IHP news 439 : Team Tedros & a cholera roadmap

(6 October 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,

Last Sunday, as one of my somewhat older (and wiser) colleagues mentioned, it was ‘our day’, “The International Day of Older Persons”. Let’s face it, who doesn’t dream of ‘healthy ageing’, or ‘gentle ageing’ as compared to the ‘fast ageing’ many of us are enjoying. With a view on the latter, we say it’s high time WHO also comes up with sound guidelines for ‘healthy dying’, with instructions for rollator yoga, mindful palliative breathing exercises, and the like. As for the soundtrack (in case you can still hear when heading for the exit), we suggest The National’s “Day I die”. Or perhaps WHO should hire Justin Bieber & Luis Fonsi to make a catchy song about UHC. As you’ll hopefully enjoy UHC in your last moments, you might as well hear one more time about its many blessings, before enjoying Universal Hibernation & Coziness under the ground.

Over to some of the less morbid global health news of this week then. Tedros finally has his senior leadership team in place, and it was well received in most corners. The first global pledge to end cholera was announced on Wednesday, better late than never. Let’s hope the new coalition will indeed reach its goals by 2030, and preferably much earlier.

Late last week, Oxfam’s Duncan Green gave his take on the Gates aid report, “Stories behind the Data” in a neat blog, “The new Gates Foundation aid report: great at human stories; but where’s the power, politics and mess?” In the article, he compared with Gates’ days as CEO of Microsoft, when Bill made his hands (with great gusto) very dirty. Naturally, it was frantically retweeted by the HPSR Twitter community and beyond. Unlike Duncan, I can’t really blame Gates. “Power & Politics” are perhaps too nice terms for what we’re witnessing now almost 24 hours a day. As you know, in development circles, our dreams and nightmares tend to be full of SMART (Specific, Measurable, Achievable, Relevant and Time-bound) outcomes and outputs. What their use is in DUMB (Daft, Unpredictable, Moronic & Ballistic) policy environments is increasingly a question, though. As somebody put it aptly on Twitter, we should all practice “selective indignation” these days, as if you can’t at least ignore some issues of injustice or quotes that make your stomach turn, you just don’t have a life anymore.

On a merrier note, I caught up with one of my eco-socialist friends on Tuesday evening. As usual, he bombarded me with info on at least five vicious climate change feedback loops already in full swing, and concluded we might very well be heading for a Venus-scenario. When he added, ‘capitalism is finished, neoliberalism toast, we need a different vision altogether’, I nodded and asked him what seeds of this new vision he already saw blossoming across the globe, with a chance of being scaled up. Towards the end of the evening, after a few beers more, we concluded Earth would indeed turn into Venus, but still boast “disruptive platform capitalism”.


In this week’s editorial, ahead of World Mental Health Day (10 October), my colleague Nandini D P Sarkar wrote a reflection on the importance of professional mental health support for refugees. Indeed, paraphrasing Orwell, in an increasingly mad world, we’re no doubt all nuts to some extent but some of us are more mad than others. And require professional help rather than “Superman”.

Enjoy your reading.

The editorial team

Featured Article

Here to save the day” – Mental health vigilantism and ‘Super(wo)man Syndrome’ in the current refugee and migrant health crisis

Nandini D. P. Sarkar, TransGlobalHealth PhD fellow, Institute of Tropical Medicine, Antwerp

We are currently living in an era that has the highest levels of forced displacement on record. These experiences of migration of individuals, families and communities face are life-altering phenomena, both physically and mentally.

The ways in which these extra-ordinary psychosocial and social stresses are dealt with by the refugees themselves, but also global humanitarian efforts, are myriad.

A month ago, while following the WHO webinar on “Mental health of refugees and migrants: myths and realities”, one of the panellists used the term ‘Superman Syndrome’. Now before the gender-sensitive amongst us get riled up: the ‘Superman/Superwoman Syndrome’ was describing and critically examining the role of lay-volunteers in the filling of gaps in humanitarian aid responses, in particular towards mental health and psychosocial support (MHPSS) provision.

This up-surge of lay-volunteerism in MHPSS provision may be a result of a multitude of factors. The sudden and immense need for basic services for refugees and forced migrants often overwhelms local host-country resources and their capacity to provide aid. With the majority of migration taking place within the Global South, host countries already struggle in creating resilient and sustainable health systems with equitable coverage and access to basic healthcare. With the added pressures and challenges of an ever-increasing influx of refugees in need of immediate humanitarian assistance, without the necessary support (and coordinated efforts) from local, national, and international actors, the basics of food, shelter, sanitation and healthcare provision can often fall short for both local and refugee populations. Hence, there is always a gap to fill.

Additionally, there seems to be a general belief that anyone can provide advice and counselling. While there is increasing focus and demand for up-scaled, and task-shifted provisions of basic mental healthcare by non-specialists, the need to underscore the role of training and guidance is essential. Whether one is utilising the WHO’s prescribed mhGAP Humanitarian Intervention Guide...
(mhGAP-HIG) or the Inter-Agency Standing Committee’s Guidelines on MHPSS in emergency settings, these tools remain largely inefficient and ineffective, and possibly even damaging, in untrained and unsupervised hands.

When it comes to mental health and psychosocial well-being outcomes for displaced populations in emergency settings, it is important to remember that not all individual mental health needs are the same. Traumatic experiences of armed conflict, disasters, and persecution may lead to a variety of responses, which can range from resilient coping mechanisms in some to the development of mental disorders in others. While the responses of refugee individuals, families and communities to these stresses differ, the need for integrated and continuous MHPSS is unwavering, especially in settings where there are limited numbers of adequately trained healthcare providers and/or medication supply.

Realistically, the chances are that the volunteer is just a person with a conscience, wanting to do their part. After all, if there were no gaps in the first place – if our intersectoral systems of care and migration functioned seamlessly - there would be no space for the average local person to believe that they can make a difference and rush to the front-line themself. In our current realities, these structural and systemic gaps do exist – the constant underfunding of the global humanitarian system and the overburden on already fragile health systems, in contrast with ever increasing demands, means that there is often too little being done, too late.

In the words of Michel Foucault, “People know what they do; frequently they know why they do what they do; but what they don’t know is what they do does.” (in Madness and Civilization: A History of Insanity in the Age of Reason) Hence, while we should remain wary of mental health vigilantism in emergency settings, perhaps we should not discount it just yet. Perhaps the ‘Superman/Superwoman Syndrome’ is a reminder that not all is lost, yet – after all, there must still be some humanity left in us that prompts us to still try and save the day?

For more in and around this topic, join us in conversation at the 10th European Congress on Tropical Medicine and International Health at the organised session on ‘Refugee Mental Health in the Global South and North: Current Research and Best Practices’ on Wednesday October 18th from 15.30-17.00.

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**Highlights of the week**

**WHO senior leadership team in place**

Devex – Tedros announces WHO senior leadership team


“The World Health Organization on Tuesday released the list of senior officials who serve as the leadership team under Director-General Tedros Adhanom Ghebreyesus. The team represents all
WHO regions, [14 countries] and more than 60 percent of them are women, said Tedros. This is “reflecting my deep-held belief that we need top talent, gender equity, and a geographically diverse set of perspectives to fulfil our mission to keep the world safe,” he said…. See also WHO - WHO Headquarters Leadership Team for more detail on all these new senior managers.

The Wire – A New Administration Sets in at the WHO

Priti Patnaik; https://thewire.in/184135/new-administration-settles/

Without any doubt, one of the reads of the week. Priti Patnaik is a Geneva-based journalist and researcher and zooms in here on how Tedros tackled the transition (and with which key people). She also argues he has, like all (political) leaders, just a short window of time to push through his priorities. One of his key strategic priorities is elevating the political profile of country offices.

In general, she argues, rightfully, “there is optimism around the new administration at the WH”.

A related tweet from ‘Health in Myanmar’ is noteworthy: “it will be toughest to attack those departments that are run like fiefdoms within the @WHO”. I think we know which ones they are.”

Time magazine focused on the great number of women in the new leadership - The World Health Organization Just Picked Its New Leaders. Most of Them Are Women. And Nicole Schiegg (in the Huffington Post) emphasized, rightfully, A Leap Forward for Gender Equality in Global Health, acknowledging also the great effort by Women in Global Health in this respect.

As mentioned in the intro, most reactions on the new Tedros Team from global health observers were positive. Some of them on Twitter:

Kent Buse – “Kudos to @DrTedros on inclusive new @WHO cabinet: regional balance, incl #BRICS, & great #GenderParity: now to delivery of health for all”

Sandro Demaio- “Looks to be a terrific team. Let’s hope WHO is able to re-establish itself as the global voice of health equity and health for all.”

Anthony Costello - “WHO is starting on a major transformation and radical reform. The Tedros plan is exciting and challenging. Don’t judge before end 2018.”

Richard Horton – “Talented, diverse, impressive: a team that can deliver. Now let’s go!”

And via our colleagues from Stat News: “… his new senior management team, a larger group than seen in recent years. Representatives from G-20 countries hold the lion’s share of the posts, and 60 percent are women — including the two deputy director-generals, Dr. Soumya Swaminathan of India and Jane Ellison of Britain. Lawrence Gostin, a national and global health expert at Georgetown, says it’s surprising that only one post is held by an African, given that Tedros hails from Ethiopia. But Gostin called Dr. Princess Nothemba (Nono) Simelela of South Africa, who heads the family, women, children, and adolescents dossier, “an outstanding pick.”
Interesting to note also: Dr Naoko Yamamoto will be Assistant Director-General for the Universal Health Coverage and Health Systems Cluster. From Japan.

And you might also want to read (in “Indian express”) “My selection is evidence that India has bigger presence in world health: Soumya Swaminathan”, an interview with the new (Indian) deputy director general (programmes) in the WHO, which makes her the highest-ranking Indian ever in a United Nations agency. She also discusses global priorities of WHO, with UHC being the key one.

**WHO – Partners commit to reduce cholera deaths by 90% by 2030**


“An ambitious new strategy to reduce deaths from cholera by 90% by 2030 was launched this week by the Global Task Force on Cholera Control (GTFCC), a diverse network of more than 50 UN and international agencies, academic institutions, and NGOs that supports countries affected by the disease. Cholera kills an estimated 95 000 people and affects 2.9 million more every year. Urgent action is needed to protect communities, prevent transmission and control outbreaks. The GTFCC’s new plan, Ending Cholera: A Global Roadmap to 2030, recognizes that cholera spreads in endemic “hotspots” where predictable outbreaks of the disease occur year after year. The Global Roadmap aims to align resources, share best practice and strengthen partnerships between affected countries, donors and international agencies. It underscores the need for a coordinated approach to cholera control with country-level planning for early detection and response to outbreaks. By implementing the Roadmap, up to 20 affected countries could eliminate cholera by 2030....” For the roadmap, see Ending Cholera: A Global roadmap to 2030.

“...WASH (water sanitation and hygiene services), the oral cholera vaccine and coordinated responses during outbreaks are part of the global roadmap to address hotspots.”

Coverage on BBC news - First global pledge to end cholera by 2030. Or Reliefweb.

**This week’s Lancet on cholera**

An Editorial (“Ending a 50-year pandemic”) discusses the new Global Roadmap to end cholera as a public health threat by 2030. A letter calls for the creation of standardised guidelines to treat severely malnourished children with cholera in the Horn of Africa and Yemen.”

The editorial explains that the novelty of the GTFCC eradication strategy is based on three key axes. Yet, the challenges that lie ahead should not be underestimated, even if the technical ability to control cholera is within our capabilities.

A few more reads related to cholera policies & crises, including in Yemen:

Nature News – “Governments must stop denying the occurrence of cholera and unite in long-term prevention strategies, says Anita Zaidi.”
Peter Salama - More should have been done to fight cholera in Yemen

“The World Health Organization’s emergencies chief says the agency could have acted faster and sent more vaccines to fight a massive, deadly surge of cholera cases in war-battered Yemen this year. Dr. Peter Salama still expressed optimism that “we are turning (the) corner” on the preventable, water-borne disease that has topped 700,000 suspected cases and caused more than 2,000 deaths this year. Salama spoke to reporters Tuesday as the U.N. agency and its partners laid out ambitious projects to reduce the number of annual cholera deaths by 90 percent by 2030....”

And from another angle, L von Seidlein et al, “Cholera outbreak in Yemen” – in the Lancet Gastroenterology & Hepatology. They react to a recent editorial on the cholera outbreak in Yemen. Among others, stressing: “…Although the overall conclusions of the Editorial are surely appropriate, we would like to point out that some of the statements regarding the use of oral cholera vaccine in such an outbreak repeated factual errors that have also been noted in previous outbreaks....”

Concluding: “The current outbreak in Yemen is causing misery for hundreds of thousands of people. Early, aggressive cholera vaccination campaigns could have mitigated and prevented much of this misery as part of integrated approaches to controlling the disease. As in the Ebola outbreak in west Africa, the situation in Yemen suggests that the international community has to find better ways to deal with large outbreaks.”

International Day of Older Persons 2017 (1 October)

WHO - Universal health coverage and population ageing
http://who.int/ageing/events/international-day-older-persons/2017/en/

“The International Day of Older Persons [is] an opportunity to highlight the important contributions that older people make to society and raise awareness of the joys and challenges of ageing in today’s world. The theme for 2017 is “Stepping into the Future: Tapping the Talents, Contributions and Participation of Older Persons in Society”. Our ability to participate, contribute and exploit our talents is largely dependent on our health. Yet, the World report on ageing and health found that while we are living longer, there is little evidence to suggest that these extra years are spent in good health.”

“... To celebrate this important day and advance work towards achieving universal health coverage for all at all ages, the World Health Organization organized a high level event around this topic on 2 October 2017 [see below]. This event brought together a broad range of stakeholders including the WHO’s Director-General, high level representatives from countries, UN Agencies, civil society, older people and WHO’s staff. The WHO Guidelines on Integrated Care for Older People (ICOPE) was also released during this day, which provide the basis for the development of a universal health coverage comprehensive care package for older adults, thus contributing towards improving the quality of care.”

WHO (press release)- Health services must stop leaving older people behind
“On the International Day of the Older Person – 1 October – **WHO calls for a new approach to providing health services for older people.** WHO highlights the role of primary care and the contribution community health workers can make to keeping older people healthier for longer. The Organization also emphasizes the importance of integrating services for different conditions.”

“**WHO's new Guidelines on Integrated Care for Older People** recommend ways community-based services can help prevent, slow or reverse declines in physical and mental capacities among older people. The guidelines also require health and social care providers to coordinate their services around the needs of older people through approaches such as comprehensive assessment and care plans.”

**WHO- Fact file: Misconceptions on ageing and health**

http://who.int/ageing/features/misconceptions/en/

(we got to know about this fact file via a wise colleague, with the spirit of a youngster)

A must read for youngsters, young adults and the not so young alike: “**Some of the most important barriers to developing good public policy on ageing are pervasive misconceptions, negative attitudes and assumptions about older people.** Although there is substantial evidence about the many contributions that older people make to their societies, **they are frequently stereotyped as dependent, frail, out of touch, or a burden.** These ageist attitudes limit older people’s freedom to live the lives they choose and our capacity to capitalise on the great human capacity that older people represent.”

**Rohingya genocide/humanitarian crisis in Myanmar/Bangladesh**

Some reads:

Devex - As the Rohingya crisis rages on, international actors ramp up pressure, Analysis written just after UNGA.

Guardian - Rohingya crisis: aid groups seek $434m to help refugees in Bangladesh.

GAVI - 900,000 vaccines 'en route' to Cox's Bazar to prevent cholera, “Oral cholera vaccine will protect Rohingya refugees seeking shelter in Bangladesh as well as the resident population.”

**WHO Bulletin October issue**

http://www.who.int/bulletin/volumes/95/10/en/
In the editorial section, Christopher Dye and Shambhu Acharya announce a theme issue on health in the sustainable development goals - How can the sustainable development goals improve global health? - A call for papers “… In the spirit of critical evaluation, a theme issue of the Bulletin will examine whether and how the SDGs can serve not just as a checklist of familiar public health aims, but also as a stimulus to discover new and practical ways of accelerating gains in health. The deadline for submissions is 1 February 2018. “

2018 HSG symposium in Liverpool: call for abstracts is open!

http://healthsystemsresearch.org/hsr2018/call-for-abstracts/

Theme of the conference in Liverpool is, as you know: “Advancing Health Systems for All in the Sustainable Development Goal Era”. The call features 4 tracks. But we bet most of you already know by now…!

There’s no track for football players yet, as far as I can tell. #SAD

Devex – Inside Germany’s push for a global anti-microbial resistance hub


“Germany is positioning itself as a key player in antimicrobial resistance research with the expected launch of a Research and Development Collaboration Hub, likely to be housed in Berlin. G-20 leaders agreed to form the research hub at their July summit in Hamburg and an initial planning meeting will take place in Germany later this month.”

Oxfam (blog) - The new Gates Foundation aid report: great at human stories; but where’s the power, politics and mess?


See this week’s intro. Very important read. What’s missing in the Gates Foundation report? Duncan Green reckons: “Politics; civil and political rights; war and conflict; ‘othering’ and hatred; deal-making and self-interest; critical junctures (political or environmental shocks that change what is politically and socially possible); social norms.”

Ending with this poignant quote: “…I ran the draft of this post past Jonathan Scanlon, Oxfam’s guy in Seattle and got this interesting response: ‘I’ve always wondered why Bill Gates addresses policy and regulatory issues and politics differently at BMGF compared to running Microsoft. When he had a...
policy issue at Microsoft he fought hard – lobbied, hired lobbyists, donated to politicians and political parties, filed lawsuits, yet on global poverty issues he ties his hands by only funding 501(c)(3) organizations in the US (and their equivalents abroad) and doing some advocacy himself. But he doesn’t fight like he did at Microsoft. Global poverty deserves someone backing a tough way to fight. If building a massive global corporation deserved this, so does poverty. ‘For Bill Gates read politicians and ministers everywhere – they get to positions of power by navigating the mess, but too many of them, on arriving at the ministerial hotseat, suddenly go linear and start obsessing on measurement, predictably achievable results, zero risk etc.”

WHO – Antimalarial drug resistance in the Greater Mekong Subregion: How concerned should we be?

Q&A with Dr Pedro Alonso, Director of the Global Malaria Programme

http://www.who.int/malaria/media/drug-resistance_greater-mekong_qa/en/

Not that much, apparently. Alonso sets the record straight in a very informative article. And no, at this time, WHO does not consider the threat of antimalarial drug resistance a public health emergency of international concern.

ODI (report) - Global development trends and challenges: horizon 2025 revisited


Also one of the reads of the week. “In July 2012, we published Horizon 2025: creative destruction in the aid industry, which analysed some of the major forces shaping change in development cooperation, as we knew it then. Five years on we look again at our 2012 scenarios. 2017 is a milestone shrouded in great uncertainty arising from recent political developments such as Brexit and Donald Trump’s presidency. This report analyses how our previous scenarios have stood the test of time, what we missed and what we have learned since. Our starting point is the enormous change in the landscape within which development finance agencies are operating. On the one hand there are large, unexpected factors that potentially cause massive change, but whose legacy might yet prove ephemeral. These include the populist ‘roar’ and national-interest-first movement; the global agreement on the 2030 Sustainable Development Goals, with their attendant change from business-as-usual to a transformational agenda, albeit with less consensus on how to achieve it; and the surge of migrants and refugees from conflict, and its lasting impact both on the content of development assistance and public support for it. On the other hand, there are trends with mostly larger impact which were already apparent and in most cases identified in our earlier work, but which have grown faster or changed direction compared to what we had anticipated. These include: increasing concentration of poverty in fragile states, with a corresponding slowdown in global poverty reduction; the surge of refugees from conflict, and of migrants generally, and its lasting impact on both development assistance and the public support for it; the changed role of the business community from an ad hoc player; the continued activity on climate change, but the
arguable reduction in the use of aid; and finally, China’s ‘big push’ on development, which has injected a geopolitical dimension to aid.”

Lancet (Comment) – In search of global governance for research in epidemics

David Peters et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32546-1/fulltext

“...Concerned agencies have taken steps to better incorporate research into epidemic preparedness since the recent Ebola epidemic.... ... These are welcome actions, but not sufficient because global health governance arrangements do not deliver what is needed. ... “... A recent US National Academies of Sciences, Engineering, and Medicine committee report on clinical research in the Ebola epidemic includes recommendations to build workable governance and implementation arrangements for research during major epidemics—specifically for collaborative planning and coordination mechanisms between epidemics, and for rapid research response during an outbreak.” The authors discuss what still needs to be done.

WB (report) – Tobacco tax reform at the crossroads of health and development: technical report of the World Bank Group global tobacco control program


“There is a policy measure that can simultaneously save millions of lives, reduce poverty, and increase countries’ domestic resources for financing development. The policy measure consists of increasing excise tax rates on tobacco in order to reduce its affordability and, as evidence shows, lower its consumption. Today, this powerful human development and poverty reduction measure remains largely underutilized, especially in low- and middle-income countries (LMICs). This report provides decision support for policy makers on tobacco tax reform, as well as analytical and empirical tools for using tobacco excise taxes to save lives and increase government revenues. The report sets forth the public health, economic, and anti-poverty case for higher tobacco taxes; shows how some countries have already delivered ambitious reforms; and documents measurable results. It shows that, by implementing tobacco tax reforms now, policy makers can choose a fast road to healthier, more prosperous societies.

For an excellent summary, read the blog by P Marquez (WB) - Tobacco Tax Reform: At the Crossroads of Health and Development. (must-read!!!
Lancet Public Health (Comment) – An argument for a common-sense global public health agenda

Sandro Galeo et al; http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30164-0/fulltext

We hope Victor Dzau, among others, will read this no nonsense article on a common-sense global public health agenda. “...We propose that a commitment to a common-sense global public health agenda, one that is discerning of the priorities that matter to the promotion of health in populations, and holds itself accountable to tackling the causes of health that are foundational and without which we cannot achieve healthier populations, is the answer to this question. A common-sense public health approach would aspire to long-term engagement with the creation of a healthier world, transcending the cycles of public and political attention, and systematically and strategically contribute to the creation of the social, political, and economic structures that ultimately shape population health....”


Lies Steurs, R van de Pas et al; http://ijhpm.com/article_3421.html

“This article assesses the global health policies of the European Union (EU) and those of its individual member states. So far EU and public health scholars have paid little heed to this, despite the large budgets involved in this area. While the European Commission has attempted to define the ‘EU role in Global Health’ in 2010, member states are active in the domain of global health as well. Therefore, this article raises the question to what extent a common ‘EU’ vision on global health exists. This is examined through a comparative framing analysis of the global health policy documents of the European Commission and five EU member states (France, Germany, the United Kingdom, Belgium, and Denmark). ... ... The findings show that the concept of ‘global health’ has not gained ground the same way within European policy documents. Consequently, there are also differences in how health is being framed. While the European Commission, Belgium, and Denmark clearly support a social justice frame, the global health strategies of the United Kingdom, Germany, and France put an additional focus on the security and investment frames.”

A few years later, some of these global health strategies need revision. “Security & investment” sounds a bit diplomatic for what we’ve witnessing in the Mediterranean, Libya, and other places... (see the section ‘Global Governance of Health’).

Plos Med(Essay) -When cost-effective interventions are unaffordable: Integrating cost-effectiveness and budget impact in priority setting for global health programs

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002397
“Budgetary impact analyses should be included in post-2015 Sustainable Development Goal projects, say Joshua Salomon and colleagues.”

UNFPA - Dr. Natalia Kanem Appointed UNFPA Executive Director


Read also the Devex analysis - Family planning sector welcomes Kanem as new UNFPA head.

“Family planning advocates and women’s rights groups have welcomed Dr. Natalia Kanem’s appointment as the new head of the United Nations Population Fund and called on her to take a strong and supportive stance on divisive issues, including abortion, comprehensive sexuality education, and rights for sexual minorities. Kanem — the first Latin American to take the post — has already had four months on the job after being made acting executive director of UNFPA in June after the sudden death of her former boss, Babatunde Osotimehin. …”

United States rejects UN resolution condemning use of death penalty to target LGBTQ people

https://thinkprogress.org/united-nations-gay-death-penalty-36e6a5101ec9/amp/

“The United Nations approved a resolution Friday condemning the use of the death penalty in a discriminatory fashion, including its use to punish “apostasy, blasphemy, adultery, and consensual same-sex relations.” But the United States joined a minority of states who voted against it.”

You might also want to read an analysis on UN Dispatch (by M L Goldberg). His take: “...with its action at the human rights council, it would seem the Trump administration is poised to revert to the George W. Bush era of using American influence at the UN to block global progress on LGBT rights around the world.”

NYT – The Myth of Women’s ‘Empowerment’


Brilliant op-ed. “... Empowerment did not always stand for entrepreneurship starter kits. As Nimmi Gowrinathan, Kate Cronin-Furman and I wrote in a recent report, the term was introduced into the development lexicon in the mid-1980s by feminists from the Global South. Those women understood “empowerment” as the task of “transforming gender subordination” and the breakdown of “other oppressive structures” and collective “political mobilization.” In the 22 years since that
conference, though, “empowerment” has become a buzzword among Western development professionals, but the crucial part about “political mobilization” has been excised. In its place is a narrow, constricted definition expressed through technical programming seeking to improve education or health with little heed to wider struggles for gender equality. This depoliticized “empowerment” serves everyone except the women it is supposed to help.

“...It’s time for a change to the “empowerment” conversation. Development organizations’ programs must be evaluated on the basis of whether they enable women to increase their potential for political mobilization, such that they can create sustainable gender equality.”

UHC reads

Devex - 4 ways to demystify universal health coverage

Mark Dybul; https://www.devex.com/news/opinion-4-ways-to-demystify-universal-health-coverage-90720

Must-read. “...The SDGs offer a key opportunity to evaluate how systems were put into place to achieve disease specific outcomes and more intentionally implement cross-cutting systems to achieve UHC, but it can sound theoretical. Demystifying UHC is essential in order to focus on concrete goals, targets, and plans with accountable outcomes anchored in health impact. Here are a few ways it can be done: ... (1) Put people first; (2) engage at the community level; (3) Create communities of practice to use data and evidence; (4) secure financing. “

Lancet (Letter) – Right Care Series gets it wrong

H Waitzkin; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32415-7/fulltext

The (short) read of the week. “A Comment and several Series papers link right care to Universal Health Coverage (UHC). UHC is the now hegemonic choice of the world’s political-economic elites, including the World Bank, the Rockefeller and Gates Foundations, and private insurance corporations. These corporations play a role in most UHC proposals, which are old neoliberal models (usually based on privatisation of services through mechanisms such as public-private partnerships) dressed up in new, symbolic clothing. The opposing model, Health Care for All (HCA), strives to exclude the private insurance industry and other corporations that have a for-profit approach to health. Many of the global supporters of HCA argue that a more accurate name for UHC is “universal compulsory purchase of partial insurance coverage from private insurance corporations. ...”

Bet you also want to read the second paragraph 😊.
Guess many of you will want to buy (and read & apply) this book!

Lancet Commission - Stem Cells and Regenerative Medicine

http://www.thelancet.com/commissions/stem-cells

“The past decade has seen huge advances in the field of stem cell therapy and regenerative medicine and there is a great deal of excitement about the potential promise of these treatments. To date, however, clinical successes have mostly been achieved in small cohorts of patients, and if these therapies are to deliver substantial benefits in routine clinical practice, many challenges will need to be overcome. The Lancet Commission on Stem Cells and Regenerative Medicine outlines the various challenges and proposes a solution based on a coordinated strategy with four pillars: better science, better funding models, better governance, and better public and patient engagement.”

Coverage (by Sarah Boseley) in the Guardian - Charlatans threaten stem cell research with unproven cures, say experts. “The credibility of stem cell research is at risk because of charlatans and dodgy clinics peddling unproven cures for diseases, according to a group of eminent scientists in the field.” (Well, at least it’s in sync with our charlatan times, you can say)

WHO - WHO recommends large-scale deworming to improve children’s health and nutrition


From late last week. “…WHO has long promoted large-scale treatment for intestinal worms, but this is the first guideline approved by WHO’s Guidelines Review Committee confirming that deworming improves the health and nutrient uptake of heavily infected children. “There is now global evidence-based consensus that periodic, large-scale deworming is the best way to reduce the suffering caused by intestinal worms,” says Dr Dirk Engels, Director of WHO’s Neglected Tropical Diseases Department.” “...Deworming is not the only solution, however. “Improving basic hygiene, sanitation, health education and providing access to safe drinking-water are also keys to resolving the health and nutritional problems caused by intestinal worms,” says Dr Francesco Branca, Director of WHO’s Department of Nutrition for Health and Development.”

Not everybody is that pleased with the WHO guidelines... See BMJ News - WHO advises blanket anti-worming treatment for children despite lack of benefit “The World Health Organization has strongly recommended the mass treatment of hundreds of millions of children to eliminate worm infections, while admitting that evidence does not prove that it will do any good. A Cochrane
review published in 2015 by a team at the Liverpool School of Tropical Medicine found no evidence that eliminating intestinal worms by treating all children in an area where worms were endemic improved the children’s average height, weight, or nutritional status. A Campbell review published in 2016 confirmed these findings"

A tweet: “This is a pretty shocking example of the abuse of power by funders and cowardice on the part of the WHO.”

**Lancet – Offline: America—the Fourth World**


Horton argues that Hillary Clinton’s account of the 2016 US Presidential election offers a (largely accurate) dystopian view of the health of America’s democracy. This also has ramifications for America’s contribution to global health...

**Lancet (World Report) – Puerto Rico’s health system after Hurricane Maria**


“Hurricane Maria has put pressure on Puerto Rico’s health-care system, but a looming budgetary shortfall could be even more devastating. Ted Alcorn reports.”

**Lancet (Letter) – What’s missing in climate change discussions?**

A Robbins; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32151-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32151-7/fulltext)

A letter for Michael Bloomberg et al, I’d say “… If, to limit greenhouse gases, countries move away from fossil fuels, the sizeable economic shift might enable the wealthy to dominate investment in replacement (greener) technologies—an opportunity to become even wealthier. We might expect health disparities to widen, even if the global trend toward improved health continues. Thus, the health of two populations is threatened by global warming: those at risk from direct effects (flooding, drought, famine) and those who might experience health disparities worsened by further income and wealth inequalities caused by climate change interventions. A new cadre of economists and epidemiologists, following in the footsteps of Piketty and Marmot, will be needed to generate accurate predictions and guidance for choosing interventions…. “
Global health events

Human Rights Council’s Social Forum  (Geneva, 2-4 October)

The Human Rights Council Social Forum took place in Geneva, Switzerland, from 2 to 4 October under the theme of ‘Promotion and protection of human rights in the context of the HIV epidemic and other communicable diseases and epidemics.’

For Tedros’ remarks at the Forum, focusing once again on UHC, see here.

Quotes that you give you a flavour: “But to do that – to provide people-centred care – we must address the social barriers that prevent so many people from getting the care they need....”

“Universal health coverage will not be achieved when people are marginalized, criminalized, stigmatized, or denied access to health services for any reason. ....”

“...Universal health coverage will not be achieved when the poorest are made to pay disproportionately for services.”

UN News - HIV-related stigma, discrimination prevent people from accessing health services - UN

“People living with HIV who experience high levels of stigma are more than twice as likely to delay enrolment into care than people who do not perceive such stigma, a United Nations report released [today] reveals. “When people living with, or at risk of, HIV are discriminated against in health-care settings, they go underground,” said Michel Sidibé, the Executive Director of the Joint UN Programme on HIV/AIDS (UNAIDS), in a press release. “This seriously undermines our ability to reach people with HIV testing, treatment and prevention services,” he added. The report, Confronting discrimination: overcoming HIV-related stigma and discrimination in health-care settings and beyond, gives evidence on how stigma and discrimination is creating barriers to accessing HIV prevention, testing and treatment services and putting lives at risk. It then highlights best practices on confronting stigma and discrimination.” The report was launched at the Forum in Geneva.

Xinhua News – The World Trade Organization (WTO) provides a legal framework for members to cut tariffs on medicines in a non-discriminatory way, WTO Director-General Roberto Azevedo said on Monday. (also at the Forum in Geneva)

20th Gastein Forum – Health in All Policies: a better future for Europe  (4-6 October)

https://www.ehfg.org/?linkId=43022986
This year, “The discussions at the 20th EHFG aim to dig deeper, taking the technocratic concept of Health in All Policies to the political level of policy implementation – Health in All Politics.” Four thematic tracks this year: Health in All Policies, Health systems, Access to medicines and Innovation, Big Data & ICT.

(PS: “standard” registration fee – 1800 Euros...)

You might also want to read (on Euractiv) - **Gastein boss: Drugs access is ‘sensitive’ and cannot be viewed in isolation.**

**Chatham House event - The Future of global health (28 Sept)**

[https://www.chathamhouse.org/event/future-global-health](https://www.chathamhouse.org/event/future-global-health)

You can listen again to this 1-hour discussion from last week. “In the last 10 years, outbreaks of infectious diseases such as Ebola and Zika have threatened populations around the world. In each case, global and national responses, including those of the United States, have been critiqued for being slow, uncoordinated and expensive. But what responsibilities, if any, do developed nations have to strengthen their preparedness and response capacity for health crises in low and middle income countries? Drawing from the findings of the National Academies of Sciences, Engineering, and Medicine report Global Health and the Future Role of the United States, this event will analyse future global health priorities and ask how wealthy countries, such as the US and UK, might finance and implement them.” Including Rob Yates.

(Was probably before he saw Trump handing out stuff to people in Puerto Rico as if he was feeding stray dogs)

**Coming up soon : World Bank/IMF Annual Meetings  (9-15 October, Washington)**


Stay tuned.

See also IISD - **Monthly Forecast: October 2017** - “...Among other discussions expected on the sidelines of this [annual] meeting will be deliberations on the ‘Invest4Climate’ platform, which aims to connect investors with “high-impact opportunities” in developing countries, including large-scale development of battery storage, electric cars, and low-emission air conditioning. Discussions on the platform’s shape will continue on the sidelines of COP 23 in November; an announcement of its first initiatives is expected to be made at the Climate Summit that will take place in Paris, France, in December 2017....”
Coming up: Women Leaders in Global Health conference – Stanford, 12 October

https://www.wlghconference.org/about-the-conference-2/

A one-day conference highlighting emerging and established women leaders in global health.

Coming up: World Health Summit (Berlin, 15-17 October)

https://www.worldhealthsummit.org/

To paraphrase Pink Floyd, “Wish we were there” 😊.

Coming up very soon now – 10th ECTMIH conference in Antwerp (16-20 October)


Check out the final programme!

Coming up - WHO Global Conference on Noncommunicable Diseases (NCDs) (18-20 October, Montevideo, Uruguay)

http://www.who.int/nmh/events/2017/montevideo/about/en/

Focus on SDG target 3.4. Planned result: “The Conference is expected to result in a concise outcome document. It is expected that the outcome document will be endorsed by the participants of the Conference. The outcome document may also serve as an input into the discussions at the 71st World Health Assembly on the preparations for the third High level Meeting of the United General Assembly on NCDs in 2018, as well as the intergovernmental process on the outcome document for the third High-level Meeting on NCDs in 2018, which will take place under the auspices of the President of the UN General Assembly.”
Coming up – From 25 years of inaction to a global transformation for public health (October 31st, Launch of the Lancet Countdown on Health & Climate change 2017 report)

https://www.eventbrite.co.uk/e/from-25-years-of-inaction-to-a-global-transformation-for-public-health-tickets-38388188104

You might want to go to London. Great line-up. But do take the train 😊.

In related news, a Lancet Commission on Pollution and Health “landmark report” is to be published on 20 October.

Coming up - 22–23 November: Special session of the WHO Executive Board to consider the Draft of the 13th General Programme Work (GPW13)

http://www.who.int/about/gpw-thirteen-consultation/en/

Not yet confirmed, but very likely.

Coming up – UHC Forum 2017 (12-13 December, Tokyo)

http://uhcpartnership.net/universal-health-coverage-forum/

“UHC Forum 2017 will be held on 12-13 December 2017 in Tokyo Prince Hotel, Tokyo, Japan, co-organized by the Government of Japan, JICA, the World Bank Group, WHO, UNICEF and the International Health Partnership for UHC2030 (UHC2030). The key objective of the forum is to stimulate global and country-level progress towards UHC, including pandemic preparedness, through the joint review of UHC progress and sharing of country experiences. The output of the forum would include a joint statement on key progress, challenges, lessons from country experiences, and next actions. The UHC Partnership, the country level resource of UHC2030, will also be present by showcasing country experiences across its current 28 members.”

Global governance of health

Devex – UK Conservative Party announces slew of aid reforms

“The UK Conservative Party conference drew to a close on Wednesday as the aid community began to absorb a range of new reforms, announcements and calls to action from government leadership. The conference, an annual meeting of the UK’s governing party, began on Sunday with reports that Foreign Secretary Boris Johnson had hinted he wanted the Foreign Office to swallow up the Department for International Development — an idea swiftly rebutted by DFID ministers past and present in conversation with Devex. Later, Secretary of State for International Development Priti Patel made surprise new commitments aimed at tying future multilateral aid to reforms at the United Nations. She announced a slew of new requirements aimed at improving accountability among DFID’s for-profit delivery partners. UK Prime Minister Theresa May closed the conference on Wednesday pledging to change the aid rules to allow for spending part of the overseas aid budget on UK territories, following criticism of the government response to Hurricane Irma in the British Virgin Islands, Anguilla, and Turks and Caicos....”

CSIS – CSIS Announces Commission on Strengthening America’s Health Security


“The Center for Strategic and International Studies (CSIS) today announces the establishment of a Commission on Strengthening America’s Health Security. The Commission, led by the CSIS Global Health Policy Center and the CSIS International Security Program, will bring together a distinguished and diverse group of leaders who bridge the health and security fields—drawing from Congress, past administrations, industry, foundations, universities, and nongovernmental organizations—to chart a bold vision for the future of U.S. leadership in global health security. The Commission, launching in February 2018, offers an opportunity to build a pragmatic, bipartisan consensus at a time of urgent need. The Commission is made possible by the generous support of the Bill & Melinda Gates Foundation as the centerpiece of its new three-year grant commitment to CSIS....”

JAMA (Viewpoint) – The Critical Role of Biomedical Research in Pandemic Preparedness

http://jamanetwork.com/journals/jama/fullarticle/2656224

“In this Viewpoint, Anthony Fauci and colleagues review rapid research responses to recent infectious disease outbreaks as a way of emphasizing the strategies and collaborations necessary to prepare for a next unknown pandemic.”

GFO – new issue

We want to draw your attention especially to the following articles:

**News - PEPFAR’s new strategy has implications for the Global Fund**

“... The U.S. NGO Health GAP was critical of the new [PEPFAR] strategy. “The plan includes a greater push toward epidemic control in 13 target countries, but takes the foot off the gas for more than 37 countries PEPFAR does not designate as ‘priority,’ leaving behind millions of people living with HIV due to a lack of resources and a waning commitment to evidence-based strategies,” Health GAP said in a news release....” But, “...The Global Fund invests in all of the countries where PEPFAR operates. All 50 PEPFAR countries have already been notified of their Global Fund allocations for 2017-2019. Of PEPFAR’s 13 priority countries, all but one (Botswana) have already submitted their funding requests. Most of the other 37 countries have also already sent in their proposals. **PEPFAR and the Global Fund work together to ensure that their respective investments complement each other.** The Fund’s Head of Communications, Seth Faison, told Aidspan that the Secretariat is already working on how to best coordinate efforts with PEPFAR’s new strategy, “which we support.”

**News - Global Fund to benefit from “breakthrough” ARV pricing agreement**

**Analysis - Identifying Secretariat-level impediments to full absorption of Global Fund grant money**

“Identified roadblocks include conditions precedent and management actions, and policies regarding fixed vs. variable payments and country categorization.” Third part of a Global Fund Observer series on the causes of lapsed funding.

**Appropriations committees in U.S. Congress vote to maintain funding for Global Fund and PEPFAR**

As a reminder: “The appropriations committees in the U.S. Senate and House of Representatives have approved funding for global health programs for the fiscal year 2018 at about the same levels as the previous year. In so doing, the committees ignored the budget proposed by President Donald Trump which called for cuts of $2.5 billion overall, including $225 million less for the Global Fund and $1 billion less for PEPFAR....”

**EU & migration policy**

**BMJ blog: Health is a political choice—but health for whom?**


Recommended blog on the last WHO Euro meeting (RC67) in Budapest.

“... There was great nervousness from the organizers and delegates on how these three senior politicians [i.e. Orban, Tsipras, and the deputy prime minister of Turkey, Recep Akdağ ] would handle the **big elephant in the room: migration.** Just consider the differences....”
“... The approach to migration is one of the political choices for Europe as it fights for its future and identity. ...” And “... As health gets more political, the work of the WHO becomes all the more important.”

FP (special report) – Europe slams its gates: imperiling Africa – and its own soul


Foreign Policy Special report with a series of articles, till the end of the week. “... Intentionally or not, European taxpayers are now funding a massive deterrence and interdiction effort that is largely invisible in Europe but profoundly damaging to Africa.... ... Those [European] leaders may not know it yet, but Africans won’t be the only ones to suffer. The increasingly desperate measures to barricade its borders may also end up costing Europe its soul.”

Lancet Public Health – The migrant crisis and health systems: Hygeia instead of Panacea


“It is imperative to return to the foundations of public health, and prevent rather than cure, *Hygeia instead of Panacea*. The European Union has spent more than €11 billion since 2000 on the expulsion of migrants from Europe. But how much has been granted to countries’ health systems so that they can be responsive to the right to universal health coverage? We must make a collective commitment so that the structural causes of exile are drastically reduced....”

(I’m afraid the EU opted instead for *Pandora*. Or *Hades*.)

IJHPM –The Politics and Power of Populism: A Response to the Recent Commentaries

Ewen Speed et al; [http://www.ijhpm.com/article_3423_6e22ef8856613f3baedaf78256d8fb14.pdf](http://www.ijhpm.com/article_3423_6e22ef8856613f3baedaf78256d8fb14.pdf)

Speed et al respond to comments they received from McKee & Stuckler, Schrecker, and others. And they say, “... In sharpening our thinking, it appears that a much more fruitful approach to the study of populism would be explore what sorts of actions it allows (or disallows) and by whom? In this framing, the study of populism becomes an empirical endeavour with populism viewed as a performative instrument, as something that policy happens through, and the empirical concern becomes one of identifying and exploring the specific types of performances of politics that are played out through a variety of populist frames....”
WHO Euro – Civil society and health: Contributions and potential

Edited by Scott Greer et al; http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf?ua=1

“...This volume presents an essential overview to the plurality of civil society, its functions and contributions to health policy and service delivery, and showcases case studies that can help government authorities, institutions, organizations and individuals to build effective and sustainable partnerships with civil society.”

Elements for the draft legally binding instrument on transnational corporations and other business enterprises with respect to human rights

“The following document has been prepared in the framework of Resolution A/HRC/RES/26/9 (Resolution 26/9), “Elaboration of an international legally binding instrument on transnational corporations and other business enterprises with respect to human rights”, which established an open-ended intergovernmental working group (OEIGWG), with the mandate to elaborate such instrument. According to operative paragraph 3 of resolution 26/9 the Human Rights Council decided that “the Chairperson-Rapporteur of the open-ended intergovernmental working group should prepare elements for the draft legally binding instrument for substantive negotiations at the commencement of the third session of the working group on the subject, taking into consideration the discussions held at its first two sessions.” In this regard, the aim of this proposal is to reflect the inputs provided by States and other relevant stakeholders in the framework of the referred sessions, dedicated to conducting constructive deliberations on the content, scope, nature and form of the future international instrument, as well as during the intersessional period. This document should be considered as a basis for substantive negotiations to elaborate the instrument to regulate, in international human rights law, the activities of transnational corporations (TNCs) and other business enterprises (OBEs) during the third session of the OEIGWG, to be held from 23 to 27 October 2017....”


IJHPM - Human Rights Treaties Are an Important Part of the “International Health Instrumentarium”; Comment on “The Legal Strength of International Health Instruments - What It Brings to Global Health Governance

Lisa Forman;
http://www.ijhpm.com/article_3422_0.html?utm_source=dlvr.it&utm_medium=twitter
“In their commentary, Haik Nikogosian and Ilona Kickbusch argue for the necessity of new binding international legal instruments for health to address complex health determinants and offer a cogent analysis of the implications of such treaties for future global health governance. Yet in doing so they pay no attention to the existing instrumentarium of international legally binding treaties relevant to health, in the form of human rights treaties. International human rights law has entrenched individual entitlements and state obligations in relation to individual and public health through iterative human rights treaties since 1946. These treaties offer normative specificity, institutional monitoring and the possibility of enforcement and accountability. If we are to build a new ‘international health instrumentarium’ we should not ignore existing and important tools that can assist in this endeavor.”

Xinhua – China, U.S. team up for global health progress

Xinhua;

From late last week. “China and the United States vowed to team up for global health progress on Thursday in a bid to beef up health and safety in both countries and the world at large. The consensus was announced in the joint communique of the first China-U.S. Social and People-to-People Dialogue, co-chaired here by visiting Chinese Vice Premier Liu Yandong and U.S. Secretary of State Rex Tillerson. The document said the two countries have achieved fruitful results in health cooperation, addressed major health challenges faced by both sides, and managed to promote health and prosperity. According to the dialogue’s action plan, China and the United States will take into account proposals of the Beijing-led Belt and Road Initiative to deepen cooperation for safety, progress and innovation in health matters for both sides and the rest of the world, and commit themselves to building a community of shared destiny where health matters are concerned. The two partners agreed to launch cooperative programs to prevent and control such major communicable diseases as AIDS, promote exchanges and dialogue between health personnel at various levels, and boost health research on such non-infectious diseases as cardiovascular and cerebrovascular diseases as well as cancer. Besides, they vowed to commit their efforts to helping establish a public health system in African countries during the post-Ebola era, deepening their cooperation in training health personnel in Africa and strengthening the continent’s ability to prevent and control diseases, and jointly carrying out public health programs, including vaccinations against hepatitis B for newborns in Sierra Leone.”

Hope Rex didn’t spot any morons.

NYT - Cuban Doctors Revolt: ‘You Get Tired of Being a Slave’

NYT;

On Cuban doctors in Brazil. “In a rare act of collective defiance, scores of Cuban doctors working overseas to make money for their families and their country are suing to break ranks with the Cuban government, demanding to be released from what one judge called a “form of slave labor.” Thousands of Cuban doctors work abroad under contracts with the Cuban authorities. Countries like Brazil pay the island’s Communist government millions of dollars every month to provide the medical services, effectively making the doctors Cuba’s most valuable export. But the doctors get a small cut
of that money, and a growing number of them in Brazil have begun to rebel. In the last year, at least 150 Cuban doctors have filed lawsuits in Brazilian courts to challenge the arrangement, demanding to be treated as independent contractors who earn full salaries, not agents of the Cuban state....”

Interestingly, WHO helped broker the deal between Brazil (which started under Dilma Rousseff’s government) and Cuba.

**BMJ Global Health – Is the sustainable development goal target for financial risk protection in health realistic?**

S Verguet, M Kruk et al; [http://gh.bmj.com/content/2/3/e000216](http://gh.bmj.com/content/2/3/e000216)

“Setting MDGs & SDGs for health has largely focused on defining specific targets of mortality and morbidity reduction over given time periods. Yet, less attention has been devoted to setting targets for the systemic determinants of health delivery, such as access and financial risk protection (FRP) — prevention of medical impoverishment. We examined candidate targets for FRP among low and middle-income countries by 2040. ...” The authors conclude: “Historical trends of Catastrophic Health Expenditure (CHE) rates can help define post-2015 targets for FRP. The projected achievements suggest that elimination of medical impoverishment will not be achieved by 2040 and that countries must urgently enact dramatic changes in policy to ensure FRP to their populations.”

**Devex – Congress to question USAID over $9.5 billion health project ‘fiasco’**


“A U.S. congressional member intends to hold a hearing to raise concerns about the U.S. Agency for International Development’s largest-ever contract — a $9.5 billion program implemented by Chemonics International, which coordinates the procurement and delivery of lifesaving health products in more than 50 countries.”

And a few quick links:


**JEE Alliance** - [UK joins the Alliance](https://www.devex.com/news/exclusive-congress-to-question-usaid-over-9-5-billion-health-project-fiasco-91152) “In September 2017, the United Kingdom was pleased to join the Alliance for Country Assessments. The UK is committed to advancing health security as a global priority and believes strengthening national systems is critical to achieving International Health Regulations compliance. It demonstrated its commitment by being amongst the first to undergo an
external assessment. The UK believes the Alliance plays an important role in supporting and promoting the Joint External Evaluation process and supporting the coordination of health security capacity building.

**UHC**

WHO launches Global Service Delivery Network for universal health coverage


“A global network aimed at supporting the implementation of the WHO Framework on integrated people-centred health services (IPCHS) has been established by the WHO Service Delivery and Safety Department. The WHO Global Service Delivery Network (GSDN) was launched on 20 June in Almaty, Kazakhstan, alongside the first Primary Health Care Advisory Group meeting to the WHO Regional Director/EURO and WHO inter-regional hospitals meeting. The GSDN is a related initiative of UHC2030, and aims to strengthen knowledge exchange, collaboration and advocacy on integrated people-centred health service delivery for universal health coverage.

The GOP Repeal Bill Is Imploding. Here Are 5 Things Left Hanging On Obamacare.

http://khn.org/news/the-gop-repeal-bill-is-imploding-here-are-5-things-left-hanging-on-obamacare/

From late last week, via our colleagues from FT Health. Well worth a read. On five ongoing challenges Obamacare faces, even after the implosion of Trumpcare (or whatever it was the Republicans tried to pass in Congress).

“1. Insurers still face tremendous uncertainty.... 2. The Trump administration has cut funding for efforts to sign people up for insurance. ...3. The 2018 enrollment period is half the length of 2017’s, and now it will be shorter still. ... 4. The Trump administration is dragging its feet on giving states flexibility to stabilize their markets.... 5. Republicans could take another shot at a full overhaul next year — or even this year.”

Slate - The Leading Candidate to Replace Tom Price Seems Way Less Inclined to Sabotage Obamacare

From late last week, when Health and Human Services Secretary Price was just “fired” by Trump. By now there are also other ‘leading candidates’ (than Seema Verma) to replace him, though. So too early to tell.

IHME’s Health Atlas (app)

http://www.healthdata.org/healthatlas

“The Health Atlas by IHME app provides country-level findings from the Global Burden of Disease (GBD) for non-commercial use. They are based on more than 115,000 different data sources used by researchers to produce the most scientifically rigorous estimates possible. Estimates from the GBD study may differ from national statistics due to differences in data sources and methodology. For the first time, you can now access this wealth of data from anywhere on your mobile device. ”

And a tweet from HS Governance Collab:

“Today with @gatesfoundation we looked for creative solutions to measure governance, advance phc and #uhc. Stay tuned!”

Planetary health

Science - Tropical forests are a net carbon source based on aboveground measurements of gain and loss

http://science.sciencemag.org/content/early/2017/09/27/science.aam5962

Very worrying stuff. Tropical forests are now a net carbon source, if the authors of this research have it right.

Reuters – Citizens must "flood the courts" in fight for climate justice: economist


“The world faces a ticking time bomb in the form of global warming, and recent disasters caused by extreme weather should motivate individuals to urgently seek “climate justice”, said leading U.S. economist Jeffrey Sachs. The U.N. special adviser urged citizens to “flood the courts” with legal cases demanding the right to a safe and clean environment, and to pursue major polluters such as big oil companies and negligent governments for liability and damages.”
Harvard Gazette- Another climate change concern: Forced migration


“Increasingly, links seen between those two compelling concerns, analysts say.” “Climate change is a “risk factor” for forced migration, like in the European refugee crisis, experts on health, migration, and disaster relief told a symposium [last week on Thursday, in Harvard], urging development of early warning systems and robust government responses to ease the effects of climate-related problems....”

IISD - Climate Finance Institutional Update: Green Bond Issuance Reaches US$96 Billion


“In institutional news, the month of September saw two key multilateral climate finance-related events: the UNFCCC Standing Committee on Finance Forum and the Green Climate Fund board meeting. The Green Climate Fund announced that, by the end of August 2017, a total of US$10 million had been disbursed to 59 developing countries through the Fund’s readiness programme. After reaching US$96 billion in September, Bloomberg New Energy Finance expects total green bond issuances for 2017 to rise to US$135 billion, representing a 36% increase from 2016.”

Bretton Woods project - Flirting with disaster? World Bank’s push for climate insurance questioned


“The World Bank strengthens its support for climate insurance schemes. Questions remain about effectiveness and incongruence with climate justice, however.”

And some quick links:

Guardian - Coca-Cola increased its production of plastic bottles by a billion last year, says Greenpeace  Now at 110bn single-use plastic bottles a year...

Euractiv - Mercury trade on the up despite new UN treaty.
Guardian - More than **40 Catholic institutions made the largest ever faith-based divestment, on the anniversary of the death of St Francis of Assisi.**

Guardian - Vast animal-feed crops to satisfy our **meat needs are destroying planet** "A new WWF **report** finds 60% of the global biodiversity loss is down to meat-based diets which put a huge strain on Earth’s resources."

See also a tweet: "**New @WWF report busts myth that chicken + pork better than beef 4 #environment; they’re biggest causes of destructive feed crop production.**"

Last but not least, the Planetary Health Alliance announced the official **launch of the Planetary Health Online Community.** “Powered by Hylo, this platform allows you to engage in collective discussion, trade ideas, and bridge generational, geographic, and disciplinary divides to advance planetary health research, education, and policy.”

**Infectious diseases & NTDs**

**Cholera**

Reuters – Yemen cholera cases could hit 1 million by year-end: Red Cross


“The humanitarian situation in Yemen is a “catastrophe”, and cholera cases could reach a million by the end of the year, the International Committee of the Red Cross said [last week] on Friday.”

UN News - For Yemenis and migrants, protracted conflict an 'endless nightmare' – head of UN agency


“Amid worsening famine and cholera in war-torn Yemen, the head of the United Nations migration agency has called for greater humanitarian access to enable relief workers reach those most in need and save lives.”

**Middle East Respiratory Syndrome (MERS)**

Reuters - Health experts zero in on camels to fight deadly MERS virus

Reuters;
“The fight against the deadly Middle East Respiratory Syndrome (MERS), which has killed at least 722 people over the past five years, is honing in on its target: **camels**...But the key to stopping human deaths is controlling MERS in camels. Two camel vaccines have been developed, but only one, developed by the Jenner Institute, is in field trials.”

Can’t wait for some fancy global health innovation targeting camels.

### HIV

**CGD (blog) – Controlling the HIV/AIDS Epidemic by 2020 Will Not End US Responsibilities in Severely Affected Countries**

Mead Over & Roxanne Oroxom; [CGD](https://www.cgdev.org/)

Mead Over et al comment on the new PEPFAR policy.

> “Although the Trump administration has pivoted away from global leadership in many foreign policy arenas, Secretary Tillerson’s September 19 announcement of administration support for PEPFAR’s newly released 2017 strategy is reassuring. In addition to affirming the administration’s commitment to continue PEPFAR support in all 50 previously designated PEPFAR countries, the secretary announced the intention to “accelerate progress toward controlling the pandemic in a subset of 13 countries, which represent the most vulnerable communities to HIV/AIDS and have the potential to achieve control by 2020.” But even after 2020, the US has responsibilities.

### RSTHM (Editorial) - Neglected tropical diseases in the time of Dr Tedros


> “The appointment of Dr Tedros Adhanom Ghebreyesus as the new WHO Director-General (DG) comes at a time when the geopolitical landscape for the control and elimination of the world’s neglected tropical diseases (NTDs) may soon undergo some major shifts....”

> “On 3 July 2017, Dr Tedros made his opening remarks as he took the helm of WHO’s leadership. In addition to reaffirming health as a human right, he outlined three major priorities, each of which we can link in some way to the NTDs... With regard to UHC, NTDs will fit in nicely, but the new WHO leadership will still have some work to do. ...” But do read the full article.

### Plos NTDs - Global surgery and the neglected tropical diseases

Editorial by Karun V, Hotez PJ, Rosengart TK; [PLOS Negl Trop Dis](https://www.plosnegl.org/);
“PLOS NTDs Editor-in-Chief Peter Hotez and colleagues describe the need worldwide for access to surgical treatment for NTDs, using lymphatic filariasis and trachoma as examples of high-burden diseases requiring mass-scale surgical management.”

Ebola

Reuters – U.S. invests $170 million in late-stage Ebola vaccines, drugs

“...U.S. government is investing more than $170 million to help two new vaccines against the Ebola virus and two Ebola drugs complete the steps needed for approval from the Food and Drug Administration. The Biomedical Advanced Research and Development Authority (BARDA), part of the department of Health and Human Services, said on [Friday] it would buy the drugs and vaccines and keep them in a national stockpile, which would be used to protect Americans in the event of an outbreak of the deadly disease.”

Malaria

Johns Hopkins - Promising Results for Two Genetic Weapons Against Malaria


Also news from late last week. “Two new papers by researchers at the Johns Hopkins Bloomberg School of Public Health’s Malaria Research Institute report successes for highly promising strategies against malaria... ... The two studies discovered different ways by which resistance to the malaria parasite can spread into a mosquito population, potentially opening the way for the development of self-propagating malaria control strategies. The advantage of this feature is the lesser need to continuously apply malaria control measures such as insecticides and bed nets. One team of researchers discovered a strain of bacteria that can spread rapidly and persist long-term among malaria-carrying mosquitoes. A genetically modified version of the bacterial strain strongly suppresses development of the malaria parasite, making the mosquitoes much less likely to transmit these parasites to humans. A second research team discovered that a genetic modification that boosted the immune system of malaria-carrying mosquitoes not only suppresses malaria parasites in the insects but also can spread quickly in a test population, by changing the mosquitoes’ mating preferences.”

Polio

The Guardian - Trump policy set to hinder war on polio in Pakistan

The Guardian;
“...In Pakistan and Afghanistan, the big obstacle, experts say, is not lack of money to fight it, but mistrust of the western governments who bankroll the vaccines. Now Donald Trump could be about to deepen that mistrust. If the US president makes good on his bellicose threats to take a harder line on Pakistan, he will undoubtedly incite anti-US sentiments, which in the past have led to attacks on polio workers and prompted tribal leaders to ban vaccination campaigns. It would not be the first time the US has got in the way of the war on polio. The fight against polio suffered its biggest blow in 2011 when the CIA concocted a fake hepatitis vaccination campaign as part of its efforts to find Osama bin Laden.” “... “Trump has shown a penchant for airpower. In Afghanistan, the US is dropping more bombs than at any point since 2012.””

The Guardian - Plague claims 20 lives in Madagascar amid warnings over rapid rise in cases

**The Guardian**;

“A deadly outbreak of the plague has claimed more than 20 lives in Madagascar and is swiftly spreading in cities across the country, the World Health Organization has warned. Public gatherings have now been banned in Madagascar’s capital, while critical medical supplies, including antibiotics and personal protective equipment, have been supplied by the WHO. At least 114 people have been infected since the outbreak was identified in late August. Plague is endemic to Madagascar, where 400 cases of mostly bubonic plague are reported annually.”

WHO is rapidly scaling up its response to an outbreak of plague in Madagascar.

And a quick link on Zika: NIH Wants to Develop a Zika Vaccine, Hopes Never to Use It

“The Zika virus isn’t going away, and the southern hemisphere may even experience an uptick in cases early next year, the NIH’s infectious disease chief said Sept. 28. That’s why the National Institutes of Health continues to test an experimental vaccine that could prevent the mosquito-borne virus linked to serious birth defects, Anthony S. Fauci said during a policy forum...”

AMR

WHO Bulletin – Lessons learnt during 20 years of the Swedish strategic programme against antibiotic resistance


“Increasing use of antibiotics and rising levels of bacterial resistance to antibiotics are a challenge to global health and development. Successful initiatives for containing the problem need to be communicated and disseminated. In Sweden, a rapid spread of resistant pneumococci in the southern part of the country triggered the formation of the Swedish strategic programme against antibiotic resistance, also known as STRAMA, in 1995. The creation of the programme was an important starting point for long-term coordinated efforts to tackle antibiotic resistance in the country. This
paper describes the main strategies of the programme: committed work at the local and national levels; monitoring of antibiotic use for informed decision-making; a national target for antibiotic prescriptions; surveillance of antibiotic resistance for local, national and global action; tracking resistance trends; infection control to limit spread of resistance; and communication to raise awareness for action and behavioural change. A key element for achieving long-term changes has been the bottom-up approach, working closely with prescribers at the local level. The work described here and the lessons learnt could inform countries implementing their own national action plans against antibiotic resistance.

Forbes - A Plan To Reduce Antibiotic (Ab)use By The Global Meat Industry


"...Thomas Van Boeckel and co-authors of a paper published recently in the journal, Science (ref), propose a three-pronged public policy designed to deal with runaway antibiotic abuse by the global meat industry: (1) enforce global “caps” on antibiotic use, (2) enact a global strategy to reduce meat consumption, and (3) implement a global user fee on veterinary antimicrobial use. In their paper, Dr. Van Boeckel and his colleagues discuss the combined economics and effectiveness of their proposed three-part policy approach."

A journalist chronicles the coevolution of antibiotic-resistant bacteria and the modern chicken


“What does the invention of the chicken nugget in 1963 have to do with a 1999 outbreak of urinary tract infections in Berkeley undergraduates? More than you might realize, writes journalist Maryn McKenna: Both, she argues, are ultimately due to the industrialization of chicken farming during the 20th century. In Big Chicken, she skillfully weaves together the interrelated threads of agricultural industrialization, antibiotic misuse, and food safety issues in a highly readable and engaging narrative.”

PS: my son loves chicken nuggets. Ahum.

IP-Watch - Quality Of Medicines A Key Focus Of Antimicrobial Resistance Fight

https://www.ip-watch.org/2017/10/05/quality-medicines-key-focus-antimicrobial-resistance-fight/
“Assuring the quality of medicines all the way to the consumer is a key component of the global antimicrobial resistance action plan now beginning to be implemented around the world, a panel of experts said during the recent United Nations General Assembly in New York.”

IP-Watch - WHO Official On AMR: Poor Quality Medicines Entering At “Last Mile” To Patient


“At a recent event on the margin of the United Nations General Assembly, a senior World Health Organization official gave an update on global efforts against substandard and falsified medicines in the context of the fight against antimicrobial resistance (AMR). And a key issue is that often after arriving safely in the capitals, something happens just before quality-assured medicines reach the patient, contributing to AMR.”

NCDs

NYT - Obesity Was Rising as Ghana Embraced Fast Food. Then Came KFC.


“The growing popularity of fried chicken and pizza in parts of Africa underscores how fast food is changing habits and expanding waistlines.”

It’s partly also about social status (not unlike in China, I remember, a decade ago): “…People march their sons and daughters to buy KFC and buy pizza and they like to show them what we can afford,” said Matilda Laar, who lectures about family and consumer sciences at the University of Ghana. KFC isn’t just food, she said. “It’s social status.”

... chief among the corporate players is KFC, and its parent company, YUM!, which have muscled northward from South Africa — where KFC has about 850 outlets and a powerful brand name — throughout sub-Saharan Africa: to Angola, Tanzania, Nigeria, Uganda, Kenya, Ghana and beyond. The company brings the flavors that have made it popular in the West, seasoned with an intangible: the symbolic association of fast food with rich nations. KFC alone, he said, is only one factor in the country’s obesity epidemic, but it represents the embrace of western foods. ...”
“Corporations use a range of strategies to dispute their role in causing public health harms and to limit the scope of effective public health interventions. This is well documented in relation to the activities of the tobacco industry, but research on other industries is less well developed. We therefore analysed public statements and documents from four unhealthy commodity industries to investigate whether and how they used arguments about complexity in this way. … … Two main framings were identified: (i) these industries argue that aetiology is complex, so individual products cannot be blamed; and (ii) they argue that population health measures are ‘too simple’ to address complex public health problems. However, in this second framing, there are inherent contradictions in how industry used ‘complexity’, as their alternative solutions are generally not, in themselves, complex.”

In conclusion, “The concept of complexity, as commonly used in public health, is also widely employed by unhealthy commodity industries to influence how the public and policymakers understand health issues. It is frequently used in response to policy announcements and in response to new scientific evidence (particularly evidence on obesity and alcohol harms). The arguments and language may reflect the existence of a cross-industry ‘playbook’, whose use results in the undermining of effective public health policies – in particular the undermining of effective regulation of profitable industry activities that are harmful to the public’s health.”

Reuters - Switching to e-cigarettes could save 6.6 million American smokers: researchers

“Up to 6.6 million early deaths in America might be averted over 10 years if smokers switched to e-cigarettes, and the nicotine delivery devices should be adopted as part of an “endgame for cigarette smoking”, researchers said on Monday. In an analysis of potential health benefits of getting smokers to quit tobacco, the researchers found that those 6.6 million people who switched to vaping would live for a collective total of up to 86.7 million extra years. The findings “can help the (U.S.) Surgeon General and the public health community develop a strategy to reach the ‘endgame’ for cigarette smoking,” the scientists said.” Based on research in the journal Tobacco Control, focusing on the US.

Economist – Roads are becoming more deadly in developing countries


“In many countries where the overall mortality rate is falling, road deaths have gone in the opposite direction.” With a nice map of the world on road mortality.
Alzheimer’s Disease International (report) - Dementia in sub-Saharan Africa - Challenges and opportunities

https://www.alz.co.uk/research/dementia-sub-saharan-africa.pdf

One of the key problems: there’s huge stigma about dementia in SSA. But the scale of the challenge requires it’s time to act now.

BMJ Global Health – Closing the blood pressure gap: an affordable proposal to save lives worldwide

David Heller et al; http://gh.bmj.com/content/2/3/e000429?cpetoc

“Hypertension is the leading risk factor for death worldwide and is now more common in low-income and middle-income countries (LMICs) than high-income ones. However, hypertension control programmes are massively underfunded relative to their contribution to global disease burden, in contrast to efforts to control HIV/AIDS and other infectious diseases. New data reveal the size of the burden of hypertension in LMICs, the cost of its treatment and the number of lives saved per patient treated. These data suggest that treatment of all persons in LMICs with uncomplicated hypertension would cost $7.6 billion annually and save 4.7 million lives over a decade, at a total cost of roughly $16 000 per life saved. These numbers now compare favourably with the impact and cost-effectiveness estimates that kickstarted global health programmes such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and rebut prior claims that universal hypertension treatment is not yet cost-effective. Advocates and policymakers should use these data to argue for increased funding for hypertension care in developing countries. Even in a political climate marked by antiglobalism, populism and scepticism of international aid and development, investment in hypertension control is sufficiently cost-effective—from both humanitarian and strategic perspectives—for bilateral and non-governmental donors to rally behind.”

Lancet Psychiatry - Scaling-up treatment of depression and anxiety: a global return on investment analysis.


“Depression and anxiety disorders are highly prevalent and disabling disorders, which result not only in an enormous amount of human misery and lost health, but also lost economic output. Here we propose a global investment case for a scaled-up response to the public health and economic burden of depression and anxiety disorders. ... The net present value of investment needed over the period 2016-30 to substantially scale up effective treatment coverage for depression and anxiety disorders is estimated to be US$147 billion. The expected returns to this investment are also substantial. In terms of health impact, scaled-up treatment leads to 43 million extra years of healthy life over the scale-up period. Placing an economic value on these healthy life-years produces a net present value of $310 billion. As well as these intrinsic benefits associated with improved health, scaled-up treatment of common mental disorders also leads to large economic productivity gains (a
net present value of $230 billion for scaled-up depression treatment and $169 billion for anxiety disorders). ... Return on investment analysis of the kind reported here can contribute strongly to a balanced investment case for enhanced action to address the large and growing burden of common mental disorders worldwide.”

Plos One - Evaluation of a multi-faceted diabetes care program including community-based peer educators in Takeo province, Cambodia, 2007-2013


“Early detection and treatment for diabetes are essential for reducing disability and death from the disease. Finding effective screening and treatment for individuals living with diabetes in resource-limited countries is a challenge. MoPoTsyo, a Cambodian non-governmental organization, addressed this gap by utilizing a multi-pronged approach with community-based peer educators, access to laboratory procedures, local outpatient medical consultation, and a revolving drug fund. This study evaluated outcomes of MoPoTsyo’s diabetes program in Takeo Province by assessing glycemic and blood pressure outcomes for individuals diagnosed with diabetes over a 24-month follow-up period between 2007-2013....”

And a quick link, focusing more on cancer drugs in the West (Europe): Guardian - Over half of new cancer drugs 'show no benefits' for survival or wellbeing “Of 48 cancer drugs approved between 2009-2013, 57% of uses showed no benefits and some benefits were ‘clinically meaningless’, says BMJ study.”

Sexual & Reproductive / maternal, neonatal & child health

Bretton Woods Project – The IMF and Gender Equality: A Compendium of Feminist Macroeconomic Critiques


The BW project published an edited volume on the gendered impacts of some of the most commonly prescribed macro-economic policies of the IMF, covering tax, expenditure and labour policies.
Devex – 'Don't let the US set the agenda': Takeaways from EuroNGOs on reproductive rights


(recommended) “Advocates dedicated to sexual and reproductive health and rights (SRHR) met in Brussels a few weeks ago to strategize on how best to combat emerging populist movements they see as a threat to their cause — stressing the need for a “smarter” and more unified approach to advocacy, and for collaboration rather than competition.”

Devex - In West Africa, youth ambassadors serve as family planning advocates

“West Africa has the world’s lowest contraceptive prevalence rate accompanied by the world’s highest fertility rate. ... In order to tackle that situation, groups of young people — molded into community-based family planning advocates in each of the sub-region’s francophone countries — have received training from health professionals on resource mobilization, advocacy techniques and program development. They then use these skills to lead high-level discussions with ministries of health and other partners to demand access to contraceptives; youth-friendly, rights-based reproductive health services; and involvement in shaping the policies that affect them and their peers.”

“...This grassroots approach aimed at educating rural communities and the youth is part of a bigger initiative by the nine francophone countries that make up the Ouagadougou Partnership — Benin, Burkina Faso, Cote d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo — that has aimed to give an additional 2.2 million people in the region access to family planning methods by 2020.”

HP&P - Cadres, content and costs for community-based care for mothers and newborns from seven countries: implications for universal health coverage


Editorial from a new HP&P supplement. “This series of papers are the first multi-country, economic and systems analyses of community based maternal-newborn care (CBMNC). Important implications arise for universal health coverage (UHC), community care generally and specifically for the design and implementation of CBMNC with some practical dos (and some don’ts). The findings are relevant for other community-based programmes, for example community case management of childhood infections. HIV treatment, mental health care, and early child development.”
Devpolicy – Witchcraft accusation based violence gets international attention for the first time

Miranda Forsyth & Philip Gibbs; Blog:

“Last week, on 21-22 September 2017, a UN Experts Workshop on Witchcraft and Human Rights was held in Geneva. This was the first UN and international level event with a specific focus on witchcraft beliefs and practices... The workshop’s intended focus was on practical ways forward to counter the harmful practices that accompany witchcraft and sorcery beliefs, rather than just exploring the social, cultural, economic and political factors that contribute to them. These harmful practices include the torture, murder and banishment of those accused of using witchcraft or sorcery. Speakers came from many parts of Africa, India and across Europe.”

UN News – In less than two weeks, 72 States sign UN voluntary compact on preventing sexual exploitation and abuse


“More than 90 United Nations Member States have signed or intend to sign the voluntary compact on preventing and addressing sexual exploitation and abuse, answering the call of Secretary-General António Guterres to address the scourge. “This represents an unprecedented demonstration of solidarity and a firm commitment to addressing the issue comprehensively and effectively, ensuring full implementation of the Secretary-General's zero tolerance policy,” said UN Spokesman Stéphane Dujarric at the daily press briefing in New York.”

UN News - Counselling and dieting among new UN health agency guidelines on child obesity


“An estimated 41 million children under five years old are obese or overweight, United Nations health experts warned today, launching new guidelines to tackle what they call a global epidemic. Faced with evidence indicating that the problem affects rich and poor countries alike, the World Health Organization (WHO) has released details on how trained professionals can better identify youngsters in need of help. The just-published obesity guidelines include counselling and dieting, an assessment of eating habits along with the more usual weight and height measurements....”
UNFPA - The State of the World’s Midwifery: Analysis of the Sexual, Reproductive, Maternal, Newborn and Adolescent Health Workforce in East & Southern Africa


From a few weeks ago.

Access to medicines

IP-Watch - Medicines Law & Policy Expert Wins Prescrire Prize For ‘Major Reference Work’ On Access To Medicines


“La Revue Prescrire, a French journal for healthcare professionals, has chosen “Private Patents and Public Health” — a 2016 book written by Ellen ’t Hoen — as one of four winners of its 2017 Prescrire Prize Book Award. Calling it “a major reference work on access to medicines and the patent system” ...”

The Medicines Patent Pool and Gilead Sciences sign licence for bictegravir


“The Medicines Patent Pool (MPP) [today] announced a licence with Gilead Sciences for bictegravir (BIC), now under review in the United States and the European Union as part of a once-daily, single-tablet HIV regimen. The licence allows manufacturers to develop and sell generic medicines containing BIC, if approved in the United States, in 116 low- and middle-income countries where more than 30 million people live with HIV....” “As part of a novel, once-daily, single-tablet HIV treatment, bictegravir could offer new option for people living with HIV in low- and middle-income countries”.
WSJ - Merck Abandons New Hepatitis C Drugs Amid Crowded Market


“Merck & Co. is halting development of new hepatitis C treatments after reviewing their effectiveness and determining there is already an abundance of treatments, including its own Zepatier drug.” Put differently, “...The market to treat the liver disease has become increasingly competitive, prompting Merck and others to focus their attention elsewhere.”

A tweet from an observer: “Merck’s decision to pull good #HCV drugs clearly marks the end of the beginning as we look to achieve #nohep”

BMJ - Demands for access to new therapies: are there alternatives to accelerated access?

http://www.bmj.com/content/359/bmj.j4494

“Patients deserve timely access to new therapies, but the rhetoric surrounding accelerated access impedes rational policy making, argue Jessica Pace and colleagues.”

See this definition: “… Increasingly pervasive social expectation, which we refer to as the access imperative. By this we mean the view that patients with severe or life threatening diseases should not have to wait (as long as they do) for regulatory approval or formal subsidy before they can access medicines....”

IP-Watch - Disparity In Access To Medicines Spurs “Humanitarian” Patent Licensing


““There are shameful access disparities around the world” to life-saving medicines, Harvard University Global Access in Action project Co-Director Quentin Palfrey said at a 26 September Center for Strategic and International Studies event in Washington, DC. And while some of the challenges to fuller access involve pricing, getting medicines to poorer countries or populations means overcoming the obstacles of insufficient research and development (R&D) incentives, access barriers and polarised politics, he said. One increasingly employed mechanism for overcoming those obstacles is “humanitarian” patent licensing, Palfrey and other speakers said....”

And some quick links on possible innovations (related to access to (good quality) medicines):...
Drug counterfeiting – a 21st century solution to an age-old problem

“Heard of blockchain technology? Ever wondered what it has to do with public health? When it comes to drug counterfeiting, this emerging technology may be the silver bullet for securing quality, safety and equity.”

Bad medicine: the toxic fakes at the heart of an international criminal racket

“The trade in fake drugs is a lucrative and dangerous global industry, but there are hopes that on-the-spot screening technology can provide a remedy.”

Social determinants of health

Thomson Reuters Foundation - Realizing Gandhi’s dream - 80 years on, India still strives for perfect sanitation

Anthony Lake (UNICEF); http://news.trust.org/item/20170929142521-3agwx

Piece linked to the celebration of Gandhi’s birthday in India, early this week.

“...Today, as the nation and indeed, the world, celebrate Gandhi’s birthday, his dream of perfect sanitation for India may be closer to becoming a reality than ever before. Three years ago, the Government of India declared war on open defecation, launching the Swachh Bharat – or Clean India – Mission with the ambitious goal of achieving an open defecation-free India by 2019. In a nation where millions of people still lack basic sanitation and hygiene, the goals of SBM may seem unachievable. But the scale and pace of the progress achieved by the thus far is unprecedented. ...”

Human resources for health

Globalization & Health - A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries

P Schwerdtle et al; https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0301-1

“Most LMICs are facing a crisis in human resources for health which compromises their ability to meet health related targets outlined by the SDGs. The crisis is not limited to the availability of health personnel but also the quality of care and the training and development of the workforce. To address these challenges, evidence based education strategies are urgently required. Mentorship has been found to improve health personnel performance in High-Income Countries however, little is known
about its role in LMICs. To address this gap in understanding, we conducted a scoping review of the current literature....”

Human Resources for Health - Opportunities for human resources for health and rehabilitation: a response to Jesus et al.

https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0244-x

Who wouldn’t like to respond to Jesus et al? Yet, this ain’t a story about Lazarus walking again. Well, not quite. “We welcome Jesus et al.’s paper, which makes an important contribution to the under-researched area of the physical rehabilitation workforce. The authors present recommendations to “advance a policy and research agenda for ensuring that an adequate rehabilitation workforce can meet the current and future rehabilitation health needs” (p. 1). We argue that their perspective could however be strengthened by adopting a stronger global perspective, including consideration of the needs of low-resource settings. In particular, we highlight the integral role of more effective sector and inter-sectoral governance, the opportunity to support the development of community-based rehabilitation (CBR), the lessons that can be learnt from human resources for health (HRH) research and practice more generally, and the recent developments in the global provision of assistive technologies. Each of these issues has important implications and contributions to make to advance the policy and research agenda for the global rehabilitation workforce.”

MSF – Yemen: Government health staff are saving lives without salaries


“Yemen’s health service is experiencing widespread and critical problems, in part because most Ministry of Public Health and Population staff received their last regular salary a year ago, MSF has warned in a report. MSF is calling for financial support for government health staff without delay in order to avoid a further deterioration of life-saving medical services in Yemen.”

Miscellaneous

Duncan Green (blog) - What should the IMF do differently in Fragile/Conflict States?


Recommended. As usual. “In theory (and in its staff guidance notes) the Fund recognizes that such (i.e. fragile) places are messier, and require greater attention to understanding the political and
social context. But the practice, according to many in the room much more familiar with the Fund than I am, is often pretty close to business as usual....” Duncan Green explores what they should do differently.

**Guardian - UN draft report blacklists Saudi coalition for violations against children in Yemen**


“The Saudi Arabia-led coalition in Yemen has been included in a draft version of the UN’s annual blacklist for grave violations against children in conflict. The report, parts of which have been seen by the Guardian, conceded that the coalition has put in place measures to improve child protection.

...The coalition’s inclusion in the UN list means all parties to the Yemen conflict will be named for violations.”

**Global Dashboard - How can technology help the UN improve its effectiveness and reputation?**


**Guardian - UK ethical code to 'stop fat cats profiteering from aid budget'**


“The international development secretary has hit out at “severely unethical behaviour” by aid contractors in announcing reforms that she says will end excessive rewards for consultants and agents. Priti Patel said the changes would “end the appalling practice of fat cats profiteering from the aid budget”. The Department for International Development (DfID) would implement a new code of conduct for ethical standards in aid contracting, she said....” She will also publish league tables of aid contractors.

Too bad the Brits are about to leave the EU, as we could use some of this on the continent as well.
The End of HESP-News Briefing and RSS Feed

http://hesp-news.org/2017/10/05/the-end-of-hesp-news-briefing-and-rss-feed/

Sad news from some of our newsletter colleagues. “...BMZ Dept. Health, Population Policy & Social Protection is “re-prioritizing” and that GIZ is short of funds. Therefore BMZ/GIZ support to HESP-News Briefing will be ending.”

Finally, a quick link: (Reuters) Oxford team to test universal flu vaccine in world first.

Emerging Voices

- EV alumnus Moses Tetui was heavily involved in MANIFEST, the Maternal and Neonatal Implementation for Equitable Systems Study. To get a quick idea of the supplement in Global Health Action, do read Stefan Peterson (UNICEF)’s blog, Racing the clock to save mothers and protect newborns in Uganda.

- Check out also, on IHP, a new blog by some Emerging Bloggers from Queensland, #HealthForAll (@DrTedros) (by N Koka, E Cho & K Luong) They zoom in on dr. Tedros, now that he’s a few months in charge, and wish him (and WHO) well.

Research

The challenge of complexity in evaluating health policies and programs: the case of women’s participatory groups to improve antenatal outcomes

Sara Van Belle et al.; https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2627-z

“During the last years, randomized designs have been promoted as the cornerstone of evidence-based policymaking. Also in the field of community participation, Random Control Trials (RCTs) have been the dominant design, used for instance to examine the contribution of community participation to health improvement. We aim at clarifying why RCTs and related (quasi-) experimental designs may not be the most appropriate approach to evaluate such complex programmes. We argue that the current methodological debate could be more fruitful if it would start from the position that the choice of designs should fit the nature of the program and research questions rather than be driven by methodological preferences. We present how realist evaluation, a theory-driven approach to research and evaluation, is a relevant methodology that could be used to assess whether and how community participation works. Using the realist evaluation approach to examine the relationship between participation and action of women groups and antenatal outcomes would enable evaluators to examine in detail the underlying mechanisms which influence actual practices and outcomes, as well as the context conditions required to make it work. Realist research in fact allows opening the black boxes of “community” and “participation” in order to examine the role they play in
ensuring cost-effective, sustainable interventions. This approach yields important information for policy makers and programme managers considering how such programs could be implemented in their own setting.”

HP&P (supplement) - Community-based maternal & newborn care economic analysis: Multi-country analysis of costs and health systems with implications for scale up Guest Editors: Joy E Lawn and Emmanuelle Daviaud

https://academic.oup.com/heapol/issue/32/suppl_1

Do read the Editorial first - Cadres, content and costs for community-based care for mothers and newborns from seven countries: implications for universal health coverage “This series of papers are the first multi-country, economic and systems analyses of community based maternal-newborn care (CBMNC). Important implications arise for universal health coverage (UHC), community care generally and specifically for the design and implementation of CBMNC with some practical dos (and some don’ts). The findings are relevant for other community-based programmes, for example community case management of childhood infections. HIV treatment, mental health care, and early child development....”

Health Research Policy & Systems - Generating demand for and use of evaluation evidence in government health ministries: lessons from a pilot programme in Uganda and Zambia

Sophie Witter et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0250-4

“The Demand-Driven Evaluations for Decisions (3DE) programme was piloted in Zambia and Uganda in 2012–2015. It aimed to answer evaluative questions raised by policymakers in Ministries of Health, rapidly and with limited resources. The aim of our evaluation was to assess whether the 3DE model was successful in supporting and increasing evidence-based policymaking, building capacity and changing behaviour of Ministry staff....”

Health Policy & Systems Research (Editorial) - ‘Knowledge for better health’ revisited – the increasing significance of health research systems: a review by departing Editors-in-Chief

“How can nations organise research investments to obtain the best bundle of knowledge and the maximum level of improved health, spread as equitably as possible? This question was the central focus of a major initiative from WHO led by Prof Tikki Pang, which resulted in a range of developments, including the publication of a conceptual framework for national health research systems – Knowledge for better health – in 2003, and in the founding of the journal Health Research Policy and Systems (HARPS). As Editors-in-Chief of the journal since 2006, we mark our retirement by tracking both the progress of the journal and the development of national health research systems. HARPS has maintained its focus on a range of central themes that are key components of a national health research system in any country. These include building capacity to conduct and use health research, identifying appropriate priorities, securing funds and allocating them accountably, producing scientifically valid research outputs, promoting the use of research in polices and practice in order to improve health, and monitoring and evaluating the health research system. ... In this Editorial, we outline some of the diverse and developing perspectives considered within each theme, as well as considering how they are held together by the growing desire to build effective health research systems in all countries. ...”

New (September) issue Global Health Science & practice

http://www.ghspjournal.org/content/5/3

Check it out. With editorials on maternal death surveillance and response in resource poor settings, and Routine Health Facility and Community Information Systems.