

IHP news 444 : EV 2018 call Liverpool is out

(10 November 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,

*As you probably already found out via social media, the **2018 EV call for the Liverpool HSR symposium** is out! There are **two tracks** this year; you find all the detail [here](#). As usual, we hope many young HPSR researchers and other health actors with a strong passion for health equity will apply. Spread the word in your networks and hope to see many of you in Liverpool!*

This week's short intro comes from **Elena Vargas**, and is titled "**Tax havens & record-breaking global temperatures**".

"What do Queen Elizabeth, Bono, Shakira and Nicole Kidman have in common? Not only they're rich and famous but all of them have also been named in the leaked **Paradise Papers** documents. Sounds like an ugly spin-off reality show fit for our ugly times, after the **Panama Papers** and other LuxLeaks. The Paradise Papers, which also involve big multinational corporations such as Nike and Apple, are providing information about offshore financial dealings of the elites in the United States and United Kingdom, countries that are well regulated presumably, but other global "elites" (*what's in a name*) also pop up in the papers. This ongoing investigation reveals the secrecy and significant level of tax avoidance(/aka "optimization") of the wealth investment industry operating through tax havens like Bermuda and the British Virgin Islands. Let's say we all feel slightly "distressed" about it, just in time now that the 100th anniversary of the Russian revolution is being commemorated.

We should probably feel even more distressed about the record-breaking global temperatures. Fortunately, the Germans will save us (together with Fiji). Earlier this week, the **UN Climate Change Conference started in Bonn, Germany**. This marks the 23rd Session Conference of the Parties (COP23) under the presidency of Fiji, a country afflicted by and highly vulnerable to climate change-related disasters. During the first day of the United Nations Framework Convention on Climate Change (UNFCCC) conference, Executive Secretary Patricia Espinosa remarked that COP23 should take steps to complete the structure of the Paris Agreement and move forward to the 2020 commitments. Ahead of the conference, the World Meteorological Organization (WMO) reported record-breaking global and sea temperatures and CO₂ concentrations, making 2017 one of the top-3 **hottest** years on record. Even though the US—a country responsible for a significant percentage of **CO₂ emissions**—maintains its (rogue) decision to withdraw from the Paris Agreement, its delegate emphasized that the country will remain engaged in the elaboration of guidelines for the treaty's implementation. Via Twitter, presumably. The next COP 24 presidency and

event will be in Katowice, Poland, a country that has already updated COP participants on the preparations taken for next year. Also a country with a rather “interesting” (and coal-inspired) leadership these days. Anyway, we’ll be looking forward to the resulting agreements and the call for action globally and locally, especially after the discussions of **climate change through a health lens** that will take place on [Saturday November 11th](#) and Sunday November 12th, “[The COP Presidency’s High-Level Event on Health: Health Actions for the Implementation of the Paris Agreement](#)”.

Enjoy your reading.

The editorial team

Featured Article

What does the Mugabe story tell us about power in global health governance?

Veena Sriram (*Postdoctoral Fellow, University of Chicago, Emerging Voice 2016*) & **Remco van de Pas** (*Research Fellow Global Health Policy, ITM, Antwerp & Senior Visiting Fellow Clingendael, Netherlands Institute of International Relations*)

The global health community recently witnessed the first major test of the new WHO Director-General, Tedros Ghebreyesus’s nascent tenure. On October 22 2017, following several days of intense outrage and scrutiny, particularly in the news and on social media, the Director-General rescinded the appointment of Robert Mugabe, Zimbabwe’s longtime president, as a Goodwill Ambassador for Non-Communicable Diseases.

This episode was remarkable for several reasons. First and foremost, there is the fact that this was an incredibly odd and surprising selection given Mugabe’s role in ruining his country’s once strong health system (strongly articulated in the [PHM Zimbabwe statement](#) on the appointment). Second, the decibel level of the outrage in the media and on Twitter appeared to be far louder than anything we have seen so far in global health. And third, the WHO reacted swiftly, within a matter of days, to rescind the controversial appointment.

Our focus here is not on the decision itself, which we agree was inappropriate, but with the global response, and what the response tells us about the power dynamics flowing through global health governance, serving as another example of the intense power that the Global North (still) has in shaping discourse in global health.

A key question in this entire episode is whether the outcome would have been different if we, hypothetically, replace Mugabe with a different authoritarian leader. Mugabe might have been an ‘easier’ target, given his advanced age and diminishing role in geopolitics. But had the decision to revoke Mugabe’s appointment been made with a more powerful, globally ‘relevant’ (from the perspective of high-income countries), authoritarian-style leader, would the criticism have been as

vociferous? Possibly not. Several countries with leaders with questionable human rights records have played and do play key roles in global health diplomacy (examples [here](#) and [here](#)). Keeping in mind the ideas of social justice and fairness that the global health community is meant to espouse, this begs the question about what we consider 'tolerable' behavior from a political standpoint.

Consider another example playing out in real time – the World Bank's women's entrepreneurship fund, launched in partnership with the Trump Administration, (represented by Ivanka Trump). The incongruity of this alliance (captured beautifully in Bill Easterly's [tweets](#)) is underscored by the fact that the head of this Administration has a particularly dismal history with women's empowerment – an example of which is the number of sexual harassment charges that have been brought against him.

When it comes to powerful international actors with less than stellar track records on issues ranging from muzzling civil society, to cracking down on free speech, to promoting ethno-nationalism, there appears to be a recognition that partnerships with those countries are warranted for political reasons, increasingly so in today's climate where multilateralism is in crisis. But such an argument did not seem to have much traction in the backlash against the Mugabe decision. For example, many articles in the US media for example focused on [the loss of 'goodwill'](#) for the WHO more broadly, particularly in light of the negative coverage the institution received during the Ebola epidemic. What is interesting is that such discussions about the reputation of these institutions become far more nuanced when Northern actors are deeply involved. To our knowledge, few are challenging the World Bank's legitimacy in light of the Trump partnership.

The episode also highlights whether we are more willing to turn a blind eye when considering certain political figures as global role models, in a similar vein as the Goodwill Ambassador position. For example, it is well accepted that politicians from the Global North, many of whom have been deeply connected to war and conflict in other parts of the world, can leave office and go on to have a second life as architects of world peace and development (e.g. [Tony Blair](#) and his role as UN envoy). Why does our bandwidth for forgiveness and acceptance extend in the case of elite Northern actors? One explanation is that the power that Northern leaders wield, and the way in which we as society are conditioned to view them, strongly shapes what is tolerated, and what is not.

Finally, the nature of the response in both the news coverage and on social media reflects the continued dominance of Northern voices in shaping global health debate and discussion. The US media coverage for example was largely decontextualized and stripped of any views from Zimbabwe or the broader region. Such context is an essential part of understanding this decision, as put forward in a [recent piece](#) by Simukai Chigudu. The news coverage and heated social media debate also neglects the longstanding discontent amongst LMICs with Northern dominated global governance 'discourses' [e.g in diplomatic relations with the African Union](#). There is a tendency that countries and regions withdraw [from multilateralism](#) partly because of its 'capture' by high-income countries.

Beyond the media narrative, views on social media appeared to focus on dominant Northern voices – even if the outrage had much broader and deeper roots. This matters, because as social media becomes a platform for protest in the global health community, some views will gain traction and visibility over others, perhaps due to their geographic locations (eg. in certain democracies people feel more comfortable voicing their views on Twitter) or the power of these individuals relative to other stakeholders in global health. Therefore, we need to think about whether these platforms will mimic other fora, including academic journals, where voices from low and middle income countries do not receive the same amount of attention. Compared with other, arguably more fraught areas of

international diplomacy – trade, nuclear security, climate change – global health remains, for a part, a relatively ‘safe’ diplomatic space where post-colonial viewpoints, including a considerable role for philanthropy, still play out (McCoy and Singh, 2014). Therefore, we need to closely engage with the evolution of this new territory of social media activism.

One positive lesson from this entire experience is that there is a role for the broader global health community to play in shaping the trajectory of global health policy, perhaps in a way that we have not seen in the past. But we need to also reflect upon and question our own agency, norms and values in taking these stances, and ask whether we are in some ways contributing to existing power structures in global health, or whether we are trying to strengthen the legitimacy of diverse and alternate discourses to ensure further meaningful change for health, equity and social justice.

Highlights of the week

The Elders bring UHC to New York

<https://www.theelders.org/article/walktogether-health-building-momentum-us-and-around-world>

Arguably, Bernie Sanders already did quite his best in recent years, but in the words of Rob Yates, on Wednesday, “**the Global UHC campaign came to the US**”. At least, that was the idea on **Wednesday 8 November**, when a High-Level event took place in New York (Bellevue Hospital), featuring among others **Gro Brundtland and Ban Ki-Moon**, both members of the ‘Elders’. They launched the “**Walk together for Health**” campaign. State-level political leaders were also going to try to launch publicly financed UHC in New York.

Time - Now is the time for Universal Health Coverage in the United States

G H Brundtland & J Carter; <http://time.com/5012163/universal-health-coverage-national-scandal/>

More background on the event, including on the relevance of the global UHC campaign for the US also. (*must-read*)

*“...The Elders – the group of independent former leaders founded by Nelson Mandela, of which we have the honor to be members – has been campaigning for UHC at a global and national level for the past two years. **We believe that it is as vital an issue for the US as it is for any other country in the world, and that with bold leadership from national and state leaders, it could and should become a reality....** ... Responsible leaders and citizens must come together and demand Americans enjoy the same rights to health as their fellow global citizens....”*

Guardian – Ban Ki-moon urges US to shun 'powerful interests' and adopt universal healthcare

<https://www.theguardian.com/us-news/2017/nov/09/ban-ki-moon-us-universal-healthcare>

Excellent write-up of the event in New York. *“The former UN secretary general Ban Ki-moon called on Americans to pass universal health coverage at a speech in New York City on Tuesday, marking a dramatic intervention of world leaders into the US healthcare debate. Ban called on the US to stop “powerful interests” from prioritizing “profit over care” as part of a global delegation pushing the US to adopt a publicly financed health system similar to those in other wealthy countries...”*

“... Robert Yates, a political health economist and expert on universal health coverage at the international thinktank Chatham House, said the international community is increasingly hoping to help Americans achieve universal health coverage. “We think this is the very first time that the global community has engaged so directly with the US healthcare debate,” he said. “The World Health Organization is thinking as well about how we can help here in the US.”...”

Lancet Editorial – Support for a publicly funded health system in the USA

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32858-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32858-1/fulltext)

The Lancet’s take on the HL event: *“On Nov 8, a high-level panel—Health for All: #Walktogether—was held in New York City, NY, USA. It brought together two Elders—former Secretary General of the UN Ban Ki-moon and former Director General of WHO Gro Harlem Brundtland—and local health activists and politicians to discuss the need for publicly funded health systems in order for governments to deliver universal health coverage (UHC) by 2030. This event was held as part of a global tour that marks the tenth anniversary of the founding of The Elders, an independent group that provides leadership on the most pressing issues facing humanity. ... By holding this event in the USA, The Elders are sending a strong message to the global development community: lend support to those showing commitment towards a publicly funded health system in America. Whether this endorsement will influence the American public is questionable, but by taking their position, for the first time, The Elders are opening the debate over American health care to the international community...”*

Finally, a tweet from Gro Brundtland perhaps: *“Experience shows that #UHC is driven by progressive politicians responding to direct pressure from citizens” #WalkTogether “*

Paradise papers

Edward Snowden tweeted earlier this week, *“Leak Day is my favourite day”*, and we quite agree. Somebody pointed out (on Twitter) that the papers should have been labelled ‘Parasite Papers’ instead of ‘Paradise Papers’. Anyway, whether you call the multinationals & high-net-worth individuals involved ‘tax rogues’ or discern, fittingly, *“a world that is rapidly becoming an international oligarchy controlled by a tiny number of billionaires”* (in the words of [Bernie Sanders](#)), you can’t really escape Alex Cobham’s analysis (in a tweet): *“These leaks confirm the systemic nature of tax abuse and corrupt practices”*, thus warranting a *“global solution to end the scandal of tax*

havens". Even if, apparently, much of the practices & mechanisms described in this 'scandal' were more "legal" than was the case in the Panama Papers.

At some point, the **whole economic system loses its legitimacy** (we've clearly reached that point now), and the stakes are thus increasingly clear: "[End these offshore games or our democracy will die](#)".

That also has clear implications for global health, especially given global health's rather cozy relationship with philanthro-capitalists: see "[Bill Gates, Jeff Bezos and Warren Buffett are \(now\) wealthier than poorest half of US](#)" (Guardian) "***The three richest people in the US – Bill Gates, Jeff Bezos and Warren Buffett – own as much wealth as the bottom half of the US population, or 160 million people. Analysis of the wealth of America's richest people found that Gates, Bezos and Buffett were sitting on a combined \$248.5bn (£190bn) fortune. The Institute for Policy Studies said the growing gap between rich and poor had created a "moral crisis". See a new report, the Billionaire Bonanza.***"

In case you'd like to know how the **alcohol industry** is involved, for example, in 'tax optimization' (and Warren Buffet has obvious links to them, via 3G Capital), see an insightful blog by **Maik Dünnbier**, "[Paradise Papers And Beyond: Big Alcohol Big In Tax Schemes](#)".

It seems high time that mainstream global health gives up its fancy preference for "**multi-stakeholder governance**" and '**partnerships**', given how some 'stakeholders' profit from the global economic system, without contributing much. And in any case, multi-stakeholder governance seems to offer the same kind of '**harmonious world**' view that Hu Jintao had in store, in China (the 'harmonious society'). It's a lie, and everybody knows it. In China, just like in the whole world – by now.

A related link perhaps, on a possible way forward: (Oxfam) [Five steps governments can take to stop another Paradise Papers scandal](#)

That doesn't mean nothing has been happening in terms of (improving) global tax justice, recently. But as somebody called it (in an excellent [analysis](#) (in Dutch, unfortunately)), it's a bit like the "**fight against doping**": now governments are (finally) slightly catching up, but they're always one (or a few steps) behind the 'tax optimizers'.

You might want to sign this Avaaz **letter directed to the G20** - https://secure.avaaz.org/campaign/en/paradise_papers_loc/?wNYehab.

Bonn COP23

<https://cop23.unfccc.int/>

According to **Ilona Kickbusch**, perhaps the **most important global health meeting of the year**.

“The talks going on this week and next at COP23 are focused on writing the “rulebook” for implementing the Paris Agreement – including how countries will be required to “ratchet up” their commitments to achieve the agreed aims.”

Some (background) reads:

UNFCCC press release (ahead of the conference) - UN Climate Change Conference 2017 Aims for Further, Faster Ambition Together

<https://cop23.unfccc.int/news/un-climate-change-conference-2017-aims-for-further-faster-ambition-together>

Recommended background on the **stakes of this conference**.

*“The 2017 UN Climate Change Conference opens on Monday, with the aim of launching nations towards the next level of ambition needed to tackle global warming and put the world on a safer and more prosperous development path. **The Conference, coming just two years after the landmark adoption of the Paris Climate Change Agreement, will also further fuel momentum among cities, states, regions, territories, business and civil society in support of national climate action plans, the internationally-agreed temperature goal and the wider objectives of the 2030 Agenda for Sustainable Development.**”*

*“... COP23 in Bonn will respond to that call with **new progress and initiatives in the two critical and inter-linked areas of action**: Governments working to increase climate action under the terms of the Paris Agreement and the UN Climate Change Convention; Showcasing, fostering and launching new and expanding global climate action initiatives by all actors with a view towards better coordination that aligns efforts in more efficient, effective and transformative ways.”*

*“... Various transformative initiatives are anticipated including one from the UN **on health and small islands**; a platform to support engagement with Indigenous Peoples; a wide-ranging Gender Action Plan and the ramping up of a global risk transfer project that aims to deliver affordable insurance cover to an extra 400 million poor and vulnerable people.”*

UN News - Bonn: UN climate conference to maintain ambition one year after Paris accord’s entry into force

<http://www.un.org/apps/news/story.asp?NewsID=58026#.Wf9C-lvWzIU>

This piece makes the link from the **Paris agreement over Marrakesh to Bonn**. (*recommended as well*)

*“... **The Bonn Conference will feature a series of meetings and events, including the high-level segment, on 15 November and 16 November, attended by Heads of State and Government, Ministers, and UN Secretary-General António Guterres. Mr. Guterres has invited leaders to consider championing six high-impact areas at a special Climate Summit in 2019. These areas are investment in clean technology, maturing carbon pricing, enabling the energy transition, risk***

mitigation and building resilience, augmenting the contribution of sub-national actors and business and mobilizing climate finance....”

See also [UN Dispatch](#):

“... Global emissions will need to peak by 2020, and reach net zero by 2050, for the planet to have a shot at containing warming to 2 degrees Celsius, the Paris Agreement’s upper limit. Current NDCs aren’t enough to do that, according to a new UN report — if countries do not up their ambition, we are on track for something closer to 3 degrees Celsius by 2100. That all means that COP 23 is critical. It will show whether, in the face of the US bailing, the rest of the world will be able to adequately address climate change. The symbolic importance of Fiji — the first nation to see a village relocate because of sea level rise — serving as president of the COP will drive that message home. So far, the international community has touted its commitment to maintaining “momentum” and “unity,” but COP 23 will give us a sense of the strength of those commitments by presenting some of the greatest challenges to them yet...”

Meanwhile, so far so good: [COP23 Kicked Off with Strong Calls to Hold to Paris Agreement Path](#)

But see also this link (Guardian) - [Fiji told it must spend billions to adapt to climate change](#) “To prepare for the rising temperatures, strengthening storms and higher sea levels in the coming decades, **Fiji must spend an amount equivalent to its entire yearly gross domestic product over the next 10 years, according to the first comprehensive assessment of the small island nation’s vulnerability to climate change, compiled by its government with the assistance of the World Bank.** Released half-way through the COP23 in Bonn, which Fiji is presiding over, the report highlights five major interventions and 125 further actions that it says are necessary to achieve Fiji’s development objectives, while facing the potentially devastating impacts of climate change. Combined those actions would cost about US\$4.5bn over the next decade.”

And (Euractiv) [“Developing countries say rich nations shirking on climate”](#) Well, what’s new...? “The failure of wealthy nations to deliver on short-term climate commitments could hinder the rollout of a landmark treaty, a bloc of 134 developing countries, including India and China, warned Thursday (9 November) at UN negotiations in Bonn.”

As for the **climate & health angle** (i.e. narrowly defined), there most of the action takes place this weekend (**11-12 November**), as already mentioned in this week’s intro:

Fifth Global Climate and Health Summit (11 November)

<http://www.who.int/globalchange/mediacentre/news/cop23/en/>

“... To contribute to this goal, WHO is taking part in organizing **the Global Climate and Health Summit** during COP23. The Summit will focus, through a health lens, on action in cities and regions to advance implementation of national targets under the Paris Agreement and build momentum for increased ambition in climate commitments. The Summit will take place **on 11 November 2017.**

...Two other events will be held on **12 November 2017: The COP Presidency's high-level event on Health Actions for the Implementation of the Paris Agreement** (full programme will be available on the web next week) and **Momentum for Change: Planetary Health Event**. “

G7 Ministerial meeting on health (Milan, 5-6 November)

<http://www.g7italy.it/en/news/g7-ministerial-meeting-on-health-discussion-will-focus-on-the-crucial-topics-of-global-health>

- Check out the Final Communiqué : [“United towards Global Health: common strategies for common challenges”](#) (9 p.)

A lot of blabla, if you ask us. Now that the G7 has a rogue member (*the other obvious rogue member was kicked out a while ago already, maybe we should do the same with this one*), the G7 feels more and more like a **'has been'** actor in global health. Hope we're wrong. Focus in the Communiqué on 'Impact of environmental factors on health', a 'gender perspective in health policies and rights for women, children and adolescents', and 'antimicrobial resistance'. Also some attention for refugees health.

Ending with **“#G7Health conclusions: “Urgent need to build political momentum” on #Environment #AMR #Gender #WomensRights #HealthWorkforce shortages.”** (cfr. a tweet)

On climate change, see (46) *“The United States intends to exercise its right to withdraw from the Paris Agreement, unless suitable terms for re-engagement are identified. The Health Ministers and Heads of Delegations of Canada, France, Germany, Italy, Japan, and the United Kingdom, and the European Commissioner for Health and Food Safety reaffirm our Governments' strong commitment to swiftly implement the Paris Agreement, as stated at the Taormina Summit.”*

- **Some coverage of the meeting & communiqué (AP)** - [“G-7 health ministers: climatic factors impact health”](#) Well, well. Not quite sure what we need to be happy about here: **“Group of Seven health ministers have issued a joint statement that says climatic factors impact on human health. Italian Health Minister Beatrice Lorenzin told reporters on Monday that the ministers were able to work out wording acceptable to the United States during their ministerial meeting in Milan, while also recognizing the differences in opinion in light of the U.S. withdrawal from the Paris accords. Lorenzin called it “a great political work” to arrive at a document that recalls the U.S. position on climate change “and yet accepts the impact of climatic factors on people's health.”**

Ahead of the Communiqué, this **Buzzfeed article** was worrying, but unsurprising - [US Is Refusing To Compromise On Health And Climate Issues With Its G7 Allies](#). *“The Trump administration is blocking all references to climate change, sexual and reproductive rights, and universal health coverage, in the conclusions of a G7 meeting of health ministers taking place in Milan on Sunday and Monday, BuzzFeed News has learned...”* So do read this article first, perhaps, and then check the Final Communiqué.

See also IISD coverage - [G7 Health Ministers Recognize Impacts of Environmental Degradation on Human Health](#). *“The Group of 7 (G7) Health Ministers adopted a Communiqué in which they commit to a number of actions to address the impacts of environmental degradation, along with other factors, on human health. To inform the meeting, **OECD prepared a report** that highlights three areas in which health systems can contribute to decreasing the human footprint on the environment: promoting a healthier diet for a green environment; contributing to development of sustainable cities; and supporting active travel policies.”*

- Dr. [Tedros’ speech during the G7 Health Ministers’ meeting](#)

Worth reading in full. Among others, he mentioned “...Changes to our climate and environment threaten the fundamentals of human existence. This is not a theoretical danger.”; that he would be launching “At the COP Meeting in Bonn next week, ...a **new WHO initiative to support small island developing states in adapting to the health effects of climate change**”; that WHO is working with the UN Framework Convention on Climate Change to develop detailed country profiles to assess risks, and provide tailored advice on how countries can adapt to, and mitigate, the health effects of climate change....” As for his “**three asks**”, I doubt any of them got a positive answer....

[Four side meetings](#) were also held, of which the **Global Nutrition Summit 2017** was the most important one. See the section ‘**Global Health Events**’ for more info on this summit.

It was the first time FAO had been invited to address health ministers from the G7, by the way, see “[FAO to G7: Urgent action needed to curb malnutrition globally](#)”. (article also provides info on AMR, One Health approach, ...)

IP-Watch - WHO Issues Guidelines Against Antibiotic Overuse In Farms And Food Industry

<https://www.ip-watch.org/2017/11/07/issues-guidelines-antibiotic-overuse-farms-food-industry/>

Early this week, WHO published a set of recommendations to help stop the routine use of antibiotics to promote growth and prevent disease in healthy animals.

For WHO’s news release on these guidelines, see [Stop using antibiotics in healthy animals to prevent the spread of antibiotic resistance](#).

Not that it was still necessary, perhaps, but “...A [systematic review published today in *The Lancet Planetary Health*](#) found that interventions that restrict antibiotic use in food-producing animals reduced antibiotic-resistant bacteria in these animals by up to 39%. This research directly informed the development of WHO’s new guidelines....”

Lancet series - Viral hepatitis in sub-Saharan Africa

<http://www.thelancet.com/series/viral-hepatitis-SSA>

*“In 2016, WHO adopted a strategy for the elimination of viral hepatitis by 2030. Sub-Saharan Africa carries a substantial portion of the global burden of viral hepatitis, particularly chronic hepatitis B and hepatitis C. Countries in the region face unique challenges, with the development of elimination strategies often hindered by a lack of good quality data. This **two-paper Series summarises issues related to viral hepatitis in sub-Saharan Africa**: the first paper discusses **hepatitis B**, and the second paper **hepatitis C**. Together, the papers outline the current status of viral hepatitis in sub-Saharan Africa, including prevalence, risk factors, fibrosis assessment, and vaccination, and provide expert recommendations from across the region, including simplified diagnostic and treatment algorithms for use in low-resource settings.”*

Lancet Editorial –Eliminating viral hepatitis: time to match visions with action

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32856-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32856-8/fulltext)

*“...Last week, politicians, policy makers, researchers, and members of civil society met in São Paulo, Brazil, at the **World Hepatitis Summit** to take stock, with **new data indicating that only a handful of countries are set to meet the 2030 targets**. ... Several innovations could accelerate progress towards 2030 targets, including improved point-of-care diagnostics, establishing better treatment options for young children and pregnant women with hepatitis C, developing a functional cure for hepatitis B, improving access to generic DAAs, raising awareness and combating stigma, and developing sustainable financing models as part of progress towards universal health coverage. **Yet, fundamentally, the tools needed to move towards elimination targets already exist—an effective vaccine for hepatitis B and a curative treatment for hepatitis C. What is needed now more than anything else is the political will to scale up prevention, diagnosis, and treatment programmes.**”*

Lancet Gastroenterology & Hepatology (Comment) - Funding the elimination of viral hepatitis: donors needed

Charles Gore et al; [http://www.thelancet.com/journals/langas/article/PIIS2468-1253\(17\)30333-3/fulltext](http://www.thelancet.com/journals/langas/article/PIIS2468-1253(17)30333-3/fulltext)

*“... **Given the immensity of the task of eliminating hepatitis B and C—diagnosing more than 300 million people stands out as a particular challenge—donors are going to be essential.** Domestic funding is unlikely to be able to deliver the results in the 13 years that remain till 2030. None of the big global donors shows any sign of committing to viral hepatitis. However, they are beginning to look at HIV/hepatitis C co-infection and both UNITAID and the UK's Department for International Development (DFID) are supporting market-shaping programmes for hepatitis C. Continued advocacy with donors is needed to support prevention interventions, which almost all positively affect health systems as a whole, and we recommend that donors provide GAVI with the financing required to fund the hepatitis B birth dose...”*

Guardian - Closure of Yemen's borders to aid deliveries is 'catastrophic', UN warns

<https://www.theguardian.com/global-development/2017/nov/07/closure-of-yemen-borders-to-aid-deliveries-is-catastrophic-un-united-nations-warns>

“Humanitarian groups and the UN have urged the Saudi-led coalition to reopen aid channels into Yemen, after a decision to seal the stricken country’s air, sea and land borders. The UN described the closure of aid channels as “catastrophic””

See also the **Washington Post** - [The Saudi power struggle hits the Arab world’s poorest country.](#)

And **WHO** today: [WHO warns that more people will die if ports in Yemen do not reopen to humanitarian aid.](#)

First analysis/feedback/input & comments on 13th GPW of WHO

Devex – WHO's draft program of work: Some answers, then questions

<https://www.devex.com/news/who-s-draft-program-of-work-some-answers-then-questions-91446>

This is a **must-read analysis**. *“The World Health Organization has published the draft of its 13th General Program of Work and in it provides some early indications on the direction the U.N. agency proposes to take. As per the draft, published on November 1, the WHO identified three overarching priorities with accompanying targets: 1 billion more people with essential health services coverage; 1 billion more people made safer; and 1 billion lives improved. The latter covers a more specific list of targets based on the SDGs. The priorities are followed by discussions on proposed changes to the WHO’s way of working, such as stepping up global health leadership and driving impact at the country level by understanding and responding to different countries’ health systems and needs. Internally, the WHO aims to transform its operating model to one that seems to place huge emphasis on its country-level presence. It aims to have highly skilled country representatives who can be the organization’s health ambassadors, helping raise funds and advocate for its work, but also be effective managers. The institution also aims to conduct an analysis and evaluation of its business processes and to invest in “user-friendly, high-quality, and fit-for-purpose IT systems.” But the document is very much a work in progress. Far from being final, the draft GPW is only the beginning of a more detailed discussion on the WHO’s priorities and direction.”*

“... while the document identified its priorities, the question lingers: What will the WHO not do? ... Peter Singer pointed out that it’s not an implementation plan. “Keep in mind the GPW is a strategic plan, so it’s here to set a strategic direction. It needs to be implementable, but it’s not necessarily an implementation plan per se,” he said”

[Judith Richter’s Comments on the draft concept note](#)

Recommended! *“The aim of this paper is to point at some suggestions where ‘aligning’ WHO towards the SDGs risks undermining WHO’s capacity to fulfil its constitutional mandate and prime functions. This may be the case, in particular, with respect to the SDG 17 which, in the words of WHO, is “a cross-cutting goal on means of implementation that is relevant to all the others...” The dtGPW includes proposals which will affect the governance of the whole global health care arena. The SDG discourse underlies much of the current draft. It is the SDGs overarching ‘partnership goal’ which seems to be behind the suggestion to complement WHO’s current governance system by a*

“platform for multi-stakeholder governance” and to turn WHO into a humble enabler of an ever increasing number of “partnerships.”” As you can tell, Richter is no fan.

GFF - Ten Countries Join Global Financing Facility to Save the Lives of Millions of Women, Children and Adolescents

<https://www.globalfinancingfacility.org/ten-countries-join-global-financing-facility-save-lives-millions-women-children-and-adolescents?CID=GFF TT theGFF EN EXT>

*“The **Global Financing Facility** in support of Every Woman Every Child (GFF) announced today at its board meeting in Maputo, Mozambique, that ten new countries joined the GFF, a country-led model of development finance that brings together multiple sources of financing in a synergistic way to support countries’ priorities. The new GFF countries are Afghanistan, Burkina Faso, Cambodia, Central African Republic, Côte d’Ivoire, Haiti, Indonesia, Madagascar, Malawi and Rwanda.”* They join the existing 16 GFF countries. The aim is to expand to a total of 50 GFF countries in the next five years.

See also [Devex](#) – *“The government of Mozambique is hosting the 6th GFF investors group meeting, where countries and partners will discuss progress across 16 GFF countries, including Mozambique, and plan for expansion to a total of 50 countries, as they learn from Mozambique and other frontrunners.”*

Guardian – Priti Patel fallout erodes public trust and diminishes UK's stature, say critics

<https://www.theguardian.com/global-development/2017/nov/08/priti-patel-fallout-erodes-public-trust-diminishes-uk-stature-critics-warn?CMP=tw t a-global-development b-gdndevelopment>

“The furore over Priti Patel’s secret trip to Israel, which has culminated with her resignation, has reignited questions over the future of the Department for International Development and sparked wider concerns within the aid community. The former international development secretary’s unravelling, misleading and contradictory account of her August trip, and her breach of protocol in failing to declare meetings with foreign politicians in advance, came amid a turf war between DfID and the Foreign and Commonwealth Office over aid expenditure....”

See also [Devex](#) - [What does Patel's departure mean for the UK aid community?](#)

Meanwhile, [Penny Mordaunt was named as new DFID head](#) (Devex). Not everybody (in the UK aid & development community) seemed all that pleased with her appointment.

Nature (news) - US government approves 'killer' mosquitoes to fight disease

<https://www.nature.com/news/us-government-approves-killer-mosquitoes-to-fight-disease-1.22959>

*“The US Environmental Protection Agency (EPA) has approved the use of a common bacterium to kill wild mosquitoes that transmit viruses such as dengue, yellow fever and Zika, Nature’s news team has learned. On 3 November, the agency told biotechnology start-up MosquitoMate that it could release the bacterium *Wolbachia pipientis* into the environment as a tool against the Asian tiger mosquito (*Aedes albopictus*). Lab-reared mosquitoes will deliver the bacterium to wild mosquito populations. The decision — which the EPA has not formally announced — allows the company, which is based in Lexington, Kentucky, to **release the bacteria-infected mosquitoes in 20 US states and Washington DC.**”*

Guardian - Streptococcus vaccine 'could prevent over 100,000 baby deaths worldwide'

https://www.theguardian.com/society/2017/nov/06/streptococcus-vaccine-could-prevent-over-100000-baby-deaths-worldwide?CMP=share_btn_tw

*“More than 100,000 stillbirths and baby deaths worldwide could be prevented by the development of a vaccine against an infection commonly carried by pregnant women, according to a groundbreaking report. The impact of disease caused by **group B streptococcus (GBS)** has not been properly chronicled before and only in relatively recent years has anyone taken seriously its role in the deaths of babies in the womb as well as in the early days of life. **Worldwide, more than 21 million pregnant women carry the bacteria which used to be thought harmless, say researchers from the London School of Hygiene and Tropical Medicine (LSHTM).** Today it is recognised as a cause of septicaemia and meningitis in newborns, with potentially deadly effects, and also as a major cause of stillbirths, but vaccines against it are only now in development....”* See [Clinical Infectious Diseases](#).

Global Health Now - False Distinctions Between International Health and Global Health

David Peters; [Global Health Now](#)

*“Over the past 2 decades, the growth in popularity of the term “global health” has been accompanied by various efforts to distinguish it from “international health.” As a result, many **misconceptions about the meaning of both terms** have cropped up. In particular, fundamental attributes long espoused in international health, such as a focus on health equity and multi-disciplinary approaches, have been claimed by some to be the new and exclusive purview of global health (see this discussion in *The Lancet*). Whereas the term global health may signal a change in emphasis toward issues that affect everyone around the world, health programs and initiatives using both terms still address health concerns from local to national, international and global levels. **International Health has always had a multidisciplinary, health-equity focus. ...”***

“...Ultimately, neither International Health nor Global Health is an entirely accurate term. But it is important not to create or perpetuate false distinctions between the 2 that do not exist.”

From our colleagues from Global Health Now, and clearly a must-read. But we reckon that many of you have already done so by now! (PS: also great news for ‘International Health Policies’ (IHP), actually, we always felt a bit puzzled about the use of the “IHP” acronym (in an era of ‘global health’ ...))

Alice Evans (blog) – Is there a new Washington Consensus? An analysis of five World Development Reports.

<http://oxfamblogs.org/fp2p/is-there-a-new-washington-consensus-an-analysis-of-five-world-development-reports/>

Must-read blog. **Alice Evans** summarizes what the last five World Development Reports say about the World Bank’s evolving view of the world. She concludes: *“...in sum, it’s fantastic the WDRs champion politically smart, locally led iterative adaption and inclusive coalitions. But we also need to recognise the power of social movements (shifting norms, showcasing widespread resistance), and get our own houses in order.”*

Nature (World View) – Build the Ebola database in Africa

https://www.nature.com/articles/d41586-017-05676-4?WT.mc_id=TWT_NatureNews&sf151260633=1

*“To build trust, capacity and utility, put local researchers in charge of planned platform, says **Brian Conton**.”* Especially now that we’re in between outbreaks.

Excerpt: *“This September, the Infectious Diseases Data Observatory (IDDO), a research network based at the University of Oxford, UK, held a meeting in Guinea to discuss plans for an information platform to share data obtained during the latest outbreaks, in hopes of improving responses in the future. It is now seeking further input on a collaborative research agenda. The team has promised to bring fellows from African institutions to work on the database and is assembling a steering group to set policies on who can access what data. The group will include representatives from countries that endured the outbreak as well as from research networks based in Africa. The platform has yet to be established, and these preparatory efforts are well-intentioned. But in my opinion, having African scientists work on an information platform in another part of the world and at the behest of and under the jurisdiction of others does not confer the same benefits as working with local researchers to build our own tools on the ground...”*

BMJ Opinion – Vulnerable people should not fear arrest when seeking healthcare

<http://blogs.bmj.com/bmj/2017/11/08/doctors-of-the-world-vulnerable-people-should-not-fear-arrest-when-seeking-healthcare/>

By **Doctors of the World**. *““Universal health coverage is a human right.” This was a welcome statement from the new Director General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus. Europe, as one of the most affluent parts of the world with an admirable history of social protection and welfare states, should be leading the way in ensuring that this human right is not violated for anyone, regardless of ethnicity, sex, language, colour or immigration status. And yet **The European Network to Reduce Vulnerabilities in Health Observatory Report**, published today by Doctors of the World (Médecins du Monde), provides evidence of the systematic failure of European health systems for many people currently living within the region.”*

World Pneumonia Day (12 November)

Lancet Editorial –The case for action on childhood pneumonia

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32857-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32857-X/fulltext)

The Lancet’s take on **Save the Children’s new global campaign** (which has the backing of Kofi Annan among others). See their **report** released last week. More than worth a read.

Lancet Global Health - Vaccination to reduce antimicrobial resistance

A S Ginsburg et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30364-9/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30364-9/fulltext)

Piece written ahead of to (the upcoming) World Pneumonia Day.

“... Reducing the development of antimicrobial resistance is a key factor for consideration in the prevention and treatment of childhood pneumonia. Pneumococcal and H influenzae type b conjugate vaccines have reduced the burden of antibiotic-resistant bacterial disease globally. However, the continued use of antibiotics induces selection of replacement antibiotic non-susceptible strains among the remaining non-vaccine serotypes. This replacement disease has the potential to erode some of the gains vaccination has shown against resistant infections. Viral vaccines, such as influenza and measles vaccines, might also reduce antibiotic use. There is an urgent need to search for vaccines or monoclonal antibodies to protect neonates from antibiotic-resistant Gram-negative infections. Widespread vaccination against both bacterial and viral respiratory pathogens should be the first line of defence against antimicrobial-resistant respiratory pathogens, and novel vaccines are required...”

WHO inaugurates first African institute for health policy studies in Ebonyi

<https://www.vanguardngr.com/2017/11/inaugurates-first-african-institute-health-policy-studies-ebonyi/>

*“WHO, [yesterday], inaugurated **the first African Institute for Health Policy and Health Systems** at the Ebonyi State University, EBSU, Abakaliki. Inaugurating the institute in **Nigeria**, the Executive Director, Alliance for Health Policy and Systems Research, WHO, Geneva Switzerland, Dr. Abdul Ghaffar who stressed that the establishment of the African Institute at EBSU was based on merit and nothing else, called on the management of the university to be proud of its accomplishment of having the capacity to inaugurate the first and only African Institute for Health Policy and Health Systems in the state....”*

Lancet – Offline: Planetary health's next frontier— biodiversity

R Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32843-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32843-X/fulltext)

Damned right. *“...Health and climate change is now fixed in the lexicon of global and public health. But biodiversity remains largely invisible. It's time to make protecting the biodiversity of our planet the next great cause of planetary health....”* The piece offers then – via a book by E O Wilson - some potential ways forward, like “HalfEarth”, or a “Paris-like international agreement on biodiversity—a Global Deal for Nature, with 2050 as the target date for 50% conservation.”

Lancet Planetary Health (November issue)

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

Among others, with the **Editorial** - [The transition away from coal is inevitable](#) (focusing in the editorial on the US, but of course this needs to happen globally as well).

Other Comments focus for example on ‘Acquiring an operative sustainability expertise for health professionals’ and ‘Exiting the Paris climate accord: Trump administration misses the rising tide’.

From the latter: *“...**We need to promote the concept of global stewardship** and strengthen our collaboration with other sectors and disciplines to actively facilitate and develop policies (including the effective implementation of the Paris accord) that will reduce and prevent the devastating consequences of climate change.”*

Key journal publications

HP&P - Health system strengthening: prospects and threats for its sustainability on the global health policy agenda

J F Naimoli et al; <https://academic.oup.com/heapol/article-abstract/doi/10.1093/heapol/czx147/4600570?redirectedFrom=fulltext>

One of the reads of the week related to the **agenda sustainability** of HSS. “In 2013, Hafner and Shiffman applied Kingdon’s public policy process model to explain the emergence of global attention to health system strengthening (HSS). They questioned, however, HSS’s sustainability on the global health policy agenda, citing various concerns. Guided by the **Grindle and Thomas interactive model of policy implementation**, we advance and elaborate a **proposition: a confluence of developments will contribute to maintaining HSS’s prominent place on the agenda until at least 2030**. Those developments include (1) technical, managerial, financial, and political responses to unpredictable public health crises that imperil the routine functioning of health systems, such as the 2014–2015 Ebola virus disease (Ebola) epidemic in West Africa; (2) similar responses to non-crisis situations requiring fully engaged, robust health systems, such as the pursuit of the new Sustainable Development Goal for health (SDG3); and (3) increased availability of new knowledge about system change at macro, meso, and micro levels and its effects on people’s health and well-being. **To gauge the accuracy of our proposition, we carried out a speculative assessment of credible threats to our premise by discussing all of the Hafner-Shiffman concerns**. We conclude that (1) the components of our proposition and other forces that have the potential to promote continuing attention to HSS are of sufficient strength to counteract these concerns, and (2) prospective monitoring of HSS agenda status and further research on agenda sustainability can increase confidence in our threat assessment.”

Health Systems & Reform (Commentary): Assessing fiscal space for health in the SDG era: a different story

H Barroy et al; <http://www.tandfonline.com/doi/full/10.1080/23288604.2017.1395503>

Not yet available, as far as we can tell, but the abstract should already whet your appetite: “Initially defined for overall public purposes, the concept of fiscal space was subsequently developed and adapted for the health sector. In this context, it has been applied in research and policy in over 50 low-and-middle income countries over the past ten years. Building on this vast experience and against the backdrop of shifts in the global health financing landscape in the SDG era, **the commentary highlights key lessons and challenges in the approach to assess potential fiscal space for health**. In looking forward, the authors **recommend that future fiscal space for health analyses primarily focus on domestic sources**, with specific attention to potential expansion from the improved use and performance of public resources. Embedding assessments in national health planning and budgeting processes, with due consideration of the political economy dynamics, will provide a way to inform and impact allocative decisions more effectively.”

Plos Med –Reaching global HIV/AIDS goals: What got us here, won't get us there

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002421>

“In a Perspective written for this month’s [Special Issue](#) on HIV, *Wafaa El-Sadr* and colleagues discuss tailored approaches to treatment and prevention of HIV infection.” On the (necessary) scale-up of **differentiated care**, among others.

An excerpt perhaps:

“...By facilitating the successful scale-up of HIV services, **the public health approach is arguably “what got us here,”** to a context in which more than half of all PLHIV are accessing treatment. **However, in order to reach ambitious global targets and achieve epidemic control, much more must be done—and swiftly.** Not only must the number of PLHIV accessing ART increase substantially to reach 30 million people by 2020, but the quality of HIV services must be enhanced and effective primary prevention interventions must be brought to scale. Challenges include reaching diverse patient populations, retaining them in either treatment or prevention programs, supporting adherence to ART and prevention methods, and addressing long wait times and health facility crowding, a problem for both recipients of care and health workers. In addition, concern over the plateauing of global resources highlights the vital importance of efficiency and cost-effectiveness as a possible way to address this enormous challenge....”

As mentioned, this Perspective is part of a [Special issue](#) in Plos Med that starts this week. The issue concerns **Advances in HIV Prevention, Treatment and Cure**. To be continued in the coming weeks...

Health Affairs issue on global health policy

<http://www.healthaffairs.org/toc/hlthaff/36/11>

From this special issue, we recommend you first read the [editorial](#), to get a quick overview of the issue – ‘**Global Health Policy**’ (by Alan Weil).

Of the numerous interesting articles, one article is certainly a must-read. In the words of the editorial, “As health systems make progress tackling communicable diseases and life expectancy has increased, countries face a rising burden of noncommunicable diseases such as diabetes, cancer, and cardiovascular disease. **Thomas Bollyky and colleagues** map the growth of these diseases against each country’s health system functioning. They conclude that “countries that are projected to have the greatest increase in their noncommunicable disease burden as a share of health burden are also ranked lowest (least prepared) in our health system capacity index for noncommunicable diseases,” with African nations particularly at risk.”

See [Lower-Income Countries That Face The Most Rapid Shift In Noncommunicable Disease Burden Are Also The Least Prepared](#) (by **Thomas Bollyky, Joseph Dieleman** et al).

For the ones among you who don’t have access to the article in Health Affairs, make sure you check out this [quick summary of results on CFR, with some nice visualisations & graphs](#).

Lancet (Review) – Cardiovascular, respiratory, and related disorders: key messages from *Disease Control Priorities*, 3rd edition

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32471-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32471-6/fulltext)

*“Cardiovascular, respiratory, and related disorders (CVRDs) are the leading causes of adult death worldwide, and substantial inequalities in care of patients with CVRDs exist between countries of high income and countries of low and middle income. Based on current trends, the UN SDG to reduce premature mortality due to CVRDs by a third by 2030 will be challenging for many countries of low and middle income. **We did systematic literature reviews of effectiveness and cost-effectiveness to identify priority interventions. We summarise the key findings and present a costed essential package of interventions to reduce risk of and manage CVRDs.** On a population level, we recommend tobacco taxation, bans on trans fats, and compulsory reduction of salt in manufactured food products. We suggest primary health services be strengthened through the establishment of locally endorsed guidelines and ensured availability of essential medications. The policy interventions and health service delivery package we suggest could serve as the cornerstone for the management of CVRDs, and afford substantial financial risk protection for vulnerable households. **We estimate that full implementation of the essential package would cost an additional US\$21 per person in the average low-income country and \$24 in the average lower-middle-income country. The essential package we describe could be a starting place for low-income and middle-income countries developing universal health coverage packages.** Interventions could be rolled out as disease burden demands and budgets allow. Our outlined interventions provide a pathway for countries attempting to convert the UN SDG commitments into tangible action.”*

Health Research Policy & Systems - Institutional capacity to generate and use evidence in LMICs: current state and opportunities for HPSR

Zubin C Shroff, Lucy Gilson et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0261-1>

*“Evidence-informed decision-making for health is far from the norm, particularly in many LMICs. Health policy and systems research (HPSR) has an important role in providing the context-sensitive and -relevant evidence that is needed. However, there remain significant challenges both on the **supply side**, in terms of capacity for generation of policy-relevant knowledge such as HPSR, and on the **demand side** in terms of the demand for and use of evidence for policy decisions. This paper brings together elements from both sides to **analyse institutional capacity for the generation of HPSR and the use of evidence (including HPSR) more broadly in LMICs....”***

*“... The findings make a case for institutional arrangements in research that provide support for career development, collaboration and cross-learning for researchers, as well as the setting up of institutional arrangements and processes to incentivise the use of evidence among Ministries of Health and other decision-making institutions. **The paper ends with a series of recommendations** to build institutional capacity in HPSR through engaging multiple stakeholders in identifying and maintaining incentive structures, improving research (including HPSR) training, and developing stronger tools for synthesising non-traditional forms of local, policy-relevant evidence such as grey literature. Addressing challenges on both the supply and demand side can build institutional capacity in the research and policy worlds and support the enhanced uptake of high quality evidence in policy decisions.”*

Global health events

World Hepatitis Summit Declaration (Sao Paulo)

<http://www.who.int/hepatitis/news-events/sao-paulo-declaration-hepatitis/en/>

*“The World Hepatitis Summit 2017 closed on a hopeful note with the **launch of the São Paulo Declaration on Viral Hepatitis**, which was negotiated by government representatives. The Declaration **committed to taking a broad and coordinated approach to support implementation of the core interventions outlined in WHO’s Global Hepatitis Strategy**. In response, the World Hepatitis Alliance and its 252 member organisations launched the **São Paulo Community Declaration on Viral Hepatitis**, demanding that governments give viral hepatitis the same priority as HIV/AIDS, malaria and TB, that stigma and discrimination is adequately addressed and that governments will fulfill the commitments of Sustainable Development Goals in so far as ‘that no-one will be left behind’ and that governments ‘will endeavour to reach the furthest behind first.’”*

Devex – Practical steps to make PPPs work for Africa health systems

<https://www.devex.com/news/practical-steps-to-make-ppps-work-for-africa-health-systems-91485>

Short report of the **Africa Health Business Symposium**. *“Public-private partnerships are all the buzz in the African health sector, where financing is in short supply. Just four African countries have met domestic spending targets for the sector, and many see PPPs as a way to plug the gap. PPPs involve an arrangement between governments and private sector organizations in the delivery of a public good or service. While few dispute their potential, PPPs present a series of political and regulatory challenges. At the **Africa Health Business Symposium in Dakar this week**, officials and businesspeople met to discuss how they might lay the groundwork for better partnerships. These arrangements are “a strategy that cannot only contribute to financing, but also help in reforming the health sector,” Zouma Salifou, director of planning research and health information at the West African Health Organization, told the symposium. “Governments can no longer continue with ‘business as usual.’”...”*

Global Nutrition summit in Milan

Devex - Global Nutrition Summit sees new funding, political commitments

<https://www.devex.com/news/global-nutrition-summit-sees-new-funding-political-commitments-91461>

As mentioned, this was one of the side events in Milan. *“Advocates and officials at the Global Nutrition Summit this weekend **urged policymakers to place nutrition at the center of anti-poverty and development efforts**. Good nourishment can have a multiplier effect on the well-being of communities, they argued at the event, which saw **\$640 million in new pledged funding commitments**. Countries now face three primary nutrition challenges — childhood stunting, anemia in women of reproductive age, and obesity, according to the **Global Nutrition Report**, which launched at the summit...”*

Guardian - A danger to future generations': \$640m pledged as third of world malnourished

<https://www.theguardian.com/global-development/2017/nov/04/danger-to-future-generations-640m-pledged-third-of-world-malnourished-obesity-hunger-kofi-annan>

The picture is extremely worrying, make no mistake. For the time being, *“The likelihood of meeting global targets to halt the rise in obesity and diabetes by 2025 is **less than 1%.**”*

See also FT – [Global nutrition crisis demands step change in response](#) (op-ed by **Corinna Hawkes, co-chair of the new Global Nutrition report**): “Undernutrition and obesity are linked by poor diet and cannot be tackled in isolation”,

“ Malnutrition — in all its forms — is a far-reaching crisis that threatens to derail human development, with almost every country in the world now facing a serious challenge from undernutrition, obesity or both. These are the stark findings of this year’s Global Nutrition Report, an independently produced annual stock-take of the state of the world’s nutrition. The vast majority (88 per cent) of the 140 countries featured in this year’s report face a serious burden of two or three of the key forms of malnutrition measured: childhood stunting, anaemia in women of reproductive age and overweight in adult women. What we’re increasingly coming to understand is that the twin challenges of maternal and child undernutrition on one hand, and overweight and obesity, on the other, are intimately connected. All have poor diet at their root.”

You might also want to read (Devex) - [Nutrition is first and foremost a political challenge, says Gates nutrition lead.](#) Huh? Somebody from the Gates Foundation saying this?

Coming up: webinar with Seye Abimbola – Governance: the trouble with building blocks (24 November)

<http://blog.thecollectivity.org/2017/11/06/webinar-to-come-save-the-date-november-24th/>

“The webinar is the first in a series on Health Systems Governance Frameworks and Missing Links, organized by the Health Systems Governance Collaborative in cooperation with different partners.”

Coming up - Global Forum on Human Resources for #Health (in Dublin)

Just hope a distressed Bono doesn’t show up.

Coming up: 6th meeting of the IAEG SDGs (in Bahrain)

Next week, that is. Docs & agenda here: <https://unstats.un.org/sdgs/meetings/iaeg-sdgs-meeting-06/>

Coming up: World Antibiotic Awareness Week: 13-19 November 2017

See WHO - [World Antibiotic Awareness Week, 13-19 November 2017](#)

Coming up: first WHO global ministerial conference to end TB (Moscow, 16-17 November)

http://www.who.int/tb/features_archive/Global_MinisterialConf_TB/en/

Global governance of health

Global Fund update

The most recent [GFO newsletter](#) is a must-read.

Includes, among others:

[New fund to be launched to support meaningful engagement of adolescent girls and young women in Global Fund and national processes](#) “ *The Global Fund will invest \$500,000 over the next year to bolster meaningful engagement of adolescent girls and young women (AGYW) groups and networks in Global Fund–related processes and in national processes in 13 focus countries. The funding will be made available to countries via a new venture, **the HER Voice Fund**, which is set to be launched later this month. The HER Voice Fund will be administered by SHRH Africa Trust (SAT) and Eastern Africa National Networks of AIDS Service Organizations (EANNASO)...*”

[The Global Fund Board is expected to name the new E.D. on 14 November](#)

14 November is D-Day. We agree with Women in Global Health, that “...in contrast to the World Health Organization’s recent attempts at developing a more transparent and open process for the selection of their director general, **the Global Fund process has been shrouded in secrecy.**” A missed opportunity, if you ask us. 2017 is not 2012...

Check out also articles on “*Blended finance: A fresh breath of innovation for the Global Fund*”, “*The Global Fund and PEPFAR: Complementary approaches, successful collaboration*”, and more.

PS: you might also want to check out the **GF’s 2017 [results report](#)**. “**22 millions lives saved**”, and counting... Plus: “*At the launch of the Global Fund’s Fifth Replenishment in Montreal, Canada, donors pledged over **US\$12.9 billion** for the next three years, demonstrating extraordinary commitment to global health. **The Global Fund is implementing an ambitious fundraising drive to raise an additional US\$500 million before the next fundraising conference in 2019.***”

CGD (Note) – [Six Reasons Why the Global Fund Should Adopt Health Technology Assessment](#)

By **Kalipso Chalkidou** et al. “*With aid budgets shrinking and even low-income countries increasingly faced with cofinancing requirements, this is the right time for global health funders such as the Global Fund and their **donors to formally introduce Health Technology Assessment (HTA), both at the central operations level and at the national or regional level in recipient countries.** HTA—the systematic assessment of the comparative effectiveness and cost of health technologies—provides the economic and clinical evidence needed for decisions about what products to purchase to achieve value for money. **Operationalising HTA as a routine component of the Fund’s model must be a top priority for its incoming executive director, expected to be announced on November 14....**”*

WHO - YoungVoicesCount: Young people can shape progress towards the #WorldWeWant in 2030: A unique perspective on health, nutrition, education, environments and human rights

<http://www.who.int/life-course/publications/youngvoicescount/en/>

“***YoungVoicesCount**, is a global collaboration to support young people realize their full potential and human rights, and share their experiences and ideas for WorldWeWant in 2030. They will be more than students and diarists. They will contribute to shaping destinies—by becoming spokespeople for adolescents and youth around the world and demanding accountability for progress at all levels. YoungVoicesCount initially will focus on five key areas: health, nutrition, education, environments and human rights....” A WHO Flagship initiative.*

CGD (webcast + text) - Rethinking Global Development Policy for the 21st Century

<https://www.cgdev.org/event/rethinking-global-development-policy-21st-century>

Larry Summers’ take. For the fans.

There’s also a **pdf** of the speech (11 pages) - [Rethinking Global Development Policy for the 21st Century](#).

CGD (blog) - Getting to Yes on a World Bank Recapitalization

Nancy Birdsall; <https://www.cgdev.org/blog/getting-yes-world-bank-recapitalization>

From Larry Summers to the World Bank seems like an obvious move. In this blog, Nancy Birdsall's take on how one should try to get Trump et al to saying "Yes" to a World Bank Recapitalization. *"...The **United States is apparently driving a hard bargain with World Bank President Jim Kim**, who is hoping the bank's 189 shareholders will agree to increase the current capital of the bank's "hard" window (for middle-income countries with over \$1200 in per capita income) sometime in 2018. A deeper capital base would allow the bank to lend more—more each year than the almost \$30 billion of loans approved in 2016. But **the US wants to link any support for a recapitalization to World Bank "graduating" China—and perhaps other member countries with good access to private capital markets who don't seem to "need" the World Bank.** But cutting off China is not something Jim Kim and senior management at the World Bank want to do. There are sensible arguments on both sides of this divide. And there is a simple way to begin to thread the needle and get to yes..."*

Devex – UNICEF outlines groundwork to harness Africa's demographic dividend

<https://www.devex.com/news/unicef-outlines-groundwork-to-harness-africa-s-demographic-dividend-91457>

See also a previous IHP newsletter on this recent UNICEF report.

*"To harness the benefits of Africa's demographic shift, the continent will need to train 11 million new social service workers by 2030, including 5.8 million teachers and 5.6 million health workers, according to a recent UNICEF report. ... The report identifies three policy actions for building Africa's human capital over the next 10 years. First, to scale up essential services in health, social welfare, and protection to meet international recommendations. Second, to transform Africa's educational, skills, and vocational learning systems through curriculum reform and access to technology. Finally, the report urges protecting Africa's women and children from abuse and harmful cultural practices. **To achieve those three objectives, UNICEF urges governments to make health and education higher budgeting priorities.** ... The report aligns with similar policies from the African Union, which named 2017 the "year of harnessing the demographic dividend through investments in youth."*

Devex (Op-ed)- The intersection between global health and security

Eric Goosby; <https://www.devex.com/news/opinion-the-intersection-between-global-health-and-security-91253>

With the most important line: *"... we should not engage in a debate about existing or emerging infectious diseases without addressing the real need to deliver universal health coverage..."*

KFF - The U.S. Government and Global Health Security

[KFF issue briefing;](#)

Updated briefing. Recommended.

KFF also has updates on [The U.S. Government and Global Neglected Tropical Disease Efforts](#); [The Millennium Challenge Corporation \(MCC\) and Global Health](#); [The U.S. & The Global Fund to Fight AIDS, Tuberculosis and Malaria](#).

Devex – New IFRC president sets out priorities

<https://www.devex.com/news/new-ifrc-president-sets-out-priorities-91480>

*“Strengthening the role of local groups and fighting corruption are among the priorities for the new president of the world’s largest humanitarian network. Italian lawyer Francesco Rocca was elected president of the **International Federation of Red Cross and Red Crescent Societies** during its General Assembly Monday in Antalya, Turkey. The former president of the Italian Red Cross won 98 votes from the 178 national societies that voted, beating challenges from Mohammed Al-Hadid from the Jordanian Red Crescent; Sven Mollekleiv from the Norwegian Red Cross; and Margareta Wahlström of the Swedish Red Cross. The 52-year-old told Devex he wants to focus on “localization,” strengthening the role of the IFRC’s 190 national societies....”*

See also [Global gathering to shape future of world’s largest humanitarian movement](#)

Global Public Health - Accountability for the human right to health through treaty monitoring: Human rights treaty bodies and the influence of concluding observations

B M Meier et al; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1394480>

*“Employing novel coding methods to evaluate human rights monitoring, **this article examines the influence of United Nations (UN) treaty bodies on national implementation of the human right to health.** The advancement of the right to health in the UN human rights system has shifted over the past 20 years from the development of norms under international law to the implementation of those norms through national policy. Facilitating accountability for this rights-based policy implementation under the right to health, the UN Committee on Economic, Social and Cultural Rights (CESCR) monitors state implementation by reviewing periodic reports from state parties, engaging in formal sessions of ‘constructive dialogue’ with state representatives, and issuing concluding observations for state response. These concluding observations recognise the positive steps taken by states and highlight the principal areas of CESCR concern, providing recommendations for implementing human rights and detailing issues to be addressed in the next state report. Through analytic coding of the normative indicators of the right to health in both state reports and concluding*

observations, this article provides an empirical basis to understand the policy effects of the CESCR monitoring process on state implementation of the right to health.”

WHO - Evaluation of the election of the Director-General of the World Health Organization

<http://www.who.int/about/evaluation/election/en/>

Including a web-based survey: “... *In support of this evaluation, a **web-based public survey will be conducted until 17 November 2017**, and is intended to solicit feedback on the election process from all interested stakeholders who have not been covered through the other data collection methods for this evaluation.*”

My short feedback: way better than the Global Fund’s selection of a new boss.

Duncan Green (blog) - Should the Gates Foundation Do Data Differently?

<http://oxfamblogs.org/fp2p/should-the-gates-foundation-do-data-differently/>

Duncan Green spent some time in Seattle. “... *One big issue for them is **data** – how can they get the data that they and their partners collect to have more of an impact on policy discussions? I **drew a comparison with other areas like governance**, where people have realized that the kind of focus on supply side that we now see on data has failed to deliver the anticipated results – all those ‘capacity building’ workshops on good governance don’t amount to a revolution, apparently. **The governance people then moved on to work more on the demand side** – let’s strengthen civil society to demand better governance (cue more workshops). More recently, they have gone **into ‘convening and brokering’ mode** (bringing together different, even mutually hostile actors to look for common solutions), along with ‘**working with the grain**’ of existing institutions, rather than just trying to implant alien institutions from elsewhere. **What might be the equivalent process on data, which in some ways is really just another institution?...**” Read on to know what Duncan Green thinks.*

Medium –Global health threats: living in an age of risk and (in)security

Colin McInnes and Anne Roemer-Mahler; <https://medium.com/international-affairs-blog/global-health-threats-living-in-an-age-of-risk-and-in-security-6722449118a6>

Based on their recent article in International Affairs. Starting from the different way that the Ebola crisis & AMR crisis are being framed. “*The different ways in which these two health crises were framed reflects an ongoing tension in how we think about health threats – are they risks or security issues?...*”

UHC2030 welcomes civil society organization Medicus Mundi International - Network Health for all (MMI) as a partner

<https://www.uhc2030.org/news-events/uhc2030-news/article/assess-interests-allow-dissent-promote-debate-medicus-mundi-joins-uhc2030-432103/>

Thomas Schwarz, executive secretary of MMI, shares his thoughts on joining UHC2030 : *“The UHC2030 narrative around strengthening people-centred health systems and promoting universal access to essential health services as a shared responsibility of national governments and international actors takes up key elements of our Network’s understanding of “health for all”. We therefore want to contribute to this new international partnership from within, as a critical civil society voice”.*

Face-to-Face Meeting of the UHC2030 Technical Working Group on Fragile States (8-9 November 2017, Geneva)

<https://www.uhc2030.org/news-events/meetings-events/article/face-to-face-meeting-of-the-uhc2030-technical-working-group-on-fragile-states-420714/>

Among others, with some of our colleagues (who discussed a literature review)! More soon. See [here](#) for more info on this TWG.

PS: many of these UHC2030 TWGs & task forces are **currently preparing for UHC Day in Tokyo** (12 December).

Devex - How can we reach UHC by 2030? — #HealthyHorizons Twitter chat

<https://www.devex.com/news/how-can-we-reach-uhc-by-2030-healthyhorizons-twitter-chat-91452>

*“Moving toward universal health coverage requires strengthened health systems. What resources, partnerships, and innovation do we need to reach UHC by 2030? Devex discussed this on November 2 in a Twitter chat organized as a part of our **Healthy Horizons** content series.”* Gathering participants from different horizons (pharmaceutical companies, Red Cross, UN), Devex asked 6 questions – do find the highlights of the online conversation.

The Guardian - Americans show support for Obamacare despite Trump's repeal attempts

<https://www.theguardian.com/us-news/2017/nov/09/obamacare-healthcare-signups-trump-repeal>

*“Millions of Americans remain committed to Barack Obama’s landmark healthcare legislation despite the Trump administration’s attempts to overturn it. In a series of developments that fly in the face of Republicans’ repeated avowals to destroy the Affordable Care Act (ACA), widely known as Obamacare, **record numbers of people signed up this week for government-backed health insurance plans**, and voters in conservative-controlled Maine elected to expand the government’s healthcare scheme for low-income Americans.... “*

*“Millions of Americans remain committed to Barack Obama’s landmark healthcare legislation despite the Trump administration’s attempts to overturn it [...] **only 26% of Americans believe Trump is handling the issue of healthcare effectively – down from the 44% in January** who at that time believed that the new administration would manage it well. Trump still enjoys majority support among Republican voters on healthcare, but their support has dropped from 87% in January to 59% this week...”.*

Devex - Q&A: WHO's health systems chief on reaching UHC

<https://www.devex.com/news/q-a-who-s-health-systems-chief-on-reaching-uhc-91475>

Devex rightly points out the dichotomy between high politics meetings and actual reality. In the words of **Dr. Rüdiger Krech, WHO's director of health systems and innovation** : *“The most difficult challenge to overcome is putting political commitment into real action”*. Read his interview to learn more about what should be done in terms of collaboration and long term action as well as the role of WHO in this.

Lancet Psychiatry – The economic case for improved coverage of public mental health interventions

J Campion et al; [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(17\)30433-9/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30433-9/fulltext)

“Mental disorders can devastate and shorten lives, impoverish individuals, and create social problems. They can also be very costly to families, communities, and national economies—in 2010, the global cost of mental disorders was US\$2493 billion, and was projected to exceed \$6000 billion by 2030. However, evidence-based public mental health interventions can prevent these disorders, treat them when they arise, prevent associated effects, and promote mental wellbeing. Furthermore, many such interventions are not only affordable, but also economically attractive.”

Planetary health

Guardian - Michael Bloomberg's 'war on coal' goes global with \$50m fund

<https://www.theguardian.com/environment/2017/nov/09/michael-bloombergs-war-on-coal-goes-global-with-50m-fund>

*"The battle to end coal-burning, backed by billionaire Michael Bloomberg, is expanding out of the US and around the world in its bid to reduce the global warming threat posed by the most polluting fossil fuel. Bloomberg, a UN special envoy on climate change and former mayor of New York city, has funded a \$164m campaign in the US since 2010, during which time more than half the nation's coal-fired power plants have been closed. **On Thursday, he announced a \$50m plan to expand the programme into Europe and then the rest of the world.** The money will support grassroots campaigns, research on the health impacts of coal and legal action against coal plants that are breaking pollution rules...."*

Vox - Syria just agreed to sign the Paris climate agreement, making the US the only holdout

<https://www.vox.com/energy-and-environment/2017/11/7/16617612/united-states-paris-climate-accords>

"Syria will at long last sign the Paris climate agreement, leaving the United States as the only country in the entire world that does not want to be party to the accord." Syria made the announcement in Bonn.

ODI (series) - Climate finance fundamentals

<https://www.odi.org/publications/5157-climate-finance-fundamentals>

On the **ODI series of Climate Finance Fundamentals**: *"This series of short, introductory briefings are designed for readers new to the debate on global climate change financing. In light of the fast pace of developments in climate finance, the briefs provide a better understanding of the quantity and quality of financial flows going to developing countries. These briefs outline the principles of public climate finance; the emerging global climate finance architecture; and address the instruments, needs and actual funding amounts in the action areas of adaptation, mitigation and forest protection (reducing emissions from deforestation and forest degradation, REDD+). Several look specifically at the climate funding situation for specific regions of the world."*

See for example [Climate finance fundamentals 1: the principles and criteria of public climate finance \(2017 update\)](#) or [Climate finance fundamentals 2: the global climate finance architecture \(2017 update\)](#) (if you think the global health architecture is complex, check this out !)

“Climate finance remains central to achieving low-carbon, climate resilient development. The global climate finance architecture is complex and always evolving. Funds flow through multilateral channels – both within and outside of the UNFCCC Financial Mechanism – and increasingly through bilateral, as well as through regional and national climate change channels and funds. Monitoring the flows of climate finance is difficult, as there is no agreed definition of what constitutes climate finance or consistent accounting rules. The wide range of climate finance mechanisms continues to challenge coordination. But efforts to increase inclusiveness and complementarity as well as to simplify access continue.”

NDC/SDG connections

https://klimalog.die-gdi.de/ndc-sdg/assets/downloads/BP_21.2017.pdf

“NDC-SDG Connections is a joint initiative of the German Development Institute / Deutsches Institut für Entwicklungspolitik (DIE) and the Stockholm Environment Institute (SEI). It aims at illuminating co-benefits between the Paris Agreement and the 2030 Agenda for Sustainable Development. The initiative is funded by the Federal Ministry for Economic Cooperation and Development (BMZ) and the Swedish International Development Cooperation Agency (SIDA). For more information, please visit www.ndc-sdg.info. “ (with some nice visualizations; **Online tool & database**)

See also IISD - [Online Tool and Database Analyze NDC-SDG Links](#).

Financial Times - China considers launch of carbon trading scheme

<https://www.ft.com/content/dc840ba6-c0c0-11e7-b8a3-38a6e068f464>

News from early this week. *“Expectations are growing in the run-up to global climate talks in Germany this week that **China is preparing to launch a national carbon trading scheme**. Xi Jinping, China’s leader, said two years ago that Beijing would launch an emissions trading system in 2017 that would almost certainly become the largest of its type, eclipsing that of the EU. With time running out, government officials, industry experts and researchers at Chinese think-tanks say Beijing could announce the scheme at the two-week Bonn climate change meeting that opens on Monday...”*

Deutsche Welle - COP23: Why Trump can't kill the climate deal

<http://www.dw.com/en/cop23-why-trump-cant-kill-the-climate-deal/a-41172848>

*"President Trump's controversial tweets about global warming have left many heads of state stony-faced. But **big business is now pushing Washington to implement the United Nations' climate goals.**"*

The Guardian - Huge private sector investment puts Paris climate target in reach, says report

https://www.theguardian.com/environment/2017/nov/02/huge-private-sector-investment-puts-paris-climate-target-in-reach-says-report?CMP=share_btn_tw

Again it appears the financial sector will be crucial in the development/implementation of the Paris agreement. Based on the IFC report on the matter, the idea is to create innovative business models that make government's commitment to the Paris climate target meet the investors' interests : creating markets and then attracting investments to move away from fossil fuels into renewable energy. **"Global investment could hold the key to fighting climate change, with one trillion dollars already invested in solutions such as renewables and energy efficiency, says International Finance Corporation."**

Quick links:

Guardian - [US report finds climate change 90% manmade, contradicting Trump officials](#) News on a US government (!) report from late last week. Not that Trump & co will care much.

NYT - [In India, Air So Dirty Your Head Hurts](#) The Delhi air pollution was headline news around the world this week. For good reason.

[How Climate Change Drives Child Marriage](#) (in Bangladesh, for example). *"... In the past few years we've seen growing evidence that extreme weather and natural disasters are linked to increasing child marriage rates. Each year, 15 million girls are married before the age of 18, many of them in countries particularly vulnerable to climate change. Girls are married off in both times of stability and crisis, because they are seen as being less valuable than boys. But natural disasters exacerbate poverty, insecurity and lack of access to education; all factors that can increase the rates of child marriage..."* (analysis by **Lakshmi Sundaram** of Girls Not Brides)

Guardian – [How India's battle with climate change could determine all of our fates](#)

“India’s population and emissions are rising fast, and its ability to tackle poverty without massive fossil fuel use will decide the fate of the planet.”

Infectious diseases & NTDs

UNAIDS launches 2017 World AIDS Day campaign—My Health, My Right

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/november/20171106_myhealth-myright

“In the lead-up to World AIDS Day on 1 December, UNAIDS has launched this year’s World AIDS Day campaign. The campaign, My Health, My Right, focuses on the right to health and explores the challenges people around the world face in exercising their rights.”... “The campaign reminds people that the right to health is much more than access to quality health services and medicines, that it also depends on a range of important assurances including, adequate sanitation and housing, healthy working conditions, a clean environment and access to justice.”

Wired - A malaria breathalyzer? It's closer than you think

<https://www.wired.com/story/a-malaria-breathalyzer-its-closer-than-you-think/>

*“...Various studies suggest malaria may actually alter the molecular content of human exhalations, enticing mosquitoes to feed on infected humans and accelerating the parasite’s spread. But malaria’s capacity for mosquito mind-control could also make it a prime target for breath-based diagnosis. Back in Odom John’s Washington University laboratory, she and her team compared the molecular compounds in the breath of two groups of kids: one with malaria, the other without. They found six compounds whose concentrations varied dramatically between the groups. They were the diagnostic markers the researchers had been looking for. (Odom John declined to identify the compounds by name, as her team’s study is currently under review for publication.) By summing the relative abundance of each compound, the researchers came up with a diagnosis for each child. **They were right 83 percent of the time....”***

Plague in Madagascar

Science –Echoes of Ebola as plague hits Madagascar

<http://science.sciencemag.org/content/358/6362/430>

From the end of October already. *“Contact with the dead can be risky. But as in the Ebola epidemic, efforts to reduce risk during burials conflict with deep cultural beliefs and traditions such as washing*

the body and returning it to the person's birthplace, Bertherat says. "If we don't respect [those traditions], we risk that people will hide deaths." ... "To infectious disease experts, the outbreak underscores the lesson of the Ebola epidemic. As cities burgeon and populations become more mobile, once-isolated diseases are increasingly likely to reach cities, where they can race out of control. "Next time," Bertherat says, "we need to be ready to manage [plague] in an urban setting."

Madagascar: UN health agency sees drop in cases of plague; urges vigilance as risk of spread remains

<http://www.un.org/apps/news/story.asp?NewsID=58025#.Wf9Cs1vWzIU>

From 3 November: *"While progress has been made in response to the plague outbreak in Madagascar, and the number of suspected new cases continues to decline, the World Health Organization (WHO) said Friday that sustaining operations through the remainder of the plague season will be critical as there is still a risk of potential further spread of the disease.... WHO spokesperson Tarik Jasarevic said that as of 30 October, a total of 1,801 confirmed, probable and suspected cases of plague, including 127 deaths, had been reported. He told reporters at the regular press briefing in Geneva that a large majority of the reported cases concerned people who had already recovered. "As of 30 October, there are only 106 people receiving care in medical facilities," he noted."*

And a tweet: *"Rapid reaction by @WHO @WHOAFRO and partners has been critical to progress in Madagascar. Lessons from #Ebola being applied."*

Let's hope so indeed.

Guardian – Red Cross 'outraged' over pilfering of Ebola aid millions by its own staff

<https://www.theguardian.com/global-development/2017/nov/03/red-cross-outraged-over-pilfering-of-ebola-aid-millions-by-its-own-staff>

This you probably already know, but just in case. *"The Red Cross has admitted that millions of dollars meant for fighting the deadly outbreak of Ebola in west Africa were siphoned off by its own staff. The organisation's own investigations uncovered evidence of fraud, with more than \$2.1m (£1.6m) lost in Sierra Leone, probably stolen by staff in collusion with local bank officials, according to a statement. In Guinea, a mixture of fake and inflated customs bills cost it \$1m. The Red Cross, the world's oldest humanitarian organisation, said it was "outraged" at the losses but its statement did not contain any apology."*

Chatham House (expert comment) - Yemen's Health Crisis: How The World's Largest Cholera Outbreak Unfolded

Rachel Thompson (expert global health security)

<https://www.chathamhouse.org/expert/comment/yemen-s-health-crisis-how-world-s-largest-cholera-outbreak-unfolded?>

"...The cholera emergency appeal has been relatively well funded and, arguably, money has not been the main stumbling block in combating this outbreak. Instead, the situation in Yemen highlights how even a fully funded, fully functional response can never be a replacement for the systems and public services required to ensure cholera and other diseases are prevented. Like other countries in conflict, without a political solution – without peace – Yemen remains at risk of future outbreaks; and the next one may be deadlier than cholera."

NEJM - Mass Administration of Ivermectin in Areas Where Loa loa Is Endemic

By Frank O. Richards; [NEJM](#);

The author posits the possibility of ivermectin mass administration approach to become a less expensive and more sustainable community-based approach: *"Kamgno et al. now provide evidence in the Journal for a new "test-and-not-treat" approach for areas in which L. loa infection is endemic. An innovative cell-phone-based device (the LoaScope) was used to rapidly identify persons with very high L. loa microfilariae counts (>20,000 mf per milliliter) and exclude them from ivermectin treatment." ... "There should be no doubt, however, about the need to further explore the usefulness of the LoaScope and all other innovative ways to advance the distribution of ivermectin at the community level in Central Africa."*

Dengue

Cidrap – Dengue study adds to evidence for antibody enhancement

<http://www.cidrap.umn.edu/news-perspective/2017/11/dengue-study-adds-evidence-antibody-enhancement>

"A study presented at a scientific meeting this week and published in the journal Science provides robust evidence of antibody dependent enhancement (ADE) in dengue, a phenomenon observed for the last half century unique to the flavivirus." The study results have implications for Zika vaccines development and implementation, to consider recipient's dengue antibody levels before immunization. "

Stat News - Scientists solve a dengue mystery: Why second infection is worse than first

<https://www.statnews.com/2017/11/02/dengue-second-infection/>

“For decades, there has been a counterintuitive and hotly debated theory about dengue infections: that antibodies generated by a previous bout of dengue could actually put a person at risk of more severe disease if they contracted the virus a second time. And now American and Nicaraguan scientists have published evidence that may silence the skeptics. Antibody-dependent enhancement, or ADE as it’s known in scientific circles, can happen, they reported, when subsequent infection occurs at a time when antibodies generated by the prior infection have fallen to a specific low range.”

In other dengue news (Scroll India), [Explained: How rising temperatures might be helping dengue to spread through India.](#)

Asian Tiger Mosquitoes’ Dangerous Second Supper

<https://www.globalhealthnow.org/index.php/2017-11/tropmed17-lands-charm-city>

One bite is not enough for Asian tiger mosquitoes. A second blood feed makes them much more powerful disease vectors, according to new research presented Tuesday at the American Society of Tropical Medicine and Hygiene (#TropMed17) conference.

Marburg outbreak: Three cases, three deaths in Uganda, ‘appears to be under control’

<http://outbreaknewstoday.com/marburg-outbreak-three-cases-three-deaths-uganda-appears-control-97029/>

“In an update on the Marburg virus disease (MVD) outbreak in Uganda, the World Health Organization reports that the outbreak remains at three cases (two confirmed and one probable), all of whom have died, resulting in an overall case fatality rate of 100% and appears to be under control. All three cases were epidemiologically linked and come from one family. Previous suspected cases reported earlier have been discarded as non-cases following investigation.”

WHO recommends triple drug therapy to accelerate global elimination of lymphatic filariasis

http://www.who.int/neglected_diseases/news/WHO_recommends_triple_medicine_therapy_for_LF_elimination/en/

“The World Health Organization (WHO) is recommending an alternative three drug treatment to accelerate the global elimination of lymphatic filariasis - a disabling and disfiguring neglected tropical disease. The treatment, known as IDA, involves a combination of ivermectin, diethylcarbamazine citrate and albendazole. It is being recommended annually in settings where its use is expected to have the greatest impact.”

Phase II/III studies show high efficacy and safety of fexinidazole, the first oral treatment for sleeping sickness

<https://www.dndi.org/2017/media-centre/press-releases/studies-show-high-efficacy-and-safety-of-fexinidazole-the-first-oral-treatment-for-sleeping-sickness/>?

*“The first all-oral treatment for *Trypanosoma brucei gambiense* human African trypanosomiasis (g-HAT) has been proven to be effective and safe, according to the results of clinical trials led by the Drugs for Neglected Diseases initiative (DNDi) and its partners, published today in [Lancet](#). ...”*

TB

HP&P supplement - Evidence to improve global tuberculosis control strategies: lessons from Southeast Asia

https://academic.oup.com/heapol/issue/32/suppl_2

Start with the **Editorial** from R Fryatt, [Evidence to improve global tuberculosis control strategies: lessons from Southeast Asia](#).

And then HT our colleague **Werner Soors** for the 2 TB reads below (and accompanying comments):

PLOS Med. Comparison of two cash transfer strategies to prevent catastrophic costs for poor tuberculosis-affected households in low- and middle-income countries

W Rudgard et al; <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002418>

“Within the ‘End TB’ strategy, there is (finally) a focus on social protection. In this article, the authors compare two kinds of cash transfers to provide relief for financial hardship related to TB treatment: a ‘TB-specific’ approach (for households with confirmed TB patients only) and a ‘TB-sensitive’ approach (for households with high risk for TB). They conclude that the narrower ‘TB specific’ approach might be as effective in preventing catastrophic cost as the other, and less expensive (surprise). They also warn that any of these cash transfers will cost money (again, surprise). Readers with some notion of social protection in health might wonder why disease control

experts keep reducing social protection to mere financial protection, and financial protection to the mere provision of safety nets.” (Werner Soors)

PLOS Med. Measuring success: the challenge of social protection in helping eliminate tuberculosis

Shete & Dowdy; <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002419>

“For readers with some notion of social protection in health, or having read any serious work on health determinants, this commissioned comment (‘Perspective’) on the former article might be shocking: the authors bluntly state that *“we do not yet have clear data that demonstrate a clear mechanism by which improved economic outcomes lead to improved TB outcomes”*. One can only hope that the incipient interest of TB control experts for social protection will not be aborted based on this kind of ‘evidence’.” (Werner Soors)

NCDs

ILO – ILO Governing Body to postpone any decision about cooperation with tobacco industry

<http://www.who.int/fctc/mediacentre/news/2017/ilo-governing-body-postpone-decision-cooperation-tobaccoindustry/en/>

“...ILO’s Governing Body has decided today to postpone once again its decision to its next Governing Body meeting in March next year...” Ahum.

Reuters - WHO seeks new director for cancer agency facing U.S. scrutiny

[Reuters;](#)

“The WHO is seeking a new leader for its France-based cancer research agency to replace the current director, Chris Wild, from January 2019. The International Agency for Research on Cancer (IARC), a semi-autonomous unit of the WHO, is currently under scrutiny by influential members of the United States Congress, who in the past year have launched investigations into the way it conducts its assessments...”

WHO's Director-General Urges Swifter Action on Tobacco Control

<http://www.who.int/fctc/mediacentre/news/2017/who-dg-urges-action-on-tobacco-control/en/>

Clearly one of Dr. Tedros' priorities, as is evidenced by his recent speeches & interventions.

Tobacco control (Editorial) – A “Frank Statement” for the 21st Century?

Ruth Malone et al; <http://tobaccocontrol.bmj.com/content/26/6/611>

Hard-hitting editorial by a number of scholars who don't buy the new “**Foundation for a Smoke-free World**”'s argument that it'll help “accelerate the end of smoking”. Excerpts:

“... The ‘research’ really isn't the point anyway. **The mere fact of having landed Yach is a major public relations coup for PMI (i.e. Philip Morris International) that will be used to do more of what the industry always does:** create doubt, contribute further to existing disputes within the global tobacco control movement, shore up its own competitive position, and go on pushing its cigarettes as long as it possibly can... ... This ‘new’ initiative is just more of the same lipstick on the industry pig, but in a way it's far worse this time: by using a formerly high profile WHO leader as a spokesperson, PMI can also accelerate its longstanding ambition to splinter the tobacco control movement...”

NCDFREE's “#feastofideas’ campaign of this year is focused on alcohol

[NCDFREE](#) is a not-for-profit social start-up dedicated to reducing the global burden of NCDs through youth engagement.

*"Each year for one month, the non-profit social start-up NCDFREE runs the #feastofideas campaign where friends and family gather over a meal to discuss a global health challenge. Last year we saw 3000 people in 56 countries serve up 10,000 solutions to our food, food system and climate conundrum, through the power of shared meals and social media! **This year our topic of conversation is alcohol** - a substance that is heavily implicated in health and social harms, yet often is an untapped area which is sometimes an overlooked risk factor by people and policymakers across the globe. We are encouraging young professionals and students from all around the world to reinvigorate discussion and debate surrounding this important topic by hosting a shared meal with friends, family or colleagues. This can be a dinner with a friend, or a grand feast with all of your colleagues! The recipe is simple: sign-up on our website [here](#), gather an extra friend (or 20!), share some food, and discuss the thought-provoking questions we e-mail you. Then share your ideas and solutions with us by submitting your response to our website or posting about your feast on social media using the #feastofideas or #FOI17. Sign-up today at ncdfree.org/campaign and let your voice be heard on creating a healthier future!"*

IJHPM – Settling Ulysses: An Adapted Research Agenda for Refugee Mental Health

Y Namer et al;

http://www.ijhpm.com/article_3436_0.html?utm_source=dlvr.it&utm_medium=twitter

*“Refugees and asylum seekers arriving in Europe during the 2015/2016 wave of migration have been exposed to war conditions in their country of origin, survived a dangerous journey, and often struggled with negative reception in transit and host countries. The **mental health consequence of such forced migration experiences** is named the **Ulysses syndrome**. Policies regarding the right to residency can play an important role in reducing mental health symptoms. We propose that facilitating a sense of belonging should be seen as one important preventive mental healthcare intervention. A **refugee mental health agenda** needs to take into account the interplay between refugees’ and asylum seekers’ mental health, feeling of belonging, and access to healthcare. We urge for policies to restore individuals’ dignity, and recognize the right for homecoming to parallel the mythology of Ulysses.”*

Journal of Epidemiology and Global Health - An estimation of the burden of sports injuries among African adolescents

Drake leBrun et al; <http://www.sciencedirect.com/science/article/pii/S2210600617301065>

“The extent to which sports injuries contribute to the burden of injury among adolescents in low- and middle-income countries (LMICs) is unknown. The goal of this study was to estimate the incidence of sports injuries among adolescents in Africa. ... Our findings suggest that over 23 million African adolescents sustained sports injuries annually....” The authors also compare with incidence of sports injuries in HICs.

Sexual & Reproductive / maternal, neonatal & child health

Reuters – Brazilian Congressional committee votes to ban all abortions

<http://www.reuters.com/article/us-brazil-abortion/brazilian-congressional-committee-votes-to-ban-all-abortions-idUSKBN1D90OZ>

“A Congressional committee led by Evangelical Christians has voted to ban abortion in Brazil in all situations, including cases of rape and where the mother’s life is in danger....”

PRI - Trump's 'global gag rule on steroids' threatens Congolese clinics

<https://www.pri.org/stories/2017-11-03/trumps-global-gag-rule-steriods-threatens-congolese-clinics>

For related, similarly sad news (PRI), see [Kenyan health providers call Trump's global gag rule 'a death sentence' for women](#).

BMC health services - Role of mHealth applications for improving antenatal and postnatal care in low and middle-income countries: a systematic review

Feroz A, Perveen S, Aftab W;

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2664-7>

*"From 1990 to 2015, the number of maternal deaths globally has dropped by 43%. Despite this, progress in attaining MDG 5 is not remarkable in LMICs. Only 52% of pregnant women in LMICs obtain WHO recommended minimum of four antenatal consultations and the coverage of postnatal care is relatively poor. In recent years, the increased cell phone penetration has brought the potential for mHealth to improve preventive maternal healthcare services. **The objective of this review is to assess the effectiveness of mHealth solutions on a range of maternal health outcomes by categorizing the interventions according to the types of mHealth application**".*

BMJ - The global abortion policies database: knowledge as a health intervention

<http://www.bmj.com/content/359/bmj.j5098>

*"...Earlier this year the World Health Organization and the United Nations Department of Economic and Social Affairs launched the **Global Abortion Policies Database**, an open access repository of abortion laws, policies, standards, and guidelines for 197 countries. Designed to strengthen efforts to eliminate unsafe abortion, **the database acknowledges and engages law and policy as a social determinant of safe abortion**... The breadth of abortion law captured in the database is one of its key innovations. Global abortion maps and other collections tend to focus on the legal grounds for abortion, classifying countries on this basis. The database provides a more comprehensive picture, capturing a range of "policy domains" (legal grounds, gestational limits, and authorisation and service delivery requirements), as well as the complexities and subtleties of regulation."*

Lancet – Tranexamic acid: is it about time?

David J Dries; [The Lancet](#);

"For decades, the antifibrinolytic drug tranexamic acid has been used for indications such as dental extractions in patients with haemophilia. Additionally, tranexamic acid has been widely used,

although not routinely across the world, to reduce blood loss in surgery. *More recently, the potential of tranexamic acid in trauma and post-partum haemorrhage has been of interest. In two large, randomised controlled trials, CRASH-22 and WOMAN, tranexamic acid reduced mortality from bleeding in patients with these conditions.*"

Coverage in the **Guardian** - [Rapid use of blood drug could save thousands of lives, study finds](#)

"Immediate treatment with a cheap and widely available clot-stabilising drug could save the lives of thousands of people each year, including women with severe bleeding after childbirth, a study has found. A meta-analysis of more than 40,000 patients found that the likelihood of death due to blood loss was reduced by more than 70% if tranexamic acid was administered straight after injury or birth."

See also **Wellcome Trust** - [WHO changes guidance on averting maternal deaths after WOMAN trial results](#).

Reuters- Refugees lack menstrual supplies and private, safe toilets

<https://uk.reuters.com/article/us-health-refugees-menstruation/refugees-lack-menstrual-supplies-and-private-safe-toilets-idUKKBN1D629P>

"Girls and women forced to flee their homes in Myanmar and Syria lack menstruation supplies and safe, private toilets, a new study finds."

BBC news - Australia gonorrhoea cases surge 63%

<http://www.bbc.com/news/world-australia-41882146>

The number of cases of gonorrhoea in Australia has soared by 63% in the past five years, a new study has found. Australian researchers say the rise in gonorrhoea diagnoses was led by an increase in infection in young heterosexual city dwellers. However, the reasons for the dramatic increase are unclear, researchers say. Changes in sexual behaviour or a particular strain of the infection could be behind the rise, researchers told AAP.

'Absolutely shocking': Niger Delta oil spills linked with infant deaths

<https://www.theguardian.com/global-development/2017/nov/06/niger-delta-oil-spills-linked-infant-deaths>

*"Babies in Nigeria at double the risk of dying before they reach a month old if mothers lived near the scene of an oil spill before conceiving, study shows **A new study, the first to link environmental pollution with newborn and child mortality rates in the Niger Delta**, shows that oil spills occurring within 10km of a mother's place of residence doubled neonatal mortality rates and impaired the health of her surviving children. Crucially, oil spills that occurred while the mother was still pregnant had no effect on child or neonatal mortality. But even spills that happened five years before*

conception doubled the neonatal mortality rate from 38 deaths to 76 deaths for every 1,000 births, the data found.”

Access to medicines

IP-Watch – South Centre: Clear Rules Needed On Biosimilars Equivalence To Help Market Entry, Lower Prices

<https://www.ip-watch.org/2017/11/09/south-centre-clear-rules-needed-biosimilars-equivalence-help-market-entry-lower-prices/>

“As soon as 2022, biological drugs made from active protein substances are expected to make up 50 percent of the pharmaceutical market, as they are increasingly used to treat a number of illnesses such as diabetes, cancer and hepatitis. But with the high price of therapeutics and difficulty in producing biologically similar products, and with the originator products now coming off patent, regulation is of high importance, says a new report from the intergovernmental South Centre. **The International Debate on Generic Medicines of Biological Origin**, a research paper from the South Centre authored by **Germán Velásquez**, calls for the World Health Organization “to issue clear guidelines prioritising patient protection over the financial interest of pharmaceutical companies.”...

JOGH - Pharmaceutical industry, non-communicable diseases and partnerships: More questions than answers

<http://www.jogh.org/documents/issue201702/jogh-07-020301.pdf>

Short comment by David Beran et al. related to (the launch of) the **Access Accelerated Initiative (AAI) on prevention and care for non-communicable diseases (NCD)** earlier this year in Davos, Switzerland, earlier this year. It was described as a ‘global, multi-stakeholder collaboration’.

Global Public Health - How can a policy foster local pharmaceutical production and still protect public health? Lessons from the health–industry complex in Brazil

E M Da Fonseca; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1396354>

“**The global health community is increasingly advocating for the local production of pharmaceuticals in developing countries** as a way to promote technology transfer, capacity building and improve access to medicines. However, efforts to advance drug manufacturing in these countries revive an old dilemma of fostering technological development versus granting access to social services, such as healthcare. **This paper explores the case of Brazil**, a country that has developed large-scale health-inspired industrial policies, but is, yet, little understood. Brazil’s experience

suggests that progressive healthcare bureaucrats can create innovative practices for technology and knowledge transfers. It also demonstrates that highly competitive pharmaceutical firms can collaborate with each other, if a government provides them the right incentives. Reforming regulatory policies is crucial for guaranteeing high-quality products in developing countries, but governments must play a crucial role in supporting local firms to adapt to these regulations. These findings send a strong message to global health policymakers and practitioners on the conditions to create a suitable environment for local production of medical products.”

Quick links:

Reuters - [Takeda takes on Sanofi with new global dengue vaccine data](#)

IP Watch – [Hepatitis C Buyers’ Clubs Grow Worldwide As A Way To Obtain Affordable Treatment](#)

*(gated). “Hidden amongst the thousands of Facebook pages given over to holiday snaps and gossip are groups of patients who have hepatitis C, a disease that affects more than 70 million worldwide and kills around 400,000 people a year. But importantly, these **groups of patients from Russia to Australia have got together to help each other import** a relatively new class of drug that is able to cure most of the patients who take it.”*

Social determinants of health

The Washington Post - India turns to public shaming to get people to use its 52 million new toilets

[Washington Post](#)

To fight against the spreading of diseases, the dirtiness of its streets and the poor living conditions of its citizens, the government of India has a plan (the **Clean India** initiative), and this since a while. “...By October 2019, Modi has vowed, every Indian will have access to a toilet, and the country will be free of the scourge of open defecation. Since Modi came to power, **more than 52 million toilets have been installed**. But the trick, sanitation experts say, is getting people to use them. To win favor with the ruling party’s top brass, government officials have set to work, trying to outpace one another with toilet-building races and eye-catching information campaigns. Many are resorting to **controversial public shaming tactics....**” an action one could qualify perhaps as a (rather violent) attempt at “the largest behavioral-change program anywhere in the world”.

Human resources for health

Resyst (blog) Gender Equality in the Global Health workforce – working for a new status quo

<http://resyst.lshtm.ac.uk/news-and-blogs/gender-equality-global-health-workforce-working-new-status-quo>

“In this blog post, Linda Waldman discusses a recent session at the World Health Summit on Gender Equality within the Global Health Force, exploring key themes which emerged, how far we’ve come, and what we can do to bring about change in this area.”

Human Resources for Health - Bridging the human resource gap in surgical and anesthesia care in low-resource countries: a review of the task sharing literature

T Ashengo et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0248-6>

“Task sharing, the involvement of non-specialists (non-physician clinicians or non-specialist physicians) in performing tasks originally reserved for surgeons and anesthesiologists, can be a potent strategy in bridging the vast human resource gap in surgery and anesthesia and bringing needed surgical care to the district level especially in low-resource countries. Although a common practice, the idea of assigning advanced tasks to less-specialized workers remains a subject of controversy. In order to optimize its benefits, it is helpful to understand the current task sharing landscape, its challenges, and its promise.... ” After a literature review, this article proposes concrete recommendations to address the **challenges** of task sharing, namely : *“specialists’ concern about safety, weak training strategies, poor or unclear career pathways, regulatory constraints, and service underutilization”*.

Miscellaneous

Guardian – UN increases pressure on Myanmar to end violence against Rohingya

<https://www.theguardian.com/world/2017/nov/07/un-increases-pressure-on-myanmar-to-end-violence-against-rohingya>

*“The **UN Security Council** has called on Myanmar to rein in its military campaign in Rakhine state and allow hundreds of thousands of Muslim Rohingya driven from their homes to return. In a **unanimous statement backed by China**, the council strongly condemned the violence that has forced more than 600,000 Rohingya to flee across the border to Bangladesh. The council expressed “grave concern” over human rights violations, “including by the Myanmar security forces” against the Rohingya such as killing, sexual violence and burning of homes and property....”*

See also **UN News** - [Thousands of Rohingyas cross into Bangladesh overnight; child malnutrition soars in camps – UN](#).

Washington Post – USAID cancels jobs for dozens of applicants amid state department hiring freeze

https://www.washingtonpost.com/world/national-security/usaid-cancels-jobs-for-dozens-of-applicants-amid-state-department-hiring-freeze/2017/11/04/31c094c0-c0b9-11e7-959c-fe2b598d8c00_story.html?utm_term=.59bfb49f515f

Update on the USAID/State department “reform”.

Foreign Affairs - Blockchain and Global Health

Brian Till et al; <https://www.foreignaffairs.com/articles/world/2017-11-03/blockchain-and-global-health>

“How the Technology Could Cut Waste and Reduce Fraud”. Excerpts:

*... For too long, donors have focused on getting grants out the door instead of maximizing the returns on their investments. **Blockchain**, the technology best known for underpinning Bitcoin and other cryptocurrencies, could help change that. By allowing donors to track money, goods, and treatment in real time, blockchain could transform how organizations fund and execute health programs, curbing waste, saving money, and bringing better care to billions....*

“...The World Bank, International Monetary Fund, United Nations, and the development agencies of the United States and United Kingdom have all indicated that they are interested in using blockchain in their aid programs. Yet big donors will not invest in blockchain-based programs until they trust the resilience of the underlying technologies. Ethereum, the platform best suited for such work, may still have a number of technical and security flaws. Those organizations and others should run pilot programs using the technology to expose and address these potential problems. Blockchain-based transactions must also become more energy-efficient: Bitcoin, the slowest and most secure of the cryptocurrencies, requires thousands of times more power per transaction than credit cards do....”

Speri series on “revisiting the developmental state”

<http://speri.dept.shef.ac.uk/tag/revisiting-the-developmental-state/>

Check out for example article 6 in the series (by **David Booth**) - [Revisiting the developmental state 6: towards ‘developmental regimes’ in Africa?](#) *“The essence of contemporary African developmentalism lies less in the nature of the state and more in that of the regime, especially its capacity to pursue sound development policies.”*

Quick links:

CGD (blog) - [US Backs Away from Its Commitment to Extractive Industry Transparency](#) *“The US Department of the Interior announced last week that the **United States would no longer seek to comply with the Extractive Industries Transparency Initiative (EITI)**, an international multi-stakeholder organization that aims to increase revenue transparency and accountability in natural resource extraction. The move—while disappointing—is not altogether unexpected. And sadly, it will put the United States further behind the curve when it comes to corporate transparency...”*

Dani Rodrik - [Rescuing Economics from Neoliberalism](#) (in the Boston Review)

Devex - [Modernizing tax systems crucial for development, says IMF Africa director.](#)

[FT Health - Hacking medical devices is the next big security concern](#)

Emerging Voices

Not an EV, but an IHP intern, **Sanam Monteiro** blogged this week about the **G 7 Health Ministers’ meeting in Milan** – “[‘Biking for all’ to boost ‘Health for all’ at G7 conferences](#)” with a suggestion for ministers, leaders & researchers alike. (IHP) (Recommended!)

Research

HP&P - Do prospective payment systems (PPSs) lead to desirable providers’ incentives and patients’ outcomes? A systematic review of evidence from developing countries

S Y Tan et al; <https://academic.oup.com/heapol/article-abstract/doi/10.1093/heapol/czx151/4596635?redirectedFrom=fulltext>

“The reform of provider payment systems, from retrospective to prospective payment, has been heralded as the right move to contain costs in the light of rising health expenditures in many

countries. However, there are concerns on quality trade-off. The heightened attention given to prospective payment system (PPS) reforms and the rise of empirical evidence regarding PPS interventions among developing countries suggest that a systematic review is necessary to understand the effects of PPS reforms in developing countries...."

Globalization & Health - Measuring the bias against low-income country research: an Implicit Association Test

M Harris et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0304-y>

"With an increasing array of innovations and research emerging from low-income countries there is a growing recognition that even high-income countries could learn from these contexts. It is well known that the source of a product influences perception of that product, but little research has examined whether this applies also in evidence-based medicine and decision-making. In order to examine likely barriers to learning from low-income countries, this study uses established methods in cognitive psychology to explore whether healthcare professionals and researchers implicitly associate good research with rich countries more so than with poor countries...."

The conclusion: *"...The majority of our participants associate Good Research with Rich Countries, compared to Poor Countries. Implicit associations such as these might disfavor research from poor countries in research evaluation, evidence-based medicine and diffusion of innovations."*

JMIR – Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies

Trisha Greenhalgh et al; <https://www.jmir.org/2017/11/e367>

"Many promising technological innovations in health and social care are characterized by nonadoption or abandonment by individuals or by failed attempts to scale up locally, spread distantly, or sustain the innovation long term at the organization or system level. Our objective was to produce an evidence-based, theory-informed, and pragmatic framework to help predict and evaluate the success of a technology-supported health or social care program...." Led to the final nonadoption, abandonment, scale-up, spread, and sustainability (**NASSS**) framework.