

# IHP news 440 : World Mental Health Day

*(11 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,*

*The EV governance meeting starts tomorrow in Antwerp, and next week all eyes will be on the [10<sup>th</sup> ECTMIH conference](#) (16-20 October), so for once we take the liberty of sending a newsletter a bit earlier, on Wednesday evening. As I'm not exactly a 'Woman Leader in Global Health' but rather part of the vast army of 'Male Losers in Global Health' (MLGH), multitasking is not one of my strong points. You can expect the next IHP newsletter right after the ECTMIH conference.*

*Still, we hope to offer you some of the most essential global health policy news from this week. With among others, World Mental Health Day, the first 100 days of Tedros, including a brand new NCD High-level Commission, World Obesity Day, some analysis & news related to the WB/IMF annual meetings kicking off now, other key events coming up soon (like the Women Leaders in Global Health conference, tomorrow in Stanford), the World Health Summit in Berlin (starting this weekend), and much more.*

*This week's IHP Featured article is also dedicated to World Mental Health Day, as you'll notice. The theme this year was 'Mental health in the workplace'.*

*Enjoy the read.*

*The editorial team*

## Featured Article

### **Mental Health in the Workplace: For too many people a contradictio in terminis in our (late-)capitalist world?**

*Elena Vargas (IHP intern, EV 2014) & Sara Ardila (EV resident, EV 2014)*

Every year, the World Mental Health Day is celebrated on October 10<sup>th</sup>. This year's theme is Mental Health in the Workplace. The [WHO](#) acknowledges that an adverse working environment can lead to negative mental and physical outcomes, while also highlighting depression and anxiety as conditions that hamper productivity (with a substantial impact on the global economy in turn).

Of course we welcome the fact that this year's theme is related to a "social determinant of health" rather than a particular mental illness. This opens the door to prevention of work-related mental health issues from a non-health perspective, and to a broader public policy perspective. Such a shift from an individual's illness focus to a psychosocial approach is long overdue.

WHO's proposal to boost mental health in the workplace suggests a three-pronged approach consisting of: (1) reducing work-related risk factors for health; (2) creating a healthy workplace; and (3) supporting people with mental disorders at work. The second one overlaps with [the agenda from the World Economic Forum](#). Nevertheless, even WHO's broader three-pronged approach falls short of what is needed to improve mental health in the workplace, basically, because it remains firmly grounded in the capitalist model, which by definition is incompatible with "[healthy lives, a healthy planet and social equity](#)".

There is no magic bullet or "one-size-fits-all" response to the issue of the workplace as a potential generator of suffering and illness. In addition, we need to acknowledge that work "as we know it" is constantly changing. We can look at the mental health impact of the workplace from various angles, whether it's the rise of the '[gig economy](#)' in the North; the high [unemployment](#) rates around the world that are expected to rise even further this year (as compared to 2016); the more than 40 million people across the world that are victims of modern slavery (with almost 25 million of these in forced labour), according to a recent [report](#) by the International Labour Organization (ILO) and the International Organization for Migration (IOM); or job dismissal, overwork & burn-out, common phenomena now in many "developed" and other countries. Just recently, we heard of one of the many cases of 'death from overwork' or [karoshi](#), in Japan, and students forced to work long hours in [China](#).

A while ago, we had the chance to interview Cecilia Ros and [Miriam Wlosko](#), two researchers who have been working for over 20 years on the [Health, Subjectivity and Work programme](#) (from the national university of Lanus) in Argentina. An interesting finding from their research concerns the impact of neoliberal policy reforms - aka "adjustments" - on people who are fired, the unemployed and their families and communities. In many cases, they found job dismissals not only to have an impact on those directly affected but also on the people who continue to work in the same place. The so-called 'survivors' (or those that are "left behind", if you want it in inclusive SDG jargon) more often than not have to endure conditions that are not acceptable, or downright precarious. According to Ros and Wlosko, dismissals and precarious working conditions have the purpose of disciplining workers; the threat of being fired has become a managerial strategy in quite a few workplaces around the globe, not just in Argentina - any resemblance with the situation of academics toiling in neoliberal environments is of course purely coincidental ☺.

SDG 8 aims to "promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all". The International Labour Organization has defined [decent work](#) as work that "*is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men*". Seems like a nice definition, if you ask us; still, many questions can be asked, such as: What is "a fair income"? How much participation should be promoted? How "[decent enough](#)" is work before it can be considered as 'decent work'?

And, perhaps even more importantly, is a 'decent work' agenda really compatible with a predatory globalized capitalist economy?

Whatever actions are taken to promote and create awareness of mental health in the workplace, we should perhaps get rid of the (somewhat naïve) belief that having a job will always be a guarantee of stability. We need to focus on improved well-being in the workplace, and not just zoom in on specific pathologies such as depression and anxiety. Last but not least, if we are to talk about mental health in the workplace, one needs to have a "workplace" first. As you know, not everybody is that lucky. And that's even before the robots and other AI tools are going to take over.

Well, at least they won't need Prozac☺.

## Highlights of the week

### WHO to establish high-level commission on noncommunicable diseases

<http://www.who.int/mediacentre/news/statements/2017/ncd-commission/en/>

Tedros has been **100 days in charge** now of WHO, and it's been quite a journey so far. As if to underline that, "*Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), announced [on Tuesday] the **establishment of a new High-level global Commission on Noncommunicable Diseases (NCDs)**. The announcement came at the 64th Session of WHO's Regional Committee for the Eastern Mediterranean being held in Islamabad, 9-12 October. **The commission's aim is to identify innovative ways to curb the world's biggest causes of death and extend life expectancy for millions of people. The commission will support ongoing political efforts to accelerate action on cardiovascular disease, cancers, diabetes and respiratory disease, as well as reducing suffering from mental health issues and the impacts of violence and injuries. The High-level global Commission will be chaired by Dr Sania Nishtar, a prominent global advocate for action against NCDs, former Federal Minister of the government of Pakistan and civil society leader...***"

*"We urgently need new approaches and action on a dramatically different scale if we are to stop people dying unnecessarily from noncommunicable diseases," said Dr Tedros.*"

As you know, later this month "... ministers and other health leaders from around the world will review progress in **Montevideo, Uruguay** at the WHO Global Conference on Noncommunicable Diseases, co-hosted by WHO and the President of Uruguay. Governments and other stakeholders will meet again at the **third United Nations High-level meeting on NCDs in 2018.**" Among others, Participants from Member States will adopt a roadmap (2018-2030) on #SDG 3.4 there.

Well received in most corners, this new Commission (as well as its chair).

A few tweets:

*"How will @SaniaNishtar's proposal of a "multistakeholder #NCDs Cooperative" outside @WHO determine her work as chair of the new HLC on NCDs? "*

**Pam Das** – *"What, another Commission?? To tell us what exactly? #nomorewords #weneedaction"*

**Kickbusch's** apt reply: *"Tongue in cheek question: who has more commissions? The Lancet? WHO? UN?" (duh...)*

## **Devex – Advocates seek noncommunicable disease funding mechanisms**

<https://www.devex.com/news/advocates-seek-noncommunicable-disease-funding-mechanisms-91240>

*"Advocates are pushing for the third U.N. high-level meeting on noncommunicable diseases next September to create new financing mechanisms, experts have told Devex."*

*"...Advocates would favor a sort of "Global Fund model" for NCDs, drawing on the experience fighting AIDS, malaria, and tuberculosis. But **Dain** and **Castro** both said they don't believe there is enough political will. "Big donors are just not interested in funding for NCDs. The appetite for creating new funds has waned," Dain said. Instead, they argued, the focus should be on domestic funding mechanisms, where advocates can make the case that combatting NCDs is in a country's national interest."*

## **NYT –As Cancer Tears Through Africa, Drug Makers Draw Up a Battle Plan**

<https://www.nytimes.com/2017/10/07/health/africa-cancer-drugs.html>

*"... In a remarkable initiative modeled on the campaign against AIDS in Africa, **two major pharmaceutical companies, working with the American Cancer Society, will steeply discount the prices of cancer medicines in Africa.** Under the new agreement, the companies — **Pfizer**, based in New York, and **Cipla**, based in Mumbai — have promised to charge rock-bottom prices for 16 common chemotherapy drugs. The deal, initially offered to a half-dozen countries, is expected to bring lifesaving treatment to tens of thousands who would otherwise die.*

*... The price-cut agreement comes with a bonus: Top American oncologists will simplify complex cancer-treatment guidelines for underequipped African hospitals, and a corps of IBM programmers will build those guidelines into an online tool available to any oncologist with an internet connection...."*

## World Mental Health Day 2017 (10 October)

[http://www.who.int/mental\\_health/world-mental-health-day/2017/en/](http://www.who.int/mental_health/world-mental-health-day/2017/en/)

*Mental health in the workplace* was the theme of **World Mental Health Day 2017**. “World Mental Health Day is observed on 10 October every year, with the overall objective of raising awareness of mental health issues and mobilizing efforts in support of better mental health.”

### WHO - mhGAP Forum, 9 – 10 October 2017 (Geneva)

“The two days of activities in the Forum [will] provide an opportunity for a diverse group of stakeholders to discuss a variety of themes, all related to the **implementation of WHO’s Mental Health Action Plan 2013-2020**. The Forum will also discuss specific commitments from partners towards implementing the Action Plan. ....”

“Several resources are available to help reduce the mental health treatment gap and to enhance the capacity of Member States to respond to the large burden of mental, neurological and substance use disorders.” Link for **more information and resources**:

[http://www.who.int/mental\\_health/mhgap/en/](http://www.who.int/mental_health/mhgap/en/)

### WHO launches training manuals for non-specialist health workers in providing Mental Health care

[http://www.who.int/mental\\_health/mhgap/training\\_manuals/en/](http://www.who.int/mental_health/mhgap/training_manuals/en/)

“As part of the Mental Health Gap Action Programme, WHO has developed **training manuals** (Training of trainers and supervisors training manual and Training of health-care providers training manual) to support implementation of the mhGAP Intervention Guide for mental, neurological and substance use (MNS) disorders in non-specialized health settings, version 2.0. These manuals can be used to build capacity among non-specialist health-care providers in the assessment and management of people with priority MNS conditions in low resource settings.”

[Access the mhGAP Training Manuals \(complete document\)](#)

PS: some observers also noted, with satisfaction, that “**WHO is getting more digital**”, see for example the **new WHO mobile app** for diagnosis & treatment of mental disorders. (WHO’s mhGAP Intervention guide app)

### World Federation For Mental Health - Mentally Healthy Workplace Pledge

<http://fs3.formsite.com/jpaleo/WMHD17/index.html>

You might want to show this pledge to the CEO of your organisation 😊. Or better even, let him/her sign it.

## IMF/WB annual meetings (Washington DC)

<https://www.imf.org/external/am/2017/index.htm>

Most of the action will start tomorrow, although some reports were already published over the past few days (including IMF's World Economic outlook). But do read first **some analysis on what to expect:**

### Devex - 5 things to watch at the 2017 World Bank Annual Meetings

<https://www.devex.com/news/5-things-to-watch-at-the-2017-world-bank-annual-meetings-91219>

Must-read. *“**Capital**” looks to be the watchword of the 2017 World Bank and International Monetary Fund annual meetings: Who has it? Who’s going to get more of it? And how can it be better deployed to achieve maximum development impact around the world? These are **the first annual meetings of World Bank President Jim Yong Kim’s second term in office**, and they provide a venue for Kim to make the case for why the multilateral development institution still occupies a central place in a changing world — and why it should get more funding...”* “...Kim has argued the World Bank offers its shareholders good value for money, and he is pitching the institution as no mere lender, but a **financial wizard capable of turning billions into trillions**. The **International Finance Corporation** — the bank’s private sector arm — plays a critical role in that vision, and World Bank-IFC cooperation around a new **“cascade” lending and investment framework** will be on full display this week in Washington. Finally, Kim is looking to direct the world’s attention to the state of **human capital** — and the critical role investments in health and education play in preparing the world’s future workforce for an economy transformed by automation and demanding higher skilled employees...”

(PS: I thought ‘capital’ is the watchword every year at these events 😊)

Read also (Devex, analysis by Raj Kumar, ahead of the annual meetings) [Smart Money: The World Bank looks to a future of creative financing](#) “...At this year’s annual meetings, participants need to be acquainted with a kaleidoscope of newly promoted financial instruments...” Blue bonds, green bonds, GFF, Pandemic bonds, ... you name it. Still hoping for Purple Bonds too.

### Bretton Woods project – Pre-meetings background – winds of change: Will Bank & Fund’s ‘new’ approaches help ‘the poorest’?

<http://www.brettonwoodsproject.org/2017/10/world-bank-imf-spring-meetings-2017-pre-meetings-background/>

We also enjoyed this analysis ahead of the meetings, by the BW Project.

Summary: *“This year’s annual meetings take place in the shadow of continued uncertainty about the global economic and political landscape, including increasing concerns about high levels of public and private debt and the inability of developed countries to escape the “new normal”. Luckily, the Bank and Fund seem to have found a silver bullet: along with the G20, they are betting heavily on the power of mega-infrastructure to drive global growth. The prospect of the Bank’s new role as ‘market*

*maker' has resulted in giddy excitement at the possibility of 'win-win' arrangements with the private sector. The change of US attitude toward the Paris Agreement will also shape the meetings' context, as will the recent series of catastrophic storms, giving the economic, political and social impacts of climate change more prominence. The Fund meanwhile seems happy to continue to nurture the flowers of the "IMF spring" without yet grasping how tackling inequalities and moving beyond a focus on growth and fiscal discipline would fundamentally change its role and work."*

My favourite paragraph: "...“With apparently no sense of contradiction, the Bank and Fund will, alongside privileging wealthy asset owners by focusing on ‘leveraging private sector investment for development’ and overwhelmingly promoting fiscal consolidation, also spend much time discussing inequality, ‘shared prosperity’ and inclusive growth at several inequality events.””

## **Devex – Q&A: the World Bank's quiet evolution on tobacco taxes**

<https://www.devex.com/news/q-a-the-world-bank-s-quiet-evolution-on-tobacco-taxes-91259>

(Must-read) “On Wednesday [i.e. today], **World Bank President Jim Yong Kim, former New York City Mayor Michael Bloomberg, a group of finance ministers, and a handful of policy experts will meet behind closed doors to discuss a tax measure that has the potential to save millions of lives.** Tobacco taxes — when they are implemented with the express purpose of reducing the number of people who smoke — offer national governments an extremely effective policy tool for tackling negative health outcomes, **William Savedoff**, a senior fellow at the Center for Global Development who will also be in Wednesday’s meeting, told Devex. **Savedoff has pressed the international financial institutions to take a more proactive stance on tobacco taxes for years, and he is happy to see that the World Bank now seems to be taking that advice to heart.** Devex spoke to Savedoff ahead of Wednesday’s meeting, where the bank will present a new paper it has produced, which argues for countries to make better use of this “underutilized” policy tool....”

PS: Savedoff hopes that eventually, **IMF**, will also come on board. So far they’ve been wishy-washy about tobacco taxes.

See also this **CGD blog by Savedoff** - [Dear Finance Minister: The World Bank Has Cleared the Air on Tobacco Taxes](#).

## **Over 100 organizations sign open letter calling for meaningful solution to inequality (at the start of the annual meetings, addressed at WB/IMF)**

<https://www.fightinequality.org/statement/>

“We are a group of 133 civil society organisations from many different backgrounds and countries, representing millions of people. **Together we are demanding the IMF and World Bank stop fuelling the global inequality crisis....**” They request two things: (1) a complete revolution in their governance; (2) “we need to see a public break with the broken economic model of neoliberalism, and a recognition that it is has failed. “

## Lancet Global Health (blog) - Getting serious about financing the end of epidemics

Chris Collins (President of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria )

<http://globalhealth.thelancet.com/2017/10/06/getting-serious-about-financing-end-epidemics>

Timely blog, with all this 'creative financing' in the air (see Washington DC). Good overview of what's need, in terms of "innovative financing" for global health, donor aid, domestic resource mobilization, ... to end the epidemics of AIDS, tuberculosis, and malaria.

*(still think that bombing a couple of tax havens and putting some PPP whizzkids (like Richard Branson) in jail would help too)*

## Guardian - Donald Trump is exposing the contradictions of the elite

[https://www.theguardian.com/commentisfree/2017/oct/05/donald-trump-exposing-contradictions-elite?CMP=share\\_btn\\_tw](https://www.theguardian.com/commentisfree/2017/oct/05/donald-trump-exposing-contradictions-elite?CMP=share_btn_tw)

*"Will the same elite who protested Trump's travel ban and support of white supremacists also oppose tax proposals that would make them richer? Unlikely."*

Important piece, also for a part of the global health community, especially in the US & UK. The ones you see beaming and shining at Replenishments for GAVI & other PPPs.

## Women Leaders in Global Health (Stanford, 12 October)

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

You gotta admit – **Women in Global Health** are all over the place now, excellently led by **Roopa Dhatt**, who's giving a master class in 'how do you influence global health policy governance' on a near daily basis. Last week, the movement could claim a big victory (see the WHO senior team appointed by Dr Tedros), and as Roopa mentioned on Twitter, the next target is **Global Fund leadership**.

Tomorrow, Thursday 12 October, There's the Women Leaders in Global Health event in Stanford, and the line-up looks very exciting. Check out the **final schedule** here:

<https://www.wlghconference.org/schedule>

Hashtag **#WLGH17** . The event will also be **live webcast**. As for IHP, stay tuned for a blog in the coming days from our colleague **Sara van Belle**, with some of her impressions and reflections on the event in Stanford.



## #Global Health 5050

This initiative aims to drive accountability for gender equality in global health. Among other things, it will examine the policies and practices of about 150 organizations active in global health across 7 variables that are inward and outward facing. The official launch of this initiative is scheduled for next year. But the **soft launch of the website** is for today, normally (Wednesday).

## World Girls Day (11 October)

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

*“The day aims to highlight and address the needs and challenges girls face, while promoting girls' empowerment and the fulfillment of their human rights.”*

The **theme** of the International Day of the Girl Child 2017 is “**EmPOWER girls: before, during and after crises**”. “*War and conflict exacerbate the vulnerability of girls to child marriage, intensify inequality and make women and girls susceptible to both household and intimate partner violence, all of which increase the vulnerability of women and girls to HIV.*”

You find good reads related to this day on CFR <https://www.cfr.org/blog/international-day-girl-child-0> and in a FT Health - [Special report on Adolescent girls](#). Not that we like economic arguments & investment cases too much, but do read among others, [Why invest in teenage girls? The economic argument is compelling: adolescence is the moment to secure a triple benefit for society](#).

Or a Comment by Liliane Ploumen (Dutch minister behind ‘She Decides’) - [Why I stood up for adolescent girls](#) “America’s regressive policies on abortion are a calamity for girls’ and women’s rights that the rest of the world must counter.” Read why she started She Decides.

## CGD - What’s In, What’s Out: Designing Benefits for Universal Health Coverage: Key Messages for Donors and Advocates

<https://www.cgdev.org/publication/whats-whats-out-designing-benefits-universal-health-coverage-key-messages>

Summary of the key messages of “**What’s In, What’s Out: Designing Benefits for Universal Health Coverage**”. Read the book [here](#).

For the related **blog post** (by Amanda Glassman et al) see [Defining Benefits for Universal Health Care—How Governments Can Get the Most Bang for Their Health Care Buck](#) Also with some key takeaways.

“... Many low- and middle-income countries now aspire to achieve UHC, where everyone can access quality health services without the risk of impoverishment. But for universal health care to work in

practice, the health services offered must be consistent with the available funds, and this implies very difficult decisions—particularly for low- and middle-income countries that are resource-constrained, but where demand for high-quality health services and technologies is increasing rapidly. **In collaboration with iDSI, we're launching a new book, What's In, What's Out: Designing Benefits for Universal Health Coverage.** It shows how a **defined list of services that will be funded with public monies** (called a “**health benefits package**” or **HBP**—known in the US as “essential benefits”) can help bridge the gap between the aspirational rhetoric of universal health care and the real budgetary limitations that many countries face. A good HBP should be practical and made in consideration of the fiscal, human resource, infrastructural, and geographic constraints of that setting....”

## Devex – Abu Dhabi, Gates officials offer new details of partnership

<https://www.devex.com/news/exclusive-abu-dhabi-gates-officials-offer-new-details-of-partnership-91222/amp>

*“Senior officials from the United Arab Emirates and the Bill & Melinda Gates Foundation have offered new details about an **upcoming gathering in Abu Dhabi** aimed at ending deaths from preventable disease. **The Reaching the Last Mile summit**, first reported by Devex last month, will mark the **growing role that Abu Dhabi aims to play in global public health**. ... .. Together with the Gates Foundation and the Carter Center, Abu Dhabi is set to host a forum in November that will launch an expanded role for the emirate as a leader in pushing for an end to neglected tropical diseases. The event marks an emerging philanthropic strategy for Abu Dhabi's Crown Prince. **The Reaching the Last Mile summit on November 15** will be co-hosted by the Crown Prince of Abu Dhabi Mohammed bin Zayed Al Nahyan, the Gates Foundation, and the Carter Center. “The key element of this forum is to galvanize international action for global elimination and elimination efforts, including through pioneering public-private partnerships, new health infrastructure, and innovative technologies and solutions,” Nassar Al Mubarak, director at the Office of Strategic Affairs at the Crown Prince’s Court, said at a small roundtable attended by Devex on Saturday. **Specifically, the event will focus on disease eradication, malaria elimination, neglected tropical diseases, innovation, and partnerships**. It will also host the Recognizing Excellence Around Champions of Health (REACH) Awards recognizing frontline health workers in affected countries.”*

## Lancet Global Health (November issue)

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

There’s plenty of good stuff in the Lancet Global Health November issue. We want to draw your attention, among others, to:

- Editorial - [Disaster prevention should be equal](#)

*“... as the work being done to reduce the world's communities' exposure to natural disasters is celebrated this month, **consideration must be given to how to do the same for conflict-related***

*disasters. The international community must make a better use of peacebuilding capacities and development efforts to address the root causes of violence and prioritise prevention and sustainable peace, not just react to crises....”* ( Editorial linked to the **International Day for Disaster Reduction (Oct 13)** )

- **Comment - [A new public health order for Africa's health security](#)** (by John Nkengasong (Africa CDC) et al) **“On July 3, 2017, African heads of state and government issued a declaration and committed to accelerating implementation of the 2005 International Health Regulations (IHR) and tasked the Africa Centres for Disease Control and Prevention (Africa CDC), the African Union Commission (AUC), and WHO with supporting the venture. The IHR is a global legal agreement that aims to prevent and respond to the spread of diseases to avoid their becoming international crises. The Ebola virus disease outbreak that started in March 2014, resulted in an estimated 11 000 deaths and US\$3 billion in economic losses in west Africa. The declaration is not only a reaffirmation of Africa's determination to scrupulously implement the IHR but should also serve as a new African public health order in addressing health security and inequities on the continent. Here we argue that a new public health order should address two broad categories of barrier that have challenged the implementation of IHR (2005) in Africa: health systems and systems for health....”**
- The debate on **how to frame NCDs (or STCs)** also continues, with a number of great letters (and a [reaction](#) to them by **Luke Allen** et al). Check them out!
- Finally, make sure you also read [Beyond divisive dichotomies in disease classification](#) (by **Felicia Klein, Julio Frenk** et al). *“The divide between communicable and so-called non-communicable diseases (NCDs) is a pervasive, false dichotomy of global health. We contribute to the debate on renaming NCDs by **proposing an integrating framework** that considers both the nature of the disease and the characteristics of the required systemic response. In contrast to other renaming suggestions which tend to focus on dichotomy, we propose a framework that accounts for systemic responses to coexisting epidemiological profiles, comorbidities in patients, and sustained rather than episodic care....”*

## UNAIDS & UNFPA launch road map to stop new HIV infections

[http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/october/20171010\\_prevention-roadmap](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/october/20171010_prevention-roadmap)

*“As part of global efforts to end AIDS as a public health threat, UNAIDS, the United Nations Population Fund (UNFPA) and partners have **launched a new road map to reduce new HIV infections**. The **HIV prevention 2020 road map** was launched at the first meeting of the Global HIV Prevention Coalition. The coalition is chaired by the Executive Directors of UNAIDS and UNFPA and brings together UN Member States, civil society, international organizations and other partners as part of efforts to reduce new HIV infections by 75% by 2020.*

*... **The HIV prevention 2020 road map contains a 10-point action plan that lays out immediate, concrete steps countries need to take to accelerate progress.** Steps include conducting up-to-date analysis to assess where the opportunities are for maximum impact, developing guidance to identify gaps and actions for rapid scale-up, training to develop expertise in HIV prevention and on*

*developing networks and addressing legal and policy barriers to reach the people most affected by HIV, including young people and key populations.”*

See also [UNAIDS launches Coalition to step up commitment to HIV prevention.](#)

## **Foreign Policy – Yemen’s man made cholera outbreak is about to break a record**

[FP:](#)

*Some world records you don’t want to break. “... At last count on Oct. 1, Yemen had 777,229 suspected cases of cholera, with the death toll at 2,134 people, according to the World Health Organization. Soon, Yemen will surpass Haiti, which has documented about 815,000 cholera cases. In Haiti, however, the outbreak began in 2010 and has taken seven years to reach that figure. In Yemen, it has taken only about six months to reach those alarmingly high numbers. “Since WHO records began in 1949, there hasn’t been a faster outbreak on record than we’ve seen in Yemen,” Ruairidh Villar of Save the Children told Foreign Policy. “And in the next few days, Yemen will also become the largest since records began.””*

## **GF – Partners Launch Global Effort to Find Missing Cases of TB**

<https://www.theglobalfund.org/en/news/2017-10-09-partners-launch-global-effort-to-find-missing-cases-of-tb/>

*“Global health partners and implementers from 13 countries with a high burden of tuberculosis launched an ambitious program to find and treat an additional 1.5 million missing cases of TB by the end of 2019. The new initiative is critically important to stopping the spread of TB and to reaching the global goal of ending TB as an epidemic by 2030. The new effort seeks to support a combination of innovative and targeted programs, promote better use of data and evidence and expand the most successful approaches to find more missing cases of TB. It is supported by an investment of up to US\$190 million by the Global Fund.”*

*“At the 48th Union World Conference on Lung Health in Guadalajara, Mexico, partners from WHO, Stop TB Partnership, and the Global Fund and implementers from Bangladesh, Democratic Republic of Congo, Indonesia, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, Ukraine, Kenya, Mozambique and India met to support and launch the joint effort to reduce the missed cases of TB...”*

## Obesity crisis

### WHO – Tenfold increase in childhood and adolescent obesity in four decades: new study by Imperial College London and WHO

<http://www.who.int/mediacentre/news/releases/2017/increase-childhood-obesity/en/>

“The number of obese children and adolescents (aged five to 19 years) worldwide has risen tenfold in the past four decades. If current trends continue, more children and adolescents will be obese than moderately or severely underweight by 2022, according to a new study led by Imperial College London and WHO. The study was published in *The Lancet* ahead of World Obesity Day (11 October).”

“ In conjunction with the release on the new obesity estimates, WHO [is] publishing a summary of the **Ending Childhood Obesity (ECHO) Implementation Plan**. The plan gives countries clear guidance on effective actions to curb childhood and adolescent obesity. “

Coverage for example in the FT – [Global childhood obesity rises 10-fold in 40 years](#). “Rates have soared in low- and middle-income countries, but have plateaued in higher-income nations.”

### Lancet - Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32129-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32129-3/fulltext)

The Lancet Study, by the **NCD Risk factor collaboration**. “In time for World Obesity Day (Oct 11), a global analysis of trends in 200 countries shows a more than ten-fold increase in the number of children and adolescents with obesity worldwide in the past four decades.”

You might also want to read the related [Comment](#) in the Lancet.

### Guardian - Global cost of obesity-related illness to hit \$1.2tn a year from 2025

<https://www.theguardian.com/society/2017/oct/10/treating-obesity-related-illness-will-cost-12tn-a-year-from-2025-experts-warn>

“The cost of treating ill health caused by obesity around the world will **top \$1.2tn every year from 2025** unless more is done to check the rapidly worsening epidemic, according to new expert estimates. ... The **new figures come from the World Obesity Federation (WOF)**, which says there will be **2.7 billion overweight and obese adults by 2025**, many of whom are likely to end up needing medical care. That means a third of the global population will be overweight or obese.”

The “champ”? The US, of course. Do inform the Donald.

## Global health events

### Starting tomorrow: AMR conference in Berlin (12-13 October)

<https://wellcome.ac.uk/news/global-call-action-drug-resistant-infections>

*“The conference, in Berlin on 12 and 13 October 2017, is organised by Wellcome in partnership with the UK, Ghanaian and Thai governments and the UN Foundation. It will support the work of the Antimicrobial Resistance Inter-Agency Coordination Group (IACG).”*

Ahead of this important meeting, do read (in the **Guardian**) - [‘Antibiotic apocalypse’: doctors sound alarm over drug resistance](#)

### World Health Summit Berlin (13-15 October)

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

Stay tuned for a report from IHP correspondent, **Elena Vargas**, in next week’s IHP newsletter. The WHS’s programme looks incredibly interesting, to be honest. Severe case of [FOMOOC](#) (Fear of Missing Out On Conferences), you might say 😊.

### 10<sup>th</sup> ECTMIH conference in Antwerp

<http://www.ectmih2017.be/>

Final programme is available now. Stay tuned for updates, blogs, ... next week!

### London School – (inaugural) London Model World Health Organisation Simulation (20-22 October)

<https://www.lshtm.ac.uk/newsevents/events/london-model-world-health-organisation-simulation>

This looks like a really nice simulation - the **inaugural London Model World Health Organisation Simulation**. *“The [inaugural] 2017 Conference invites students from multiple disciplines to debate and develop policy within the field of global health, turning their multiple skills of journalism, medicine, law, international development, and public health into this year’s theme of “Global Mental Health”.*

## Global governance of health

### Croakey (blog) Global health warning over challenges facing countries “in transition”

<https://croakey.org/global-health-warning-over-challenges-facing-countries-in-transition/>

*“Many low-income countries face significant challenges to their capacity to fund priority health areas in the next five years, according to a new report. The report, **Progress in Peril? The changing landscape of global health financing**, says in the next five years at least 24 low-income countries are facing a “transition” period when they will lose external financing, often from multiple sources, because their economies have grown.”* You find the report [here](#).

### Update on Global Fund search for an Executive Director

<https://www.theglobalfund.org/en/search-for-executive-director/updates/2017-09-29-update-on-the-search-for-an-executive-director/>

*“... the second round of interviews [i.e. with candidates] is scheduled for 9-10 October 2017. At the conclusion of these interviews, the Committee plans to select four to five finalists, to be recommended to the Board as the highest qualified candidates.*

*The Committee plans to submit a final report to the Board just prior to a Board retreat scheduled for 24-25 October 2017. At the retreat, the finalist candidates will be invited to make a presentation and to be interviewed, in addition to informal meetings with Board Members and Alternate Board Members. At the close of the retreat, the names of the final candidates will be published on the Global Fund website. “*

Meanwhile, while you’re probably dying to know who these 4-5 candidates might be, you can provide your comments and input through a **dedicated inbox**: [edconsultation@russellreynolds.com](mailto:edconsultation@russellreynolds.com). (I refrain from snarky comments)

### Devex – New initiatives put regional health security at the forefront of Australian aid priorities

<https://www.devex.com/news/new-initiatives-put-regional-health-security-at-the-forefront-of-australian-aid-priorities-91224>

While a former Australian leader (with an IQ probably rivalling Trump’s) saw a silver lining in climate change for humanity, there was more encouraging news on the health security front. *“It has been 20 years since Australia last hosted the World Health Organization Regional Committee for the Western Pacific. This year, as host of the 68th session in Brisbane from October 9 to 13, Australia*

marked the occasion with **major announcements committing the government to support detection, preparation, and response on issues impacting the health security of the region.** The launch of a 300 million Australian dollar (\$233 million) **Indo-Pacific Health Security Initiative** by the Department of Foreign Affairs and Trade and Australia's Therapeutic Goods Administration — part of the Australian Government Department of Health — was the big ticket item targeting existing and emerging infectious diseases in Australia and surrounding countries, with the initial focus on drug-resistant tuberculosis and malaria in the Indo-Pacific region.”

## Lancet (Comment) – Treaty to prohibit nuclear weapons: towards safeguarding humanity

Andy Haines et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32562-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32562-X/fulltext)

*“Escalating tensions around nuclear weapons in North Korea remind us that **humanity remains vulnerable to their use by design, miscalculation, or accident.** About 15 000 warheads exist today, of which nearly 1800 warheads are on alert and ready for use at short notice. **On July 7, 2017, 122 nations voted to adopt the Treaty on the Prohibition of Nuclear Weapons.** On Sept 20, 2017, the treaty opened for signatures at the UN and 50 states signed the treaty on the opening day....”*

One thing that struck me in this piece, among others: “...For example, even a limited nuclear war, as might take place between India and Pakistan, could cause enough climate disruption to result in worldwide crop failures and a global famine that might put up to 2 billion people at risk.”

## Is the GFF trying to raise too much or too little?

<https://blogs.savethechildren.org.uk/2017/10/is-the-gff-trying-to-raise-too-much-or-too-little/>

Recommended blog by **Simon Wright** (Save the Children). “The Global Financing Facility in support of Every Woman Every Child (GFF) has launched its call for a 2018 replenishment with a target of raising \$2 billion from donors. This mechanism, hosted at the World Bank, aims to support investment in health, specifically in support of the Global Strategy for Women’s, Children’s and Adolescents’ Health.” That’s exactly the right amount, Wright argues. “...Save the Children supports this replenishment because we believe that the GFF model could prove successful and could help avoid the historic problems of donor dependency and indebtedness. More than \$2bn might risk increasing dependency on donors. Less than \$2bn might not incentivise governments to increase their domestic resources. However, if the model is to be fully realised, the goal of increasing domestic resources for health must be the top priority, with concrete wins in the short-term, not vague long-term aspirations.”



## UN Dispatch - For the first time, Women Outnumber Men in Senior Posts at a UN Agency

<https://www.undispatch.com/first-time-women-outnumber-men-senior-posts-un-agency/>

Some more analysis on some of the big news from last week.

A few quotes & excerpts:

“... WHO is not the only global health giant with a gender problem in its leadership ranks. There are two women on the ten-member senior executive team at the Gates Foundation. Only six out of the 18 executive team members at UNAIDS are female, and just three of ten at the UN Development Program. ...”

*“The need for Gender Parity at Top UN Posts is Becoming More Widely Accepted”*

*“...A majority-female team should not be a big deal. Not in 2017, and certainly not in global health. The fact remains that it is. “*

## Plos Med (Policy Forum) –Regional initiatives for malaria elimination: Building and maintaining partnerships

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002401>

*“Andrew Lover and colleagues discuss the strengths and challenges of regional malaria initiatives.”*  
(I almost read ‘Andrew Lover & partners’)

## Cidrap - Secretary Tillerson lauds global health security agenda

<http://www.cidrap.umn.edu/news-perspective/2017/10/secretary-tillerson-lauds-global-health-security-agenda>

News from late last week. While probably preparing for a tough IQ-contest with his boss, “...In a keynote speech in Washington, D.C., yesterday at the Grand Challenges network annual meeting, US Secretary of State **Rex Tillerson** voiced support for US collaboration on global infectious disease issues, including ongoing efforts to battle threats such as HIV and malaria. He also **signaled US support for extending to 2024 the Global Health Security Agenda (GHSA)**, a partnership of 50 nations, international organizations, and nongovernmental organizations geared toward building countries' capacity to prevent and respond to infectious disease threats.”

## Global Health Governance Programme (blog) – The World Bank’s Pandemic Insurance: a wise use of donor money?

Felix Stein; <http://globalhealthgovernance.org/blog/2017/10/9/the-world-banks-new-pandemic-insurance-a-wise-use-of-donor-money>

Recommended blog, summarizing some of the points made in a recent BMJ article on the WB’s PEF, but also going beyond it. See the end, for example: “...**What is clear so far is that financial investors believe that they get a good deal out of the insurance scheme.** In a recent press release the World Bank’s Treasury announced that the bonds through which investors are paid for pandemic risk coverage were oversubscribed by 200% upon being brought to market. It added that this reflected “an overwhelmingly positive reception from investors and a high level of confidence in the new World Bank sponsored instrument”. Whether the donors who are ultimately meant to pay for this mechanism will have a similarly positive view remains to be seen.”

## Eurodad (briefing) – Public-Private Partnerships: Defusing the ticking time bomb.

M Vervynckt et al; <http://www.eurodad.org/PPPs-briefing-2017>

I hear you say, a ticking time bomb more or less, what’s the difference, in our times? “A new briefing from Eurodad reveals how the increased promotion of public-private partnerships (PPPs) by the World Bank and others is having a disastrous impact on both developed and developing countries.” Focus, among others, here on the **fiscal costs of PPPs on the public purse.**

## Oxfam Briefing paper – Great expectations: is the IMF turning words into action on inequality?

<https://www.oxfam.org/en/research/great-expectations-imf-turning-words-action-inequality>

“In recent years, the International Monetary Fund has become a global leader in highlighting the inequality crisis; consistently identifying it as a major threat to human progress and prosperity. This is a significant shift from its previously held position that rising inequality was a necessary trade-off for achieving greater economic growth. **What is the IMF doing in practice to operationalize its agenda for tackling inequality?** The IMF’s main initiative has been a **series of pilots that integrate inequality analysis into its economic surveillance of countries.** This paper outlines **Oxfam’s evaluation of these pilots and finds that they are not promoting policies that reduce inequality.** It gives recommendations for the IMF to systematically incorporate the fight against inequality into its research and its actions on the ground.”

## HP&P - Health Sector Network Governance and State-building in South Kivu, Democratic Republic of Congo

A Bwimana; <https://academic.oup.com/heapol/article/doi/10.1093/heapol/czx095/4345779/Health-Sector-Network-Governance-and-Statebuilding>

*“Longstanding patterns of interaction exist between state and non-state actors seeking to improve public health in Democratic Republic of Congo (DRC). DRC is a weak state, and, in many cases, private actors have stepped in to fill the void created by the lack of state health care provision. However, the role of these interactions in creating a governance network in the health sector has been underexplored. Using data from 18 months of qualitative field research, **this study aimed to explore governance networks in DRC’s health sector, examining how multiple stakeholders work to manage the health system and how the resulting governance network has been relevant for the state-building process.** The findings demonstrate that the **health sector in South Kivu is emerging as an arena of networked governance** based on active partnerships between state institutions and non-state actors. Interactions between state and non-state actors account for the persistence of the health sector in a setting characterized by state weakness. However, **networked governance does not function optimally**, because, although non-state interventions fill the void where the state falls short, the DRC state has faced the challenge of interacting with partners with fragmented and horizontally competing agendas. Although weak, the shadow of state authority is present in the arena of stakeholders’ interactions, as the state plays a determining role by providing a regulatory framework. Overall, the findings show that the interactive engagement of non-state actors contributes to improving institutional capacity through these actors’ engagement with state institutions for health system management and institutional development. However, although networked health sector governance does contribute to state capacity, it is difficult to assess the real influence of these interactions on the state-building process in a context of critical fragility, where coordination and alignment have been problematic.”*

A needed publication on PPP in fragile states, in the words of somebody on Twitter.

## WHO (report) – Promoting health in the SDGs: Report on the 9th Global Conference for Health Promotion: All for Health, Health for All, 21-24 November 2016

<http://www.who.int/healthpromotion/conferences/9gchp/shanghai-conference-report/en/>

Report of the Shanghai conference of last year. *“**The 9th Global Conference on Health promotion was held in Shanghai, China from 21-24 November 2016.** It was an extraordinary milestone because it **positioned health promotion within the 2030 agenda.** The **Shanghai Declaration** recognizes health and well-being as essential to achieving sustainable development. It reaffirms health as a universal right, an essential resource for everyday living, a shared social goal, and a political priority for all countries. The message from the over 1260 high-level political stakeholders gathered in Shanghai was clear: **health is a political issue and, therefore, political choices and commitments are crucial.** Bold political action across sectors is needed in order to realize the transformative potential of promoting health in the SDGs. **Good health is good politics.** The conference calls on the global community - leaders, policy-makers, communities - to #ChooseHealth and leave no one behind.”*

Wonder why political action always has to be 'bold', though. We're witnessing "bold" action all the time on our tv-screens...

## IDS (workshop report) - Unpicking Power and Politics for Transformative Change: Towards Accountability for Health Equity.

IDS:

Report of the IDS workshop from a few months ago. *"From 19-21 July 2017, IDS brought together 80-plus activists, researchers, public health practitioners and policy makers to examine critically the forces that shape accountability in health systems, from local to global levels. Our partners in convening this workshop, as part of a new IDS programme on "Accountability for Health Equity" were the Unequal Voices project, Future Health Systems, the Open Society Foundations, the Impact Initiative and Health Systems Global. This is the workshop report for the event which is a record of the presentations and discussions that occurred over the course of these three days."*

## IJHPM – The No-Destination Ship of Priority-Setting in Healthcare: A Call for More Democracy

B Seixas; [http://www.ijhpm.com/article\\_3424\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3424_0.html?utm_source=dlvr.it&utm_medium=twitter)

*"In dealing with scarcity of resources within healthcare systems, decision-makers inevitably have to make choices about which services to fund. Setting priorities represents a challenging task that requires systematic, explicit and transparent methodologies with focus on economic efficiency. In addition, the engagement of the general public in the process of decision-making has been regarded as one of the most important aspects of the management of publicly-funded health systems in liberal democracies. In the current essay, we aim to discuss the problematics of public engagement in the process of resource allocation and priority-setting within the context of publicly funded health systems. Our **central argument** is that although there may be a conflict between democratic mechanisms of citizen participation and economic efficiency, in the extra-welfarist sense, expected for/from the system, the **solution for this tension does not seem to rely on more or novel authoritative technocratic approaches, but rather on the deepening and betterment of democratic participation.**"*

## CSIS (report) - From AIDS to Zika: Brazilian Approaches to Protecting Health in Critical Contexts

K Bliss et al; <https://www.csis.org/analysis/aids-zika>

*"In May 2017, a small team from the CSIS Global Health Policy Center visited Brazil to better understand the country's approaches toward issues of global health security. This includes preventing*

*and responding to infectious disease outbreaks, bolstering pandemic preparedness capacities in the region, strengthening Brazil's national disease surveillance network, scientific and technical collaboration, and health preparations in advance of mass gatherings. Based on our conversations in Brazil and in the United States, the team concluded that the history of U.S.-Brazil engagement on health, as well as Brazil's recent experiences addressing the 2015–2016 Zika outbreak and preparing for the 2016 Olympics in Rio de Janeiro, offer important lessons for the U.S. government to consider, both as it rethinks its relationships on health with other middle-income countries and as it advances its health security agenda in the years to come."*

## Global Health Governance – Storify of GBD's 20th anniversary

<http://globalhealthgovernance.org/blog/2017/10/5/the-20th-anniversary-of-the-global-burden-of-disease-at-the-institute-for-health-metrics-and-evaluation>

Storify by **Marlee Tichenor** of this event from a few weeks ago at IHME headquarters in Seattle.

## UHC

### More evil plans from Donald Trump & co

Via our colleagues from [Stat News](#):

***"President Trump is slated to release an executive order overhauling health care relatively soon, just ahead of open enrollment. It's expected that the order will expand so-called association health plans, which allow trade and professional associations to buy health insurance for themselves and their employees and which don't have to stick to Obamacare's essential benefit requirements. There's concern that'll leave insurers for small businesses to cover a disproportionate share of sick people, driving up premiums and destabilizing the markets. **President Trump also named a new acting health secretary last night: Eric Hargan, who was just sworn in as deputy secretary last week. ..."*****

For more info: see [Reuters - Trump says he's likely to sign healthcare order this week](#) & [Reuters - Trump names Eric Hargan as acting Health Secretary](#).

And a tweet on an **evil GOP plan**: "GOP's new 3-part "synthetic repeal" strategy to kill the ACA without ever passing a bill repealing it."

## Livemint - Study highlights shortcomings of government's health schemes

<http://www.livemint.com/Politics/dU1NjlPr8p7cyRfMOihilO/Study-highlights-shortcomings-of-governments-health-schemes.html>

News from India. *“Government-sponsored health programmes such as Central Government Health Scheme (CGHS) and Rashtriya Swasthya Bima Yojana (RSBY) that can serve as change agents for strengthening healthcare and achieving universal health coverage have either failed in implementation or have been ineffective in offering access to healthcare, according to studies done by Public Health Foundation of India (PHFI).”*

Related tweet from **Rob Yates**: *“ It was obvious 10 years ago that India’s RSBY health insurance schemes would fail. World Bank and GIZ are culpable.”*

## After 10 years of approved health reform, coverage increased from 700.000 to 2.535.000 Uruguayans.

(in Spanish) [http://isags-unasur.org/it\\_materia.php?lg=2&ev=3777](http://isags-unasur.org/it_materia.php?lg=2&ev=3777)

Uruguay is a bit of a role model –see also its hosting of the NCD summit in Montevideo later this month. 10 years ago, Uruguay implemented its integrated National Health system. Today, according to data released by Uruguay’s ministry of health, coverage increased from 700 thousand Uruguayans to 2,5 million. In addition, Uruguay is the country with the lowest maternal mortality in Latin America, and the second with the lowest vertical transmission rate of HIV from mothers to children.

## Civil Society taking action in UHC2030

<https://www.uhc2030.org/news-events/uhc2030-news/article/civil-society-taking-action-in-uhc2030-424537/>

Update on CSOs in UHC 2030. *“It’s been a busy time for CSOs in UHC2030. The Civil Society Engagement Mechanism has selected members of the Advisory group; participated in a high-level event on universal health coverage at the UN General Assembly in New York; and organised CSO consultations in five countries to establish country-led recommendations for action in UHC2030. Plans, in the lead up the UHC Forum in Tokyo in December 2017, are also taking shape with key meetings and discussions due to take place among CSOs.”*

## CHESAI (blog) – The Health Systems Planning & Governance Platform: thinking about health systems governance and how it can be used to improve population health

N Ade ; <http://chesai.org/index.php/blog/99-the-health-systems-planning-governance-platform-thinking-about-health-systems-governance-and-how-it-can-be-used-to-improve-population-health>

*“... the **Health Systems Planning and Governance Platform (HSPGP)** was launched in April 2017 & established with the aim of engaging with this concept (i.e. “governance”). It was launched by a few health professionals and active members of a previous community of practice on health systems planning & budgeting who wanted to create a technological space where interested health researchers and practitioners in Africa could collaboratively join the search for knowledge and understanding on health systems governance. ” Bilingual. **Blog by the facilitator of this platform.***

See [Health Systems Governance Platform](#).

And a quick link: NYT - [Puerto Rico’s Health Care Is in Dire Condition, Three Weeks After Maria](#).

## Planetary health

### Lancet Planetary Health – October issue

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

Well worth a thorough look.

Among others, we’d like to draw your attention to:

[Implementation of policies to protect planetary health](#) (by S Pattanayak & A Haines)

*“...Implementation research is a vital but neglected contributor to the safeguarding of health in the Anthropocene and deserves increased priority, funds, and attention.”*

[The need for a systems approach to planetary health](#).

### Guardian – World will need 'carbon sucking' technology by 2030s, scientists warn

<https://www.theguardian.com/environment/2017/oct/11/world-will-need-carbon-sucking-technology-by-2030s-scientists-warn>

*“As efforts to cut planet-warming emissions fall short, **large-scale projects to suck carbon dioxide out of the atmosphere will be needed by the 2030s** to hold the line against climate change, scientists have said.”*

## Guardian - IMF tells rich nations that greater urgency needed on climate change

<https://amp.theguardian.com/business/2017/oct/11/imf-tells-rich-nations-that-greater-urgency-needed-on-climate-change>

While noting again “encouraging growth” & a healthy “rebound” of the economy around the world (deep sigh of IMF relief), *“The International Monetary Fund has warned the world’s richest nations to have a greater sense of urgency about climate change.”* (ahum)

*“...The **IMF’s latest World Economic Outlook (WEO)**, released overnight, has dedicated an entire chapter to the impact of weather shocks and climate change on global economic activity. It warns coping with climate change will be one of the “fundamental challenges” of the 21st century and it calls on the global community to mitigate greenhouse gas emissions before they create “more irreversible damage”, saying richer countries must help low-income economies adapt to rapidly increasing temperatures.”* Rich nations have to take the lead.

See also Devex – [“Rising global temperatures are having a direct negative developmental effect on the economies of the world’s poorest countries and could “erase close to one-tenth” of their per capita output if left unchecked, according to the IMF “](#)

## Guardian – Only modernised commercial farms will fill Africa's plate, economists warn

<https://www.theguardian.com/global-development/2017/oct/10/younger-farmers-and-more-tractors-africa-needs-to-scale-up-says-report>

*“African farming must modernise and replace its ageing workforce if the continent is going to be able to feed its rising population, a **report by leading economists** has warned. A transformation from small-scale subsistence farms to mechanised, more commercially viable farms is essential, said experts at the Ghana-based African Centre for Economic Transformation, who outlined a bold plan to revolutionise agriculture and fuel economic growth in a report launched Tuesday at an African finance ministers meeting at the World Bank and backed by former UN secretary general Kofi Annan.”*



## Economist (daily chart) – Weather-related disasters are increasing

[https://www.economist.com/blogs/graphicdetail/2017/08/daily-chart-19?fsrc=gp\\_en?fsrc=scn/tw/te/bl/ed/weatherrelateddisastersareincreasing](https://www.economist.com/blogs/graphicdetail/2017/08/daily-chart-19?fsrc=gp_en?fsrc=scn/tw/te/bl/ed/weatherrelateddisastersareincreasing)

But the number of deaths caused by them is decreasing.

## Guardian - Protect indigenous people to help fight climate change, says UN rapporteur

<https://www.theguardian.com/world/2017/oct/06/protect-lives-indigenous-people-can-limit-climate-change-says-un>

News from late last week.

*“... Tauli-Corpuz, who was speaking at the **launch of a new global institution dedicated to securing the land rights of tens of millions of indigenous people**, said there was an atmosphere of fear and intimidation in many of these communities. ... ... The **event in Stockholm was the official launch of the International Land and Forest Tenure Facility** which aims to help communities protect their land resources as well as combat climate change.”*

## Infectious diseases & NTDs

### JAMA (Viewpoint) - An HIV Vaccine is Essential for Ending the HIV/AIDS Pandemic

A Fauci; <https://jamanetwork.com/journals/jama/fullarticle/2656461>

*“Despite the remarkable gains in the treatment and prevention of HIV infection, development of an effective HIV vaccine will likely be necessary to achieve a durable end to the HIV pandemic...”*

*“... development of a moderately effective vaccine together with optimal implementation of existing treatment and prevention modalities could end the current HIV pandemic.”*

## PLOS Genetics- The creation and selection of mutations resistant to a gene drive over multiple generations in the malaria mosquito

A M Hammonds et al;

<http://journals.plos.org/plosgenetics/article?id=10.1371/journal.pgen.1007039>

*“Gene drives have enormous potential for the control of insect populations of medical and agricultural relevance. By preferentially biasing their own inheritance, gene drives can rapidly introduce genetic traits even if these confer a negative fitness effect on the population. We have recently developed gene drives based on CRISPR nuclease constructs that are designed to disrupt key genes essential for female fertility in the malaria mosquito. .... One of these population suppression gene drives showed rapid invasion of a caged population over 4 generations, establishing proof of principle for this technology. In order to **assess the potential for the emergence of resistance to the gene drive in this population** we allowed it to run for 25 generations and monitored the frequency of the gene drive over time. Following the initial increase of the gene drive we observed a gradual decrease in its frequency that was accompanied by the spread of small, nuclease-induced mutations at the target gene that are resistant to further cleavage and restore its functionality. Such mutations showed rates of increase consistent with positive selection in the face of the gene drive. **Our findings represent the first documented example of selection for resistance to a synthetic gene drive** and lead to important design recommendations and considerations in order to mitigate for resistance in future gene drive applications.”*

## WHO – WHO provides 1.2 million antibiotics to fight plague in Madagascar

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

*“WHO has delivered nearly 1.2 million doses of antibiotics and released US\$1.5 million dollars in emergency funds to fight plague in Madagascar.”*

Do read also (in the NYT) - [Fearsome Plague Epidemic Strikes Madagascar](#) (by D McNeill – slightly sensational story/coverage perhaps...):

*“Since August, the country has reported over 200 infections and 33 deaths. The outbreak is beginning to resemble the early stages of the West African Ebola crisis in 2014: a lethal disease normally confined to sparsely populated rural areas has reached crowded cities and is spreading in a highly transmissible form... Fears that the outbreak could spread to other countries are rising....”*

And another excerpt: *“The **W.H.O.** has released \$1.5 million from its emergency fund and has appealed for \$5.5 million more from donors. In June, prompted by the slow response to the Ebola crisis, the **World Bank** issued bonds to create a \$500 million “insurance fund” for fighting pandemics. But the Pandemic Emergency Financing Facility covers only viruses, and only the six viral families thought to pose the greatest threats, including those that cause Ebola, SARS, pandemic flus, Lassa fever, Rift Valley fever and Crimean-Congo hemorrhagic fever....”*

## Lancet Infectious Diseases (Comment) – An effective and safe vaccine will not be enough to prepare us for the next Ebola outbreak

John Schieffelin; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30575-3/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30575-3/fulltext)

“In The Lancet Infectious Disease, Pierre-Stéphane Gsell and colleagues present safety and efficacy data on the deployment of the rVSV-ZEBOV vaccine during an outbreak of Ebola virus disease in Guinea, 2016....” Related Comment.

Excerpt: “... Although this study is noteworthy because it provides substantially more safety and efficacy data for the rVSV-EBOV vaccine, it also points out **two major hurdles remaining that every Ebola vaccine must overcome in the future**, and for the cautionary tale that it provides, one that the international community will hopefully heed. First, the reported adverse event rate in Ebola ça Suffit! was 53·9%, with 98·5% classified as mild to moderate. In the present study, the vaccine was better tolerated with only 16% of children and 34% of adults reporting adverse events. With an adverse event rate of up to 50%, social mobilisation efforts to encourage vaccination participation will be challenging in future Ebola outbreaks. How many people refuse the seasonal influenza vaccine each year because they think it gives them the flu? Now imagine a scenario in which people think the vaccine could give them Ebola. This issue leads directly to the vaccine's second hurdle: misconceptions, rumours, and community resistance. 34% of eligible contacts in Ebola Ça Suffit! refused or withdrew consent....”

## AP – UN starts cholera vaccinations in Bangladesh among Rohingya

<https://apnews.com/77e412fe2f4143b7be285ea1bc2aafde/UN-starts-cholera-vaccinations-in-Bangladesh-among-Rohingya>

“U.N. agencies and Bangladesh’s health ministry began a massive cholera immunization campaign Tuesday to stem a possible outbreak of the water-borne disease among more than a half million Rohingya Muslims who have fled violence in Myanmar to neighboring Bangladesh....”

## Lancet Infectious Diseases (Review) – Antimicrobial resistance among children in sub-Saharan Africa

P CM Williams et al; <http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2817%2930467-X/fulltext#.Wd4bYR0lqd0.twitter>

“Antimicrobial resistance is an important threat to international health. Therapeutic guidelines for empirical treatment of common life-threatening infections depend on available information regarding microbial aetiology and antimicrobial susceptibility, but sub-Saharan Africa lacks diagnostic capacity and antimicrobial resistance surveillance. **We systematically reviewed studies of**

*antimicrobial resistance among children in sub-Saharan Africa since 2005. ... Among neonates, Gram-negative organisms were the predominant cause of early-onset neonatal sepsis, with a high prevalence of extended-spectrum  $\beta$ -lactamase-producing organisms. Gram-positive bacteria were responsible for a high proportion of infections among children beyond the neonatal period, with high reported prevalence of non-susceptibility to treatment advocated by the WHO therapeutic guidelines. There are few up-to-date or representative studies given the magnitude of the problem of antimicrobial resistance, especially regarding community-acquired infections. Research should focus on differentiating resistance in community-acquired versus hospital-acquired infections, implementation of standardised reporting systems, and pragmatic clinical trials to assess the efficacy of alternative treatment regimens.”*

And a few quick links: [Japan’s health ministry enlists anime hero in battle against overuse of antibiotics](#) (AMR)

Devex - [WHO announces new milestones in battle against measles and rubella](#) “Health programs targeting measles and rubella in the Western Pacific have demonstrated major milestones, with New Zealand and the Republic of Korea becoming the first countries in the region certified to have eliminated both measles and rubella. The announcement was made at the 68th session of the World Health Organization Regional Committee for the Western Pacific, held in Brisbane from October 9 to 13.”

## NCDs

### NCD Governance

#### WHO Global Coordination Mechanism on the Prevention and Control of NCDs: Progress report 2014-2016

<http://who.int/global-coordination-mechanism/news/progress-report14-16/en/>

*“The GCM/NCD Progress Report for 2014-2016 has been published and released. This report highlights the achievements of the GCM/NCD over the period 2014 to 2016, in collaboration with Member States, United Nations agencies, colleagues across all clusters and levels of WHO, and other stakeholders who have engaged with the GCM/NCD in helping countries to achieve the nine voluntary targets of the Global Monitoring Framework and reduce the burden of NCDs and their shared risk factors, including unhealthy diet, lack of physical activity, tobacco use and harmful use of alcohol.”*

#### WHO - Third UN High-level Meeting on NCDs (2018)

<http://www.who.int/ncds/governance/third-un-meeting/en/>

With info on the **preparatory process** towards the 3<sup>rd</sup> HL meeting on NCDs, next year.

Do check out also a **meeting report** of the meeting, "[The NCD Challenge: Current status and priorities for sustained action on the road to 2030](#)", at the **Graduate Institute (8-9 June 2017)**, whereby the Graduate Institute and WHO convened a meeting of international experts and selected representatives of other relevant stakeholders to brainstorm about priority actions to reinforce collective global action on NCDs. (recommended)

## **JAMA - The Burden of Primary Liver Cancer and Underlying Etiologies From 1990 to 2015 at the Global, Regional, and National Level**

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2656875>

*"This data analysis of the Global Burden of Disease 2015 study on primary liver cancer reports incidence, mortality, and disability-adjusted life-years for 195 countries or territories from 1990 to 2015, and presents global, regional, and national estimates on the burden of liver cancer."*

## **Blog: Reframing for 'redemption' the Phillip Morris International's Foundation, for a Smoke-Free world**

Frank Apfel; <http://www.thenewsminute.com/article/reframing-redemption-phillip-morris-international-s-foundation-smoke-free-world-69571>

Excerpts: ...

*"...the framing of this initiative is clearly wrong. While a 1 billion US dollar foundation model might appeal to Machiavellian personalities, who are willing to embrace an "ends justifies the means" approach and ignore the source of their funding, it seems like a 'no-brainer' that such a Foundation model will never work. ..."*

So how would it have to be reframed?

*"... The only semi-successful model of reinvesting tobacco money in public health, is related to the **Tobacco Settlements** (e.g., see here), from herein called the 'settlement model'. This '**settlement model**' of redistribution works because it builds on a punishment / penalty frame that has a 'cleansing' effect on the money and clearly takes it out of Big Tobacco hands and control and allows it to be used righteously to correct wrongs and does not rely on an ends justifies means arguments. ...*

*... In this case, I would suggest that the **FCTC itself could be the vehicle**. PMI could make a voluntary donation (perhaps through a Member State) as a way of acknowledging previous wrongdoing (e.g., see interference with the FCTC process described in Reuters report above) and declaring their intent to go out of the tobacco business by 2030. PMI could then publish their withdrawal plan (that will, of course outline how they will protect their stockholders and stakeholders) and provide details of the research and products they think are needed to end the use of tobacco (e.g., as described by CEO of PMI, Andre Calantzopoulos, in Boca Raton in 2016). The FCTC would be greatly strengthened through*

*the trebling of their budget and could agree on action plans through their existing mechanisms and the World Health Assembly. ...”*

And a quick link: FT - [China hastens drug approval with embrace of foreign data](#)

“The move eases access to an increasingly affluent market struggling with chronic diseases.”

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

### **Trump rolls back access to free birth control**

<http://www.bbc.com/news/world-us-canada-41528526>

Sad & evil news from last week, from the US. *“Donald Trump’s government has issued a ruling that allows employers to opt out of providing free birth control to millions of Americans. The rule allows employers and insurers to decline to provide birth control if doing so violates their “religious beliefs” or “moral convictions”. Fifty-five million women benefited from the Obama-era rule, which made companies provide free birth control. Before taking office, Mr Trump had pledged to eliminate that requirement.”*

Cfr a telling tweet: *“Tragic day for US public health: Trump government rolls back federal LGBT protections & curtails women’s contraception access #HarmsHealth”*

### **Guardian – Why prostitution should never be legalised**

J Bindel; <https://www.theguardian.com/commentisfree/2017/oct/11/prostitution-legalised-sex-trade-pimps-women>

View from an abolitionist. *“Decriminalisation of the sex trade benefits pimps and brothel-owners, not women. Abolition is the only progressive solution.”*

I find it very hard to get my head around this, as both the arguments pro & con have a certain appeal.

## Access to medicines

### Access to Medicine Foundation – 2017 Methodology report for 2018 Access to Medicines index

<https://accesstomedicinefoundation.org/news/new-methodology-for-2018-access-to-medicine-index/>

It pinpoints where pharmaceutical companies have the greatest potential to make medicine more accessible.

### IP-Watch - Mechanism To Assess Trade Agreements Needed, UN Forum On Access To Medicines Hears

<https://www.ip-watch.org/2017/10/10/mechanism-access-trade-agreements-needed-un-forum-access-medicines-hears/>

*“A mechanism to systematically assess trade agreements from a public health perspective, including accession agreements of the World Trade Organization and European Patent Office’s validation agreements is needed, says **Ellen ’t Hoen**, senior researcher at the Global Health Unit of the University Medical Centre, Groningen, The Netherlands, who publishes the Medicines Law and Policy website. She said that such a mechanism would safeguard the measures countries have under the TRIPS (WTO Trade-Related Aspects of Intellectual Property Rights) agreement, to protect and advance human rights.”*

And a quick link: **Times of India** - [Firms may have to print ‘ex-factory’ price of drugs](#) “With a view to bring transparency in drug pricing, the Indian government plans to make it mandatory for pharmaceutical companies to disclose the MRP as well as a medicine’s ‘ex factory’ price on its packs.”

## Human Resources for Health

### Global Health Action - Global nursing in an Ebola viral haemorrhagic fever outbreak: before, during and after deployment

Eva von Strauss et al; <http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1371427>

*“Nurses are on the forefront and play a key role in global disaster responses. Nevertheless, they are often not prepared for the challenges they are facing and research is scarce regarding the nursing skills required for first responders during a disaster situation”. Objective of this paper was “to*

*investigate how returnee nursing staff experienced deployment before, during and after having worked for the Red Cross at an Ebola Treatment Center in Kenema, West Africa, and to supply knowledge on how to better prepare and support staff for viral haemorrhagic fever outbreaks. ... The respondents identified the following needs for improvement: increased mental health and psychosocial support and hands-on coping strategies with focus on pre- and post-deployment; more pre-deployment task-oriented clinical training; and workload reduction, as exhaustion is a risk for safety". In conclusion, "this study supplies knowledge on how to better prepare health care staff for future viral haemorrhagic fever outbreaks and other disasters. Participants were satisfied with their pre-deployment physical health preparation, whereas they stressed the importance of mental health support combined with psychosocial support after deployment. Furthermore, additional pre-clinical training was requested."*

## Miscellaneous

### Guardian – Queen calls for Modern Slavery Act to be replicated in Commonwealth nations

<https://www.theguardian.com/global-development/2017/oct/11/queen-calls-for-modern-slavery-act-to-be-replicated-in-commonwealth-nations>

*"The Queen personally intervened to ask lawmakers to replicate the Modern Slavery Act throughout the countries of the Commonwealth, the Guardian can reveal. Patricia Scotland, the Commonwealth secretary general, confirmed that the Queen expressly stated she would like to see legislation similar to the 2015 act promoted in the 52 Commonwealth nations."*

For other news related to **slavery**, "[UN \[i.e. ILO\] defends slavery figures after Indian spy agency advised Modi to 'discredit' them](#)".

## GHJjournalsearch

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

*"Easy-to-use database that helps you find the right [peer reviewed] journal to publish your global public health research."* Developed by the USAID-supported Johns Hopkins Knowledge for Health (K4Health) Project in collaboration with The Consortium of Universities for Global Health (CUGH).

### UN News – Rural areas have potential to feed and employ 'younger, more crowded planet' – UN report

<http://www.un.org/apps/news/story.asp?NewsID=57837#.WdyIX1u0MdU>



*“Long seen as poverty traps, rural areas are in fact key to economic growth in developing countries when pegged to food production, according to a new United Nations agriculture agency report released Monday. With 'sweeping transformations' that can unlock the potential of rural areas to help feed and employ a younger, more crowded planet, the UN Food and Agriculture Organization (FAO) report **State of Food and Agriculture 2017** argues that millions of youth in developing countries who are poised to enter the labour force in the coming decades need not flee rural areas to escape poverty. “The overarching conclusion of this report is that fulfilling the 2030 Agenda depends crucially on progress in rural areas, which is where most of the poor and hungry live,” said FAO Director-General José Graziano da Silva, in his foreword to the report.”*

## **UN News – Global unemployment passes 200 million in 2017, UN labour agency reports**

<http://www.un.org/apps/news/story.asp?NewsID=57841#.WdyIKlu0MdU>

*“More than 200 million people are out of work around the world – an increase of 3.4 million since last year, the United Nations labour agency said Monday, calling for policies that can recharge “sluggish” growth of small and medium-sized businesses. In the new addition of its flagship report, **World Employment and Social Outlook 2017: Sustainable Enterprises and Jobs**, the International Labour Organization (ILO) warned that small and medium sized enterprises has “stagnated,” the impact of which is worst in developing economies, where more than one in two workers are employed in small and medium-sized firms.”*

## **ODI - 10 international development priorities for the UK: 2017-2018 parliamentary briefing**

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/11796.pdf>

Well, what can I say...

## **Nature (News) – Publishers threaten to remove millions of papers from ResearchGate**

<http://www.nature.com/news/publishers-threaten-to-remove-millions-of-papers-from-researchgate-1.22793>

*“Millions of articles might soon disappear from ResearchGate, the world’s largest scholarly social network. Last week, five publishers said they had formed a coalition that would start ordering ResearchGate to remove research articles from its site because they breach publishers' copyright. A spokesperson for the group said that up to 7 million papers could be affected, and that a first batch of take-down notices, for around 100,000 articles, would be sent out “imminently” .”*

## Research

### **HP&P – National responses to global health targets: exploring policy transfer in the context of the UNAIDS ‘90–90–90’ treatment targets in Ghana and Uganda**

Ellen McRobie et al;

<https://academic.oup.com/heapol/article/doi/10.1093/heapol/czx132/4430985/National-responses-to-global-health-targets>

*“Global health organizations frequently set disease-specific targets with the goal of eliciting adoption at the national-level; consideration of the influence of target setting on national policies, programme and health budgets is of benefit to those setting targets and those intended to respond. In 2014, the Joint United Nations Programme on HIV/AIDS set ‘ambitious’ treatment targets for country adoption: 90% of HIV-positive persons should know their status; 90% of those on treatment; 90% of those achieving viral suppression. Using case studies from Ghana and Uganda, we explore how the target and its associated policy content have been adopted at the national level. That is whether adoption is in rhetoric only or supported by programme, policy or budgetary changes....”*

### **Critical Public Health - Is public health training in Canada meeting current needs? Defrosting the paradigm freeze to respond to the post-truth era**

<http://www.tandfonline.com/doi/full/10.1080/09581596.2017.1384796>

Sounds like a new killer argument for the social scientists & other qualitative researchers among you! (*the post-truth era and what is required to navigate it appropriately; include in all your grant requests henceforth*)

### **Health research policy & systems - How do we define the policy impact of public health research? A systematic review**

K Alla et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0247-z>

*“In order to understand and measure the policy impact of research we need a definition of research impact that is suited to the task. This article systematically reviewed both peer-reviewed and grey literature for definitions of research impact to develop a definition of research impact that can be used to investigate how public health research influences policy....”*

## **Social Science and Medicine –The ‘over-researched community’: An ethics analysis of stakeholder views at two South African HIV prevention research sites**

J Koen et al; <http://www.sciencedirect.com/science/article/pii/S027795361730610X>

This article examines key South African stakeholders perspectives of the term ‘over-researched community’ (ORC). It finds that the term ‘over-research’ mirrors a wide range of ethical concerns and existing tensions in research ethics, and argues that claims of ‘over-research’ should be cautiously and critically interrogated.