

# IHP news 447 : The 7 billion target

( 1 December 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.

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*Dear Colleagues,*

*This week, another “**Global Health Lab**” took place in London [aiming to](#) offer bold ideas to WHO (and boss Tedros). As Dr. Tedros already received plenty of good ideas in recent months (including a few crazy ones, by his own account)), one more or less won’t make the difference, we reckon.*

*As was suggested last week on Twitter, it seems about time the global health community in general (and not just the NCD community) focuses (far) more on **SDG 12** (sustainable consumption and production patterns) and its interlinkages with SDG 3, the health SDG. Of course, with many of you already looking for a Christmas tree to put in your living room, you know there are links between*

health and pretty much every SDG (albeit in some cases, rather indirect ones). Still, SDG 12 requires special attention, certainly if you adopt the (new?) planetary health paradigm. As some background, we recommend the recent (blog) exchange between **Jason Hickel** and **Branko Milanovic** on 'de-growth' (see [here](#), [here](#), [here](#) and [here](#)); the terms '**post-growth economy**' and [post-consumerism](#) are perhaps a bit more appealing to millennials & other citizens. From another angle, what's the point of growth anyway if eventually, it mostly ends up in the pockets of Michael, Bill, Jeff, Jack & others? It's #PocketingTuesday for them every week.

And so we hope that progressive political parties in countries of a certain income level will increasingly think "**beyond growth**" and put this truly "bold idea" forward in their manifestoes. Indeed, whether we like it or not, bar geoengineering or other Pandora box recipes, living within planetary boundaries will require, among others, "**Moderation & Rationing For All**". Peter Singer might want to call it the '**7 billion target**'. Starting with the 0.01 % obviously, but also going much beyond them, certainly including the middle classes around the globe. Thus, more accurately, perhaps: a 2 billion target that will "really" positively impact the health of 7 billion people. (WHO staff holding the pen for the 13<sup>th</sup> GPW, do take note : ) )

Against that backdrop, wouldn't it be nice if global health "champions" like Michael Bloomberg, Bill Gates, Angela Merkel... and yes, also Dr. Tedros himself, started bringing this vital SDG 12 related message, instead of just going with the flow of the many 'green growth' fans in powerful institutions and positions, who keep on emphasizing (correctly) the abundant "win-wins" of a new green economy, unfortunately without also stressing the need to keep in check some of our seemingly endless individual 'freedoms'. You can't just count on pope Francis to convey such a message of living within our means (especially now that even the pope seems to have some [trade-offs](#) in his papal messaging to consider ...).

So if I were Tedros, aiming to become the "People's DG for the planetary health era", I would certainly not shy away from SDG 12 & what that goal really implies for the middle classes (& above) around the globe, in some of the candid speeches which are fast becoming his trademark. Should be a key focus of WHO's work in high-income & upper-middle income countries, in my opinion, in view of WHO's overall mission, to 'Promote health – **keep the world safe** – serve the vulnerable'. With all the political, advertising & mass media [implications](#) such a 'paradigm shift' entails. If they're serious about health for all (including for future generations), Tedros & his team should take the lead in this respect, even if it comes at the expense of fundraising in the short term. For now, it sounds perhaps like a crazy idea. But give it a decade, and it'll be common sense.

Having said that, **World AIDS Day** and a rather worrying new **World Malaria Report** will get most of the attention in this week's newsletter.

Enjoy your reading.

The editorial team

## Featured Article

### Progressing towards Universal Health Coverage: Can the developing world learn anything from India?

*Manoj Kumar Pati (Manager Quality Improvement and Quality of Life (MNCH & NCD), at the Karnataka Health Promotion Trust, Bangalore, India )*

Earlier this month, I was shocked to see a [headline in a leading national newspaper](#) stating how a recent doctors' strike against the proposed medical establishment amendment bill in Karnataka had resulted in the death of six patients. Karnataka, one of the southern states in India, [was first in the country when it announced its plan of rolling out of universal health coverage](#) (UHC), by framing a comprehensive health insurance scheme called "Arogya Bhagya" providing essential and emergency health services for all its denizens. Under the proposed UHC scheme, all the 14 million households in the state will be eligible for cashless treatment for up to 150000 Indian Rupees ( $\approx$  2320 USD) in government and private hospitals. A group of state run health insurance schemes were merged to form the Arogya Bhagya scheme. As an immediate follow up to the announcement, the ruling government (of the Indian National Congress) proposed an [amendment to the Karnataka Private Medical Establishment Act \(KPMEA\) of 2007 - called the KPME \(Amendment\) Bill 2017](#), with a plan to fix rates for each class of treatment, and to provide grievance redressal systems for patients. The bill also plans to ban the practice of demanding advance payment in case of emergency treatment, and not releasing dead bodies to relatives till all dues have been settled. Also proposed, is a heavy increase in penalty (both monetary and custodian) for those private establishments found to be non-registered. As an immediate backlash, within days of this "proposed" move, the private healthcare industry including private doctors went on a state-wide protest against the amendments causing disruption of services across the state. [This issue also got political mileage](#) when the opposition party (the Bhartiya Janata Party) labelled the move as an "undue haste" and asked government to withdraw the bill immediately. Finally, that [settled into a compromised bill](#) with the most critical components of regulation removed. Private hospitals in Karnataka, like other such hospitals across the country, are known to charge patients heavily and force patients to undergo unnecessary diagnostics. Clearly this shows how private health sector interests go against public interest in the state, and for that matter across the country. The backlash is being seen as a serious jolt to the UHC move by the state.

[UHC](#), by definition, is "the desired outcome of health system performance whereby all people who need health services receive them, without undue financial hardship." UHC [cuts across all \(or at least most\) health related sustainable development targets](#). Zooming in on India, then: despite the fact that the country is [one of the fastest growing economies in the world](#), [India's public healthcare spending still stands at a meagre 1.2% of its GDP](#). This is very low as compared to [minimum global requirements](#) and is a [rollback on a previous commitment](#), and stands against its commitment to achieve UHC. However, [finance is not the only challenge](#). It may seem obvious that with increased fiscal space, many developing countries have the potential to achieve UHC but as the Karnataka example shows, many other aspects (vested interests, political economy issues and a weakened public health system) play a role in making progress (or not). With poor infrastructure (including thin human resources!) at public health facilities coupled with questionable quality of services at both public and private government set-ups, and government failing to control an unruly private sector, the achievement of UHC in the country, even in the long run (by 2030), is surely in jeopardy.

We are already over two years into the adoption of SDGs, [the first ever \(really\) “global” to-do list for a fairer, safer and healthier world \(by 2030\)](#), and nothing seems to have gotten more attention in the global health community than SDG target 3.8, UHC, and rightly so. Yet, 400 million people globally still lack access to essential health services and 150 million are being pushed into poverty each year due to health related costs. We cannot just wait and wait till the end of 2030; a typical “business as usual” approach will take us nowhere, we all agree. [WHO rightly pointed out](#) that all countries (i.e. at all income levels) can do more (even though some of them won’t be able to achieve UHC by 2030), to improve health outcomes and tackle poverty, by increasing coverage of health services, and by reducing the impoverishment associated with payment for health services.

In September, at the Social Good Summit in New York, dr. Tedros, the new WHO DG, called upon countries to “come to their senses” and “make UHC happen”. India presents valuable insights for countries in the developing world to realise this unique challenge, “come to their senses” and of course adopt [bold solutions](#) on the UHC path. The Indian case shows that’s anything but straightforward, but episodes like the recent one in Karnataka still provide lessons for other countries. As we are inching towards [UHC Day](#) in about 10 days, it’s high time we realise what needs to be considered to move towards UHC: definitely it’s not just about (lots of) money (*more public money for health surely helps!*) but also about a change in set rules in order to be able to manage that money more effectively.

## Highlights of the week

### World Aids Day – 1 December

- **UNAIDS** - [On World AIDS Day, UNAIDS warns that men are less likely to access HIV treatment and more likely to die of AIDS-related illnesses](#) *“On World AIDS Day, UNAIDS has released a new report showing that men are less likely to take an HIV test, less likely to access antiretroviral therapy and more likely to die of AIDS-related illnesses than women. **The Blind spot** shows that globally less than half of men living with HIV are on treatment, compared to 60% of women. Studies show that men are more likely than women to start treatment late, to interrupt treatment and to be lost to treatment follow-up...”*
- As a reminder, the **UNAIDS report** (as already reported in last week’s IHP news) [Right to Health](#) : **UNAIDS announces “nearly 21 million people living with HIV now on treatment”**. *The New report from UNAIDS highlights **the right to health as the key to ending AIDS**. “Remarkable progress is being made on HIV treatment. Ahead of World AIDS Day, UNAIDS has launched a new report showing that access to treatment has risen significantly. In 2000, just 685 000 people living with HIV had access to antiretroviral therapy. By June 2017, around 20.9 million people had access to the life-saving medicines...”*
- Some **World Aids Day** messages from [Sidibé](#) (UNAIDS) & [WHO](#): *“To complement the **global World AIDS Day 2017 campaign** which promotes **the theme “Right to health”**, the **World Health Organization** will highlight the need for all **36.7 million people living with HIV and those who are vulnerable and affected by the epidemic, to reach the goal of universal health coverage**. Under the slogan **“Everybody counts”**, WHO will advocate for access to safe, effective, quality and affordable medicines, including medicines, diagnostics and other health commodities as well as health care services for all people in need, while also ensuring that they are protected against financial risks.”*

- We strongly recommend the **op-ed by Sidibé and Dainius Ponas** ( United Nations Special Rapporteur on the right to physical and mental health) on **Project Syndicate - [The Right to Health Is Universal](#)** : **“Health is neither a gift nor an act of charity. It is a fundamental human right, encompassing both freedoms & entitlements”**. Among others, they also coin the term **‘global health citizen’** in this piece, and the need to empower ‘global health citizens’. *“...The ambitious SDG agenda for 2030 has afforded all of us the opportunity to shape policies aimed at creating and empowering the “global health citizen.” Empowering global health citizens will require progress in at least three policy areas: popularizing participation, democratizing data, and eliminating discrimination...”*
- **HHR blog (by B Maier, R Thomas & K Buse) - [Advancing the Right to Health in the AIDS Response: An Evolving Movement and an Uncertain Future](#)** (well worth a read too, as you can imagine...) They conclude: *“...This World AIDS Day focus on the right to health and the accompanying UNAIDS report, Right to Health, provide a path forward for considering determinants of health as legal obligations under the right to health. While the goal of universal access has mobilized unprecedented support, HIV targets are increasingly out of reach for many countries, and in the current political and economic climate, there are growing concerns that cutbacks in support may lead to a reversal of the prevention and treatment gains engendered by the realization of human rights. In meeting the challenges to come, rights-based approaches must stand not only to promote the realization of, and accountability for, the human right to health, but also the interdependent human rights that implicate interconnected determinants of health.”*
- **Huffington Post: [How Progress on AIDS Shapes the Road to Universal Health Coverage](#)** (by **Mandeep Dhaliwal** (UNDP HIV department): **“Creating a stronger partnership between the HIV and UHC movements has the potential to drive the step change that is needed to achieve the 2030 Agenda’s health goals and targets. This December, the UHC Forum will take place in Tokyo, and governments, global health experts and civil society will come together to develop a new roadmap for reaching UHC. As we reflect on the movement that turned the tide on the HIV epidemic, it is time to integrate HIV services into UHC, and make good on the ‘health for all’ promise.”**

Some other reads related to World AIDS Day (and/or the global HIV/AIDS situation, including funding):

**Reuters - [Europe's HIV epidemic growing at alarming rate, WHO warns](#)** *“The number of people newly diagnosed with HIV in Europe reached its highest level in 2016 since records began, showing the region’s epidemic growing “at an alarming pace”, health officials said on Tuesday. That year, 160,000 people contracted the virus that causes AIDS in the 53 countries that make up the World Health Organization’s European region, the agency said in a joint report with the European Center for Disease Prevention and Control (ECDC).”*

For a somewhat related article, see also **Plos Med - [The expanding epidemic of HIV-1 in the Russian Federation](#)** *“ In a Perspective for the Special Issue on Advances in HIV Prevention, Treatment and Cure, **Chris Beyrer** and coauthors discuss the threat of HIV to health in the Russian Federation.”*

See also **FT Health - [Russia criticised as HIV epidemic bucks global trend](#)** *“The Russian government is falling far short of its goal to counter a broadening HIV epidemic, **the country’s top experts have warned**, in a harsh assessment of Moscow’s record since it declared war on the disease a year ago...”*

Devex - [ONE Campaign slams Trump administration's 'retreat' from HIV leadership](#) Donald is too busy fighting radical islamists on Twitter.

See also AP - [Health groups urge Congress not to allow AIDS fight to wane](#). “A coalition of nearly 40 advocacy groups said Wednesday they’re concerned about the Trump administration’s commitment to the global fight against AIDS so they’re urging senior members of Congress to make sure money for key prevention programs isn’t cut back. The groups wrote in a letter sent to Wednesday to congressional leaders that they have “profound concern” about the direction the Trump administration appears to be taking in the response to AIDS.”

We also want to flag the ‘Ready to decide campaign’ (by the **Aids Alliance**) - <http://www.aidsalliance.org/ready-to-decide> “Thousands of African girls and women are contracting HIV every day – because they’re not able to choose what happens to their bodies. If we’re to end the HIV epidemic, we must end gender inequality.” Also aligning with the ongoing 16 Days of Activism against Gender-based violence.

Finally, some upbeat news (Reuters Health) - [New vaccine, long-acting drug trials buoy hopes in HIV fight](#) “Researchers announced the launch of two big studies in Africa on Thursday to test a new HIV vaccine and a long-acting injectable drug, fuelling hopes for better ways to protect against the virus that causes AIDS.”

And - [\(RED\) Reaches US\\$500 Million Milestone for Global Fight against HIV](#) (GF) Since its founding in 2006.

## World Malaria report 2017

### WHO – Global response to malaria at crossroads

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

“After unprecedented global success in malaria control, progress has stalled, according to the World malaria report 2017. There were **an estimated 5 million MORE malaria cases in 2016 than in 2015**. Malaria deaths stood at around 445 000, a similar number to the previous year.”

A telling tweet: “New #malaria report from @WHO: 5m more cases in 2016 and an estimated \$ **2.7bn invested in control and elimination efforts - well below the \$6.5bn annual investment required by 2020 to meet 2030 WHO targets.**”

Coverage, among others, in Devex - [Fight against malaria stalling and could reverse, warns 2017 World Malaria Report](#) or Nature (News) - [Rise in malaria cases sparks fears of a resurgence](#).

Times of India - [India recorded 6% of global malaria cases in 2016: WHO](#) “...According to the global health body, 15 countries accounted for 80 per cent of all malaria cases globally in 2016. Nigeria accounted for the highest proportion of cases globally at 27 per cent. Democratic Republic of Congo had 10 per cent, India 6 per cent and Mozambique recorded 4 per cent of the global malaria cases.”

## Lancet (Comment) – The global fight against malaria is at crossroads

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2817%2933080-5/fulltext#.Wh6DqjSyPbl.twitter>

In-depth analysis and key messages of the WHO report, by **Pedro Alonso (WHO) & A Noor**. Recommended.

## Global Humanitarian crises

The [UN News](#) website is one of the most depressing websites I consult on a near daily basis. Tells you a lot about the human species. Some of the ‘highlights’ of this week:

### Yemen crisis

[Unicef - More than 11 million Yemeni children are today in acute need of humanitarian assistance.](#)

Fortunately, [WHO](#) & [UNICEF](#) managed to get some help to Yemen this week, among other organizations. But the needs are sky-high, while the current Saudi leader looks like the Saudi version of Machiavelli. Let’s hope this won’t be a one-off.

UN News - [New funding provides much needed boost for Yemen aid operations, but needs outstrip means.](#)

### Rohingya crisis

[Guardian - Sexual violence in war zones at ‘worst ever’ as drive to protect women falters](#) *“A fall in global funding and weak UK initiative hamper attempts to save Rohingya and help victims in other conflict areas.”*

[Guardian - Rohingya girls as young as 12 compelled to marry just to get food](#) For some reason, this sad news doesn’t seem to cause the same kind of outrage as the ‘new’ slavery on Libyan markets. Both are equally horrifying, though.

A somewhat related trend: [Guardian - Why climate change is creating a new generation of child brides](#) *“As global warming exacerbates drought and floods, farmers’ incomes plunge – and girls as young as 13 are given away to stave off poverty.”*

## International Women Human Rights Defenders’ Day – 29 November

Sitting behind my laptop in a rather safe Northern country, I can only have deep respect for the women who were killed last year while fighting for human rights.

See **The Guardian** - [Remembering women killed fighting for human rights in 2017.](#)

## WHO – 1 in 10 medical products in developing countries is substandard or falsified

<http://www.who.int/mediacentre/news/releases/2017/substandard-falsified-products/en/>

*“An estimated 1 in 10 medical products circulating in low- and middle-income countries is either substandard or falsified, according to new research from WHO. This means that people are taking medicines that fail to treat or prevent disease. Not only is this a waste of money for individuals and health systems that purchase these products, but substandard or falsified medical products can cause serious illness or even death...”*

Coverage in the **Guardian** - [10% of drugs in poor countries are fake, says WHO](#) *“World Health Organization estimates tens of thousands of children die as a result of the \$30bn spent by countries on counterfeit drugs.”*

See also **IP-Watch**: [WHO Issues Two Reports Detailing Global Problem Of Substandard And Falsified Medicines](#) *“The World Health Organization [today] issued two substantive reports on the problem of substandard and falsified medicines around the world, finding among other things that an estimated one in 10 medical products in low and middle income countries is either substandard or falsified. WHO launched its Global Surveillance and Monitoring System for substandard and falsified medicines, vaccines and in-vitro diagnostic tests in July 2013. This first report is based on data collected during the first 4 years of operation up to 30 June 2017. The second report is a study on the public health and socioeconomic impact of substandard or falsified medical products conducted by WHO and the Member State Mechanism...”*

Not everybody was equally convinced of the scientific quality of the latter (see [TWN](#) ).

In any case, it seems likely that the problem is even worse than estimated in these reports. “...The WHO said the cases of fake medicines it found are only “a small fraction” and that problems may be going unreported.”

## ILO: 4 billion people worldwide are left without social protection

[http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_601903/lang--en/index.htm](http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_601903/lang--en/index.htm)

The (new) **World Social Protection Report 2017-2019** shows that massive efforts are still needed to ensure that the right to social security becomes a reality for all. *“... According to new data presented in the World Social Protection Report 2017/19: Universal social protection to achieve the Sustainable Development Goals , only 45 per cent of the global population is effectively covered by at least one social benefit, while the remaining 55 per cent– 4 billion people – are left unprotected. The new research also shows that only 29 per cent of the global population enjoys access to comprehensive*

social security – a small increase compared to 27 per cent in 2014-2015 – while the other 71 per cent, or 5.2 billion people, are not, or only partially, protected....” Also includes a section on **universal health coverage**.

## EU-Africa Summit (Abidjan, Côte d’Ivoire)

### Devex – 6 things to watch at the 2017 AU-EU Summit

<https://www.devex.com/news/6-things-to-watch-at-the-2017-au-eu-summit-91517>

This analysis set the scene for the 3-day summit in Abidjan. “**Migration and security issues** are likely to dominate the African Union-European Union Summit taking place this week in Côte d’Ivoire, despite the **official theme of “investing in youth for a sustainable future.”**”

You might also want to read a nice **CGD blog by A Käppeli et al - [EU-Africa Summit: Shaping the Future of Migration Today](#)** (with some good suggestions: “... Here, we look at why migration is at a crossroads now and propose **channels for legal, managed, mutually beneficial migration in the years to come....**”

For the ones among you chasing the money, see **Devex** (gated though) - [Want to engage with the European Fund for Sustainable Development? Here's how](#). « European officials showcased their External Investment Plan at the AU-EU Summit in Côte d’Ivoire this week, eager to convey the potential of an initiative they hope will leverage 44 billion euros (\$52 billion) in investment in Africa and the countries around Europe’s borders. Meanwhile, development banks, private investors, small- and medium-sized businesses, and other actors are grappling with how to engage with the EIP, and the accompanying European Fund for Sustainable Development, or EFSD. The European Commission last week released its most extensive guide yet to the investment plan. But how can development actors get involved?...”

Read perhaps together with:

### **Eurodad (Briefing) - Aid subsidies for companies: a formula for leaving no-one behind?**

<http://www.eurodad.org/blended-finance-aid-subsidies>

“Many donor agencies argue that part of the solution to financing the SDGs lies in using aid money to incentivise – or subsidise – the use of private commercial finance for development purposes. This is often referred to as **blended finance, or blending**. Yet a growing body of independent analysis shows that the links between blended finance and the achievement of sustainable development objectives are more complex and problematic than they may first appear. Nowhere is this clearer than in the **assertion that blended finance can contribute to the objective of leaving no-one behind**. [Next week] the 5th African Union-European Union Summit will take place in Cote d’Ivoire, and blending is likely to be centre stage. **In September, the European Union launched the new European Fund for Sustainable Development, a 3.35 billion Euro fund designed to stimulate up to 44 billion Euros of investments whose objective is “to contribute to the Sustainable Development Goals”.** **Ahead of next**

*week's Summit, Eurodad has released a new briefing that unpacks what blending is likely to mean for the most excluded, focusing on marginalised women, and persons with disabilities. The briefing highlights two particular risks. ..."*

Of course there's a lot more to say about this summit, among others on Macron's "[disruptive speech](#)" (in Burkina Faso), the 'wake-up call' that CNN's slavery coverage (Libyan slave markets) provided to European & African Union Leaders, .... (*Not that we expect much from European leaders in this respect*). Anyway, up to you to explore further.

## GAVI Board meeting in Vientiane, Laos

<http://www.gavi.org/library/news/press-releases/2017/millions-of-children-set-to-be-protected-against-typhoid-fever/>

The Gavi Board approved a US\$ 85 million funding window for 2019-2020 to support the introduction of typhoid conjugate vaccine in developing countries. In this article, you also find some info on GAVI engagement with transitioning countries (and post-transition).

*"...Between 2016 and 2020, at least 20 Gavi-supported countries are expected to transition out of Gavi's financial support. Most of these countries are on-track to fully finance their immunisation programmes and sustain the progress they have made since 2000, when Gavi was created. However, the Gavi Board recognised that a small number of countries are facing more significant challenges. "Sustainability is at the heart of the Gavi model," said Dr Berkley. "Our transition approach is an unprecedented attempt to systematically support countries with growing economies to take full ownership of their immunisation programmes. The Alliance will work closely with governments to ensure that they remain on track, so that children are not left unprotected against deadly diseases." The Gavi Board agreed to allow countries to apply for new vaccine support at any point during their transition. It decided that the Alliance should continue to engage with countries after they transition to track progress and continue to advocate for immunisation. The Board also made available US\$30 million through 2020 for the Alliance to provide targeted technical support to address specific challenges in countries after transition...."*

Ahead of the Board Meeting, MSF Access had put some pressure - [MSF Press Statement: 20 countries about to fall off Gavi funding 'cliff,' risking their ability to pay for life-saving vaccines for children long term](#)

Coverage of GAVI's Board meeting also in Reuters - [Vaccine alliance backs typhoid shots for poor with \\$85 million](#). Stay tuned for more on the GAVI Board meeting.

## UHC update

As we sometimes, half-jokingly, say in the HPSR community, 'UHC' is our religion. Sometimes, you have to worship. For example, in Tokyo?

## UHC Day (12 December) coming up – with among others, the 4-day Tokyo Forum (12-15 December)

<http://universalhealthcovereday.org/forum/>

Will be a very important (political) event, for UHC. *“The UHC Forum aims to galvanize the health sector, countries, development partners, civil society and the private sector toward the common goal of UHC, including pandemic preparedness, and highlighting country success and breakthrough experiences to accelerate the progress of UHC.”*

As only our hologram will be in Tokyo, we hope much will be live broadcast. But apparently that'll be the case. Stay also tuned for a short report from an IHP guest correspondent in two weeks.

## Lancet (Comment) – Crucial role of finance ministry in achieving universal health coverage

Taro Aso; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33077-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33077-5/fulltext)

To warm up for Tokyo, do read this Comment in this week's Lancet by **Taro Aso, Deputy Prime Minister and Finance Minister of Japan**. I bet you can guess the key message.

*“As countries adopt policies to move towards UHC, **finance ministers will need to be deeply involved and take important decisions**, regarding both the mobilisation of domestic resources and the allocation of donor funds for UHC, in close coordination with health and other ministries. Building upon Japan's past and ongoing experiences, **I would like to make four points that finance ministers of LMICs should keep in mind** when considering how to meet their financing needs for achieving sustainable UHC...”*

## Bangkok Post - Health care on life support

<https://www.bangkokpost.com/news/special-reports/1367099/health-care-on-life-support>

In Thailand, things look bleaker and bleaker. **Rob Yates** put it aptly, on Twitter: *“#UHC in Thailand under attack from the usual suspects: the rich, the private sector and right wing politicians.”*

## UHC 2030 - The first face-to-face meeting of the UHC2030 technical working group on support to countries with fragile or challenging operating environments took place on 8 and 9 November 2017 in Geneva.

<https://www.uhc2030.org/news-events/uhc2030-news/article/uhc2030-technical-working-group-on-support-to-countries-with-fragile-or-challenging-operating-environments-436579/>

Including a Literature Review by some of my colleagues. Do check out their [presentation](#) !

## Lancet (Review) - Universal health coverage and intersectoral action for health: key messages from Disease Control Priorities, 3rd edition

Dean Jamison et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32906-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32906-9/fulltext)

One of the key reads of the week, no doubt. Excerpts of the summary: “*The World Bank is publishing nine volumes of Disease Control Priorities, 3rd edition (DCP3) between 2015 and 2018. Volume 9, Improving Health and Reducing Poverty, summarises the main messages from all the volumes and contains cross-cutting analyses. **This Review draws on all nine volumes to convey conclusions.** The analysis in DCP3 is **built around 21 essential packages** that were developed in the nine volumes. Each essential package addresses the concerns of a major professional community (eg, child health or surgery) and contains a mix of intersectoral policies and health-sector interventions. 71 intersectoral prevention policies were identified in total, 29 of which are priorities for early introduction. Interventions within the health sector were grouped onto five platforms (population based, community level, health centre, first-level hospital, and referral hospital). DCP3 defines a model concept of **essential universal health coverage (EUHC) with 218 interventions** that provides a starting point for country-specific analysis of priorities. Assuming steady-state implementation by 2030, EUHC in lower-middle-income countries would reduce premature deaths by an estimated 4.2 million per year. Estimated total costs prove substantial: about 9.1% of (current) gross national income (GNI) in low-income countries and 5.2% of GNI in lower-middle-income countries. Financing provision of continuing intervention against chronic conditions accounts for about half of estimated incremental costs. For lower-middle-income countries, the mortality reduction from implementing the EUHC can only reach about half the mortality reduction in non-communicable diseases called for by the Sustainable Development Goals. Full achievement will require increased investment or sustained intersectoral action, and actions by finance ministries to tax smoking and polluting emissions and to reduce or eliminate (often large) subsidies on fossil fuels appear of central importance. DCP3 is intended to be a model starting point for analyses at the country level, but country-specific cost structures, epidemiological needs, and national priorities will generally lead to definitions of EUHC that differ from country to country and from the model in this Review. **DCP3 is particularly relevant as achievement of EUHC relies increasingly on greater domestic finance, with global developmental assistance in health focusing more on global public goods. ...**”*

Make sure you have a good look at least at the **Key Messages** of this review. Among others (see Key Message 2), on a **High-Priority Package** (a subset of Essential Universal Health Coverage). In spite of being seen as “a first step on the path to EUHC”, a ‘blast from the past’?

## New HP&P supplement: Achieving integration for stronger health systems: lessons from integrating sexual & reproductive health and HIV services

[https://academic.oup.com/heapol/issue/32/suppl\\_4](https://academic.oup.com/heapol/issue/32/suppl_4)

Start with the **Editorial** [Building integrated health systems: lessons from HIV, sexual and reproductive health integration](#) by Susannah Mayhew et al.

**Key messages from this Editorial** (which also gives an overview of the supplement): “Any focus on integrating health services needs to include a broader systems wide approach if it is to be successful and sustainable. In context of the SDGs which recognised the interconnectedness of sectors, the ability to provide joined-up packages of services to meet changing health—and development—needs becomes more relevant. Health needs will change rapidly in the next 50 years with increased life expectancies, aging populations and the disease burden shift from infectious to chronic diseases and climate-related changes in vector-borne diseases. Health systems need to adapt to these changing needs. The integration research in this Supplement illustrates that key ways of enhancing resilience to change will be building flexible workers who support each other in teams with good communication and leadership.”

## Guardian – 'Discrimination is unacceptable': Penny Mordaunt champions disability rights

<https://www.theguardian.com/global-development/2017/nov/30/penny-mordaunt-champions-disability-rights-global-summit-london-july-2018>

« **Penny Mordaunt, Britain’s new international development secretary, is to place a commitment to tackling discrimination against disabled people at the heart of the government’s development strategy.** Millions are lost every year, said Mordaunt, because people with disabilities in the world’s poorest countries do not have the support they need to access employment. **In her keynote address on Thursday, the former disability minister will announce the UK’s first global disability summit, to be held in 2018.** The summit aims to bring together global leaders and technology companies to tackle the barriers that prevent people with disabilities from fulfilling their potential. ... **The summit will be co-hosted with the International Disability Alliance, a global coalition of disabled rights groups.** ...»

See also Devex - [Mordaunt announces Global Disability Summit in first DFID speech.](#)

## Lancet (Editorial) – Hearing loss: time for sound action

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33097-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33097-0/fulltext)

“**Half a billion people, almost 7% of the global population, had disabling hearing loss in 2015,** state Blake Wilson and colleagues in a Review examining the burden of hearing loss in this issue of *The Lancet*. **Hearing loss is now the fourth leading cause of years lived with disability...** ... Much more needs to be done to raise the profile of disabling hearing loss. **The [recent] WHO resolution should serve as a catalyst for a coordinated global movement,** encouraged at the country level, with the involvement of health-care professionals, researchers, and advocates to help reduce the global hearing loss burden....”

## Social Watch (Briefing) – Data is the new gold: Development players mine a new seam

Barbara Adams & Karen Judd; <http://www.socialwatch.org/node/17947>

Important analysis of a new Gold Dream: (SDG) data. “Data is the new Gold” headlined a 2014 article in the business press on the marketing power it offers. “Each click, like, and share creates new data in the world, much of which can be used to deliver relevant marketing information and bring increased value to consumer audiences.” Picking up on the potential of so-called Big Data to measure national and global progress on development goals agreed in the 2030 Agenda for Sustainable Development, the 2030 agenda has driven a variety of new initiatives, bringing together a vast array of global corporations, foundations, and CSOs ready to mine this new seam. **Three of these new data initiatives are the Global Partnership for Sustainable Development Data (GPSDD), Data 2X and the Digital Impact Alliance, all of which are housed at the UN Foundation and which therefore claim only to advance UN goals and priorities, not the UN itself. Most of them are financed by a few major donors, public and private....”** These multi-stakeholder data initiatives are not without risks & thus vital (accountability & other) questions should be asked, argue Adams & Judd.

## HPSR teaching resources (blog) - Introducing a new resource for applied systems thinking methodologies for health systems researchers

<http://www.hpsa-africa.org/index.php/hpsr-blog/models/139-introducing-a-new-resource-for-applied-systems-thinking-methodologies-for-health-systems-researchers>

“In October this year, Don de Savigny, Karl Blanchet and Taghreed Adam published **Applied Systems Thinking For Health Systems Research: A Methodological Handbook**. This book presents a collection of methods chapters, underpinned by real world experience, describing some of the main innovative systems thinking approaches, methods and tools being used in health systems research today. Given the high level of interest in systems thinking and the desire of students, researchers and professionals to apply systems thinking ideas in their work, this publication could be a very useful teaching resource. In this blog, **Don de Savigny** writes about the **origins of the handbook, the approaches and tools it covers, and how it can be used in teaching.**”

## WHO consultation on the 13th General Programme of Work GPW13 (in view of EB 142, January 2018): Selected civil society and media voices

<http://g2h2.org/posts/who-consultation-on-the-thirteenth-general-programme-of-work-gpw13-deadline-13-october-2017/>

Worth a thorough look.

Includes also a few more takes on WHO's special EB meeting from last week, among others by [Garance Upham](#): "[From 3 by 5 to 3 billion: UHC, Emergency, Security and AMR?](#)" In this 6-pager, she points out, among others, what will be necessary to let the 3 billion target (from the GPW13 draft) succeed. Among others, a grass roots mobilization of civil society for proper implementation.

## Lancet (Comment) – A new vision for global health leadership

Members of the Steering Committee of the Women Leaders in Global Health Conference;  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33101-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33101-X/fulltext)

*"The complexity of global health problems demands leadership that represents the pluralism in society. The absence of gender parity in the leadership of key global health institutions in academic, governmental, and non-governmental organisations is evidence that this aspiration for diverse and inclusive leadership is not yet a reality. Women continue to represent most of the health workforce worldwide yet remain the minority in global health leadership.... To address this gap the inaugural 2017 Women Leaders in Global Health Conference (WLGH) at Stanford University, CA, USA, brought together more than 400 leaders, mostly women, from 68 countries, representing more than 250 organisations and institutions. The attendees reflected on current gaps and barriers to the advancement of women in global health and the steps needed to achieve gender equity in leadership. A number of key themes emerged..."*

*"... As the first WLGH Conference closed, a collective Call to Action emerged. We invite global health enterprises to take up this ambitious and necessary call as we pursue a new vision for leadership in global health."*

PS: "Save the Date for #WLGH18 Just officially shared Nov 8 & 9, 2018 in London will be the 2nd Women Leaders in Global Health Conference."

## Lancet – Women in science, medicine, and global health: call for papers

Jocalyn Clark et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32903-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32903-3/fulltext)

*"Women are rising. Recent reports of sexual harassment and assault of women by men in powerful positions have regaled solidarity around women's rights, and remind us that disadvantage, discrimination, and sexism are a regular part of the lived experience of many women. These reflect broader and unjustified inequalities between men and women that have persisted across time, culture, and geography. That disadvantages exist for women in science, medicine, and global health is thus unsurprising—and yet wholly unacceptable. The renewed visibility of women in these areas, such as the Twitter campaign #allmalepanel, offer hope for change. As part of this movement we are dedicating a special theme issue to women in science, medicine, and global health in late 2018 or early 2019..."* Deadline is **March 1**. Focus will be on forward looking pieces.

## Lancet (Editorial) – India—a tale of one country, but stories of many states

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32867-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32867-2/fulltext)

*“This week, The Lancet publishes the most comprehensive assessment yet of India's present health predicaments,”* starting with the colonial legacy. The current situation is pretty lousy: “... .. Earlier this year, a study published in The Lancet analysed access to and quality of health care among and within countries using a new metric, the Healthcare Access and Quality (HAQ) index. Despite India's HAQ index increasing from 31 in 1990 to 45 in 2015, India still ranked a woeful 154th among 195 countries. In another Lancet study, which analysed progress towards universal health coverage (UHC) as one of the Sustainable Development Goal indicators, India again underperformed relative to other countries, many of which were far less developed.... ”

The Editorial concludes: (in spite of some encouraging state-level action in a few states), “...The rise in India's economic fortunes and its aspiration to progress to the same level as its neighbour, China, is something of an embarrassment, given how improvements to health trail so far behind. **Until the federal government in India takes health as seriously as many other nations do, India will not fulfil either its national or global potential.**”

## WHO Bulletin (December issue)

<http://www.who.int/bulletin/volumes/95/12/en/>

As usual, start with the **Editorials**:

- [Options for financing pandemic preparedness](#) (by **Patrick L Osewe, from the World Bank** (Health, Nutrition and Population). (**must-read!!!**) Overview of everything the WB is doing in this respect (and planning in the near future).
- [A public health research agenda informed by guidelines in development](#) (by **D Maher & N Ford**) : “...Here we suggest that the WHO guideline development process be used as a foundation for building an agenda on public health research....”

## JAMA (Viewpoint) – The Importance of Continued US Investment to Sustain Momentum Toward Global Health Security

J. B. Nuzzo et al ; [JAMA](#) ;

*“In 2014, the United States launched the Global Health Security Agenda (GHSa) as a 5-year initiative to increase progress toward “a world safe and secure from infectious disease threats.”<sup>1</sup> The initial financial commitment was \$1 billion. In the years since, important progress has been made. The GHSa has helped to bring political attention to the need to strengthen public health capacities across the globe and has created a mechanism for countries to work collaboratively and make financial*

*commitments to do so. However, the work of the GHSA, including motivating and assisting countries to improve their capacities to prevent epidemics like Ebola from reoccurring, is now at a crossroad. Even though senior officials in the Trump administration have voiced support for the GHSA, and at a recent GHSA ministerial meeting in Uganda signed onto the Kampala Declaration to extend the GHSA for at least another 5 years, US funding for the initiative is ending and no commitment for future financial support has been made. Without additional funding, prospects for the next phase of the GHSA will be endangered. It is important for the United States to commit to support the GHSA to help protect the nation and the rest of the world from epidemic disease...."*

## Global health events

### Global Health Lab (London) – What are the bold global health ideas for WHO?

<https://www.lshtm.ac.uk/newsevents/events/what-are-bold-global-health-ideas-who>

As mentioned in this week's intro. See hashtag [#GHLab](#) for some of the key quotes.

### Coming up: Global NCD Alliance forum (Sharjah, UAE – 9-11 December)

<https://ncdalliance.org/global-ncd-alliance-forum-2017>

*"Over 350 NCD advocates from around the world will soon convene in Sharjah, UAE (9-11 December) for the **2nd Global NCD Alliance Forum**, hosted for the second time by local organisation Friends of Cancer Patients (FoCP). NCDAF2017 is organised under the theme of "Stepping up the pace on NCDs: making 2018 count" **with a view of facilitating advocacy planning for the 2018 UN High-level Meeting on NCDs**. The programme will focus on three key areas which form the basis of discussions during plenaries and workshops: **Advocating for NCD prevention and control; Breaking down silos and building synergies in the SDG era; Sharing tools and strategies for NCD advocacy and mobilization...**"*

**Coming up (5 December): 2<sup>nd</sup> HS Governance Collaborative webinar: [Simplify in order to amplify: Making governance frameworks fit for practice](#) :**

With **Sara Bennett & Bob Fryatt**.

### Upcoming WHO EB meeting- EB142 (22-27 January, Geneva)

[http://apps.who.int/gb/e/e\\_eb142.html](http://apps.who.int/gb/e/e_eb142.html)

There's already quite some information available. For example:

### **Provisional agenda (annotated)**

[http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_1\(annotated\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_1(annotated)-en.pdf)

### **WHO - Engagement with non-State actors Report by the Director-General**

[http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_28-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_28-en.pdf)

Among others: “...Recent examples of engagement by non-State Actors in the work of WHO include the following. At the Seventieth World Health Assembly, 104 non-State actors in official relations, with a total of 1241 delegates, made 191 statements on 31 items. **WHO is exploring strategic partnerships with several philanthropic foundations, including the Wellcome Trust and Bloomberg Philanthropies**, in order to promote action on shared priorities, such as epidemic preparedness, antimicrobial resistance, research and noncommunicable diseases.”

**Coming up:** [first ever Africa Forum on Quality and Safety in Healthcare](#). (Durban, February 2018)

## **Global governance of health**

### **Germany tops up WHO contingency emergency fund**

<https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/2017/4-quartal/who-notfallfonds.html>

With 650.000 Euro, apparently. Germany support this emergency fund now for more than 12 Euro (and is number 1 in this respect).

### **Twiplomacy - International Organisations on Social Media 2017**

<http://twiplomacy.com/blog/international-organisations-on-social-media-2017/>

As you now, Dr. Tedros is doing pretty well in this regard. This article benchmarks him versus other UN organization leaders.

## Winning the battle of ideas

<https://www.linkedin.com/pulse/winning-battle-ideas-matthew-bishop/?published=t>

**Matthew Bishop** leaves the Economist (after 27 years) to **lead the Bellagio Center for the Rockefeller Foundation & create a new global institute and network.** "...the purpose of this institute will be to seek out solutions to some of the world's biggest challenges, shine a light on them and figure out how to implement them to rapidly increase progress for all humanity."

Among the reasons: *"...That is why, in my new role, my goal will be thinking and convening that leads to action. I have wasted far too much valuable time in conferences where there has been lots of talking and vigorous networking, but very little action afterwards. Today, we really don't have the luxury of talk for talking's sake, however interesting the conversationalists. It is already clear to me, for instance, that the world is going to get nowhere near achieving the UN Sustainable Development Goals by 2030 unless we bring about some massive improvements in how the world works. Likewise overcoming the threat of climate change..."*

## GFO – New Issue

[http://www.aidspace.org/gfo\\_article/global-fund-board-approves-second-batch-grants-2017-2019](http://www.aidspace.org/gfo_article/global-fund-board-approves-second-batch-grants-2017-2019)

We want to draw your attention to, among others, the following articles:

- Work continues on many fronts to implement the Global Fund's Strategy on building resilient and sustainable systems for health
- Paper presents options for future selection process for Global Fund Board chair and vice-chair: *" Board members have expressed some dissatisfaction with the current process for selecting the Board chair and vice-chair. A paper describing options was prepared for the Board meeting in Geneva on 14-15 November. The Board is expected to decide at its next meeting in May 2018 whether changes are required."*

## Irin News - Security lapses at aid agency leave beneficiary data at risk

<http://www.irinnews.org/investigations/2017/11/27/security-lapses-aid-agency-leave-beneficiary-data-risk>

*"Aid agencies have put some projects on hold while reviewing the security of a popular online system for handling aid distributions, IRIN has learnt. Sensitive personal and financial data on tens of thousands of people in humanitarian aid projects is at risk from hackers, according to a damning security analysis by a financial technology startup."*

## Alliance inaugurates the first health policy and systems institute in Africa

<http://www.who.int/alliance-hpsr/news/2017/firstafricanhpsi/en/>

Short report. *“On 8 November 2017, the Alliance inaugurated the first health policy and systems institute in Africa: the African Institute for Health Policy and Health Systems, at Ebonyi State University, in Abakaliki, Nigeria. The institute’s primary mandate of work is in the field of health policy and systems research.”*

## Global Health Governance (blog) – Human Rights and the World Bank: Moral Leader or Honest broker?

Anthony Maher; <http://globalhealthgovernance.org/blog/2017/11/26/human-rights-and-the-world-bank-moral-leader-or-honest-broker>

In this blog post Anthony Maher offers reflections on the World Bank’s involvement in the broad field of human rights. *“First, I introduce key sections of the Bank’s founding legal instruments that have particular relevance for human rights. Second, I contend that a human rights analysis of the Bank can be conducted on two closely related, but arguably distinct, levels. I suggest that this can be understood as explicit versus implicit action on human rights and offer evidence of the Bank’s involvement in each domain.”*

## What is total official support for sustainable development (TOSSD)?

<http://www.oecd.org/dac/financing-sustainable-development/tossd.htm>

A good resource to get a bit more insight into TOSSD.

## Oxfam (blog) – What does the rapidly changing face of UK and global aid look like, and what is at stake?

<http://oxfamblogs.org/fp2p/what-does-the-rapidly-changing-face-of-uk-and-global-aid-look-like-and-what-is-at-stake/>

By Oxfam aid work **Gideon Rabinowitz**.

Read together with **Laurie Garrett**’s assessment (in a recent speech she gave): [“Trump endangers funds that prevent pandemics, Pulitzer winner and 'Contagion' consultant says at BYU”](#).

Among others: "**What we need now, and what I need your generation to come up with, is a kind of *Globalization 2.0*, a globalization that takes these supranational issues and tries to address them vigorously as a global community," she said, "not as nation-states, not as Washington, not as Bill Gates, but **all of us engaged in the struggle, in the fight to transform the planet in a positive direction.**" ..."**

Meanwhile, dr. Tedros keeps meeting with various people, cfr. some tweets from this week:

*"I met today with Prof. Klaus Schwab, Founder & Executive Chairman of the @WEF. Great discussion on shaping the future of #GlobalHealth, innovation & preparedness for health emergencies. Looking forward to a closer WHO-WEF collaboration."*

Another tweet from dr. Tedros: *"Today my sister @Winnie\_Byanyima visited WHO. @Oxfam will be a major player to advocate for universal health coverage at the political level. I invited her to join the **Almaty Conference on #HealthForAll in October 2018.**"*

So it sounds like the 40<sup>th</sup> anniversary of Alma Ata will be celebrated in style!

## **UHC**

### **Presentations from the meeting on Fiscal space, public financial management, and health financing: sustaining progress towards universal health coverage ( 30 October – 02 November 2017 -- Montreux, Switzerland )**

[http://www.who.int/health\\_financing/events/uhc-towards-implementation-2017-presentations/en/](http://www.who.int/health_financing/events/uhc-towards-implementation-2017-presentations/en/)

Do start with the **presentation by Joe Kutzin**, who set the scene for the meeting: [Overview of the issues: Public finance and UHC - country implementation opportunities and constraints.](#)

### **Lancet (World Report) – US Senate considers Alex Azar to lead HHS**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33096-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33096-9/fulltext)

*"Donald Trump's nominee for Secretary of the Department of Health and Human Services (HHS) would be returning to government after a decade in the drug industry. Ted Alcorn reports."*

“...Few doubt Azar's capacity to run the department, but questions remain about whether he would adapt his free market principles to the intricacies of the American health-care system.”

## Planetary health

A few reads from this week:

- Global Health “champion” Germany@work: [Germany swings EU vote in favor of weed-killer glyphosate](#) (Reuters).

- [Defense Bill Passes with Climate Change and National Security Provision:](#)

*“Every year since 1961, the U.S. Congress has passed the National Defense Authorization Act – or the NDAA, as it’s known in acronym-obsessed Washington. The bill essentially determines which agencies are responsible for defense, establishes funding levels, and sets policies under which money will be spent. Last week, the U.S. Congress passed the FY2018 NDAA, and sent it to the President for signature. He is expected to promptly sign it. Interestingly, **this year’s NDAA, among many other things, says something loud and clear about climate change: there is a bipartisan majority in Congress that accepts climate change is a “direct threat” to national security, and that the Department of Defense (DoD) must have the authority to prepare for it...**”*

- NPR - [Climate Scientists Watch Their Words, Hoping To Stave Off Funding Cuts](#) : meanwhile, though, some climate scientists in the US are self-censoring. ‘Climate change’ is replaced by ‘extreme weather’ here and there, in grant summaries.

## Infectious diseases & NTDs

### CGD (blog) – New Evidence on the Health Loss but not the Health Gain of WHO's AIDS Treatment Guidelines

Mead Over; <https://www.cgdev.org/blog/new-evidence-health-loss-not-health-gain-whos-aids-treatment-guidelines>

Mead is always worth reading. Here he zooms in, among others, on a recent [paper in Plos Med - Treatment eligibility and retention in clinical HIV care: A regression discontinuity study in South Africa](#) and its broader implications.

## Devex – Global Fund relaunches debt-to-health swaps after six-year hiatus

<https://www.devex.com/news/global-fund-relaunches-debt-to-health-swaps-after-six-year-hiatus-91642>

*«The Global Fund on Wednesday announced its first debt-to-health, or D2H, swap since 2011, kicking off a strategy that aims to engage up to five new creditor countries in 2018... **Spain will waive debts owed by Ethiopia, the Democratic Republic of Congo, and Cameroon in exchange for investments in domestic health programs supported by the Global Fund.** The D2H swaps, which were originally launched with a pilot phase in 2007, see a donor cancel publicly held debt if the recipient government transfers some of the resources to the Global Fund to invest in domestic health programs. »*

See also the [Global Fund](#).

## Global Health Now – HIV infection rates plummet in Uganda in response to scale-up of prevention program

[Johns Hopkins](#);

*“A prevention program that provides anti-HIV drugs for infected people, voluntary safe male circumcision, condoms, and promotion of risk-reduction sexual practices has led to a significant decline in HIV infection rates in Uganda’s rural Rakai District over the past decade.”*

*“A steep drop in the local incidence of new HIV infections coincided with the rollout of a U.S.-funded anti-HIV program in a large East African population, according to a study led by researchers at Johns Hopkins University’s Bloomberg School of Public Health and School of Medicine. **The study, published [today] in the New England Journal of Medicine, is the first to track a large group of people before, during, and after the start of an HIV prevention program and show that the program is likely working on a large scale.** The researchers found that as the program began and matured from the early 2000s until 2016, there was a 42 percent decline in the rate of new HIV infections...”*

## (Global Network of Sex Work Projects) Smart Guide: Sex Worker's and Drug User's Guide to the Global Fund Transition

<http://www.nswp.org/resource/smart-guide-sex-workers-and-drug-users-guide-the-global-fund-transition>

*“This Smart Guide is a quick reference for sex workers and people who use drugs to help understand the transition from Global Fund financing. ‘Transition’ is the process that happens when Global Fund*

*financing for programmes (for HIV, TB and/or Malaria) comes to an end and the country takes full responsibility for funding and implementing programmes without any external Global Fund support. The guide explains what the process is, how it works and why it is happening. It highlights the risks as well as the (few) opportunities there may be for a responsible transition, and suggests actions for engaging in the transition process. The guide is designed to help the community ensure continued rights-based health and social care programming for sex workers and people who use drugs after a country transitions away from Global Fund financing.”*

## **Reuters - Insecticide resistance spreads in Africa, threatens malaria progress**

[Reuters:](#)

*“The largest genetic study of mosquitoes has found their ability to resist insecticides is evolving rapidly and spreading across Africa, putting millions of people at higher risk of contracting malaria. British scientists who led the work said mosquitoes’ growing resistance to control tools such as insecticide-treated bed nets and insecticide spraying, which have helped cut malaria cases since 2000, now threatens “to derail malaria control” in Africa....”*

## **Madagascar’s plague**

**WHO - Madagascar’s plague epidemic is slowing, but we must sustain the response**

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

*« Madagascar’s unprecedented outbreak of pneumonic plague is slowing down but the response must be sustained, WHO cautioned on Monday (November 27)... According to data published by the Madagascar Ministry of Health, the number of new infections has been in steady decline in recent weeks. This indicates that measures taken to contain the outbreak have been effective, but more infections of both bubonic and pneumonic plague are expected until the end of the plague season in April 2018. »*

**Lancet – Mobilising experience from Ebola to address plague in Madagascar and future epidemics**

K Sams et al (for the Réseau Ouest Africain Anthropologie des Epidémies Emergentes), ... Annie Wilkinson for the Social Science in Humanitarian Action Platform;

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33088-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33088-X/fulltext)

*As plague hit Madagascar, “... anthropologists have been mobilised by global health agencies to contribute to the emergency global health response. Many of these specialists previously worked on the 2014–16 Ebola virus disease epidemic in west Africa and possess experience and expertise gained from this context. How urgently these experts were sought out by public health programmes showed that the relevance of the social sciences in global health is being increasingly recognised. **However,***

*exactly how these cross-discipline collaborations can be most effectively implemented, how anthropology can best contribute to epidemic response, and how anthropologists should be prepared require additional reflection....”* Well worth a read (even if you’re not an anthropologist or social scientist).

## Lancet Respiratory Medicine - The global cost of tuberculosis

T Khan Burki; [http://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30468-X/fulltext](http://www.thelancet.com/journals/lanres/article/PIIS2213-2600(17)30468-X/fulltext)

*“Unless control efforts are stepped up, tuberculosis will kill 28 million people between 2015 and 2030, and cost the global economy almost US\$1 trillion, according to a new report. The investigators based their estimates on a “business as usual” scenario, in which progress continues on its present course. They noted that tuberculosis cost the world economy \$616 billion from 2000–15, and that economic losses in several countries in Africa and southeast Asia exceeded 1% of gross domestic product (GDP)....”* Comment related to the **Global TB Caucus report** of a few weeks ago.

## International Health - For as long as necessary: examining 30 years of Merck & Co., Inc.’s focus on achieving elimination of onchocerciasis and lymphatic filariasis

K Gustavson et al ; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihx038/4653557>

*“Established by Merck & Co., Inc. (known as MSD outside of the United States and Canada) in 1987, the **Mectizan Donation Program (MDP)** is the longest running disease-specific program of its kind. Initially aimed at control of onchocerciasis (river blindness), the company expanded its commitment through the MDP in 1998 to include lymphatic filariasis (LF). Both diseases are now candidates for elimination and the company is engaged in several global partnerships to help advance towards that goal. To support the steadily growing demand from country-led disease elimination programs, the company has put in place several administrative and operational improvements. In addition, the company is involved ‘beyond the pill’, including making financial and management contributions to partners such as the END Fund and the Expanded Special Project to Eliminate NTDs (ESPEN) to support the technical needs of elimination programs... ... Continued support from MSD and other partners will enable countries to advance towards their elimination targets for LF and onchocerciasis.*”

## Yale News – Zika paralyzes through immune response

<https://news.yale.edu/2017/11/20/zika-related-nerve-damage-caused-immune-response-virus>

*“The immune system’s response to the Zika virus, rather than the virus itself, may be responsible for nerve-related complications of infection, according to a Yale study. This insight could lead to new*

ways of treating patients with Zika-related complications, such as Guillain-Barré syndrome, the researchers said....”

## Reuters- - Sanofi expects \$120 million hit as dengue vaccine hits major snag

<https://www.reuters.com/article/us-sanofi-dengue/sanofi-expects-120-million-hit-as-dengue-vaccine-hits-major-snap-idUSKBN1DT2TD>

*“Use of Sanofi’s dengue vaccine, the world’s first approved shot against the mosquito-borne virus, is to be strictly limited due to evidence it can worsen the disease in people who have not previously been exposed to the infection. The French drug maker said in a statement on Wednesday that as a result it would book a charge in its fourth-quarter results of around 100 million euros”.*

See also **Bloomberg** - [Dengue Vaccine Only Helps Those With Prior Infection, Sanofi Says](#).

## Devex - The Global Polio Eradication Initiative is winding down. What are the risks?

[Devex](#);

Pretty good analysis of the recent RESULTS report, [A balancing act: risks and opportunities as polio and its funding disappear](#). (see also a previous IHP newsletter)

## Conflict & Health - Public health implications of complex emergencies and natural disasters

A Culver et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0135-8>

*« During the last decade, conflict or natural disasters have displaced unprecedented numbers of persons. This leads to conditions prone to outbreaks that imperil the health of displaced persons and threaten global health security. Past literature has minimally examined the association of communicable disease outbreaks with **complex emergencies (CEs) and natural disasters (NDs)**...”*

The authors conclude : *« **CEs had greater odds of being associated with outbreaks compared with NDs. Moreover, CEs had high odds of a vaccine-preventable disease causing that outbreak. Focusing on better vaccine coverage could reduce CE-associated morbidity and mortality by preventing outbreaks from spreading.** »*

## AMR

### Call to action report on Antimicrobial Resistance (post-event report 12-13 October)

<https://wellcome.ac.uk/sites/default/files/call-to-action-on-antimicrobial-resistance.pdf>

Report after an **event organized in partnership with the UN's ad hoc Inter-Agency Coordination Group on Antimicrobial Resistance (IACG)**. The global 'Call to Action' was organized by the **Wellcome Trust**, the UN Foundation, and the UK, Ghanaian and Thai governments, to accelerate action on tackling antimicrobial resistance (AMR).

The first day featured dr. Tedros & Jim O'Neill among others. *"Political rhetoric has not consistently translated into action. Jim O'Neill highlighted that **significant progress appears to have been made in only a third of the areas his 2016 review highlighted as priorities.**"*

But do read the whole report (about 15 p.)

### Project Syndicate - Turning AMR Words Into Action

Jim O'Neill; <https://www.project-syndicate.org/commentary/amr-awareness-concrete-measures-by-jim-o-neill-2017-11?>

(Recommended analysis of where we are in the (global) fight against AMR) *"Owing to the massive threat that it poses to world health and the economy, antimicrobial resistance has finally started to receive the attention it deserves. But awareness is only the first step; to solve the problem, governments, drug makers, and health-care professionals will have to start taking more concrete action."*

*"...Unfortunately, action has been lacking in the development of new diagnostics, vaccines (and vaccine alternatives), and antibiotics..."* O'Neill offers a few suggestions, among others: *"Why not [let the 20 biggest Pharma Companies] contribute \$1 billion each over the next decade? The \$20 billion prize could be divided among the companies that first produce appropriate new diagnostic technologies, vaccines, or antibiotics to address the World Health Organization's 12 "priority pathogens..."*

## Lancet Infectious Diseases – Early transmissible ampicillin resistance in zoonotic *Salmonella enterica* serotype Typhimurium in the late 1950s: a retrospective, whole-genome sequencing study

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30705-3/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30705-3/fulltext)

From the press release: “Low doses of penicillin routinely fed to livestock in the 1950s in North America and Europe may have encouraged antibiotic-resistant bacteria to evolve and spread. Bacteria that can pass on genes resistant to ampicillin, one of the most commonly used antibiotics today, emerged several years before the widespread use of this antibiotic in humans, according to new research published in *The Lancet Infectious Diseases*. Molecular analysis of historical samples of *Salmonella* by researchers at the Institut Pasteur (Paris, France) suggests that the ampicillin resistance gene (blaTEM-1) emerged in humans in the 1950s, several years before the antibiotic was released onto the pharmaceutical market. The findings also indicate that a possible cause was the common practice of adding low doses of penicillin to animal feed in the 1950s and 60s. The study comes just weeks after WHO called for the end to routine antibiotic use to promote growth and prevent disease in healthy farm animals. ...”

Make sure you also read the related **comment by some of our ITM colleagues**, [Why the antibiotic resistance crisis requires a One Health approach](#) (Sandra Van Puyvelde et al).

## NCDs

## Lancet Diabetes and Endocrinology – Worldwide burden of cancer attributable to diabetes and high body-mass index: a comparative risk assessment

J Pearsson-Stuttard et al; [http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30366-2/fulltext](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30366-2/fulltext)

From the press release : **Worldwide, nearly 6% of cancers are attributable to diabetes and high BMI.** “*Diabetes and high BMI (a BMI over 25 kg/m<sup>2</sup>) were the cause of 5.6% of new cancer cases worldwide in 2012 – equivalent to 792600 cases, according to the first study to quantify the proportion of cancers attributable to diabetes and high BMI published in *The Lancet Diabetes & Endocrinology* journal.* “

## Lancet Diabetes & Endocrinology– Using big data for non-communicable disease surveillance

R D Balicer et al; <http://www.thelancet.com/journals/landia/article/PIIS2213-8587%2817%2930372-8/fulltext#.Wh7c9L3Jab0.twitter>

From the November issue. “NCDs are an increasing cause of morbidity and premature mortality worldwide, requiring countries to adapt health systems and policies towards population health strategies. NCDs at the population level can have acute alterations in prevalence and outcomes over time. Abrupt changes in social and economic conditions can bring on rapid shifts in risky behaviours, such as alcohol misuse or tobacco use, that are precursors to many NCDs. Current periodic survey-based methods to monitor NCDs and risk factors might not be adequate to identify these acute changes.” Enter Big Data.

## Civil Registration and Vital Statistics Knowledge Gateway

[CRVS gateway](#);

Check out all info on this knowledge gateway / resource, developed by the University of Melbourne and the Bloomberg Philanthropies Data for Health Initiative – on the website.

## WHO - Developing global targets for road safety risk factors and service delivery mechanisms

[http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/road-safety-targets/en/](http://www.who.int/violence_injury_prevention/road_traffic/road-safety-targets/en/)

As already reported last week, “During the Meeting of Member States to Conclude the Work on the Development of Voluntary Global Performance Targets for Road Safety Risk Factors and Service Delivery Mechanisms, **Member States finalized a comprehensive set of 12 global road safety targets. The report of the meeting and the targets themselves are available as links on this page.** Member States also invited WHO and other UN agencies to continue the work by developing a set of related indicators.”

## WHO - Tobacco industry admissions should strengthen global resolve on tobacco control

<http://www.who.int/tobacco/communications/statements/tobacco-industry-corrective-statements/en/>

“In major victories for tobacco control efforts, four U.S. tobacco companies are publishing court-ordered “corrective statements” to set the record straight on the dangers of their products, while a major French bank (i.e. BNP Paribas) has announced it will divest its interests in the tobacco industry. Dr Douglas Bettcher, Director of WHO’s Prevention on Noncommunicable diseases department, says these moves reinforce to the world the need for accelerated action to protect people from tobacco. “

Less encouraging (see AFP) - [Blow to tobacco control treaty as industry wins tax fight in south-east Asia](#). (cfr a report released on Monday)

## Foreign Affairs - The Hidden Refugee Health Crisis

[Foreign Affairs;](#)

“How Non-Communicable Diseases Harm the Displaced”.

### BMJ Global Health – Decade of action on nutrition: our window to act on the double burden of malnutrition

<http://gh.bmj.com/content/2/4/e000492>

By **A Demaio** et al. Key messages: « *The double burden of malnutrition is the coexistence of undernutrition with overweight and obesity, or with nutrition-related noncommunicable disease, throughout the life course. This can occur at population, household and individual levels. **With optimal nutrition crucial to achieving the Sustainable Development Goals, the double burden of malnutrition offers an opportunity to consolidate efforts to tackle malnutrition and link established and successful initiatives with emerging nutrition interventions.** The United Nations Decade of Action on Nutrition **calls for coordinated action to address the double burden of malnutrition through cross-cutting and coherent policies and programmes.** There are relatively untapped opportunities for collaborative strategies to encourage healthy diets through public, private and educational institutions, as well as in the home.*»

For a somewhat related **blog (Lancet Global Health)**, see “[A model for integrated action: IAEA, UNICEF & WHO collaborate to tackle the double burden of malnutrition](#)”. (by Cornelia Loechl)

(remark: IAEA: the International Atomic Energy Agency)

### FT Health (long read) – Scientists discover new optimism in fight against Alzheimer’s

<https://www.ft.com/content/845aeb0a-ced7-11e7-b781-794ce08b24dc>

“Routes are opening up potentially to prevent or reverse damage that leads to the disease.” (a bit technical for me, but don’t worry, that’s probably because Alzheimer has already started to kick in in my case) Come to think of it, going through ‘Long Reads’ might be good prevention against Alzheimer in its own right!

Excerpt: “... *The philanthropist Bill Gates said this month that advances in neuroscience had convinced him to invest around \$150m in dementia research. “I think we can develop an intervention that drastically reduces the impact of Alzheimer’s,” he tells the Financial Times. “There are plenty of reasons to be optimistic about our chances. Our understanding of the brain and the disease is advancing a great deal.”* “

Quick links:

The Conversation - [South Africa moves one step closer to a sugar tax – and a healthier lifestyle.](#)

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

### **Brookings – Rallying behind maternal and newborn health: A new impact bond launches in India**

E Gustaffson-Wright et al; <https://www.brookings.edu/blog/education-plus-development/2017/11/29/rallying-behind-maternal-and-newborn-health-a-new-impact-bond-launches-in-india/>

Analysis of the launch of the world’s 5th development impact bond (DIB), at the Global Entrepreneurship Summit in India. *“This new impact bond aims to improve maternal and neonatal mortality rates in the state of Rajasthan, which are among the highest in India. The bond has the potential to reach up to 600,000 pregnant women with improved care during delivery and save the lives of up to 10,000 women and newborns over five years, tying the achievement of impact metrics to an \$8 million outcome fund.”*

*“...The outcome funders for the impact bond are USAID and Merck for Mothers, while the Government of Rajasthan is planning to commission outcomes in Year 4 and 5. The intermediary for the project is Palladium, an advisory and management organization. The cornerstone investor, with an upfront capital commitment of up to \$3 million, is the UBS Optimus Foundation, who will be using a combination of foundation and UBS client funds. Services will be provided by the Hindustan Latex Family Planning Promotion Trust (HLFPP) and Population Services International (PSI). All implementing partners will also take an investment position in the impact bond. ...”*

### **Elle - Sen. Shaheen Leads Bipartisan Letter to the State Department, Seeking to Measure the Harm of Trump's "Global Gag Rule"**

<http://www.elle.com/culture/career-politics/a13969722/senators-jeanne-shaheen-letter-global-gag-rule-justice-department-six-month-review/>

*“In a letter sent to Sec. of State Rex Tillerson earlier this month, four senators from both parties expressed their "grave concerns about the impact" of the global gag rule, which bans humanitarian organizations around the world from receiving U.S. funds if they provide women with or even just refer women to abortion services.”*

I hope Rex reads letters. His boss almost certainly doesn't.

## Devex – Where should the UN's HeForShe campaign go from here?

<https://www.devex.com/news/where-should-the-un-s-heforshe-campaign-go-from-here-91014>

*“Devex spoke to U.N. staff and gender experts to find out what the “HeForShe” movement has achieved so far and how it can develop beyond its catchy hashtag to ask more of its male supporters, including calling on men to speak up against sexual abuse and harassment, and drive progress toward the Sustainable Development Agenda.”*

## Devex – Advocates make progress on access to safe abortion in humanitarian crises

<https://www.devex.com/news/advocates-make-progress-on-access-to-safe-abortion-in-humanitarian-crisis-91554>

*“Advocates campaigning for refugees to have access to safe abortion in humanitarian settings say they have made major progress at a recent high-level meeting — but they added that “political sensitivities” among countries and some United Nations agencies are holding back efforts to get the full spectrum of sexual and reproductive health services to those who need them.”*

## Vox - The Trump administration is weakening birth control access. One state is pushing back.

<https://www.vox.com/health-care/2017/11/21/16682412/birth-control-massachusetts-contraception-trump>

We admit this sounds a bit like an Asterix & Obelix cartoon, with one small village putting up a heroic fight against the Roman empire, but no, this is encouraging news (and real)! “A new Massachusetts law will protect residents’ contraceptive access, no matter what the federal government does. Last month, the Trump administration weakened an Obama-era mandate requiring most employers to offer copay-free insurance coverage for birth control. Now Massachusetts has become the first state to respond by safeguarding contraceptive access for its residents.”

Let’s hope Mssss sets a trend.

## Lancet Global Health – How does globalisation affect women's health?

Johanna Hanefeld; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30456-4/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30456-4/fulltext)

Comment on a new study in the Lancet Global Health.

*“In the past 20 years, a body of research has developed that explicitly examines the effects of the economic, environmental, and social changes associated with globalisation on health. This research has focused, for example, on the effect of increasing levels of trade in health services, such as movement of health workers, medical tourism, and foreign direct investment, on nutrition, and on related risk factors for non-communicable disease. The research has also included macro-level research on the effects of foreign direct investment on specific aspects of health.” “...The evidence also suggests that **gender intersects with many of the health effects of globalisation, leading to specific consequences for women’s health...**”*

*“...The study by Gábor Scheiring and colleagues presented in *The Lancet Global Health* breaks new ground. It links, for the first time, data on company ownership (whether state owned, domestic-private owned, or foreign owned) with individual health, focusing on 52 towns in Hungary. The study shows with much greater certainty the effect of a wider determinant of health, foreign direct investment and the patterns of company ownership, on individual health. The findings present the particularly **gendered effect of type of company ownership**. The study shows the extent to which changes in employment affect individual health, and that this effect differs between men and women.”* Hanefeld hopes that these study findings, particularly those relating to the cost to women’s health, will be considered in future plans for privatisation. I’m sure she knows better.

## **IPPF - Launch of first global sexual and reproductive health service package for men and adolescent boys**

<https://www.ippf.org/blogs/launch-first-global-sexual-and-reproductive-health-service-package-men-and-adolescent-boys>

From a few weeks ago already: *“Now, for the first time ever, the International Planned Parenthood Federation (IPPF) and United Nations Population Fund (UNFPA) have released a comprehensive service package focused on men’s sexual and reproductive health. The Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys has been developed to support providers of sexual and reproductive health services.”*

## **BMJ Global Health – Thirty-year trends in the prevalence and severity of female genital mutilation: a comparison of 22 countries**

A Koski et al; <http://gh.bmj.com/content/2/4/e000467>

*“FGM is becoming less common over time, but it remains a pervasive practice in some countries: more than half of women in 7 of the 22 countries we examined still experience FGM. The severity of the procedures has not changed substantially over time. Rigorous evaluation of interventions aimed at eliminating or reducing the harms associated with the practice is needed.”*

## Vacancy - Reproductive Health Matters is looking for a dynamic Director and Editor-in-Chief

*“Reproductive Health Matters (RHM) is looking for a dynamic advocate and editor to lead our organisation and international peer reviewed journal. As our Director, s/he will be a committed leader with the vision to realise RHM's strategic goals and our international mission to publish accessible, high quality content. With strong leadership, fundraising and management skills, s/he will bring practical support to our small team and RHM as an organisation, based in London, UK. As Editor-in-Chief of RHM s/he will be committed to sharing high quality research, opinion and commentary to shape the sexual and reproductive health and rights (SRHR) global agenda, inform policy and stimulate debate. With support from a managing editor, a monitoring editor as well as Associate Editors and an Editorial Board, the Editor-in-Chief will strengthen the journal's unique position as a clear and progressive voice for SRHR in the world. We welcome applications from all suitable candidates with editing and publishing experience. In particular we encourage applications from individuals or academic institutions in the Global South experienced with SRHR. The successful candidate will be expected to be available to travel to RHM offices in London regularly. For further information and to request a full job description, please contact: [apply@rhmmatters.org](mailto:apply@rhmmatters.org) - Applications will be accepted until 6pm GMT Monday **8th January 2018** “*

## Access to medicines

### IP-Watch - Expert Panel Recommends That The WHO Move Forward On Transparency And Delinkage

T Balabrasunamiam ; <https://www.ip-watch.org/2017/11/28/expert-panel-recommends-move-forward-transparency-delinkage/>

*“On Monday, 27 November 2017, the WHO published the recommendations of the **overall programme review of the global strategy and plan of action on public, health innovation and intellectual property (EB142/14)**. ... The mandate for this work is provided resolution WHA68.18 (2015) which requested the Director-General to establish a “panel of 18 experts” to conduct an OPR of the global strategy and plan of action on public health, innovation and intellectual property. (Source: EB142/14). The composition of this expert panel can be found [here](#). The expert panel provided **33 recommendations which included 17 forward looking “high-priority actions” including on transparency and delinkage...**”*

For the review, see [WHO](#).

### IP-Watch – Access To Affordable Healthcare: A Global Wake-Up Call Fosters Coalition Of The Like-Minded

<https://www.ip-watch.org/2017/11/27/access-affordable-healthcare-global-wake-call-fosters-coalition-like-minded/>

Good overview of last week's **meeting in Delhi**, **"The 1st World Conference on Access to Medical Products and International Laws for Trade and Health in the context of the 2030 Agenda for Sustainable Development"** ( 21-23 November ).

*"Few topics in the global health agenda are as contentious as access to affordable medicines and medical care, and expectedly, divergent views permeated the discussions at a high-level conference in New Delhi, India last week. **But if there is one thing that the three-day meet made amply clear, it was this: access to affordable healthcare has emerged as a global problem, and an emerging coalition of the like-minded, cutting across the developed and developing countries, is determined to have their voices heard in international policy circles on the issue...."***

"... Key ideas emanating from the conference are expected to contribute towards discussions in the WHO Executive Board meeting in January."

## **IP-Watch – WTO General Council Agrees To 2-Year Extension For TRIPS Health Amendment Acceptance**

<https://www.ip-watch.org/2017/11/30/wto-general-council-agrees-2-year-extension-trips-health-amendment-acceptance/>

*"The World Trade Organization General Council today agreed to a two-year extension for countries to adopt an amendment to the agency's intellectual property agreement intended to help small economies get affordable medical products. But a decision on non-violation complaints will be left to the December WTO ministerial in Buenos Aires...."*

## **UNCTAD-GIZ Tool Box for Policy Coherence in Access to Medicines and Local Pharmaceutical Production**

<http://unctad.org/en/pages/PublicationWebflyer.aspx?publicationid=1921>

How to achieve to achieve policy coherence for local production and access to medicines? A new UNCTAD and GIZ toolbox gives answers.

*"What do investment, trade, intellectual property, health financing, R&D, industrial and medicines regulation policy have in common? They are all important building blocks for the successful promotion of local pharmaceutical manufacturing. As more and more countries are looking into building their own pharmaceutical production capacities, they need to ensure strong policy coherence to be successful. Done rightly, local pharmaceutical manufacturing can be an important part of a country's health system by shortening supply chains, building emergency capacity and aligning production specifics more with the domestic population. Bangladesh's success of producing 80% of the country's demand for medicines or Brazil's experience in issuing compulsory licenses to locally produce patent-protected and expensive medicines during an HIV epidemic are illustrative examples of how a local industry can serve public health goals. Yet, if public health policies are not in sync with industrial policies, access to medicines may not improve. A case in point is India: having built up one of the largest generic pharmaceutical industries worldwide, yet showing low access to*

medicines domestically. So, how do policy makers ensure that local pharmaceutical production is supported without undermining the public health need for affordable (imported) medicines? And how do states match their ambition with their commitments to the rules of international trade? The “Tool Box for Policy Coherence in Access to Medicines and Local Pharmaceutical Production” gives answers for policy makers and development professionals. Living up to its title, the document offers hands-on policy advice, with many case studies and a tableau of solutions to specific problems. It is a joint publication by the GIZ Global Project “Access to Medicines” and the United Nations Conference on Trade and Development (UNCTAD). “

## Global Public Health – Compulsory licensing of pharmaceuticals reconsidered: Current situation and implications for access to medicines

K-Bok Son et al;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1407811?journalCode=rgph20>

*“To examine patterns and trends in attempts, distinguished from issuance, to issue compulsory licensing of pharmaceuticals and to assess related implications in the era of high-cost medicines. ... There have been 108 attempts to issue compulsory licensing for 40 pharmaceuticals in 27 countries since 1995. Most of the attempts were in Asian, Latin American, and African countries and mainly for HIV/AIDS medicines. Moreover, when the claimer was the government, the likelihood of approval and positive outcomes increased. Compulsory licensing, which was devised to cope with the HIV/AIDS pandemic in low-income countries, became a practical measure in several Asian and Latin American countries, even for non-HIV/AIDS medicines. **Resurgent compulsory licensing in 2012 and 2014, influenced by the global justice movement, might represent a policy window in the near future as the Doha Declaration did in the 2000s.** In this context, various experiences should be circulated and analysed at the global level to better understand the circumstances under which successful issuance has been achieved at the country level.”*

## Nature (News) – China to roll back regulations for traditional medicine despite safety concerns

<https://www.nature.com/news/china-to-roll-back-regulations-for-traditional-medicine-despite-safety-concerns-1.23038>

*“Support for traditional medicine in China goes right to the top. President Xi Jinping has called this type of medicine a “gem” of the country’s scientific heritage and promised to give alternative therapies and Western drugs equal government support. Now the country is taking dramatic steps to promote these cures even as researchers raise concerns about such treatments. From early next year, traditional Chinese medicines may no longer be required to pass safety and efficacy trials in humans in China....”* Not everybody thinks that’s a brilliant idea.

Quick links:

IP-Watch - [Medicines Excitement In The Netherlands – New Health Minister Announces Firm Action On “Absurd” Medicines Pricing And Gets The European Medicines Agency.](#)

A tweet from **dr. Tedros**: “*WHO and @Oxfam will embark on greater collaboration on access to medicines, looking at options to decrease the price of medicines #HealthForAll*”

## Human resources for health

### Reachout (blog) - A Community Health Worker gender action framework: Implications for decent work, rights, and responsibilities

Rosie Steege, Sally Theobald & Kate Hawkins; <http://reachoutconsortium.org/news/towards-a-community-health-worker-gender-action-framework-implications-for-decent-work-rights-and-responsibilities/>

A blog on the global HRH forum in Dublin. “*The health system is a growing employer of women and can help to contribute towards gender equality. Yet gender biases and discrimination are sadly alive and well within this sector. **The need to promote gender transformational processes and decent work for health workers of all cadres was discussed at the WHO Human Resources for Health (HRH) Forum held in Dublin earlier this month.** A gender lens is often missing from analysis of the Community Health Worker (CHW) cadre of health workers who operate within communities serving as a vital link between them and the health sector. Although it varies by context, CHWs are predominantly women, often of lower socio-economic status, who have limited career opportunities. **The HRH Forum provided an opportunity to highlight some of the gendered aspects of this cadre and showcase experiences and inspiring stories of action for CHW programmes.** A panel chaired by Sally Theobald covered India, Brazil, South Africa and Malawi. She opened the session by highlighting the importance of gender and equity in human resources for health and “decent work” agendas, stressing that this lens needs to extend to CHWs who both experience gender inequities and also negotiate the ways in which gender and power play out within the households and communities they serve...”*”

## Miscellaneous

### Lancet Editorial – Far from universal access to electricity

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33098-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33098-2/fulltext)

This week’s Lancet Editorial argues the need for universal access to electricity. “*Sustainable development goal 7 ensures “access to affordable, reliable, sustainable and modern energy for all”. Yet estimates from the UN conference on trade and development’s Least Developed Countries Report*”

2017, published on Nov 22, show that in 2014, 1.06 billion people—54% of whom were living in the **least developed countries (LDCs)**—did not have access to electricity....”

## UN News – Global blueprints on refugees, safe migration should include protections for children – UNICEF

<http://www.un.org/apps/news/story.asp?NewsID=58193#.WiBVjFXibiU>

*“The rights, protection and wellbeing of uprooted children should be central commitments of global migration policies, the United Nations Children's Fund (UNICEF) said on Thursday, as it released a **new report prior to a meeting next week on safe, regular and orderly migration**. The meeting, taking place **from 4 to 6 December in Puerto Vallarta, Mexico**, is a major **step towards drafting the landmark intergovernmental Global Compact for Migration**, an agreement covering all dimensions of international migration. “Global leaders and policymakers convening in Puerto Vallarta can work together to make migration safe for children,” said UNICEF Director of Programmes Ted Chaiban. It is the moment when world leaders will begin to forge consensus on political and financial commitments in line with the New York Declaration for Refugees and Migrants and the Convention on the Rights of the Child....”*

## Brookings - State fragility is key to reaching the last mile in ending poverty

G Ingram & J Papoulidis; [Brookings](#);

*“**Fragile states are at the center of today’s global development crisis**. By 2030, an estimated 80 percent of the world’s extreme poor will live in these perilous places. While international actors have broadened their focus to cover fragility, conflict, and violence, this has not come with high-level political calls to recognize “fragility as the new development frontier.” Fragility merits top billing and should encompass security reform, peace building, poverty reduction, environment, humanitarian assistance, and equity. At a **Brookings and World Vision roundtable** earlier this month, experts from multilateral institutions, the U.S. government, think tanks, universities, and nongovernmental organizations discussed this urgent challenge. The following are our **key takeaways**: ...”*

## IPS – One Third of Food Lost, Wasted – Enough to Feed All Hungry People

[IPS](#);

Based on the latest FAO figures.

## Washington Post – The world is drowning in ever growing mounds of garbage

[Washington Post](#);

Focusing on a dumpsite in Lagos. In some big African cities, improper garbage disposal can also (help) trigger outbreaks.

## Nature – How to communicate effectively with policymakers: combine insights from psychology and policy studies

Paul Cairney et al; <https://www.nature.com/articles/s41599-017-0046-8>

I'm not sure this paper works if you want to communicate with the Donald.

## Guardian - Rex Tillerson: state department can be cut as we will soon solve global conflicts

<https://www.theguardian.com/us-news/2017/nov/28/rex-tillerson-state-department-can-be-cut-as-we-will-soon-solve-global-conflicts>

All will be well, according to Rex – he must have heaps of confidence in his boss, hence the big cuts in the State Department, he suggests: “... *And he offered a further rationale for the retrenchment, based on an **assumption that the world would become more peaceful.***”

Meanwhile, the **NYT reported** that Tillerson might be dumped in a few weeks – “[White House plans Tillerson Ouster from the State Department, to be replaced by Pompeo.](#)”

## Global Policy - New Business: The Private Sector as a New Global Development Player

<http://www.globalpolicyjournal.com/blog/24/11/2017/new-business-private-sector-new-global-development-player>

*“Dan Banik and Jason Miklian show how and why the private sector's role in sustainable development has become a \$2 trillion shadow industry, and ask what this change means for the future of development and even the liberal international order itself.”*

## Research

### **BMC Public Health - Theories, models and frameworks used in capacity building interventions relevant to public health: a systematic review**

K Bergeron et al; <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4919-y>

*“There is limited research on capacity building interventions that include theoretical foundations. The purpose of this systematic review is to identify underlying theories, models and frameworks used to support capacity building interventions relevant to public health practice. The aim is to inform and improve capacity building practices and services offered by public health organizations...”*

*“... A total of 28 theories, models and frameworks were identified. Of this number, two theories (Diffusion of Innovations and Transformational Learning), two models (Ecological and Interactive Systems Framework for Dissemination and Implementation) and one framework (Bloom’s Taxonomy of Learning) were identified as the most frequently cited...”*

### **IJHPM - Examining the Implementation of the Free Maternity Services Policy in Kenya: A Mixed Methods Process Evaluation**

E Tama et al; [http://www.ijhpm.com/article\\_3440.html](http://www.ijhpm.com/article_3440.html)

*“Kenya introduced a free maternity policy in 2013 to address the cost barrier associated with accessing maternal health services. We carried out a mixed methods process evaluation of the policy to examine the extent to which the policy had been implemented according to design, and positive experiences and challenges encountered during implementation. ...” “....Rapid implementation led to inadequate stakeholder engagement and confusion about the policy. While the policy was meant to cover antenatal visits, deliveries, and post-natal visits, in practice the policy only covered deliveries. While the policy led to a rapid increase in facility deliveries, this was not matched by an increase in health facility capacity and hence compromised quality of care. The policy led to an improvement in the level of revenues for facilities. However, in all three counties, reimbursements were not made on time. The policy did not have a system of verifying health facility reports on utilization of services...”*

### **Plos NTDs – Analysing published global Ebola Virus Disease research using social network analysis**

C Hagel et al; <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005747>

*“The 2014/2015 West African Ebola Virus Disease (EVD) outbreak attracted global attention. Numerous opinions claimed that the global response was impaired, in part because, the EVD*

*research was neglected, although quantitative or qualitative studies did not exist. Our objective was to analyse how the EVD research landscape evolved by exploring the existing research network and its communities before and during the outbreak in West Africa... .. Social network analysis (SNA) was used to analyse collaborations between institutions named by co-authors as affiliations in publications on EVD....”*

## **Global Public Health – A cross-national exploration of societal-level factors associated with child physical abuse and neglect**

J Klevens et al; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1404622>

*“Children around the world experience violence at the hands of their caregivers at alarming rates. A recent review estimates that a minimum of 50% of children in Asia, Africa, and North America experienced severe physical violence by caregivers in the past year, with large variations between countries. Identifying modifiable country-level factors driving these geographic variations has great potential for achieving population-level reductions in rates of child maltreatment. **This study builds on previous research by focusing on caregiver-reported physical abuse and neglect victimisation, examining 22 societal factors representing 11 different constructs among 42 countries from 5 continents at different stages of development.** Our findings suggest that **gender inequity may be important for both child physical abuse and neglect.** Indicators of **literacy and development** may also be important for child neglect. Given the limitations of the correlational findings and measurement issues, it is critical to continue to investigate societal-level factors of child maltreatment so that interventions and prevention efforts can incorporate strategies that have the greatest potential for population-level impact.”*