

IHP news 436 : At last, some NCD momentum?

(15 September 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 was **'Happy Peer Review week 2017'** (yay!). Not quite sure whether you agree 'happy' & 'peer review' belong in the same sentence, but we bet you all at least agree with this tweet: "Happy Peer Review Week 2017 everyone. May all the comments you receive be kind and/or constructive #peerrevwk17".

Staying in a rather constructive mood for once, "Joy shall be in heaven over one sinner that repenteth" is probably how the bible would frame "[Foundation for a Smoke-Free world](#)", a new foundation set up by Philip Morris International Inc. Yes, that one. Horton set the stakes in an apt tweet: "**Derek Yach** to lead Philip Morris funded Foundation for a Smoke-Free World. How should the health community respond?" Let's all have a good smoke first, before pondering this tricky question!

A new GHI also [saw the light](#) this week, "**Resolve to Save the Lives**". Plenty of lives actually. As an American philanthro-capitalist, you really don't come out of your bed for anything less than 100 million lives. Former CDC boss Tom Frieden will lead the global health initiative - his words that he'd go for "a 'lean and mean' organization" made me feel kind of worried for the health of his staff. Let's hope they won't need the hypertension pills Resolve will scale up in LMICs, themselves 😊.

In New York, the 72nd session of the UN General Assembly (**UNGA 72**) has begun. As usual, the Global Goals week is triggering plenty of important reports and new campaigns. IHME's updated SDG health metrics report was [published in the Lancet](#). Bill & Melinda Gates started a campaign ([Goalkeepers report](#)) as they worry about the 'mood of retrenchment' they note in the US (especially in the Trump Administration), and Bloomberg Philantropies "[aims to make a splash](#)" during the Global Goals Week, with the first Global Business Forum. Can't wait.

Meanwhile, the mood about Tedros' first months is rather positive in most circles, including among WHO staff. Tedros seems very open & approachable, and a quick learner. Among others, when it comes to NCDs. NCDs are increasingly on his radar, and for a damned good reason. Also beyond WHO corridors, **NCDs seem on the rise (finally?) on the global health policy agenda**. There's Resolve, of course; Tedros is making the case for NCDs in most of his public speeches now, not shying away anymore from the 'commercial determinants of health', moreover; the upcoming Montevideo conference (for which Tedros himself made some PR on Youtube) will be another milestone; earlier this week, the Silk road health initiative was being considered, in the [Lancet Global Health](#), as an initiative with a "pre-2015" feel (because of the lack of attention for NCDs so far); and of course, access to NCD medicines turns out a key SDG health battleground with (outrageous) headlines across the globe on a near daily basis related to this fight.

We do **hope**, though, as Jeremy Youde put it in a very nice [blog](#), that **WHO will be more than just a “partner” in the NCD battle**, “...In many ways, Resolve to Save Lives fits into other recent global health initiatives—like CEPI and Global Health 2035—that seek to harness the energy of non-governmental organizations to address global health challenges outside the traditional state-based systems like the World Health Organization. They often partner with governments and WHO, but they draw on private wealth to advance their missions and argue that this strategy gives them the greatest degree of flexibility and adaptability possible.” Elsewhere, in a [piece](#) on Unilever’s fight with 3G Capital, the question was raised by Paul Polman himself, “**Do we choose to serve a few billionaires or do we choose to serve the billions? Time for more to speak up**”. You might want to ask that very question about these sorts of “new” global health vehicles, in spite of all the good they’re doing. Is this really what we want, to achieve WHO’s new mission, “to keep the world safe, improve health and serve the vulnerable” ? And perhaps even more importantly, will it even work, in the long term? Will it not trigger a political backlash, for example, this rather cozy relationship between global health & Zuckerberg, Bloomberg & other Gateses...?

On a more positive note, “[The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa](#)”, a new Lancet Commission led by African physicians, scientists, and policy makers, was published this week, displaying “guarded optimism”. This week’s newsletter will also pay some attention to the **Global Evidence Summit** in Cape Town.

Last but not least, **IHP welcomes a new intern, Elena Vargas** (EV alumna 2014). We count on her to add a Latin-American flavor to this newsletter in the coming months – the Latin-American region sometimes feels a bit neglected in the HPSR community. She kicks off this week with an editorial on a recent event in Santiago de Chile related to the soaring cost of medicines.

Enjoy your reading.

The editorial team

Featured Article

Confronting the soaring cost of medicines: The Latin American response

Elena Vargas (Damien Foundation in Nicaragua , EV 2014) & **Luis Pablo Méndez** (Research Associate. Centro de Estudios para la Equidad y Gobernanza en los Sistemas De Salud)

[The Sixth Regional Meeting on the Right to Health and Health Systems](#) took place in Santiago de Chile from 6th to 8th of September. This event gathered country representatives (ministers and vice-ministers of health), academics and other stakeholders from different countries that are part of the World Bank Initiative [Salud Derecho](#). This is an effort to promote the exchange of experiences and knowledge on how to overcome the common challenges that health systems in the region face to achieve universal health coverage, provide access to quality essential health care services and guarantee the right to health. 8 Latin American countries are involved in this initiative: Chile,

Argentina, Brazil, Costa Rica, Colombia, Mexico, Peru and Uruguay. This year's event also included the participation of South Korea, a country that is providing technical and economic support in the region with the [Korea-World Bank Partnership Facility](#), along with other entities such as [NORAD](#) (Norwegian Agency for Development Cooperation) and PAHO (Pan American Health Organization).

The theme this year was 'Ethics and transparency in access to medicines', a hot topic across the globe now, including in Latin America. The [agenda](#) featured 2 main panels on the first day: the first panel focused on transparency in the negotiation process and access to medicine information and medical supplies, the second one zoomed in on ethics and conflicts of interest in the management of medicines and medical supplies.

This was an opportunity to discuss the many barriers that hamper equitable access to medicines in these Latin American countries. One of the main barriers is related to the rising cost of high-cost medicines (such as antiretrovirals, [orphan drugs](#) and biologics, ...), a global trend as you know, which in turn jeopardizes the sustainability of health care systems. A well-documented case is that of [cancer drugs](#). For instance, it has been reported that the median annual price of cancer drugs has [increased](#) from US\$ 12,000 before 2000 to more than US\$ 120,000 by 2015, much higher than the per capita gross domestic product (GDP/capita) of any Latin American country. Even more disturbing is the fact that many new cancer medications do not always offer meaningful clinical benefits or therapeutic [value](#) to patients despite their elevated [cost](#). Additionally, in some cases (cancer) treatment drugs are [costlier](#) in LMICs than in high-income countries. Drug prices are usually set at whatever "the market" will put up with.

We think it is important for governments to do their own (internal) analysis on the transparency of the pharmaceutical sector. Regulating entities play a vital role, trying to strike a balance between the practical guidelines, supplies and technologies and the ethical practices. Therefore, disciplinary strategies should be implemented to prevent corruption in the negotiation process of purchasing medicines. An example of this is the [Ricarte Soto Law](#) in Chile, which states that technical commissions in charge of making recommendations on which treatments should be financed, cannot comprise professionals who have had financial links with the pharmaceutical industry in the previous 24 months; these professionals are also forbidden to have any link till up to 24 months after playing a role in such commission.

The strengthening of national regulatory agencies, with a view on increasing their regulatory competencies and control over health technologies is urgent and necessary. These efforts should reach beyond local action by governments and also involve regional action, allowing the implementation of strategies to improve access to medicines, supplies and technologies. An important regional initiative is [DIME](#) (Informed Decisions over Medicines), a platform that has been built through Communities of Practice, coordinated by consultants and health authorities from the 8 participating countries. The platform will soon be open to the public.

Another example of how to mitigate the burden of public spending on high-cost medicines was the [joint bargaining effort & purchase of high-cost medicine](#) by countries from the intergovernmental regional organizations [UNASUR](#) and [MERCOSUR](#), in 2015. This smart move resulted in collective cost savings of approximately US \$ 20 million for the involved countries in the joint purchase of darunavir—an antiretroviral treatment for HIV and AIDS. Hopefully we can see more of this in the years to come, despite the political changes (and challenges) in the region.

Scarce knowledge and expertise, weak institutional structures vulnerable to pressure from suppliers, lobbyists and other unwanted influences are among the other obstacles to be overcome by most of the fragmented health care systems of the Latin American region. The development of entities that can detect, analyze and penalize anticompetitive and corrupt activities should be another aim. For instance, the former Minister of Health in Guatemala, **Lucrecia Hernández Mack**, had signed an **anti-corruption and transparency agreement**. She recently resigned, however, in protest of the **presidential decision** to expel the International Commissioner Against Impunity in Guatemala – a major setback to the efforts made to curb corruption in the country, obviously. Even when there are legal mechanisms to improve the access to generic medicines, these have not always been used due to the lobbying of private stakeholders of the pharmaceutical industry and the lack of knowledge of the technical, political and judiciary authorities on the topic. Making use of the existing legal mechanisms requires capacity and technical expertise of national authorities along with a strong political commitment to take on market forces. PAHO and other expert agencies (including non-governmental ones) should support the member states in this respect—as is the case with the Salud Derecho Initiative.

Anyhow, the issue of access to medicines is here to stay. It will definitely also be a hot topic at the upcoming **G20**, hosted by Argentina in 2018.

Highlights of the week

Lancet Commission - The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa

Irene Agyepong et al; <http://www.thelancet.com/commissions/future-health-Africa>

*“The Lancet Commission—The path to longer and healthier lives for all Africans by 2030—was established in 2013 and led African physicians, scientists, and policy makers to chart a vision of the future and roadmap for improved health of sub-Saharan Africans. The Commission has **nine key messages** ranging from the creation of people-centred health systems to promoting stronger more effective regional cooperation. If the right policies are implemented, and if African leadership is truly empowered to utilise the human resources assets of an ever growing youthful region, unrivalled prosperity and health will be the prize by 2030.”*

A Commission by **Irene Agyepong** & colleagues, and warmly **welcomed by dr. Tedros** himself. The Commission was **launched in Nairobi, on Thursday**.

Some **tweets** from the launch (by **Richard Horton**) :

*“Nairobi: for the launch of our Africa Commission. **We can close the health gap for Africa within a generation.**”*

*“Peter Piot: **“Journalists can save more lives than doctors.” We must do more to engage the media.**”*

Do read also the 2 **Comments**:

[Africa and health: a Commission to accelerate success](#) (by R Horton & S Lo)

[Longer and healthier lives for all Africans by 2030: perspectives and action of WHO AFRO](#) (by M Moeti (WHO Afro))

Excerpts from Horton & Lo's Comment:

*"A key message of this Commission is that the **opportunities ahead cannot be unlocked with more of the same approaches and by keeping to the current pace. ...**"*

... The final results of a 4-year project to analyse the challenges and opportunities for health in sub-Saharan Africa are now published as a Lancet Commission—The Path to Longer and Healthier Lives for All Africans by 2030—led by African physicians, health scientists, and policy makers. Their conclusion is one of qualified optimism, grounded in a rigorous appraisal of new evidence and past experience. The vision of the Commission is that Africans should expect the same opportunities for health by 2030 as all other peoples. But that hopeful message is based on a further proposition—that more of the same, in terms of policies and programmes, is not enough.

*The Commission has **nine key messages, together with 43 recommendations**, ranging from the creation of people-centred health systems (focused on respect, dignity, and compassion rather than abstract "building blocks") to promoting stronger and more effective regional cooperation. Commissioners also offer **12 strategic options for health reform, combined with eight areas of action**. There is **no single blueprint for 49 diverse sub-Saharan African nations** to follow. Each country has a unique history and a distinctive future. But the Commission proposes a menu of ways forward that can be adapted to local needs and contexts....*

*And a warning: "... But this Commission argues that **only if Africans are empowered to lead Africa free from the bondage and neo-colonialism of western nations** will these hopes be fully realised."*

WHO Euro meeting (Budapest)

<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/67th-session/on-the-agenda>

You find the agenda here. Dr Tedros gave another (well-received) [speech](#).

Our favourite sentence: *"...If you don't already know that universal health coverage is my top priority for WHO, you do now".*

There's a lot to say about this WHO Euro meeting, and it was also nice to see some political leaders there (including Orban (*booh!*) & Tsipras). Our focus is here on some of Tedros' key messages (including on WHO governance reform needed (for example, to make the Executive Board more

efficient) & new WHO vision) - so we'll just guide you to **Martin McKee's** (uplifting) take (**BMJ blog**) - [Martin McKee: Building bridges in Budapest](#)

McKee was clearly also impressed by the DG (and by the beautiful bridges in Budapest) *"But what was clear was that **this was someone with a vision who was committed to making a difference.**"* (recommended blog on DG's performance & focus of WHO Euro meeting in general)

Already, Tedros turns out to be somebody good at **building bridges**, including at the highest political level. At some point, McKee refers to Brundtland...

New GHI – “Resolve to Save Lives”

<https://www.resolvetosavelives.org/>

Guardian - Resolve health initiative aims to save 100m lives worldwide

Sarah Boseley; <https://www.theguardian.com/society/2017/sep/12/resolve-health-initiative-aims-to-save-100m-lives-worldwide-tom-frieden>

*"A new initiative to save 100 million lives globally through simple interventions such as cutting down on salt and banning trans fats, as well as getting countries prepared for epidemics like Ebola, is being launched with **\$225m of philanthropic funding**. At the helm is **Dr Tom Frieden**, former director of the Centers for Disease Control (CDC)..."* **Bloomberg Philanthropies, the Chan Zuckerberg Initiative, and the Bill & Melinda Gates Foundation** come up with the money for this five-year initiative focused on preventing cardiovascular disease and epidemics.

*"The latest initiative has two distinct aims. One is to **cut deaths from heart disease and stroke through three simple measures**: reducing sodium intake worldwide, banning trans fats from foods in all countries and getting people with high blood pressure on treatment. The other is to **help low and middle income countries prepare to deal better with the inevitable epidemics** he says will come along, from flu to Sars..."*

Tweet Tedros: *"I am proud that @WHO is an implementing partner of Resolve to Save Lives, a new initiative to combat cardiovascular diseases & epidemics."*

Stat News - Former CDC director Tom Frieden to launch new global health initiative

H Branswell; https://www.statnews.com/2017/09/12/global-health-tom-frieden-resolve/?utm_content=buffere61d9&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

For some more detail on Resolve.

Excerpt (interview with Frieden):

“Both of the areas you’ve identified, heart disease and stroke, and then disease epidemics are important but they aren’t necessarily often married in the same program. Why do they make a good fit here?”

The **commonality between them is that they’re both at tipping points**. In the next five years, it will become clear whether the world has continued to make slow or no progress in each of these areas, or if this announcement, along with our partners, represents an inflection point where we can see more rapid progress. And I’m hopeful that we will be able to show rapid progress....”

See also Devex - [Bloomberg, CZI, Gates join forces in their 'resolve' to save lives](#)

“...Resolve will be implemented by a team of global health professionals at Vital Strategies, a New York-based organization working to improve public health systems in more than 60 countries, whose major donors include Bloomberg Philanthropies. The initiative will consist of two programs, one that aims to save more than 100 million lives by preventing heart attacks and strokes, and the other to help countries address gaps in epidemic preparedness and response. Resolve will also support and work closely with the CDC, the World Bank, the World Health Organization, the Johns Hopkins Bloomberg School of Public Health and the Campaign for Tobacco-Free Kids, which is also funded by Bloomberg Philanthropies and the Gates Foundation....”

“...This new initiative is part of CZI’s investment of \$3 billion over the next decade toward goals that include the curing, prevention and management of all disease by the end of the century. And it builds on whispers that CZI and Gates might do more to collaborate...”

Jeremy Youde (blog) – Resolve to Save Lives has a lot of money: does it have the authority to lead?

<http://duckofminerva.com/2017/09/resolve-to-save-lives-has-a-lot-of-money-does-it-have-the-authority-to-lead.html>

Euhm, no? (**must-read blog** on the global health governance aspects & legitimacy/accountability issue). “....Resolve to Save Lives brings into stark relief some of the major issues of global health initiatives. Why create a new global health program and run it out of a different non-profit organization when the issues it’s trying to address are precisely the sorts of things that WHO is designed to address?” See also this week’s intro.

Fortunately, Frieden says he doesn’t want to “bypass the WHO”...

Lancet (Viewpoint) - Saving an additional 100 million lives

Tom Frieden & M Bloomberg; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32443-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32443-1/fulltext)

Here Frieden & Bloomberg explain more in detail what the rationale is of Resolve. Focus on the first arm, though (NCD arm), in this viewpoint.

UNGA72 & coinciding reports/launched campaigns

It's that time of the year again in New York.

Un News - General Assembly opens 72nd session with focus on the world's people

<http://www.un.org/apps/news/story.asp?NewsID=57504#.WbjmO7JJbIU>

"The UN was created for people," Miroslav Lajčák said in his first address as President of the General Assembly. "The people who need the UN the most are not sitting in this hall today. They are not involved in the negotiation of resolutions. They do not take the floor at high-level events. It is one of the tasks of the General Assembly to make sure that their voices can still be heard."

IISD - UNGA 72 President Outlines Priorities for 72nd Session

<http://sdg.iisd.org/news/unga-72-president-outlines-priorities-for-72nd-session/>

*"In his first address to the UN General Assembly (UNGA) in his new capacity, the President of UNGA's 72nd session reminded delegates that the session would see the **negotiation of the first intergovernmental compact on migration** and the signing of the first agreement on the elimination of nuclear weapons. Miroslav Lajčák, a career diplomat from Slovakia, also promised **follow-up efforts to maintain the momentum for implementing and financing the SDGs and the Paris Agreement on climate change.**"*

Check out also [The Sustainable Development Goals: A Universal Push to transform our world - An end of term report from the president of the 71st session of the GA](#) (coverage IISD - [here](#)).

Includes **10 assessments** by the president.

Lancet – Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016

GBD 2016 SDG collaborators; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32336-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32336-X/fulltext)

"A new Global Burden of Disease 2016 Study takes a country-level look at progress towards achieving 37 of the 50 health-related Sustainable Development Goals in 188 countries." (IHME)

You know you have to read this.

Some of the implications of the new study: *"...Country-level performance for the health-related SDG index varied greatly in 2016, emphasising health inequalities by location and levels of sociodemographic development. Our improved measure of UHC showed a divide across the sociodemographic spectrum, which might be associated with major differences in access to high-quality health services focused on non-communicable diseases and complex conditions in higher-income countries. Nonetheless, considerable progress occurred for many countries on the UHC*

index between 2000 and 2016, especially in Cambodia, Rwanda, Equatorial Guinea, Laos, Turkey, and China. Based on projections of past trends, meeting a subset of established SDG targets by 2030 might be possible for some areas of the world, with more than 60% of countries projected to meet targets on under-5 mortality, neonatal mortality, maternal mortality ratio, and malaria. At the same time, on the basis of past trends, much of western and central sub-Saharan Africa was projected to attain very few—if any—defined targets in 2030. Furthermore, at current rates of progress, fewer than 5% of countries were projected to reach 2030 targets for 11 indicators, including childhood overweight, tuberculosis, and road injury mortality. Translation of the global SDG framework into investments and policy remains in its infancy, offering decision makers the opportunity to address both long-standing and emerging health challenges in the SDG era.”

“ Our improved measure of UHC offers a basis to monitor the expansion of health services necessary to meet the SDGs. Based on past rates of progress, many places are facing challenges in meeting defined health-related SDG targets, particularly among countries that are the worst off. “

Top of the list are countries like Singapore, Norway, ... “...And the bottom of the SDG league table: all in sub-Saharan Africa, plus Afghanistan.”

New Campaign Bill & Melinda Gates – Goalkeepers: the stories behind the data

Guardian – Bill Gates: Don't expect charities to pick up the bill for Trump's sweeping aid cuts

<https://www.theguardian.com/global-development/2017/sep/13/bill-gates-foundation-dont-expect-pick-up-the-bill-for-sweeping-aid-cuts-trump>

“Bill Gates has warned that organisations like his are “absolutely not” prepared to plug the yawning gaps in development aid that will result from funding cuts, including those proposed by President Trump. Speaking to the Guardian ahead of the UN general assembly meeting, which opens for general debate next week, the billionaire philanthropist said simply: “There’s no way to balance a cut in [a] rich country’s generosity.”...”

“...Gates indicated that rather than focusing on Trump, he has instead approached Congress, as well as individual members of the US government’s executive branch, to stress to key players just how vital foreign aid spending is to global health and stability....”

“New research from the Gates Foundation and the Institute for Health Metrics and Evaluation, published on Wednesday, has found that remarkable progress has been made in reducing extreme poverty and child deaths by half within the last few decades. Yet the report also warned that such advances will only continue if governments maintain aid programmes, and shows how progress will decrease if aid tapers out...” “... The report – which the foundation plans to publish every year until 2030 – tracks 18 indicators from the UN sustainable development goals, including child and maternal deaths, stunting, access to contraceptives, HIV, malaria, polio and extreme poverty....”

Devex – Bill Gates says progress on the SDGs is possible but not inevitable

<https://www.devex.com/news/bill-gates-says-progress-on-the-sdgs-is-possible-but-not-inevitable-90988>

Some more info on this new campaign. “Leadership will determine how much progress the world makes on poverty and disease, which are the clearest examples of solvable human misery, philanthropists Bill and Melinda Gates write in a report released Wednesday. **“Goalkeepers: The Stories Behind the Data,”** was produced in partnership between the Bill & Melinda Gates Foundation and the Institute for Health Metrics and Evaluation at the University of Washington, which received \$279 million from the Gates Foundation earlier this year, building on the \$105 million grant that stood up the effort a decade ago. **The report, co-authored and edited by Bill and Melinda, features projections exploring three potential 2030 scenarios for 18 data points from the United Nations Sustainable Development Goals, featuring Gates Foundation priorities ranging from malaria eradication to vaccines to sanitation. These visualizations show what could happen if efforts continue without significant changes to approaches or spending; what could happen with strong leadership, innovation and investment; and what could happen if attention and funding decreased. They demonstrate that progress is possible but not inevitable.”**

Washington Post - Melinda Gates decries ‘loss of U.S. leadership’ in global aid

https://www.washingtonpost.com/news/to-your-health/wp/2017/09/13/melinda-gates-decries-loss-of-u-s-leadership-in-global-aid/?utm_term=.182214a008e0

Also more than worth a read. Excerpts:

*“Melinda Gates is calling on world leaders to step up global aid funding, saying “a loss of U.S. leadership” is resulting in “confusion and chaos” in some of the most vulnerable corners of the planet. **The billionaire philanthropist and her husband, Bill, who spoke in separate interviews at the offices of their charitable foundation last week, have deep concerns about the global repercussions of the federal budget debate in Washington.** The Gateses are pushing back against the administration’s proposed funding cuts with a global effort to raise awareness of what is at risk.*

*... Although lawmakers have said they would reject some cuts, especially if they raise national security concerns, this “**mood of retrenchment**” has **the potential to undo the world’s significant progress over the past few decades in public health and anti-poverty programs**, the couple said. HIV rates would rise again. Women’s access to contraceptives could disappear in some areas. And fewer children, they fear, would get a chance to live long enough to reach their full potential....*

***They will officially launch their campaign next week with an event in New York City** that will be attended by U.N. Deputy Secretary General Amina J. Mohammed, Nobel laureate Malala Yousafzai and former president Barack Obama, who championed foreign assistance programs while in office.*

The Gates Foundation has long been a pioneer in setting measurable goals for its work. Program directors there talk about “investment cases” for each initiative and carefully track the “returns”

(usually lives saved) for every dollar expended. It is taking the same approach in the new campaign, with a focus on data and accountability for progress — or the lack thereof.

*The centerpiece of the effort will be a **series of charts**, based on data being published in the medical journal the Lancet, that tracks the story of world health over time by focusing on 18 key indicators. Those include child mortality, HIV deaths and “stunting,” which is children grow up shorter than they should because of malnutrition. “*

Devex - Bloomberg Philanthropies aims to make splash during Global Goals Week

<https://www.devex.com/news/bloomberg-philanthropies-aims-to-make-splash-during-global-goals-week-91005>

You know we love Michael Bloomberg.

*“Bloomberg Philanthropies is set to arrive at Global Goals Week and refocus an already packed schedule in New York. The **philanthropy giant’s launch of a major new event** is set to make the week a little more glitzy and aim to shift the focus toward the role of the private sector in driving a transparent, sustainable global economy forward. Bloomberg Philanthropies’ **Global Business Forum**, an all-day event on Sept. 20 at the Plaza Hotel in midtown Manhattan, may serve as an answer to which platform **could replace the star-studded Clinton Global Initiative**, which closed its doors last year after more than a decade. The first Global Business Forum appears to have certain shadows of CGI, from its broad, global outlook to its impressive speaker list....”* Lots of big leaders, CEOs and members of the 0.01 %. So happy they’ll transform our world for the better.

Financing the UN Development System - Pathways to Reposition for Agenda 2030

<http://www.daghammarskjold.se/shorthand/financing-unds-2017/>

*“With the basic data around the UN Development System (UNDS) financing in mind, what then are the major opportunities and challenges around financing the UN system? **What financing reform is needed** to help the UNDS meet the challenges of Agenda 2030? These questions are debated and explored in the **papers by senior contributors from inside and outside the UN system** outlined below. Grouped along five key clusters, they provide fresh perspectives and ideas on pathways to financing reform, which can help the UNDS reposition for Agenda 2030.”*

Check out p. 154 for **conclusions**.

*“... **A few key themes emerge in this report as essential to a successful repositioning of the UNDS to meet the challenges of Agenda 2030.** To begin with, **the UN must strengthen its leveraging role.** This will require a major push on the part of the UN in developing robust system-wide financial data and strategies, employing professional capabilities and developing the skills needed to partner effectively with a range of financing actors at the local, regional and international levels. **The UNDS must also reinforce the sustaining peace approach** and the creation by the Secretary-General of a strategic platform for financing prevention and peacebuilding could go a long way in accomplishing this. ... The **UN should pursue both stronger normative and global public goods agendas** as globalisation currently faces a significant backlash. It must ensure it is an effective instrument in facilitating solutions to challenges aggravated by globalisation, those requiring a collective response.*

Finally, the UNDS must recognise the centrality of transparency and accountability for the effective implementation of Agenda 2030. In 2015, the Addis Ababa Action Agenda and SDG 16 both enshrined the notion of open financial data into their outcomes and the UNDS must make the most of this lowest of the 'low-hanging fruit' in SDG financing. ...”

PS: You should probably also read [Reforming the WHO's financing model](#) (by Dr Gaudenz “silver tongue” Silberschmidt and Dr Guitelle Baghdadi-Sabeti) (p. 52-54)

Lancet - GBD2016: 5 new papers

<http://www.thelancet.com/gbd>

In addition to the (above mentioned) health SDG GBD analysis, read the **5 other new Global Burden of Disease 2016 papers** which provide worldwide data trends, including mortality and risk factors and injuries (covering the period 1990-2016).

For some background and context, as well as some key messages, see this week Lancet **Editorial - Life, death, and disability in 2016**. *“...Overall, the findings show that **the world is becoming healthier, but progress is uneven**. People are living longer, but with more disease. As SDI (i.e. the socio-demographic index, a metric that measures a country’s development) rises, the gap between healthy life expectancy and life expectancy (ie, the time living with ill health) is less for high SDI countries compared with low SDI countries. So, while there is an expansion of morbidity as life expectancy increases, there is a relative compression of morbidity (less time spent with ill health) as a country becomes richer.”*

The **conclusion** is worth giving in full –

*“One message from these papers is that **there are certain health issues that need specific attention in different countries**. These challenges will require strengthening of the health system, together with more vertical initiatives—universal health coverage alone will not suffice. **There should be a global forum where these results and their policy implications are discussed. We propose that WHO, the World Bank, and other technical and multilateral agencies join together annually to discuss the GBD findings, and how they should influence decision making.***

*Looking ahead, a key further task for GBD is how to incorporate one of the defining challenges of our times—threats to our planetary health—into their analyses. For example, the likely effects of climate change on the displacement of people will be substantial. Human beings also depend on a variety of ecosystem resources for their health and wellbeing. To recognise these new risks, the GBD will have to **consider developing additional health-related metrics that relate to planetary health**: such as concerning biodiversity, climate change, and ecosystem services. Therein lies a challenge for the next GBD.”*

Do read also the Lancet **Viewpoint** (by Chris Murray & Alan Lopez) - [Measuring global health: motivation and evolution of the Global Burden of Disease Study](#) *“... In this viewpoint, we trace the evolution of 10 key dimensions of the GBD study, which in our view as the two founders of the GBD, have had an important role in increasing the utility, relevance and integration of GBD findings in*

*national and global health policy debates, and **highlight what we see as some of the principal challenges for the future.***

Global Evidence summit Cape Town (13-16 September)

<https://www.globalevidencesummit.org/>

Ongoing. Some publications & news already from Cape Town:

Tweet Trishalgh: **“Strong theme of #GESummit17 is evidence geeks need to get out more, build collaborations, address practicalities.”**

Cochrane Africa was launched

<http://africa.cochrane.org/>

Check it out.

WHO (Alliance) – Rapid reviews to strengthen health policy and systems: a practical guide

Edited by **A Tricco, E Langlois** et al;

<http://apps.who.int/iris/bitstream/10665/258698/1/9789241512763-eng.pdf>

“Policy-makers require valid evidence to support time-sensitive decisions regarding the coverage, quality, efficiency, and equity of health systems. Systematic reviews and other types of evidence syntheses are increasingly employed to inform policy-making and produce guidance for health systems. However, the time and cost to produce a systematic review is often a barrier to its use in decision-making. Rapid reviews are a timely and affordable approach that can provide actionable and relevant evidence to strengthen health policy and systems. This Practical Guide explores different approaches and methods for expedited synthesis of health policy and systems research, and provide guidance on how to plan, conduct, and promote the use of rapid reviews, while highlighting key challenges including their application in low- and middle-income countries. Our proposed solutions will help provide policy-makers and health systems managers with strategic evidence to make crucial decisions about health systems’ response in emergency situations, as well as in routine decision-making.”

Four new Cochrane EPOC overviews of reviews show reliable evidence on the effects of different ways of organising, financing, and governing health systems in low-income countries and identify important evidence gaps.

<http://epoc.cochrane.org/news/health-systems-low-income-countries-four-new-overviews?platform=hootsuite>

A team of Cochrane researchers from Argentina, Chile, Norway, and South Africa prepared **four overviews of the available evidence from up-to-date systematic reviews about the effects of health system arrangements in low-income countries**. Coinciding with the Global Evidence summit.

“An overview of [delivery arrangements](#) included 50 systematic reviews that included a total of 919 studies. These reviews found that many delivery arrangements probably have desirable effects, including task shifting or role expansion and strategies for coordinating care.

An overview of [financial arrangements](#) included 15 systematic reviews that included a total of 276 studies. The effects of most of the financial arrangements that were reviewed were uncertain. This includes the effects of providing financial incentives and disincentives for health care workers, and the effects of most types of financial incentives and disincentives for people using health services.

An overview of [governance arrangements](#) included 21 systematic reviews that included a total of 172 studies. These reviews found that restrictions on medicines reimbursement (pre-authorisation), community mobilisation, and disclosing to the public performance data on health facilities and providers probably have desirable effects. The effects of other governance arrangements that were reviewed were uncertain.

An overview of [implementation strategies](#) included 39 systematic reviews that included a total of 1332 studies. These reviews found that many different implementation strategies probably improve professional practice, including educational meetings, educational outreach, practice facilitation, local opinion leaders, audit and feedback, and tailored interventions. Many strategies targeted at healthcare recipients also probably have desirable effects on the use of health care. For example, mass media interventions lead to an increase in immediate uptake of HIV testing and reminders and recall strategies for caregivers probably increase routine childhood vaccination uptake.”

International South-South cooperation day (12 September)

<http://www.un.org/en/events/southcooperationday/>

By way of example:

Independent - Irma: Cuba sends hundreds of doctors to Caribbean islands devastated by hurricane

<http://www.independent.co.uk/news/world/americas/irma-hurricane-cuba-doctors-caribbean-islands-sends-hundreds-castro-a7938171.html?amp>

Tweet from **Kent Buse**: “Kudos to Cuba: more South-South solidarity & #healthdiplomacy” Cuba has been doing this since the 60s, of course.

Lancet Global Health – August issue

Editorial - Facing forwards along the Health Silk Road

[Lancet Global Health;](#)

Must-read editorial. *“Last month, China made a significant move towards the consolidation of its role as a major player in global health policy. At the Belt and Road High-level Meeting for Health Cooperation in Beijing, delegates from between 20 and 30 countries plus WHO, UNAIDS, the GAVI Alliance, and the Global Fund signed a communiqué aimed at increasing collaboration on research, health security, and education among the countries of China's proposed Belt and Road Initiative.”*

The Lancet’s take, including on the **Health Silk Road Communiqué**.

One major gap: *“**Non-communicable diseases, however, were distinctly absent** from the High-level Meeting agenda and the Health Silk Road communiqué.”*

World Suicide prevention day (10 September)

<http://www.who.int/mediacentre/factsheets/fs398/en/>

Seventy-eight percent of suicides occurred in low-and middle-income countries in 2015, making it the second leading cause of death among 15–29-year-olds. *“Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed.”*

World Sepsis Day 2017

[WHO;](#)

This year’s World Sepsis Day shined a spotlight on **maternal and neonatal sepsis**. It can be prevented.

Trump & global health

Some reads from last & this week:

Foreign Policy - Senate Committee Votes Against Administration on Anti-Abortion Global Gag Rule

<http://foreignpolicy.com/2017/09/07/senate-votes-against-administration-on-anti-abortion-global-gag-rule/amp/>

See also Stat - [Senate panel votes to reverse Mexico City Policy, signaling support for global family-planning assistance](#). *“In a move likely to prove only symbolic, the Senate Appropriations Committee voted on Thursday to overturn the Mexico City Policy, which President Trump announced in January he would reinstate and which the State Department formalized in May....”*

For the breakdown, see KFF [Senate Appropriations Committee approves FY 2018 State & Foreign Operations \(SFOPs\) and Health & Human Services \(HHS\) Appropriations Bills](#).

Reuters – Senate panel rejects Trump's 'doctrine of retreat' on foreign policy

[Reuters](#):

And the bigger picture: *“A powerful Senate committee blasted the Trump administration on [last week’s] Friday in a report accompanying its spending plan for the State Department, saying its approach to foreign policy weakens U.S. standing in the world. On Thursday, the Senate Appropriations Committee voted 31-0 for legislation allocating more than \$51 billion for the State Department and foreign operations, nearly \$11 billion more than requested by President Donald Trump’s administration. In the report released on Friday accompanying the legislation, the committee criticized the administration’s request to cut spending on such operations by 30 percent from the year ending on Sept. 30, 2017. “The lessons learned since September 11, 2001, include the reality that defense alone does not provide for American strength and resolve abroad. Battlefield technology and firepower cannot replace diplomacy and development,” it read. “**The administration’s apparent doctrine of retreat**, which also includes distancing the United States from collective and multilateral dispute resolution frameworks, **serves only to weaken America’s standing in the world**,” it said.”*

Unfortunately, not much chance this will ever become a law.

JAMA Forum - “America’s Health First”: A Misnomer

Larry Gostin; <http://jamanetwork.com/journals/jama/fullarticle/2653724>

Larry nails it once again. Second part of this short forum focuses on global health assistance.

DFID’s 20th anniversary

Some key reads:

Devex - DFID turns 20: The 7 politicians who shaped UK aid

<https://www.devex.com/news/dfid-turns-20-the-7-politicians-who-shaped-uk-aid-90995>

ODI – The politics of the results agenda in DFID: 1997-2017

C Valter et al; <https://www.odi.org/publications/10902-politics-results-agenda-dfid-1997-2017>

Recommended!!! *“The United Kingdom’s Department for International Development (DFID) was created 20 years ago. In this time, its budget has grown dramatically and its management has shifted. **One of the most dominant shifts is towards the ‘results agenda’** – a political agenda for foreign aid, associated with fixed target-setting, which has changed the way DFID operates around the world. **In this report we analyse how and why the results agenda emerged.** Our primary focus is on the politics of the story, how it has intersected with DFID’s management, and the response to these changes. We ask whether DFID’s results management is fit for purpose; that is, does it reflect the UK’s development ambitions? To answer these questions, we interviewed more than 60 people, including former Secretaries of State, senior civil servants and international development experts.”*

And for the ones with little time, read this (very nice) **accompanying blog** - [DFID is 20 years old: has its results agenda gone too far?](#) (by Craig Valters et al)

FT Health – Philip Morris pledges \$1bn to stub out smoking around the world

<https://www.ft.com/content/d9acceae-97d5-11e7-a652-cde3f882dd7b>

Strange The Donald didn’t label this as ‘Fake news’ on Twitter.

*“Philip Morris International has pledged up to \$1bn over the next 12 years to an arm’s-length foundation that will fund scientific research designed to eliminate the use of smoked tobacco around the globe. The Swiss-based group, one of the world’s largest producers of cigarettes, last week registered the **Foundation for a Smoke-Free World** as a US charitable organisation, with the stated aim of making grants on “how to best achieve a smoke-free world and advance the field of tobacco harm reduction”. **It has appointed as head of the foundation Derek Yach, a former senior executive at the World Health Organisation (WHO) who led the development of its Framework Convention on Tobacco Control**, an agreement between governments that helped impose advertising restrictions, tougher anti-smoking laws and higher taxes on cigarettes. ...”*

See also **Bloomberg** – [“Philip Morris International Inc. said it will spend about \\$1 billion setting up a foundation to reduce the prevalence of smoking as the maker of Marlboro cigarettes aims to convert smokers into consumers of devices that don’t burn tobacco.”](#)

Some tweets:

Horton – *“Derek Yach to lead Philip Morris funded Foundation for a Smoke-Free World. **How should the health community respond?** “*

Kickbusch – “Note my tweet from a few days ago - what I predicted! *The money lies with ecigs in future #ncds*”

For an in-depth take, see this blog by Richard Smith - [How public health moralists are promoting harm from tobacco and helping the tobacco industry.](#)

NYT- What Does It Cost to Create a Cancer Drug? Less Than You'd Think

<https://www.nytimes.com/2017/09/11/health/cancer-drug-costs.html?smid=tw-nythealth&smtyp=cur>

What does it really take to develop a new (cancer) drug? “...For years, the standard figure has been supplied by researchers at the Tufts Center for the Study of Drug Development: \$2.7 billion each, in 2017 dollars. ...” “... **a new study** looking at 10 cancer medications, among the most expensive of new drugs, has arrived at a much lower figure: **a median cost of \$757 million per drug.** (Half cost less, and half more.) **Following approval, the 10 drugs together brought in \$67 billion,** the researchers also concluded — **a more than sevenfold return on investment.** Nine out of 10 companies made money, but revenues varied enormously. One drug had not yet earned back its development costs. The **study, published Monday in JAMA Internal Medicine,** relied on company filings with the Securities and Exchange Commission to determine research and development costs...”

Well, well.

Global health events

John Snow Society - Pumphandle Lecture 2017 by Richard Horton

<https://www.lshtm.ac.uk/newsevents/events/john-snow-society-pumphandle-lecture-2017>

Horton’s lecture from earlier this week will probably be uploaded [here](#) soon. Theme: 'Life and Death in 2100: Health, History and Human Contingency'.

Global governance of health

Devex – Juncker lauds use of aid for migration in big EU speech

<https://www.devex.com/news/juncker-lauds-use-of-aid-for-migration-in-big-eu-speech-91018>

(must-read) *“President of the European Commission Jean-Claude Juncker has laid out a clear focus on tackling migration as a key part of European development cooperation in a State of the Union speech described as “egocentric” by one major nongovernmental organization. However, his comments on climate change and tax havens were more warmly welcomed by figures in the development sector. Addressing the European Parliament for the annual speech in Brussels on Wednesday, Juncker — who leads the arm of the EU responsible for proposing legislation and implementing policies — urged EU member states to increase financial contributions to the bloc’s Emergency Trust Fund for Africa, which he said is “reaching its limits.” The controversial instrument, which has received almost 3 billion euros to date, aims to “tackle the root causes of migration” through the use of development aid...”*

Devex – Exclusive interview: Mark Green on why he is an 'optimist' about USAID

<https://www.devex.com/news/exclusive-interview-mark-green-on-why-he-is-an-optimist-about-usaid-91020>

*“Mark Green, administrator of the U.S. Agency for International Development, believes **that under the right circumstances, the end of a foreign assistance program can be cause for a “massive celebration.”** Since he was unanimously confirmed by the U.S. Senate in August, President Donald Trump’s pick to lead U.S. global development efforts has made clear that **he sees the role of U.S. foreign assistance as working itself out of a job....** ...*

*“Speaking with Devex, Green said he would **focus on procurement reform, “strategic transitions” for countries to wean themselves off U.S. assistance, new ways to measure country capacity, and technological innovation.** The USAID chief now faces the challenge of doing that in service to a president who has proposed cutting billions of dollars from U.S. foreign assistance, and at a time when humanitarian needs vastly outpace funding. This is **part one of our exclusive interview with Green, which focuses on his vision for USAID.** Part two will delve into how Green’s own views about development intersect with the Trump administration’s plans and priorities. ...”*

Meanwhile, [Tillerson offered peek into State Dept. redesign plan](#) (Politico) – *“...Secretary of State Rex Tillerson hopes to save as much as \$10 billion over five years under his plan to **restructure the State Department by better aligning, if not outright merging, it with USAID....**”*

See also [Foreign Policy](#) – *“**“It’s fluffy, meaningless B.S.,” one State Department official said.**”*

AJPH – The World Health Organization, Public Health Ethics, and Surveillance: Essential Architecture for Social Well-Being

Amy Fairchild et al ; <http://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304019>

*“...In June 2017, the World Health Organization (WHO) issued “**Guidelines on Ethical Issues in Public Health Surveillance**”. This is the first document to address the challenge of surveillance on a global stage and the first set of international guidelines in which the ethics of public health, rather than (bio)medical ethics, serves as a normative framework...”* Analysis & background of these guidelines. The authors played a role in formulating them.

IJHPM - Additional Insights Into Problem Definition and Positioning From Social Science; Comment on “Four Challenges That Global Health Networks Face”

K Quissel; http://www.ijhpm.com/article_3412_0.html?utm_source=dlvr.it&utm_medium=twitter

(recommended) *“Commenting on a recent editorial in this journal which presented four challenges global health networks will have to tackle to be effective, this essay discusses why this type of analysis is important for global health scholars and practitioners, and why it is worth understanding and critically engaging with the complexities behind these challenges. Focusing on the topics of problem definition and positioning, I **outline additional insights from social science theory** to demonstrate how networks and network researchers can evaluate these processes, and how these processes contribute to better organizing, advocacy, and public health outcomes. This essay also raises multiple questions regarding these processes for future research.”* We quite enjoyed this short comment.

IDS (blog) - Tweaking or transforming? Dancing around power and accountability

Godelieve Van Heteren et al; [IDS blog](#);

*“... in Brighton, at the Institute of Development Studies (IDS), where this summer over 80 apassionados gathered for a **workshop titled 'Unpicking Power and Politics for Transformative Change: Towards Accountability for Health Equity'**. Stated aim: to examine critically the current practices and politics shaping accountability in health systems from the local to the global levels.”* The blog zooms in on the workshop.

They conclude: *“...Under the Sussex sun, we seemed to be tweaking, not yet transforming. So hopefully... to be continued...”*

Maybe a suggestion for a future blog title (as well innovative brainstorm activity): “Twerking or transforming: Dancing around ...” ☺

Global Fund's 2017 results report

https://www.theglobalfund.org/media/6773/corporate_2017resultsreport_report_en.pdf

Published this week. See also [Global Fund Partnership has Saved 22 Million Lives.](#)

GF's interim boss, Marijke Wijnroks, made the [link with global health security](#).

*"...Programs supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria **have saved 22 million lives**, according to a report released today. The report also shows significant increases in the number of people receiving treatment for HIV, diagnosis and treatment for TB and having an insecticide treated net to prevent malaria.The Global Fund Results Report 2017, with cumulative results through the end of 2016, shows a decline of one-third in the number of people dying from AIDS, TB and malaria in the countries where the Global Fund invests.*

"Investing in global health is a highly cost effective way to achieve greater security and stability, to protect communities worldwide from infectious disease and to halt emerging health threats," said Marijke Wijnroks, Interim Executive Director of the Global Fund. "This report highlights outstanding achievements, and also how much more there is to do."

For more from [Wijnroks](#), read her piece in Devex (together with Jonathan Klein)- [Innovative partnerships to end epidemics and pave the way to UHC](#).

As director of new Global Health Center, Dybul comes home

[Georgetown](#);

Speaking of the GF, how is former GF boss Mark Dybul doing these days? Read it all in this piece.

Global Public Health – Identifying and addressing the governance accountability problem

A B Sehovic; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1371203>

"Successive global health crises – from HIV and AIDS to SARS and H5N1 to Ebola – highlight one of the most pressing challenges to global health security: the GAP – the governance accountability problem. Introduced in 2014 in the book entitled, HIV/AIDS and the South African state: The responsibility to respond, this article takes up Alan Whiteside's challenges, in a book review in these pages, to offer a more comprehensive analysis of the GAP. The GAP [Šehović, A. B. (2014). HIV/AIDS and the South African state: The responsibility to respond. Ashgate Global Health.] posits that there is a disconnect between ad hoc, state and non-state interventions to respond to an epidemic crisis, and the ultimate guarantee for health (security), which remains legally vested with the state. The existence and expansion of such ad hoc solutions result in a negligence: a failure of re-ordering of health rights and responsibilities for health between such actors and the accountable state. The GAP

aims to highlight this disjunction. This article first defines the GAP. Second, it asks two questions: First, what is the contribution of the GAP thesis to understanding the emerging health security landscape? Second, what can the GAP offer in terms of practical insight into viable solutions to the re-ordering of state/non-state-based responsibility and accountability for global health security?"

South Centre - Growing impetus to making AMR an integral issue in the 2030 Agenda for Sustainable Development

<http://us5.campaign-archive2.com/?u=fa9cf38799136b5660f367ba6&id=fea0b087c0>

"The international profile of anti-microbial resistance (AMR) as a major global health and development issue has been increased by various documents that were adopted or issued in the past few months. All of them distinctly link the fight against AMR as being an important component of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). The documents include: The 2017 Ministerial Declaration of the UN High-level Political Forum on Sustainable Development (HLPF), July 2017; The Ministerial Declaration of Ministers of Health of the Non-Aligned Movement (NAM), May 2017; WHO's new strategy for essential medicines and health products for 2016-2030 called Access 2030 ; A draft work plan of the Interagency Coordination Group (IACG) on AMR, which was established by the UN General Assembly..."

WHO/Europe - Health Diplomacy: European perspectives

Edited by Ilona Kickbusch et al;

http://www.euro.who.int/_data/assets/pdf_file/0009/347688/Health_Diplomacy_European_Perspectives.pdf?ua=1

*"Global processes – such as climate change, pandemics and modern societies' patterns of unsustainable consumption – gave health diplomacy new relevance, making it central to health governance at global and regional levels, and integral to foreign policy in many countries. **This book is part of the WHO Regional Office for Europe's response to the WHO Regional Committee for Europe's 2010 request that it strengthen the capacity of diplomats and health officials in global health diplomacy.** It presents **17 case studies that illustrate recent developments in the WHO European Region.** The examples range from negotiating for health in the Paris Agreement on climate change and the pursuit of the Sustainable Development Goals, to placing antimicrobial resistance on the global agenda and showing the relevance of city health diplomacy. Chapters review subregional efforts in south-eastern Europe and central Asian countries; progress on road safety in the Russian Federation; experience with integrated health diplomacy in Malta and Switzerland; Germany's activities in the Group of 7 and Group of 20; the work of WHO country offices from a diplomacy perspective and the collaboration between WHO and the European Union; and training to increase capacity for health diplomacy in diplomats and health officials. A discussion of future challenges for health diplomacy concludes this unique compilation."*

Don't be scared about the end of capitalism: be excited to build what comes next

Jason Hickel & Martin Kirk; <https://www.fastcompany.com/40454254/dont-be-scared-about-the-end-of-capitalism-be-excited-to-build-what-comes-next>

Recommended reading for Michael Bloomberg. "...Imagine innovating a future economy that transcends old binaries..." Time to transcend capitalism. (7-minute read)

For a related read, see (Bloomberg) - [If Unilever Can't Make Feel-Good Capitalism Work, Who Can?](#)

(recommended reading for all the 'leveraging & catalyzing private capital for the public good' chaps).

Lancet Global Health (blog) - Argentina must follow Germany's lead on health at G20

M Elder; <http://globalhealth.thelancet.com/2017/09/12/argentina-must-follow-germanys-lead-health-g20>

Recommended. *"Health ministers and secretaries across the Americas want to strengthen their health systems. In June this year, the Executive Committee of PAHO approved a draft of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). The draft has been developed by a team of high-level representatives from 16 PAHO Member States, led by Ecuador. This month, all regional ministers will be asked to sign off on a final version at the Pan-American Sanitary Conference in Washington, DC, USA. If approved, the SHAA2030 will provide direction and political vision for health development in the Americas. **Argentina, as head of G20 next year, should lead efforts to push ahead the final agenda, further strengthen health systems, and advance universal health coverage (UHC) across the region and more broadly. It can do this by making health a key topic of the 2018 summit.**"*

Irin News – Innovative but dull: disaster insurance is starting to pay off

Stefan Dercon (chief economist DFID); <https://www.irinnews.org/opinion/2017/09/11/innovative-dull-disaster-insurance-starting-pay>

*"Hurricanes and an earthquake have caused havoc across the Caribbean and Mexico. Lives, livelihoods, roads, buildings, and infrastructure will need repair. But in the wake of these disasters, there is some surprisingly good news: Millions of dollars of relief finance are already being paid without fuss, social media campaigns, or photo-ops. What is this remarkable "innovation"? The answer is dull: **it's insurance.**"*

And a tweet:

“World first #Humanitarian Impact Bond has been launched – We are finding innovative ways for future challenges. @alexanderdecroo @KGeorgieva “

In short, the jury is still out on all these innovations, impact bonds & insurances for the better good. I sure hope they'll work. But it would be unwise to solely count on these to transform our world.

UHC

Guardian - Bernie Sanders unveils universal healthcare bill: 'We will win this struggle'

<https://www.theguardian.com/us-news/2017/sep/13/bernie-sanders-universal-healthcare-medicare-for-all>

Let's hope so. Sanders and his rising army of US UHC supporters will probably need, to put it in the lyrics of a famous US band, "Patience".

For more info on the politics around this bill, see the **New Yorker** - [The Politics of Bernie Sanders's "Medicare for All" Bill](#). Or **Vox** - [About one-quarter of Senate Democrats now support Sanders's single-payer health bill](#)

Meanwhile, our colleagues from Stat News reported that yet another repeal-and-replace push was in the making (by Republican senators Bill Cassidy and Lindsey Graham). Not very likely though either (given the deadline for a repeal bill on 30 September).

And **Reuters** reported [Obamacare enrollment to fall in 2018 and beyond after cuts: CBO](#). *"Enrollment on the Obamacare health insurance exchanges in 2018 and later years is expected to be less than previously forecast, dampened by the Trump administration's decision to pull back enrollment efforts, the U.S. Congressional Budget Office said on Thursday."*

House overwhelmingly approves universal health care for all Filipinos

<http://news.mb.com.ph/2017/09/07/house-overwhelmingly-approves-universal-health-care-for-all-filipinos/>

Great news from the Philippines, from late last week. See the title.

Financing Health in Africa – Quality improvement: just another journey

Peter Eerens; <http://www.healthfinancingafrica.org/home/quality-improvement-just-another-journey>

*“The PBF Community of Practice has initiated a collaborative learning program on ‘PBF & Quality of Care’. Health Financing in Africa welcomes testimonies, opinion pieces and presentations of research findings. In this second blog of our series, **Peter Eerens shares his own 30-years journey on quality improvement.**”* (recommended)

Devex - How to achieve universal health coverage? Focus on primary care

M Politzer; <https://www.devex.com/news/how-to-achieve-universal-health-coverage-focus-on-primary-care-90721>

Suddenly everybody seems to feel the same... *“...Devex looks at what it will take to overcome these challenges and achieve universal health coverage, including how to **strengthen primary health care** facilities, how to make such facilities more accessible, and the role that innovation can play in creating and delivering more sustainable systems....”*

Planetary health

Lancet Planetary Health – September issue

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

From the Editorial of the new September issue: *“In **October, 2017**, The Lancet, together with the Global Alliance on Health and Pollution and the Icahn School of Medicine at Mount Sinai in New York, will **publish a Commission on Pollution, Health, and Development.**”*

Nature (Comment) – Insurance companies should collect a carbon levy

<http://www.nature.com/news/insurance-companies-should-collect-a-carbon-levy-1.22589>

*“A surcharge on energy producers would fund climate adaptation and the low-carbon transition, suggest **Anthony J. Webster and Richard H. Clarke.**”*

Politico – Planetary health issue

<http://www.politico.com/agenda/story/2017/09/13/welcome-to-the-planetary-health-issue-000519>

Some more evidence that the ‘planetary health’ paradigm is slowly gaining momentum. See this special issue by Politico. Their timing is of course great, after the Harvey & Irma disasters.

Quartz – This is how much of your life air pollution is stealing from you based on where you live

<https://qz.com/1071421/this-is-how-much-of-your-life-air-pollution-is-stealing-from-you-based-on-where-you-live/>

*“Air pollution is the single largest environmental health risk humans face, according to the World Health Organization, but what does that mean for you? **Researchers have put together a [map](#) based on new findings that show, depending on where you live, how many years of life that gritty air is stealing....**” “...In China, the “airpocalypse” is shortening the Chinese lifespan by more than three years, while in India, air pollution can cut a person’s lifespan by four years on average (and nearly a decade for someone in the capital New Delhi)....”* Based on new research.

Bloomberg - China Fossil Fuel Deadline Shifts Focus to Electric Car Race

<https://www.bloomberg.com/news/articles/2017-09-09/china-to-ban-sale-of-fossil-fuel-cars-in-electric-vehicle-push?cmpld=flipboard>

*“..China, seeking to meet its promise to cap its carbon emissions by 2030, is **the latest country to unveil plans to phase out vehicles running on fossil fuels.**”* This is becoming a very promising trend.

Guardian - Asia's glaciers to shrink by a third by 2100, threatening water supply of millions

<https://www.theguardian.com/environment/2017/sep/14/asia-glaciers-shrink-threatening-water-supply>

*“Asia’s mountain glaciers will lose at least a third of their mass through global warming by the century’s end, with dire consequences for millions of people who rely on them for fresh water, researchers have said. This is a **best-case scenario**, based on the assumption that the world manages to **limit average global warming to 1.5C (2.7F)** over pre-industrial levels, a team wrote in the journal Nature....”*

Infectious diseases & NTDs

HIV

BMJ blog – WHO and the rights of women living with HIV

Alice Welbourn; [BMJ blog](#);

(recommended analysis) “...A recent set of articles on HIV in pregnancy, published by The BMJ and BMJ Open, raises concerns that some combination anti-retroviral therapies (cARTs) may harm babies. This highlights the **need for changes to current WHO practice towards pregnant women living with HIV**, which is no doubt well-intentioned but ill thought-out. ;.. ... Thankfully, **there are signs of change.** ...” “... Women’s intrinsic rights over our bodies should be prioritised. Women should be offered informed choices just as men are offered voluntary medical male circumcision for HIV prevention.” Welbourn ends with some **advice for Tedros, and WHO’s HIV department.** And “...Since women often face violence as a result of HIV treatment the almost complete omission of any mention of violence from WHO’s 2016 treatment guidelines must also be rectified.”

Cholera

Reuters – Over 500 dead as Congo cholera epidemic spreads -WHO

[Reuters](#);

“More than 500 people have died so far in a cholera epidemic that is sweeping the Democratic Republic of Congo, the World Health Organization (WHO) said. Outbreaks of the water-borne disease occur regularly in Congo, mainly due to poor sanitation and a lack of access to clean drinking water. But this year’s epidemic, which has already hit at least 10 urban areas including the capital Kinshasa, is particularly worrying as it comes as about 1.4 million people have been displaced by violence in the central Kasai region....”

Washington Post - As the death toll climbs in Sudan, officials shy away from the ‘cholera’ label

[Washington Post](#);

Tedros might want to look into this... On the public health emergency in Sudan: “...The State Department and USAID are related agencies, both reporting to the secretary of state, but there is an **odd disconnect in how they have described a looming public health emergency in the African country of Sudan.** The embassy declared that there were “confirmed reports” of cholera that have killed people, whereas USAID, citing the World Health Organization and the Sudanese government, said there were cases of “acute watery diarrhea,” known in medical circles as AWD.”

The Conversation - Cholera fears rise following Atlantic hurricanes: Are we making any progress?

L Carruth; [The Conversation](#);

“As hurricanes barrel through some of the most impoverished communities in the Western Hemisphere, and as floods ravage Yemen, Sierra Leone, Bangladesh and India, **now is the time to rethink and prioritize cholera epidemic prevention and response....**

“... **This is the chance for the WHO to fulfill this mission and make right mistakes of the past.** Cholera has been eliminated from disaster-affected Texas and Florida. The same can happen elsewhere too. Thousands of lives are at stake. **The WHO and its partners should lead a vigorous appeal to donors and humanitarian organizations working in several locations – in the paths of Atlantic hurricanes, in flooded regions of South Asia, and in war-torn parts of the Middle East and Africa – where cholera still kills and the risk of an outbreak is high.** The new director of the WHO, Dr. Tedros, is perfectly positioned to counter his recent detractors and demonstrate his capacity for swift action by **mounting the WHO’s first coordinated, multi-country cholera epidemic response.**”

Zika

Stat News -The race for a Zika vaccine slows, a setback for efforts to head off future outbreaks

[Stat News](#);

“The development of a type of Zika vaccine that authorities had hoped to usher to the market has proven more challenging than some scientists and pharmaceutical companies had expected, people involved in the research have told STAT, posing a setback for efforts to avoid future outbreaks of the disease.” In-depth analysis by **Helen Branswell**.

You might also want to read [Sanofi stops work on Zika vaccine while others forge forward](#) (CNN).

Chikungunya

BBC news - Italy has three chikungunya fever cases in Anzio

<http://www.bbc.com/news/world-europe-41198774>

First malaria, now chikungunya. “Three people have been diagnosed with mosquito-borne chikungunya fever in Anzio, 50km (30 miles) south of Rome, Italian media report.” This has been an apparent local transmission of the disease.

Dengue

Medium -First dengue vaccine remains effective

<https://medium.com/health-and-disease/first-dengue-vaccine-remains-effective-f26ae15c301d>

Encouraging news on the dengue vaccine. New research seems to provide reassurance that the vaccine is working against currently circulating types.

Plos NTDs (Editorial) - Dengue, West Nile virus, chikungunya, Zika—and now Mayaro?

<http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005462>

“Is Mayaro virus infection the latest in a series of new arbovirus diseases expanding across the Western Hemisphere?” Peter Hotez explores.

Finally, a few links:

[New, improved Gardasil 9 fights 90% of cervical cancers, beats genital warts too](#) *“A groundbreaking, Australian-developed cervical cancer vaccine administered to high school students for a decade is set to be replaced, after the development of a new treatment that could all but wipe out both the cancer and genital warts.” “...A major global trial involving more than 14,000 participants found that the new vaccine (i.e. Gardasil 9) could prevent 90 per cent of cervical cancers worldwide, compared with 70 per cent with the original....”*

Lancet Global Health (comment on a new study) – [Hepatitis D virus in Africa: several unmet needs](#)

*“...In The Lancet Global Health, Alexander Stockdale and colleagues did a systematic review and meta-analysis to assess anti-hepatitis D virus seroprevalence in HBsAg-positive patients in sub-Saharan Africa. This publication contributes substantially to knowledge about localised clustering of hepatitis D virus endemicity across sub-Saharan Africa, with **high prevalence particularly in central Africa, but also in west Africa**. By contrast, prevalence was very low in east and southern Africa. These **data strongly support the hypothesis that hepatitis D virus infection significantly contributes to morbidity and mortality of chronic hepatitis B virus in central and western Africa.**”*

AMR

CIDRAP - New Klebsiella strains 'worst-case scenario,' experts say

<http://www.cidrap.umn.edu/news-perspective/2017/09/new-klebsiella-strains-worst-case-scenario-experts-say>

"Infectious disease experts are calling the emergence of hypervirulent, multidrug-resistant and highly transmissible strains of Klebsiella pneumoniae described in a recent paper by Chinese scientists an alarming and worrisome development that could be a sign of things to come. The paper, published last week in the Lancet Infectious Diseases, described a ventilator-associated pneumonia outbreak among five patients in an intensive care unit (ICU) at a hospital in Hangzhou, China...."

*"... "The fatal outbreak of a hypervirulent and hyper-resistant strain of Klebsiella pneumoniae in a Chinese ICU represents a **worst-case scenario in which both resistance elements and virulence factors appeared in the same strain of bacteria**," Amesh Adalja, MD, a senior associate at the Johns Hopkins University Center for Health Security, said. "The situation highlights the dire threat of antibiotic resistance and is a harbinger of the future if current trends continue."*

Nature Microbiology – In desperate Need

<https://naturemicrobiologycommunity.nature.com/users/20892-madhukar-pai/posts/20144-in-desperate-need>

Some hopeful news is emerging on drug-resistant TB: "...In a trial called NIX-TB, TB Alliance and partners are evaluating a dramatically shorter, 6-month, oral drug combination for XDR-TB (Extensively Drug-Resistant Tuberculosis)"

"TB Alliance is also working on another drug regimen with great promise - BPAMZ (Bedaquiline + Pretomanid + Moxifloxacin + Pyrazinamide). Regimens like Nix and BPAMZ could significantly improve TB control efforts globally."

NCDs

UN Global Compact ban recognises the tobacco industry's incompatibility with responsible, sustainable business

<http://mailchi.mp/8eeaff198183/ungc-bans-tobacco>

“Following its Board meeting in July 2017, UN Global Compact will exclude tobacco companies from participating in the initiative.” Better late than never.

WHO – Nutrition: Online consultation Safeguarding against possible conflicts of interest in nutrition programmes: “Approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level”

<http://www.who.int/nutrition/consultation-doi/en/>

“WHO has launched an online consultation on the [WHO Discussion paper](#) (version dated 11 September 2017) entitled “Draft approach on the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level”. Member States, organizations of the UN system, and non-State actors are invited to provide feedback in response to the WHO Discussion Paper.”

Call to international action to break deadlock on chronic diseases crisis

<https://epha.org/epha-2017-call-to-international-action-chronic-diseases-crisis/>

Call made at the 2017 European Public Health Alliance (EPHA) Annual Conference (in Brussels), “Make Health YOUR Business”, which focused on breaking the deadlock to action to curb the growth of chronic diseases. Dr **Sania Nishtar** highlighted the “huge appetite and awareness” among 191 national governments to tackle non-communicable diseases. She **called for the creation of a global mechanism, an “apex entity”, tasked with curbing NCDs.**

Guardian - British diplomat lobbied on behalf of big tobacco

https://www.theguardian.com/uk-news/2017/sep/09/british-diplomat-lobbied-big-tobacco-bat-bangladesh-unpaid-vat?CMP=Share_iOSApp_Other

News from the UK: *“The Foreign Office is immersed in a major lobbying row after it emerged that a senior official sought to help a British tobacco company to avoid paying tax owed to one of the world’s poorest countries. **Alison Blake, the British high commissioner to Bangladesh, has been accused of lobbying on behalf of British American Tobacco (BAT) after it sought her help in a long-running battle with the country’s revenue authorities.** The extraordinary intervention has provoked anger among health organisations and transparency campaigners, both in the UK and in Bangladesh, who say that it breaches strict World Health Organisation rules on lobbying...”*

A tweet related to this: “The flip-side: global ill-health diplomacy.”

Lancet Diabetes and Endocrinology (Editorial) - South Asian floods and Hurricane Harvey: diabetes in crisis

[http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30291-7/fulltext?platform=hootsuite](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30291-7/fulltext?platform=hootsuite)

From the September issue. “As of Sept 1, 2017, more than 1400 people have died in Bangladesh, India, Nepal, and Pakistan as the worst flooding in decades overwhelms the region. Around 41 million people are estimated to have been affected so far by flooding during heavy monsoon rains. ... **As with other disasters, continued provision of medical care for patients with diabetes and other noncommunicable diseases (NCDs) is posing an enormous challenge; however, lessons learned from previous natural disasters have led to improved responses—at least in the USA.**”

Reuters - Drinks industry distorts alcohol cancer risk: scientists

[Reuters;](#)

“The alcohol industry uses denial, distortion and distraction to mislead people about the risks of developing cancer from drinking, often employing similar tactics to those of the tobacco industry, a study said on Thursday. Drinks industry organizations often present the relationship between alcohol and cancer as highly complex, implying there is no clear evidence of a consistent link, said the study led by scientists at the London School of Hygiene & Tropical Medicine (LSHTM) and Sweden’s Karolinska Institutet.”

Critical Public Health - How food companies influence evidence and opinion – straight from the horse’s mouth

G Sacks et al; <http://tandfonline.com/doi/full/10.1080/09581596.2017.1371844>

*“...The tactics used by the food industry to influence public policy have been well documented, but there is little direct evidence of the rationale behind food industry actions and their level of support from within individual companies. **This paper provides an analysis of an email exchange (from 2015) between former senior executives of Coca-Cola to gain insider insight into ways in which the food industry seeks to influence policy-makers as well as scientific evidence and opinion with respect to nutrition and non-communicable disease (NCD) prevention.** The results provide direct evidence that senior leaders in the food industry advocate for a deliberate and co-ordinated approach to influencing scientific evidence and expert opinion. The paper reveals industry strategies to use external organisations, including scientific bodies and medical associations, as tools to overcome the global scientific and regulatory challenges they face...”*

Lancet Asthma Commission: Asthma: redefining airways diseases

<http://www.thelancet.com/commissions/asthma>

*“Progress in reducing hospital admissions and mortality in people with asthma have stalled in the past 10 years. This Lancet Commission examines where we are in the understanding of this heterogeneous syndrome and where we need to go to kickstart a new era of examining, monitoring, treating, and ultimately preventing airways diseases. **The Commissioners recommend to deconstruct airway disease into component parts before planning treatment with a focus on traits that are identifiable and treatable.** This approach will **require a complete change in how we think about airways diseases** with the goal of achieving real precision treatment with better patient outcomes. In addition, **primary prevention and disease-modifying interventions need to become a more important ambition.** It is unacceptable that people still die from asthma attacks in 2017.”*

Make sure you read the **Comment - After asthma: airways diseases need a new name and a revolution** ([by S Kleinert & R Horton](#))

Finally, a tweet:

#rc67 RD Jakob announces high level meeting on NCDs and Health Systems 16-18 April 2018 #uhc #NCDs

Sexual & Reproductive / maternal, neonatal & child health

WHO –New programme reporting standards for sexual, reproductive, maternal, newborn, child and adolescent health programmes

http://www.who.int/maternal_child_adolescent/news_events/news/programme-reporting-standards/en/

“WHO has developed [new standards](#) to strengthen reporting on information related to the design, context, implementation, monitoring and evaluation of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) programmes and research. The Programme reporting standards for sexual, reproductive, maternal, newborn, child and adolescent health were developed by WHO's Departments of Reproductive Health and Research including HRP, and Maternal, Newborn, Child and Adolescent Health and in collaboration with the Alliance for Health Policy and Systems Research (AHP SR)....” (also news coming from the Global Evidence Summit in Cape Town)

UNICEF: Decades of progress for children at risk across Middle East and North Africa

<http://www.un.org/apps/news/story.asp?NewsID=57489#.WbpmO7JbIV>

“Nearly one-in-five children across the Middle East and North Africa – over 90 per cent of whom live in conflict-affected countries – need immediate humanitarian assistance, according to new analysis by the United Nations Children’s Fund (UNICEF). ... “UNICEF pointed out that children have been hit hardest by ongoing years of violence, displacement and lack of basic services. Civilian infrastructure, including hospitals, energy, water, sanitation and hygiene installations have often come under attack, exposing children to the risk of death and diseases.”

Xinhua – Dutch minister urges new gov't to support She Decides fund

http://news.xinhuanet.com/english/2017-09/11/c_136601500.htm

“Dutch minister for foreign trade and development cooperation Lilianne Ploumen has called on the new Dutch government to support “She Decides”, an initiative launched in January to fill gap caused by Washington’s withdrawal from funding women’s access to and information about safe abortion.”
The Dutch will soon have a new government. The chance they’ll continue to support ‘She Decides’ is 100 % in my opinion. 200 % even.

Devex – PATH points to power of \$120M core boost with new vaccine initiative

[Devex](#);

*“The global health organization PATH announced the **launch of a new initiative on maternal immunization on Monday**, following news last week that the NGO’s Center for Vaccine Innovation and Access has been awarded a \$120 million grant by the Bill & Melinda Gates Foundation. The **Advancing Maternal Immunization (AMI) program** is a collaboration between stakeholders from around the world to provide pregnant women with vaccines to protect their babies from infectious diseases. PATH will coordinate the program along with the World Health Organization. It is the first of a number of new commitments that are likely to be made in the wake of the Gates Foundation award, which allows the NGO to attract top vaccine development and introduction experts who are uniquely positioned to take on such ambitious projects. PATH representatives pointed to the power of stable and portfolio-based funding in allowing this to happen.”*

Guardian - LGBT groups denounce 'dangerous' AI that uses your face to guess sexuality

<https://www.theguardian.com/world/2017/sep/08/ai-gay-gaydar-algorithm-facial-recognition-criticism-stanford>

A **Stanford University study** showing that artificial intelligence (AI) can (more or less) accurately guess whether people are gay or straight based on their faces has sparked a swift backlash from LGBT rights activists who fear this kind of technology could be used to harm queer people.

Project Syndicate - Data-Driven Gender Equality

Mark Suzman (Gates F); <https://www.project-syndicate.org/commentary/better-data-for-gender-equality-by-mark-suzman-2017-09>

*“When the UN General Assembly gathers for its annual meeting this week, sustainable development will be high on the agenda. But of the 17 SDGs up for review, progress on one goal in particular – **gender equality for women and girls** – will be key to building a world where everyone can thrive....”*
*“... But it has also become clear to me and others that without a **more deliberate, data-driven focus on the needs of women and girls in particular**, progress toward a wide range of objectives will suffer.*

*“...To help fill these critical gaps, the Bill & Melinda Gates Foundation has created a three-year, \$80 million initiative to generate more reliable data that can improve the design and targeting of programs and policy interventions. As part of that effort, the foundation recently launched a \$10 million partnership with UN Women to help countries improve the quality of the gender-specific data they collect. The foundation is also supporting **Equal Measures 2030**, an initiative to empower advocates and civil-society groups with easy-to-use evidence to assess progress toward targets and keep the SDGs for women and girls on track.”*

Access to medicines

Globalization & Health - Access to medicines and hepatitis C in Africa: can tiered pricing and voluntary licencing assure universal access, health equity and fairness?

Yibeltal Assefa, Peter Hill et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0297-6>

“The recent introduction of Direct Acting Antivirals (DAAs) for treating Hepatitis C Virus (HCV) can significantly assist in the world reaching the international target of elimination by 2030. Yet, the challenge facing many individuals and countries today lies with their ability to access these

treatments due to their relatively high prices. Gilead Sciences applies differential pricing and licensing strategies arguing that this provides fairer and more equitable access to these life-saving medicines. This paper analyses the implications of Gilead's tiered pricing and voluntary licencing strategy for access to the DAAs." Based on research in 7 countries in Africa.

Letter: Over 30 civil society organisations urge EU to abolish supplementary protection certificates mechanism

<https://www.msfacecess.org/content/letter-over-30-civil-society-organisations-urge-eu-abolish-supplementary-protection>

*"In an open letter and open submission, thirty-three civil society organisations have **called on the European Commission to abolish the supplementary protection certificates (SPC) mechanism** and to stop encouraging the inclusion of SPCs – or similar mechanisms, such as patent term extensions – in free trade agreements with other countries. **Supplementary protection certificates (SPCs) expand and extend existing monopoly rights of pharmaceutical corporations.** As such, SPCs lead to higher medicines prices by preventing generic competition for a longer period of time and prolonging the monopolies of originator pharmaceutical companies...."*

STAT – It's not just one suspect herpes vaccine trial: Most experimental drugs are tested offshore — raising concerns about data

<https://www.statnews.com/2017/09/08/clinical-trials-overseas-data/>

*"...Nearly all drug makers seeking U.S. approval today rely in part on overseas locations and populations to test their drugs, the result of a decades-long push by industry to try to cut costs and speed recruitment of patients. In fact, a STAT analysis found that 90 percent of new drugs approved this year were tested at least in part outside the U.S. and Canada. **The globalization of clinical trials has brought new treatments to historically neglected populations and generated data more representative of the world's diversity. But the change has not come without side effects:** Companies, researchers, and regulators are increasingly grappling with cultural differences — and more seriously, lapses in ethical and scientific standards — that sometimes arise when trials are conducted in countries without a strong tradition of robust clinical research. And those **lapses can have serious consequences for the data** that's used to support medical decision-making...."*
Interesting in-depth article.

Slate – A New Strategy to Undermine Big Pharma's Price Gouging Actually Worked

http://www.slate.com/articles/health_and_science/medical_examiner/2017/09/inside_the_battle_to_approve_a_chagas_treatment.html

“A little-known disease called **Chagas** is much more prevalent than Zika. Here’s how advocates fought an uphill battle, and won.”

“...if the benznidazole story offers any lessons, it’s that **partnerships between nonprofits and pharmaceutical companies might be a legitimate and necessary strategy** for keeping drugs affordable in the United States.”

And a quick link: [Report: Cabinet approves compulsory licence for Hepatitis C generics](#) (news from Malaysia)

Social determinants of health

WHO Bulletin - The need to monitor actions on the social determinants of health

F Pega et al; http://www.who.int/bulletin/online_first/BLT.17.184622.pdf?ua=1

The authors argue for monitoring indicators for **intersectoral** interventions on social determinants of health that improve health equity. *“Intersectoral actions, defined as the alignment of strategies and resources between actors from two or more policy sectors to achieve complementary objectives, are central to the health-related sustainable development goals (SDGs). The World Health Organization’s (WHO) Commission on Social Determinants of Health recommended a subset of intersectoral actions to improve health equity in 2008. These actions address the social, commercial, cultural, economic, environmental and political determinants of health. Without these actions, the health sector will probably not achieve SDG 3, that is, ensuring healthy lives and promoting well-being for all at all ages...”*

*“... In particular, actions taken in the context of policy frameworks that address the social determinants of health, such as those in the five action areas of the Rio Political Declaration, need to be monitored. Therefore, we **define and categorize indicators for intersectoral actions on social determinants of health** that improve health equity.”*

Human resources for health

WHO Euro – Public Health Panorama: issue on HRH

<http://www.euro.who.int/en/publications/public-health-panorama/journal-issues/volume-3,-issue-3,-september-2017>

“This issue of Public Health Panorama highlights the critical role of the health workforce in tackling 21st-century health challenges in the context of rapid changes in today’s world.”

Critical Public Health - Community health workers in Canada and the US: working from the margins to address health equity

S Torres et al; <http://www.tandfonline.com/eprint/9CDUmV8urz4EBavMJFIj/full>

“In this commentary, we address community health workers’ (CHWs) marginalized social location within the health care systems of Canada and the US. This marginalization is due, in part, to their being a workforce shaped by socio-structural factors, such as gender discrimination, racism, and poor socio-economic conditions. This marginalization challenges their ability to address health equity. We propose system-level and workforce-level policy changes that build toward an empowerment path for CHWs to realize their full potential to address health equity. Regarding the work they do and the populations they serve, system-level changes would allow CHWs to strengthen their intimate connection with, and commitment to, advancing health and well-being in their marginalized communities. Workforce-level changes would target their peripheral status by addressing multiple structural factors and altering organizational arrangements to remove their marginalization as a workforce. Together these system-level and workforce-level changes would greatly enhance the health and social services systems.”

Miscellaneous

Abuse, exploitation and trafficking 'stark reality' for migrant children trying to reach Europe – UN report

<http://www.un.org/apps/news/story.asp?NewsID=57496#.Wbf3ybJJYdU>

“More than 75 per cent of migrant and refugee children trying to reach Europe via the Central Mediterranean route face appalling levels of abuse, exploitation and trafficking, the United Nations Children’s Fund (UNICEF) and the International Organization for Migration (IOM) said, calling on the continent to establish safe and regular pathways for migration. “The stark reality is that it is now standard practice that children moving through the Mediterranean are abused, trafficked, beaten and discriminated against,” said Afshan Khan, the UNICEF Regional Director and Special Coordinator for the Refugee and Migrant Crisis in Europe. The grim picture is revealed in Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation, a joint UNICEF-IOM report, which notes that children from sub-Saharan Africa are targeted more than any other group, pointing to impact of discrimination and racism.”

Global Challenges Foundation – Global Governance for Global Citizens: new frameworks, new ideas

<https://api.globalchallenges.org/static/files/Global-Challenges-Quarterly-Risk-Report-September-2017.pdf>

Just launched report.

FT special report “Health at work”

<https://www.ft.com/reports/health-at-work>

Evidence mounts of the important role employers can play in improving the happiness and productivity of their staff. A number of interesting reads in here, from various parts of the world. (To discuss with your boss, at the end of the year 😊)

Guardian – UN report attacks austerity budgets for growing inequality

https://www.theguardian.com/business/2017/sep/14/un-report-attacks-austerity-budgets-for-growing-inequality?CMP=tw_t_gu

*“Austerity budgets adopted by governments across the world since the 2008 financial crash are to blame for undermining the job security of millions of workers and threatening the progress made by women in the workplace, according to a UN report. The threat to jobs from the growing use of robots and artificial intelligence has been exacerbated by a lack of government investment and lack of state support for skills training, the report also said. The United Nations Conference on Trade and Development (Unctad) said in its annual report, **Beyond Austerity – Towards a Global New Deal**, that the contraction of government spending meant that “the increasingly limited availability of good jobs” were going to men rather than women.”*

Devex - UK hopes to maintain EU aid collaboration after Brexit

<https://www.devex.com/news/uk-hopes-to-maintain-eu-aid-collaboration-after-brex-it-91015>

*“The U.K. government issued a document on Tuesday detailing plans to maintain U.K. aid cooperation with the EU after it exits the bloc in 2019. The paper, released by the Department for Exiting the European Union, is scant on figures and makes no explicit commitments regarding the almost 1 billion euros in development and humanitarian aid spent annually through the EU; nor does it commit to specific joint funds or other instruments. However, it describes a **strong desire for continued collaboration on aid — particularly on migration — and outlines the U.K.’s hope for a relationship that uses current engagement “as a starting point.” ...**”*

Guardian – UK seeks way to use aid budget for hurricane-hit territories

https://www.theguardian.com/politics/2017/sep/14/uk-seeks-way-to-use-aid-budget-for-hurricane-hit-territories?CMP=tw_t_a-global-development_b-gdndevelopment

“Ministers are seeking a way to ensure the UK can use its foreign aid budget to help victims of Hurricane Irma, the foreign secretary, Boris Johnson, has said. UK aid rules have made it impossible to give money directly to the victims of Hurricane Irma in British overseas territories.” (as their GDP is too high)

Duncan Green (blog) - Complexity v Simplicity: the challenge for Campaigners and Reformers

<http://oxfamblogs.org/fp2p/complexity-v-simplicity-the-challenge-for-campaigners-and-reformers/>

We quite enjoyed this blog, on the gap between campaigners & complexity people and how to overcome it. *“... When (and what) is it OK to simplify, and what are the costs and benefits of doing so?”*

ODI (WP) – A kingdom of humanity? Saudi Arabia's values, systems and interests in humanitarian action

S El-Taraboulsi-McCarthy ; <https://www.odi.org/publications/saudi-arabia-humanitarian-action>

Behold & Behead, “Saudi Arabia's foreign policy influences its humanitarian action: at times aligned with the humanitarian imperative to provide assistance to countries in crisis, but also at times at odds with it. Most notably perhaps in the conflict in Yemen, where Saudi Arabia is both a belligerent and a major humanitarian donor. This paper explores recent structural and contextual shifts in Saudi Arabia’s humanitarian sector, with an emphasis on how its foreign policy has contributed to shaping its engagement in humanitarian action, particularly in the volatile sociopolitical and security environment in the Arab region following the uprisings of 2011. It traces the connections between Saudi Arabia’s foreign policy interests and its humanitarian action, and finds that Saudi Arabia’s role as a humanitarian donor is driven by domestic priorities that also shape its foreign policy and the mode of its engagement with regional and international forces....”

Guardian - Patients' illnesses could soon be diagnosed by AI, NHS leaders say

https://www.theguardian.com/society/2017/sep/12/patients-illnesses-could-soon-be-diagnosed-by-ai-nhs-leaders-say?utm_term=Autofeed&CMP=tw_t_b-gdnnews#link_time=1505246411

“Computers could start diagnosing patients’ illnesses within the next few years as artificial intelligence increasingly ousts doctors from their traditional roles, NHS leaders believe.” Silver lining: radiologists will earn FAR less in the future.

In a somewhat related blog (by **Richard Smith**), you might also want to read [Science fiction stories foresee a bleak future for healthcare](#) (BMJ blog)

The Conversation - In the quest to meet the SDGs, there’s a danger that some may be left behind

Tom Moultrie; <https://theconversation.com/in-the-quest-to-meet-the-sdgs-theres-a-danger-that-some-may-be-left-behind-83535>

(recommended) *“... The SDG agenda and the efforts that will be expended to meet these goals must be welcomed. But the global development community should not be blinded to aspects of the agenda that appear to be neglected. These aspects may hamper efforts to achieve those goals. The first relates to a core guiding principle of the SDG framework that “no one should be left behind”. The second relates to the risk that in the rush to measure, monitor and track the progress towards meeting the SDGs, countries in the global South may find themselves disempowered. Unless steps are taken to address these two gaps, efforts and resources may be misdirected, and the benefits of the 2030 development agenda may not be shared equitably....”*

Guardian – Hurricane Irma: Unicef appeals for international help for Caribbean islands

<https://www.theguardian.com/world/2017/sep/12/unicef-appeals-for-international-help-for-caribbean-islands-devastated-by-hurricane-irma>

*“Unicef has called for the international community to offer more assistance to the devastated Caribbean islands following Hurricane Irma, saying **governments around the world seemed to be relying on Britain, France and the Netherlands to respond to the disaster....”***

Yale News – University proposes Global Health Institute

[Yale News](#);

*“The **University is considering founding a new Global Health Institute**, pending the approval of the Yale Corporation, as part of a joint effort of the deans of the **schools of Public Health, Nursing and Medicine**. According to Dean of the School of Public Health Sten Vermund, the institute would coordinate interdepartmental projects in global health and advance the global health agenda. The Yale Institute for Global Health, or YIGH, will be presented to the Corporation during its next meeting on Oct. 7, Vermund told the News. Many of Yale’s peers have similar centers for global health study,*

and Yale's institute — projected to cost around \$2.5 million for the first three years — would bring global health research at the University under one roof....” Yale re-entering global health?

ODI (WP)– Challenges for resilience policy and practice

T Tanner et al; <https://www.odi.org/publications/10903-challenges-resilience-policy-and-practice>

(recommended). “Resilience is interpreted in multiple, often conflicting ways, which prompts critiques but is also viewed by others as a strength, bringing together otherwise disparate groups, institutions, disciplines and scales. The absence of explicit values within resilience concepts has caused some authors to caution its use as a guiding narrative or framework. A major challenge for practitioners lies in how to explicitly inject values and to navigate tradeoffs in resilience between groups, locations and timescales. **This working paper sets out the multiple ways in which resilience is interpreted.** It highlights the broad dichotomy between **functional and dynamic interpretations** of resilience, which lead to different operational approaches. A functional perspective tends to fit with existing institutional approaches and a projectised approach, while dynamic interpretations perhaps represent the complexities and chaos evident across the world. The inconsistent treatment of system transformations is also a major challenge; while some see transformation as occurring incrementally within a system, others see it as when resilience fails and systems collapse.”

Brookings Private Sector Global Health R&D project (report) – Private Sector Investment in global health R&D: Spending levels, barriers, opportunities

[Brookings](#);

“... there is an annual total of at least \$159.9 billion spent on overall health R&D focused on the developed and developing world. This includes \$156.7 billion from pharmaceutical companies and at least \$3.2 billion from venture capital. For the second category, there is an **annual total of \$5.9 billion spent on global health R&D focused on the developing world, with \$5.6 billion coming from pharmaceutical firms and \$225.8 million from venture capital companies.** Neglected diseases attract the least private R&D money with a total of \$471 million from pharmaceutical funders and \$40 million from impact investors. **In recent years, there have been substantial increases in R&D spending by Chinese, Indian, and other non-Western pharmaceutical companies.** While still trailing Western firms by a considerable amount, the Chinese pharmaceutical industry raised its overall health spending from \$163 million in 2000 to \$7.2 billion in 2016. As explained below, Indian companies went from \$480 million in 2008 to \$1.9 billion in 2016. Since over 35 percent of the global population resides in China or India, working with these companies could yield significant improvements in public health and private sector investment. **Looking to the future, there will likely be a slowdown in public health investment.** ... These slowdowns will have serious consequences for private sector investing.” The report also offers some suggestions to boost private investment further, which, they argue, will be needed in the future.

Third World Quarterly - The case for colonialism

Bruce Gilley; <http://www.tandfonline.com/doi/abs/10.1080/01436597.2017.1369037>

“For the last 100 years, Western colonialism has had a bad name. It is high time to question this orthodoxy. Western colonialism was, as a general rule, both objectively beneficial and subjectively legitimate in most of the places where it was found, using realistic measures of those concepts. The countries that embraced their colonial inheritance, by and large, did better than those that spurned it. Anti-colonial ideology imposed grave harms on subject peoples and continues to thwart sustained development and a fruitful encounter with modernity in many places. Colonialism can be recovered by weak and fragile states today in three ways: by reclaiming colonial modes of governance; by recolonising some areas; and by creating new Western colonies from scratch.” Controversial, to say the least. Mind-blowing to others. Twitter reacted furiously. So you might want to check for yourself what this is all about.

Emerging Voices

Aku Kwamie (EV 2012) is a [new Next Einstein Forum Fellow](#). Congratulations and may the quantum forces be with you, Aku!

Do check out also some more blogs from **Emerging Bloggers from Queensland**, examining whether Horton’s case against global health (from 2014) still holds.

[In Defense of Global Health](#) (by Colt Crymes & Tyler Baker)

[Global Health is dead...](#) (by Conor Cusack). (*we have to hire this guy at IHP* 😊)

Research

IJHPM –Reaching Outside the Comfort Zone: Realising the FCTC’s Potential for Public Health Governance and Regulation in the European Union; Comment on “The Legal Strength of International Health Instruments – What It Brings to Global Health Governance?”

F Berteletti; http://ijhpm.com/article_3417.html

*“In their paper, Nikogosian and Kickbusch show how the effects of the adoption by the World Health Organization (WHO) of the **Framework Convention on Tobacco Control (WHO FCTC)** and its first Protocol extend beyond tobacco control and contribute to public health governance more broadly, by revealing new processes, institutions and instruments. While there are certainly good reasons to be optimistic about the impact of these instruments in the public health sphere, **the***

experience of the FCTC's implementation in the context of the European Union (EU) shows that further efforts are still necessary for its full potential to be realised. Indeed, one of the main hurdles to the FCTC's success so far has been the difficulty in developing and maintaining comprehensive multisectoral measures and involving sectors beyond the sphere of public health."

Critical Public Health (Editorial) –Towards a critical complex systems approach to public health

S Salway et al; <http://www.tandfonline.com/doi/full/10.1080/09581596.2017.1368249>

The authors of this editorial suggest some risks to the success of the 'complexity project' from the marginalisation of both critical scholarship and community voices in public health.

Journal of Public Health - Characteristics of good supervision: a multi-perspective qualitative exploration of the Masters in Public Health dissertation

S V Katikireddy et al;

<https://academic.oup.com/jpubhealth/article/39/3/625/3003028/Characteristics-of-good-supervision-a>

Tweeted by Lucy Gilson herself. *"A dissertation is often a core component of the Masters in Public Health (MPH) qualification. This study aims to explore its purpose, from the perspective of both students and supervisors, and identify practices viewed as constituting good supervision..."*

Social Science & Medicine - Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews

K Yount et al; <http://www.sciencedirect.com/science/article/pii/S0277953617305191>

"This systematic review of reviews synthesizes evidence on the impact of interventions to prevent violence against adolescent girls and young women 10–24 years (VAWG) in low- and middle-income countries (LMICs). Theories of women's empowerment and the social ecology of multifaceted violence frame the review. Child abuse, female genital mutilation/cutting (FGMC), child marriage, intimate partner violence (IPV), and sexual violence were focal outcomes..."

SS&M – The unintended consequences of community verifications for performance-based financing in Burkina Faso

A M Turcotte Tremblay, Valéry Ridde et al;

<http://www.sciencedirect.com/science/article/pii/S0277953617305427>

*“Performance-based financing (PBF) is being widely implemented to improve healthcare services in Africa. An essential component of PBF involves conducting community verifications, wherein investigators from local associations attempt to trace samples of patients. Community surveys are administered to patients to verify whether healthcare workers reported fictitious services to increase their revenue. At the same time, client satisfaction surveys are administered to assess whether patients are satisfied with the services received. Although some global health actors are concerned that PBF can trigger unintended consequences, this topic remains neglected. **The objective of this study was to document the unintended consequences of community verification.** Guided by the diffusion of innovations theory, we conducted a multiple case study...”* In Burkina Faso.

AJHPM – Special supplement (funded by CDC) – The Evolution of Public Health Emergency Management

<http://ajph.aphapublications.org/toc/ajph/107/S2>

Open Access. Start with [Evolution of Public Health Emergency Management From Preparedness to Response and Recovery: Introduction and Contents of the Volume.](#)

Palgrave Communications - Storytelling and evidence-based policy: lessons from the grey literature

Brett Davidson; <https://www.nature.com/articles/palcomms201793>

*“A number of authors interested in how to translate evidence into policy identify **the importance of policy narrative and argue that advocates of scientific evidence need to tell good stories to grab the attention and appeal to the emotions of policymakers.** Yet, this general call for better narratives is incomplete without **concrete examples and evidence of their effectiveness.** This article shows how these processes are described in the “grey” literature... This literature is often missed by scientists but more important to activists and advocates within social movements and the non-profit sector who frequently engage with or seek to influence policymakers. **The article outlines some of the ways in which an understanding of policymaker psychology and factors such as group dynamics and political context are reflected in the grey literature, and the implications of this for understanding the role of storytelling in political advocacy.** It highlights practical advice about storytelling that emerges from the literature, and presents **four case studies** illustrating aspects of **storytelling in action.** It concludes by identifying the implications for scientists and other advocates of “evidence informed policymaking”, practitioners and policy makers.”*