Blog by Manon Ress, co-founder & acting director of UACT. Among others, “…The Union for Affordable Cancer Treatment (UACT) proposes that a coalition of countries place a percentage of treatment budgets or GDP into an innovation fund. Funding can then be allocated to a combination of direct funding, subsidies, interim prizes, end product prizes, and rewards for openly sharing knowledge, data, materials and technology. This proposed Cancer Innovation Fund would promote innovation that results in affordable prices of medicines without making trade-offs between access and innovation.”

IP-Watch - Human Rights Council Speakers: Right To Health Underlies All Other Rights, Access To Medicines Key


News from the Human Rights Council in Geneva (gated, though) “If governments have the obligation to help keep their citizens healthy, many of them are struggling to strengthen their health systems. A variety of hurdles is in the way, and lack of access to medicines is one of them, as underlined by the
IP-Watch – TRIPS Council Members: Defining IP Rights And The Public Interest


“Political and economic pressure placed on governments to forgo the use of TRIPS flexibilities violates the integrity and legitimacy of the system of legal duties and rights created by the TRIPS agreement and as reaffirmed by the Doha Declaration,” India told a World Trade Organization committee this week, referring to the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Intellectual property rights are often seen as a promoter of innovation through the lens of most developed countries, and as a potential barrier for developing countries, struggling to address public interest needs, in particular meeting their public health obligations. This week the intellectual property committee of the World Trade Organization discussed a new topic brought on by some developing countries, underlining the difficulties met by some in seeking to use the flexibilities provided by the WTO IP rules, in particular compulsory licences.”

Social determinants of health

Global health action - Trends of improved water and sanitation coverage around the globe between 1990 and 2010: inequality among countries and performance of official development assistance


“As the MDGs ended, and were replaced by the SDGs, efforts have been made to evaluate the achievements and performance of official development assistance (ODA) in the health sector. In this study, we explore trends in the expansion of water and sanitation coverage in developing countries and the performance of ODA. ... ... Some of the results: ...” Our analysis shows that the inequality of water and sanitation coverage among countries across the world has not been addressed effectively during the past decade. Our findings demonstrate that the countries with the least coverage persistently received far less ODA per capita than did countries with much more extensive water and sanitation coverage, suggesting that ODA for water and sanitation is poorly targeted.”

The authors conclude: “The most deprived countries should receive more attention for water and sanitation improvements from the world health community. A strong political commitment to ODA targeting the countries with the least coverage is needed at the global level.”
Human resources for health

Lancet (Editorial) – Kenya's nurses strike takes its toll on health-care system

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31661-6/fulltext

“Strike action by government nurses in Kenya over poor pay and dreadful working conditions has led to the deaths of 12 patients who were not able to access vital services and care.” The Lancet’s take on the difficult standoff between nurses & doctors (who are also rumoured to strike again) and the government in Kenya.

CGD (policy paper) - Investing UK Aid in a Global Skills Partnership: Better Health at Home and Abroad

M Anderson et al; https://www.cgdev.org/publication/investing-uk-aid-global-skills-partnership-better-health-home-and-abroad

“There is a global shortage of health workers. Demand for nurses outstrips supply as systemic underinvestment in training meets ballooning needs due to aging in rich countries and population growth in poor ones. A Global Skills Partnership combines training funded by donors with pre-agreed arrangements for qualified graduates to work temporarily overseas, usually in the donor country. This paper shows through one hypothetical example how a GSP for a specific sector (nursing) financed by a specific donor (the UK) delivering training in a specific country (Malawi) addresses critical nursing shortages in both countries. The Partnership would help the NHS meet urgent needs in the UK. It would increase the number of health workers to fill vacancies in Malawi, so it will not cause ‘brain drain.’ And it would dramatically raise nurses’ incomes and augment their skills, boosting both Malawi’s economy and the quality of its healthcare. A conservative benefit-cost calculation shows the scheme would provide very large financial benefits and represents extremely competitive value for money for UK Aid.”

And a tweet that caught our attention:

“The role of women's organisations often overlooked, people assume all decisions about #CHWs made by men in board rooms of multi-laterals.”
Miscellaneous

Journal of Public Health - Public health goals for a post-Brexit world


Written before the UK snap election, but certainly worth a read.

Health Financing in Africa – The ReBuild project: what have we learned so far?

http://www.healthfinancingafrica.org/home/end-of-the-1st-phase-of-the-rebuild-project-what-have-we-learned-so-far

Interview with Dr Sophie Witter, among others Research co-Director of ReBUILD, a research consortium focussing on health system reconstruction post-conflict. “...Sophie is interested in health financing in low- and middle-income countries, financial barriers to access, human resources for health, and performance-based funding mechanisms. She agreed to share her work within the ReBUILD project with the CoPs.” Among others, she focuses on Sierra Leone.

Emerging Voices

IHP - Transforming political commitments into evidence informed social health protection reforms in Pakistan


In this blog, Faraz suggests three broad areas to strengthen the institutional arrangements for generating the (required) evidence for the ongoing social health protection reforms in Pakistan. There’s still a disconnect between HPSR & (health) political priorities in his country, he says.
Research

Globalization & Health – Sub-national assessment of aid effectiveness: A case study of post-conflict districts in Uganda

F Sengooba et al; https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0251-7

“In post-conflict settings, many state and non-state actors interact at the sub-national levels in rebuilding health systems by providing funds, delivering vital interventions and building capacity of local governments to shoulder their roles. Aid relationships among actors at sub-national level represent a vital lever for health system development. This study was undertaken to assess the aid-effectiveness in post-conflict districts of northern Uganda....”

BMJ Global Health – Gendered negotiations for research participation in community-based studies: implications for health research policy and practice

D M Kamuya et al; http://gh.bmj.com/content/2/2/e000320

« There is a growing literature documenting the complex realities of consent processes in the field, and the negotiations and ethical dilemmas involved. Much has also been written about how gender and power shape household decision-making processes. However, these bodies of literature have rarely been brought together to inform research theory and practice in low-income settings. In this paper, qualitative research (observation, focus group discussions and interviews) were used alongside large clinical community-based studies conducted on the Kenyan Coast to explore how gender and power relations within households and communities and between fieldworkers and communities shape consent processes and interactions. »

BMC Health Services - Social accountability in primary health care in West and Central Africa: exploring the role of health facility committees

E Lodenstein et al; https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2344-7

“Social accountability has been emphasised as an important strategy to increase the quality, equity, and responsiveness of health services. In many countries, health facility committees (HFCs) provide the accountability interface between health providers and citizens or users of health services. This article explores the social accountability practices facilitated by HFCs in Benin, Guinea and the Democratic Republic of Congo....”
Global Health, Epidemiology and Genomics - Infectious disease research and the gender gap


“Historically, women have been less likely to be supported through higher degree training programmes, and they continue to hold more junior positions in science. This paper reviews the current gender research and gender capacity-building efforts led by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). Created more than 40 years ago as the only United Nations-based Special Programme dedicated to research and research capacity building on infectious diseases, TDR has a longstanding track record both in supporting research into gender-specific questions and in research capacity strengthening among women scientists. We provide an overview of these approaches, then describe a recent pilot programme on Women in Science, designed to understand and remedy the gender gaps in health research. The programme focused on Africa, but it is hoped that the replication of such schemes in TDR and other international funding agencies will lead to more attention being given to women in infectious diseases research in other continents.”

Sexual & Reproductive Healthcare - Midwives’ lived experience of caring for new mothers with initial breastfeeding difficulties: A phenomenological study

“New mothers with breastfeeding difficulties may feel forced to expose their bodies and themselves to non-caring actions at the maternity ward or at the baby health centre. However, they can also draw strength from sharing their experiences with a midwife.”

http://www.srhcjournal.org/article/S1877-5756(16)30028-3/fulltext