

# IHP news 437 : “We are a world in pieces”

(22 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,

*For a brief moment, we thought **Trump 2.0** had finally arrived, but after his UNGA speech from this week in New York, we realize we might have to dig up some of the irrational numbers of our younger days to label different Trump-versions. In a deeply philosophical speech, Donald was clearly inspired by Guterres’ assessment, ‘We are a world in pieces’. Well.*

*In this intro, we’d like to focus instead on last week’s [GBD2016 SDG \(health\) study](#), and more in particular on **Figure 1** which features for all countries in the world info on (37) health related SDG indicators, as well as an **SDG health index**. A well-crafted index, no doubt, but perhaps a little complicated - my multivariate/imputing/index constructing days are a while ago now. I can only imagine what it’ll take to also fully incorporate the ‘planetary health paradigm’ in the construction of the index – a milky way of health related indicators, no doubt. Anyway, in an era of fake news, never-ending ideological framing but also relentless benchmarking, we see quite some potential in this table, even if the methodological hocus pocus behind the index is beyond you. This table is pure gold if you want to boost interest for global health at the annual UNGA meeting in New York, and among global citizens. Instead of the rather predictable Gates Goalkeepers or Bloomberg Global Business Forum events, this table (and especially the SDG health index ranking) could inspire an **annual global health show with all bells and whistles** for the entire world (pretty much like Eurosong for Europeans).*

*Here’s how one should go about it. You let Bloomberg & Ivanka (a “power couple” of sorts ) host the show, and you give **Chris Murray** a key role throughout the evening. Chris would have a grin on his face every time he opens an envelope, together with a High-Level guest.*

*In the 2017 show, Murray would first open “the SDG health envelope” for India, and ask Mr Modi, “where do you think India ends up this year”? Modi would look slightly puzzled (yoga/yogi style), and then Murray would helpfully add, “Just ahead of North Korea!” Moments later, a beaming Kim Jong-Un would come on stage (for a long applause round), against a backdrop of virtual rockets (and Survivor’s “Eye of the Tiger”). At that very moment, Amartya Sen would also get inspiration for a future seminal paper.*

*Up next, Luxembourg. The audience would be no less than baffled when hearing about Luxembourg’s rather disastrous ranking (only 37<sup>th</sup>), but then a ‘tongue in cheek’ Juncker would come on stage to dwell a bit more in detail on the particular issue with alcohol use in his country. Juncker, being Juncker, would also humbly admit Saudi Arabia had been doing much better in this respect.*

Leo Messi would then be invited on stage, and be happy to hear that Argentina beat Chile and Brazil this year, even if he still didn't pay much taxes. Thai military leaders would be less happy, as they'd learn that 'the triangle still had to move many mountains' (83th), from Murray, by now in a teasing mood.

The "moment suprême" then. Paul Kagame would get the cheerful news that his country ranked behind the DRC and Haiti. Gasps in the audience, Murray wouldn't be able to control himself anymore. A little later, our own Minister, Alexander De Croo, also watching the show, [having just pointed out the key governance difference between Congo and Ethiopia](#) would find out, together with dr Tedros (now also on stage), that Ethiopia's position was 178<sup>th</sup>, also way behind Congo (152<sup>nd</sup>). Murray again: "Zimbabwe was also well ahead! (142th)" Tedros, with a whiff of Obama glamour, wouldn't be impressed, though. After congratulating these other African countries and their leaders Kabila & Mugabe with their countries' performance, he'd chuckle, "Didn't you use to work for WHO, Chris?". "Last time you did this sort of thing, we kicked you out!" (+global health diplomacy smile)

Then it'd be time for Lady Gaga and 'Poker Face'.

Enjoy your reading.

The editorial team

## Featured Article

### Accreditation: India's journey towards quality of care

**Manu Gupta** (Accreditation Officer, Quality Council of India (NABH) )

Quality of care in health services has been identified as one of the key elements on the path to Universal Health Coverage (UHC), and fundamental towards achieving the health related goals and targets outlined under the Sustainable Development Goals (SDGs). The importance of QoC towards achieving our goals for better health services and outcomes is increasingly gaining visibility across academia, policy and implementation. For example, recently, the [Lancet Global Health Commission on High Quality Health Systems in the SDG Era](#) (HQSS Commission) was set up to generate evidence and provide solutions for quality improvements in the context of low and middle income countries (LMICs). QoC is particularly relevant in the context of LMICs such as India, where the health system is highly privatized, and characterised by high out of pocket expenditure, with enormous challenges of regulation and quality of care. It is a system which continues to face challenges of health financing, infrastructure, and human resources among others.

One of the pathways to improve QoC in any health system, is via the accreditation route. Accreditation has been accepted globally as a regulatory intervention to set standards, and monitor quality of care. The idea behind an accreditation programme is to evaluate a health care organization via self and external assessment, against predetermined optimal standards, to improve and set standards of care. In addition, as countries like India use the insurance route towards

achieving universal coverage (the pros and cons of this warrants a separate blog!), it offers an opportunity to use accreditation as a tool to set standards and monitor quality of care at the level of service provision.

The concept of accreditation originated in the United States of America. Over time, the use of accreditation grew more widespread, including in LMICs. There exist national and international standards across sectors, including health. In India, international standards such as those set by the Joint Commission International (JCI) are used by healthcare providers, in parallel to national accreditation systems. At the national level, the National Accreditation Board for Hospitals and Healthcare Providers (NABH) was set up in 2005. It provides accreditation, certification and an empanelment programme, for health care organizations, ranging from large (greater than 100 beds) to small hospitals, imaging centres to blood banks, community health centres, and clinics across the country. The accreditation system evaluates three interrelated components: structure, process and outcome ([Donabedian framework](#)) of the hospital services. The NABH accreditation is further accredited by the International Society for Quality in Healthcare (ISQua) – this implies that NABH standards are at par with global standards.

The NABH accreditation system is a graded one, with progressive levels of accreditation starting from pre-entry, to full accreditation. This gives an opportunity for even smaller hospitals to apply for accreditation, and work towards improving quality of care irrespective of size of hospital, and resources.

The standards framed for accreditation cover critical aspects both for organization and patient. For example, standards for quality of care are established for multiple aspects of the patient-provider interaction. QoC norms begin with the entry of patient to the hospital. Standards can encourage the establishment of a well-defined registration, admission process and treatment plan including discharge and referral process. From the perspective of internal management and processes, standards can be used to improve quality of elements such as the management of inventory (such as drugs, supplies). Guidelines can inform the provision standards for a more effective infection prevention and control programme, by setting norms for actions like the formation of a multidisciplinary infection control committee, responsible for regular functioning of infection control practices in the premises such as hand hygiene, safe injection practices, antibiotic policy, regular disposal of waste etc. Effective functioning of a healthcare facility/hospital is an important aspect of the guidelines, and the NABH model sets standards applicable to different types of health facilities. The accreditation system encourages and incentivises an environment of continuous quality improvement, actions including regular monitoring of indicators like incidence of medication errors, mortality rate, patient satisfaction index, employee satisfaction index etc. Accreditation can also be used to impact the health system, for example by setting a basic minimum criteria for the numbers and types of human resources employed in a healthcare facility (based on the size of the facility, utilization and other factors defining the set norms) , as per the health service utilization.

Accreditation as a tool to improve QoC touches multiple aspects of healthcare provision, and indeed the health system. This, in turn, provides a route towards better quality of care on the path to UHC. Accreditation has been recognized as one of the most successful interventions to improve QoC globally. It offers both tangible and non-tangible benefits associated with it. The concept of accreditation, and ensuing recognition of having achieved a level, can motivate a facility to do better, validate a facility's QoC and therefore attract more patients. Standards can enhance the training and capacity building of staff, thereby increasing the motivation of staff. Patient satisfaction increases due to the improved services like reduction in waiting time for the services received, improved infrastructure, standardization of care. In addition, improving quality of care to match set

standards can also be incentivized. For example, the CGHS (Central Government Health Scheme) and ex-servicemen contributory health scheme (ECHS) have made provision to offer more remuneration to hospitals accredited by the NABH.

Integrating accreditation with social health insurance schemes, for example by making it mandatory for empanelled facilities to be accredited, in a country like India, may serve as a route of regulation to improve the quality of services provided. Towards this, there is a close cooperation between the insurance industry and NABH. One can leverage this by empanelling accredited institutions, setting standards for services upon which reimbursements are based, and incorporating other regulatory mechanisms.

Health systems are complex adaptive systems, and strengthening systems is critical for universal health care. At the level of the facility as well, there are various subsystems/departments, changes in one impact another and in turn affect patient care. Hence, accreditation may provide a roadmap to run the various subsystems more effectively. A recent incident in India highlighted the gaps in the health system and its impact at the level of the facility. Over [50 children died](#) as a direct result of the unavailability of oxygen in the hospital. The unavailability of oxygen was the result of failures at multiple levels of the health system, and the outcome tragic. Accreditation could perhaps encourage health facilities, and provide guidance to health facilities to have systems in place which would ensure that such gaps in the delivery of care do not take place. Indeed, following this, the Indian Medical Association recommended the implementation of NABH standards in public hospitals also, so that people can receive a basic minimum quality services at an affordable cost.

At a time when health systems are struggling to provide even basic levels of care, and in low-resource settings like India, accreditation, particularly in phases can provide the framework, the know-how and the motivation for healthcare facilities to improve their quality of care. It can support large-scale insurance schemes to empanel hospitals which have adhered to minimum quality of care standards, and been accredited towards it, thereby providing a mechanism for regulation and monitoring of QoC. Accreditation can also encourage the intrinsic motivation for facilities and personnel towards doing better.

## Highlights of the week

### Lancet (Comment) – Ethnic cleansing in Myanmar: the Rohingya crisis and human rights

Chris Beyrer et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32519-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32519-9/fulltext)

The authors zoom in on this genocidal crisis **from an international human rights law perspective**, including the Responsibility to Protect. *“A humanitarian crisis of enormous scale and scope is unfolding in western Myanmar’s Rakhine State and its border zone with Bangladesh. More than 420 000 Rohingya women, children, and men have fled widespread violence in Rakhine State in the past 3 weeks. Some 240 000 of them are children, according to UNICEF...”*

*“...what is occurring now, and which the UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein called on Sept 11, 2017, “a textbook example of ethnic cleaning”, might be something much graver: the Myanmar military's attempt to drive the remaining Rohingya population from Myanmar. ... Does this crisis reach the standard for an investigation of crimes against humanity? Are we witnessing a genocide? And what can be done, acutely and in the mid-term and longer term, to address the suffering, the morbidity, and the mortality of this community?... ”*

Do read what Beyrer et al suggest to be done, at a minimum.

Make sure you also read this week's **Lancet Editorial** - [Last days of the Rohingya of Rakhine](#).

## UNGA 72 & Global Goals week in New York

The annual UN General Assembly Meeting is in full swing. So below you'll find plenty of news on UNGA, meetings elsewhere in New York, campaigns launched, Big Business proudly claiming once again they'll save the world, etc.

Below first a quick **overview of some of the general news & reports** (with a focus on Trump's speech & UN reform, among others) and then a **focus on global health** ( great **UHC momentum**, **Tedros@work**, **NCDs**, **Gates Goalkeepers event**, **Bloomberg's global business forum**, **Every Woman Every Child**, **Global Financing Facility Replenishment start**, & much more).

**General news, headlines, reports, ...**

### Analyses ahead of UNGA72

**Ahead of UNGA72**, some analyses were published on what would be the key issues. Take your pick:

(recommended) **Quartz** - [The essential guide to the key issues at the 2017 United Nations Global Assembly](#)

(recommended) **Devex** - [UN reform, Trump, the SDGs, and moonshots: 6 things to watch at Global Goals Week](#)

Irin - [Six major humanitarian challenges confronting the UN General Assembly](#)

NYT - [What We're Watching at This Year's United Nations General Assembly](#)

## UN News - Repair 'world in pieces' and create 'world at peace,' UN chief Guterres urges global leaders

<http://www.un.org/apps/news/story.asp?NewsID=57549#.WcIEFbJJbIU>

*“Addressing the annual gathering of world leaders at the United Nations Headquarters, Secretary-General António Guterres today spotlighted several threats – including the nuclear peril, climate change, and ongoing conflicts – that must be overcome to create a better world for all. **“We are a world in pieces. We need to be a world at peace,”** said Mr. Guterres as he presented his [annual report](#) on the work of the Organization ahead of the general debate of the UN General Assembly, in which Heads of State and Government and other high-level representatives from around the world discuss key global issues. He said that the world is seeing insecurity rising, inequality growing, conflict spreading, climate changing, societies fragmenting and political discourse polarizing....”*

By way of example (UN News) - [Global action keeping famine at bay but failing to prevent suffering, UN chief warns](#) *“Nearly seven months after the United Nations issued an urgent call for action to counter the threat of famine in South Sudan, Somalia, north-east Nigeria and Yemen, global efforts have kept that crisis at bay but millions of people still suffer and many are dying at this very moment, Secretary-General António Guterres warned”* [on Friday].

## IISD - UNGA 72 General Debate Focuses on People, Peace, Decent Life for All

<http://sdg.iisd.org/news/unga-72-general-debate-focuses-on-people-peace-decent-life-for-all/>

*The 72nd session of the UN General Assembly opened its **general debate** under the theme, **‘Focusing on People—Striving for Peace and a Decent Life for All on a Sustainable Planet’**. Leaders were expected to address a range of issues in their remarks, ranging from implementation of the SDGs (SDGs) and the Paris Agreement on climate change to conflicts, migration and the refugee crisis.*

See also UN News - [UN General Assembly’s annual debate to ‘focus on people,’ ensuring decent life for all](#).

By now, you probably have followed in the news how diverse leaders (such as Trump, Macron, ...) have done so (or not). Below some info on Trump’s address, from a “non-Rocket man” angle, i.e. a development angle.

## Devex - Top 3 development takeaways from Trump's UN address

<https://www.devex.com/news/top-3-development-takeaways-from-trump-s-un-address-91076>

The takeaways from Trump’s speech, according to Devex are: *“1. Global development, for the Trump administration, may often come down to global health. ... 2. Trump isn’t happy with much of the U.N.’s operations and wants reform according to a U.S. vision. ... 3. The Trump administration wants other nations to contribute more to the U.N. and to regional stability.”*

As usual, Patrick Stewart (CFR) came up with a rather interesting [analysis](#), ahead of Trump’s speech: [Why Trump Has Made “Sovereignty and Accountability” the Focus of UN Reform](#) *“...In a preview of*

*President Trump's message to the United Nations (UN) General Assembly next week, National Security Advisor H. R. McMaster on Friday repeatedly uttered two words: "sovereignty and accountability." The United States believes in the UN's mission to promote peace and prosperity, he explained. But the world body will only be successful if it protects the independence of its member states and commits itself to serious reform."*

We're probably not the only ones thinking, what the hell, this (plea for UN reform) coming from a guy whose idea of running an Administration is sending out (ranting) tweets in the middle of the night...

As for Trump, he also [praised the health care of Namibia, a nonexistent African country](#) (CNN). In a meeting with African leaders. Well, at least Mugabe won't have noticed.

## **IISD - UNGA High-level Week Opens with Focus on SDG Financing**

<http://sdg.iisd.org/news/unga-high-level-week-opens-with-focus-on-sdg-financing/>

*Time for some World Bank magic: "... During a **high-level event on the UN's role in financing the 2030 Agenda for Sustainable Development**, the World Bank CEO said the **Bank will focus on "waking up" the trillions needed to implement the SDGs.**" "... **Kristalina Georgieva, CEO of the World Bank**, said the World Bank is working on finding funding for those who need it the most. She noted that the record replenishment of the International Development Association (IDA) in 2016 (US\$ 75 billion – 50% higher than the previous replenishment) will be used to leverage even more funding from private sources. Georgieva stressed that the Bank's goal is to "wake up the trillions" needed for the SDGs, by being a facilitator "that enables private financial flows to flow." To that end, **she said the World Bank is focusing its work in nine countries on turning billions into hundreds of billions and then trillions, aiming to scale up respective projects...."***

## **UN chief outlines three-part strategy to reshape global finance for sustainable development**

<http://www.un.org/apps/news/story.asp?NewsID=57539#.WcAHSLJjBIU>

*"... **Secretary-General António Guterres stressed the role of the UN to help reshape "unproductive and unrewarding" finance and redirect investment to creating a better world for all.** "The choices we make on finance will be critical," Mr. Guterres told a special event held at the UN Headquarters in New York on financing for global development goals. ... However, **today's global financial system, which manages some \$300 trillion in financial assets, is simply not fit for purpose**, the UN chief said, recalling that the **Addis Ababa Action Agenda**, adopted in 2015 at an international conference in the Ethiopian capital on financing for development, highlights the importance of being innovative in leveraging resources and financing for development...."*

*"... **The UN's three-part strategy for enhancing its support to financing the 2030 Agenda** would help achieve short- and medium-term results, he said. The Secretary-General said that he will lead UN efforts to ensure that the objectives of the 2030 Agenda are fully reflected in international economic and financial policies by working closely with key inter-governmental platforms, such as the G20.*

Second, he will reform the UN development system to strengthen its country teams, and third, he will champion key international initiatives that can harness large-scale changes in financing and financial system development, such as in the fields of digitalization and climate finance and in cooperating with major investment initiatives....”

## Devex - Guterres' vision for UN reform to make debut during Global Goals Week

<https://www.devex.com/news/guterres-vision-for-un-reform-to-make-debut-during-global-goals-week-91017>

**UN Reform** is a key focus this week, (see Trump’s address), but more importantly, also via Guterres’ plans. **“Secretary-General António Guterres’ plans to reform the United Nations put the 2030 development agenda center stage and are intended to jumpstart the Sustainable Development Goals, which aim to lift 700 million people out of extreme poverty in less than 15 years. This investment requires trillions of dollars each year. Under Guterres’ plan, U.N. agencies could share a common executive board and draw from a pooled source of funding. Agencies would provide a joint system-wide annual report to host governments on the SDGs, as opposed to multiple, parallel studies. If fully implemented, the management reform could make the U.N. look markedly different, restructuring roles among agencies and officials at the field level, and further consolidating leadership at U.N. headquarters. Guterres’ broad vision, first released at the end of June, has been described as the “beginning of the change process.” It’s still too soon to tell how the first draft of the plans will develop, as member states need to sign off on any type of system reform. Guterres will submit another, more detailed version of his reform plans in December...”**

**UN News - “ [Pledging to overhaul the United Nations bureaucracy to make the world body stronger and more responsive to the people it serves, Secretary-General António Guterres today launched a pledge of support for reforms that has the backing of 128 countries.](#)”**

See also Deputy SG Amina Mohammed’s view, in an interview with [Devex](#)

**“...The United Nations requires significant reform to help tackle multiple humanitarian crises, protracted conflicts, and serious global health and environmental risks. But the revitalization of the organization by U.N. Secretary-General António Guterres, while ambitious, likely won’t mirror the dramatic restructuring he laid out earlier this summer, Deputy Secretary-General Amina Mohammed told Devex in an exclusive interview. The U.N. is now recalibrating its role in a “very messed up world,” which involves all member states, including the U.S. ...”**

Some other (general) snippets, worth noting:

- **[Secretary-General’s High-Level Advisory Board on Mediation](#)** At least in some respect, Guterres wants the UN to go back to its roots, including conflict prevention. Hence, a surge for peace diplomacy. **“... The Secretary-General is pleased to announce the establishment of a High-Level Advisory Board on Mediation to provide him with advice on mediation initiatives and back specific mediation efforts around the world. The Board is composed of 18 current and former global leaders, senior officials and renowned experts who bring together an unparalleled range of experience, skills, knowledge and contacts. As the Secretary-General announced on 13 September, the establishment of the Board is part of the**

*“surge in diplomacy for peace” he has consistently advocated, and gives due priority to the prevention and mediation work of the United Nations....”*

- A Food and Land Use Coalition (FOLU) was [launched](#).

The aim of this coalition is, as you can imagine, transforming the current (dysfunctional) global food & land use systems.

Tweet **Paul Polman**: “Transforming #foodandlanduse system = \$2.3tn biz opp. Key to feeding 9bn by 2050. Collective efforts will be crucial.” Whether indigenous/rural people will benefit from this? Let’s hope so.

- Devex - [Amid global crises, UNGA will show development community rising to the challenges](#)

*“... I see a different narrative forming this week. It's the story of the **global development community stepping up in a time of trouble.**”*

That, I guess, is the glass half full take.

Still, I quite enjoyed this **analysis by Raj Kumar** ahead of UNGA, also with some juicy stuff on when Bill Gates went to see Trump in December).

*Excerpt: “ ... The coalescing strategy and solid coalition seems to be working at hemming in the aid skeptics. For them, there's a steady diet of explication — including from military leaders — that **global health and development are really national security issues.** Devex and Path are organizing our own event this Global Goals Week, featuring the Trump administration's Global AIDS Coordinator Deborah Birx, that **links global health and security.** No doubt, the U.S. presidency is perhaps the most powerful role in the global development community. **That's why, after Trump was elected and taking meetings in his Trump Tower office back in December, Bill Gates made the trek there. I'm told he tried his best to make the case for global development amid constant interruptions and appearances by sports stars Jim Brown and Ray Lewis and Trump family members — in other words, the freewheeling meeting was something akin to being on the set of a reality show.** Trump showed off his wealthy visitor to his eclectic guests, praising his intelligence and success, but avoiding a real conversation about the issues at hand....”*

- At UNGA, there was also heavy focus on the **prevention of sexual exploitation and abuse (including by UN staff)**. See: [Press release for the High Level Meeting on the Prevention of Sexual Exploitation and Abuse](#)

*“United Nations Secretary-General António Guterres [today] called on world leaders, heads of international and regional organizations, and key civil society partners to stand with him in solidarity to condemn the scourge of sexual exploitation and abuse. Through this extraordinary demonstration of political commitment, the Member States and the United Nations commit themselves to measurably improve the Organisation's effectiveness in preventing sexual exploitation and abuse and pledge to put the rights and dignity of victims at the centre of their efforts. Speaking at an unprecedented **High-Level Meeting** in New York, the Secretary-General stressed that sexual exploitation and abuse is a global menace from which no country, institution, or family is immune. In*

his introduction to the high level meeting, the Secretary-General noted that “It is a moral and organizational imperative to put an end to sexual exploitation and abuse”.

- Devex - [Gates, Plan-funded global gender data partnership takes shape](#)

“In **May 2016**, several well-known nongovernmental organizations, foundations, businesses, and advocacy groups **announced a partnership in the name of improving gender data**. Then, they went dark.... This week, **Equal Measures 2030** — a new global cross-sector initiative born from hours of meetings in London conference rooms and offices in six focus countries from Nicaragua to Indonesia — emerged after a year of research and tough decisions. During that time, it got clear on where to focus time and resources to ensure that the initiative’s work will be additive rather than duplicative.

The **partnership, funded by Plan International and the Bill & Melinda Gates Foundation**, considers itself a start-up with resources to hire a full-time seven-member team and initiate pilots in six countries. The goal? Ensure data is transformed into advocacy and action by making sure women’s groups, rights advocates and decision makers have easy-to-use data and evidence to guide efforts in reaching the Global Goals by 2030. ... ..**On Wednesday, Equal Measures 2030 released the results of its first study** carried out by research firm Ipsos and based on conversations with more than 100 policymakers in five of their focus countries. As Devex reported, the study was about **perceptions of progress on gender-related issues and access to and use of data to inform decisions.**”

See Devex - [Policymakers 'flying blind' on gender issues, survey finds](#). “Many policymakers are ill-informed about the most pressing issues affecting gender equality in their countries, including the number of women in the labor force and how many are dying in childbirth, according to a new report published by a coalition of NGOs and private sector companies working to fill the gender data gap.”

- Devex - [European Union and UN launch new initiative to eliminate gender violence](#).

“**The European Union and the United Nations launched a joint initiative to eliminate all forms of violence against women and girls**, one of the most widespread and devastating human rights violations across the globe. ... .. The **EU-UN Spotlight Initiative is supported by a multi-stakeholder trust fund, with the EU as its main contributor** in the order of half a billion Euro, which is open to other donors.”

- Time magazine - [Climate Change Is Already Making People Sicker](#)

“**Climate change is a central issue at this year’s United Nations General Assembly (UNGA)**, with **multiple high-level meetings on the issue happening amid several devastating natural disasters**. Hurricane Irma recently swept through the Caribbean and into Florida, only to be quickly followed by Hurricane Maria....” (fyi – my mother’s first name is Maria, her second name is Irma... )

- Quartz - [The world is losing a generation of development leaders, and Melinda Gates wants to fix that](#)

“Who are the 12 people you would go to instantly to talk about development?” Melinda Gates asks. It’s become a harder question to answer in recent years. At the United Nations general assembly (UNGA) a year ago, **the billionaire philanthropist worried that global development was losing its**

*intellectual stars. A generation of leaders was starting to retire or pull back from prominence, including people whom organizations such as the Ford Foundation originally identified and supported years ago. Gates returned from the UNGA last year and found colleagues at the Bill & Melinda Gates Foundation who quickly agreed on the **need to support new generations of development leaders**. One way to do that would be to bring them together to discuss overarching development questions that sometimes get lost in the effort to solve specific or urgent problems. That idea now has a name: **Pathways for Prosperity**, an initiative Gates announced [today] at a dinner held by the foundation on the sidelines of this year's UNGA. **Due to kick off in January**, Pathways will likely fund research around the future of work, access to services such as finance and health care, and safety nets to protect the poor and powerless. It will also convene discussions around those topics, potentially extending into hackathons and television programs. ... The initiative is co-chaired by Gates, Indonesian finance minister Sri Mulyani Indrawati, and Strive Masiyiwa, founder and executive chairman of Econet, a telecom conglomerate. Gates said Pathways will assemble alongside them a core of 10 or 12 development experts, practitioners, technologists, and academics. **The Blavatnik School of Government at Oxford University is expected to be the Pathways secretariat, managing and staffing it and directing the research agenda.**"*

- IISD - [UN Leaders Report Progress on Global Compacts on Migration, Refugees](#)

*"A UN General Assembly side event in New York highlighted **current progress toward two global compacts: one on refugees and the other on safe, orderly and regular migration.**" (with among others, messages from Guterres, Filippo Grandi, ..)*

For more (general) info on UNGA & the Global Goals week, see next week's IHP newsletter. The NY-fest still takes a few days.

## UNGA related Global Health news, reports, launches of coalitions, events ...

For an overview of many global health related events, you might want to check again WHO: <http://who.int/life-course/news/events/unga-72/en/>

Below **some of the key global health related news**, in no particular order.

## UHC & Tedros' global health diplomacy

As already mentioned in last week's newsletter, **DG Tedros heads the WHO delegation in New York**. First time for him to represent WHO at the highest political gathering in the world. And as was mentioned in an **interview with Time, global health is/was fairly high on the agenda**.

*Time – World Health Organization Leader Says Universal Health Coverage is a 'Rights Issue'*

<http://amp.timeinc.net/time/4945688/world-health-organization-universal-health-coverage/?source=dam>

Interview with **Tedros**. Stressing that **UHC is a rights issue and a political issue**. Also key messages of him throughout his UNGA appearances.

*WHO - Keynote address Tedros: UN General Assembly side event on universal health coverage*

<http://www.who.int/dg/speeches/2017/unga-universal-health/en/>

Short but effective speech from Tedros at an UNGA side event on UHC (18 September). World leaders (incl Shinzo Abe,...) discussed how to accelerate progress towards UHC.

If you want to **watch the high-level event again** (18 Sept), see [here](#).

And for a **short report of the H-L event**, see [UHC 2030: World leaders for universal health coverage: achieving the SDGs through health for all](#). Quotes, key messages etc. And of course: ***“The event marked a significant moment for the UHC movement with so many world leaders demonstrating their commitment for vision, action and working in unison.”***

A few tweets on that HL-event (related to the WB):

*“Last year @WorldBank invested \$12B in #health sector alone. - @KGeorgieva #HealthForAll”*

*“\$24bn over 5 yrs committed by @WorldBank to help make Universal #Health Coverage in #Africa a reality #HealthForAll”*

And a tweet from **Ilona Kickbusch** – ***“I am truly shocked how male most of the #globalhealth meetings at #UNGA are. Even #UHC where most of the health workers are women #wgh300”***

*WHO – Together on the road to UHC: A call to action*

[http://www.who.int/universal\\_health\\_coverage/road-to-uhc/en/](http://www.who.int/universal_health_coverage/road-to-uhc/en/)

28 p. (recommended) *“Universal Health Coverage (UHC) is central to achieving better health and well-being for all people at all ages. It delivers disease prevention, health promotion, and treatment for communicable and noncommunicable diseases alike, while ensuring that individuals are not driven into poverty because of high costs. UHC is not an end in itself: its goal is to improve the chances of every person attaining the highest level of health and well-being and contributing to socioeconomic and sustainable development. Attaining UHC is thus essential to every nation’s economic productivity, health security, social stability – and to every individual’s well-being, security, and productivity.”*

In short: **“Universal health coverage is needed for people’s health and sustainable development ACTION: All countries must make universal health coverage a political priority. Universal health coverage is possible and affordable for all countries ACTION: Each country should use available evidence and tools to determine its own path towards universal health coverage. Universal health coverage is people-centred and politically smart ACTION: Countries should ensure that universal health coverage meets the needs and aspiration of its people, with their participation.”**

## NYT - Bill and Melinda Gates Grade the World’s Health

Donald McNeil; [NYT](#);

**Must-read**, related to their **Goalkeepers report** (See also last week’s IHP news) This article provides some info on the origins of the report, going back 3 years, and the political backdrop (in the US & elsewhere).

Excerpts:

**“..The report card will be issued annually**, Mr. Gates said. He gave himself only a C+ on the first draft, promising sharper analytics in the future. He isn’t actually handing out grades to the world’s health authorities — but is sending them home with a note for mom. *Your kid has real potential but is becoming a discipline problem.* “ (now I can relate to that!)

**“.. Surprisingly, the new report was not a reaction to Mr. Trump’s threats to slash the foreign aid budget by 32 percent.** According to Dr. Christopher J.L. Murray, director of the University of Washington’s Institute for Health Metrics and Evaluation, which gathered the data, it **was initiated three years ago because Mr. Gates feared the world was losing its focus on health....”**

**“... The world prefers simple goals**, like declaring war on smallpox. But **war talk has stung Mr. Gates. Calls for an “AIDS-free generation” – all the rage six years ago – were “premature,” he said, and he was “embarrassed” by claims that malaria could be eliminated by 2015.** He prefers “Microsoft-type thinking” to **set realistic goals.** “People expect a certain degree of honesty,” he said. “They want to know, do Bill and Melinda track this stuff?” Essentially, he is tracking the world’s pursuit of his own goals as he helps it reach them....”

At the Goalkeepers event, **Obama gave the keynote speech.** See a short **Devex article** - [Barack Obama on how to convince a nation that development is a bargain.](#)

PS: a **tweet** from **Sophie Harman**: *“It’s UNGA week so look out for how Gates is going to start holding UN & member states to account but who holds the BMGF to account?”*

## NCDs at UNGA

More and more evidence of NCD (policy) momentum, not the least because **2018** will be a key year (UN High-Level meeting on NCDs). Time is running out, indeed, if an NCD pandemic is still to be avoided...

*UN News - 'Window of opportunity' closing on non-communicable diseases, warns UN health agency*

<http://www.un.org/apps/news/story.asp?NewsID=57542#.WcEEr7JJYdX>

*"Millions around the globe are dying prematurely from diseases such as cancer or heart disease, the United Nations health agency warned, urging governments to step up efforts to control non-communicable diseases (NCDs). **Limited national progress has been made in the fight against NCDs** – primarily cardiovascular and chronic respiratory diseases, cancers and diabetes – which are the world's biggest killers," noted the **World Health Organization** in a news release. According to estimates, 15 million people aged 30-70 succumb to these diseases annually. Furthermore, the latest edition of the **WHO Non-communicable Disease Progress Monitor** shows that progress around the world to control such conditions been uneven and insufficient, and over three-fourth of the deaths in low- and middle-income countries..."*

*WHO – WHO launches new NCDs Progress Monitor*

<http://www.who.int/mediacentre/news/releases/2017/ncds-progress-report/en/>

***"Governments must step up efforts to control noncommunicable diseases (NCDs) to meet globally agreed targets, including preventing the premature deaths of millions of people from these conditions, according to [a new] WHO report released today. The Progress Monitor provides data on 19 indicators in all of WHO's 194 Member States."***

***"... The Progress Monitor's findings will underpin a WHO report being submitted to the United Nations Secretary General later this year ahead of the third UN High-level Meeting on NCDs in 2018."***

For some more **background on this Progress monitor**, see [WHO](#). *"In May 2015 the World Health Organization published a Technical Note on how WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical Note was updated in September 2017 to ensure alignment with the updated set of WHO 'best-buys' and other recommended interventions for the prevention and control of noncommunicable diseases which were endorsed by the World Health Assembly in May 2017. The Progress Monitor provides data on the 19 indicators detailed in the Technical Note for all of WHO's 194 Member States. The indicators include setting time-bound targets to reduce NCD deaths; developing all-of-government policies to address NCDs; implementing key tobacco demand reduction measures, measures to reduce harmful use of alcohol and unhealthy diets and promote physical activity; and strengthening health systems through primary health care and universal health coverage."*

And a related **press release** from the **NCD Alliance** - [Alarming slow progress - Less than half the world's countries have set NCD targets](#)

*PATH- New global coalition will boost access to medicines and products for chronic diseases*

<http://www.path.org/news/press-room/841/#.Wb-LlkoRpVI.twitter>

On a more positive note, **“A multisectoral partnership [today] launched a first-of-its-kind global coalition dedicated to increasing access to essential medicines and health products to prevent and treat noncommunicable diseases (NCDs) and conditions, including diabetes, hypertension, and cardiovascular disease. The new **Coalition for Access to NCD Medicines & Products** brings together governments, the private sector, philanthropic and academic institutions, and nongovernmental organizations to tackle barriers countries face in procuring, supplying, and distributing essential medicines and technologies and ensuring they are used effectively. PATH will serve as the coalition secretariat. The coalition will partner with countries to help them achieve the World Health Organization target of 80 percent availability of affordable technologies and essential medicines, including generics, required to treat NCDs in both public and private facilities.”**

**Tedros** himself also gave high visibility to the NCD battle (including the need to take on the commercial determinants of health).

A tweet: **“High visibility for #globalhealth #UHC #NCDs at #UNGA2017 - seems @DrTedros is everywhere giving strong speeches.”**

*Lancet (Comment) - Beating NCDs can help deliver universal health coverage*

**T R Vazquez & Dr Tedros ;** [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32470-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32470-4/fulltext)

Uruguay’s president and dr Tedros look ahead to **“the *WHO Global Conference on NCDs that WHO and the Presidency of Uruguay are co-organising and holding in Montevideo, Uruguay, on Oct 18–20, 2017.* This conference is important for many reasons. Its focus on enhancing policy coherence to prevent and control NCDs is key. The conference will also provide a moment to take stock of national progress ahead of the next UN General Assembly high-level meeting on NCDs in 2018...”** They also argue for an **NCD paradigm shift**.

**“Denmark announces plans to host int'l conference on financing for #NCDs in CPH w/others ahead of #2018HLM to drive action”**

*Lancet Comment – The NCDs Cooperative: a call to action*

**Sania Nishtar;** [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32481-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32481-9/fulltext)

A proposal by **Sania Nishtar**. **“...An international multistakeholder agency with a broader scope than health is needed to radically change the response to the NCD pandemic and also tackle mental health. The agency, which could be called *The NCDs Cooperative*, would tackle both NCDs and mental health.”**

“... The **conversation must start now** so that **by the 2018 UN High-level Meeting on NCDs**, the world has a concrete plan of action to bend the epidemiological trajectory and save lives.”

## Lancet - Where is the accountability to adolescents?

C Barroso et al (on behalf of IAP members)

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32482-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32482-0/fulltext)

*“...The **Independent Accountability Panel (IAP)** is mandated by the UN Secretary-General to provide an independent annual assessment of progress on implementing the **Global Strategy for Women's, Children's and Adolescents' Health**. ....”*

**On Sept 18, 2017, the IAP's 2017 report, Transformative Accountability for Adolescents, was launched during the UN General Assembly.** *“A key finding of the report is that there is insufficient accountability for the Global Strategy and the SDGs and that a **culture of accountability is lacking.**”*

*“...The recommendations in the IAP report call for a transformation in accountability, with an emphasis on national and local action. “There are **six recommendations.**”*

## Launch of the Global Financing Facility (GFF) Replenishment

The **Global Financing Facility** officially launched its replenishment at the **Every Woman Every Child (EWEC) event, “Delivering Together for Healthy & Empowered Women, Children & Adolescents,”** on September 20..

*“The first replenishment for the GFF Trust Fund is being launched to respond to the demand from countries that want to be part of the GFF. It seeks to mobilize an additional US\$2 billion to enable the GFF process to be expanded over the period 2018–23 to the 50 countries facing the most significant needs—the existing 16 countries plus 34 new countries. The opportunity for impact is enormous: these countries collectively account for 96 percent of the US\$33 billion annual financing gap and 5.2 million maternal and child deaths each year, with billions of dollars lost each year to poor health.”*

*GFF replenishment document*

<https://www.globalfinancingfacility.org/replenishment-new-financing-model-sdgs-era-global-financing-facility-ewec?CID=GFF TT theGFF EN EXT>

Check it out.

(PS: for the GFF annual report, see [here](#) ).

And a few tweets: “Hurrah! @melindagates announces \$200m toward the @theGFF for financing for @UN\_EWEC! Kicking off the replenishment for #EWECisMe.”

(for more info on why the Gates Foundation supports the GFF replenishment, see **Chris Elias** (Devex) - [Making the case for the Global Financing Facility](#) )

**“Innovation is the pathway-Impact is the destination @PeterASinger @CAMTechMGH @GlobalHealthMGH #EWECisME “ (Nike mantras come to mind)**

## **Reuters – Exclusive: Africa to get state-of-art HIV drugs for \$75 a year**

[Reuters](#);

***“Makers of generic AIDS drugs will start churning out millions of pills for Africa containing a state-of-the-art medicine widely used in rich countries, after securing a multi-million dollar guarantee that caps prices at just \$75 per patient a year. Global health experts hope the deal will help address two looming problems in the HIV epidemic - the rising threat of resistance developing to standard AIDS drugs, and the need for more investment in manufacturing capacity. Bill Gates’ charitable foundation will guarantee minimum sales volumes of the new combination pills using dolutegravir, a so-called integrase inhibitor that avoids the drug resistance that often develops with older treatments. In return the drugmakers, India-based Mylan Laboratories (MYL.O) and Aurobindo Pharma (ARBN.NS), will agree the maximum price of about \$75 per patient for a year’s supply - less than the list price for one day’s supply of a dolutegravir combination in the United States. **The agreement, which will make the treatment available to 92 poor countries, starting in Africa, [will] be formally announced during the United Nations General Assembly in New York on Thursday.”*****

***“...The Bill & Melinda Gates Foundation’s pledge is a central plank of a new partnership - the largest of its kind in global health - that also includes the governments of South Africa and Kenya, the Clinton Health Access Initiative, and American, British and U.N. agencies....”***

In other HIV news from New York, [UNAIDS called for quickening the pace of action to end AIDS](#) (at a High-level event, chaired by Museveni). See also [Fast-Track: Quickening the pace of action to end AIDS](#).

## **First Bloomberg Philanthropies Global Business Forum**

As you know, this Forum is Michael Bloomberg’s new toy, with which he hopes to replace Clinton’s Global Initiative event in New York of recent years. Some reads:

*Bloomberg – Stronger Global Relations Require Business Leadership*

<https://www.bloomberg.com/view/articles/2017-09-20/stronger-global-relations-require-business-leadership>

Michael Bloomberg’s own view on why such a forum is needed.

*Devex – Bloomberg says Global Business Forum will push new aid partnerships, climate solutions*

<https://www.devex.com/news/bloomberg-says-global-business-forum-will-push-new-aid-partnerships-climate-solutions-91091>

**“...The new Bloomberg Philanthropies’ Global Business Forum will act as a powerful platform for people to make major deals and launch influential dialogues on development, politics, and climate change,** Michael Bloomberg, owner of Bloomberg L.P. and Bloomberg Philanthropies, told Devex. Bloomberg appeared to embrace the influential role that the now-closed Clinton Global Initiative once held during the packed week of events surrounding the United Nations General Assembly. **His goal for the Global Business Forum — which, with all of the companies present, represents economic firepower equivalent to the world’s fourth largest economy — is political and policy influence that extends well beyond the opening of the U.N. General Assembly.**

Bloomberg, World Bank President Jim Kim, and U.N. climate chief Patricia Espinosa **announced the launch of a new climate change partnership that will direct more funding to major cities,** nearly 90 percent of which are located along coastlines.

*Bloomberg - Heads of UN and World Bank announce initiative to ramp up finance for climate action*

[https://gbf.bloomberg.org/news/heads-un-world-bank-announce-initiative-ramp-finance-climate-action/?utm\\_source=twitter&utm\\_medium=social&utm\\_campaign=worldbankgbf](https://gbf.bloomberg.org/news/heads-un-world-bank-announce-initiative-ramp-finance-climate-action/?utm_source=twitter&utm_medium=social&utm_campaign=worldbankgbf)

**“United Nations Secretary General António Guterres and World Bank Group President Jim Yong Kim today announced plans to accelerate the flow of finance for climate action through a new platform** dedicated to identifying and facilitating transformational investments in developing countries. ... ..

*The new **Invest4Climate platform** is designed to bring together national governments, financial institutions, private sector investors, philanthropies, and multilateral banks to support transformational climate action in line with the Paris Agreement. The platform will bring together investors with high-impact opportunities in developing countries such as large-scale development of battery storage, electric cars, and low emission air conditioning. It will also facilitate such investments through the development of risk mitigation instruments and, based on demand, will work with national governments to improve policy environments.*

*The **platform will be further developed in close collaboration with partners at the forthcoming World Bank/IMF Annual Meetings and COP23.** The first Invest4Climate initiatives are expected to be announced at the Climate Summit in Paris in December 2017.”*

For a related read, see Devex - [With help from Michael Bloomberg, the World Bank and UN look to take the risk out of climate investments](#) .

Finally, the **tweet of the week** came from **Anthony Costello** :

*“Must every 'high level' summit fawn on royalty, billionaires, celebrities, prime ministers and former Presidents? How about some voters.”*

## **Devex - Abu Dhabi to launch campaign to reach 'last mile' on preventable disease**

<https://www.devex.com/news/exclusive-abu-dhabi-to-launch-campaign-to-reach-last-mile-on-preventable-disease-91065/amp>

*“The Crown Prince of Abu Dhabi will host a Global Health Forum later this year that will serve as a “stepping out” for the United Arab Emirates’ role as a major player in eliminating neglected tropical disease, Devex has learned. The November 15 event — in partnership with the Bill & Melinda Gates Foundation and the Carter Center — will serve as a culmination of past UAE efforts in combating diseases such as polio and malaria, as well as a launch point for an ambitious new push to lead the fight going forward, Dr. Maha Barakat, the director general of the Health Authority in Abu Dhabi, told Devex in an interview. The forum, and subsequent assistance, will focus on as many as 20 NTDs and preventable diseases, including polio, malaria, Guinea worm, and river blindness....”*

## **She Decides: Belgium deploys big data for better access to family planning**

[http://mailchi.mp/diplobel/unga\\_ocean\\_climate\\_change-365369](http://mailchi.mp/diplobel/unga_ocean_climate_change-365369)

*“Deputy Prime Minister and Minister for Development Cooperation Alexander De Croo announced that Belgium will cooperate with its partner countries, Benin and Senegal, to improve access to family planning services through the use of big data and satellite imagery. Belgian data company Bluesquare and the universities of Brussels and Namur will also participate. Today, Belgium, Benin and Senegal jointly present[ed] the partnership at the United Nations in New York.”*

## **WHO – The world is running out of antibiotics, WHO report confirms**

<http://www.who.int/mediacentre/news/releases/2017/running-out-antibiotics/en/>

*“A report, **Antibacterial agents in clinical development – an analysis of the antibacterial clinical development pipeline, including tuberculosis**, launched today by WHO shows a **serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance**. Most of the drugs currently in the clinical pipeline are modifications of existing classes of antibiotics and are only short-term solutions. The **report found very few potential treatment options for those antibiotic-resistant infections identified by WHO as posing the greatest threat to health, including drug-resistant tuberculosis which kills around 250 000 people each year....”***

Tweet Tedros - "I assure you that **I will make #AMR a top priority as Director General of @WHO.**"-- @DrTedros at today's @Wellcome\_AMR event. #UNGA

## Trump & global health

Reuters – U.S. AIDS strategy to focus on 13 countries close to controlling epidemic

[Reuters:](#)

Important news on PEPFAR: ***"The United States will concentrate its resources on 13 countries with high levels of HIV that have the best chance of controlling the AIDS epidemic under a strategy unveiled on Tuesday.*** U.S. Secretary of State Rex Tillerson outlined the priorities of the President's Emergency Plan for AIDS Relief or PEPFAR, a cornerstone of U.S. global health assistance, which supports HIV/AIDS treatment, testing and counseling for millions of people worldwide. President Donald Trump's administration requested the program be cut by \$1 billion earlier this year but the Senate Appropriations Committee voted last week to keep funding largely unchanged at roughly \$6 billion. ***"The Trump Administration remains deeply committed to the global HIV/AIDS response and to demonstrating clear outcomes and impact for every U.S. dollar spent,"*** Tillerson said in the report. ***The administration did not disclose which programs were being cut, but the State Department has stressed that it will continue offering treatment to people who are already receiving it. PEPFAR will continue to operate programs in more than 50 countries. To maximize its impact, however, it will focus much of its efforts on 13 countries that are nearing epidemic control - the point where there are more deaths each year from AIDS than there are new HIV infections...."***

The Hill – Tillerson reveals State Department reform plan

<http://thehill.com/blogs/blog-briefing-room/350792-tillerson-reveals-state-department-reform-plan>

*"Secretary of State Rex Tillerson released the first installment of a **State Department reform plan** [last week] on Thursday **that may merge the department with the U.S. Agency for International Development (USAID)**, CNN reports. ... .. Tillerson suggested the State Department may merge with USAID, saying that the plan would aim to "align" the agencies' resources and improve the department's efficiency across the board as well as its technology infrastructure and human resources...."*

A (telling) **tweet from Laurie Garrett:** "After promising he would not, #Tillerson plans to merge @USAID w/#statedept making health & development tools of foreign policy. Awful."

You might also want to read a (related) **CGD blog** - [Attention Trump Administration: Five Important Questions for Redesigning US Foreign Assistance](#). (reporting on a recent panel discussion)

And a tweet from this morning: **"#BREAKING @devex: the U.S. President's Malaria Initiative will expand to 4 new countries — Cameroon, Cote d'Ivoire, Niger, and Sierra Leone"**

## Lancet – Offline: The post-American age

R Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32512-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32512-6/fulltext)

Horton reflects on the recent Raffles Dialogue on Human Wellbeing and Security, in Singapore. “... Its overriding conclusion—what Tikki Pang and others called “the great imperative of our times”— was that, “Asian countries need to assume greater leadership of our global village councils.”... **The decline of American power and influence was a dominant theme.** Who will fill the space vacated by the USA? The answer is likely to be no single nation-state. **In Asia, cooperation is the central political motif.** The Association of Southeast Asian Nations (ASEAN) held its 50th anniversary meeting in the Philippines this year. One conclusion of the Raffles Dialogue was that **ASEAN, “can play a stronger role in regional governance for health”.** China's President Xi Jinping recently hosted the annual summit of the BRICS plus countries. Bringing together Brazil, Russia, India, South Africa, Mexico, Egypt, Thailand, Tajikistan, and Guinea, President Xi proclaimed that, “**We agree to enhance BRICS role in global health governance, especially in the context of the World Health Organization and UN agencies....**”

## CGD (blog) WHO’s Draft Concept Note: Treating the Symptoms, Not the Causes?

A Morton, K Chalkidou & A Glassman; <https://www.cgdev.org/blog/who-draft-concept-note-treating-symptoms-not-causes>

(**must-read!!!**) The authors of this blog are somewhat disappointed with WHO’s draft concept note on the 2019-2023 programme. They “...see **two glaring missed opportunities:** 1) more centrality to universal health coverage (UHC) as an organizing principle for WHO and its work, and 2) more emphasis on enhancing the value for money of public spending on UHC and elsewhere.”

In related (and more encouraging) news, **Tedros is reaching out to civil society** to comment on the draft of the plan. See this tweet:

“WHO DG @DrTedros ask civil society orgs to provide comment to the ongoing GPW (strategic plan) of @WHO devt which is open for public input.” (we even saw a picture of him doing exactly that in New York, sitting together with civil society representatives)

## UNCTAD report - UN calls for global economic makeover to replace neo-liberalism

<http://m.nasdaq.com/article/un-calls-for-global-economic-makeover-to-replace-neo-liberalism-20170914-01030>

*“The world must ditch austerity and economic neo-liberalism and **undertake a global "New Deal"** to rebalance the global economy and achieve prosperity for all, the U.N. trade and development agency **UNCTAD** said in a report [last week] on Thursday.”* If only.

For the time being, we’re increasingly stuck with a **New Economic Non Order** ( [Project Syndicate](#) ), or a “lose lose’ world.

## Guardian – 'Alarm bells we cannot ignore': world hunger rising for first time this century

<https://www.theguardian.com/global-development/2017/sep/15/alarm-bells-we-cannot-ignore-world-hunger-rising-for-first-time-this-century>

Alarming news from late last week. *“**The number of hungry people in the world has increased for the first time since the turn of the century, sparking concern that conflict and climate change could be reversing years of progress.** In 2016, the number of chronically undernourished people reached **815 million**, up 38 million from the previous year. The increase is due largely to the **proliferation of violence and climate-related shocks**, according to the **state of food insecurity and nutrition in 2017**, a report produced by five UN agencies. The study also noted a rise in the number of people globally who are chronically hungry, from 10.6% in 2015 to 11% in 2016....”*

Conflict (increasingly in combination with climate change) is one of the key drivers behind the resurgence of hunger & malnutrition, the report stresses.

See also **WHO** - [World hunger again on the rise, driven by conflict and climate change, new UN report says](#)

## Global Policy Watch - The G20 and the 2030 Agenda: Contradictions and conflicts at the Hamburg Summit

<https://www.globalpolicywatch.org/blog/2017/09/21/the-g20-and-the-2030-agenda/>

(Recommended) Briefing by **Jens Marten**. *“On 7 and 8 July 2017, the summit meeting of the G20, the group of 19 major economies and the European Union, was held in Hamburg, Germany. Media perception of the event was marked by the US President’s appearance and the conflicts in climate and trade policies. In contrast, other topics, including the G20 activities regarding the implementation of the 2030 Agenda, took a backseat. Hardly any attention was given to the **Hamburg Update of the G20 Action Plan on the 2030 Agenda**. ... .. However, many observers representing academia and civil society viewed the Summit resolutions as insufficient or even counterproductive. Above all, **they criticized the blind faith in economic growth reflected by the Summit documents and the one-sided focus on private investments to finance development, for example in the context of the so-called “G20 Partnership with Africa”.** Setting this priority in fact contrasts with the more comprehensive approaches to sustainable development that the **United Nations 2030 Agenda** is based on and to which the G20 countries have also committed themselves as members of the United Nations. Given the massive public protests against the G20 Summit and*

*the hardly reconcilable conflicts within the group, there are **some who generally question the point of such Summit formats.** Undaunted by this, the G20 Members have already determined the presidencies for the coming three years. In 2018, they will be Argentina, followed by Japan in 2019, and Saudi Arabia in 2020. Given the policies of these countries, one cannot reckon with any change in G20 policies....”*

## **International Journal for Equity in Health (Series) - Practicing governance towards equity in health systems: LMIC perspectives and experience**

Edited by **Lucy Gilson & A L Ruano**; <https://www.biomedcentral.com/collections/HSGinLMICs>

*“The unifying theme of the papers in this series is a **concern for understanding the everyday practice of governance in LMIC health systems.** Rather than seeing governance as a normative health system goal addressed through the architecture and design of accountability and regulatory frameworks, **these papers provide insights into the real-world decision-making of health policy and system actors.** Their multiple, routine decisions translate policy intentions into practice – and are filtered through relationships, underpinned by values and norms, influenced by organizational structures and resources, and embedded in historical and socio-political contexts. These decisions are also political acts – in that they influence who accesses benefits and whose voices are heard in decision-making, reinforcing or challenging existing institutional exclusion and power inequalities. In other words, the everyday practice of governance has direct impacts on health system equity. **The papers in the series address governance through diverse health policy and system issues, consider actors located at multiple levels of the system and draw on multidisciplinary perspectives. They present detailed examination of experiences in a range of African and Indian settings, led by authors who live and work in these settings.** The overall purpose of the papers in this series is thus to **provide an empirical and embedded research perspective on governance and equity in health systems.** The papers were discussed at an April 2016 workshop hosted by the Collaboration for Health Systems Analysis and Innovation (CHESAI) in Cape Town, South Africa. ...”*

For some quick info on the series, see also this **blog by Lucy Gilson - [Challenging health system inequity by practicing everyday governance.](#)**

## **WHO Framework Convention on Tobacco Control Secretariat’s statement on the launch of the Foundation for a Smoke-Free World**

<http://www.who.int/fctc/mediacentre/statement/secretariat-statement-launch-foundation-for-a-smoke-free-world/en/#.WcFHFH83LSs.twitter>

WHO’s FCTC Secretariat is not impressed by the new ‘**Foundation for a Smoke-Free World**’. To put it mildly. “...*The Convention Secretariat regards this tobacco industry-funded initiative as **a clear attempt to breach the WHO FCTC by interfering in public policy.** It is a deeply alarming development aimed at damaging the treaty’s implementation, particularly through the Foundation’s contentious research programmes....” The Secretariat then makes a number of points & clarifications.*

## Reuters – WHO plans global war on cholera as Yemen caseload nears 700,000

[Reuters](#);

*“The World Health Organization will next month launch a strategy to stop cholera transmission by 2030, it said on Monday, as an unprecedented outbreak in Yemen raced towards 700,000 suspected cases with little sign of slowing down. The WHO is also trying to keep the lid on a flare-up in Nigeria while tackling many entrenched outbreaks in Africa and an epidemic in Haiti, where almost 10,000 people have died since 2010....”*

*“Equipped with a vaccine stockpile that it created in 2013, it plans to launch a global strategy on Oct. 4. “The objective of the new strategy is to stop transmission by 2030,” Legros said. “Overall, we expect reduction of mortality by 90 percent by 2030.” The strategy will aim to use the vaccine to contain outbreaks as fast as possible, while addressing deeper problems....”*

In related news, do read also (AFP) - [WHO urges Yemen to accept vaccines as cholera crisis deepens](#).

On the bright side, (Devex) - [UN envoy says new Yemen aid forthcoming](#) “The United States, the United Kingdom, and Qatar will announce new funding for the humanitarian crisis in Yemen on Friday during a high-level meeting at the United Nations General Assembly on the situation, the U.N. special envoy for humanitarian affairs told Devex.”

## BMJ Global Health - Did the right to health get across the line? Examining the United Nations resolution on the Sustainable Development Goals

C Brolan et al; <http://gh.bmj.com/content/bmjgh/2/3/e000353.full.pdf>

*“Since the new global health and development goal, Sustainable Development Goal (SDG) 3, and its nine targets and four means of implementation were introduced to the world through a United Nations (UN) General Assembly resolution in September 2015, right to health practitioners have queried whether this goal mirrors the content of the human right to health in international law. **This study examines the text of the UN SDG resolution, Transforming our world: the 2030 Agenda for Sustainable Development, from a right to health minimalist and right to health maximalist analytic perspective.** When reviewing the UN SDG resolution’s text, a right to health minimalist questions whether the content of the right to health is at least implicitly included in this document, specifically focusing on SDG 3 and its metrics framework. A right to health maximalist, on the other hand, queries whether the content of the right to health is explicitly included. This study finds that whether the right to health is contained in the UN SDG resolution, and the SDG metrics therein, ultimately depends on the individual analyst’s subjective persuasion in relation to right to health minimalism or maximalism. We conclude that the UN General Assembly’s lack of cogency on the right to health’s position in the UN SDG resolution will continue to blur if not divest human rights’ (and specifically the right to health’s) integral relationship to high-level development planning, implementation and SDG monitoring and evaluation efforts.”*

## Global governance of health

### Devex – The SDGs are good enough and it's time to stop analyzing and start acting

M Halle ; <https://www.devex.com/news/opinion-the-sdgs-are-good-enough-and-it-s-time-to-stop-analyzing-and-start-acting-91074>

Very timely message, we think, especially during the Global Goals Week. *“...The SDGs are not perfect, but they benefit from the legitimacy derived from the highly inclusive, bottom-up process through which they were articulated and set. If genuinely implemented, the world would be a significantly better place. They are, to borrow from Grindle [see ‘Good enough governance’ (2002)] , “good enough goals.” Let’s accept them and devote our efforts to achieving them in reality.”*

### GFO – new issue

[http://www.aidspace.org/node/4339?pk\\_campaign=email-attrib-Word-PDF-download&pk\\_kwd=gfo-issue-320](http://www.aidspace.org/node/4339?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-320)

With among others:

\* [Identifying and solving country-level impediments to full absorption of Global Fund money](#)

*“...second part of a Global Fund Observer series on concerns within the African constituencies about lapsed funding. This article discusses some of the in-country challenges to full absorption that were repeatedly raised by the delegations, as well as possible solutions. Roadblocks include inadequate human resource capacity, procurement difficulties and gaps in data collection and analysis...”*

- [While it has given generously to the Global Fund, the U.K. has slashed its bilateral aid for HIV, NGO says.](#)

*“The U.K.’s generosity to multilateral institutions, and to the Global Fund in particular, has come at the expense of the country’s bilateral aid, according to STOPAIDS, a network of U.K. agencies working on HIV. STOPAIDS has released a new publication, a “stocktake review” of the work of the Department for International Development(DFID) on HIV, in which it says that although the U.K. increased its contribution to the Global Fund in the last replenishment, and has maintained its level of contribution to UNAIDS and UNITAID, the country has implemented significant cuts to its bilateral programs focusing on HIV...”*

## Reuters – Confidence in UN's global goals faltering amid slow progress - survey

[Reuters;](#)

(recommended in-depth analysis of this exclusive survey) *“Ambitious global goals aimed at ending poverty and inequality by 2030 are moving more slowly than expected and **would struggle to get approval from United Nations members if put to a vote today**, an exclusive survey showed on Tuesday. The Thomson Reuters Foundation asked policymakers, campaigners and executives with an interest in the Sustainable Development Goals (SDGs) how they viewed the progress of the blueprint of 17 goals that won unanimous support from the 193 U.N. member states two years ago.”*

## HS Global – B&M Gates foundation confirms support for 5<sup>th</sup> Global Symposium

[HS Global;](#)

The opposite would have surprised, given the increasing interest of the BMGF in health systems, PHC, ...

## Muse – Configuring the UN Human Rights System in the "Era of Implementation": Mainland and Archipelago

Paul Hunt; <https://muse.jhu.edu/article/666330#.WYxYuvjUS6g.twitter>

*“Full implementation of human rights requires a wide range of initiatives, many of which fall beyond the expertise of the **UN human rights "mainland," consisting of the Human Rights Council, treaty-bodies, and Office of the High Commissioner for Human Rights (OHCHR)**. Specialized agencies, funds, programs, and other UN bodies have an indispensable role to play if the UN system is to engage with the entire spectrum of human rights implementation. Their role encompasses all human rights but is especially critical in relation to economic, social, and cultural rights. The Human Rights Council and OHCHR are mandated to promote human rights mainstreaming which is a precondition for full implementation. However, UN systemwide mainstreaming runs into the principles of functional decentralization and autonomy which are woven into the fabric of the UN. Accordingly, human rights have to be "owned" by each agency and similar UN body. **There is today an emerging "archipelago" of human rights initiatives, lying beyond the UN human rights mainland, in agencies and other UN bodies. The contemporary UN human rights system should be configured as the mainland and archipelago** and the article outlines ways to promote its appropriate development, including new working methods for the Human Rights Council.”*

## IDS (blog) How will China's Belt and Road shape global health cooperation?

Lewis Husain & Gerry Bloom; <http://www.ids.ac.uk/opinion/how-will-china-s-belt-and-road-shape-global-health-cooperation>

Well worth a read. *"The term 'BRICS' was coined to reflect a changing world, in which a number of large, emerging economies were starting to play a greater role in world economic affairs. Terms such as this reflect changing global realities, but also have the potential to shape those realities. The jury is still out on how far China's 'Belt and Road Initiative' (BRI) will reshape the way we see the world. Our view is that **it will have a significant impact in many areas, one of which is advancing cooperation for global health.** At a time of retrenchment and reorientation in developed economies' assistance, how China, existing donors and health agencies learn to work together will have an important impact on global health outcomes and may provide learning on how to collaborate on other, more contentious, issues."*

*"... China [now] **believes it has something to offer to the international development.***

*"...In this sense, **the [Beijing] Communiqué reflects a process of self-reflection as China starts to define its potential role (and interests) in global health.** ... .. From what we can see emerging, we should **expect to see the country promoting its own developmental and technical contribution in areas where it thinks it has something to offer.** The emergence of such a development actor will require accommodation on the part of other donors and development agencies, and a process of learning to work together. The aim has to be collaboration for the global public good. Health will be an important component, but learning will be required in other sectors, and there's a need to build capacity for mutual learning. That learning should start now...."*

## Global health makes strange bedfellows

Ben Duncan; <http://cambre-associates.com/archive/291:global-health-makes-strange-bedfellows.html>

Blog written after last week's WHO Euro meeting in Budapest, where the likes of Orban & Tsipras were also present (with keynote speeches). *"...Both sang the praises of WHO, all be it hitting a few divergent notes. The new WHO Director-General, Dr Tedros Adhanom Ghebreyesus, was also in Budapest. **He seems to be achieving his aim of mobilising political leaders to support global health. But how broad a coalition will Dr Tedros be able to build?..."***

And an interesting excerpt:

*"...Who, then, could possibly object to Dr Tedros's agenda? Well, **there is one large country that might not sign up to it.** Although the United States endorsed the concept of universal health coverage in the UN's Sustainable Development Goals of 2015, that was under the Obama administration. The Trump administration is slashing the budgets for the US State Department, Health & Human Services and USAID. Increased spending on health in other countries is not high on the new administration's agenda, while the question of what the US's own health system should look*

like is in political deadlock. The **governing body of WHO's Region of the Americas meets in Washington DC from 25-29 September. It will be interesting to see who from the Trump administration attends and what they have to say.**

Meanwhile, **back in Europe, not everyone is thrilled by the prospect of WHO playing a more political role. Some health officials get upset when WHO engages directly with political leaders, rather than going via the Ministry – or Directorate-General – for Health.** There was just a hint of this in the address given to the Committee by Xavier Prats Monné, Director-General for Health & Food Safety at the European Commission. Somewhat overshadowed by Prime Ministers and Royalty, Mr Prats Monné acknowledged the importance of the Commission and WHO working together on issues such as managing pandemics, promoting vaccination and combatting antimicrobial resistance. However, the Commission warned: *“Our citizens will not forgive our two organizations if we are not capable of overcoming differences so we both work for the same agenda.”*

## **Global Crises Accelerate as Tax Havens Hide Trillions for World's Greedy Few**

### Common dreams:

*“While new research suggests 10 percent of world GDP held in offshore shelters, UN human rights expert says poorest paying enormous price.” “...While the world's richest stash trillions away for themselves, outlandish levels of inequality are increasing the suffering of the poor and hamstringing the global community's ability to address humanity's most pressing concerns. That is the picture painted when pairing **new research that shows an estimated \$8 trillion—or more than 10 percent of global gross domestic product (GDP)—was stashed in offshore tax havens as of 2015 with a new report by a UN human rights expert that warns impoverished people are “paying a heavy price” for what he calls “negative global trends,”** including climate change, financial schemes, and privatization programs that “have their harshest impacts on the poorest sections of society.”*

## **Plos NTDs - Global health policy and neglected tropical diseases: Then, now, and in the years to come**

T Fürst et al ; <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005759>

*“In this viewpoint, Thomas Fürst and colleagues discuss the past, present, and future successes and challenges involved in NTDs research, and the field's relationship with global health policy.”*

Unfortunately, **so far, UHC and NTD policies have been developed separately and are often disconnected. That needs to change.**

## BMJ Global Health - Migrants caught between tides and politics in the Mediterranean: an imperative for search and rescue at sea?

F Zamatto, R Zachariah et al; <http://gh.bmj.com/content/2/3/e000450>

*“In the late 2014, owing to lack of EU support, the Italian state retreated from their Mare Nostrum—a proactive ‘Search and Rescue’ (SAR) operation in the central Mediterranean leaving thousands to die at sea. Humanitarian NGOs including MSF stepped in to fill this gap but have been recently accused of being a ‘pull factor’ for migrants and refugees and being a cause for deterioration in maritime safety by increasing deaths at sea. Contrary to the pull factor hypothesis, the number of sea arrivals during the NGO involvement period (with proactive SAR operations) was lower than during equivalent prior periods. Mortality rates were also substantially lower during the NGO period compared with similar prior periods. These **findings strongly support arguments that SAR operations by humanitarian NGOs reduce mortality risks and have little or no effect on the number of arrivals.**”*

## Bloomberg - Companies Failing to Live Up to UN Sustainable Development Vows

<https://www.bloomberg.com/news/articles/2017-09-19/companies-failing-to-live-up-to-un-sustainable-development-vows>

If even Bloomberg reports this, you can't say we're biased.

*“More than 9,000 companies around the world have pledged to support United Nations sustainable-development goals such as respecting human rights, fighting corruption and ending poverty. Many have yet to follow through. More than one-third of the participating companies haven't set any measurable sustainability targets and just 55 percent are monitoring progress, according to a report published Monday. Only 29 percent have studied whether the policies they adopted have any effect outside of their own companies. **“The gap between intentions and action is glaring,”** said Cecilie Hultmann, head of **impact analysis for the UN Global Compact's sustainable development goals**. The 17 goals were adopted in 2015 by all 193 UN nations, with the aim of reaching them by 2030 with the help of business and other groups. Goals of gender equality and reducing economic disparity, in particular, **“are on a dangerous path and not likely to get close to their targets by 2030,”** the report said....”*

## UN expert urges World Bank to amend its constitution to effectively advance human rights

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?newsid=22064&langid=e>

*“The World Bank’s commitment to development can and should go beyond financing mega-projects and proactively support smaller, inclusive projects likely to create employment while advancing human rights and environmental protection, a United Nations rights expert has urged. “Progress cannot be measured only by increases in Gross Domestic Product (GDP) but must also encompass the enhanced enjoyment of human rights and a higher standard of living,” said the **Independent Expert on the promotion of a democratic and equitable international order, Alfred de Zayas**. “I have gathered numerous examples of human rights violations which have been alleged in connection with projects the World Bank has financed, including mass evictions and involuntary resettlements, land-grabbing, pollution, the destruction of livelihoods, forced and child labour, and sexual abuse,” said Mr. de Zayas, who has highlighted many such cases in **his full report to the Human Rights Council in Geneva....”***

## **Wellcome Trust - Director's update: sustaining a historically high spending level for Wellcome**

J Farrar; <https://wellcome.ac.uk/news/directors-update-sustaining-historically-high-spending-level-wellcome>

On the Wellcome’s trust’s Primary Fund, Reserve Fund, ... This might be a good short read for the strategic ones among you trying to attract Wellcome Trust funding.

## **Coming up (in 2019)- Disrupting Global Health Narratives: Alternative Perspectives on the World Bank’s Influence on Global Health – Call for participation in symposium**

21-23 January 2019, Brocher Foundation Centre, Hermance, Switzerland

<http://globalhealthgovernance.org/call-for-participation/>

*“The University of Edinburgh’s Global Health Governance Programme **invites applications from early career researchers to attend its 2019 Symposium, ‘Disrupting Global Health Narratives,’** at the Brocher Foundation Centre. We especially encourage women and scholars from non-OECD countries to apply. The Symposium draws on our Economic Gaze project (PI Devi Sridhar), which explores the emergence of the World Bank’s global health framework. It will bring together world experts in anthropology, history, health policy, and political science to consider current understandings (‘narratives’) of the World Bank’s investment in health since the 1970s. The goal of the Symposium is to identify ways in which ‘alternative narratives’ – narratives with a more inclusive perspective – can be used to study international health organizations like the World Bank....”*

## Global Citizen (campaign) - It's Time to Deliver on the Promise of Universal Health Coverage

[https://www.globalcitizen.org/en/action/health-for-all/?utm\\_source=twitter&utm\\_medium=social&utm\\_campaign=share](https://www.globalcitizen.org/en/action/health-for-all/?utm_source=twitter&utm_medium=social&utm_campaign=share)

Do sign now. "Tell world leaders UHC is a right, not a privilege". Tell world leaders to commit politically & financially.

### US health care reform

As you might have heard, it appears the Republicans will try one last time to get Obamacare repealed (with the Graham-Cassidy bill). Presumably, next week it'll be D-Day for a bill that looks even nastier than all previous ones (with among others 32 million people to lose coverage if this were to happen... ). The GOP seek to turn health reform over to the states. See also [The Economist](#) this week. Deadline is **30 September**.

Interestingly, "*The Congressional Budget Office said Monday it will offer a partial assessment of the measure early next week, but that it won't have estimates of its effects on the deficit, health insurance coverage or premiums for at least several weeks.*" But who cares in the era of fake news, half-baked truths and a rogue Administration?

A few reads from this week:

**Guardian** - [Last-gasp Republican effort to repeal Obamacare gains momentum.](#)

**Bloomberg** - [McCain Holds Out as GOP Wages Last-Gasp Push to Repeal Obamacare](#) Many eyes will be again on John McCain, if it comes to a vote.

And the **Lancet Editorial's** take from this week: [For universal health coverage, tomorrow is today](#)

*"...for now, tomorrow must also be today as legislators must work to continue to defend the ACA while **helping the USA find its path to UHC.**" (dwelling both on Bernie Sanders' plan, and the Graham-Cassidy last-ditch effort)*

## Lancet - California Universal Health Care Bill: an economic stimulus and life-saving proposal

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32148-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32148-7/fulltext)

*“With the California Senate’s approval to establish universal single-payer health care for all residents, a Viewpoint considers the potential for this system, challenges to its implementation, and the opportunity to transform US health care.”*

## Devex – Global Fund interim ED says universal health coverage is driving work, poses challenges

<https://www.devex.com/news/q-a-global-fund-interim-ed-says-universal-health-coverage-is-driving-work-poses-challenges-91063>

*“The campaign for universal health coverage is gaining momentum and influencing the direction of organizations, including the Global Fund to Fight AIDS, TB and Malaria, the organization’s interim executive director told Devex. There are many challenges in ensuring that all citizens, everywhere, have access to health care, but first, a basic platform of care must be established, said **Marijke Wijnroks** in the interview....”*

## WHO Bulletin – Equity and healthy ageing

S Venkatapuram et al; [http://www.who.int/bulletin/online\\_first/BLT.16.187609.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.16.187609.pdf?ua=1)

I’m getting increasingly interested in papers on healthy ageing, wonder why.

The authors come back on the **2015 WHO World Report on Ageing and Health**, and its novel definition of ‘healthy ageing’. They conclude: *“...Although global population ageing may be well underway and beyond policy levers, the reduction of inequalities in the care and quality of life of older people is very much within social control and possible in all countries. Foremost on the agenda for action must be the identification and mitigation of the worst injustices being done to older people – injustices that have gone unrecognized due to our incorrect and ill-informed assumptions about human ageing.”*

## NYT - The best health care system in the world: which one would you pick?

[https://www.nytimes.com/interactive/2017/09/18/upshot/best-health-care-system-country-bracket.html?smid=tw-share&\\_r=0](https://www.nytimes.com/interactive/2017/09/18/upshot/best-health-care-system-country-bracket.html?smid=tw-share&_r=0)

“To better understand one of the most heated U.S. policy debates, we created a tournament to judge which of these nations has the best health system: Canada, Britain, Singapore, Germany, Switzerland, France, Australia and the U.S.” With first round, semifinals & final.

Narrow win for **Switzerland**. (*I think the mountain scenery helps also to stay healthy*)

## Planetary health

### Nature (news) - Limiting global warming to 1.5 °C may still be possible

[http://www.nature.com/news/limiting-global-warming-to-1-5-c-may-still-be-possible-1.22627?WT.mc\\_id=TWT\\_NatureNews&sf114907684=1](http://www.nature.com/news/limiting-global-warming-to-1-5-c-may-still-be-possible-1.22627?WT.mc_id=TWT_NatureNews&sf114907684=1)

Remarkable news from early this week, based on a new study. “Analysis suggests that researchers have underestimated how much carbon humanity can emit before reaching this level of warming.” If true, there’s still a ray of hope.

### International Health – Addressing challenges to human health in the Anthropocene epoch—an overview of the findings of the Rockefeller/Lancet Commission on Planetary Health

Andy Haines;

<https://academic.oup.com/inthealth/article/doi/10.1093/inthealth/ihx036/4104523/Addressing-challenges-to-human-health-in-the>

Haines concludes: “...*In conclusion, despite the many challenges, solutions lie within reach. They should be based on the redefinition of prosperity to focus away solely from the growth of GDP towards the enhancement of the quality of life and the delivery of improved health for all, together with respect for the integrity of natural systems.*”

### Guardian - Who’s the world’s leading eco-vandal? It’s Angela Merkel

<https://www.theguardian.com/commentisfree/2017/sep/19/world-leading-eco-vandal-angela-merkel-german-environmental>

By **G Monbiot**, so well-argued.

## UN News –French initiative to create global environment pact deserves support, says Secretary-General

<http://www.un.org/apps/news/story.asp?NewsID=57565#.WcH3-bJbIU>

Some more news from UNGA. “...*United Nations Secretary-General António Guterres today urged global support for **France’s initiative to create the first international legally binding document on the environment**, at an event held on the margins of the annual leaders’ summit of the General Assembly...*” “...the Global Pact for the Environment will be the first international legally binding document that gathers and harmonizes all environmental laws in one single document. The objective of today’s event, which drew many world leaders, was to **launch an important consultation to elaborate the instrument...**”

## Planetary Health September newsletter

<http://mailchi.mp/ad7947b8562f/planetary-health-newsletter-sept?e=%255BUNIQID%255D>

As already mentioned, you might want to register for this newsletter.

## Guardian - Top Trump officials signal US could stay in Paris climate agreement

<https://www.theguardian.com/environment/2017/sep/17/trump-tillerson-mcmaster-paris-climate-accord-stay-in>

*“Senior Trump administration officials on Sunday signalled a further softening of America’s resolve to leave the Paris climate accord, amid signs that the issue [will be] discussed at the United Nations general assembly in New York this week.”* Let’s see. Anyhow, America won’t be a cooperative actor on climate change under Trump, let alone a leader, that much is clear.

In related news, [Trump was told that Paris Agreement is ‘irreversible and non-negotiable](#) (Euractiv). *“The terms of the Paris Agreement are set in stone, the EU, China and Canada agreed at a summit in Montreal this weekend.”*

## Guardian - Land defenders call on UN to act against violence by state-funded and corporate groups

[Guardian](#);

*“Land rights defenders from 29 countries have written to the UN asking it to act against violent corporate and state-sponsored groups which they say are threatening their lives and trashing the*

**environment.** *Thirty nine grassroots groups from Africa, Latin America and Asia, many of whose leaders have been killed or forced to flee for protesting the theft of land, big dams mines and forest destruction, say their fight to protect natural resources is becoming too dangerous. “Repression is becoming the norm globally. Environmental and land defenders ... face violence from state forces, private security groups and state-sponsored vigilante groups,” say the groups in their joint letter to the UN Human Rights Council in Geneva....”*

*“...In a separate sign that some governments and major institutions now recognise that tackling environmental destruction depends on indigenous peoples and grassroot groups, the Swedish government, the Ford Foundation and other major funders **are to set up a new organisation to press governments to recognise land rights....”** (cfr: the International Land and Forest Tenure Facility )*

## **Euractiv – EU to aim for 100% emission cuts in new ‘mid-century roadmap’**

<http://www.euractiv.com/section/climate-environment/news/eu-to-aim-for-100-emission-cuts-in-new-mid-century-roadmap/>

*“The European Commission is preparing an update of its low-carbon economy roadmap for 2050, acknowledging that the bloc’s current target of cutting greenhouse gas emissions at least 80% by mid-century are insufficient.”*

Finally a **tweet from Duncan Green:**

**“#StrategicLitigation getting going on #climatechange**

*“Wow. Today S.F. became the 1st major U.S. city to sue the fossil fuel industry for knowingly causing climate change. <http://www.sfgate.com/bayarea/article/San-Francisco-Oakland-sue-major-oil-companies-12215044.php> ... “*

## **Infectious diseases & NTDs**

### **International Health - The Neglected Diseases: Will a ‘New World Order’ Reverse Global Gains?**

**Peter Hotez;**

<https://academic.oup.com/inthealth/article/doi/10.1093/inthealth/ihx037/4104524/The-Neglected-Diseases-Will-a-New-World-Order>

Must-read. Like the way how Hotez defines the **New World Order** (see box 1). *“...As we leave the 2010s and enter the 2020s, there are signs that yet another new world order is looming. Today we’re witnessing an increasingly globalized Russia and China (through a new ‘Belt and Road’ initiative), with commensurate reversals or retreats from globalization by the United States, United Kingdom,*

*and some other European nations. In parallel, most national economies are rising, even in Africa, but such growth is highly uneven and leaves behind portions of their populations in extreme poverty. Tragic regional conflicts are devastating large areas of the Middle East, Central Asia, and Africa, and there is a potential for new ones in the South China Sea, the Korean Peninsula, and Venezuela. Climate change and shifts in water resources may have a role in promoting these new political instabilities, while at the same time a neo-anti-science movement in America and elsewhere is in denial about the changes to our environment, or even the safety of vaccines and other medical interventions.”*

He situates the NTD fight (ahead) against this (changed) backdrop.

## **NPR Goats & Soda – A Neglected Family Of Killer Viruses**

[http://www.npr.org/sections/goatsandsoda/2017/09/20/552118635/a-neglected-family-of-killer-viruses?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.npr.org/sections/goatsandsoda/2017/09/20/552118635/a-neglected-family-of-killer-viruses?utm_source=dlvr.it&utm_medium=twitter)

*“We think of HIV, TB and malaria as some of the deadliest infectious diseases on earth. And the death tolls bear that out. But there's a family of viruses that is in the same league: **hepatitis viruses**. There are five of them. Their alphabet soup of names tells us the order in which they were discovered: hepatitis A, B, C, D and E. According to a new report from the Global Burden of Disease, the viruses kill 1.34 million people a year. By contrast, HIV/AIDS claims 1 million lives a year. Estimates vary for malaria (from 429,000 deaths by WHO's calculations to 719,000 deaths according to the new report). TB statistics range from 1.2 million in the study to 1.8 million from WHO)...”* In-depth report, on where the world stands now with respect to Hepatitis, and where it'd like to be by 2030.

## **Press Release: Five African countries approach control of their HIV epidemics as U.S. government launches bold strategy to accelerate progress**

[PHIA Project / ICAP at Columbia University \(news release\);](#)

*“...Data released [today] from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) show that the HIV epidemic is coming under control in Lesotho. These results add to prior PEPFAR-supported Population-based HIV Impact Assessments (PHIAs) announced in the last nine months for Malawi, Swaziland, Zambia, and Zimbabwe. Together, these data demonstrate impressive progress toward controlling the HIV epidemics in the five countries...”*

A positive outlook to HIV control: *“With five African countries approaching control of their HIV epidemics, we have the extraordinary opportunity to change the very course of the HIV pandemic over the next three years,”* said Ambassador Deborah L. Birx, M.D., U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy.”

## NYT –In Africa, a Glimpse of Hope for Beating H.I.V.

<https://www.nytimes.com/2017/09/19/opinion/in-africa-a-glimpse-of-hope-for-beating-hiv.html>

*... having the world at 90-90-90 is the goal of Unaided by 2020. If you reach 90-90-90, you end up with 73 percent of people with H.I.V. being noncontagious. That 73 percent is the tipping point, at which the epidemic starts to burn out....*

*“...Surveys have been completed in three other countries. Malawi and Zambia are close to the tipping point. Swaziland, the country with the highest H.I.V. prevalence in the world, has just become the first that we know of to have achieved the target of 73 percent. These results are even more remarkable because across Africa an unusually large group of young people have been reaching the most dangerous age...”*

There’s also quite some focus on **Zimbabwe’s HIV fight** in this article. Zimbabwe is doing a lot right.

## Snakebite

### Lancet Global Health (blog) - WHO has added snakebite to the NTD list: these things need to happen next

Benjamin Waldmann; [Lancet Global Health \(blog\)](#);

A reflection on areas of action to decrease snakebite burden in the poorest settings. “Behind the scenes, complimentary to a recent strong commitment from WHO, **a coordinated multi-stakeholder movement has been gathering momentum with its ambitious goal to develop a long-term solution to controlling snakebite in sub-Saharan Africa and other regions.**”

### FT - Gates Foundation invests \$40m in immune therapy research

[Financial Times](#);

*“The Gates foundation is investing \$40m to help a private Oxford-based company develop immunotherapies for infectious diseases, ahead of what is expected to be a much larger financing round.”*

*“Immunocore, founded in 2008 and owned by a range of corporate investors, has concentrated so far on applying its “T-cell receptor” or TCR technology to treat cancer, where it has alliances with GSK, AstraZeneca and other pharmaceutical groups. The new investment by the Bill & Melinda Gates Foundation will extend the reach of TCR therapies to fight infections. The first targets will be HIV and TB.”*

## Zika

### Stat - Is there a future for a Zika vaccine?

Seth Berkley; [Stat News](#);

“... the uncertainty about Zika makes the development of a vaccine decidedly riskier for manufacturers.” Berkley suggests a way forward.

### Lancet Infectious Diseases (Editorial) – Vaccine against Zika virus must remain a priority

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30534-0/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30534-0/fulltext)

*“On Sept 1, the pharmaceutical company Sanofi Pasteur announced that it was withdrawing from development of a vaccine against Zika virus infection. This announcement raises concerns about the future of Zika virus vaccine development, at a time when the number of cases is falling and other questions about the virus remain unanswered....”*

The Lancet’s take.

### Wellcome Trust - Superbug’s spread to Vietnam threatens malaria control

[Wellcome](#);

*“A highly drug-resistant strain of malaria has spread from western Cambodia to southern Vietnam. Wellcome researchers warn that the spread of artemisinin drug-resistant Plasmodium falciparum C580Y is leading to alarming failure rates for Vietnam’s first-line malaria treatment – dihydroartemisinin (DHA)-piperaquine. In a [letter published in The Lancet Infectious Diseases](#), the scientists say the spread of the malaria superbug across the entire Mekong Sub-region, from western Cambodia to north-eastern Thailand, southern Laos and now into southern Vietnam, poses an urgent threat to malaria control.”*

### Devex - Why Bill Gates thinks we shouldn't kill all the mosquitoes to end malaria

<https://www.devex.com/news/why-bill-gates-thinks-we-shouldn-t-kill-all-the-mosquitoes-to-end-malaria-91094>

*“Bill Gates is not convinced that wiping out all the world’s mosquitoes is a good approach for alleviating the suffering caused by malaria and other mosquito-borne diseases. Asked — somewhat*

*in jest — by American financier and philanthropist David Rubenstein whether a campaign of mass mosquito extermination would make sense, Gates offered a serious response. “The main thing is that it’s **precedent-setting**,” Gates said at the Bloomberg Global Business Forum on Wednesday. “If you think: “Okay, humans could go and get this species.” What’s your criteria for anything that might be a nuisance?” The billionaire philanthropist and co-chair of the Bill & Melinda Gates Foundation, which has spent hundreds of millions of dollars on malaria vaccine research, **pointed out that in selecting certain species for extinction, humans might make a mistake, accidentally eliminating a species that plays a key ecosystem role.** Gates, however, does **not oppose efforts to use genetic engineering on the type of mosquito most harmful to human beings — Anopheles — which only makes up about one out of every 1,000 mosquitoes, he said.”***”

And a quick link:

Reuters - [Sanofi tests three-in-one antibody to treat or prevent HIV](#)

*“A three-pronged man-made antibody, created by French drugmaker Sanofi and U.S. scientists, could offer a new way to treat or prevent HIV, following successful tests in monkeys. Plans are under way to try the so-called trispecific antibody in initial human trials before the end of 2018, potentially adding a new weapon in the fight against AIDS, assuming the product proves safe and effective.”*

## NCDs

### NYT – How Big Business got Brazil hooked on junk food

[How Big Business got Brazil hooked on junk food](#)

Widely tweeted article. *“As growth slows in wealthy countries, Western food companies are aggressively expanding in developing nations, contributing to obesity and health problems.”* Based on a NYT examination of corporate records, epidemiological studies and government reports, as well as interviews with key informers & experts. Instead of the malnutrition from just a generation ago, rates of obesity are soaring now in many places in the Global South. *“The diet is killing us”.*

### JAMA (viewpoint) – The Misuse of Meta-analysis in Nutrition Research

N Barnard et al; <http://jamanetwork.com/journals/jama/fullarticle/2654401>

For the methodology & policy wonks among you. *“Controversial conclusions from meta-analyses in nutrition are of tremendous interest to the public and can influence policies on diet and health. When the results of meta-analyses are the product of faulty methods, they can be misleading and can also*

be exploited by economic interests seeking to counteract unflattering scientific findings about commercial products....”

## **Plos – Can public health reconcile profits and pandemics? An analysis of attitudes to commercial sector engagement in health policy and research**

J Collin et al; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0182612>

*“Public health’s terms of engagement with unhealthy commodity industries (alcohol, tobacco and ultra-processed food and drinks) have become increasingly contested in policy and research. We sought to identify approaches that could attract consensus support within and across policy domains....”*

*“Most respondents identified a fundamental conflict between industry interests and public health objectives for all three industries, with agreement greatest in relation to tobacco and weakest for food. This pattern was replicated across diverse questions regarding potential forms of engagement, including in rejecting voluntarism and partnership approaches to health policy. While awareness of tobacco industry tactics to influence policy and research was higher than for alcohol and food, most respondents rejected the view that the influence of the latter was less significant for public health. Proposals that health and research organisations should divest their funds attracted less support with respect to food, while restricting publication of industry-funded research in academic journals was the issue that most divided opinion. Respondents reported most difficulty in answering questions about the food industry.... The strong consensus around restricting interactions with the tobacco industry supports increased implementation of the WHO Framework Convention on Tobacco Control’s conflict of interest provisions. **There is strong support for the extension of such practices to the alcohol industry, challenging current norms. More mixed responses indicate a need for greater clarity in defining the food industry, and for research analyzing links, similarities and differences across different types of unhealthy commodity producers....”***

## **Global, regional, and national burden of neurological disorders during 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015**

[http://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(17\)30299-5/fulltext](http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(17)30299-5/fulltext)

Interpretation: *“...Neurological disorders are an important cause of disability and death worldwide. **Globally, the burden of neurological disorders has increased substantially over the past 25 years because of expanding population numbers and ageing, despite substantial decreases in mortality rates from stroke and communicable neurological disorders.** The number of patients who will need care by clinicians with expertise in neurological conditions will continue to grow in coming decades. Policy makers and health-care providers should be aware of these trends to provide adequate services.”*

## Conflict & Health - Non-communicable diseases in humanitarian settings: ten essential questions

S A Perone et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0119-8>

*“Non-communicable diseases (NCDs) represent the primary cause of morbidity and mortality worldwide. Specific attention needs to be given in fragile and crisis-affected contexts, where health systems have even more difficulties in addressing and managing these diseases. Humanitarian actors intervening in crisis situations increasingly include NCD management in the services they support and provide. This review aims at presenting a series of questions that humanitarian agencies could consider when addressing NCDs in humanitarian crises. They include, among others, what conditions to address and for which target population, how to ensure continuity of care, which guidelines and medications to use, and what can be done beyond classical management of NCDs. Research and evidence are lacking on how to address care effectively for NCDs in emergencies. Therefore, advocacy is needed for NCD-oriented research so as to make interventions more effective and sustainable. No government or single agency can address NCDs in humanitarian crises alone. Strong leadership and partnerships between humanitarian actors, health providers, government bodies, research and academic institutions are required. Only a coordinated multi-disciplinary and multi-stakeholder approach will achieve the required impact for affected populations.”*

## BMJ Editorial - A smoke-free generation?

John Britton; <http://www.bmj.com/content/358/bmj.j3944>

**“Unlikely, thanks to complacency, naivety, and impotence in the face of big tobacco.”**

*“...The WHO report (i.e. on the global tobacco epidemic) and the English tobacco control plan thus show **two of the main difficulties faced by people who would like to see cigarettes eradicated quickly: the relative impotence of international agencies and impecunious governments in the face of powerful multinational industries, and the complacency of governments in rich countries, which are content to observe rather than accelerate declining tobacco use and wary of challenging profitable industries.** Smoking kills, but while people are making money out of it, it seems that is the price that the rest of society must pay.”*

## BMC International Health and Human Rights - Curbing the lifestyle disease pandemic: making progress on an interdisciplinary research agenda for law and policy interventions

B Toebes et al; <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-017-0131-5>

*“By 2030, noncommunicable diseases (NCDs) will be the leading cause of death in every region in the world. While law and policy have an important role to play in curbing this pandemic, our current understanding of how they can most effectively be used is still limited. This contribution identifies a number of gaps in current research and **insists on an interdisciplinary research agenda between law, health science and international relations aimed at designing concrete proposals for laws and policies to curb the NCD pandemic, both globally and domestically.**”*

## Global database on the Implementation of Nutrition Action (GINA)

<http://www.who.int/nutrition/gina/en/>

Already exists for a while, this database, but worth checking out. See for example a recent tweet, referring to this database:

*“26 countries have now implemented taxes on sugar-sweetened beverages”.*

## Lancet – The effect of physical activity on mortality and cardiovascular disease in 130 000 people from 17 high-income, middle-income, and low-income countries: the PURE study

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31634-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31634-3/fulltext)

*“Physical activity varies between mainly recreational in HICs and non-recreational in LICs. This study assesses the effects of different types and amount of physical activity on mortality and cardiovascular disease”.*

For the related Comment, see [Physical activity lowers mortality and heart disease risks.](#)

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

## Plos (Policy Forum) – Global services and support for children with developmental delays and disabilities: Bridging research and policy gaps

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002393>

*“Pamela Collins and colleagues explain the research and policy approaches needed globally to ensure children with developmental delays and disabilities are fully included in health and education services.”*

## Global Health Action – MANIFEST (Maternal and Neonatal Implementation for Equitable Systems Study)

Asha George, Moses Tetui, S Peterson et al;

<http://www.tandfonline.com/toc/zgha20/10/sup4?nav=toCList>

10 papers in total.

Do read the **Editorial** first - [Maternal and newborn health implementation research: programme outcomes, pathways of change and partnerships for equitable health systems in Uganda](#)

*“...A team at the Makerere University School of Public Health, Kampala, embraced the importance of a systems lens that considers how numerous levels and partners dynamically interact to advance or stall maternal and newborn health. They built on previous interventions that led to significant gains in community newborn health practices and facility deliveries. The extent to which these single interventions sustained health gains was partly limited by their isolated implementation within the dynamic, broader health systems in which they were embedded. Knowing that they had to address capacity gaps across health-system levels, the team sought to consolidate the gains previously realized by embarking on **the Maternal and Neonatal Implementation for Equitable Systems project (MANIFEST)** detailed in this volume. MANIFEST supported community outreach in the form of community health worker (CHW) home visits, coupled with community awareness (dialogues, radio) and community capacity strengthening (community savings and transport initiatives) to ensure that, with community support, mothers and families felt empowered to seek timely care. To ensure that this increased demand was met with quality services, MANIFEST also facilitated enabling environments for healthcare workers to respond through supportive supervision, clinical mentoring and participatory action research steered by local district health teams*

*...This editorial seeks to highlight some of those lessons related to critical pathways and partnerships based on the papers included in this special issue.”*

## BMJ (blog) Cervical cancer services are the next frontier for universal healthcare coverage in LMICs

Marleen Temmerman & Flavia Bustreo; [BMJ blog](#);

Advocating for sustained political commitment and strategic investments in cervical cancer prevention:

*“We know what needs to be done: proven and cost-effective interventions are available, with the HPV vaccine for primary prevention, screening with cytology, visual inspection with acetic acid (VIA)*

*or—if affordable—HPV testing, with outpatient treatment of early precancerous lesions for secondary prevention, and treatment of cancers. Yet for so many women access to these is beyond reach. These inequities highlight the urgent need in low-income and middle-income countries for sustainable investments in the entire continuum of cancer control, from prevention to palliative care, and in the development of high-quality population-based cancer registries.”*

## Devex - Accountability needed to end child marriage, improve health access

[Devex](#);

*“Adolescent girls are routinely not counted by governments, both literally in data censuses and through participation in policy and developmental dialogues, explained Flavia Bustreo, the World Health Organization’s assistant director-general for family, women’s and children’s health, in an interview with Devex.”*

## Lancet (Comment) – Child mortality: the challenge for India and the world

S E Arifeen et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32469-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32469-8/fulltext)

Comment linked to the “**Million Death Study**” published in The Lancet.

For coverage, see ['Verbal Autopsies' Show India Has Averted One Million Child Deaths Since 2005](#).

*“India has avoided the deaths of about one million children under the age of five since 2005, largely due to a decrease in cases of preventable diseases such as pneumonia, diarrhea, tetanus and measles, a study published on Tuesday found. The study took a novel approach carrying out “verbal autopsies” as census staff knocked on more than 1.3 million doors to speak to households about infant mortality, in a country where many deaths occur at home and without medical attention....”*

## New Security Beat - Climate Change and Women’s Health: New Studies Find Overlooked Links

<https://www.newsecuritybeat.org/2017/09/climate-change-womens-health-studies-find-overlooked-links/>

Even harder for climate change deniers to understand... *“The intersection of reproductive health and climate change is an understudied nexus in academic literature. In her Nature article, “Considering Climate in Studies of Fertility and Reproductive Health in Poor Countries,” Kathryn Grace looks at how*

*studies of contemporary fertility transitions are better served when they include the impacts of climate change.”*

## WHO/Europe - Breakthrough for men’s health: WHO and experts kick off development of strategy and report

[WHO Euro;](#)

*“For the first time, WHO is undertaking a strategy entirely focused on the health and well-being of men and boys. A group of experts from a range of fields and disciplines related to men’s health came together on 5 September 2017 at UN City in Copenhagen, Denmark, to launch the development of the strategy for the WHO European Region. The strategy will be supported by a report reviewing the evidence on topics such as addressing premature mortality, the intersection between masculinities and existing inequalities, health systems responses to men throughout the life-course, and the role of men in promoting gender equality in health. The report will provide a framework to guide and inform the development of country-specific policy responses to improve men’s health.”*

## CGD (blog) - Where Are the Gender Data? Three Steps to Better Data and Closing Gaps

Mayra Buvinic & Eric Swanson; <https://www.cgdev.org/blog/where-are-gender-data-three-steps-better-data-closing-gaps>

*“The need for more finely disaggregated data to monitor the progress of excluded groups is one of the statistical challenges of the Sustainable Development Goals, which remind us that we must “leave no one behind” in our efforts to achieve the 2030 development goals. The SDGs also call for disaggregation (“where relevant”) by sex, and it is a glaring irony that data on women and girls, who, after all, constitute the majority of human beings, are absent or infrequently recorded in the national and international databases used to measure the SDGs.” The authors of this blog “provide background on data shortage, and outline three key steps that countries and the international community should take in order to produce better data and close gender gaps.”*

## NPR Goats & Soda - The Problem with free menstrual pads

<http://www.npr.org/sections/goatsandsoda/2017/09/18/547108709/the-problem-with-free-menstrual-pads>

It’s not (just) about giving free stuff away... *“Sanitary pads are expensive. And in some parts of the world, hard to come by. So why not give pads away for free? It’s an idea that a number of governments have considered this year. **Several African countries, including Kenya, Uganda and Zambia, have taken steps toward giving free sanitary pads to girls.** In August, Botswana joined the club. And it’s not just happening in low- and middle-income countries. ... While menstrual health*

*researchers say it's encouraging that more countries are talking about periods at the highest levels of power, some question the motivations.... ”*

*“The governments don’t seem to be getting the details right.” “...And though governments have said that giving pads to girls will improve school attendance, researchers say this step may not be enough to keep them from missing school. Giving out pads is only part of what needs to be done to help girls manage their periods. It's not a "silver bullet solution," says Bethany Caruso, a postdoctoral fellow at Emory University....”*

## **Guardian – Women of childbearing age around world suffering toxic levels of mercury**

<https://www.theguardian.com/environment/2017/sep/18/women-of-childbearing-age-around-world-suffering-toxic-levels-of-mercury>

*“Women of childbearing age from around the world have been found to have high levels of mercury, a potent neurotoxin which can seriously harm unborn children. The **new study**, the largest to date, covered 25 of the countries with the highest risk and found excessive levels of the toxic metal in women from Alaska to Chile and Indonesia to Kenya. Women in the Pacific islands were the most pervasively contaminated. This results from their reliance on eating fish, which concentrate the mercury pollution found across the world’s oceans and much of which originates from coal burning....”*

*“...A **global agreement to tackle mercury pollution, the Minamata convention, came into force in August and its first major meeting starts on 24 September in Geneva, Switzerland.** It will limit the use of mercury in many products from 2020, but does not ban the international trade in the toxic metal, most of which ends up in small-scale gold mining. Primary production of mercury can continue in some countries until 2032, as the convention stands.”*

## **Vox - The global crackdown on parents who refuse vaccines for their kids has begun**

<https://www.vox.com/science-and-health/2017/8/3/16069204/vaccine-fines-measles-outbreaks-europe-australia>

Hopefully this trend can spread to the United States as well: *“Now it seems Australia and a number of countries in Europe are fed up enough with vaccine-refusing parents that they’re experimenting with punitive measures. We haven’t quite reached the level of child abuse charges, but moms and dads in these countries may face fines if they fail to give their kids the recommended shots. In Australia, the directors of schools that let the unvaccinated kids in would be fined too.”*

## BMC Pregnancy and health - Factors that affect implementation of health promotion interventions for maternal and newborn health in low- and middle-income countries

<https://www.biomedcentral.com/collections/MNHealth>

Great series of papers on implementation of health promotion interventions for maternal + newborn health in LMICs

*"Papers summarise stakeholder perspectives and experiences of the interventions, barriers and facilitators to implementation, and report on how implementation factors relate to improvements in care seeking."*

## BBC - Every childhood vaccine may go into a single jab

<http://www.bbc.com/news/health-41269196>

*"A technology that could eventually see every childhood vaccine delivered in a single injection has been developed by US researchers."*

## CBC News - Trump changes to foreign aid restricting access to family planning services in poorest countries

<http://www.cbc.ca/beta/news/world/mexico-city-policy-affecting-madagascar-and-zimbabwe-1.4284893>

***"Women in some of the poorest countries in the world are already feeling the effects of the Trump administration's sweeping changes to foreign aid, and the impact will only widen, advocates say. The reinstatement of the Mexico City policy will lead to unintended pregnancies, maternal deaths, and even more poverty, says one of the world's largest family planning organizations. With the policy cutting off part of its funding, Marie Stopes International says this month it is closing or scaling back projects that provide free or inexpensive contraception for women in Madagascar and Zimbabwe..."***

## Guardian - One in four kids in the developing world misses out on a bedtime story, says UN

<https://www.theguardian.com/global-development/2017/sep/21/one-in-four-kids-in-the-developing-world-misses-out-on-a-bedtime-story-says-un>

*“A quarter of young children in developing countries miss out on playing, reading and singing with their parents, according to **research by Unicef**. The UN children’s agency has warned in a report that the **cognitive development of millions of under-fives is being undermined because parents are receiving neither the right guidance nor basic support, such as maternity leave.**”*

See also UN News - [UNICEF urges countries to prioritize early childhood development](#) *“There is no period more critical in a child's development than the first 1,000 days of life, and yet 32 countries – including Bangladesh and the United States – lack three basic national policies to support parents of babies and young children, says a new United Nations report issued today. According to **Early Moments Matter for Every Child**, published by the UN Children's Fund (UNICEF), only 15 countries – including Cuba, France, Portugal, Russia and Sweden – have the three policies critical to support young children's healthy brain development: two years of free pre-primary education; paid breastfeeding breaks for new mothers for the first six months; and adequate paid parental leave.”*

## **Global Public Health – Safer Muslim motherhood: Social conditions and maternal mortality in the Muslim world**

K L Liese et al;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1373837?journalCode=rgph20>

*“The greatest variation in maternal mortality is among poor countries and wealthy countries that rely on emergency obstetric technology to save a woman’s life during childbirth. However, substantial variation in maternal mortality ratios (MMRs) exists within and among poor countries with uneven access to advanced obstetric services. This article examines MMRs across the Muslim world and compares the impact of national wealth, female education, and skilled birth attendants on maternal mortality. Understanding how poor countries have lowered MMRs without access to expensive obstetric technologies suggests that certain social variables may act protectively to reduce the maternal risk for life-threatening obstetric complications that would require emergency obstetric care.”*

## **Lancet Global Health – Prevention and management of obstetric fistulae requires both a long-term strategy and long-term care**

J T Wright; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30359-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30359-5/fulltext)

Comment linked to a **new study in the Lancet Global Health** in which some ITM colleagues were involved - [Fistula recurrence, pregnancy, and childbirth following successful closure of female genital fistula in Guinea: a longitudinal study.](#) (by A Delamou et al)

## The Conversation - The trade in body parts of people with albinism is driven by myth and international inaction

<https://theconversation.com/the-trade-in-body-parts-of-people-with-albinism-is-driven-by-myth-and-international-inaction-84135>

*“In the last decade, close to 200 killings and more than 500 attacks on people with albinism have been reported in 27 sub-Saharan African countries. Tanzania has the highest number of recorded attacks globally at more than 170. There have also been reports of attacks in the Democratic Republic of Congo, Malawi, Mozambique and Burundi. Most of these attacks are fuelled by rising demand for the body parts of people with albinism used in rituals by traditional healers, known as muti killing or black magic, juju....”*

*“The trade in the body parts of people with albinism will be one of the key issues in focus at an upcoming United Nations expert meeting on witchcraft and human rights at its headquarters in Geneva. The meeting will challenge the various actors including governments, academics and civil society to increase awareness and understanding to discourage the illegal trade.” “... Our goal is a UN Special Resolution for the UN Human Rights Council to recognise the scale of the problem, provide a clearly articulated outline of the problem and recommendations....”*

## Access to medicines

### IP-Watch - Access To Generic Reproductive Health Supplies Decades Behind Medicines?

<https://www.ip-watch.org/2017/09/19/access-generic-reproductive-health-supplies-decades-behind-medicines/>

(recommended)

*“Despite a massive worldwide push to improve access to **contraceptives**, generic manufacturers say they’re not yet getting a good share of the pie.”*

*Excerpt: “...And there is also a wide range of generic reproductive health products to choose from too. In almost every class of contraceptives, there is a generic equivalent now, said Lester Chinery, of NGO Concept Foundation, which tracks the use of such products. The problem is, countries and international agencies such as US’s aid agency USAID and the United Nations Population Fund (UNFPA), which procure a range of contraceptives for use within developing countries. are not buying quality-assured generics, he said. “Why is it that while the whole world has moved towards generics because of the cost benefits. But in reproductive health the same suppliers are supplying the market – purchased by UNFPA and other international agencies – as they were purchasing from 30 years ago?” said Chinery....”*

## UN News – UN must lead global battle against counterfeit medicines, Congo tells General Assembly

<http://www.un.org/apps/news/story.asp?NewsID=57610#.WcPRrdV-odX>

More news from UNGA72.

See also **Lancet Infectious Diseases** (Newsdesk) - [Counterfeit and substandard malaria drugs in Africa](#) *“Ineffective and fake drugs for malaria are hampering efforts to control the disease. Now, the international community is seeking ways to respond. Vicki Brower reports.”*

## Social Determinants of Health

### WHO Euro - Key policies for addressing the social determinants of health and health inequities (2017)

M Saunders et al ; <http://www.euro.who.int/en/countries/italy/publications/key-policies-for-addressing-the-social-determinants-of-health-and-health-inequities-2017>

*“Evidence indicates that actions within four main themes (early child development, fair employment and decent work, social protection, and the living environment) are likely to have the greatest impact on the social determinants of health and health inequities. A systematic search and analysis of recommendations and policy guidelines from intergovernmental organizations and international bodies identified practical policy options for action on social determinants within these four themes. Policy options focused on early childhood education and care; child poverty; investment strategies for an inclusive economy; active labour market programmes; working conditions; social cash transfers; affordable housing; and planning and regulatory mechanisms to improve air quality and mitigate climate change. Applying combinations of these policy options alongside effective governance for health equity should enable WHO European Region Member States to reduce health inequities and synergize efforts to achieve the United Nations Sustainable Development Goals.”*

## Miscellaneous

### KPMG and the false objectivity of the ‘Big Four’

Alex Cobham (Tax Justice Network); <http://www.taxjustice.net/2017/09/18/kpmg-false-objectivity-big-four/>

*“It’s time to recognise the big four firms for what they are – or we’ll continue getting stung, says economist and Chief Executive of the Tax Justice Network, **Alex Cobham.**”*

*“...The **big four** are not objective, or neutral, or in any strong position to judge corruption elsewhere. They are service providers, led by financial interest. We should treat them as such. We should report on their statements in the media as such – the lobbying of and for interested parties. And we should treat their policy lobbying the same way....”*

## Guardian - Latest figures reveal more than 40 million people are living in slavery

<https://www.theguardian.com/global-development/2017/sep/19/latest-figures-reveal-more-than-40-million-people-are-living-in-slavery>

“An estimated 40.3 million people were victims of modern slavery in 2016, a quarter of them children, according to new global slavery statistics released today. The **figures, from the UN’s International Labour Organisation (ILO) and the Walk Free Foundation**, show 24.9 million people across the world were trapped in forced labour and 15.4 million in forced marriage last year. Children account for 10 million of the overall 40.3m total.” Money & debt are at the heart of the exploitation.

Remark: “The **new global estimate also deals with forced marriage**, the first time it has been included in any reporting of modern slavery figures.”

## Aid alone won't stop refugees fleeing to Europe's shores

<https://www.theguardian.com/global-development/2017/sep/18/aid-alone-wont-stop-refugees-fleeing-to-europe-shores-from-the-sahel-africa-tony-blair>

By **Tony Blair**. (*That should whet your appetite*)

## The Week - Foreign bug

<http://www.theweek.in/theweek/current/foreign-bug.html>

An overview of the PHFI situation in India (including allegations & responses by PHFI). The broader picture: “... As per a fresh list put up on the home ministry’s website, PHFI stands at 167 among 832 organisations and NGOs whose FCRA registration has been cancelled. Other organisations like Indian Council of Medical Research, Indira Gandhi National Open University, Save the Children Fund, Oxfam Trust and University of Delhi also figure on the list....”

And a **tweet**: “PHFI is a national asset; an acclaimed global health resource.”

## Global Policy; Channels for Workers' Voice in the Transnational Governance of Labour Rights?

S Zajak; <http://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12465/abstract>

*“This article examines the neglected question of workers’ voice in the transnational governance of labour rights. While governance studies often neglect worker’s agency and labour studies focus on strikes or collective bargaining, this article takes the theoretical lenses of recursivity to explore and compare new channels for worker participation that developed in the context of transnational governance schemes. Taking the **example of the Fair Labor Association**, a prominent **multistakeholder initiative in the garment industry**, the article distinguishes between three channels: workers’ surveys during audits, complaint procedures, and local grievance mediation. Despite the fact that such opportunities count as key innovations for the participation of labour in transnational governance, statistical and qualitative data from FLA’s factory audits and self-conducted interviews show that locally situated actors, especially workers, are only occasionally able to make their voice heard in formally open channels. The article identifies two main sources of constraints: the first is workers’ lack of knowledge of these channels and distrust towards these procedures. This is tied, secondly, to the more fundamental problem that business continues to have interpretative power over the nature of the problems and solutions in transnational labour governance.”*

## IDS (blog) - ‘Decent enough work’ - Should Africa’s youth hope for more?

Jim Sumberg; <http://www.ids.ac.uk/opinion/decent-enough-work-should-africa-s-youth-hope-for-more>

(recommended) Sumberg concludes: *“The relevance and power of notions like good job and decent work hang in the balance. The danger of complacency is that the language and mentality of **“good enough jobs”** and **“decent enough work”** becomes normalised. **Decent enough jobs may be good enough for now, but only as a stepping stone to real decent jobs**, just as **“good enough”** governance implies necessary, short-term improvisations on the way to something substantively better.”*

## ODI (report) – Migration and the 2030 Agenda for Sustainable Development

M Foresti et al; <https://www.odi.org/publications/10913-migration-and-2030-agenda-sustainable-development>

*“Migration is one of the defining features of the 21st century. It contributes significantly to all aspects of economic and social development everywhere, and as such will be key to achieving the Sustainable Development Goals (SDGs). But migration can also negatively impact development, and though the relationship between the two is increasingly recognised, it remains under-explored. We must ensure migration contributes to positive development outcomes and, ultimately, to realising the*

Goals of the 2030 Agenda for Sustainable Development (the '2030 Agenda'). To do this, we need to understand the impact of migration on the achievement of all SDGs, and – equally – the impact this achievement will have on future migration patterns. **This synthesis collates, and draws out key findings from, a series of eight ODI policy briefings which analyse the interrelationship between migration and key development areas.** Each briefing explores how the links between migration and these different development issues affect the achievement of the SDGs, and offers pragmatic recommendations to incorporate migration into the 2030 Agenda to ensure it contributes to positive development outcomes.”

See p. 27-38 for ‘**Health, migration and the 2030 agenda for sustainable development**’.

Key messages of that policy briefing: “There are fundamental policy gaps in addressing the health needs of migrants. Global, regional and national institutional arrangements could be improved to facilitate dialogue and collaborative problem solving. • **Migration is a determinant of health:** it does not have a systemic association with public health security threats to host communities but migrants do face distinctive vulnerabilities to poor health. These are exacerbated by ‘migrant-unfriendly or migrant-indifferent’ legal frameworks and health systems. Resolving these will require intersectoral approaches. • There are no international standardised approaches for monitoring variables relating to the health of migrants. Development of data collection, monitoring and surveillance mechanisms is needed to understand migrant health needs. • **Migration can have a positive effect on the development of health systems if the International Code of Practice is adhered to and if there is strong coordination between home and diaspora systems and professionals.**”

And a few tweets:

“**Sweden increases dev aid to 1 % of GDI in 2018 Budget Bill.** About an extra billion US dollars next year for #SDGs, #SRHR, #climate action.”

“Is this a good idea? **30% of UK funding to UN will be performance-related from next year.**  
@patel4witham speech: <http://bit.ly/2xz442H>”

## Emerging Voices

### Trouble in paradise? The shaky relationship between evidence and policy

Nasreen Jessani (EV 2014) & Vivienne Benson <http://www.researchtoaction.org/2017/09/trouble-paradise-shaky-relationship-evidence-policy/>

As you might have guessed, a blog related to the Global Evidence Summit in Cape Town. Among others, on the importance of trust between researchers & decision makers.

## IHP (blog) – From Brain Drain to Brain Gain? A few hints from the Global South

I Torres & E Macarayan; <http://www.internationalhealthpolicies.org/from-brain-drain-to-brain-gain-a-few-hints-from-the-global-south/>

By **Emerging blogger** Irene Torres & **EV 2014** Eryln Macarayan. They zoom in on the lack of participants from still too many countries at the recent Global Evidence summit in Cape Town, and hope for some progress by the time the Liverpool HSR symposium is organized. They provide some advice how to do so.

## Research

### Social Medicine - From social determinants to social interdependency: Theory, reflection, and engagement

W Ventres; <http://www.socialmedicine.info/index.php/socialmedicine/article/view/858>

A read for the well-round & holistic people among you. « *Scholars and practitioners in medicine and public health have devoted significant time and effort to defining the social determinants of health and identifying resulting inequities in health outcomes. By focusing predominately on social determinants as referent sources of morbidity and mortality, however, health care professionals can be led to believe that the origins of poor health-related outcomes are disconnected from the ways in which social, economic, political, and environmental factors are established and maintained. We introduce the concept of **social interdependency in health** –and illness as a way to (1) reinforce the need to consider the root causes of social determinants, and (2) accepting communal and personal responsibility for acting to ameliorate their effects. Developing a sound understanding of social interdependency in clinical practice, public health research, and health care advocacy involves an iterative process of observation, reflection, and action. Effecting positive change within these disciplines is a shared obligation. We present a case study that demonstrates these principles of social interdependency. Developing and applying a social interdependency in health and illness means moving from imposition to inclusivity, from investigation to involvement, and from investment in medicine and public health as a product to one of process. This process—the movement from social determinants toward social interdependency—showcases how we live in a world where none of us is so separate from another that we cannot benefit by envisioning and desiring for others what we might desire for ourselves.* »

### Requirements of health policy and services journals for authors to disclose financial and non-financial conflicts of interest: a cross-sectional study

A Khamis et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0244-2>

This one is for the less ‘O-o-hm’ oriented people among you. *“The requirements of the health policy and services journals for authors to report their financial and non-financial conflicts of interest (COI) are unclear. The present article aims to assess the requirements of health policy and services journals for authors to disclose their financial and non-financial COIs.”*

## **Cochrane – Launch of “Living systematic reviews”**

<http://community.cochrane.org/review-production/production-resources/living-systematic-reviews>

It sounds like something from a horror movie, but no, as we are all evidence(-based) huggers, we should be pleased. *“We define a Living Systematic Review (LSR) as a systematic review which is continually updated, incorporating relevant new evidence as it becomes available. Practically, this means that LSRs: Are underpinned by continual, active monitoring of the evidence (i.e. monthly searches); Immediately include any new important evidence (meaning data, studies or information) that is identified. Are supported by up-to-date communication about the status of the review, and any new evidence being incorporated.”*

## **Global Public Health - The ‘indirect costs’ of underfunding foreign partners in global health research: A case study**

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1372504?journalCode=rgph20>

*“This study of a global health research partnership assesses how U.S. fiscal administrative policies impact capacity building at foreign partner institutions. We conducted a case study of a research collaboration between Mbarara University of Science and Technology (MUST) in Mbarara, Uganda, and originally the University of California San Francisco (UCSF), but now Massachusetts General Hospital (MGH). Our case study is based on three of the authors’ experiences directing and working with this partnership from its inception in 2003 through 2015. The collaboration established an independent Ugandan non-profit to act as a local fiscal agent and grants administrator and to assure compliance with the Ugandan labour and tax law. This structure, combined with low indirect cost reimbursements from U.S. federal grants, failed to strengthen institutional capacity at MUST. In response to problems with this model, the collaboration established a contracts and grants office at MUST. This office has built administrative capacity at MUST but has also generated new risks and expenses for MGH. We argue that U.S. fiscal administrative practices may drain rather than build capacity at African universities by underfunding the administrative costs of global health research, circumventing host country institutions, and externalising legal and financial risks associated with international work.”*

# IJERPH - Combining Theory-Driven Evaluation and Causal Loop Diagramming for Opening the 'Black Box' of an Intervention in the Health Sector: A Case of Performance-Based Financing in Western Uganda

D Renmans et al; <http://www.mdpi.com/1660-4601/14/9/1007>

*“Increased attention on “complexity” in health systems evaluation has resulted in many different methodological responses. **Theory-driven evaluations and systems thinking** are two such responses that aim for better understanding of the mechanisms underlying given outcomes. **Here, we studied the implementation of a performance-based financing intervention by the Belgian Technical Cooperation in Western Uganda to illustrate a methodological strategy of combining these two approaches.** We utilized a systems dynamics tool called **causal loop diagramming (CLD)** to generate hypotheses feeding into a theory-driven evaluation. Semi-structured interviews were conducted with 30 health workers from two districts (Kasese and Kyenjojo) and with 16 key informants. After CLD, we identified three relevant hypotheses: “success to the successful”, “growth and underinvestment”, and “supervision conundrum”. The first hypothesis leads to increasing improvements in performance, as better performance leads to more incentives, which in turn leads to better performance. The latter two hypotheses point to potential bottlenecks. Thus, the proposed methodological strategy was a useful tool for identifying hypotheses that can inform a theory-driven evaluation. The hypotheses are represented in a comprehensible way while highlighting the underlying assumptions, and are more easily falsifiable than hypotheses identified without using CLD.”*

## Global Public Health – Human rights and access to healthcare services for indigenous peoples in Africa

E Durojaye;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1377745?journalCode=rgph20>

« In September 2015, the United Nations adopted the sustainable development goals (SDGs) to address among others poverty and inequality within and among countries of the world. In particular, the SDGs aim at ameliorating the position of disadvantaged and vulnerable groups in societies. One of the over-arching goals of the SDGs is to ensure that no one is left behind in the realisation of their access to health care. African governments are obligated under international and regional human rights law to ensure access to healthcare services for everyone, including indigenous populations, on a non-discriminatory basis. This requires the governments to adopt appropriate measures that will remove barriers to healthcare services for disadvantaged and marginalised groups such as indigenous peoples. »